

2009/10



Acknowledgements

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- Members of planning groups and those who attended consultation events

The report is for the people of Monmouthshire so a particular thanks goes to the people who use our services and their carers. We depend on your feedback, both good and bad, to help us improve our services – please keep it coming.

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Report of the Director of Social Services

Introduction

This report aims to tell the story of how well Social Services is doing in Monmouthshire and where we need to improve. It is the general overview and is backed up by reports covering:

- Adults Services
- Children's Services
- Organisational Capacity

Each of these is underpinned by detailed evidence grids which supports the statements and judgements that we have made.

The report will look at the context of 2009/10 in Monmouthshire and then anticipate and predict that context for 2010/11. It goes on to give more detail on what went well and the areas we need to continue to concentrate on or improve.

The aim of all Social Services work is to assist people to live their lives as productively as possible. Our motto is "Lives Not Labels" and it is absolutely essential that adults and children are listened to and involved and seen in a context of their life both present and future. With that as a focus, the major section of the report covers the elements of the service that are directly about people. In other words who we work for and what we are trying to do.

The report then groups together the ways in which we make the people section happen, ie through:-

- Resources and Finance
- Workforce Issues
- Processes, which includes such areas as partnerships and gathering evidence

These describe HOW we work to deliver social care and housing to people that need them. By looking at all of these areas together the intention is to give a clearer idea of what is working but also how we can drive improvement by making sure that we have the necessary elements in place.

These factors will then lead to my judgement of how well we are doing and what should be our focus for the future.

Hopefully this presentation will make it easier to tell the story and for readers to judge Social Services themselves, both now and in subsequent years when they can decide whether or not we have done what we set out to do.

Moyna Wilkinson
Corporate Director - Social and Housing Services

Some Facts about Monmouthshire

Monmouthshire covers a large geographical area of approximately 850 square kilometres with nearly half its 87,900 residents living in the main towns of Abergavenny, Monmouth, Usk, Chepstow and Caldicot.

21% of our population is made up of children and young people. This is consistent with the Wales and UK averages. However 2300 of our residents are people aged 85 and over, this has increased by more than 30% since 2001 and is expected to have risen to over 3000 by 2016.

The net budget for Social Services in the year 2009/10 was £32,645,000.

Monmouthshire gets the smallest Revenue Grant allocation from the Welsh Assembly Government of any local authority in Wales. We are considered to be a relatively healthy and wealthy area. Yet this can mask:-

- Factors associated with a changing age profile such as increases in conditions including dementia, diabetes and heart disease and the services needed to help people manage these conditions.
- The pockets and areas of deprivation within the County.
- The rural or semi-rural nature of Monmouthshire and the challenge that presents in delivering services which support people living in their own homes.

The resource envelope presents a very real challenge to Monmouthshire. We know that for the next few years there will be significant reductions in public spending. In Social Services we have increasing demand as our population gets older and people begin to need more assistance. We have always had to manage from a small resource base and we consider the vast majority of services we deliver to be essential.

Despite these pressures in 2009/10 we worked with over 3000 vulnerable people including around 570 children and young people.

What Happened in 2009/10 that Affected Social Services?

Working with Health Colleagues and Other Partners

During 2009/10 the NHS underwent a major reorganisation. We now have a new health board for the whole of Gwent called [Aneurin Bevan](#) which replaces the former Monmouthshire Local Health Board. This is welcomed and the new health board has promoted our excellent local work on integration. However it has still been a period of change which has had to be accommodated and adapted to. Fortunately some key local relationships have been maintained through the reorganisation allowing us to continue to work closely with colleagues in Health.

We have an established and effective record of collaborative working, particularly with Health in Adult Services. This is now being continued through the innovative [Frailty Project](#) which aims to integrate Health and social care as well as voluntary and community resources to support people to live at home and prevent them losing their confidence and independence through hospital stays when they can be avoided.

New initiatives have begun to be embedded such as integrated reablement teams across the County. These teams help people regain skills and functioning and can help to reduce their dependency on long term care. Initial evaluations suggest the quality of care has been improved but this approach has yet to produce the savings we had anticipated.

Case Study - Short Term Assessment and Reablement

Mary was admitted to hospital following a fall. There was no evidence of medical problems and Mary had not sustained any significant injury. The Occupational Therapist (OT) assessed Mary on A&E. Mary felt that she was struggling to manage at home since the recent death of her husband; she wasn't looking after herself properly and was becoming more withdrawn. She was shaken up after the fall and scared of falling again. She didn't want to come into hospital, she wanted to go home, and she was also worried about her little dog.

The OT arranged for Mary to be discharged home that day and visited her the same day to assess her in her own home. She advised her on staying safe and reducing the risk of another fall. The OT arranged for the community reablement team to get involved with input from OT, physiotherapy, social workers and carers to support and rehabilitate Mary in her own home. The reablement intervention started that evening and Mary had visits twice a day initially and then once a day for six weeks after which time she was confident and independent to manage her own needs at home.

Mary is now walking her dog, shopping, cooking, going to town on the bus - all the activities she had been doing prior to the death of her husband and the fall.

The pace of collaboration needs to increase if we are to get the most we can for our citizens out of the Welsh pound. To this end, Monmouthshire is part of the [South East Wales Group \(SEWIC\)](#) of ten authorities who jointly commission children's placements. These are usually one of our most expensive services. By working with others we have better buying power and can get better value for money. SEWIC intend to move into the field of adult placements in 2010/11.

We also have joint teams and joint approaches with other organisations such as a shared Emergency Duty Team for out of hours calls. These are outlined in Appendix 1.

Within the Local Authority

There has been a change in Chief Executive in Monmouthshire County Council. The new Head of Paid service took up post in September 2009 and the Council have now agreed to a [Senior Management Review](#) which may well change the people in the other senior management positions in the year ahead. Changes in key people will effect how the council works and how it develops and implements its corporate strategies and plans.

Social Services have, on occasion, acted as a link between Health and other parts of the local authority, for example the Councils Passenger Transport Unit was heavily involved in helping the Health Board in putting together a bid for the rural health plan. Equally some corporate projects are effectively targeted at the needs of social services users, for example the [Grass Routes bus service](#) which recently achieved second place in the UK Best Rural Transport Award.

Politically, Monmouthshire has a stable executive with a clear Conservative majority, effective Cabinet arrangements, a nationally recognised leader and developing scrutiny arrangements. Social Services has benefited from having the same Cabinet Member with responsibility for Adult Services for the last six years. He has been working with the department in various political roles since 1996. For the past three years we have had a single cabinet member covering the whole of children's services.

Service Specific

There is evidence in both Adults and Children's Services of workload increasing and quality / performance improving. For example 96% of users surveyed about our services for adults were satisfied, compared with 89% five years ago.

Staff turnover in Children's Services has been higher than anticipated. It is a credit to everyone that despite this, performance seems to have improved, for example over the past year the percentage of referrals dealt with within 24 hours has increased from 74% to 98%.

Our [review of Learning Disabilities Services](#) has initially focused on respite care. The first recommendation involved the closure of our one residential respite home in order to provide respite in different settings. This has met with strong opposition during the consultation process which will effect the eventual decision.

Finally, the budget process for 2010/11 has proved tough and there is a real appreciation of how serious that position is in the short and medium term.

Issues Moving into 2010/11

With Health and Other Partners

The existing [Health Social Care and Well-Being Strategy](#) runs until the end of 2011. We will begin to work on the new version in 2010 and start by consulting people about their needs and priorities. The overall approach will be even more firmly based on evidenced outcomes for people.

Work with the NHS locally on integration plans for Mental Health and Learning Disability in Adult Services have to begin to be seen to work at all levels. However we have a good track record in this area with projects such as the joint health and social care facility at [Monnow Vale](#) and joint nurse and social worker approach to hospital discharge. The Locality Director of the new Aneurin Bevan Health Board has expressed confidence in our ability to make further progress with integration.

Within the Local Authority

Social Services will have a change in Cabinet Member for Adults and could well have some significant changes at Senior Management level as the Council's Senior Management Review comes into effect. Different people at the Corporate and Senior Management level will be developing a new Corporate Agenda with Cabinet.

The authority is seeking to reduce the number of buildings it owns, locating more staff closer to the people they serve and asking them to work in more flexible ways. This is coupled with a Job Evaluation exercise intended to reduce pay inequalities amongst out staff. Both are likely to affect our workforce and need management time and effort.

Budget Management will have to be even tighter in 2010/11 while setting the 2011/12 and subsequent budgets could lead to some difficult decisions.

On a National Level

A new government at Westminster and the increased use of delegated law making powers by the Welsh Assembly Government are likely to require a range of adaptations, changes or pressures on Social Services delivery.

Specifically for Social Services, the Wales Independent Commission on Social Services is due to report its findings and is likely to recommend changes in the way Social Services is organised.

Overall it is a challenging agenda but then it always has been. It does make it more important that we ensure:-

- That we have a strong, confident and analytical workforce able to work in different teams and engage in different ways with children and adults.

- That we work effectively with a range of partners to make sure that people and children who need services get them and that those services are safe, sensitive and respect people's lives, dignity and futures.

Citizens

Citizens is the word we use to include Children and Adults who live in Monmouthshire. As a Directorate, we have a commitment to putting the citizen at the centre of what we do. We have well established vision and values summed up by the phrase "Lives not Labels".

Areas Where we are Doing Well and Need to Sustain

We are committed to being person centred and seeing adults and children in the context of their lives not just their problems or difficulties. We use a range of feedback; involvement and engagement to make sure that children, young people and adults are heard and are part of how we develop services. In both Adults and Children's we use feedback from complaints to improve our practice.

Examples in Children's Services include:-

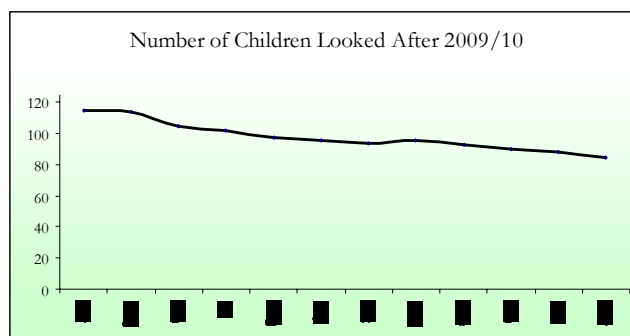
- The Pride event where children involved with the Directorate were recognised for their achievements – over 200 people attended.
- Using family group conferences to try and solve families difficulties and prevent a breakdown where a child or young person would need to come into care.
- The Transition Project where 10 young people who have been assessed as having special needs are directly involved in what their plans should be for moving into adulthood. This is an approach which comes from the Council listening to and working with mothers of young people with autism spectrum disorder (see case study on page 12).

Examples in Adults Services include:-

- Consistent use, for over ten years, of a Community Care Questionnaire with space for individual feedback. We receive well over 500 responses each year. Satisfaction with services amongst regular service users is high at 96%.
- We have 77 people using direct payments who receive the money to manage their own care.
- The involvement of people who use services and their carers in the Planning & Commissioning Services for Adults, e.g. Carers Strategy Group, Strategy for Older People's Group, Monnow Vale Service Users Group, Learning Disability Review.

There has been real achievement in Children's Services, evidence for this includes:

- A reduction in the number of children on the Child Protection Register from 55 in April 2009 to 44 at the end of March 2010. These figures peaked in August at 78 and have progressively reduced since then. There has also been a 26% reduction in the number children looked after from 115 to 85 as shown in the graph below.



- The Joint Youth Offending Team has continued to maintain its high performance in working to prevent young people offending and with those who have committed offences.
- We have worked productively with our sudden influx of 19 unaccompanied asylum seeking children and they are progressing well in their placements and education.
- In Children's Services we work well with our Education colleagues and applaud some of their achievements, e.g. work with children not in education. The extremely low level of permanent or temporary exclusions and the drop in the use of external special placements evidences this work.

In relation to keeping children and adults safe from abuse we have had largely positive reviews of our Protection of Vulnerable Adults arrangements and Children Safeguarding arrangements from the Care and Social Services Inspectorate (CSSIW). It should be noted that the majority of POVA cases in the care sector have originated in the independent sector rather than our directly provided services – an issue we are monitoring closely.

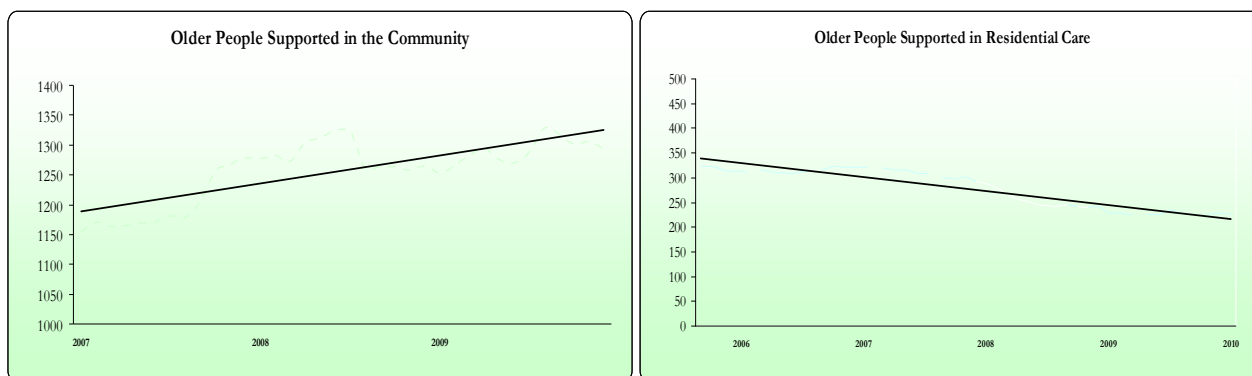
An indication of achievement in Adult Services include:-

- Consistently maintaining a very low number of people who had to be delayed in hospital when they were fit to be discharged. In 2009/10 a record number of only 6 people were delayed because social care arrangements were not in place. This was a drop from 24 in the previous year and makes us consistently one of the best performers in Wales.

	2006/07	2007/08	2008/09	2009/10
Delayed Transfers of care for social care reasons - number	58	25	24	6

(Source: SCA/001)

- The rate of older people who have a package of care to support them to live in the community has increased to from 71.1 to 74.9 per thousand of our population, or 1,281 (this is a snapshot on a given Census day). Meanwhile, the rate of older people in residential or nursing care remains low at 12.9 people per thousand, consistently one of the lowest rates in Wales.
- The graphs below indicate that we are achieving the right balance in our stated aim of helping people to live independently



- Our Adult Select Committee have been talking to a range of older people in the County as part of their scrutiny inquiry looking into the effects of an ageing population. During the prolonged snowfall, we phoned directly or through our partner agencies over 1000 individuals. This included people who were not directly involved with social services and included contacts in community organisations. These initiatives showed us that we did not appear to be missing people who needed our services.
- The winter also provided a good example of effective joint working on the front line. During the snow nurses were able to liaise directly with the local authority to ensure that a particular route was given priority by a snow plough to enable a private carer to get through and provide services to a patient at home.
- Service integration with Health is already established in the County, e.g. [Monnow Vale](#) health and social care facility, reablement work with older people which brings health and social care staff together to improve outcomes and our hospital discharge arrangements with nurses and social workers going in to hospital wards to help timely discharge of patients. We have now produced our Business Plan for the Gwent Frailty Implementation at a Monmouthshire level.
- Through the [Strategy for Older People](#) and work with voluntary sector partners, we have focussed our Day Service provision towards communities. Our direct care services are now involved in more focussed work with people needing assistance, examples include [intergenerational activities](#) and specific work in Severn View Care Home.
- Our work with people who have a dual sensory impairment has been recognised by the National Agency, SENSE.

Areas where we need to do further Work to Improve

We need to extend some of the approaches that are seen as belonging solely to social services into the work of the authority as a whole. We also need to engage more with partners, communities and citizens in a development of wider prevention initiatives (the draft Wales Audit Office Review demonstrates this).

In Social Services we accept that there is potential for our communities to work with the Council and other partners to increase opportunities for people and improve their well being and independence. One example is we need to focus on increasing accommodation and employment opportunities, in particular with people with mental health problems and the range of young people we work with.

Although we believe we work productively with carers, we recognise some of this is difficult to evidence and that we need to continue to do more to increase the information and support we offer carers.

"When we first had my husband's diagnosis we felt as though we had been dropped in the North Sea and left to swim home. The Monmouthshire Carers Handbook is a Bible for carers. I would say it is vital - it saved my life."

In working with children or people who are most vulnerable we have to prioritise those "without a voice" in particular very young children and some of the people in residential or nursing home care.

We have identified that we need to provide updated and clear information to people of all ages and use a range of different formats available.

Within Children's Services

- We need more consistent feedback and proof of the involvement of parents and children / young people in commenting on and shaping our services.
- We aim to identify the gaps and develop new service models for children with disabilities, including those children and young people with autism spectrum disorder.

Within Adult Services

- We recognise that to deliver a different Health and Social Care model that rebalances care away from the acute hospital and into primary community and voluntary services. This is a big ask for people, professions and organisations. We will have to work hard with all of our partners and communities to help achieve a necessary change.
- We have delayed on developing the project plan for implementing our [Citizen Centred Support \(CCS\)](#) approach to working with adults but are now on track.
- We need to deliver on our Business Plan for increasing the take up of [Telecare](#)
- We recognise the difficulties in implementing a change agenda for some services, in particular Learning Disability given the disruption and upset that causes to people involved and their families.

Resources

The state of public finance in the medium term means that we will have to maintain social care with a decreasing public purse but increasing public expectation.

Areas Where we are Doing Well and Need to Sustain

Within the Council there is a developed approach called [Medium Term Financial Planning \(MTFP\)](#) which means that we proactively look at how to manage our money against our priorities. This has helped us to plan properly and not offer a knee jerk response to financial difficulties.

The Council as a whole has performed well in managing within budget and recognising pressures despite our limited settlement, e.g. the overspend in children's placements this year has been evidenced, recognised and is accounted for in the 2010/11 budget with a corresponding budget increase.

Within the Directorate there are established systems for budget management and control. These include a range of approaches. For example devolving budgets to Team Manager level and very close working with Finance colleagues. In Children's and Adults Senior Management there are effective gate-keeping panels to quality assure the use of potentially high cost placements.

There is good financial leadership within the Directorate which has assisted the monitoring and management of spending. All our staff take this area very seriously. In Adults services expenditure is within 1% of the budget.

In Children's Services:-

- Work with Education colleagues in particular has led to a drop in the use of special placements.
- We have a [Children's Commissioning Project](#) run in collaboration with 9 other local authorities in South East Wales which has targeted high cost placements. The next phase of this Project is examining high cost adult placements and we have already worked with colleagues in Gwent on a pricing tool.

In Adults Services:-

- The work on the Frailty Project provides a strategic direction for how people's needs will be met. It combines resources across Health and Social Care in order to direct them in a consistent and integrated way to help people maintain their independence.

Areas where we need to do further Work to Improve

Even with an increased budget for 10/11 to cover special placement overspends, it will still be a challenge for Children's Services to stay in budget. Some of the factors that lead to better outcomes for children are the same as those that lead to better use of resources. In other words there needs to be good assessment and care planning and then good in county resources to call on. Consequently work on: foster parent recruitment and development; preventing children and young people becoming looked after and providing alternatives to out of County placements are all essential and can take time to deliver.

In Adult Services:-

- We are dealing with an increase in the numbers of people needing services, for example the number of young people in transition between children's and adults services increases by at least 12 each year. We are also experiencing increases in the numbers of people suffering from dementia who need some assistance.
- In implementing Phase 1 of the Frailty Programme which has to be properly developed in 10/11, we foresee that there could be problems in identifying and reallocating the resources needed to deliver this project.

- [Continuing Health Care \(CHC\)](#) Guidance is due to be adopted in 10/11 and we know that our Health colleagues need to reduce their CHC budget. There is a risk this could place extra demand on the Social Care budget.
- There can be specific difficulties in changing and developing different services. On the one hand in developing and pricing new initiatives and also in demonstrating that the expected savings are realised.
- We recognise that we need to improve our systems and performance in debt recovery as there has been an increase of £61,000 in debt levels from the previous year.
- We acknowledge the difficulties in dealing with resistance to changing a valued service in order to deliver more service for the same money.

Processes

Processes are key to effective management. They describe such things as how decisions get made, the way initiatives work with the evidence base that underpins planning for services. Our processes also set out how we monitor and review services to make sure that they are performing as expected.

Areas Where we are Doing Well and Need to Sustain

The Directorate has a well established and productive attitude to working with others, be they inside the Council, with other local authorities, with health or with voluntary and independent sector and, most importantly, with people themselves and with carers. Some of the examples of this approach are given in the list of projects in Appendix 1. The actual projects show the range of ways we work from full integration of multi professional teams as happen with Monnow Vale and with the Youth Offending Team to specific initiatives e.g. the joint adoption team with Torfaen where we combine our resources to provide a specific and specialist service.

Within Children's Services a number of processes have helped us to improve performance. These include:-

- Working well with our colleagues in Education to assist children and young people with special needs and more generally with all partners through the [Children and Young People's Partnership](#)
- Improvements in the performance of Children's Services which indicates how we have begun to embed performance management.
- The production of a Transition Plan for young people which has been developed by and for them.
- The production of the Local Safeguarding Children's Board Business Plan and its agreed priorities.

Case Study - Transition Project

Harry is an 18 year old with severe learning disabilities. Our Transition Coordinator worked with Harry, his parents and other professionals to put together a Transition Plan showing what is important to Harry, what his strengths are and what support he needs. The plan included photographs and videos showing what Harry likes to do. Harry has no speech, but he was able to participate in his school review meeting by using a switch system to show his Transition Plan presentation. Harry's mother was really pleased with the way that Harry was involved in his review and with the information that the Transition Coordinator had collected for her and Harry about his post-school options.

Within Adult Services, there has been particular progress on collaboration leading to integration of teams as already described in the Frailty Project. There are now also specific initiatives to integrate with Health on mental health and learning disability services. This will go beyond the present arrangements of having teams who sit together but do not yet work together in a way that gets the best out of combining the medical and social approach to assisting people.

Some other examples include:-

- The Health and Social Care and Well-Being Strategy produced the Year 1 [Report Card](#) on how performance outcomes are being measured and achieved.
- The [Quality Assurance Framework](#) (QAF) which is in place in Adult Services. This takes a range of different information and evidence that we have on how well services are performing. By putting it together it gives a much fuller picture, not just about how much service we are delivering but some indication of whether it's a good service and is what people want and need.
- We have a Joint Adult Abuse Protection Committee with Blaenau Gwent and Torfaen in place and our work in protecting adults has been improved by the appointment of permanent staff and the increased professionalism that has grown from experience.
- The Joint Commissioning Team with Health has remained in place. One of the products being Joint Health and Social Care contracting arrangements. The joint team carries out the planning and contracting, reviews and contributes to service development. For some years we have combined health and social care arrangements. It reduces duplication and leads to a much more consistent approach for services and with our providers.
- A series of Service Reviews are in place, e.g. Direct Care, Day Services and now Learning Disability. We are implementing the product of those reviews.

Within the Directorate as a whole we have introduced some *Lean* techniques, in particular in Finance. Lean involves looking in detail at a particular activity so that we can cut out any waste or duplication and ultimately gives a better service to people.

Areas where we need to do further Work to Improve

It is important to continue to build up a local picture through consistent and continued development of local needs assessments with our partners. This includes using caseload and quality information and evidence of effectiveness to inform service planning and resource allocation. This requires that we have better ways of evidencing the impact of prevention and collecting information from voluntary organisations or community groups where lower level services are contributing to improve well-being.

As an overall approach, we need to do more work on developing an outcome based accountability framework across the Directorate's work and our work with partners. We have begun this in the Health and Social Care and Well-Being Strategy. It means starting first with what and how people, including young people, want to live or develop their lives. From that we need to be clear about how our activities will show that they are achieving those aims. This makes it much easier for anyone to look at how well we are doing. It will assist Select Committees being able to scrutinise and challenge performance.

Outcome Based Accountability will be a corporate approach as it looks at the whole range of factors that can affect people's lives. As such it will assist the development of corporate approaches to working with children and adults because different departments and elected Members can see how their activity contributes.

Also across the Council there are more opportunities for redesigning our business processes to make them more effective and efficient. We also need to work with others across the County to develop the potential of the Social Enterprise models.

In Children's Services there are specific areas to work on, including:-

- Carrying out regular and more consistent file audits
- Improving on the systems and performance we have for the initial stages of our involvement with a child and their family.
- Implementation of the [Integrated Children's System \(ICS\)](#). There is recognition nationally of just how time consuming and difficult this has been but we recognise that there is no alternative.

In Adult Services

- We are tendering for domiciliary care from the independent sector as we know from feedback from service users and carers that we have to have more consistency of staff going out to help people to live at home.
- We need to improve the timeliness of Adult Care Reviews for individual service users.
- We know need to build up the role of the Area Adult Protection Committee and finalise Monmouthshire's Escalating Concerns policy when dealing with potential abuse in care home settings.

Workforce

We recognise that if we are to improve the quality of peoples lives we must have a committed, capable and skilled workforce that is focused on delivering high quality services to our communities.

Areas Where we are Doing Well and Need to Sustain

The Directorate has provided consistent professional leadership and has had a stable Senior Management Team. There have been a number of vacancies at Service Manager level in Children's Services but all staff are now in place.

There are a number of significant issues that have the potential to impact on our workforce in the short to medium term. These include:

- Agile Working – where we are moving away from fixed office bases to allow staff to have a wider choice of how and where they work.
- Accommodation moves as we plan to move from our current headquarters at County Hall
- Job Evaluation which aims to ensure fairness in the pay between different staff groups and involves regrading the majority of staff in the council.
- Senior Management Review.
- Collaboration initiatives.
- New Corporate priorities and direction
- Implementation of the Frailty Project which will deliver changes to front line services but which will also have significant impact on the way our staff work.

There have been some excellent training initiatives and we have an innovative training section, examples of success include improvements in NVQ achievement levels for Direct Care staff across the public and private sector, our own staff group have exceeded targets with over 52% having a recognised care qualification. In a separate initiative training on staff supervision provided in-house by Children's Services has been important. Quarterly Children's Staff Conferences are now in place and we can evidence that regular supervision and team meetings take place across the directorate

The work done in Adults Services with training on Excellent Social Worker exemplifies the cascading down of professional leadership. There has been considerable stability within the staff group plus a real willingness to work differently, e.g. in the joint health and social care facility at Monnow Vale and with the Short Term Assessment and reablement (START) team in Abergavenny. All of which are providing integrated services with Health.

Areas where we need to do further Work to Improve

We have had too much turnover in Children's Services and recognise the particular difficulty recruiting to Team Manager level. We plan to have a proactive recruitment process with help from HR and Communication colleagues.

The move to Agile Working will pose a challenge to staff as they begin to work in different and more flexible ways spending less time at fixed desks. We also need to maintain

services and morale in the challenging financial environment. For example reductions in the Welsh Assembly grant for Social Care training will mean that we will have to reprioritise.

As these change factors begin to embed, we need to ensure that we also develop a strategic approach to workforce planning.

Amongst the specific areas we will focus on are:

- Embedding analytical and reflective practice particularly in relation to safeguarding children. The Directorate and the [Local Safeguarding Children Board](#) have the intention of assisting in this by using the range of skills in partner agencies.
- We have limited project management capacity to implement the changes recommended by our own service reviews and the varied change agendas. Independent Reviews, eg from CSSIW consistently feedback our overall limited capacity, most recently with the Protection of Vulnerable Adults.
- We need to ensure the consistent application of our new reviews which are linked to service outcomes and performance improvements.
- We have to continue to work proactively to address sickness.
- Our HR support has helped to progress work on sickness absence and staff changes. Staff sickness across the directorate was 8% at the end of 2008/09 but had fallen to 7.2% by December 2009.

Conclusion

How Well are we Doing?

In this report we have tried to be open about those areas we need to develop as well as acknowledging our achievements.

In Adult Services we have built on a vision, values and set of principles to deliver well connected and focussed services to people who need them. Over a decade ago we went through a process of reviewing and closing care homes and working with the private and voluntary sector in Domiciliary and Residential Care. This approach has continued to develop and we predict we will have an 80 / 20 split between independent sector and local authority domiciliary care provision as we use our own staff to concentrate on specific work in reablement, with dementia and directly with children. We recognise that we are not always the most appropriate organisation to be providing services and consequently we invest resources with the voluntary sector, either in the form of grants or direct contracts, to enable them to deliver local services in our communities.

Our partnership work, particularly with Health has led on providing examples of how to integrate services to ensure a more coordinated experience for service users.

We always feel we could and should be doing more but on balance I would judge our Adult Services to be mainly good with some areas to further develop.

In Children's Services, following a very stable period there was a change in Head of Service in 2008. Since then there have been some staff vacancies which have provided a real challenge. Despite this, processes and key performance indicators have shown improvements and I believe we are in a much clearer path towards providing better services. This means not only a key recruitment initiative but through that the provision of more effective in county services and joint work with our partners, Education, Health, Police and the voluntary sector.

I would still judge Children's Services to be offering a good and safe service, but with clear areas where improvement is needed and where performance has to be sustained.

Overall directorate and council leadership of social services has been consistent and competent at political and Senior Management level. The change in Head of Children's signalled some changes for that service which are still bedding in. I would judge leadership to have been strong and positive in 2009/10 and have signalled that there will be changes in 2010/11.

Themes for 10/11 and Beyond

To provide good services for people you need the elements of good staff, good leadership, processes that work well, approaches that value people and are based on dignity, respect and involvement. You also need the ability to use resources well and work with others to get best value for citizens. The report in its balanced approach attempted to tell that story. The story for 2010/11 and beyond then becomes clearer and I have grouped it around four themes which in effect become our priorities for the coming year.

Achieving and Maintaining Independence

- Keeping children and adults safe from abuse.
- Working with a range of partners to begin to implement the Frailty Programme to help frail elderly people remain happily independent.
- Supporting and developing work in Children's Services that assists young people moving into independent lives.
- Increasing the local capacity to assist and sustain children and adults lives in their communities.

Connecting to and With People

- Working across the Council and with local communities and communities of interest.
- Developing IT connectivity across the County and what that can offer people who use or may be future users of Social Care Services.
- Increasing engagement with specific groups of service users and also with localities.
- Doing more to develop Citizen Centred Support and Social Enterprise Models.

Providing Quality Services

- Having a well trained, motivated and professional workforce.
- Tendering and reviewing for service provision and ensuring it is of a high standard.
- Providing good risk assessment to both protect people and respect their lives in context.
- Working effectively with our partners and providing people with a consistent contact that they can trust and communicate with.
- Developing and sustaining effective management of all service areas

Providing More With Less

- Continuing to manage our existing budgets effectively and use of Medium Term Financial Planning to prioritise the way we use our money in the future
- Reviewing our services to ensure they deliver quality and value for money.
- Providing integrated plans for Sustaining Independent Living at financially viable levels.
- Increasing the level of Carers Support.
- Using business processes and outcome based accountability to ensure we are working efficiently and effectively.
- Increasing the availability of in-County placements for children.
- Collaborating with other public services and the voluntary sector to ensure we get the best value for citizens from the Welsh pound.

These statements will form the basis of action plans for the year ahead with each one being underpinned by clear actions, timescales, targets and assigned to a responsible member of staff. As a result I am confident that when I report back on this report in the summer of 2011 we will have made further progress in each of these four themes.

Appendices

APPENDIX 1

PARTNERSHIP & COLLABORATION

Emergency Duty Team – Out of Hours Social Services Response across Gwent involves all 5 Local Authorities.

Gwent Frailty Programme – All 5 Local Authorities and Health Board.

GWICES – All 5 Local Authorities and Health Board which provides one shared approach to provision of equipment and aids to daily living.

SEWIC Children's Commissioning.

SEWIC is now scoping work on high cost adult placements.

South Gwent Children's Centre – the development of a facility, particularly for children with a disability which will be based on integrated working.

With Health

- Monnow Vale – Health and Social Care Facility – Section 33 – are in with pooled budget and integrated health and social care management and team.
- Hospital Discharge – Joint nurse and social worker approach.
- Reablement approaches including OT across the County.
- Mardy Park Reablement Wing – Section 33.
- Joint CMHT & CLDT (and more potential presently co located)
- Joint Commissioning Team with LHB (up to reorganisation of NHS now under review).
- Senior appointments (Joint Head of Commissioning and Integrated Services with the Local Health Board)
- Smaller initiatives, eg
 - Beating the Blues (MH)
 - Bibliotherapy (MH)
 - Staying Healthy at Home (Care & Repair)

Specific Arrangements with Other Local Authorities

Joint Adoption Team with Torfaen.

Joint YOT (multi agency) with Torfaen.

Adoption Consortium with Torfaen and Blaenau Gwent.

Joint AAPC with Torfaen and Blaenau Gwent.

Adult Placement Scheme – with Newport.

Children with Disabilities Respite Provision – with Torfaen.

Social Care Training Provision with private and independent sector.

SWIFT Consortium – 6 local authorities who combine in using the same IT provider and are developing IT connectivity and implementing ICS and unified assessment processes.