

Covering Note

Background

There has been a requirement for the Statutory Director of Social Services to produce an annual report since 2009. Following the implementation of the Social Services & Well-being (Wales) Act on 6 April 2016, this requirement has remained in place, although the format and content requirements of the annual report have changed.

Welsh Government has worked with the Association of Directors of Social Services Cymru to develop national guidance and to produce a standardised template for the annual report. This guidance must be adhered to from the 2017/18 year onwards and Powys has chosen to use the prescribed format for the 2016/17 in readiness for the new reporting requirements. The full guidance is available here:

https://socialcare.wales/cms_assets/hub-downloads/The_Local_Authority_Annual_Social_Services_Reports_Guidance.pdf

This means that this year's annual report covering April 2016 to March 2017 looks different to previous reports but should continue to provide an objective assessment of the impact and performance of the work of social services and demonstrate how the Council has promoted well-being and accounted for the delivery of the well-being standards contained within the Social Services & Well-being (Wales) Act.

The annual report will also continue to inform the Care and Social Services Inspectorate Wales's (CSSIW) core inspection programme of local authorities, built around the well-being standards and focussing on improvement within Adult Social Care and Children's Services.

Next Steps

Although the annual report is the Director of Social Services' annual report, we continue to welcome input and challenge from Scrutiny Members to ensure that the report presents a balanced and robust description of 2016/17.

Once Scrutiny Members have considered and provided challenge on the annual report, an amended version will then be submitted to Cabinet on 11 July and the final report will be presented by the Director at full Council on 13 July, in line with Welsh Government requirements.

At this stage in the process, this is very much a draft annual report and has been structured to ensure that it meets all of the requirements from the aforementioned guidance. Once all feedback has been received, the annual report will then be finalised, ensuring that it "flows" as a whole document and will then enter the design and translation processes before being submitted to the Welsh Ministers and published on the Council's external website.

Key for the document:

- Headings are from Welsh Government Guidance
- Black text is content
- Blue text is performance information specified by Welsh Government
- Green text is case study information – names have been changed in these.
- Yellow highlighting is anything that needs to be developed further.

Annual Director's Report on Social Services in Powys 2016/17



Draft for Scrutiny

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Introduction

Every Director of Social Services in Wales is required to publish an annual report detailing the performance and impact of the local authority's delivery of services to people in their area. Following the introduction of the Social Services & Well-being (Wales) Act 2014, local authorities also need to demonstrate how they have promoted well-being and accounted for the delivery of the well-being standards contained within this Act.

This report outlines the journey, impact and evaluation of change in Powys' Social Services in providing support and services to people in our county in 2016/17. This year's report is set out in a slightly different way to the previous Powys' Director of Social Services' report so that it matches the format prescribed by Welsh Government whilst continuing to provide an objective commentary on our progress and performance.

This report is publically available and should enable the individuals who use our services and their carers, as well as the general public, to understand what Powys' Social Services does, as well the impact of our work. It will help our partners in the public, private and third sectors to understand our improvement objectives and also supports how elected members, Welsh Government and our regulators can scrutinise and evaluate our services and performance.

The report contains feedback, compliments and complaints that we've received from those who use our services during 2016/17 alongside case studies which demonstrate the impact of our work.

Director's Summary of Performance

I am pleased to share with you the Director of Social Services' Annual Report for 2016/17 and my first since taking up the Interim Strategic Director of Social Services role in December 2016.

There has been a great deal of change following the implementation of the Social Services and Well-being Act on 6 April 2016. We have completed our Population Assessment and

We know that the people we support in the community want joined up care and support and we have continued to push forward our plans for integration with Powys Teaching Health Board to provide better services more efficiently and effectively. Importantly, we have worked together with individuals and communities to develop a long term [health and care strategy](#), the first in Wales, which sets the ambition for the future.

Commentary once year end performance information is added in.

How are People Shaping our Services?

We welcome feedback from the individuals, families and carers who use our services and collect this at every level:

- at an individual level, children, young people, their families and adults who receive services are able to provide us with feedback as part of their Care and Support Plan, During 2016/17, we consulted individuals with Care and Support needs as part of preparing our Population Assessment. You can see the findings from the responses we received throughout this report.
- at a service level, our internally and externally commissioned services collect compliments, comments and complaints and report these to us on a regular basis in order for commissioners to discuss with our service providers. We have continued to

consult with individuals of all ages who use our services as part of developing our commissioning strategies.

- at a corporate level, we have thematic groups (called thematic fora) which include children, young people and adult representatives who are able to inform and shape how we develop our services. Powys' Regional Partnership Board was formed in 2016 as part of the requirements of the Social Services & Wellbeing (Wales) Act. Powys' Board has citizen and carer representation and during 2016/17, Powys Association of Voluntary Organisations (PAVO) has supported these individuals to ensure they're able to understand and contribute to the Board's work. This has given these individuals equity alongside other members of the Board so that they can share their views and experiences.

In addition to the above, we also consult individuals in Powys as part of specific projects – examples of these are shown below and throughout the report.

This year, [we asked young people](#) what they think about our services and what's important for their future – they rated how important they thought an area was and also rated how well they thought Powys was doing in each area. Powys' Regional Partnership Board will be using these findings during 2017/18 to help shape its Area Plan and similarly, the findings will also feed into Powys' Wellbeing Plan as it is also developed by Powys' Public Service Board.

During 2016/17, we consulted with the public about how we could change our day time activities for older people. This involved 23 meetings with individuals, their family members and carers, day centre staff, county councillors and partner organisations. Around 800 people took part in the various meetings with some 8,000 people taking part via a variety of methods. We were able to share the voice and views of everyone who made the effort to speak out and this helped to influence the proposals which were put forward to the Council's Cabinet for a decision. The Consultation Institute examined our consultation processes for this project and awarded the Council 'Best Practice' status for this project.

We have documented the story of one parent's negative experience of accessing support for her child with additional needs. This video has been called [Louise's Story](#) (you can access it by following the link and entering the password "Louise") and it has been shared across Children's Services staff, Powys Teaching Health Board staff and at our Regional Partnership Board development day. An outcome from this has resulted in an action plan across Powys County Council and Powys Teaching Health Board Children's Services to improve practice. Louise has let us know that things have improved for her family and that they have received the support they need but that the process to get this support still needs to be improved – we are continuing to work to address this via our action plan.

Promoting & Improving the Well-being of Those We Help

This section of the report discusses how we have planned and delivered against each of the six quality standards of the Social Services & Well-being (Wales) Act 2014.

1 Working with people to define and co-produce personal well-being outcomes that people wish to achieve

Powys People Direct

Under the Social Services & Well-being Act, we are required to provide information, advice and assistance to support people to maintain their well-being and make informed decisions. In order to do this, we created Powys People Direct in 2014/15 and Children's Services were first to utilise Powys People Direct as the 'front door' into our service in October 2014, with Adults Social Care joining in April 2015.

Powys People Direct is a multi-disciplinary common point of access containing a professional mix of staff, social workers, re-ablement practitioners and staff from the third sector who all work with individuals to make informed decisions to support individuals' potential needs and if necessary, safeguard the individual. Community Connector (formerly known as Third Sector Brokers) play an integral role in the provision of information, advice and assistance and link individuals to existing community based groups who can support individuals to remain independent.

We have recognised that Powys People Direct needed to be improved and during the year, we have adapted and amended the phone systems to manage the call demand better and reduce abandoned call rates. This is reflected in the performance of Powys People Direct; there was an average call waiting time for Adult Social Care of 3 minutes 51 seconds during March 17 compared to an average waiting time of 4 minutes 22 seconds in March 2016. There has been an average call waiting time of 8 seconds in March 17 for Children's Services which is an improvement from the average waiting time of 10 seconds in March 2016.

This year, the delivery of the Family Information Service, to provide impartial information to parents, carers and families, has moved in to Powys People Direct, ensuring that the public can have single point of contact to find out about services right across the continuum of need.

The majority of adults (72%) had had the **right information and advice when they needed it**. Of those who didn't poor communication was cited by a sizeable group as being the main reason for this. Three quarters of young people (78%) felt that that they'd had the right information or advice when they needed it. 10% said that they had not, however none of the comments received explained the reasons for this.

The vast majority, (99.86%) of adults who have received support from the information, advice and assistance service (IAA) and have not contacted the service again during the year. This is a new measure following the implementation of the Social Services & Well-being Act so we have no previous performance data for this measure.

We have commenced a review of our Emergency Duty Team which provides information, advice and assistance to children, young people and their families outside of normal office hours. We wanted to ensure that this service provides value for money whilst offering an effective and safe service for our individuals.

We have recommissioned our all-age [information, advice and support service for carers](#) which includes young carers & young adult carers during 2016/17. The new service began delivery on 1 August 2016 and can provide support specific to those who care for others.

Only 19% of carers said that they had received the right information or advice when they needed it. 38% said this happened sometimes while 19% said this didn't happen. There were disparate reasons for the low score, including a lack of awareness of support available and changes of personnel making it difficult.

We have drafted a carers' information brochure to provide carers with a wide range of information and this will be published in 2017/18.

We have continued to use and promote Info Engine, a website which enables service providers to upload details of their organisation so that the public can find out how to contact them. During 2016/17, we have transferred the information about childcare providers onto Dewis, the all-Wales information database. Information from Adult Social Care is being uploaded to Dewis and it's our intention to make it fully available to the public during 2017/18.

Many individuals in Powys were already familiar with Info Engine and during 2016/17 we have developed an interface between Dewis and Info Engine to ensure that information is regularly transferred between the two systems. This will mean that up to date information about services in Powys is available alongside other local authorities' information.

Prevention & Early Help Services

There were four Community Connector in post across the county during 2016/17 and these individuals have detailed knowledge of third sector services in Powys that could provide support to the public. These officers have a presence in Powys People Direct and also work with children, young people, their families and adults to support access to community services as well as working with the community to ensure that groups and activities are accessible. We are continuing to develop this service and hope to recruit to the remaining posts during 2017/18 to have nine of these officers in Powys. An example of the work of these officers is presented below:

A married couple were referred to our Community Connector service as the husband was not so steady on his feet and his wife had lost her sight suddenly through a stroke. The wife used to be a home economics teacher and prided herself on making healthy, nutritious food, often growing their own. The local meals on wheels scheme will not deliver down the track they live on outside the rural village.

A Red Cross Support at Home referral was made, to help get shopping and meals from village to door. This was successful, although the couple found the meals not to their taste. They started to experiment with meal preparation, with the husband as eyes and hands, and the wife as a guide to the process. Red Cross acted as positive encouragement and could also get any ingredients needed in town.

Red Cross was able to feedback that husband and wife now have a new system, for housework and cooking, with the husband being much more active, and the wife building up her confidence with her sensory loss and becoming more independent, as part of the work towards their goals in the house. Red Cross staff have remarked that both people feel more empowered and the positive encouragement for their progress has made a significant improvement to what could have been a very low time, after hospital discharge.

Powys Good Neighbour Scheme provides a 1:1 befriending support for older people with the aim of providing practical support, reducing isolation and promoting independence. The service has 92 active volunteers who helped to support 122 individuals across Powys. During the year, 100% of older people reported that they feel more supported within their community as a result of the volunteer support and 92% of volunteers reported that they have benefited from their volunteering experience. One example of their work is presented below:

A 95 year old lady who lives independently was referred to Powys Good Neighbour Scheme as she has very limited mobility, following a fall, and is therefore totally housebound. She has support and visits from her family whenever they can but there are a few days when she is very lonely when they are unable to help as the days she spends alone are very long and throughout the winter she becomes very depressed.

A volunteer from the scheme was available on Thursday afternoons and was quite nervous as she had only just become a volunteer. The volunteer made two visits and the scheme coordinator made calls to the volunteer and individual and found out they had very quickly bonded and had very long chats, having a lot of common interests. The visits have continued for over six months and the coordinator has reviewed again with the individual's daughter in law who was so grateful that we had found a volunteer for her mother-in-law. She said the family had been ordered not to call or visit on Thursdays, as that was volunteer's day.

Children's Services has continued to provide prevention and early help services for children, young people and families in Powys. The two programmes below are Welsh Government funded programmes which are delivered in Powys:

- The [Flying Start Service](#) continues to operate within the most deprived areas of Powys. There were 762 children on Flying Start Health Visitors' caseloads and 5,191 face-to-face contacts have been made between Flying Start children and their Health Visitor / the wider health team during 2016/17.
- The [Families First programme](#) in Powys has delivered 17,355 contact points with individuals during 2016/17. The majority (84%) of cases (119/141) showed an improvement in at least one area of our distance travelled tool between the start and end of their Team Around the Family intervention. A further 12 cases (9%) remained the same between the start and end of their TAF intervention and ten cases (7%) deteriorated. Of the cases where there wasn't an improvement, in 4 cases, the family or young person withdrew from the process and a further 4 cases were 'stepped up' to Children's Services to receive support at a high level.

An independent review of Children's Services current prevention and early help programme was started in 2016/17 and this will help to inform how we recommission these services during 2017/18.

During 2017/18, Adult Social Care intends to develop its prevention and early help services further by building on existing models:

- We intend to carry out a 24 month pilot to be evaluated of a 24/7 floating support community warden service which will provide rapid response to lifeline alarms. This will be based on the successful Home Based Support model developed in Rhayader.
- We will commission a county wide voluntary befriending service with paid coordinators providing support, training and facilitating access.
- The Council currently commissions a variety of third sector organisations to provide advocacy services to adults who need support. The support provided therefore varies and we intended to evaluate and consider the need for tendering a single service during the forthcoming year in order to ensure a more consistent approach.

We have implemented a new care and wellbeing assessment in order to meet the requirements of the Social Services & Well-being Act. The assessment process supports the 'What Matters' principle to put the individual at the centre and is a strengths-based approach, focussing on sustainable outcomes and what the individual wants to and can achieve with the support of family, friends, community and where necessary, the Council.

The vast majority (86%) of adults agreed that they were always treated with dignity and respect. Only 1% said that they were typically not treated with dignity and respect.

A similar proportion (88%) of the children and young people said that they had been treated with respect. 7% said this was not the case with one comment saying that the Social Services team didn't listen.

The percentage of assessments completed for children within statutory timescales during 2016/17 was 95%, meeting our target of 95%.

Our staff have been trained in outcome based working and strength based assessment, including motivational interviewing. Cultural change continues to be at the forefront of service development. This ensures that we work with individuals and carers rather than 'doing to' them.

Adult Social Care is currently using a range of methods in different service areas. The Vanguard Method is being used in older people's service to support multi-disciplinary cultural changes. The 'progression' model in disability service focusing on transition and life planning independence. A golden thread running through all support is the need to embed and outcomes focused approach cantering on 'what matters' principles and the embedding of outcomes focused care planning. Work is, therefore, currently being undertaken on system transformation which includes ensuring multidisciplinary integrated asset based working and local area coordination principles across all areas.

An example of how the Vanguard Method can improve the response of outcomes for individuals is detailed below:

The Hospital Occupational Therapist had referred G to Social Services requesting an assessment for her to receive two care calls per day with two carers.

Background:

G lives with her son D (for whom she is a carer) in her own house in Brecon. Her daughter, A has moved to Brecon on a temporary basis to assist her mother with care.

G has osteoarthritis which seriously affects her mobility. She is waiting for a knee replacements, an injection into her right hip and potentially a right hip replacement. G cannot walk at present. She is able to stand with the assistance of a walking frame, but is unable to step around and transfer to a different seat. Her reduced mobility has contributed to severe lower leg lymphoedema. This in turn has led to skin breakdown and infection which has prevented surgery.

G has spent ten weeks in Brecon Hospital since November 2016 because of her lymphoedema and skin breakdown and infection. Lack of leg elevation had been identified by the lymphoedema nurse specialist as contributing to her problems. However, G had been sleeping in her wheelchair or armchair.

G and A had also come into conflict with health professionals on a number of occasions over G's care.

G was referred to the Brecon Wellbeing Team in March, she had arranged her own discharge from hospital three days beforehand. B and H visited her at home for a 'what matters' conversation with G and A.

She was continuing to sleep in a wheelchair, although a specialist riser recliner chair had been ordered by the Occupational Therapist and this was due to be delivered to her home.

What mattered to G was:

- To get her legs better, she was despondent with the District Nursing service as she had to wait in all day for their visit, she also felt that the District Nurses lacked specialist knowledge about her leg care. G would have liked a copy of her care plan that had been prepared by the Lymphoedema Specialist Nurse.
- To get out more. G uses a motorised scooter and the Dial-a-Ride car, which her son is able to drive.
- A clear plan for the future with regard to orthopaedic surgery. G has been told that having lymphoedema would be a contraindication to surgery. She had been told that lymphoedema could be treated by one surgeon but this was contradicted by other professionals.
- G was keen to access hydrotherapy as she had been told this might be beneficial for both arthritis and lymphoedema.

- Continuity of care was also important and as such, G wished for the existing Occupational Therapist to maintain her involvement.

What mattered to A was:

- A clear plan for her mother's care and once this was in place, a break from caring for her mother.

What we did about what mattered to G:

- Our starting was that we held conversations with G and her family about their strengths and what matters to them. The initial conversations were held to listen and understand what matters to G and her family.
- We linked with Leg Club and Lymphoedema Specialist Nurse regarding continuing management of her legs.
- Contact was made with the lymphoedema specialist team in Swansea to pose the questions about treatment of lymphoedema and contact was made with the Robert Joes and Agnes Hunt Orthopaedic Hospital in Oswestry to discover whether people with lymphoedema underwent joint replacement surgery. It became clear that patients like G were operated on and that movement was the key to treating lymphoedema. G was referred onto Nevill Hall Hospital for hydrotherapy assessment.
- We also arranged to meet with G at the Theatre, at her suggestion, as she didn't like to spend time at home.

Once G and A had this information they were able to focus on other aspects of family life, including looking at putting the house on the market and looking at a bungalow which would provide more suitable living accommodation for G and D. They didn't feel that help with care mattered to them and said they would come back to the Well-Being Team if they did feel this was needed

What would have happened in the existing system:

- It is likely that G would have gone home with package of care due to recommendations from health professionals. If the care suggested had gone in place it is likely that this would have cost the Local Authority approximately £200 per week (assuming that G paid full contributions). Over the five weeks that we have worked with G this equates to a £1000 saving.
- Physiotherapy would have been provided limited visits to make sure G maintained the status quo
- G and A would have continued to try and have answers to their questions about orthopaedic surgery. By not having answers to a number of their questions it is likely that G and A would have had further contact with 'the system' and come into further conflict with professionals.

We take into account the wishes and feelings of children and young people as part of their care and support plan and ensure we provide feedback and an explanation to the young person and their family if we can't accommodate their wishes.

Individuals are able to choose whether they would like to manage their own care via [a direct payment](#), where they receive the funding from us and can employ someone to support them. During 2016/17, 522 individuals opted for direct payments in Powys. We commission a service that individuals who receive direct payments can access to help them manage their account or to support them with the payroll. A total of 486 individuals open to Adult Social Care and 31 young people open to Children's Services opted to use this service to support them with administering their direct payments.

We have provided information to our service providers about the change in the Public Services Ombudsman Act 2005 which means that the Ombudsman is now able to consider complaints from individuals who have arranged and funded their own care.

Nearly three quarters (72%) of adults said they had been actively involved in the decisions about how their care and support was provided. For many of those who didn't feel this always happened, this was explained by family members making decisions on their behalf, usually working alongside care providers. Only 5% felt they were never consulted on these matters. Similarly, three quarters (74%) of children and young people said that their views about their care and support had been listened to. 10% said that this happened only part of the time and 12% said that they felt that this was not the case.

Only 38% of carers felt that they had been actively involved in decisions about how their support was provided. 14% felt this happened sometimes. Comments included having had to organise the support themselves, even though it was financed by the Council.

Telecare has been introduced in Powys with the aid of the Independent Care Fund during 2016/17. A training and demonstration flat has been opened with training provided to a large number of practitioners and other stakeholders. Telecare is now being provided to individuals and is already giving positive outcomes and one example of this is detailed below:

Ms T is an elderly Lady who has multiple sclerosis, epilepsy and is registered blind. She is at high risk of falls. Ms T already had a telecare lifeline through our non-assessed careline service and we upgraded her basic pendant to an intelligent falls pendant. In the event of a fall, a call to the monitoring centre will automatically be generated and will no longer be reliant on Ms T having to manually trigger a call for assistance.

Mrs E is an elderly lady who suffers with episodes of psychotic depression. She was recently widowed and is struggling to cope by herself. In between periods of hospital admission an hour a day from the re-ablement service was awarded but this failed to prevent further hospital admission. The son was the main carer who lived close by and did not want a home care package as he felt this would make his Mother dependent. A telephone with pendant alarm and Canary monitoring package was installed with no re-ablement or home care being provided. The son was able to keep a close eye on his Mother and both felt reassured that help could be summoned in the event of an emergency.

Mrs E's son stated:

'The Canary system was fantastic. I could keep an eye on Mum's movements and use that knowledge to inform the CPN of what was going on when she was by herself. I was much less anxious having the ability to log into the system and see that Mum was OK'.

We are planning to provide 'wellbeing calls' via telephone to individuals who may need daily reassurance or prompts and reminders about specific things in the future. These would be similar to the story below:

Mr D is an elderly Gentleman who lives alone. He recently had a stroke and the stairs in his cottage are steep. He has a tendency to forget to take his medication and suffers with diabetes. He is at high risk of falls. We installed a Lifeline that is able to issue medication reminders

along with a falls pendant. Now if Mr D does not acknowledge his medication reminders, the monitoring centre notify his niece who is able to respond accordingly.

During the year, we have recommissioned advocacy services for children with a care and support plan during 2016/17 on behalf of the Mid & West Wales region. The new services include the delivery of the Active Offer and continue to ensure support for the local Junior Safeguarding Boards in each of the four member local authority areas. Powys' Head of Children's Services is the Regional Advocacy lead for these four authorities. The new service became operational in October 2016 and 104 children and young people have accessed its services. One of the stories of how advocacy has helped a young person from Powys is presented below:

Callum, a boy of 14, had been placed on the Child Protection Register for neglect. A stipulation from the Child Protection Plan was that Callum should not be left alone at any time. Callum wanted advocacy to help him challenge this part of the plan. He told his advocate the reason given to him was that social workers were claiming he had a 'low mental age' which he denied emphatically.

The advocate visited Callum to listen to his views. Initially his mother sat in at his request, but later the advocate saw him on his own. Callum has always been able to express himself very well verbally and the advocate took down his views about what was happening in his life. She wrote reports and emails for inclusion in Core Group Meetings, as she was unable to represent Callum in person and he did not wish to attend.

The advocate built up a good relationship with Callum and felt able to channel his views. During the time, Callum's social worker changed and the advocate contacted the new social worker and put forward Callum's views once more. The new social worker made an unannounced visit and she formed a different opinion of the situation, expressing her view to the advocate that she saw no obvious reason why Callum was on the register.

The social worker removed the constraint that Callum should not be left alone. A Core Group Meeting was arranged with a view to rethinking the Child Protection Plan. Callum is feeling less angry about Social Services and is not so frustrated. He was grateful for the persistence of the advocate in representing his wishes.

Three quarters (75%) of adults knew who to contact about their care and support. Of those who didn't – or were unsure – the majority could contact a family member for help. However, there were some who experienced difficulty in contacting someone about their care and support.

The majority (78%) of children and young people said that they knew who to speak about regarding their care and support. 9% said they didn't know who to speak to.

We have been continuing to prepare for the implementation of the Wales Community Care Information Service (WCCIS) during the year. We were originally due to start using this new system in November 2016 but data protection issues meant that we could not 'go live' with the new system until these were resolved. We anticipate that we will start using the new database in early 2017/18 across Powys County Council and Powys Teaching Health Board. The system will allow us to share relevant information better.

In last year's report, we referenced our continued work to improve domiciliary care in the county. During the year, domiciliary care has been provided through a mixture of both in-house and procured domiciliary care provision. The in-house service provides approximately 9% of the market and the rest of the market is provided through a mixture of a commissioned framework and spot contracts.

The number of people receiving domiciliary care and the hours of care provided have reduced over the past year. More than a quarter of the care provided is in rural areas. There are differences in the amount of time it takes for domiciliary care to be provided following approval. During 2016/17 in the north of the county (Montgomeryshire), it took on average 15 days for care to commence, while it takes over 26 days in the south of county (Radnorshire and Brecknockshire).

The average age of individuals receiving domiciliary care is 79 and the average care package is 14 hours per week. We intend to re-commission the domiciliary care service in 2018 and work is already underway in preparing for this.

When a young person known to Children's Services is likely to require care and support from Adult Social Care, we ensure that we start the planning for this from the young person's 14th birthday. This includes the sharing of relevant information to ensure a seamless process across social care, health and education services.

We have worked with our partners in Powys Teaching Health Board, as well as other relevant partners, to develop and agree joint commissioning strategies for the following areas:

- [Learning Disabilities](#)
- [Older People](#)
- [Carers](#)
- [Substance Misuse](#)
- Assistive Technology

These strategies have enabled us to commission services which provide support as seamlessly as possible. We are continuing to work with our partners to develop joint commissioning strategies for Physical Disabilities / Sensory Impairment and Domiciliary Care.

Areas for improvement still remain around correct and up to date data and performance information making accurate information problematic when planning future needs. Heads of Service continue to work in partnership with the Business Intelligence Unit in order to ensure that information collected is accurate, up to date, compliant with the Social Services & Wellbeing Act and ensures that services managers are enabled to make informed decisions and address performance where necessary.

Four out of five (81%) of adults stated that they were happy with the care and support that they received. Of those who felt otherwise, a large proportion were unsatisfied due to a lack of continuity with carers.

A similar proportion of children and young people (83%) said that they were happy with the care and support they had had. Comments received related to either specific officers or anxiety when the child's mother was involved.

We have a co-located team in Ystradgynlais with social workers from Adult Social Care, district nurses, occupational therapists, physiotherapists and stronger links with the GPs. An Administrator within Business Support won the Integration Award in Powys County Council's Staff Awards in 2016 – the member of staff had pro-actively volunteered to move her working base to help make connections successfully and support the team.

Minister for Social Services and Public Health, Rebecca Evans, visited the team in January 2017 and commented: *"It was good to see integrated health and social care in action at Ystradgynlais Community Hospital. Through bringing multiple services together under one roof, the team is providing local people with tailor made, joined-up care."*

An example of the work this team carries out is below:

An individual was referred to the team after the district nursing team had visited a lady who was suffering from acute kidney failure. This individual required their input for extra fluids to be given sub-cutaneous overnight, as she was unable to intake the appropriate fluids orally. When the district nursing team visited the individual they were able to get the full picture; she had become reclusive and did not leave her house. The individual was also hoarding lots of rubbish that were a risk to herself and whoever entered her flat. The flat was in quite a bit of a state and she was clearly not coping.

After conversation within the Integrated Team, it was clear that the individual required input from not only the district nursing team, but also further support from the Re-ablement team to ensure that she was meeting her own needs and they could further assess her as she made progress over the following couple of weeks. We worked with the individual and within 2 weeks the Re-ablement team was able to look at pulling their services as the lady had improved considerably. Various other team members have been pulled in over the past 3 weeks (physiotherapists, occupational therapists, a social worker, Third Sector and Community Connector) and the individual is now in the position of seeing the value of keeping her flat in a cleaner state that does not put her at risk.

The individual is now leaving her flat and attending a 6-week programme at the day hospital. The individual is visiting leg club once a week and the Community Connector is introducing her to a voluntary knitting group which she enjoys immensely as well as other crafts. This is a really good outcome for a lady who was destined for a hospital admission, which was not only avoided but a much better outcome achieved overall.

Our longer term aim is to ensure a single co-ordinated team working to one care plan therefore reducing duplication and improving efficiency; a shared single assessment and record will help ensure the individual does not have to repeat their story and receive multiple input from a range of different professionals and agencies. Using the Vanguard Methodology Adult Social Care will work with Powys Teaching Health Board in order to develop a fully integrated multidisciplinary team in Brecon during 2017/18.

We are considering potential developments with Powys Teaching Health Board which will lead to pooled funds for care homes and joint brokerage functions.

Within the disability service Alder Advice have been working with staff across both Powys Teaching Health Board and Powys County Council on embedding the progression model which focuses on revised assessment process. This is supporting further work in the 'Return to Home' project which will see a number of individuals returning back to provisions within county. We are also exploring further opportunities to embed the 'progression model' in mental health services and in furthering our integration options.

A has learning disabilities and had lived in Cardiff in residential care for many years where he missed his home town and especially his family who he has a close relationship with. A has been supported through the project to move into a supported tenancy with the right support and he is now able to get out into the community he has known from childhood and even pop home to see his mum for tea whenever he likes. Having lived in a big residential care property for many years A is enjoying lots of the small things involved in having his own home and local community.

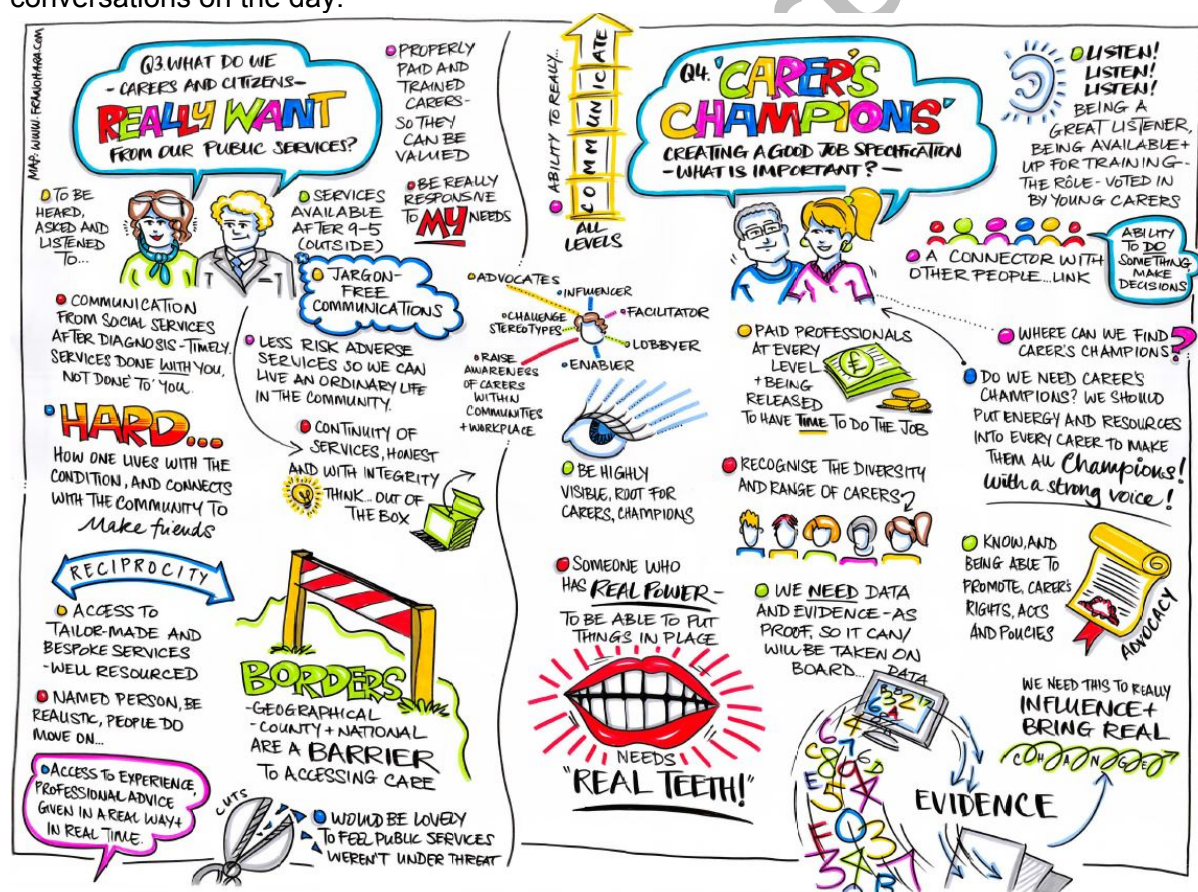
When asked what A likes about being back in Ystradgynlais he replied:

"my new home. I like Merlins (local café) I have a new Blue Ray Player in my room. I am going for Christmas lunch on Friday to The Ynyscedwyn Arms (local pub). I do the Hoovering because I like it and it keeps my house clean. I have my own bedroom".

A's social worker added: "I'm happy to see a local young man back within his home community and thriving, accessing local facilities being supported by staff who are familiar with the area. A talks about the house as being 'home' and was pleased to show me his Christmas tree. This is such a positive outcome for A, it's why I went into social work and what makes it worthwhile."

We recognise that there has been a low uptake of carers' assessments during the year and we are continuing to work to increase this.

A Carers Champion Network event, chaired by "A", who has been a carer since the age of 5 years, took place in February 2017. The aim of the event, which was well attended, was to shape the role of a Carers' Champion. The following graphic gives an insight into conversations on the day.



CSSIW carried out a thematic inspection of services for carers (including young carers) during the year. The findings of this inspection will be published in 2017/18.

P lives with her daughter and son-in-law. She has reached end stage cardiac failure, spending her time either in bed or in a reclined armchair. The family provide all the care. Her daughter provides the personal care. There was a profiling bed in place and a static commode. When

referring the District Nurse explained that the family were having great problems with moving and handling as P was no longer able to weight bear. The daughter was using a towel under P as a means to help move her up the bed.

Equipment provided – 4-way glide system, wedge, mobile commode, Quick Move

Care hours – family continued to care for P

Outcomes – daughter was able to care for her mother with much more ease, not needing to call on her husband at inappropriate times re personal care. The wedge was found to be really helpful “as another pair of hands”. P felt more comfortable as her bed position can be easily adjusted. P also felt less of a burden on her daughter. Removed risk of skin sheering.

Social workers provide information about charging arrangements and where necessary refer to our Awards Team. A letter or phone call with the individual or their representative then follows in order to assess whether the individual is required to pay for their care in line with Parts 4 and 5 of Social Services & Wellbeing Act. In some cases, a face-to-face visit between the individual and an Awards & Support Officer could occur to gather the relevant information.

When funding is agreed, we provide individuals with a leaflet detailing what services we offer, what will happen if they can't afford to pay the charge and how the means-testing process works.

We have a specialised [Money Advice Team](#) who can provide support with getting online, budgeting advice, debt advice and income maximisation in order to support individuals.

We publish information on the Council's website and individuals can find out about the costs of our services on the same page as our [electronic referral form](#).

2 Working with people and partners to protect and promote people's physical and mental health and emotional well-being

Adult Social Care works with our leisure services provider, Freedom Leisure, and Public Health Wales, to improve the health and wellbeing of referred patients aged 16 and over at risk of chronic disease via the National Exercise Referral Scheme. During the year, a total of 17,140 sessions were attended by individuals which is a 30% increase against the previous year.

Within Children's Services, we commission the Fresh programme which is delivered by Freedom Leisure. Fresh helps overweight children aged 5 – 13 learn how to stay trim and healthy the natural way. The ten-week after-school programme supports and educates children and their parents/carers to overcome their unhealthy habits and weight issues and other associated physical and psychological problems via healthy eating and how to enjoy physical activity. During 2016/17, 132 children and 237 parents have attended the programme. Of those who responded, 93% evaluated the Fresh programme as a positive experience. There was a mean Body Mass Index reduction of 0.85kg/m² in participants completing the programme.

[The percentage of children seen by a registered dentist within three months of becoming looked after was 60.0%. We are working closely with partners to improve this.](#)

[The percentage of looked after children registered with a GP was 68.6% and as above, we are working closely with partners to improve this.](#)

We work with partners within and outside the Council to support individuals to live healthily. One example is the [volunteers that work with our Countryside Services](#) to maintain Powys' rights of way – a total of 94 individuals have volunteered to support rights of way in Powys, with 22 individuals aged 50-64 years old and 61 individuals aged 65+ years, of which three are aged 81. This project won the Large Team of the Year Award in the Council's 2016 Staff Awards due to the partnership between Countryside Services and the volunteers themselves.

During the year, 13 communities in Powys have been working towards becoming dementia-friendly communities, with 632 participants attending Dementia Friends information and awareness sessions.

Sue and Sandi moved to Powys 12 months ago to live near family members. Their decision was partly based on the experiences they'd had in visiting Brecon and encountering it as a dementia friendly community. They had found the whole community to be welcoming and understanding to a level they had not experienced before, and were genuinely impressed at how shops and businesses had embraced the concept and were making efforts to support them.

Since moving to Brecon, Sue and Sandi have become active in giving their voices to express their views and needs, Sue as a person directly affected by dementia and Sandi as a carer. Dementia Matters in Powys [has recorded](#) Sue giving her views on dementia.

To become dementia friendly, a huge amount of work has been undertaken with local businesses, statutory agencies and cross generational activity with local schools. Local mental health resource centres are expanding their work with people with dementia including hosting memory clinics, singing for life and memory cafés.

Day services for people of working age who have disabilities are varied in nature with a mix of in-house and third sector providers, including social enterprises, which provide both daytime activities, workshops, and employment and training opportunities. Following consultation this year, work is ongoing to reorganise the services in partnership with providers locally in order to ensure more individualised and outcome based provision for individuals.

Children's Services continues to commission a blended online and face-to-face counselling service for young people in Powys. The blended service is delivered by Xenzone and young people can access the online service 24/7 and also request a face-to-face appointment through the [online counselling website](#). During the year, 570 individuals have signed up to the online service and 515 individuals have been referred to the face-to-face service. In 2016/17, 132 young people recorded a clinical improvement in their emotional health & well-being and a further 70 recorded a reliable improvement after using our counselling services.

We have seen increased demand for our counselling service for young people during the second half of 2016/17 which resulted in more young people having to wait for an appointment to see a counsellor than usual. We were able to make some additional funding available to shorten the wait but we recognise that this service may continue to see increased demand. We will consider how we can best meet the mental health and emotional well-being needs of children and young people as part of our recommissioning of prevention and early intervention services during 2017/18.

[Re-ablement](#) in Powys' Adult Social Care is led by therapists (both occupational therapists and physiotherapists) and is provided for up to six weeks in order to support people to regain their independence as much as possible. The service continues to be successful in maintaining and regaining independence and of 248 referrals to the service during 2016/17, 146 individuals were left with no-going or reduced support as a result of the re-ablement they

have received. Our Re-ablement Service was inspected by CSSIW during the year and the feedback received was positive.

The rate of delayed transfers of care for social care reasons per 1,000 of the population aged 75 or over in 2016/17 was 8.13 and has continued to improve from a rate of 15.56 in 2014/15 and 11.24 in 2015/16.

The percentage of adults who completed a period of re-ablement during 2016/17 and:

- have a reduced package of care and support six months later was 7.87%
- no package of care six months later was 47.69%

The average age of adults entering residential care homes was 81.1 years old during 2016/17.

The service can experience problems if there are capacity issues within the domiciliary care market. We are ensuring that we take this into account as part of our planning for new domiciliary care commissioning. One example of the work of this service is below:

Mrs W was referred to the Re-ablement team – she lives alone, had fallen and broken her shoulder. The team supported her with personal care and meal tasks three times per day for six weeks. By encouraging Mrs W to complete her exercises, showing techniques and using aids she is now independent with both tasks. On completion of the six weeks, Mrs W had no input from any service.

3 Protecting and safeguarding people from abuse, neglect or harm

Where a Safeguarding enquiry remains integral to the rest of the individuals' well-being outcomes. Once the Safeguarding Enquiry is completed, any on-going Care & Support Needs are continued to be reviewed and responded to by the appropriate local teams.

Members of the public are able to make a safeguarding referral for an adult via our [online referral form](#) and professionals can also refer via [our multiagency referral form](#). The complex nature of some safeguarding enquiries often requires multiagency working which can take longer. Where an enquiry takes longer than 7 days, we are required to record the reason for this.

Powys' Adult Safeguarding Team was inspected by CSSIW during the year and its findings will be published in 2017/18.

The percentage of adult protection enquiries completed within statutory timescales was 27.46%.

The percentage of re-registrations of children on local authority child protection registers was 3.85%. This has reduced from 4.3% in 2015/16 and remains below our target of 10%.

The average length of time for all children who were on the child protection register during the year was 200.82 days. The average days spent on the register has increased due to a long standing registration with two sibling groups. The complex needs of the four children required ongoing multiagency support to attempt to keep them with their family. De-registration and permanence has now been achieved for them. We now have a flag in place to let us know when a child has been on the child protection register for more than 12 months.

Up to Q3 2016/17, we have removed the risk or reduced the risk for 144 individuals. For 2 Adult Safeguarding Enquiries, the risk remains.

Individuals have the right to refuse to participate within their Safeguarding enquiry process if they so wish. A total of 15 individuals up to Q3 refused to participate in actions identified by a safeguarding enquiry within Adult Social Care. Each of these cases is managed on an individual basis working in conjunction with other agencies, for example, Powys Teaching Health Board and Kaleidoscope, our substance misuse service provider, to minimise the risk where we are able to.

We capture the views, wishes and feelings of the individual subject to the Safeguarding enquiry at the point of referral. If the individual does not have capacity to provide this themselves, then we look to an appropriate person to support them to do this. If this is not possible, we would look towards independent advocacy to support the individual.

We monitor the recording of views, wishes and feelings of individuals as part of our Quality Assurance Framework to ensure that the individual is at the centre of the process.

Our [Shared Lives Scheme](#) has enabled vulnerable adults to choose where and who they live with. Two of the carers who provide support for vulnerable adults have shared their feedback about the Scheme and you can find out more about [Diane's](#) and [Mandy's](#) stories. The Scheme was [inspected](#) by CSSIW during 2016/17 and the feedback was positive.

The Council has a designated safeguarding unit embedded within Powys People Direct. The team works closely with contact officers and other teams across the Council to embed the 'everybody's business model, and also the duty to enquire. The team is made up from a number of professional backgrounds; social work, nursing and the police and provides an end-to-end function around Adult Social Care safeguarding.

In 2017/18 the opportunities to integrate the capacity and function with both Children's services and Powys Teaching Health Board will be explored.

Three quarters (75%) of adults said that they felt safe. Of those who did not, a large majority were concerned about the possibility of falling and not being able to call for help. Other comments focussed on crime and anti-social behaviour.

The vast majority (90%) of children and young people said that they felt safe. Only 2% said that they never felt safe with a comment received to the meanness of other children.

Three in five (62%) carers said that they felt safe. Of the rest who gave an answer, they felt this was the case some of the time. No one said No to this question. Comments received to fear of not being able to access help in an emergency and a fear of falling.

The Deprivation of Liberty (DOLS) is also an integrated service within Powys and combines funding from Powys Teaching Health Board and the Council to deliver on duties as set out in legislation. The team is a combination of Best Interests Assessors, administrative support, supervisory body panel and is made up of both health and social care professionals.

4 Encouraging and supporting people to learn, develop and participate in society

Powys is fortunate to have a large number of community based, third sector services which support individuals to access the services that are important to them. The 'what matters'

conversation is built into our assessment process within both Children's Services and Adult Social Care.

Powys People Direct made a referral to a Community Connector for an individual who wished to obtain emotional support due to recent changes in their life. When the Community Connector spoke with the individual about what mattered to them, the individual said she was struggling to attend important health appointments. She felt she was a burden on her daughter who was trying to support her. The individual explained that she was subject to harassment in her community and the police had been involved on a number of occasions. This had caused her confidence to plummet and she was becoming more isolated in her home, also risking her health as she was not attending the vital health appointments. The family relationships were becoming strained. What mattered the individual was that she was able to access support so she wouldn't have to call upon her daughter so often. She said "I want my daughter to just be my daughter. I don't want to ask her for help all the time. I want to get my confidence back and be the person I want to be".

A phone call was made to the Community Connector by a close relative of the individual. The relative explained that she had seen the individual, who was very upset and had asked her to make contact with the Community Connector because "She is the only person who listens to me and doesn't judge me". The relative explained that the individual had no credit on their phone to call themselves.

The Community Connector called the individual. The individual had managed to attend an appointment but for her it had gone very wrong. She was deeply distressed and crying uncontrollably. The individual confided in the Connector and after some time they agreed to seek support from the community mental health team. An adult safeguarding referral was made with the individual's agreement. The individual was provided with the number for the Samaritans Freephone number in case the need arose for support again. A further referral was made to Hafan Cymru for emotional support who agreed to meet with the individual and support them in confidence building and other issues. The Connector kept in contact with the individual throughout the period to update them with the referral for support and ensuring that the individual was obtaining the support from statutory services that she needed at that time.

The immediate intervention from the Community Connector enabled the individual to access rapid emotional support. The individual stated "Thank you, thank you, thank you. You have listened to me and saved me from myself and my inner most demons. I really can't thank you enough. You have supported me and removed that level of burden from my daughter and that in itself is of great comfort to me".

Around half (52%) of adults felt that they could **do things which were important to them**. 44% said they couldn't, or could do so only some of the time. Health and mobility issues were raised as being the main limiting factors.

A larger proportion (69%) of children and young people felt that they can do the things they like to do. The remaining respondents felt that this was the case only part of the time, with parents and time cited as barriers.

A third (33%) of carers felt that they can do things that are important to them with 24% saying this only applied to part of the time. 15% said that they couldn't. One comment related to ensuring the day centres remained open while others said that their caring duties were a barrier.

Percentage of children with care and support needs achieving the core subject indicator at key stage 2 was 33.33% and was 13.64% at key stage 4.

Percentage of looked after children who, during the year to 31st March have experienced one or more changes in school during periods of being looked after that were not due to transitional arrangements was 21.2%, which is an increase from 16.4% in 2015/16.

Kyle was previously known to Children's Services. There were behavioural issues & concerns, anti-social behaviour and at risk of offending behaviour which were putting Kyle at risk of permanent exclusion from his school. Kyle had previously worked with the School Nurse and the school felt that a positive male role model was needed. It was highlighted that Kyle had positive family relationships, a supportive family and that behaviour was thought to be better at home.

Kyle was allocated a male worker from our Youth Intervention Service team. Initially Kyle engaged well with the one to one support offered by the worker but it became difficult to maintain regular appointments. After an initial improvement, Kyle's behaviour became worse and he had two external exclusions within a month and the school were looking at a managed move. The work continued and worked on self-image, behaviour, emotions and consequences of actions plus exploring activities available outside of school.

Kyle's final plan described an improvement in behaviour in school to the point where he was off report card. Kyle was said to be engaging in activities in and out of school – rugby and basketball. The worker completed all the work he set out to do and addressed additional factors such as revision techniques and getting Kyle involved in 5 x 60 activities in school. Kyle agreed that his case could be closed as he felt he didn't need our support anymore.

Kyle's feedback to the question "Did we help?" from his final plan was:

As we have detailed above, we are developing our prevention and early help model to support individuals to be active members of their communities. One of the ways we help individuals to support one another is via our [Befriending Services](#) as illustrated by the examples below:

E was referred to Powys Befriending Service by her GP from the local Health Centre almost 12 months ago. She had recently lost her husband and was feeling very isolated, she has family who live away but are in contact with her on a regular basis.

E signed up to the groups and was eager to join in as soon as possible. She attended a lunch club as her first session and was delighted to meet so many people. E has since joined in many other activities and has become a member of the local Dial a Ride. During the conversation at one of the lunches E realised that a friend she hadn't seen for some time was still resident in Crickhowell and was also a member of Dial a Ride. Since then E has caught up with A her friend and they both attend lunch club and keep in contact by telephone now. We have played a very small part in reuniting the friends and also in enabling them both to get out to social events.

The Befriending Service is supported by volunteers and one of their stories is below:

A male, aged 81, bereaved last summer contacted Powys Befriending Service to find out more about the service. A coordinator met the individual to discuss the options and he chose to become a volunteer with particular interest in helping run groups. He could have so easily have become a client of the service as he described himself as lonely and isolated and feeling he was slipping into depression. The coordinator and the individual felt he could offer more and gain what he needed by becoming a volunteer. So he joined us as a Volunteer and he now assists another Volunteer in supporting the Whine & Dine group that was launched in November. This group now has 9 people signed up for it and this volunteer who still drives collects people to ensure they are able to attend the group wherever it is meeting to have lunch (different places each time). He is a chatty sociable person and the Coordinator has seen him grow in confidence since the group began. He takes an interest in those that he collects and has visited one or two outside the fortnightly lunches and alerts me to any issues that he believes the client may have which is really helpful. He clearly derives a great deal of pleasure with being active and involved in other people's lives in such a positive manner and he feels that being a volunteer with Powys Befrienders has "saved his life" at such a difficult time for him.

We are continuing to develop this approach to change our practice so that we can deliver the Social Services & Wellbeing Act. Our partnerships with Powys Teaching Health Board and the third sector will be crucial in supporting us with this work.

- 80% of adult respondents said they were happy with the support they receive from family, friends and neighbours. Of those who felt otherwise, most said they lacked sufficient or reliable support from people other than (paid) carers or other services.
- 86% of children and young people said they were happy with their family, friends and neighbours. 5% said that this was not true for them with comments received relating to the 'meanness' of others.

5 Supporting people to develop safely and to maintain healthy domestic, family and personal relationships

We have continued to support individuals to maintain the relationships that matter to them. The case study below was referred to our [Youth Justice Service](#):

The male offender (aged 14 years old at the time) and the 12 year old victim had been girlfriend and boyfriend and had had sex five times. The victim then confided in a friend that she was having sex with her boyfriend and the friend disclosed this to a youth worker. This obviously was then reported.

The young offender was a young man who said he had no idea that it was an illegal act to have sex at the age of 14. He was being home educated by his mother and so therefore had not access to sex education. The victim said she was aware that it was illegal but did not want to hurt her boyfriend so willingly went along with it. The victim suffered from her peers as other young people felt she had reported the offender and got him into trouble. She was ostracised at school and within her local community. Neither of these two young people had spoken to each other as they were adhering to the bail conditions.

The young offender had asked to attend the local school but the school was unsure as to how this would affect the victim and the safety of other young people in the school. The Restorative Approaches Coordinator from our Youth Justice Service was asked to seek the views of the victim on the offender joining her school. This was done and the victim was happy with this but said she would prefer this to happen after they had met and sorted things out.

The Restorative Approaches Coordinator visited each of the young people and they agreed that they would both like to attend a face to face meeting to talk through what had happened and to how they felt and to come to an agreement on a way forward. An assessment and preparation session was done with both young people. The mother of the offender was also assessed and prepared for the meeting as was his father. The mother of the victim was also prepared and assessed.

The face to face meeting with the two young people and the families was held and everyone was able to have their say as to what happened and how each was affected. The victim was able to explain how this offence had come to the attention of the authorities. She was also able to say how she felt and the effect her peers were having on her life. The offender apologised that he had done wrong but explained he really did not know that it had been an illegal thing to do.

The following agreement was agreed:

- To be able to have a normal teenaged friendship
- No further sexual activity while either were under the legal age
- The offender agreed that he would speak to peers and try to cool things out for the victim.

With the permission of both parties the agreed contact was passed onto the school along with the victim's views that she was happy to have the offender in the school. At the review meeting everyone was very happy with the outcome of the meeting and felt it had helped to move things forward. They evaluated the session as very satisfactory.

The offender has now joined the school and is integrating well. The two young people are able to meet and even hang out in the same peer group although the victim confided she now had another boyfriend but would not be having sex. The offender stuck to his word and eased the way for the victim to be accepted back with her peers. The offender is working well with his case officer to explore his offending behaviour and to educate him on sexual issues.

Two thirds (66%) of adults felt that they were **part of the community**, while 27% disagreed or felt this only some of the time. Isolation was identified as the key reason for this. A smaller group identified personal safety for not feeling part of the community, with reasons ranging from harassment to anti-social behaviour, particularly from young people.

A larger proportion (84%) of children and young people felt that they belonged in the area where they live. 12% felt that this was sometimes the case. Responses otherwise related to moving to a new home or a lack of other children in the area.

The percentage of children supported to remain living with their family was 73.9% during 2016/17. This is a new measure following the implementation of the Social Services & Well-being Act so we have no previous performance data for this measure.

The percentage of looked after children who returned home from care during the year was 15.3% during 2016/17. Again, this is a new measure following the implementation of the Social Services & Well-being Act so we have no previous performance data for this measure.

The percentage of looked after children on 31st March who have had three or more placements during the year was 13.5%. During the year 22 children had three or more placements. There was evidence of stability whereby 66% of the cohort have remained in their first placement / placement they were in at the beginning of the year. Some children

have had more than three placements due to care planning activity to try and keep the children with the family, such as a mother and baby placement.

This year, we have continued our work to strengthen how we support those who experience domestic abuse. We have finalised and published our Joint Commissioning Strategy for Domestic Abuse in Powys. The new strategy has provided a more coordinated pathway for victims of domestic abuse in Powys.

We have developed our new service specifications for domestic abuse support and tested these with a range of stakeholders to ensure that they are appropriate. We held a 'Meet the Buyer' event with good attendance from potential service providers and began the tendering process for new domestic abuse services in late March 2017. The new services will begin delivery on 1 October 2017. During the year, a total of 59 women, 17 men and 26 children have been supported by the refuges in Powys. Our commissioned Independent Domestic Violence Advisor service has opened 310 cases in 2016/17 and a total of 126 cases open to this service reported significant decreases in the individual's risk levels on closure of the case.

We have appointed a Violence Against Women Domestic Abuse & Sexual Violence (VAWDA SV) Strategic Commissioning Manager to help to deliver the new requirements of the VAWDA SV Act. As part of this role, we have held an event to launch the White Ribbon campaign in Powys, where males pledge to work to end male violence against women. Approximately 50 individuals attended. We have also promoted Level 1 Awareness eLearning Training in relation to the VAWDA SV Act and approximately 1,200 members of staff within the Council have completed the training in 2016/17. We will continue to build on this and implement further the requirements of the VAWDA SV Act during 2017/18.

An example of the work of our [Integrated Family Support Team](#) which works with adults with a drink or drug problem to support them to keep their children safe and stay together as a family is presented below:

A (age 7) lived with her Mother until her Mother was found drunk in charge of A by police and arrested for neglect. A Section 47 investigation concluded that Mother was regularly drinking alcohol heavily, experienced poor mental health (i.e. anxiety / depression / overdoses) and as a consequence was considered unable to provide safe and consistent care for A.

A's Father had maintained regular contact with A and an amicable relationship with Mother. A moved to live with Father and maintained contact with Mother through supervised contact. Mother initially engaged with the Integrated Family Support Team (IFST) intervention with the aim of achieving some control over her drinking to allow some unsupervised contact between herself and A. However, during the course of the intervention Mother recognised and accepted that she was dependent on alcohol, clearly identifying that her dependence on alcohol had developed as a 'coping strategy'. Mother recognised that being abstinent from alcohol was the only way she was able to achieve control of her life again.

Mother attended and engaged meaningfully with all scheduled appointments; IFST, Kaleidoscope (our substance misuse provider) and with Hafan Cymru (a mental health support service) and begun to learn and employ healthier coping strategies to help her manage her alcohol use and anxiety / depression issues. Mother begun talking more openly to family and friends about matters, accessing support from them also. Mother planned with Kaleidoscope for home detox and successfully undertook this early on in Phase 2 of the IFST intervention.

Mother and A began unsupervised contact following the first review and overnight stays for A began taking place shortly after. Mother continues to access support from Kaleidoscope, other agencies and family as per IFST Family Maintenance plan and the case was closed to our IFST team following the 6 month review meeting in November 2016.

Members of our Junior Corporate Parenting Board have provided us with feedback about what they thought their journey should look like if they need care and support. Some of their feedback is presented below and helped to inform our social workers' practice.

“...being an adult has taught me one that life is full of challenges and hits hard to get through in life but it is important to keep pushing forward and to fight for your future. People should treat me as an individual and respect me to who I am.”

During the year, a letter about participating in our Junior Corporate Parenting Board was sent to a young person and viewed by another family member. This resulted in a complaint to us and we now ensure that team managers review letters about participation so that they are only sent to young people in appropriate circumstances.

There was only one question asked of parents in their survey. This asked if they had been actively involved in all decisions about how their child/ren's care and support was provided. 62% said that they had. A third (33%) said that this had only partially happened. Of those that felt that they were not involved, or only partially, the main issues were that they felt they weren't listened to by Social Care or other bodies or that decisions were taken without prior consultation with them. Issues of poor communication were also highlighted.

Only 23% of carers said they felt supported to continue in their caring role. The same percentage said that this happened only sometimes. Comments received related to anxiety about the future and expressions of a lack of support.

Only 43% of carers reported that they had been involved in all decisions about how the care and support was provided for person they cared for. 14% said this happened sometimes. Comments received related to being involved but not always being listened to.

6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

We have a specialist Money Advice Team who provide advice and support with welfare benefits, personal budgeting and debt. This team works in partnership with the Department for Work and Pensions to help people make on line applications and provides budgeting advice to vulnerable individuals moving into Universal Credit. The team also works in partnership with Macmillan Cancer Support to provide welfare benefits advice to people affected by cancer.

As well as the specialist team above, many of our workers support individuals economically:

Mrs A had paid her oil bill and the cheque bounced. The oil company threatened to take the oil back and Mrs A was very upset. The warden who supports Mrs A contacted the oil company and they agreed for her to pay by instalments. The warden then accompanied Mrs A to the

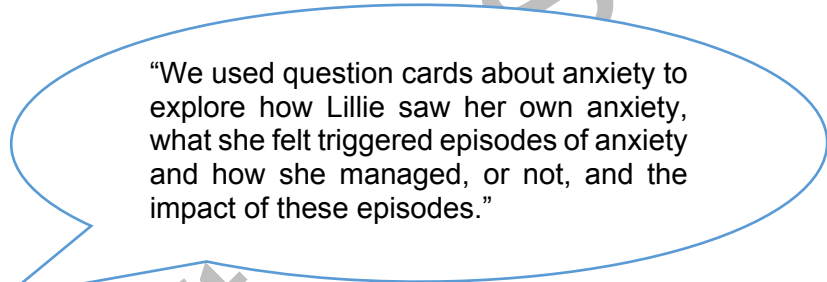
bank to withdraw the money needed to give to the oil representative, who was coming back that afternoon. Later on, the warden had a telephone call from the oil company representative to say he was going back to Mrs A to return the cash as the bank had transferred the full amount to the oil company. The warden met the rep back at Mrs A's flat and everything was sorted out. The warden noted that by supporting Mrs A with her finances and building up her confidence, Mrs A has not started to go back into town by taxi – Mrs A is now able to go out and do her own shopping and meet up with friends in town.

We have continued to facilitate Powys Youth Forum which is made up of representatives from different organisations in Powys, including school councils, statutory and voluntary sector youth groups, young carers, care leavers and members of Powys' Junior Local Safeguarding Board. The Forum enables young people from across Powys to share their concerns with the representatives and for the reps to consider issues together as a group.

We review whether support is required to access social activities as part of reviews for children on the child protection register or for children in care. Similarly, where needs are identified, the Team Around the Family process has supported children and young people to access social activities to support their needs – an example of this:

Lillie (aged 14) had experienced bullying and social isolation. Her relationship with her Mum and Mum's partner was, at times, difficult and relations were, at times, fraught between home and school. In addition Mum's partner has mental health difficulties. Lillie had high levels of anxiety and very low self-esteem.

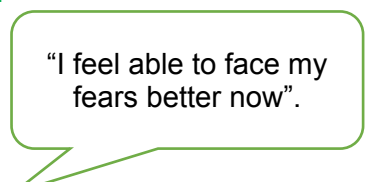
A Youth Intervention Service (YIS) worker was allocated to work on anxiety and anger management with Lillie. The YIS Worker said:



"We used question cards about anxiety to explore how Lillie saw her own anxiety, what she felt triggered episodes of anxiety and how she managed, or not, and the impact of these episodes."

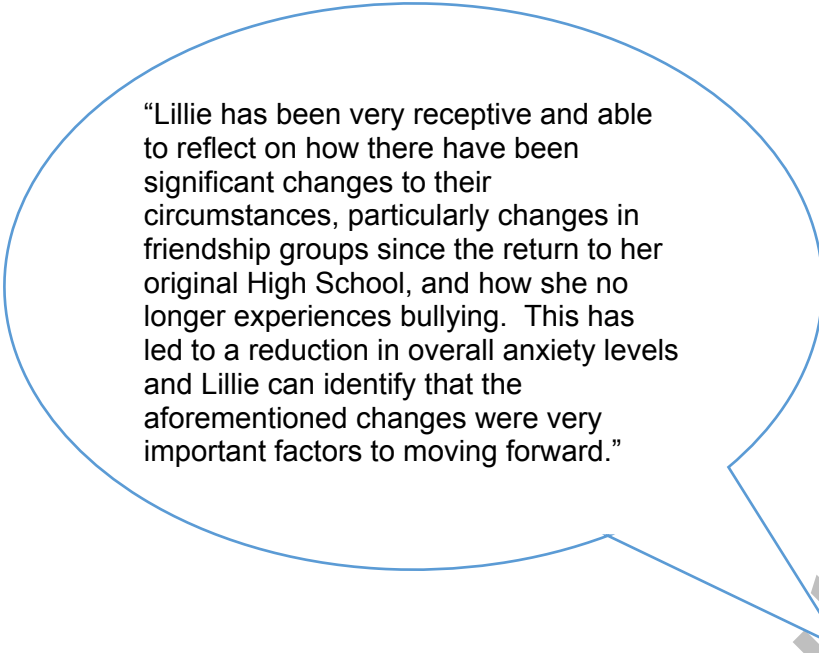
One day mechanics course at college was arranged for Lillie, with the intervention and support agreed at the TAF meeting enabled Lillie to have a successful start. Lillie was the only girl on the mechanics course. She initially felt very high levels of anxiety, but said that, even though the anxiety continued for most of the first six weeks of the course, it was less each time and is now totally absent. Lillie learnt stress-reduction techniques and she learnt to reflect on her own strengths and ability to cope in anxious and stressful situations. Following the support, Lillie's score for anxiety went from 4 to 3. Lillie's overall score on the Strengths & Difficulties Questionnaire went from 20 to 11 and the primary issue score from moderate to average.

Lillie said:



"I feel able to face my fears better now".

Lillie's YIS Worker said:



“Lillie has been very receptive and able to reflect on how there have been significant changes to their circumstances, particularly changes in friendship groups since the return to her original High School, and how she no longer experiences bullying. This has led to a reduction in overall anxiety levels and Lillie can identify that the aforementioned changes were very important factors to moving forward.”

We have recommissioned support for children and young people with additional needs and disabilities in line with the Social Services & Well-being Act outcomes. Action for Children began delivering the new joint service on 1 October to provide training for staff and where necessary support to access childcare and community activities. The service aims to promote inclusion for this vulnerable group. In the first six months of the service, over three quarters (78%) or 29 out of 37 individuals made positive progress as recorded on their distance travelled tool.

As part of our Joint Learning Disability Commissioning Strategy, we have remodelled our day and employment services for individuals with learning disabilities. The new employment service tender was awarded in October 2016. Day services have been grouped geographically and services in the south have been changed during the year, with services following in the north in 2017/18. These services support 289 individuals to access meaningful employment.

When families identify as part of the Team Around the Family process that they need support with managing their finances and / or support to access employment, the TAF Coordination team can signpost as appropriate and also involve relevant professionals to ensure that the family is supported appropriately.

We have continued to support those young people who are not in education, employment or training (sometimes called being ‘NEET’) to enable them to access sustainable work.

We received a request for support for a young person, Lucy, who had emotional well-being issues, with being NEET, domestic abuse and homelessness highlighted as secondary concerns. Lucy was previously known to Children’s Services and had been evicted, was sofa-surfing and was struggling to manage her debts.

Lucy expressed an interest in going back to college – we were able to support her to complete the application forms and she started a hairdressing course in September 2016, alongside a placement at a local hairdressers. Colleagues in the Council’s Housing Solutions Service arranged a meeting with Money Saviour to discuss debts and signed Lucy up to the Tenant Ready programme which helped Lucy to secure a new flat. Lucy’s comments are below:

Everyone from the Young Adult Panel are fab and helped me out. I'd like to thank everyone for giving me the help and support that I needed. It's much appreciated!

Powys People Direct is able to signpost members of the public to access financial advice and help with benefits and grants. Those individuals who have care and support needs can access support through the professionals working with them or via our Awards Officers.

Adult Social Care supports Powys' Citizens' Advice Bureau to provide financial advice and support to members of the public in Powys. During the year, a total of £ 1,055,315 of debt has been written off for individuals in Powys and 99% of individuals who used the service would recommend it to others and would use it again. Some of the feedback from individuals is presented below:

Feedback from a 62 year old individual with mental & physical health conditions who was assisted to appeal his Personal Independent Payment decision and received backdated payments, as well as on-going annual amounts:

"...your work is invaluable, you made us feel that our situation mattered, you carried out the task in a professional, non-judgemental way. Without you and the Citizens' Advice Bureau, not only we, but many more would be left in dire situations"

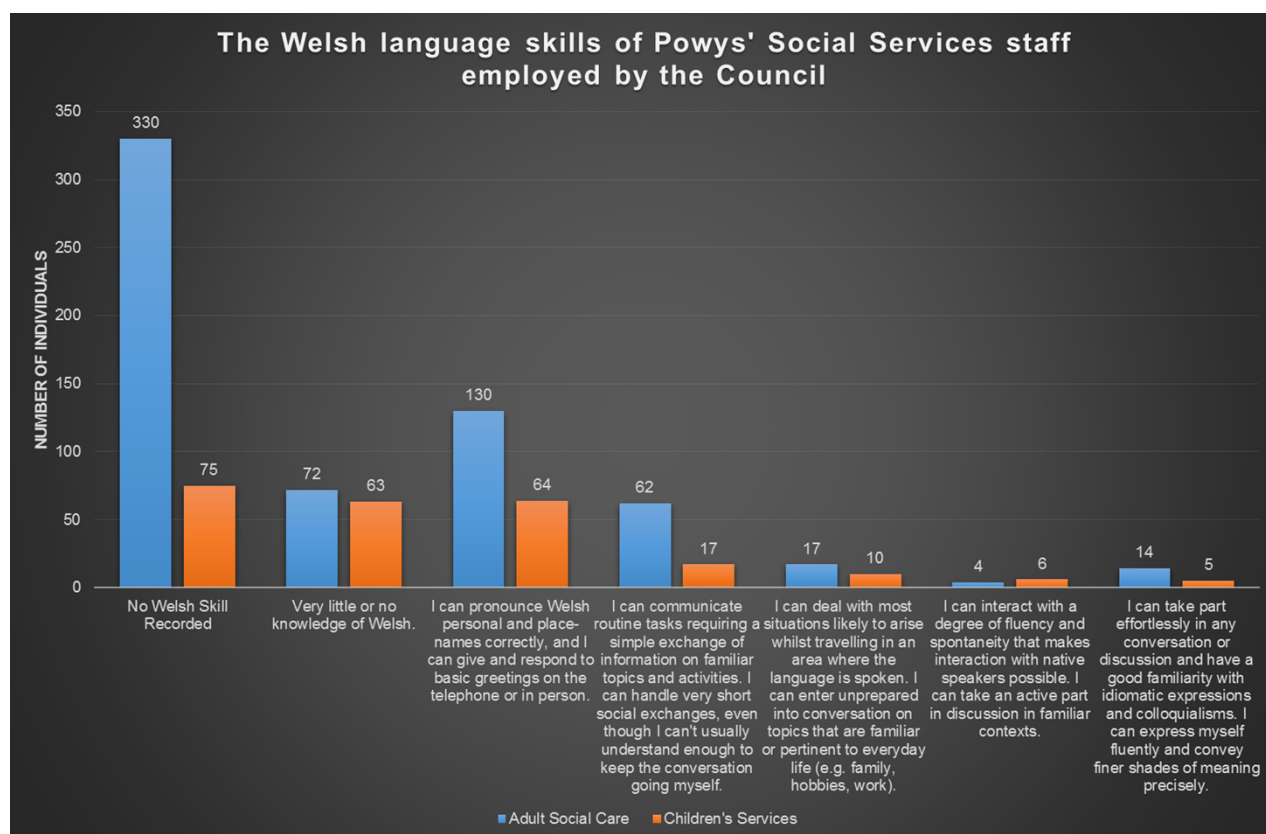
We have also commissioned Powys' Citizens' Advice Bureau to provide a specific service to individuals with substance misuse issues to ensure that this group has access to financial, benefit and debt advice as they can often find it difficult to access support. During 2016/17, this service has negotiated £39,986 of debt and written off £8,294 of debt. **This individual suffers from mental and physical health conditions and has been assisted to make a claim for Personal Independent Payment.**

"It's really brilliant that you're helping, you were actually able to do something for me, a lot of people I deal with don't seem to care"

We have strengthened how we deliver the 'Active Offer' of Welsh language services to individuals in Powys. Adult Social Care and Children's Services work to the Welsh Government's Strategic Framework on the Welsh Language in Health and Social Care and the 'More Than Just Words Strategic Framework for framework for Welsh language services in health, social services and social care'

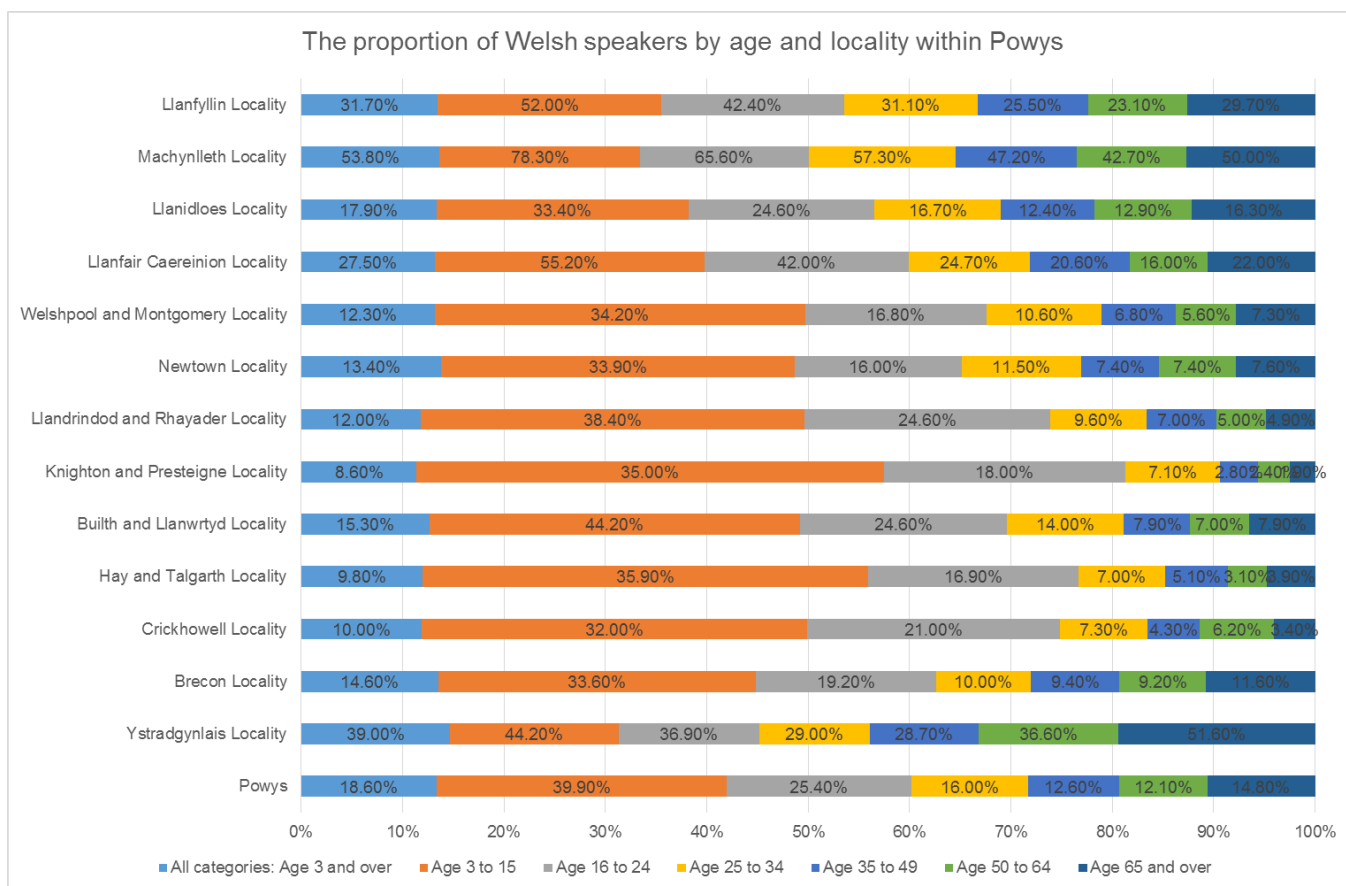
Adult Social Care and Children’s Services have decided to prioritise maximising provision of the ‘Active Offer’ and have done this via our multi-agency Welsh Language Promotion, Challenge and Support Group which has developed a joint action plan to progress this work as well as the relevant actions from the Welsh Language Measure. During 2016/17, we have:

- Gathered information on the Welsh speaking abilities of staff. There are practitioners at all levels who are able to deliver social care services through the medium of Welsh as the figure below shows:



We recognise that we have not centrally recorded the Welsh language skills of some staff, many of whom do not have dedicated access to a computer and we are working to ensure we are aware of their Welsh language skills.

- Made gathering information on language use of individuals mandatory when information is gathered for referrals in Powys People Direct (the front door to our services);
- Aimed to ‘match’ bilingual staff with Welsh speaking individuals where possible according to the languages spoken, thus relinquishing the need to ask individuals about their ‘preferred language’. The figure below shows the proportion of Welsh speakers in the localities of Powys.



The vast majority (91%) of adults felt that they were able to communicate in their preferred language. 4% felt that this was not always possible. Those who offered an explanation said that this was often because the individual was non-verbal, as opposed to it being a matter of language choice.

A similar proportion (90%) of children and young people said that they had been able to use their everyday language. There were no comments which explained why the other respondents had not.

Our aim is to ensure that all individuals receive the 'Active Offer' when being assessed by April 2018.

Where children, young people or adults need to access our services in a language other than English or Welsh, we are able to make arrangements to provide language interpreters.

Four fifths (81%) of respondents felt that their **home was suited to their needs**. The most common cause for complaints regarding their homes related to the poor quality or lack of adaptations in the home.

We have continued to support individuals to live independent lives as the example below illustrates:

Mrs X is aged 77, lives alone and contacted our Social Foot Care Service to help her with cutting her nails as she was struggling using a scissors. During her first visit to the clinic, it became apparent that Mrs X was struggling with her mobility. Mrs X had great difficulty walking owing a painful knee and hip. Mrs X had to rely heavily on a walking stick for support. She was seen by the volunteer who asked her further about how she was managing and talked to her whilst cutting her nails.

On finishing, the Information and Advice Officer who attends the clinic every month approached Mrs X to see if we could help in any way. They stepped to one side and during the conversation, Mrs X mentioned that she was not able to have an operation on her knee or hip due to a heart complaint. She desperately wanted to remain at home but was struggling to manage financially. Her heating bills were particularly high as she was no longer as mobile.

The Information and Advice Officer completed a benefits check for Mrs X and informed her about Attendance Allowance. Mrs X was referred to the Pension Service for a home visit to help complete an application for Attendance Allowance. Mrs X was awarded £82.30 a week. Our Information and Advice Officer also applied to the Warm Home Discount Scheme on behalf of Mrs X. Mrs X received a discount of £140 off her annual electricity bill.

Through attending the clinic to have her nails cut, and continue to remain independent and she was able to access our Information and Advice Service, maximise her income and able to stay living in her home without having to worry about putting the heating on.

During 2016/17 an individual had a hoist fitted by a third party contractor to support her with bathing. The installation was faulty and the hoist fell and damaged the bath, so the individual's family got in touch with us. When we investigated, the bathroom suite in question was no longer available, so it was no possible to only replace the bath. As a consequence, we provided and fitted a new bathroom suite. The individual "...was delighted with the helpful and efficient way the authority had handled the whole incident."

In order to act on the evidence which shows that the more independent people are, and the better connected with their local communities and services, the better their health and well-being, we recognise that we need to not only to modernise and maximise existing housing provision, but also to develop new and innovative ways of meeting future demand and changing aspirations without reducing the quality of care provided.

We therefore undertook a review of the accommodation available for older people in Powys, and the potential role of partner organisations and other private or community bodies in helping to meet this need. This [involved working](#) with colleagues from our Corporate Insight Centre to look at the current demand and how future demand could look depending on a number of different scenarios in different parts of Powys.

Our work has been recognised by the National Commissioning Board and it commissioned the Institute of Public Care at Oxford Brookes University to work with us to produce a [case study](#) of this piece of work.

We have supported individuals to move into Llys Glan yr Afon Extra Care Development in Newtown during this year. The homes in this development are occupied by a mix of residents, the eldest of whom is 98 years, all with differing levels of care needs.

WD, who is 69 years of age, had been a patient at Llanidloes Hospital since July 2015. Before her admission to hospital she had lived in an upstairs flat in Llanidloes but she was unable to return there as her mobility had deteriorated to the extent that a hoist was required for all transfers and she would not have been able to use the stairs in her property, hence it was deemed by all involved that it would not be safe for her to return home. Attempts to find a suitable property in the town of Llanidloes with doors and turning spaces wide enough to accommodate her large wheelchair failed.

Information was provided to WD about the new complex in Newtown. At this point there were only two options to consider, a move to Llys Glan yr Afon or a move into nursing care. WD

had always been very resistive to the latter as the outcomes she wanted was to remain living in the community in the right environment with the right level of care.

Following discussion with the care provider at Llys Glan yr Afon, WD was allocated a property. Her transfer involved a considerable amount of multi-agency intervention in order to ensure that the correct equipment was in place along with the right level of care. WD was taken on several visits to the complex to ensure that she was at the centre of any decision making. This, in itself, took considerable organisation as transport was needed which would accommodate her large wheelchair.

WD has now settled into her new flat and the complex and is happy with the environment she now lives in. The flexible approach with care provision has allowed her to remain living in the community which was the outcome she desired.

Work will continue into 2018 and beyond to increase and develop the accommodation options available to older people in order to achieve the following outcomes:

- Increase independence by improving our responsiveness to individuals' needs in their own home.
- Improved choices over accommodation, care and support that enables independent living for older people (within their own self-contained accommodation).
- Individuals will receive appropriate care and support in the right place at the right time, which will optimise their potential for recovery and recuperation.
- Mixed community developments supporting people with different levels of ability including different tenures
- Reinvestment of resources into preventative services, offering a range of accommodation choices.

Children's Services ensures pathway planning is in place to support young people who are looked after by us to live independently as they become adults. We are developing a pledge for care leavers to live independently linked to the [Hidden Ambitions report](#) from the Children's Commissioner for Wales.

- 93% of young people said that they were **happy with the people that they live with.**
- 91% of respondents **lived in a home where they were happy.** The remaining 9% thought this was the case for only part of the time.
- One question was aimed at 18-24 year olds only. Only 30 people answered the question about **having had advice, help and support which would prepare them for adulthood.** Of these 56% felt that they had. 27% of these respondents felt they hadn't or only partially.
- Only 16 respondents answered the question aimed at 16 and 17 year olds, which asked if they **had had help, advice and support that would prepare them for adulthood.** 75% of these said that they had. 12% said that they hadn't, with comments relating to a lack of support from social care teams.
- 63%, of those who answered the question, said that they had **chosen to live in a residential care home.** 27% felt that it was not their choice. The majority of this latter group moved because of a decline in their health or the inability of family or carers to provide support for them.

The percentage of all care leavers who are in education, training or employment at 12 months after leaving care was 71.43% and at 24 months after leaving care was 50%. This is a new measure following the implementation of the Social Services & Well-being Act so we have no previous performance data for this measure.

The percentage of all care leavers who have experienced homelessness during the year was 2.7%. Again, this is a new measure following the implementation of the Social Services & Well-being Act so we have no previous performance data for this measure.

How We Do What We Do

Our Workforce and How We Support their Professional Roles

A restructure of Children's Services was planned for and implemented in Autumn 2016 enabling a locality model for Children's Services, strengthened fostering support provision for in-house foster carers and a stronger senior management team. This includes the appointment of a new Head of Children's Services in late September 2016.

Adult Social Care has been led by two Heads of Service since April 2016:

- Head of Transformation for Adults Services
- Head of Operations for Adult Services

These two roles provide capacity to manage the vast agenda to both transform the service whilst also maintaining the delivery of the service.

We are pleased that members of social services have continued to be nominated for Powys County Council's Staff Awards. In 2016, the Dragontree project, comprised of a team of support workers who work across five day centres to support adults with learning disabilities was Runner Up in the Large Team of the Year category and our Fostering Manager was commended within the Leadership Award category.

A review of the Commissioning Team structure across both Adult Social Care and Children's Services is being undertaken with a probable restructure during 2017 to ensure an equitable and manageable split of activity across a number of managers and possibly to involve integrated planning and commissioning functions.

We recognise that some of the challenges we face centre around the availability and sustainability of workforce in order to deliver key roles across the organisation. As a result a workforce plan is being developed to support how retain and recruit operational staff, such as social workers, domiciliary care staff etc. and will be implemented during 2017-19. This will focus on the staffing needs of the future and the introduction of hybrid roles which can meet the needs of both Powys County Council and Powys Teaching Health Board to deliver a sustainable quality service.

Our Financial Resources and How We Plan For the Future

We continue to face unprecedented financial difficulties arising from a combination of increased demand for our services, inflationary pressures, new responsibilities and a 4.1% reduction in funding from Welsh Government in 2016/17. Although Welsh Government Finance Minister Jane Hutt made additional funding available to three rural counties, which meant an additional £1.9million for Powys, the Council has continued to face annual reductions in its funding from Welsh Government for several years.

At the end of the 2016/17 financial year, Children's Services was £102k underspent.

Adult Social Care service has experienced significant challenges during 2016/17 and was £3.512million overspent at the end of the financial year.

Awaiting final narrative

In order to address the 2017/18 budget risk within Adult Social Care, we are making adjustments to provide more baseline budget available. A specific reserve for Adult Social Care will also be created that can be accessed during the financial year when agreed criteria are met.

Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

During 2016/17 Adult Social Care and Children's Services have continued to work to our Service Improvement Plans in order to meet our priorities. The Council's [Corporate Improvement Plan](#) contains these priorities, as well as those from the other service areas within the Council. These priorities are then linked to objectives for staff via Individual Performance Reviews which take place every 90 days so that staff understand how their work links to our priorities.

We have worked with Powys Teaching Health Board to develop [The Health & Care Strategy for Powys](#). This strategy outlines the direction that social care and health will take up to 2027 and beyond.

As we have detailed above, we continue to work in partnership with a variety of organisations and agencies during this year – Powys is an active member of the following boards and you can click each link to find out more about these and the relevant plans:-

- [Powys Public Service Board](#) which has overseen the production of the [Well-being Assessment](#) and will be publishing its Well-being Plan by 31 March 2018.
- [Powys Regional Partnership Board](#) which has overseen the production of [the Care & Support Population Assessment for Powys](#) and will be using these findings to inform its Area Plan which will be developed by 31 March 2018.
- Child and Youth Safeguarding: Unifying the Region ([CYSUR](#)) – the Mid and West Wales Regional Safeguarding Children Board and its [annual plan for 2017/18](#)
- Collaborative Working and Maintaining Partnership in Adult Safeguarding ([CWMPAS](#)) – the Mid and West Wales Regional Safeguarding Adults Board and its [annual plan for 2017/18](#)

[Powys' People Scrutiny Committee](#), which is made up of elected councillors as well as co-opted members, has continued to provide challenge and scrutiny of Adult Social Care and Children's Services, as well as other areas, during 2016/17.

Accessing Further Information & Key Documents

We hope that you have found this report informative and easy-to-read. Where possible, we have provided links to other documents and information throughout the report, but if you need any further information, or would like to request this document in a different format, please contact us on 01597 826906 for staff assistance.