

Health, Care and Housing Scrutiny Committee

Meeting Venue
**Council Chamber - County Hall,
Llandrindod Wells, Powys**

Meeting Date
Monday, 10 December 2018

Meeting Time
10.00 am

For further information please contact
Lisa Richards
lisa.richards@powys.gov.uk



County Hall
Llandrindod Wells
Powys
LD1 5LG

4 December 2018

The use of Welsh by participants is welcomed. If you wish to use Welsh please inform us by noon, two working days before the meeting

AGENDA

1.	APOLOGIES
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To receive apologies for absence.

2.	DECLARATIONS OF INTEREST
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To receive declarations of interest from Members.

3.	DECLARATIONS OF PARTY WHIPS
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To receive disclosures of prohibited party whips which a Member has been given in relation to the meeting in accordance with Section 78(3) of the Local Government Measure 2011.

(NB: Members are reminded that under Section 78 Members having been given a prohibited party whip cannot vote on a matter before the Committee.)

4.	CRIME AND DISORDER
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To consider the report of the Community Safety Partnership Co-ordinator.
(Pages 3 - 18)

5.	UPDATE ON PROGRESS POST INSPECTION AT BANNAU/CAMLAS
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To receive an update of progress against recommendations post CIW Inspection of Bannau/Camlas. This update was originally requested at scrutiny on the 4th July 2018 for the September meeting but staff illness at this meeting meant this needed to be rescheduled.

(Pages 19 - 24)

6.	CHILDREN'S SERVICES PERFORMANCE REPORT
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To consider the Children's Services Performance Report for October 2018.

(Pages 25 - 54)

7.	ADULT SERVICES PERFORMANCE REPORT
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To consider the Adult Services Performance Report for October 2018.

(Pages 55 - 82)

8.	WORK PROGRAMME
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To consider the scrutiny work programme.

(Pages 83 - 88)

9.	CORRESPONDENCE
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To consider any items of correspondence which, in the opinion of the Chair, are of sufficient urgency to warrant consideration.

CYNGOR SIR POWYS COUNTY COUNCIL

ENVIRONMENT, INFRASTRUCTURE AND CRIME AND DISORDER SCRUTINY
COMMITTEE10th December 2018

Report Author: Fay Smith, CSP Co-ordinator

Subject: Community Safety Partnership Update

REPORT FOR: INFORMATION

1. INTRODUCTION

- 1.1 Community Safety Partnerships were formed following the Crime and Disorder Act 1998 which made it a statutory duty for each local authority area to have a Community Safety Partnership.
- 1.2 Section 17 of the Crime and Disorder Act 1998 imposes a duty on the responsible authorities to: *'Without prejudice to any other obligation imposed upon it... exercise its functions with due regard to...the need to do all it reasonably can to prevent crime and disorder in its area.'*
- 1.3 The responsible authorities of the Powys Community Safety Partnership are Dyfed/Powys Police; Local Authority; Wales & West Fire Service; Youth Justice Service; Powys teaching Health Board; National Probation Service and Community Rehabilitation Company.
- 1.4 There are many legislative and cross-cutting issues which influence how Community Safety Partnerships operate, however priorities are determined annually via a Joint Strategic Assessment which draws on intelligence from all partner agencies, as well as service action plans or reports.

2. DEVELOPMENTS**2.1 The Safer Communities Programme:**

The Working Together for Safer Communities Review – Welsh Government's response to the Auditor General's critical report *Community Safety in Wales* published in 2016 – concluded in 2017 and the final [report](#) was published in December to coincide with a Ministerial [Statement](#) to the National Assembly plenary.

The review findings and recommendations were broadly welcomed by community safety stakeholders across Wales, including by the Wales Audit Office – who were responsible for the critical *Community Safety in Wales* 2016 [report](#) – and by the Assembly's Public Accounts [Committee](#).

The review also established a new shared vision for community safety in Wales.

Our Shared Vision for Safer Communities in Wales:

Our shared vision for community safety in Wales is one in which:

1. Every community is strong, safe and confident in a manner that provides equality of opportunity and social justice, resilience and sustainability for all;
2. The shared responsibility of government, public and third sector agencies is to work together with the communities they serve and the private sector to address activity or behaviour that is unlawful, anti-social, harmful to individuals and society and to the environment;
3. Sharing knowledge and ensuring early intervention with prompt, positive action tackles local issues and addresses vulnerabilities.

Next steps:

- The programme board have now agreed that the design and implementation of the Safer Communities Programme will be in keeping with the Sustainable Development Principle of the Well-being of Future Generations Act (Wales) 2015.
- It has also identified Serious & Organised Crime (SOC) and associated 'county lines' activity and serious violence as the most pressing priority for all partners.
- A 'virtual team' of officers from the WLGA, Policing in Wales Group, Welsh Government, PHW and the Home Office are now scoping the requirements of a detailed programme implementation plan for sign off at the autumn programme board meeting.

2.2 Rural Crime Partnership. Powys Rural Crime Partnership is now in place, partners currently include D/P Police, CSP, LA Trading Standards, M&WW Fire Service, BBNP and NRW.

There is now a Police Rural Crime Team for Powys, operating since September 2018 – this is a joint initiative with the North Wales Rural Crime Team which has been running for five years, so has lots of experience to bring to the table.

The Powys Rural Crime Partnership is currently developing its priorities in line with National and Welsh priorities, plus linking with the Dyfed/Powys Rural Crime Strategy https://www.dyfed-powys.police.uk/media/5658/dyfed-powys-police-rural-crime-strategy-booklet-2017_english-final.pdf

2.3 Serious Organised Crime (SOC). Nationally County Lines is having a big impact upon Communities, Powys is not exempt from this.

Over the past six months a multi-agency SOC Tactical Group has been in existence in relation to County Lines. A large scale multi-agency Op Regent was undertaken over a six-week period, commencing in August. Two multi-agency awareness raising events have been undertaken alongside two housing specific events. Police have provided presentations to a number of boards/meetings within the Local Authority. Two members bulletins have been produced: -



County Lines & Cuckooing.doc



SOC - County Lines.doc

There is a Regional Serious Organised Crime Board which meets quarterly, and new Local SOC Boards have just commenced, which will meet quarterly and feed into the Regional Group. Tactical SOC groups will be called as and when required.

2.4 CCTV – Dyfed-Powys

In Feb 2017 Dyfed-Powys Police, supported by Police & Crime Commissioner Dafydd Llewellyn, announced that work had begun to review and consider the plan for implementing new CCTV across the Force area.

CCTV Cameras were installed in Builth Wells prior to the Royal Welsh Show.

Installation of cameras in Welshpool, Newtown, Llandrindod Wells and Brecon is being undertaken currently.

Consideration of any further CCTV locations will be considered in Phase 2 of the project – after conclusion of installation of cameras across Dyfed/Powys locations identified as Phase 1. See the Police Crime Commissioners website for further information - <https://www.dyfed-powys.police.uk/en/accessing-information/cctv-in-dyfed-powys-police/>

2.5 Domestic Homicide Reviews

On the 10th April 2018 Powys CSP published its first DHR.

Tragically later in April 2018, a further domestic homicide took place. Powys CSP have recruited an Independent Chair and the review process is underway.

Recommendation	Reason for Recommendation
The Committee notes the contents of the Report	For Information only

Relevant Policy (ies) :	n/a		
Within Policy	Y/N	Within Budget	Y/N n/a

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CSP Priority areas – update:

The 2018/19 strategic assessment was signed off in September 2018, the new priorities are:-

- **Crime**

Powys has seen increases in certain crime categories: -

- **Priority areas:**
 - Vehicle Offences
 - Public Order Offences
 - Other Theft
 - Violence Against the Person
- **Emerging Trends:**
 - Serious Organised Crime (SOC) – update in main report
 - Rural Crime – update in main report

- **Road Safety**

There is a specific Road Safety partnership which meets, comprising Roads Policing, Fire, LA Road Safety officers, Go Safe, MAG, CSP Co-ordinator.

Activity/Performance Measures – WG KPIs for 2020; Courses delivered by the Road Safety Partnership.

- **Substance Misuse**

Emerging trend – as above under Crime – SOC

Activity/Performance Measures – Multi-agency operations. Education (SLOs, CAIS). Work of Harm Reduction Group. KPIs (TOPS).

- **Reducing Re-offending**

A statutory duty of the CSPs to reduce reoffending (Home Office: Reducing Reoffending, Cutting Crime, and Changing Lives).

Activity/Performance Measures – IOM; WISDOM; Bureau, VAWDA&SV

- **Community Cohesion**

A priority for the CSP as it covers several of CSP's statutory duties.

Activity/Performance Measures – The Welsh Government new Community Cohesion plan is in development.

We expect that it will have four themes:

- Work at a strategic level to build community cohesion and inclusion.
- Work at local level to break down barriers to inclusion and integration for particular groups and communities.
- Support for migrants, refugees and asylum seekers and settled communities during the integration process.
- Support for communities to prevent and manage community tensions, hostility and extremism.



2017/18 - CSP Priority areas – update:

• Crime

Burglary Non-dwelling – in the 2017/18 Strategic Assessment this was a priority, however it is pleasing to note that during 2017 the total numbers of burglary have decreased by 1%. Burglary therefore will **NOT** be a priority for 2018/19.

Miscellaneous Crimes was a priority in the 2017/18 Strategic Assessment, however there has been no significant statistical change during the review period. 168 Miscellaneous Crimes against Society were recorded (3% of all crime). This represents an increase of 1% (+1 crime) on the SPLY.

The majority of the current offences (58%) relate to obscene publications. Obscene publication offences predominately include crimes where children under 18s have exchanged / published indecent photos on social media.

The Police lead on obscene publication offences and engagement with schools around this area via SLOs, therefore as this area of crime is predominantly a single agency matter, not a partnership issue, Miscellaneous Crimes will **NOT** be a priority for 2018/19.

Vehicle offences make up 4% of all crime in Powys, with levels remaining relatively stable over the last two years. Theft from a motor vehicle accounts for 66% of all vehicle crime.

Although no significant statistical change, there has been an increase of 24 offences = 11% increase. Plus as Vehicle offences have been identified by the CSEW also as increasing (17%) then it will **remain** as a priority for 2018/19.

Public Order Offences

During review period, 303 public order offences were recorded (5% of all crime). This represents an increase of 29% (+69 crimes) on the SPLY.

Monthly volumes post April 2017 have been higher. These increases are driven by rising levels of Section 4 Public Order offences which arise from calls recorded at the Force Command and Control (FCC). This suggests that the increases can be attributed to the crime recording administrative process changes introduced by the Force in May 2017. As there has been a significant statistical increase in Public Order Offences it **will be** priority for 2018/19 for monitoring, as it maybe the recording processes as opposed to actual increase in crimes.

Theft Offences

Theft offences account for 20% of all recorded crime within Powys.

During the review period, 1,234 theft offences were recorded. This is up from 993 offences during the same period last year (SPLY). This change is statistically higher, indicating that the increases seen cannot be attributed to normal random variation.

- 'Other' theft accounts for 67% of all theft offences and these crimes include such offences as knowingly acquiring another's property (e.g. taking of an unattended mobile phone or wallet).
- Shoplifting accounts for 28% of all current theft offences.

Due to the significant statistical increase, Other Theft **will be** a priority for 2018/19.

Violence against the Person

Violence against the Person offences currently accounts for 34% of all police recorded crime in Powys.

During the review period, 2105 VAP offences were recorded. This is up from 1847 offences (+14%) when compared to the same period last year (SPLY). This change is statistically significant, indicating that the increases seen are greater than just random variation. This will **remain** as a priority for 2018/19.



• Road Safety

The Local Authority Road Safety department has undergone a restructure, there is now reduced capacity within the team. The strategic and analytical capabilities have been reduced, therefore there is no current data available.

Progress against Welsh Government targets is below – **N.B. this is Police provisional data for 2017:**

Target - 40% reduction in the total number of people killed and seriously injured (KSI) by 2020

Powys target is 87.6	2017 provisional figure = 138	+50.4 over target
Dyfed-Powys target is 250.8	2017 provisional figure = 338	+87.2 over target

Target - 25% reduction in the total number of motorcyclists killed and seriously injured (KSI) by 2020

Powys target is 24.6	2017 provisional figure = 44	+19.4 over target
Dyfed-Powys target is 57	2017 provisional figure = 88	+31 over target

Target - 40% reduction in the total number of young people (aged 16 to 24) killed and seriously injured (KSI) by 2020

Powys target is 20	2017 provisional figure = 27	+ 7 over target
Dyfed-Powys target is 71.9	2017 provisional figure = 79	+7.1 over target

Projection - 40% reduction in the total number of older people (aged 65 plus) killed and seriously injured (KSI) by 2020

Powys target is 9.2	2017 provisional figure = 21	+11.8 over target
Dyfed-Powys target is 27.6	2017 provisional figure = 46	+18.4 over target

• Substance Misuse

Referrals to Adult Substance Misuse Service (Kaleidoscope) 2017/18:

The number of referrals was less than average at 177 and a small decrease from the same period last year. Drug referrals stayed fairly steady, but there was a large fall in alcohol referrals. It is common for referrals to be down over the festive period; all areas in Powys were affected equally.

There was a large increase in referrals for individuals aged 21 and under. This confirms the partnership working between Kaleidoscope and the YP substance misuse service (CAIS) and the Youth Justice Service when considering needs of young people transition when they approach their maturity.

Kaleidoscope (adult service) saw a fairly significant increase in referrals into the service in Q4, highest since new contract started in April 2016. Most bases saw an increase in referrals but specifically true in north of the county. Referrals split fairly evenly between drugs and alcohol.

County Lines is having an impact on some Kaleidoscope clients, particularly in mid and North of the county. This has seemingly had an impact on some clients attending the service and completing their treatment successfully.



• Reducing Re-offending

• Integrated Offender Management (IOM) & WISDOM

Powys re-offending levels

Over the two-year period January 2016 – December 2017 there were 12900 crimes recorded in Powys. 2676 offenders were identified as being responsible for these crimes. There were a total of 9197 crimes recorded with no identified offender and 14 crimes where the details were restricted.

These crimes are not individual discrete crimes; i.e. where a crime has had two offenders it has been counted twice (There are 155 crimes of this nature).

This highlights that Powys has a re-offending rate of 20% (545 known offenders committed more than 1 offence). This 20% of offenders were responsible for 1565 crimes which is 42% of the total detected crimes.

During the 2-year period there were a total of 68 offenders managed under the PROP scheme.

The table below illustrates the cost of crime of these offenders, 12 months prior to commencement to the scheme, and the cost of crime whilst the offender was on scheme. The data shows a deduction in cost over this period.

Cohort Size**	Cost upon Commencement*	Cost during time on scheme**	Cost Difference*	Reoffending Rate***
68	£699866.00	£545465.00	-£154.401.00	72% (49 out of 68)

*Cost of crime figures are based upon the home office cost of crime values in 2010.

**The degree to which members have been on cohort wavers and therefore the cost during scheme may be under or over a 12 month period.

***Re-offending is classed as a guilty offence on PNC committed whilst on scheme.

• Work led by Trading Standards in relation to Acquisitive Crime, Rogue Traders, Supply of illicit substances

There have been a number of successful prosecutions by Powys Trading Standards during 2018, examples are:-

- **OPERATION CLOUD-IPTV** – July 2018 - Powys Trading Standards Enforcement officers executed a warrant at a premises in Llandrindod Wells involving offences under Copyright and Trade Marks Act 1994 for the sale of equipment enabling illegal access to premium view channels. Whilst based in Powys the defendant's customers were widespread, some paying ongoing monthly fees. The suspect had received £18000 through paypal in a short period of time and this is likely to be the tip of his criminality. A POCA enquiry is ongoing.
- **Op Ringo** – Sep 2018 – offender pleaded guilty to 4 offences under the Trade Marks Act 1994. Offender established supply chains into Powys. The business was operating for a period of 2 years and goods advertised for sale via various Facebook groups. He facilitated orders in the region of 5 a day for 200 days of the year with each order being worth £25. The counterfeit goods were purchased from Manchester to order; and then supplied to a network of contacts made via Facebook.



The Magistrates sentenced Mr Harrison to a 12 months' Community Order of 150 hrs community service reduced to 120 hrs as a result of his early guilty plea. Mr Harrison was ordered to pay costs of £7864 which he will have to repay at £20 per week.

- **Op Adam** – Sep 2018 - 11 Animal Welfare Act offences, 1 Animal by-Product Offence, 3 Cattle Identification Regulation offences and asked for 138 similar offences to be TIC`d. The sentence was 18 weeks in prison, reduced to 12 weeks due to his early guilty plea in respect of the 11 Animal Welfare Offences, the sentence being suspended for 6 months. He was fined £500 in relation to an Animal By-product Offence with no separate penalties for the other offences committed. He was ordered to pay a Court Surcharge of £115 and £9130.16 prosecution costs, a total of £9745.16. He was also banned from keeping or owning livestock for an indefinite period.
- **Op Blower** – Nov 2018 - A Newtown man has been given a 12-month community order after he was prosecuted by Powys County Council, Trading Standards, for selling illicit tobacco on social media that contained high levels of cadmium.
- **Op Slick** – Nov 2018 - Powys Trading Standards working with National Trading Standards have succeeded in having a rogue trader tarmac contractor sent to prison for **5.5 years** for fraudulent trading in 2015/2016 and also banned as a director for 10 years. Powys had over 10 victims of his fraud but the case involved victims from throughout the UK. Offender himself admitted doing **500 jobs**-all we would say were subject of his fraudulent trading. He will also face a proceeds of crime investigation to pay back money to victims and some monies are already restrained. The POCA criminal benefit figure will be close to **£1 million**.

This concludes the Community Safety Partnership update.

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CYNGOR SIR POWYS COUNTY COUNCIL.

MEMBERS' INFORMATION BULLETIN.

Date: 17th July 2018

REPORT BY:	Powys Community Safety Partnership
SUBJECT:	Serious Organised Crime - County Lines and Cuckooing

Community Safety Partnerships (CSP) have the statutory responsibility to tackle Crime and Disorder.

At the present time both County Lines and Cuckooing are a national issue, and unfortunately Powys is not exempt.

County Lines



National Crime Agency: County Line Definition:- "A typical County Lines activity involves a group (usually made up of young males) from a large urban area travelling to smaller locations such as a county or coastal town - to sell class A drugs, specifically crack cocaine and heroin. They may challenge an existing group from the local area or another County Lines enterprise which often causes an increase of violent incidents. Groups will

communicate with drugs users via a mobile phone number given a brand name which we refer to as the 'line'. This line is usually kept away from the area where drugs are being sold and the group will use a relay system to contact the members acting as the dealers in the county location."

Cuckooing

"Like a cuckoo, the dealer moves in, takes over the property, and turns it into a drugs' den."

A yw eich cymydog yn cadw cwmni drwg? Is your neighbour keeping bad company?

Mae gangiau sy'n delio mewn cyffuriau yn dod yn ffrindiau i bobl sy'n agored i niwed ac yn cymryd eu cartrefi drosodd - gelwir hyn yn 'Cuckooing'

Drug dealing gangs are befriending vulnerable people and taking over their homes - this is called 'Cuckooing'

Gall gweithgarwch anarferol gynnwys:

- ▀ llawer o wahanol bobl yn mynd a dod o gyfeiriad pobol yn mynd a dod ar adegau rhyfedd o'r dydd ar nos
- ▀ arsegluon amheus yn dod o'r adaelad
- ▀ ffenestri wedi eu gorchuddio neu'r lleini ar gau drwy'r amser
- ▀ ceir yn tynnu llewyr y tu allan i'r ff neu gerllaw iddo am gyfnod byr
- ▀ cynnydd mewn ymddygiad gwrthgymdeithasol o gwmpas yr adaelad

Unusual activity could include:

- ▀ lots of different people coming and going from an address
- ▀ people coming and going at odd times of the day and night
- ▀ suspicious smells coming from the property
- ▀ windows covered or curtains closed all the time
- ▀ cars pulling up to or near the house for a short period of time
- ▀ increase in anti-social behaviour around the property

Os ydych yn credu eich bod wedi dod o hyd i 'cuckoo' cyffuriau, **RIPORTIWCH EF.**

If you think you have spotted a drugs 'cuckoo' **REPORT IT.**

Wales Cymru **CRIMESTOPPERS** 0800 535 111

St Giles Trust

Guardian

Gangs begin by taking over premises in the target town, sometimes by coercion, by using property belonging to local addicts who are paid in drugs, or by beginning a relationship with a vulnerable female. This is known as cuckooing.

Action by Powys CSP

- June 2018 – establishment of a multi-agency Serious Organised Crime Tactical Group
- 15th June 2018 – multi-agency Awareness Raising Event undertaken

- 27th June 2018 – multi-agency Tactical Group – 1st meeting
- July 2018 – multi-agency Intelligence gathering
- 12th July 2018 – Housing providers Awareness briefing (North Powys)
- 19th July 2018 – Housing providers Awareness briefing (South Powys)

Planned Action to date:

- August 2018 – Police operation
- 20th August 2018 – multi-agency Tactical Group – 2nd meeting

New multi-agency initiatives to date, since the initial Tactical Group:-

- Departmental/agency specific Awareness briefings – ongoing
- E-mail issued via Area Planning Board on behalf of the CSP in relation to Recruitment Vigilance *“Following on from the CSP Strategy Group last week and the County Lines & Cuckooing Event earlier in June, it feels appropriate to raise the need for vigilance when carrying out our recruitment processes. We have been made aware that some of the groups looking to take advantage of vulnerable people are applying for jobs in roles which would, by nature, come into contact with these individuals. Whilst I’m sure we all have robust procedures in place already, by being aware and conscious of this in the current climate stops another route for these groups to target and come into contact with some of the most vulnerable people in our communities.”*
- Police sharing arrest/charge information at the earliest opportunity with partners to enable agencies/departments to implement any required/appropriate action ASAP.

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CYNGOR SIR POWYS COUNTY COUNCIL.

MEMBERS' INFORMATION BULLETIN.

Date: 6th November 2018

REPORT BY:	Powys Community Safety Partnership
SUBJECT:	Serious Organised Crime - County Lines

Community Safety Partnerships (CSP) have the statutory responsibility to tackle Crime and Disorder.

At the present time both County Lines and Cuckooing are a national issue, and unfortunately Powys is not exempt.

County lines is Serious Organised Crime.

A major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government departments, local government agencies and VCS (voluntary and community sector) organisations.

The UK Government defines county lines as:

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

The National Crime Agency advises a typical county lines scenario is defined by the following components:

- a) A group (not necessarily affiliated as a gang) establishes a network between an urban hub and county location, into which drugs (primarily heroin and crack cocaine) are supplied.
- b) A branded mobile phone line is established in the market, to which orders are placed by introduced customers. The line will commonly (but not exclusively) be controlled by a third party, remote from the market.
- c) The group exploits young or vulnerable persons, to achieve the storage and/or supply of drugs, movement of cash proceeds and to secure the use of dwellings (commonly referred to as cuckooing).
- d) The group or individuals exploited by them regularly travel between the urban hub and the county market, to replenish stock and deliver cash.
- e) The group is inclined to use intimidation, violence and weapons, including knives, corrosives and firearms.

Why Powys?

- Established drug market
- Plenty of demand for Class A drugs (heroin and crack)
- Low levels of violence and conflict within market
- Areas of high social and economic deprivation
- Low levels of knife crime
- Good transport links (road and rail)
- No existing local gang culture
- Less than 3 hours from large urban areas such as Birmingham

Op Guardian - County Lines

Dyfed-Powys Police is committed to tackling the drug dealing and violence associated with these gangs, but alongside enforcement 'Operation Guardian' aims to identify the vulnerable people who are potentially coerced and forced into committing crime by urban gangs, and to put measures in place that protect not punish them.

The following are posters from Op Guardian, and further information / posters can be found via this link: <https://www.dyfed-powys.police.uk/en/newsroom/campaigns/op-guardian-county-lines/>

Mae gangiau sy'n gwerthu cyffuriau yn **camddefnyddio ac yn cam-drin pobl sy'n agored i niwed**

Gweld yr arwyddion?

Nifer o ymwelwyr anghyffredin? Mae gangiau yn meddiannu cartrefi preswylwyr lleol - gan ei ddefnyddio fel man gweithredu

Teddlu ar eich pen eich hun? Mae gangiau yn gorfodi pobl ifanc i gario cyffuriau i mewn i'r sir

Ar y ffôn? Dyma sut mae aelodau'r gangiau yn cyfathrebu gyda'i rhedwyr

Yn cael neu'n gwerthu cyffuriau? Mae uwch aelodau o'r gangiau yn osgoi cael eu dal drwy ddefnyddio eraill i werthu eu cyffuriau drostynt

Cariad newydd? Mae aelodau o'r gangiau yn meithrin perthynas amhriodol â phobl ifanc drwy ddatblygu 'cydberthynas' â nhw i'w gorfodi ac i'w rheoli

Mwy o arian yn sydyn? Mae gangiau yn denu unigolion gydag arian, rhoddion a chyffuriau ac o ganlyniad maent yn teimlo bod dyled amynt i'r gnŵp

Ofnus? Mae gangiau yn dominyddu drwy godi ofn a thrais

Vulnerable people are being **used and abused** by drug dealing urban gangs

See the signs?

Unusual number of visitors? Gangs take over local residents homes - using it as a base to operate from

Travelling alone? Gangs coerce young people into carrying drugs into the county

On the phone? This is how gang members communicate with their 'runners'

Carrying or selling drugs? Senior gang members evade detection by getting others to deal their drugs

New boyfriend/girlfriend? Gang members groom young people forming a 'relationship' to coerce and control them

Come into money? Gangs entice individuals with cash, gifts and drugs which leaves them indebted to the gang

Scared? Gangs dominate with fear and violence

Help protect your community, **REPORT IT.** You don't have to be certain, just concerned



Helpwch i ddiogelu eich cymuned, **RIPORTIWCH EF.** Nid oes rhaid i chi fod yn gant y cant, mae pryder yn ddigon

Crimes/Wales
CrimeStoppers.
0800 555 111
100% cefnws, 24 wr. 100% anonyddus. Rhwyd.




Camfanteisio ar Blant Croesi'r Linell

Mae grwpiau o droseddwr cyfundrefnol yn meithrin perthynas amhriodol â phobl ifanc drwy ddatblygu 'cydberthynas' â nhw i'w gorfodi ac i'w rheoli er mwyn iddynt droseddu.

Gweld yr arwyddion?

- Perthnasau yn chwalo â theulu a ffrindiau
- Cwrdd â/cyswilt gan oedolion dieithr
- Mynd ar goll o'r ysgol neu'r cartref
- Newidiadau mewn ymddygiad gan gynnwys troseddoldeb
- Rhoddion/eiddo newydd heb esboniad
- Defnyddio cyffuriau ac alcohol
- Arwyddion o niwed corfforol gan gynnwys yn rhywiol
- Arwyddion o niwed emosiynol - hunan-niweldio, hunanladdol

Dywedwch wrth rywun - nid oes angen i chi fod yn sicr, dim ond yn bryderus **RIPORTIWCH EF.**

Exploiting children Crosses the Line

Organised crime groups are grooming young people, developing a 'relationship' with them to coerce and control them to commit crime

See the signs?

- Breakdown of relationships with family and friends
- Meeting with/contact from unknown adults
- Going missing from school or home
- Changes in behaviour including criminality
- Unexplained gifts/new possessions
- Using drugs and alcohol
- Signs of physical harm including sexual
- Signs of emotional harm - self harming, suicidal

Speak out - you don't have to be certain, just concerned **REPORT IT.**



Crimes/Wales
CrimeStoppers.
0800 555 111
100% cefnws, 24 wr. 100% anonyddus. Rhwyd.




Action by Powys CSP

- 3 multi-agency Serious Organised Crime Tactical Group meetings – next scheduled for November.
- 2 multi-agency Awareness Raising Events
- 2 Housing providers Awareness briefings (North & South Powys)
- Op Regent – multi-agency operation to tackle County Lines
- 2 bids currently submitted in relation to funding for training initiatives

Overview of how County Lines is being managed at all levels:-

- **Nationally** – new Home Office SOC Strategy released on the 1st November
- **Regionally** – multi-agency SOC Board meets quarterly – Powys LA member is Vice-Chair
- **Locally (Powys):-**
 - **Powys Community Safety Partnership** – statutory requirement to manage Crime and Disorder - Serious Organised Crime fits under this category.
 - **Local multi-agency SOC Board being re-instated** – WECTU and Police lead on this, and previously due to staff changes within those organisations, the local boards had been halted. They are now being re-introduced across Dyfed-Powys. Strategic level meeting.
 - **Powys multi-agency SOC Tactical Group** – operational level meeting.

N.B. – if you suspect any County Lines activity report it via:-

- Immediate risk – Dial 999
- Phone 101 for non urgent reporting
- CrimeStoppers – 0800 555 111

Contact Officer Name:	Tel:	Fax:	Email:
Fay Smith	01597 827315		Fay.smith@powys.gov.uk

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Bannau/Camlas Action

Inspection Report Published 09th May 2018

Update 30th November 2018

Recommendation	Action	Person Responsible	Timescale	Progress
<p>Following the written policy on the use of restrictive physical interventions (regulation 17 (2)). The system for recording physical interventions was not being operated in accordance with the Home's policy on "Intervention Behaviour"</p>	<p>All staff to receive update training in respect of the Policy in relation to Physical Intervention.</p>	<p>Head of Care</p>	<p>Ongoing</p>	<p>Training delivered to staff at Joint Team Meeting on 13th June 2018. This will be repeated quarterly for new starters and those not present at this meeting. Recording of physical interventions is now covered in greater depth in Team teach training and refresher courses. This will also be revisited in the joint team meeting on 23rd October 2018. Further update training planned for 13th & 14th December 2018.</p>
	<p>All Physical Intervention records to be up to date and signed off by Deputy Care Manager/Head of Care within 10 working days.</p>	<p>Head of Care</p>	<p>05.10.2018</p>	<p>Audits continue to take place on a regular basis. There have been difficulties with the Bannau DCM and HOC being able to complete these within 5 working days due to the vacant DCM post in Camlas and the amount of time that they are required to cover shifts. This has now been updated 10 10 working days by the Responsible Individual Chris Lloyd</p>

	Fortnightly Audit of records for compliance.	Head of Care	Ongoing	Progress continues to made with auditing.									
	Monthly audit of records for compliance.	Responsible Individual	Ongoing	Completed at Regulatory each monthly regulatory visit, improvement has been evident.									
Page 20	Arrangements for recording and administrating medication (Regulation 21(1)).The controlled medications book was not always completed by two members of staff and there was no evidence of a regular audit of the records by the manager.	Head of Care	Ongoing	Training was delivered as planned at Joint Team meeting on 13 th June 2018. Have also reviewed how the information is recorded to make it easier to complete and audit. This was revisited in the October joint team meeting.									
	Quarterly Audit of controlled medication book to be undertaken and findings shared with the Responsible Individual.	Head of Care	On-going	Audit due week commencing 15 th December 2018. Daily auditing is undertaken by the duty manager within the Daily Briefing Meetings with the shift leaders to ensure compliance.									
	Each child to have their own controlled drugs book (where required).	Head of Care	30.06.2018	New controlled drugs books have been purchased for the young people who currently require controlled drugs.									
Staff who are appropriately qualified, skilled and experienced (Regulation 25(1).(1A) and (2A). Less than 80% of staff employed at the home held a relevant qualification, and less than 90% were permanent employees.	Continue to have a rolling advert for Vacant posts on Powys Web and Powys Council Jobs page.	Head of Care/Employment Services	On-going	Rolling job advert remains in place. <u>Staffing Regulations Percentages: -</u>									
				<table border="1"> <thead> <tr> <th></th> <th>Regulation Requirement</th> <th>Current Position</th> </tr> </thead> <tbody> <tr> <td>Permanent Staffing</td> <td>90%</td> <td>79%</td> </tr> <tr> <td>Hold the Relevant Qualification QCF Level 3</td> <td>80%</td> <td>68.4%</td> </tr> </tbody> </table>		Regulation Requirement	Current Position	Permanent Staffing	90%	79%	Hold the Relevant Qualification QCF Level 3	80%	68.4%
	Regulation Requirement	Current Position											
Permanent Staffing	90%	79%											
Hold the Relevant Qualification QCF Level 3	80%	68.4%											

	Open day/evening recruitment events to be held quarterly.	Head of Care, Employment Services and Market and Recruitment Officer (Fostering)	Minimum of Quarterly	<p>There continues to be improvement within these figures.</p> <p>Head of Care to attended a jobs fair in Ystradgynlais – 28.06.18 this event was organised by the DWP but was not very successful for Bannau/camlas. A second jobs fair took place in Ystradgynlais on the 15.08.18. This event saw considerable interest for staffing in Bannau/camlas. Four people who attended this event were interviewed on the 20.07.2018 with three being successful and gaining employment in Bannau and Camlas. A jobs fair was held in Hey on Wye on 08.11.2018 and a further two people have shown intrest and this is being followed up by the team.</p>
	Bi-monthly meetings with Training Unit to discuss staff training and development requirements.	Head of Care	Ongoing	First Meeting to be held 5/10/18. All identified training from November 18 to April 19 have been planned and scheduled.
	Consultation with all permanent staff regarding Retention.	Human Resources	Ongoing	HR are attended the Joint Team Meeting on 13.06.18. Head of care asked for feedback from HR representative who attended, but no issues were raised. A further meeting was held in November and a number of issues raised by staff which is being

				addressed by the Interim Head of Care Hannah Griffiths.
Staff being registered with Social Care Wales (Regulation 26(2) (G). Not all staff had registered as social care workers with Social Care Wales within 6 months of their appointment.	<p>Details of Shortfall to be reported to Corporate Parenting Group.</p> <p>Requirements regarding Registration to be recorded on TRENТ with notifications sent to Head of Care and Responsible Individual at 3 months and 5 months.</p>	<p>Responsible Individual</p> <p>Responsible Individual and Employment Services.</p>	<p>Ongoing</p> <p>31st July 2018</p>	<p>Report shared with CPG and will continue to be reported.</p> <p>Head of Care and RI met with TRENТ as planned, who have agreed to develop the system as required to record staff's registration and for alerts to be set up. TRENТ are building notifications alerts for managers this will be piloted between Dec 18 & March 19.</p>
<p>Monthly monitoring visits (Regulation 32(3), (4) (a) and (5) (a). The Registered Provider had not always visited monthly, had not provided written reports in a timely fashion and there was no evidence that the manager acknowledged the issues being raised or was undertaking any actions in response.</p>	<p>Monthly monitoring Visits to be undertaken and written details provided to Head of Care within 72 hrs of the visit being undertaken.</p> <p>Head of Care to provide a written response acknowledging issues raised and actions within 7 days of receipt of report from Responsible Individual.</p> <p>Copy of Monitoring Visit and Response to be provided to Head of Service within 15 days of the visit being undertaken.</p> <p>Dates of Visits, requirements and response to be reported to Corporate Parenting Group.</p>	<p>Responsible Individual</p> <p>Head of Care</p> <p>Responsible Individual</p> <p>Responsible Individual</p>	<p>On-going monthly</p> <p>On-going monthly</p> <p>On-going monthly</p> <p>On-going bi-monthly</p>	<p>Visits for March, April, May, June, July and September, October, November 2018 undertaken and shared with Head of Care. No visit in August due to Responsible individual being away from work. New Chris Lloyd is currently covering this role in the interim period.</p>

<p>Quality of Care reviews (Regulation 33 (2) (a), (b) and (c) (i) did not reference children who stay at the home having been spoken to, were not carried out annually and did not evidence the full monitoring and reviewing of the necessary matters.</p>	<p>Date for undertaking Annual Quality of Care Report to be Scheduled for reporting to Corporate Parenting Group.</p>	Responsible Individual	30th November 2018	<p>Quality of care survey has taken place in November, due to lack of responses from families and stakeholder the period was extended. Quality of care report to be completed on the 17.12.18</p>
	<p>Findings of Quality of Care Review and any identified actions to be reported to Corporate Parenting Group.</p>	Responsible Individual	On-going bi-monthly	<p>This continues to be reported on within the Corporate Parenting Group.</p>
	<p>Review current practice for undertaking Quality of Care review and re-design/implement any changes required (ensuring that it addresses all necessary matters).</p>	Responsible Individual and Head of Care	4 th October 2018	<p>Meeting undertaking with corporate communications, all surveys accessible via survey monkey and paper format.</p>
	<p>Ensure the Young People (supported by an Advocate where necessary) are consulted as part of the Quality of Care Review.</p>	Responsible Individual	8 th October 2018	<p>Tros Gynnal have been consulted and a widget format of the survey has been undertaken with young people.</p>
<p>Consideration should be given to offering a wider range of interesting and enjoyable leisure and social activities and for individual activity planners to be put in place for each young person.</p>	<p>Each young person access Bannau and Camlas to have individual activity planners that demonstrate they have access to a wide range of interesting and enjoyable leisure and social activities.</p>	Head of Care	Ongoing	<p>Staff have started to introduce more activities: Trampoline Park Canal Walks Cooking Water Play (sensory) Yoga</p> <p>A trip planner was established for the summer holidays, however due to a significant increase in challenging behaviour and another young person requiring eye surgery (on two occasions)</p>

				trips and activities required adapting to ensure that they were low stimulus and manageable for the young people.
The staff training programme should be reviewed so that the Registered Provider is satisfied that the range of e-learning and training courses provided is appropriate and sufficiently in depth to equip staff to work with complexity of needs of the young people accommodated in Golwg Camlas/Bannau.	Meeting to be held with Training Unit to review the current training programme.	Head of Care	5 th October 2018	Meeting held 05.10.18. All identified training from November 18 to April 19 have been planned and scheduled.
	Any additional training requirement to be identified.	Head of Care	5 th October 2018	All identified training from November 18 to April 19 have been planned and scheduled.
The Head of Care should ensure that each member of staff has their training needs reviewed to ensure that they have undertaken appropriate core and refresher training in key areas such as safeguarding, working with young people with autistic spectrum disorder, challenging behaviour and restrictive physical interventions. Where these have not been undertaken or are not up to date, action should be taken to provide such training as soon as reasonably possible.	Review all staff's training needs.	Head of Care	30 th September 2018	Full training needs were reviewed as part of the meeting with training unit held on 05.10.18
	Record of attendance at Key training and refresher requirements to be built into TRENT.	Head of Care and Employment Services	31 st October 2018	All key training is now being recorded within the Trent system and this is able to flag refresher training to the individual staff and their line managers.
	All staff to be up to date with all key areas of training.	Head of Care and Training Unit	31 st March 2019	Due to the level of training required by all staff within the home this is an ongoing process.

Children's Performance Report

October 2018

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Yn agored a blaengar - Open and enterprising





Executive Summary



What's working well?

Previously there have been concerns regarding statutory visits in timescale. The Business Intelligence team have built some new reports (both for Looked After Children and Child Protection) that show visits due and the performance across teams in terms of statutory visits. The director made a commitment that every child would be seen in September, so these reports will assist staff in their daily work scheduling.

A new appendix has been added to provide additional detail to the Top 5 measures. Every measure not meeting 100% needs to be analysed in closer detail. This information will help the service identify variation in performance across the service.

8.5 newly appointed staff started within the service which include Head of Service, 1 newly qualified social worker, 2 permanent social workers and 1 permanent IRO. As requested at the last Assurance Board, more detailed information has been provided on the type of Out of County placement and the detail surrounding Strategy Conference Partnership Working. This detail is contained in Appendix A, in order to keep the report itself succinct.

Although Child Protection visits are not meeting the performance target there are areas of good practice such Welshpool Locality Team which have 98% of CP Stat visits undertaken in time. This practice will be replicated across the service moving forward and the newly designed reports will support managers in reaching compliance with statutory timescales.

95% of the Assessments completed within the assessment team have been completed within timescale. The assessments which are allocated to the locality teams are those which have exceeded timescales. Moving forward all new assessments will be undertaken by the Assessment teams and not the Locality Teams. The improvement in October has come despite a significant increase in contacts received into the service and assessments undertaken during the month. Despite dealing with this additional work, the performance has improved for 3 and maintained for 1 of the top 5 indicators.



What are we worried about?

Assessments appearing within the figure reported as not being completed within timescale have the following explanations:

- Old assessment completed in Feb 18 but had not been signed off in a timely way by the Senior Manger at the time.
- Lack of management experience and expertise on how to manage complex assessments to progress them within a timely manner and overcome barriers.
- There are still assessments allocated to and being undertaken by the Locality teams which pre date the setup of the assessment team in the South.

Manager and Practitioners do not yet have the tools to manage their work effectively. This will be addressed by the introduction of the newly designed statutory visit reports.

There has been a significant increase in the number of contacts during October which will impact on the workload of the Assessment team moving forward.

The number of supervisions undertaken during the month has decreased to 71%. We do know from previous months that there is a lag in managers updating the TRENT system and we anticipate that this figure will rise. This issue is being addressed with managers. The poor performance in relation to supervision can be attributed to specific teams e.g. Fostering and Welshpool Locality. The Team Manager in the North has had a period of sickness. And this was not picked up by Senior management in the North due to a change in area of responsibility.



What do we need to do?

We will implement the Childrens Restructure - April 2019

There is further work to be undertaken to address the PPD recording so that all work is evidenced and that data is recorded on IAA forms proportionate to the level of referral.

We still have a high number of Strategy discussions taking place and this is a rising trend. Analysis is being undertaken to understand these figures and the eligibility criteria being applied – November 2018

Revise the role and management of the Data Quality Clerks so that they can support the service more effectively in recording and addressing data quality issues. November 2018

The Service is currently reviewing all of the children placed at home on care orders (15 children) – Nov 2018

The Service is currently reviewing all children who are subject to placement orders to ensure that these are appropriate and progressed accordingly (26 children dating back to 2017)



Top 5 indicators

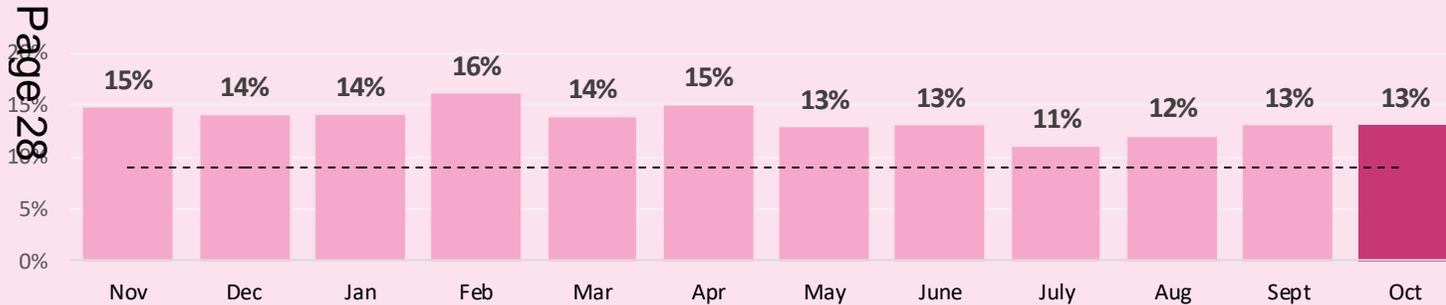
% of assessments completed for children within statutory timescales



Trend
↓
Target
95%

Welsh average
91%
YTD
86%
RED

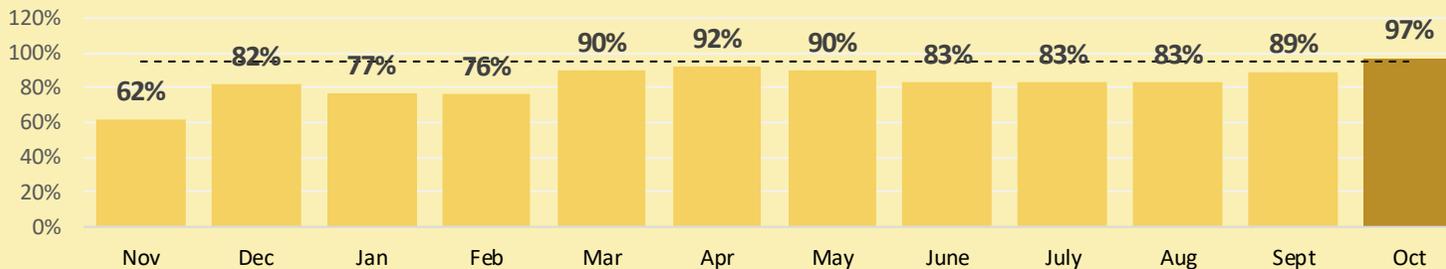
% of children looked after who have had three or more placements during the year



Trend
→
Target
9%

Welsh average
10%
YTD
13%
RED

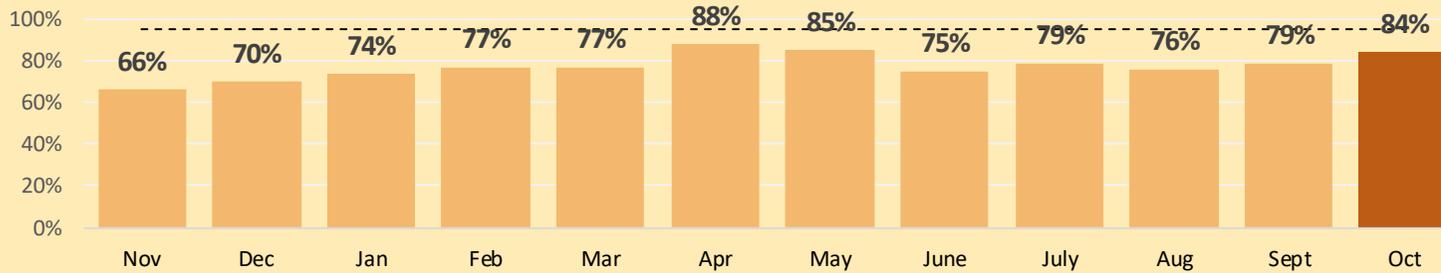
% of Looked After Children Statutory Visits carried out within timescale



Trend
↑
Target
95%

Welsh average
N/A
YTD
92%
RED

% of Child Protection Statutory Visits carried out within timescale



Trend

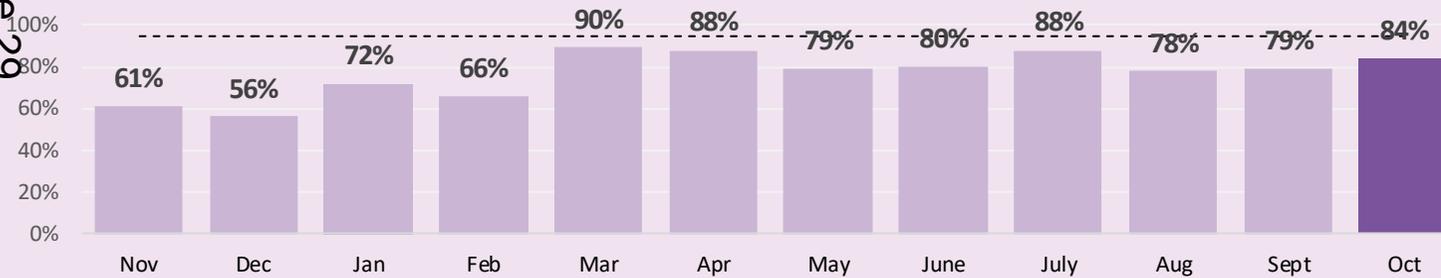
Target

 95%

Welsh average
 N/A

YTD
 79%
RED

% of Operational staff who have had Case Supervision on a monthly basis



Trend

Target

 95%

Welsh average
 N/A

YTD
 81%
RED

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1. **1,027** No. of cases open to Children's Services

Of which:

1a. **233** No. Looked After Children

1b. **98** No. of Children on the Child Protection Register

1c. **694** No. of Children with Care and Support Plans (Including LAC and CP)

1d. **12** No. of LAC and CP Children without a Care Plan

1e. **156** No. of Children currently undergoing an Assessment

1f. **89** No. of Current open cases with no Care and Support Plan

Arrows in this report show performance trends/numbers from previous to current month.



Performance improved/ numbers increased



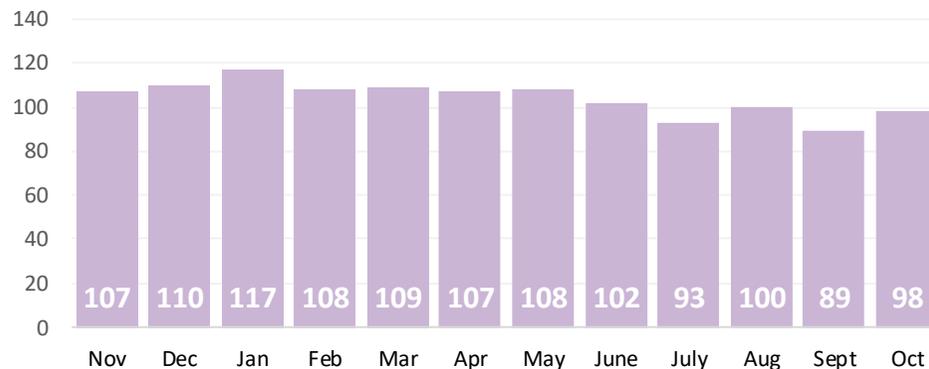
Performance unchanged/ numbers the same



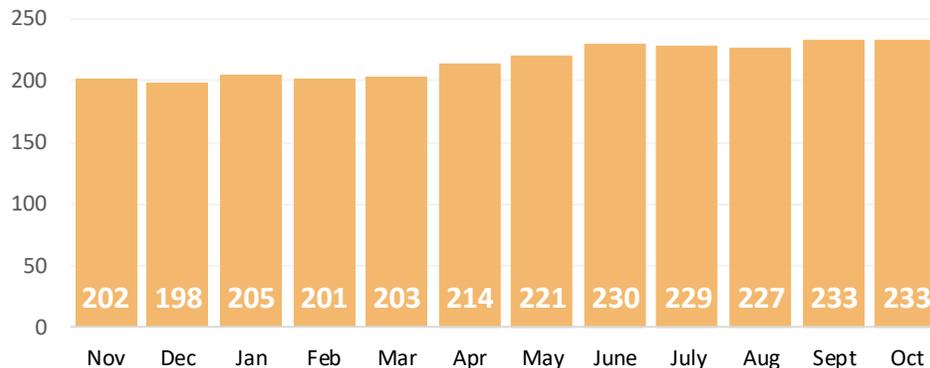
Performance declined/ numbers decreased

Year to date (YTD) totals with a target will be shown as a coloured figure and text to indicate if we are on or off target. On target = Green Off target = Red

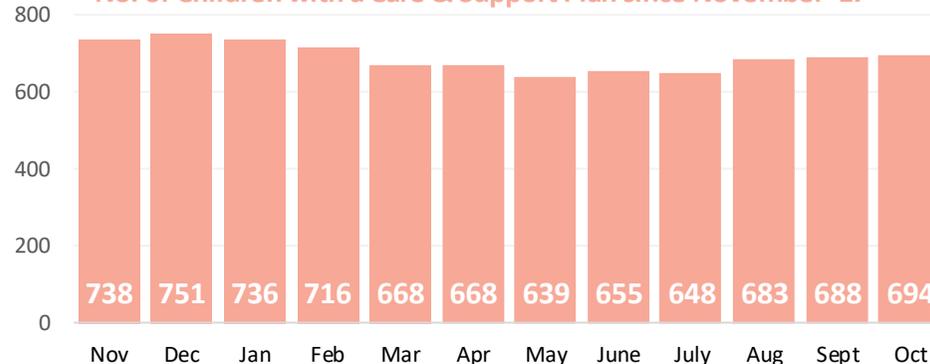
No. of Children on Register since November '17



No. of Looked After Children since November '17



No. of Children with a Care & Support Plan since November '17





What's working well?

The number of referrals to Team Around The Family have increased since the alignment of PPD with TAF and the relocation of the TAF team to sit within PPD.

PPD are providing more Information and Advice and the recording mechanisms have been refined so that this is demonstrated within the figures.

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What are we worried about?

Measure 2: There has been a 30% increase in the total number of contacts to Children's Services since August/September. This increase can be attributed to the school summer holidays.

The number of children subject to Child Protection plans has increased from 89 to 98 since September.

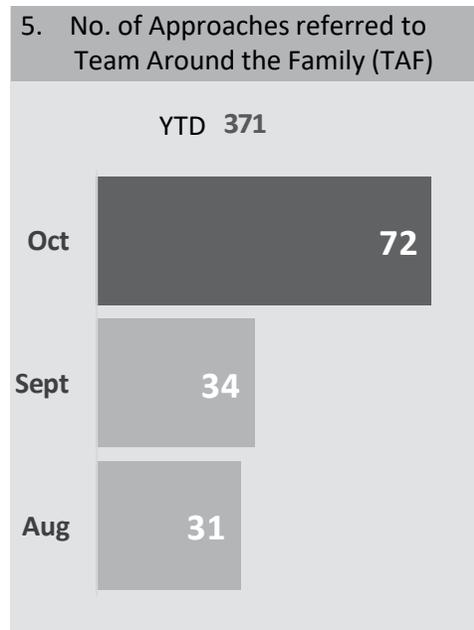
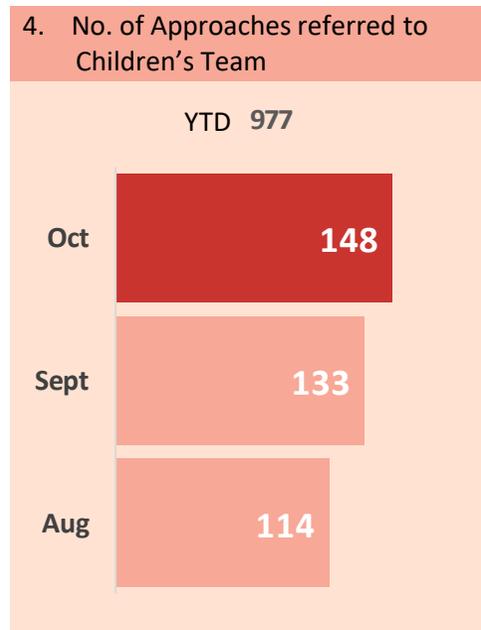
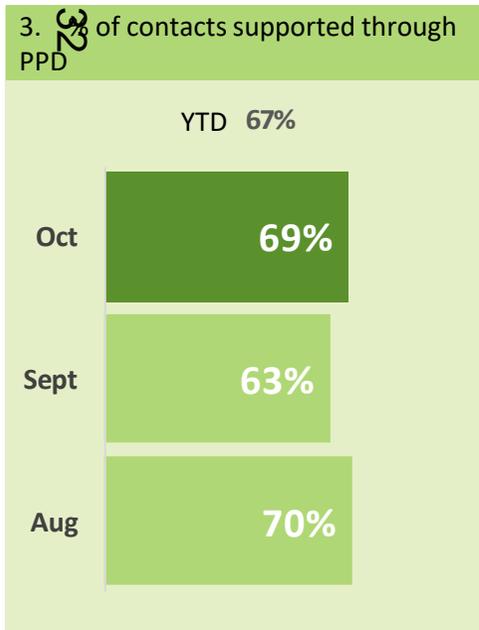
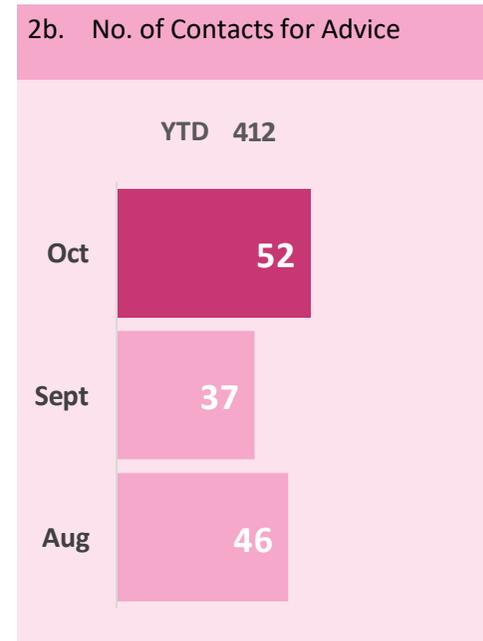
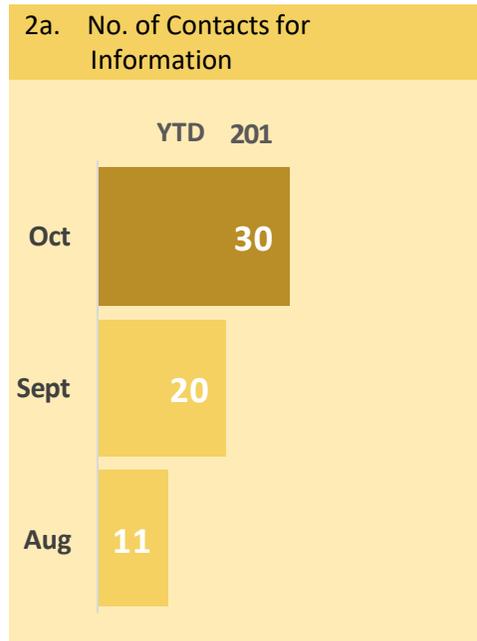
There has been a significant increase in the number of contacts during October which will impact on the workload of the Assessment team moving forward



What do we need to do?

We will implement the new Children's Restructure which will better align the Assessment and PPD teams.

There is further work to be undertaken to address the PPD recording so that all work is evidenced and that data is recorded on IAA forms proportionate to the level of referral.





What's working well?

95% of the assessments undertaken by the assessment teams are undertaken within timescale.

There has been an increase in the number of assessment being completed within 10 days. This is due to the success of the pilot in the South of the County.

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What are we worried about?

Measure 7c: There has been an increase in the number of Care and Wellbeing Assessments completed out of timescale (19 in Oct compared with 8 in the previous month). There have been significantly more assessments undertake during Oct compared to the previous month.

We are unclear as to the re assessment rate due to the way in which the data is recorded on the system and then reported. Measure 8 counts assessments with previous contacts not previous assessments. This has been highlighted with BI and is being revised – November 2018.



What do we need to do?

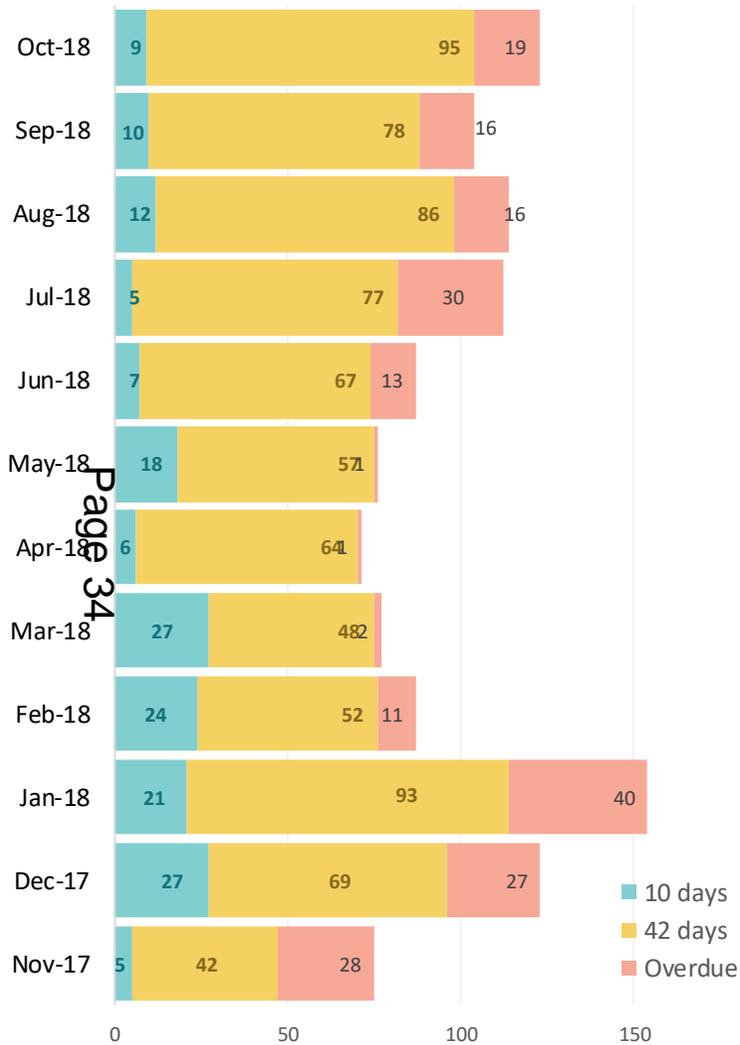
Re Assessments are not monitored as part of the assessments completed within timescale indicator.

Revision of the reports needs to be undertaken so that this performance is reflected within the figures. December 2018.

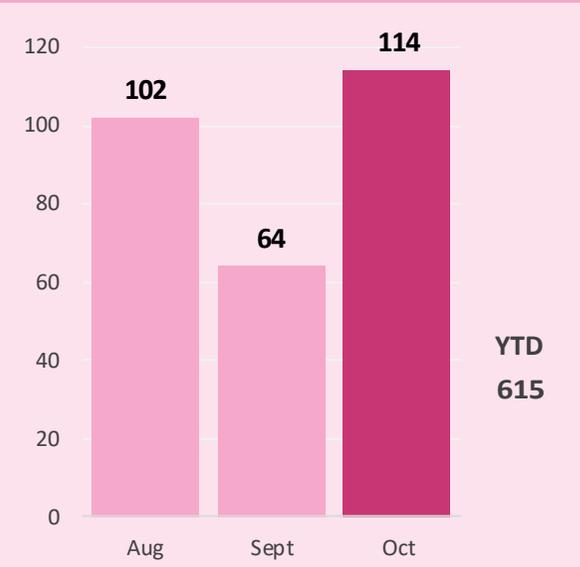
The service needs to highlight that as the backlog of assessments are being completed by the teams this will have a detrimental impact on the performance in relation to the number of assessments completed in timescale. It is anticipated that this will impact November performance figures.

Implementation of the re structure will have one senior manager with full oversight of both assessment teams which will allow for consistency across the County. – April 2019.

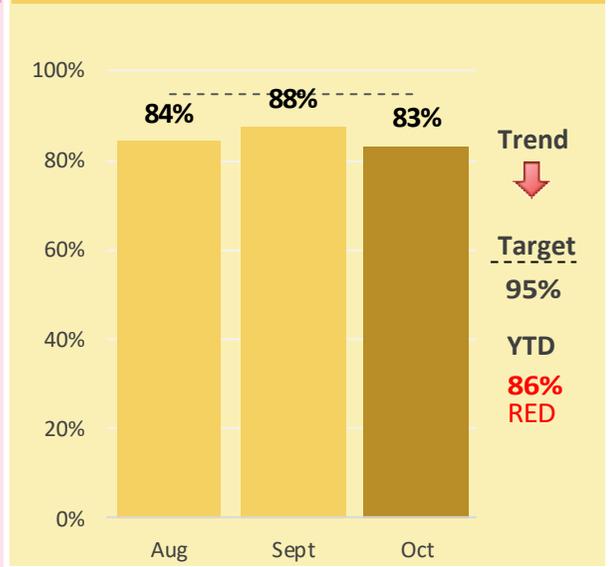
No. of Assessments within timescale since October 2017



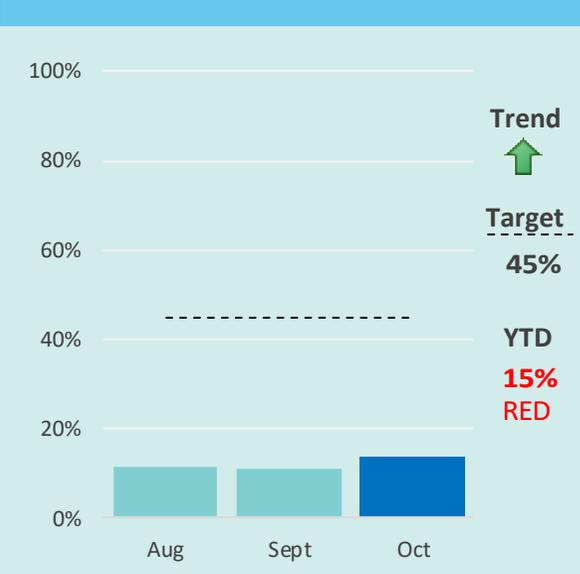
7. No. of Care and Wellbeing Assessments completed



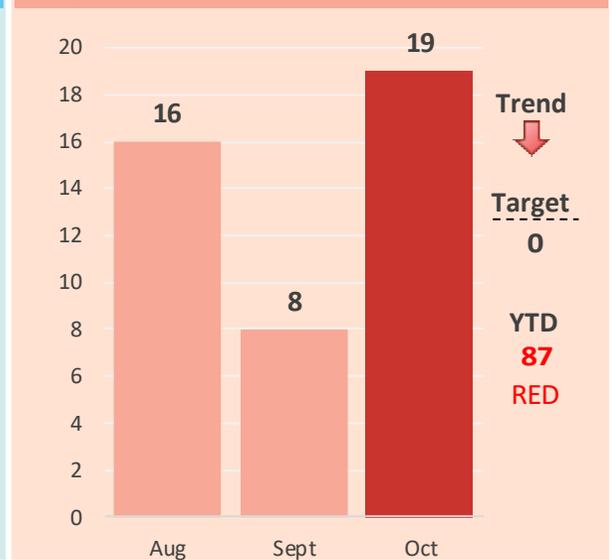
7a. % of Care and Wellbeing Assessments completed within 42 days



7b. Of which, % completed within 10 days

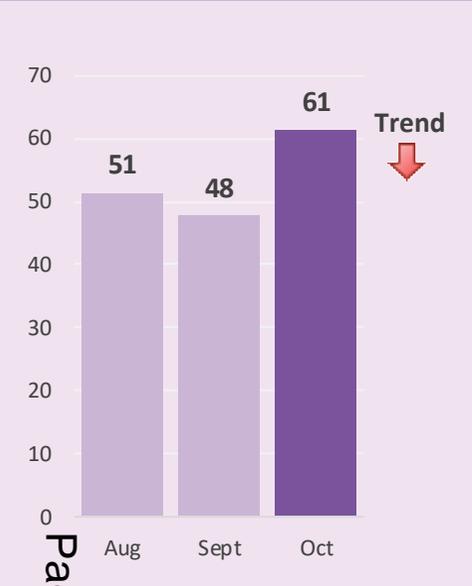


7c. No. of Care and Wellbeing Assessments completed out of timescale

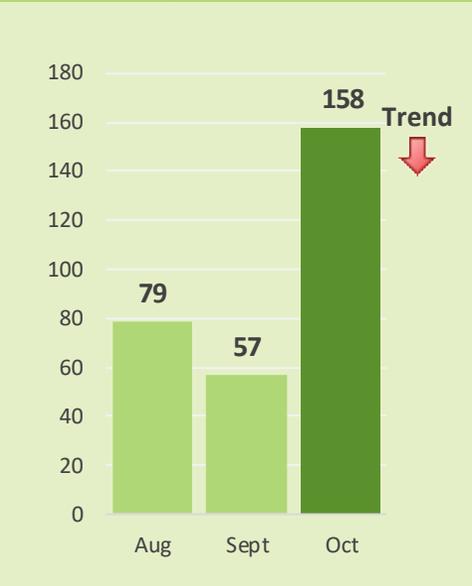


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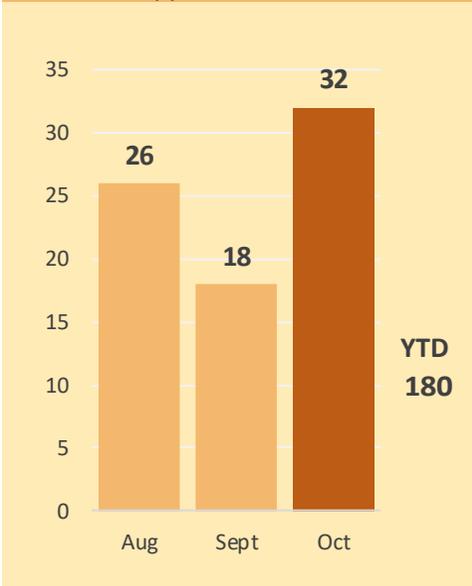
7d. Of these, Average number of days taken to complete



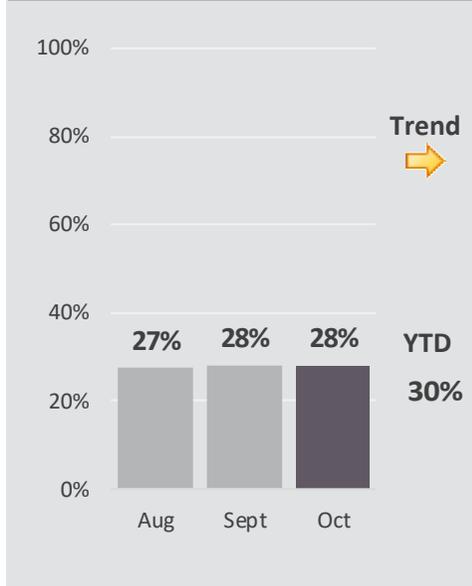
7e. Of these, maximum no. of days taken to complete



7f. No. of Assessments that lead to a Care and Support Plan (Assistance)



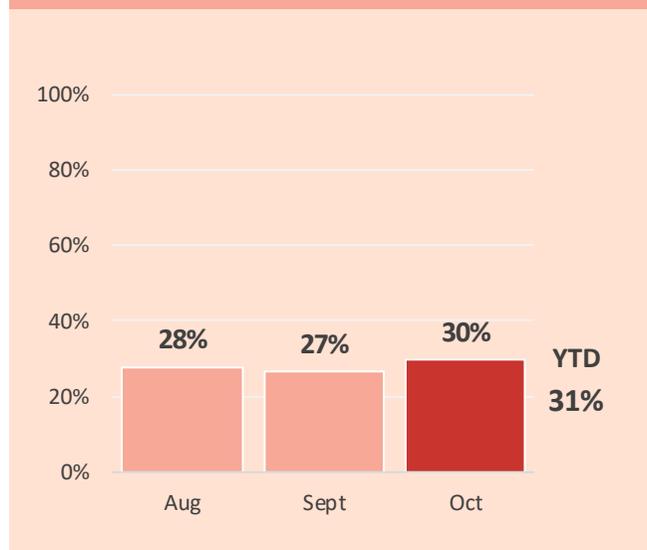
7g. % of Assessments that lead to a Care and Support Plan



8. No. of Children Assessed that had been Assessed within the previous 12 months (New Cases)



8a. Of these, % that lead to a Care and Support Plan

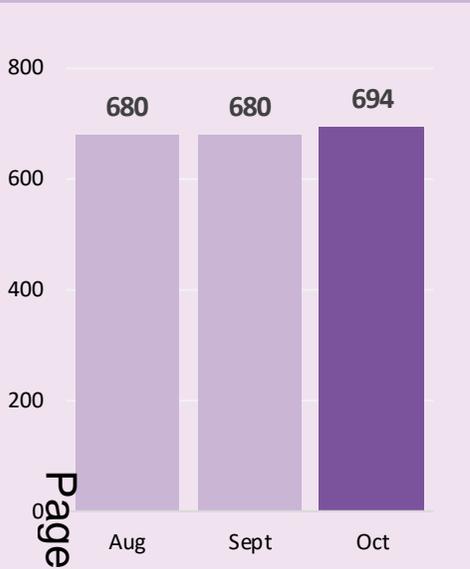


9. % of Approaches to Children's Teams closed following Assessment

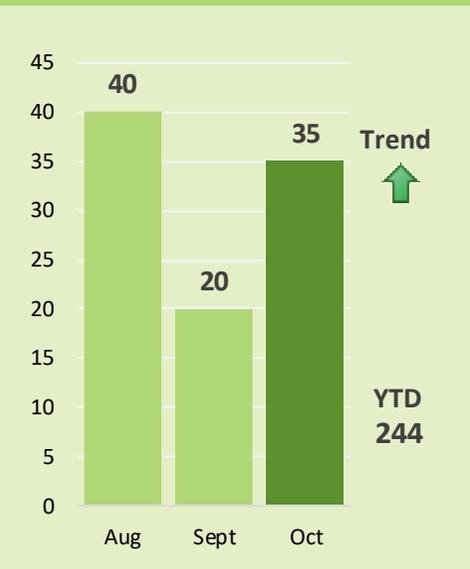


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10. No. of Children with Care and Support Plans



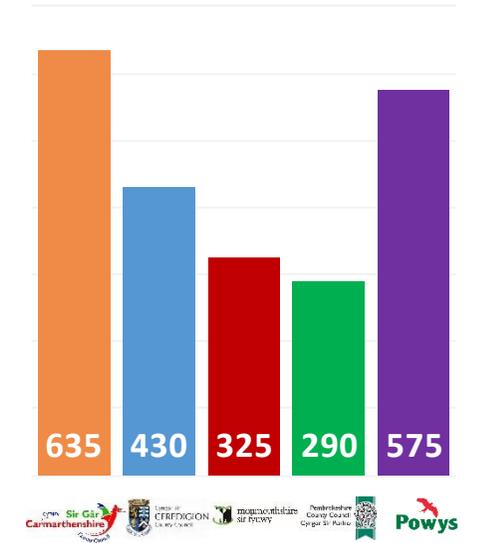
11. No. of New Care and Support Plans completed during the period



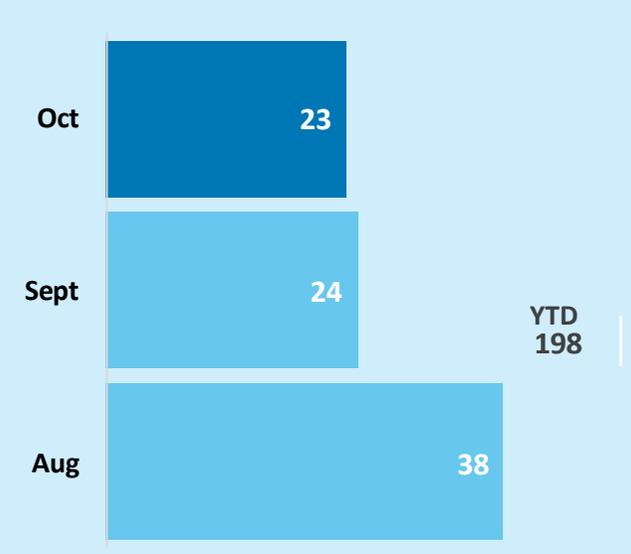
12. No. of cases closed where the child had a Care and Support Plan



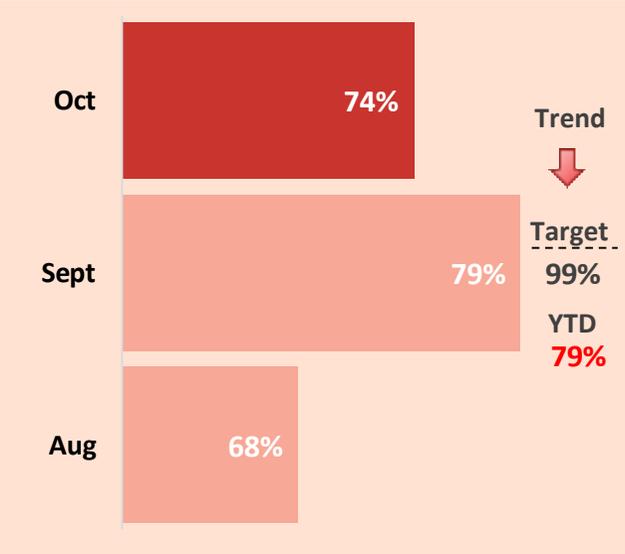
No. of Children with Care and Support Plan as at 31/03/2017



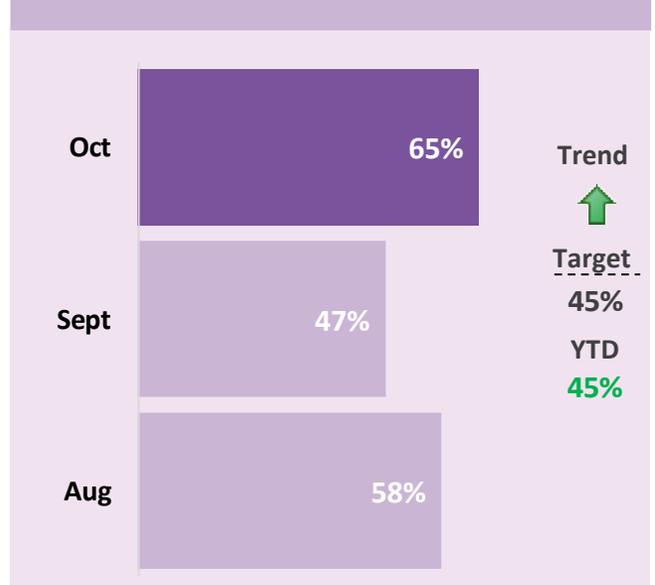
13. No. of Re-assessments completed during the period



13a. % of Re-assessments completed within 42 days



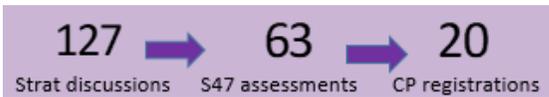
13b. Of which, % completed within 10 days





What's working well?

Measure 21 Number of Strategy Discussions held - A new infographic has been added to this measure to help convey the ratio of discussion and assessments that result in Child Protection registrations (see illustration below).



The conversion rate from S47 to CP registrations is more appropriate compared to previous months.

We have completed more child protection statutory visits in October.

We identified an error in the report measure 21 last month which has now been rectified. We reported 0 strat discussions in Sept however the actual number was 98.



What are we worried about?

Measure 19/20/21d - ongoing issue with regards to not being able to report on conferences held. This is being addressed via a new form, however it will take time to be implemented.

There are 20 children who have been registered during October

There was a significant increase in the number of section 47 assessment completed during October.

There were 18 children removed from the child protection register and 20 children added during October however the net increase is 9. These reports need to be reviewed as this is not correct. The report may now be counting temporary registrations.

The number of strategy discussions being held has increased to 12.



What do we need to do?

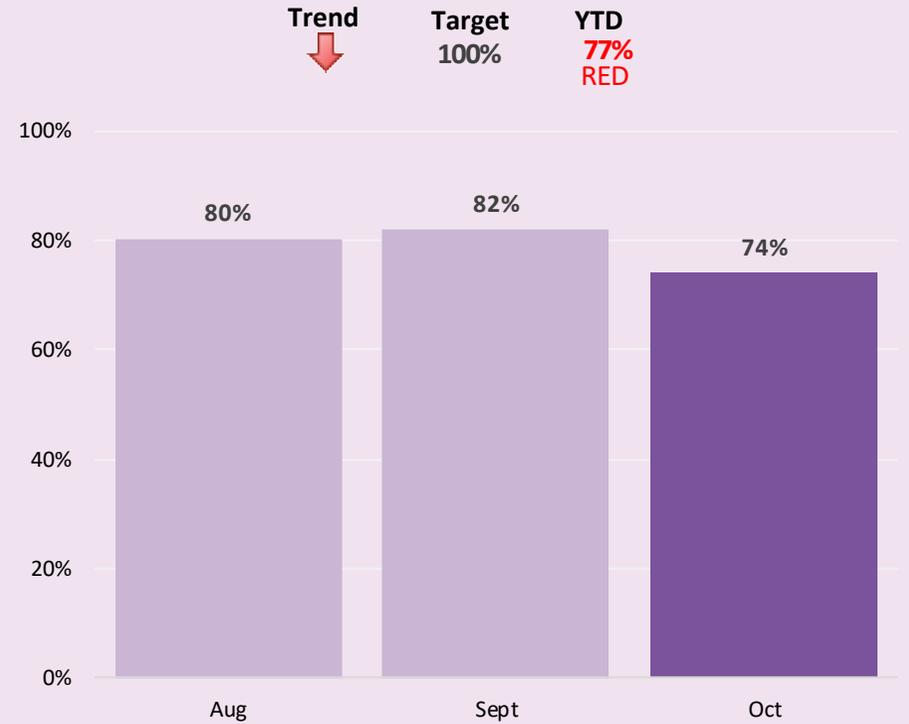
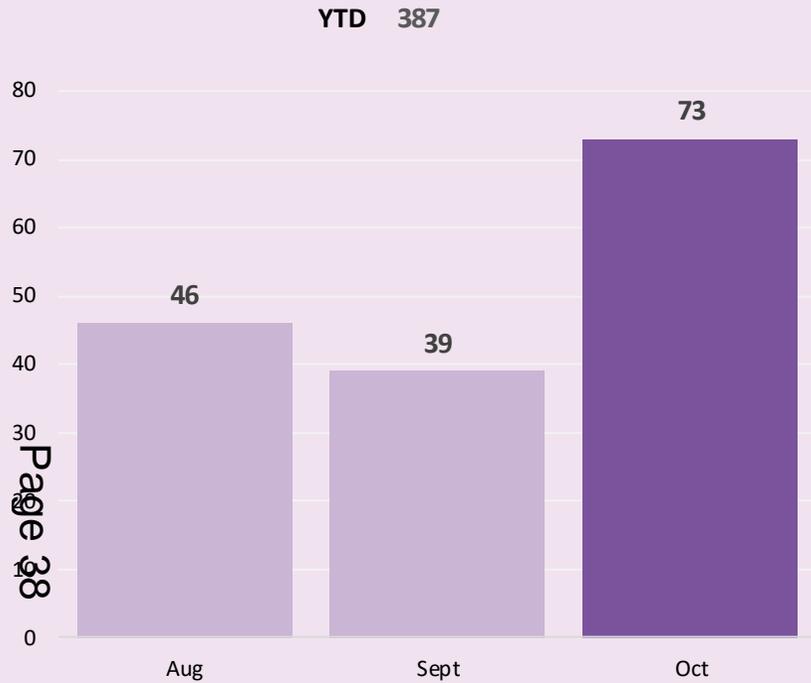
We need to review the Child Protection reports to ensure they report the Powys CPR and not the temp registrations. – November 2018

We still have a high number of strategy discussions taking place and this is a rising trend. Analysis is being undertaken to understand these figures and the eligibility being applied. – Nov 2018

Page 3

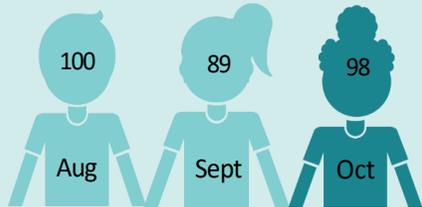
14. No. of Section 47 Assessments Completed

14a. % Section 47 Assessments Completed in Timescale



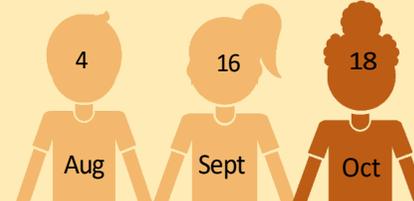
15. No. of Children on the Child Protection Register (CPR)

15a. CPR Rate per 10,000 Population

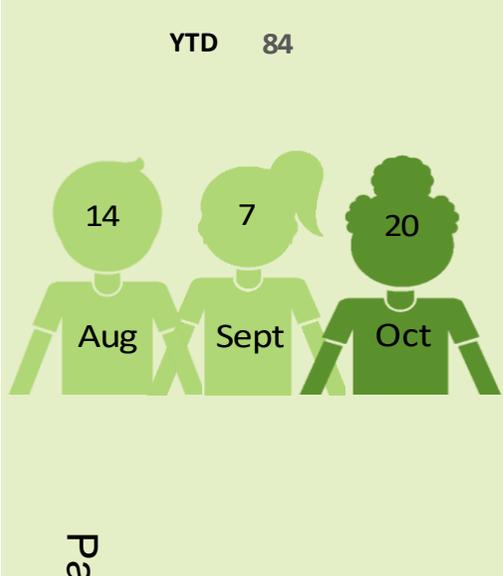


16. Number of Children Removed from the CPR

16a. The average length of time on the CPR for those removed (days)



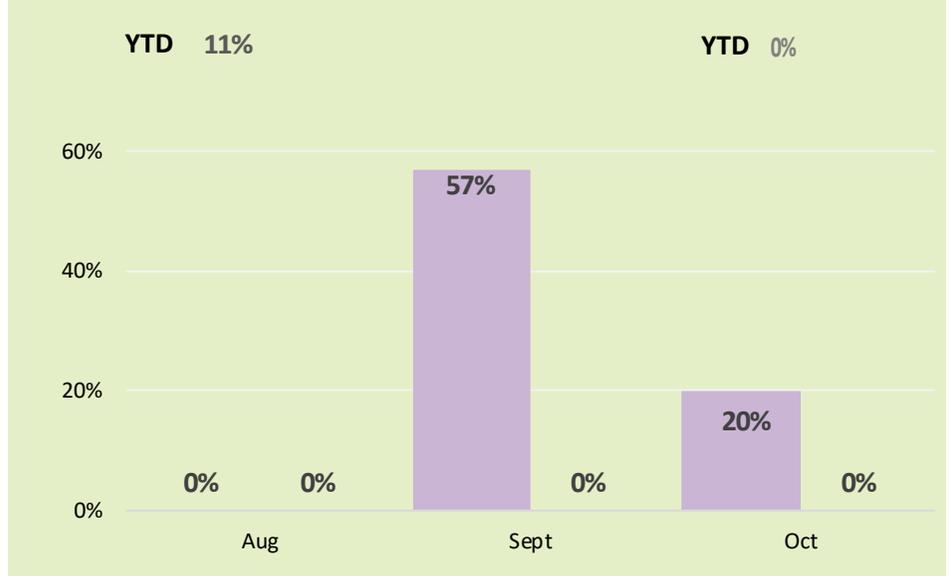
17. No. of Children Registered at Conference



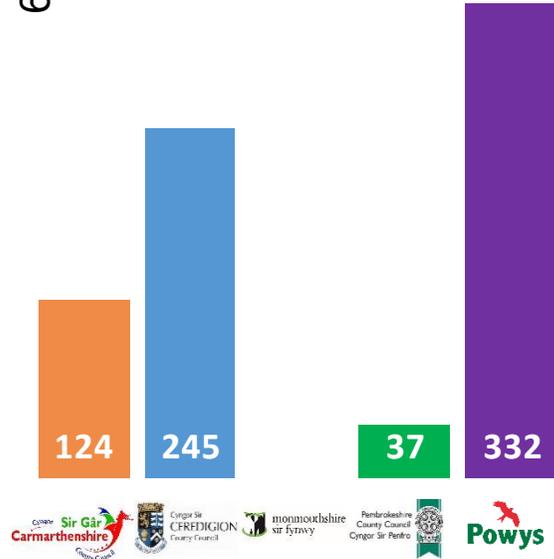
17a. No. of Re-Registrations on the CPR



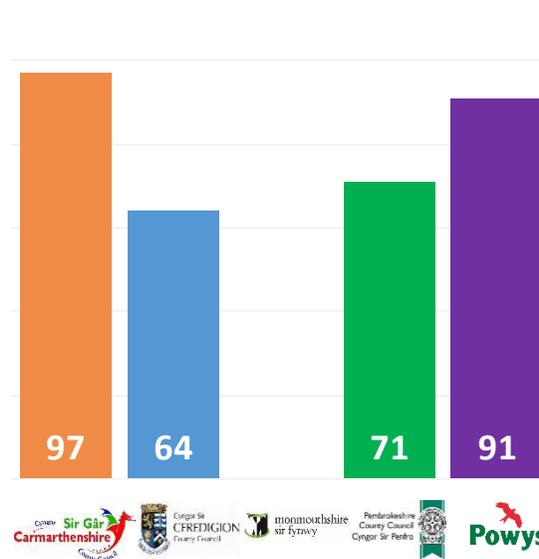
17b. The % of Re-Registrations of all Registrations during the Year
 17c. Of which, % Re-Registrations within 12 months of previous De-Registration



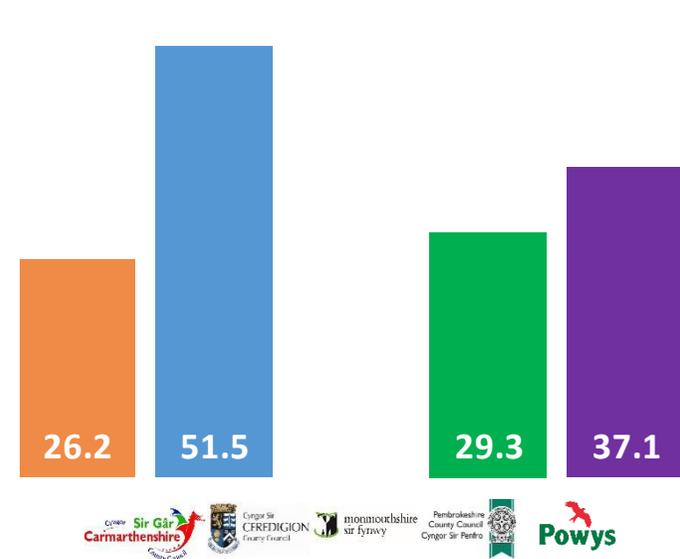
No. of Section 47 Completed as at Assessments 31/12/2017



No. of Children on the CPR as at 31/12/2017



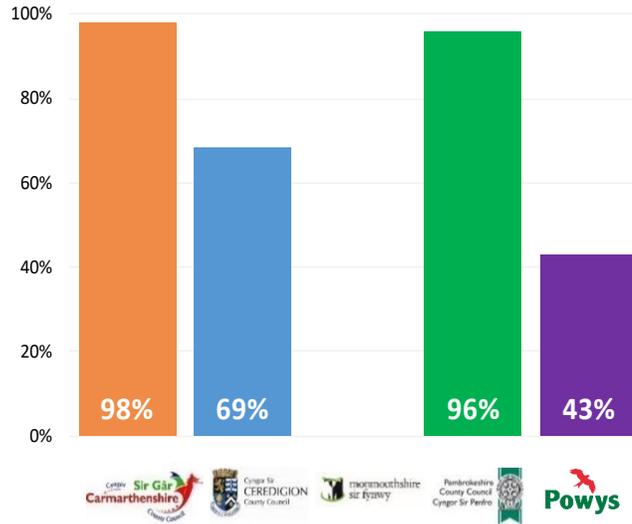
CPR Rate per 10,000 Population as at 31/12/2017



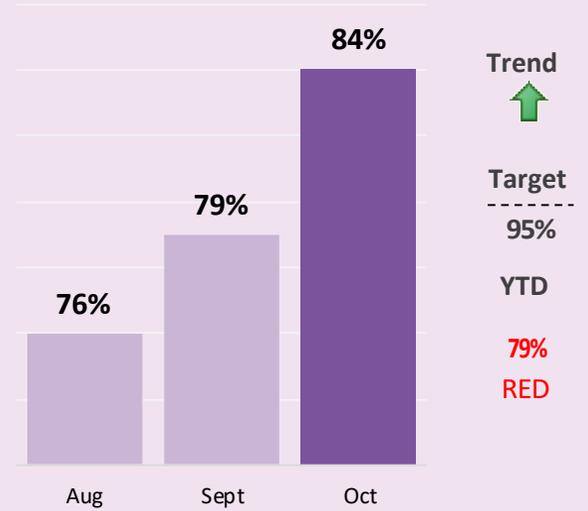
18. No. of Child Protection Monitoring Visits taken place



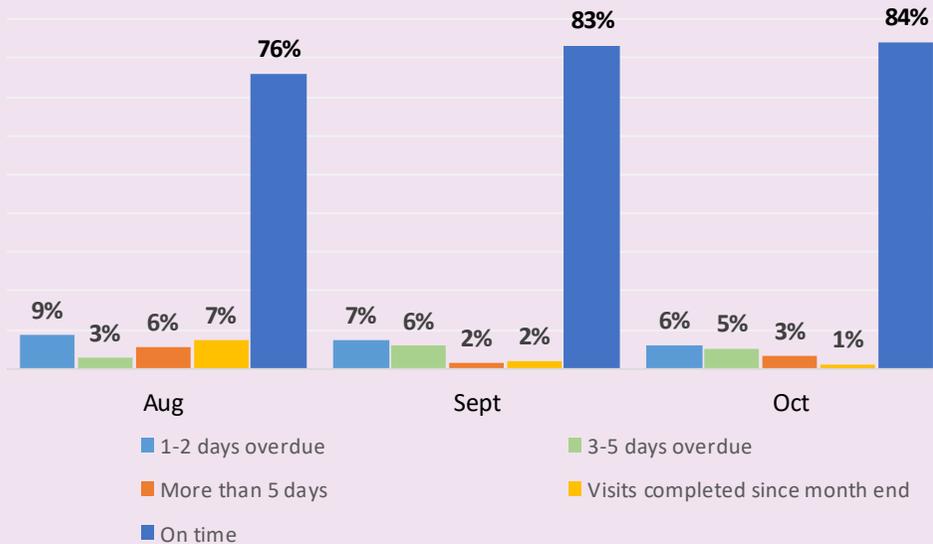
No. of Initial Case Conferences as at 31/12/2017



18.a % of visits held within Statutory Timescale



18b. % of CP Statutory Visits on time

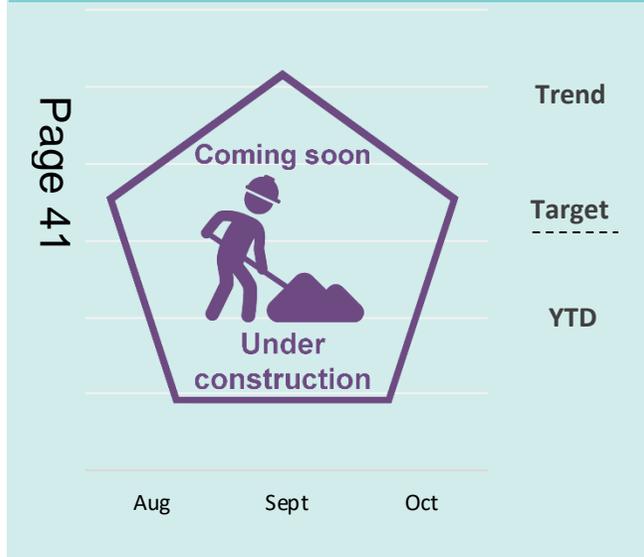


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18c. CP Statutory visits - Performance

Team Group	1-2 days overdue		3 - 5 days overdue		More than 5 days		Visits completed since month end		% seen in month due	On time		Total
	Count	%	Count	%	Count	%	Count	%		Count	%	
Brecon Locality Childrens Team	4	17.4%	1	4.3%	0	0.0%	0	0.0%	100.0%	18	78.3%	23
Children with Disabilities (CWD/IDS)	0	0.0%	0	0.0%	0	0.0%	1	20.0%	80.0%	4	80.0%	5
Newtown Locality Childrens Team	4	5.3%	3	4.0%	1	1.3%	1	1.3%	98.7%	66	88.0%	75
Radnor Locality Childrens Team	7	8.1%	9	10.5%	6	7.0%	1	1.2%	98.8%	63	73.3%	86
Welshpool Locality Childrens Team	0	0.0%	0	0.0%	1	1.9%	0	0.0%	100.0%	53	98.1%	54
Total	15	6.2%	13	5.3%	8	3.3%	3	1.2%	98.8%	204	84.0%	243

19. % of Conferences Held in Timescale



20. % of Initial Core Group Meetings held in Timescale

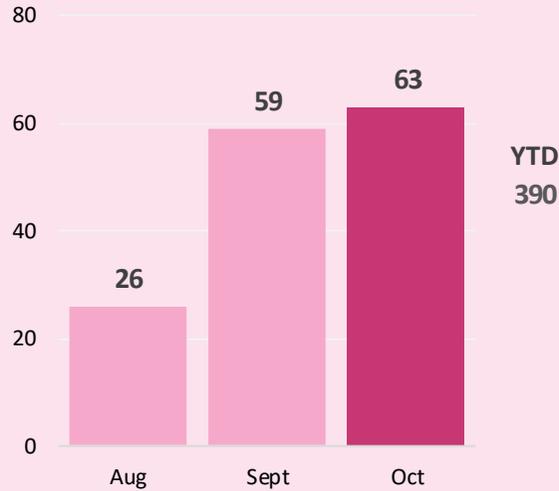


21. No. of Strategy Discussions Held

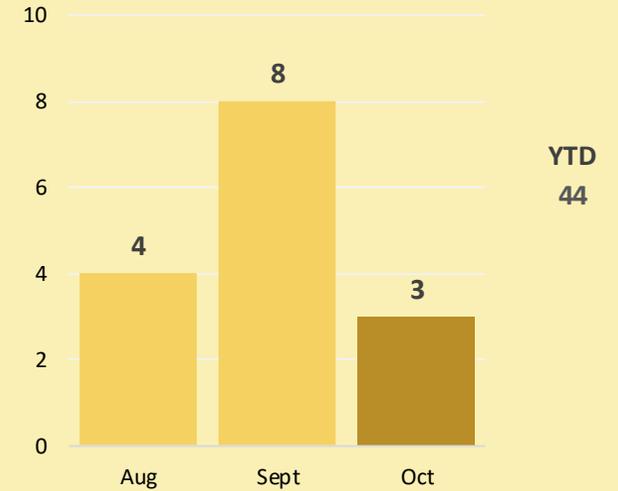


127 → 63 → 20
 Strategy discussions → S47 assessments → CP registrations

21a. No. of Section 47 Assessments Commenced



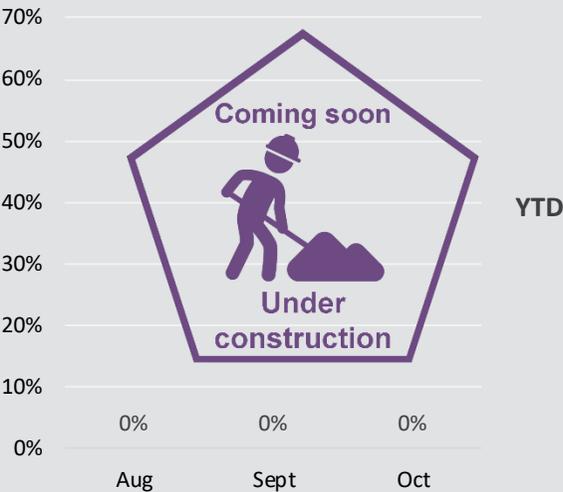
21b. No. of Strategy Meetings Held



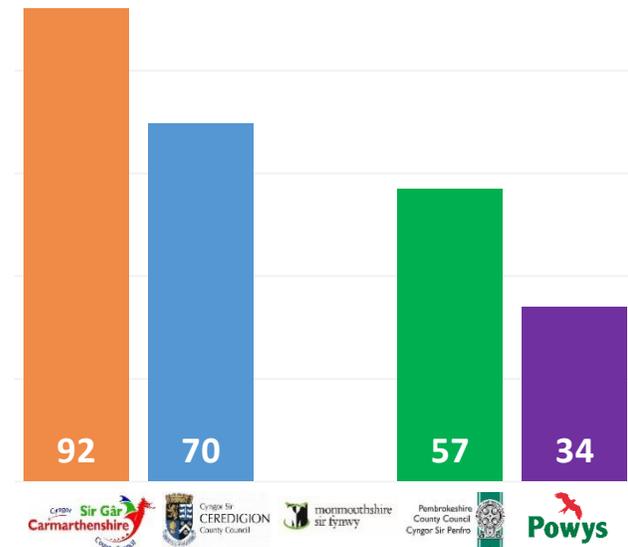
21c. No. of Initial Case Conferences



21d. % of Children Registered at Conference



No. of Initial Case Conferences as at 31/12/2017





What's working well?

The numbers of children looked after remains at a consistent level.

The visits undertaken within timescale has increased compared to last month and this is a rising trend noting that this is the data provided from the original report. The revised report is still in development which will give the service a clearer picture.

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What are we worried about?

Data quality and lag in data entry (as reported in the previous month). For example, an error has been discovered where there is a child in the WCCIS system that has not been categorised correctly.

The overall Children Looked After figure for Sept is 233 (no change since Sept). The number of new LAC in October is four children, whilst the number of children ceasing to be LAC is 5 children. After further investigation the child ceased to be LAC in May, however in September they were categorised as a change of placement – which explains the difference in figures.

Measure 35: Total cost of placements has risen by £200k since September.



What do we need to do?

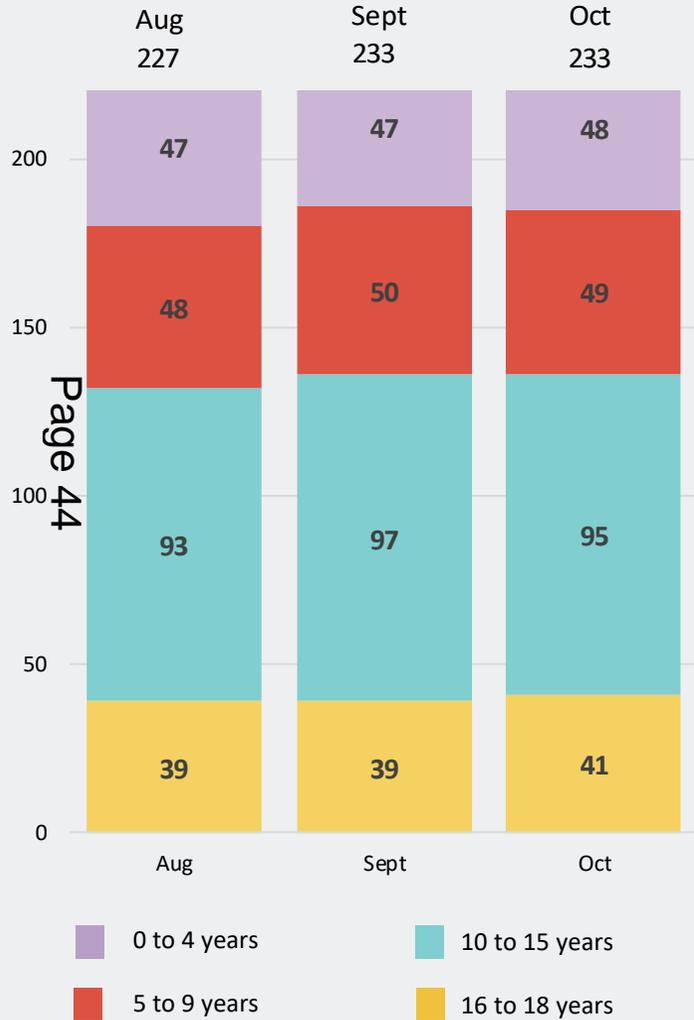
A fostering recruitment measure is to be added. The measures are currently being worked on by the Fostering manager and their team.

Revise the role and management of the Data Quality Clerks so that they can support the service more effectively in recording and addressing data quality issues. November 2018.

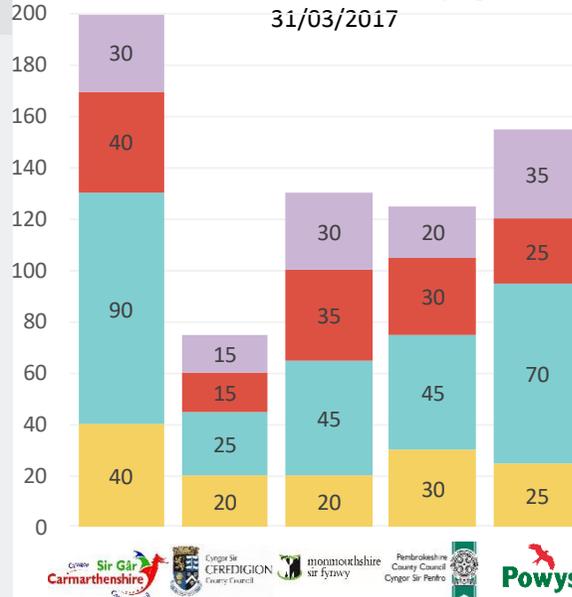
The Service is currently reviewing all of the children placed at home on care orders (15 children). – November 18.

The Service is currently reviewing all children who are subject to placement orders to ensure that these are appropriate and progressed accordingly (26 children dating back to 2017).

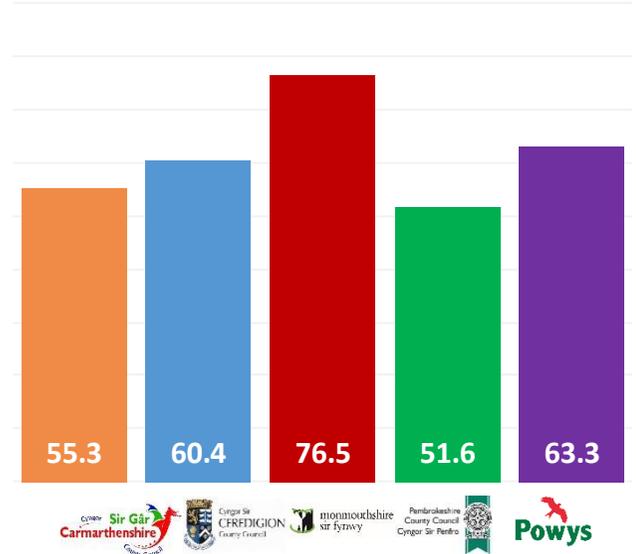
22. No. of Looked After Children by Age



No. of Looked After Children by Age as at 31/03/2017



LAC Rate per 10,000 Population as at 31/03/2017

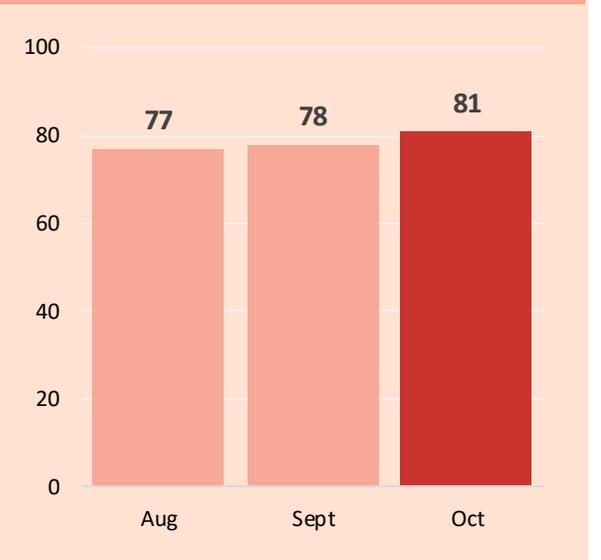


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22e. LAC Rate per 10,000 Population



22f. No. placed out of county



Residential Placement costs (per week)

23. Highest 24. Lowest 25. Average



IFA Placement costs (per week)

26. Highest 27. Lowest 28. Average



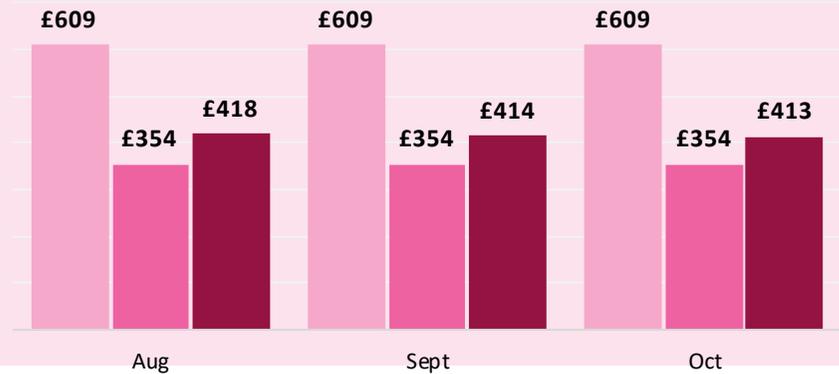
Kinship Placement costs (per week)

29. Highest 30. Lowest 31. Average



In-house Placement costs (per week)

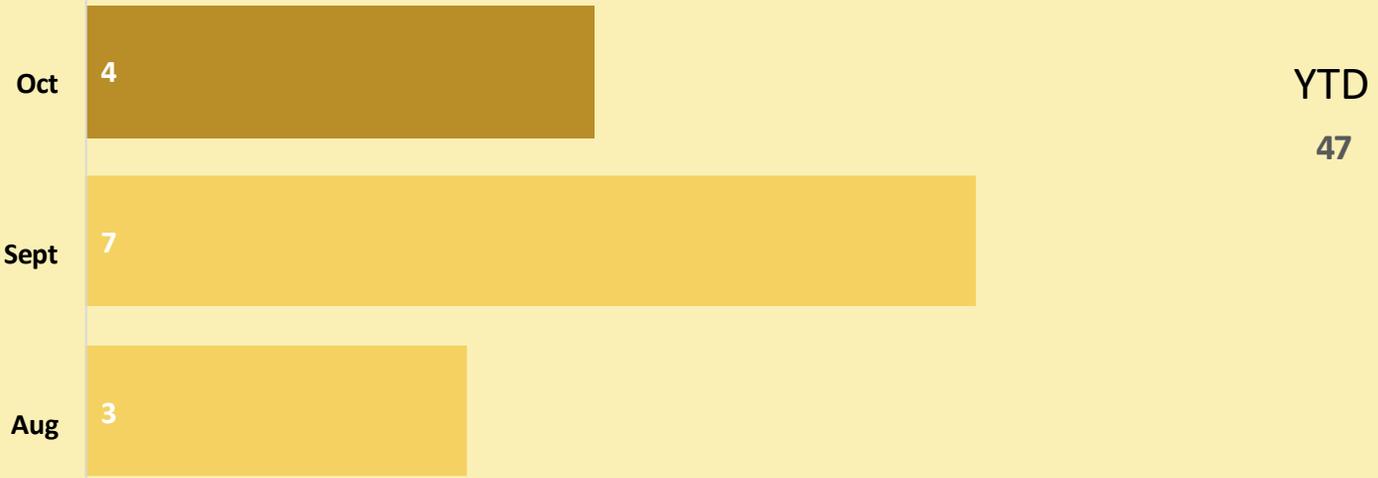
32. Highest 33. Lowest 34. Average



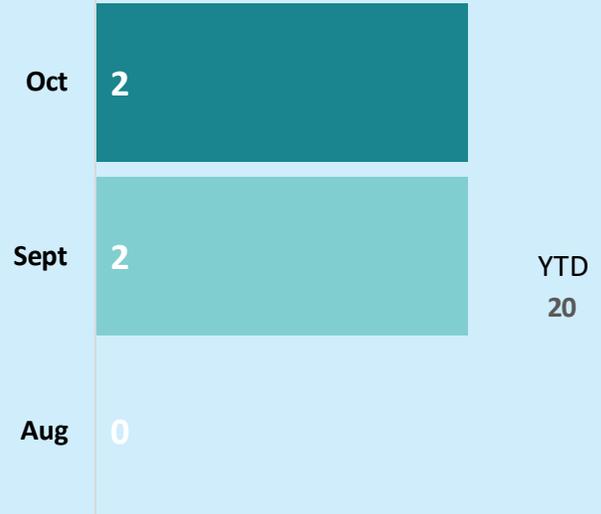
35. Total cost of placements

YTD total **£10,641,500.00**

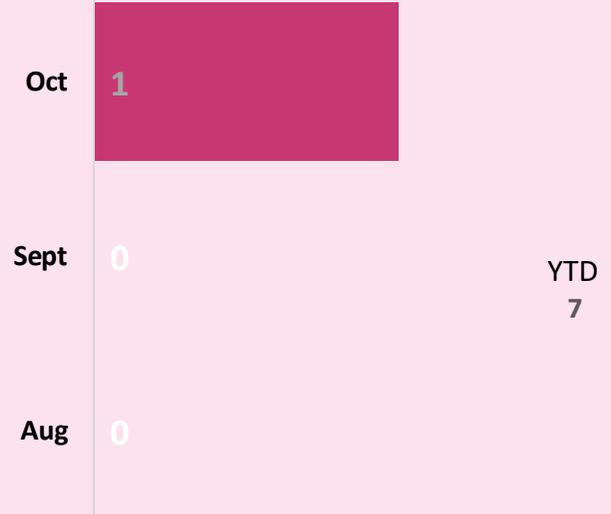
36.No. of Children becoming Looked After



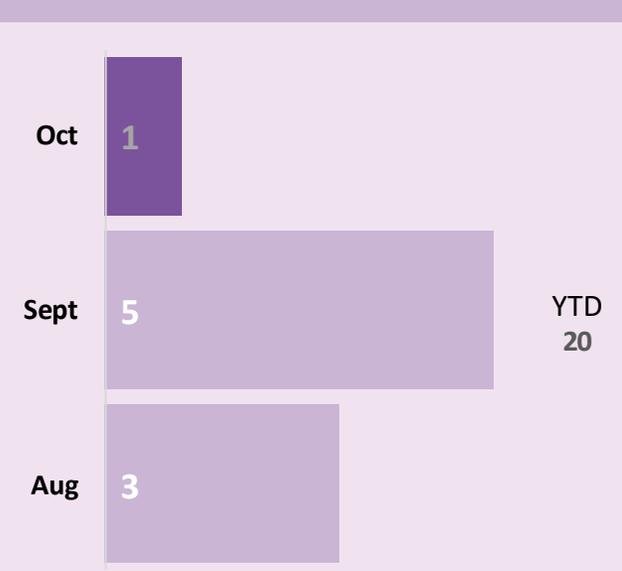
36a. Single Period of Accommodation under Section 76 (Previously Section 20)



36b. Police Protection Order / Emergency Protection Order

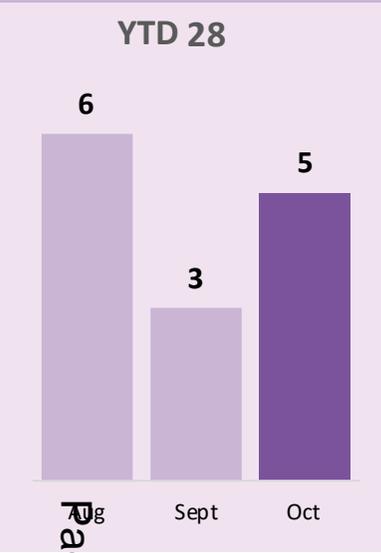


36c. Interim Care Order

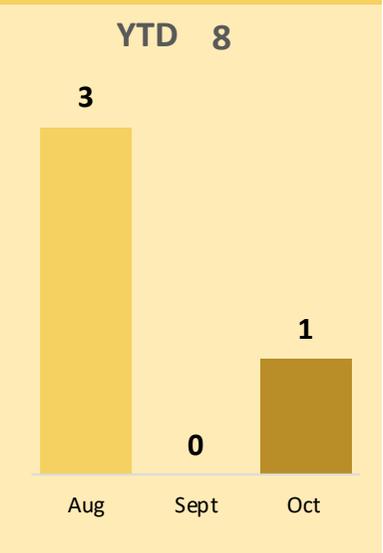


Ceased to be Looked After Reason:

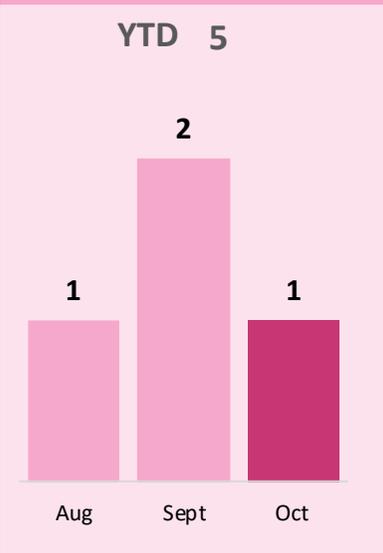
37. No. of Children Ceasing to be Looked After



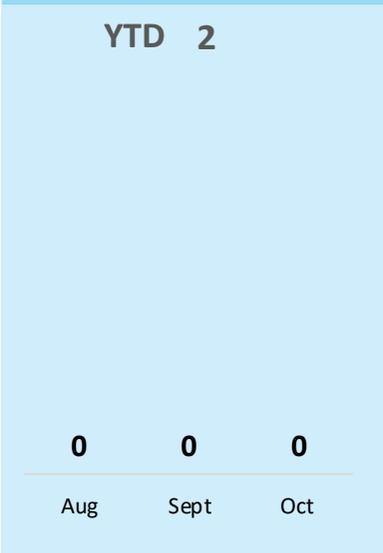
37a. Returned Home to Live with Parents



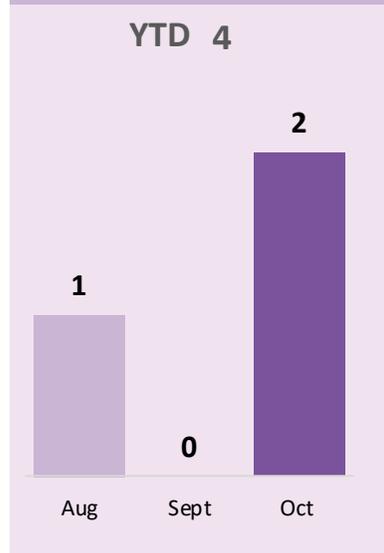
37b. Adopted



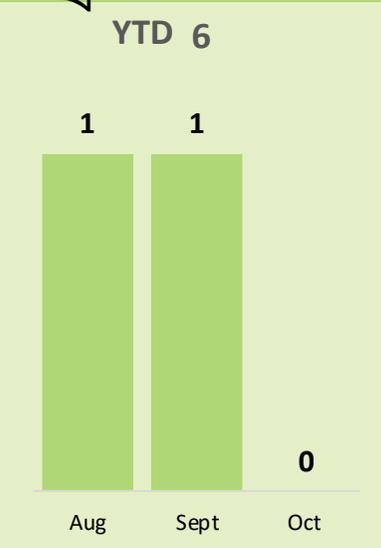
37c. Turned 18



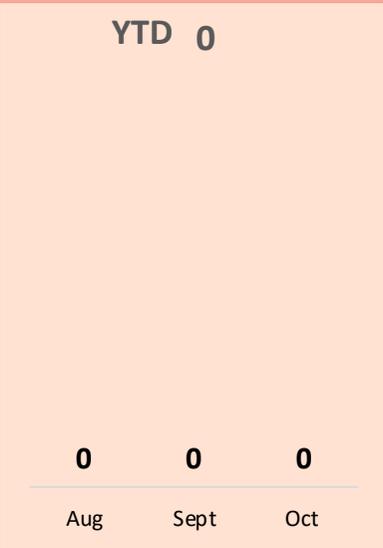
37d. Special Guardianship



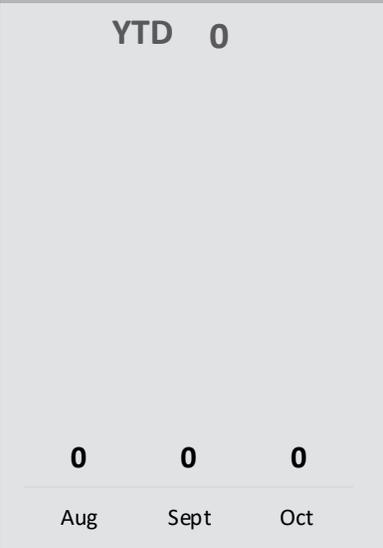
37e. Independent Living



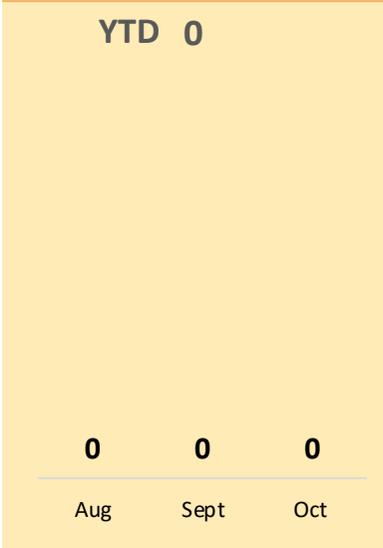
37f. Transferred to Adult Services



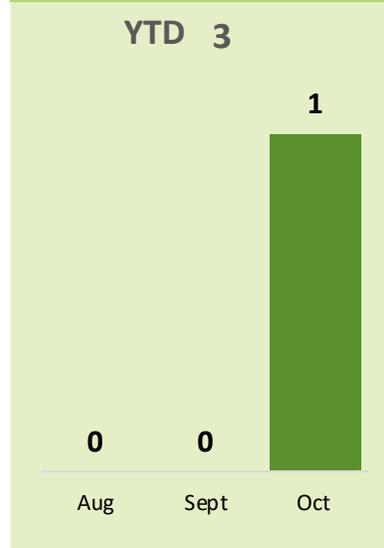
37g. Care taken over by another LA



37h. Sentenced to Custody



37i. Ceased for any other reason



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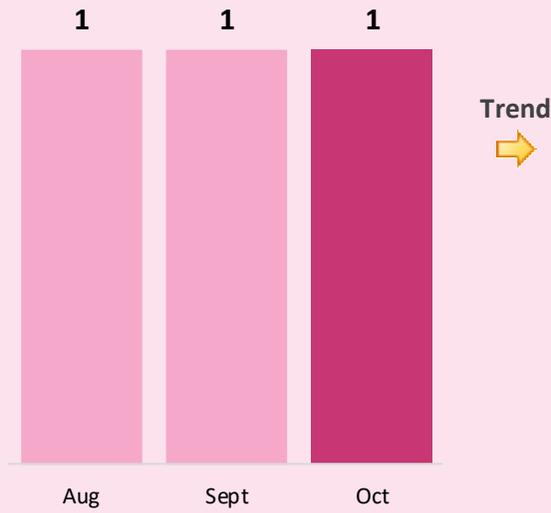
38. Number of Placement Moves



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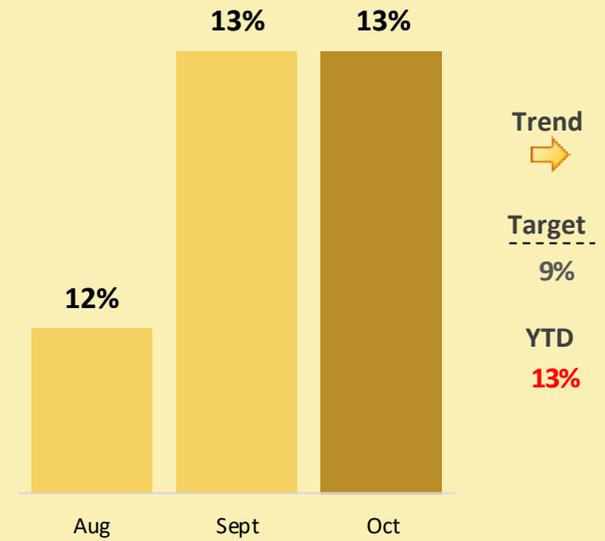
Number of Placement moves as 31/03/2017

39. No. 3 Plus Placement Moves (12 months)

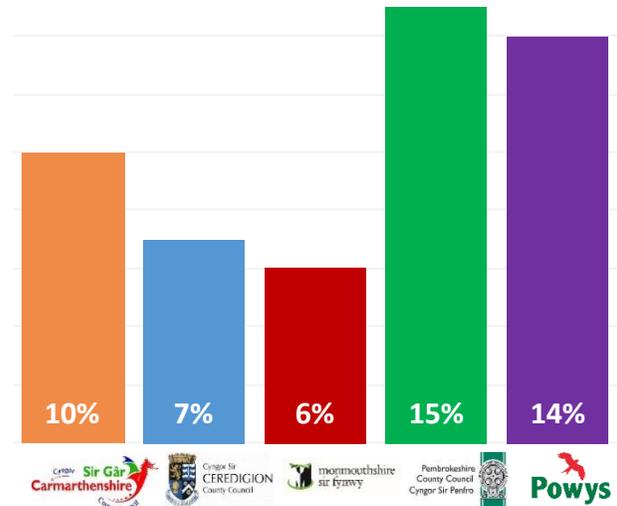
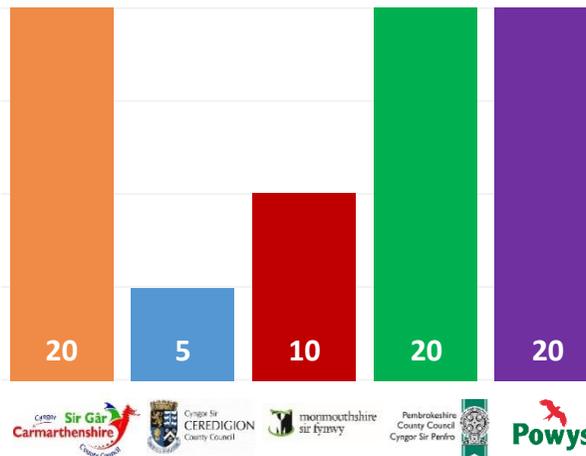
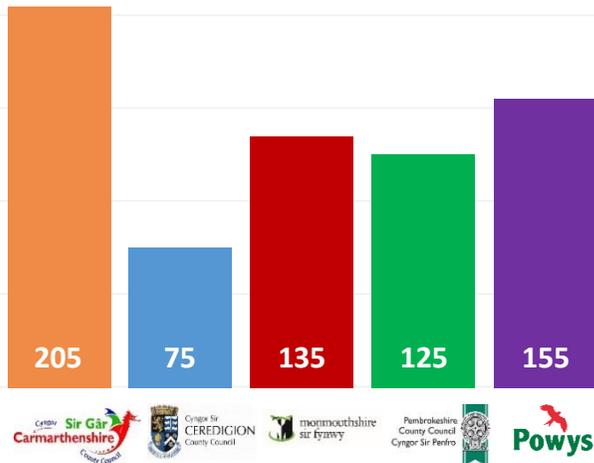


No. 3 Plus Placement Moves (12 months) as at 31/03/2017

39a. % 3 Plus Placement Moves (12 months)



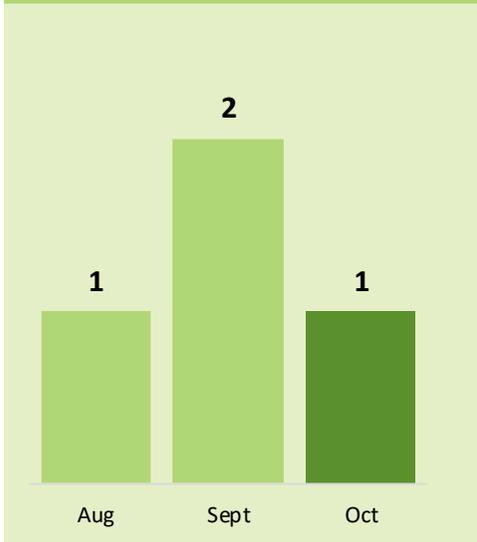
% 3 Plus Placement Moves (12 months) as at 31/03/2017



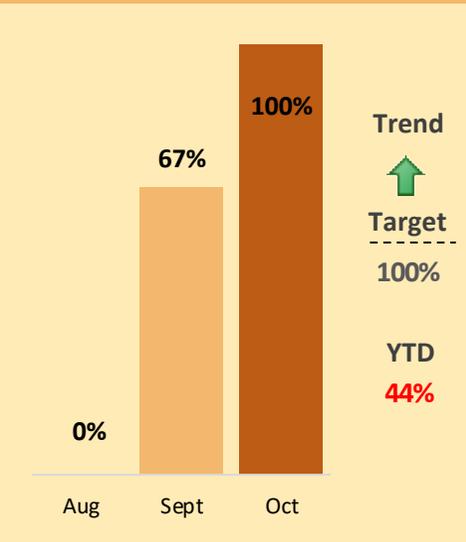
40. No. of Children who should have had a care plan within 10 days of placement



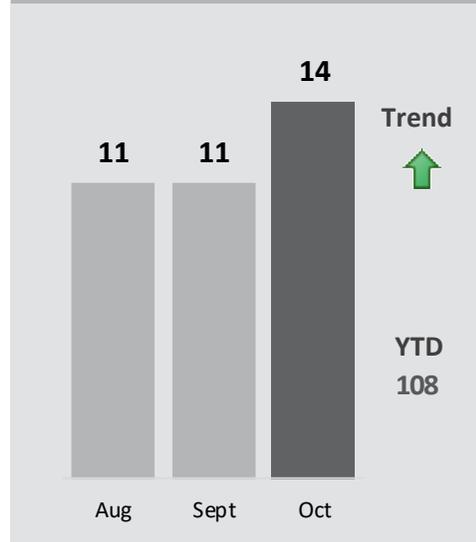
40a. No. of Children who had a care plan within 10 days of placement



40b. % Children who had one in place within 10 day of placement



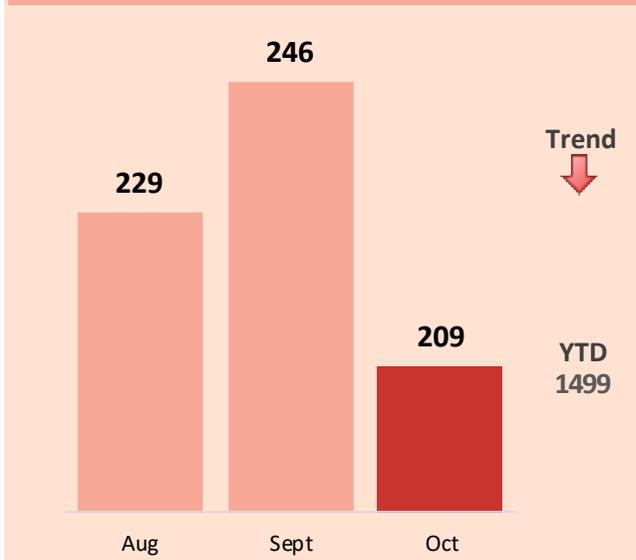
41. No. of LAC Reviews Completed



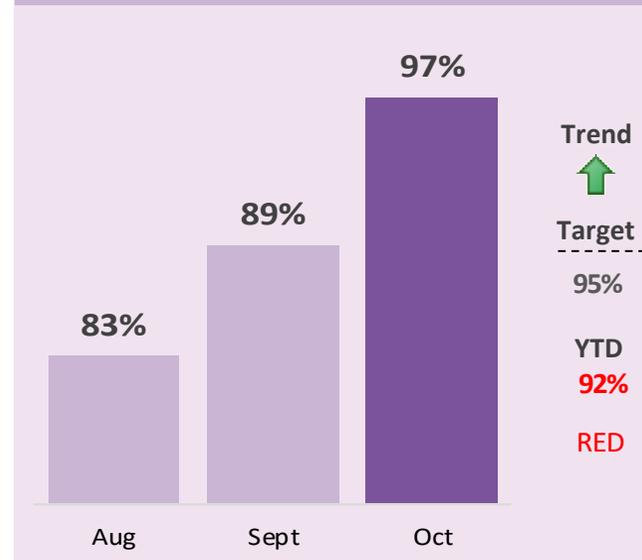
41a. % of LAC Reviews Completed in Timescale



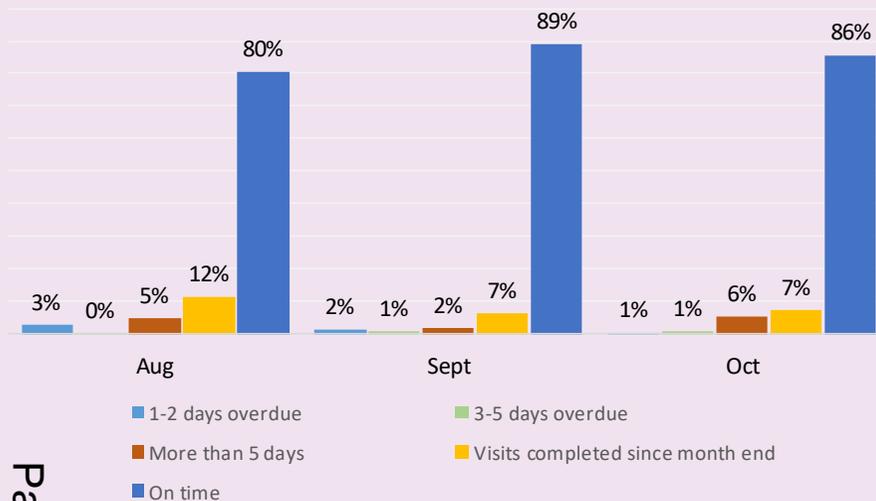
42. No. of LAC Statutory Visits Taken Place



42a. % of Visits Held in Statutory timescale



42b. % of LAC statutory visits on time



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42c. LAC statutory visits - Performance

Team Group	1-2 days overdue		3 - 5 days overdue		More than 5 days		Visits completed since month end		% seen in month due	On time		Total
	Count	%	Count	%	Count	%	Count	%		Count	%	
Brecon Locality Childrens Team	1	2.8%	1	2.8%	2	5.6%	4	11.1%	88.9%	28	77.8%	36
Children with Disabilities	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%	15	100.0%	15
Disability Team South	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%	0	0.0%	1
Newtown Locality Childrens Team	0	0.0%	0	0.0%	2	2.7%	4	5.4%	94.6%	68	91.9%	74
Radnor Locality Childrens Team	0	0.0%	0	0.0%	1	2.1%	5	10.4%	89.6%	42	87.5%	48
Welshpool Locality Childrens Team	0	0.0%	1	2.4%	7	17.1%	2	4.9%	95.1%	31	75.6%	41
Total	1	0.5%	2	0.9%	12	5.6%	16	7.4%	92.6%	184	85.6%	215



What's working well?

Measure 46: This is a new measure focusing on the number of starters and leavers within Children's Services.

Measure 46: There was an increase in the number of starters in the service during October (compared with previous months)

The number of staff leaving the service has decreased significantly compared to August.

8.5 staff newly appointed staff started within the service which includes Head of Service, 1 newly qualified social worker, 2 permanent social workers and 1 permanent IRO.

The number of sickness days lost this month has reduced.

The work force is generally very positive about the forthcoming restructure.



What are we worried about?

Measure 44: Reporting is one month in arrears due to the fact that sickness information does not begin to be updated on the Trent system until the 15th of the reporting month

Supervision performance has improved in Oct and is currently 84%. This figure is still below target. This is being addressed with Managers. The pockets of poor performance in relation to supervision can be attributed to specific teams e.g. Welshpool Locality. The Team Manager in the North has had a period of sickness. And this was not picked up by Senior management in the North due to a change in area of responsibility.

Staff are still working in a structure which is not fit for purpose. With the exception of some specialist roles, like the assessment teams, the role of the social worker is much too wide. This will be addressed in the restructure.

Because of the various processes that are required to undertake the restructure, April 2019 is the earliest it can be implemented



What do we need to do?

During November and December teams will be taking part in bespoke, targeted training to remind them of the very basics of what is expected of a practitioner and manager including why reflective supervision is important both for case oversight and accountability and to support the wellbeing of colleagues.

SMT and OMT are being encouraged to have a sense of collective responsibility for performance, including for staff supervision.

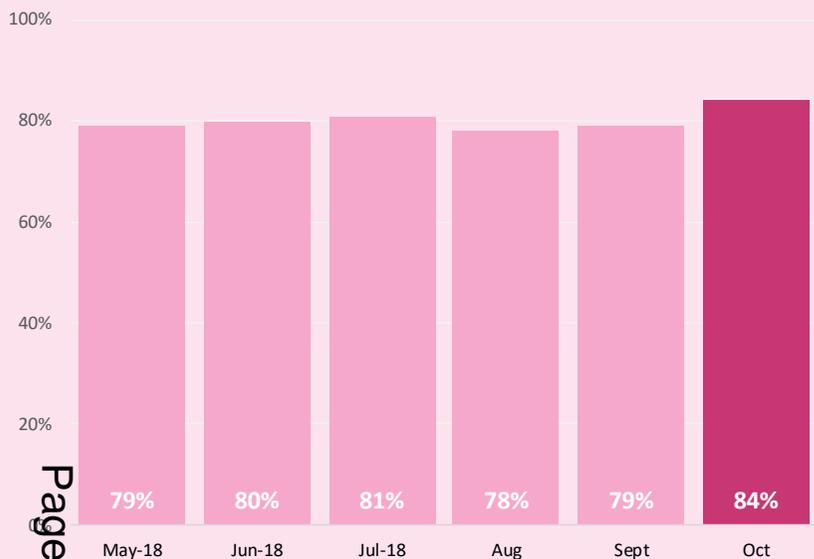
Support measures for managers in driving performance improvement, improving practice standards and quality of work as well as enabling the wellbeing of staff will be introduced in Nov.

Ensure all the timeframes for enabling the restructure to take place are met, i.e. reports to cabinet, staff consultation, etc.

The restructure will be split into three phases to enable progression as quickly as possible.

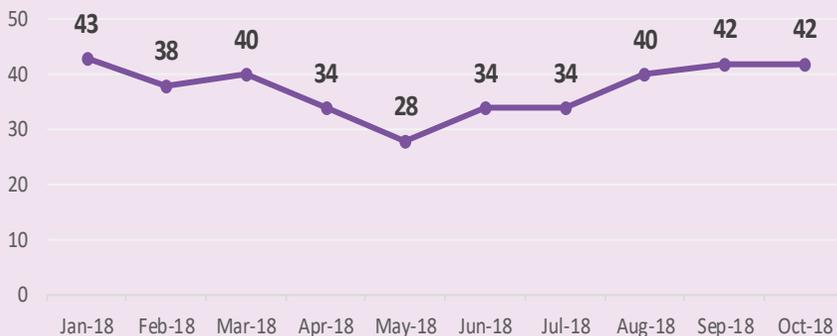
Page 5

43. % of Monthly 1 to 1s Undertaken per Month



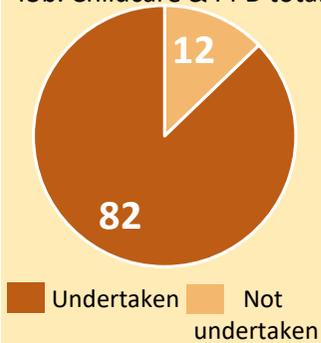
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44. The Number of Agency Workers in Childrens Services per Month

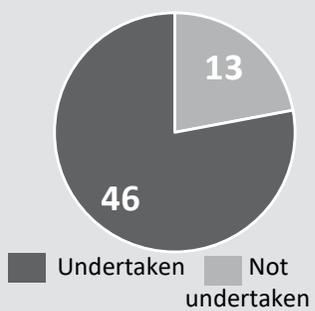


Staff supervision by team per month

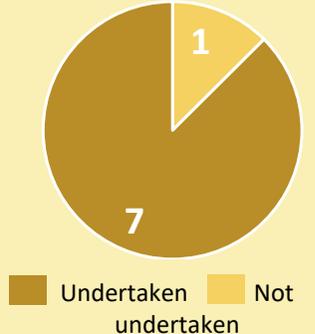
43b. Childcare & PPD total



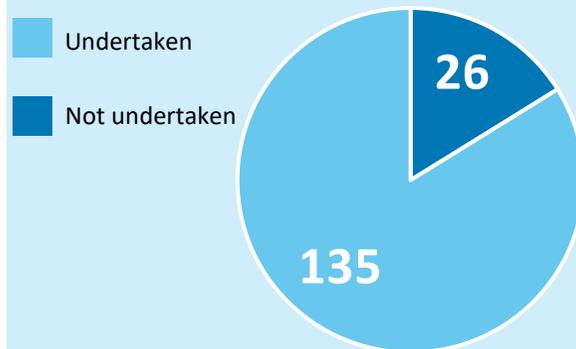
43c. Fostering, Adoption, CWD & FST



43d. Safeguarding Children's Services



43a. Total 1 to 1s by all Teams per month



45. Average days sickness absence per FTE



46. Starters and Leavers





Exit Interviews



What's working well?

Exit interviews are being undertaken and themes and issues reported directly to Head of Service.



What are we worried about?

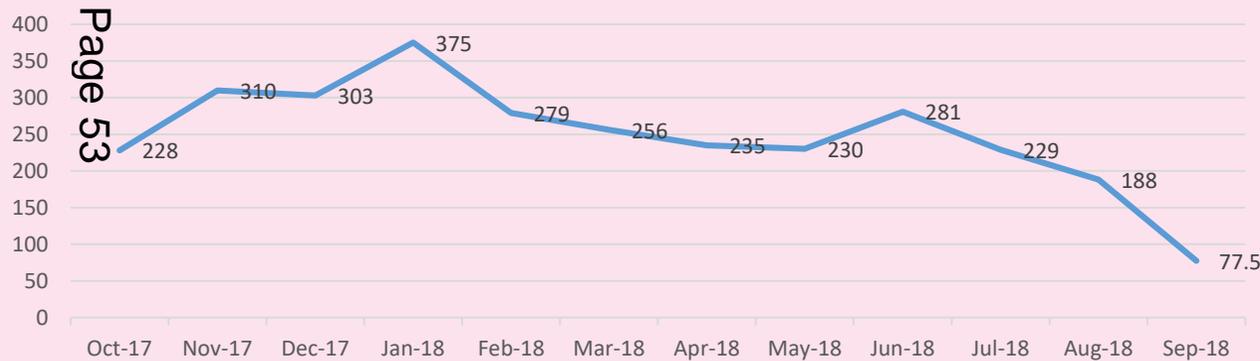


What do we need to do?

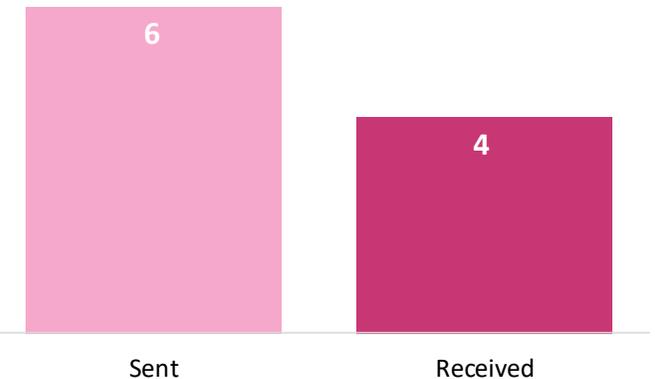
Quickly recruit the senior management team.

Stabilise the workforce, implement the new restructure and reduce the dependency on agency workers.

45b. Total number of working days lost



Total interview questionnaires sent/received



Job title	External (Agency)	Internal	Sent	Received
Locality Manager		1	1	
Care Officer		1	1	
Admin Clerk		1	1	1
Childrens Services Improvement Project Officer		1	1	1
Social Worker (agency)	2		2	2
Totals	2	4	6	4

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Adults Performance Report

October 2018

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Yn agored a blaengar - Open and enterprising


Powys



Executive Summary



What's working well?

- Approx. 900 'other calls' to Powys People Direct, not recorded on WCCIS. Of those recorded 58% are signposted for support from the third sector or other organisations.
- Assessments regularly result in support being provided from the third sector or other organisations.
- The percentage of adult safeguarding enquiries completed within statutory timescales remains above 90%.
- The percentage of case supervisions held remains very high.
- Compliance against the Quality Assurance policy is 80%.
- 89% of service users receiving IAA did not contact the service within 6 months. Suggesting effective advice is being provided.
- 92% of calls to Powys People Direct are answered and continues to improve.
- Less than a third of assessments lead to a care and support plan.
- The increase in carers assessments undertaken continues to improve.
- 98% of carers identified were offered an assessment in September and October.
- The Active Offer has increased from 0% to 25% in two months.
- 85% of Reablement service users leave the service not needing a care package and almost two thirds are achieving their personal outcomes.
- Continued increase in the number of service users supported through technology enabled care.
- Scrutiny attendance is increasing.

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What are we worried about?

- Measures 1a to 1d require further refinement.
- Winter pressures are resulting in increased delayed transfers of care.
- Significant challenge in accessing domiciliary care packages across the County.
- The number of complaints has increased. A number of these and MP/AM enquiries are with regards to delays in procuring domiciliary care.



What do we need to do?

- Measures 1a to 1d, there is work being undertaken to understand how best to capture this information. i.e. 1c does not relate to 1b fully, it includes inter team referrals etc.
- A business case has been developed to increase availability of domiciliary care to purchase additional step down beds and to support the new Home First Service.
- Dynamic Purchasing System for domiciliary care is to be piloted this calendar year onwards.
- While compliance against quality assurance policy is good at 80%, we need to work to improve this.



Top 5 indicators



What's working well?

- 1a – in addition, 1104 contacts were made to the Social Services line which is an increase in volume from September.
- 1a – Agreement has been reached that the Council will purchase a new telephony system which will enable capture of performance data/improve coding accuracy at point of call. Timescales unknown but new system is being investigated corporately as it will support other service areas also.
- 1a – PPD redesign work is moving forward and it is anticipated that this will impact on a number of the issues previously reported.
- 1a – To support the carers agenda, a new referral form for carers has been developed to support information gathering and outcomes which matter to them.
- 4 – Supervisions held consistently in the region of 90%.
- 4 - The supervision and development survey has been analysed and an action plan developed. Initial feedback was provided to staff in countywide roadshows with a commitment to address any issues/concerns raised and to celebrate the positive messages.
- 5 – 35 audits completed which equates to 80% compliance against policy.
- 5 – It has been agreed at QA Panel that if an auditor is unable to undertake their allocated audit this will be delegated to a team member.
- 5 – It has been agreed that membership of QA Panel will extend to Assistant Team Managers and Senior Practitioners.
- 5- Peer and group audits have been undertaken.
- 5 – Direct observation of practice commenced and further observations scheduled.



What are we worried about?

- 1a – October has seen an increase in inappropriate calls including in an increase (47) in the number of calls received for other Departments compared to September.
- 1a – Coding still has not been fully embedded in practice.
- 2 – Whilst not captured in the report due to reporting delays, as at 1st November, DToC was 22 in Powys Hospitals, of which 3 were Gwynedd patients. Challenges of sourcing new Reablement/domiciliary care packages continues to be one of the main reasons for DToC along with bed availability in care homes. Out of the 22, 10 related to domiciliary care packages.



What do we need to do?

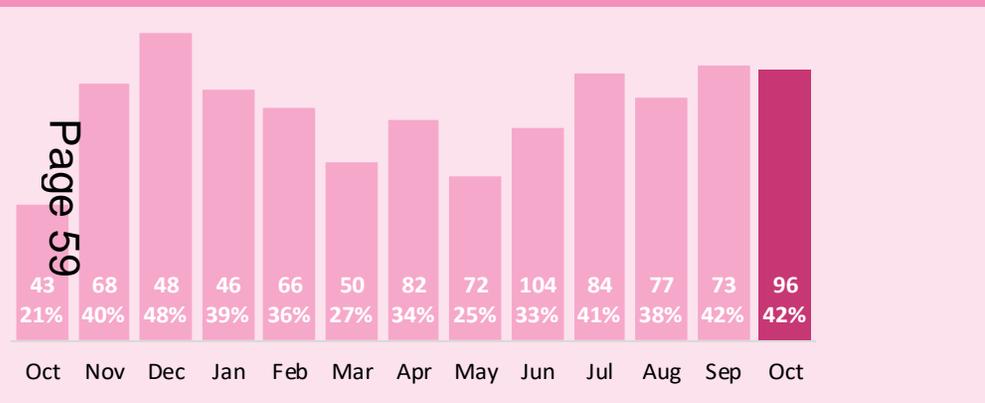
- 1a – New enquiry and referral form still need to be built within WCCIS – timescale tbc.
- 1a – Request that enquiry form be placed on public website (progressed).
- 1a – New carers referral form is currently in build.
- 1a – Reporting needs to reflect statistics received from PPD on contacts to social services – to be confirmed as part of PPD redesign.
- 1a – Embedding of coding – a report on coding will be completed daily; staff will be held to account for non-compliance of coding. A team manual has been developed part of which relates to coding. Without coding it is more difficult to get under inappropriate calls.
- 1e – Service to provide brokerage data for domiciliary care (countywide) and care home (Older people North).
- 2 – Winter pressures - Business case has been submitted to the Health Board for Winter pressure monies (£300k) for additional step-down and step-up beds.
- 4 – Present final report on supervision and development survey to SMT and SSLT and progress agreed actions.
- 4 – Supervision template to be developed based on “heart of the matter” process. Workers will be required to complete template in preparation for case supervision which will enabling learning and reflective practice.
- 5 – Direct observation of practice to be rolled out fully across the county.

1a. Number of Contacts to Powys People Direct



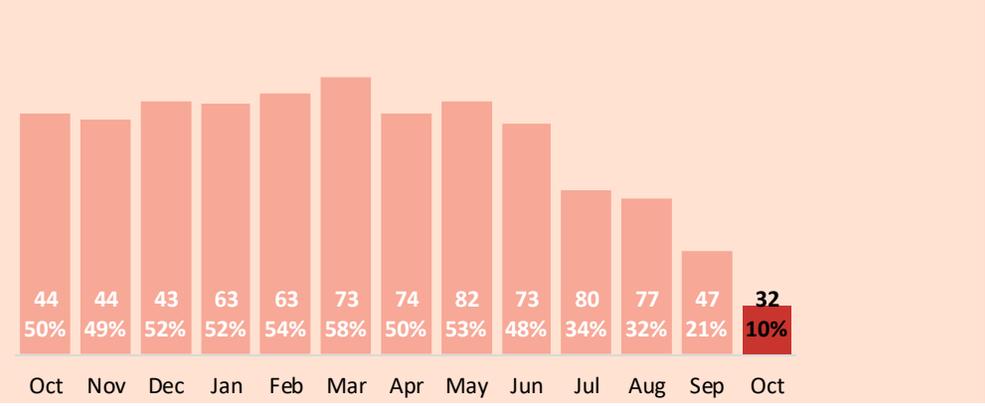
Note: Measure 1c/1d - This data will always remain variable, depending on the delay in service being commissioned; the stat cannot be calculated retrospectively.

1b. % contacts to referrals



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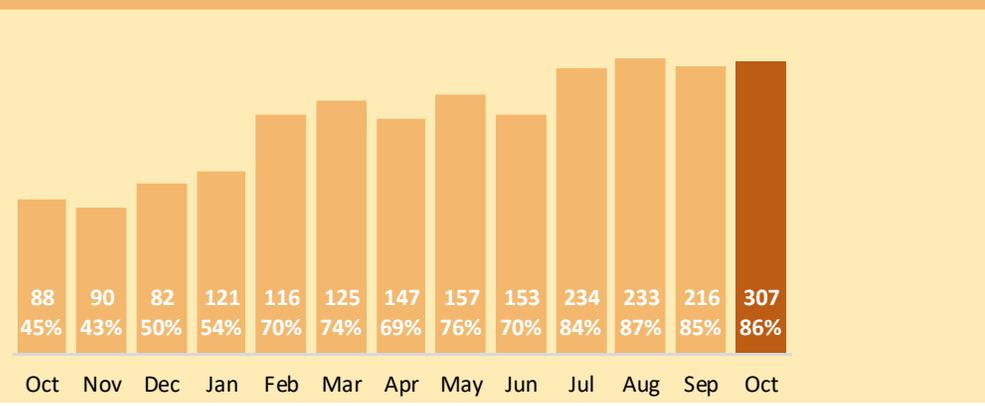
1d. % of assessments to service



1e. Average time (days) receipt of service from referral



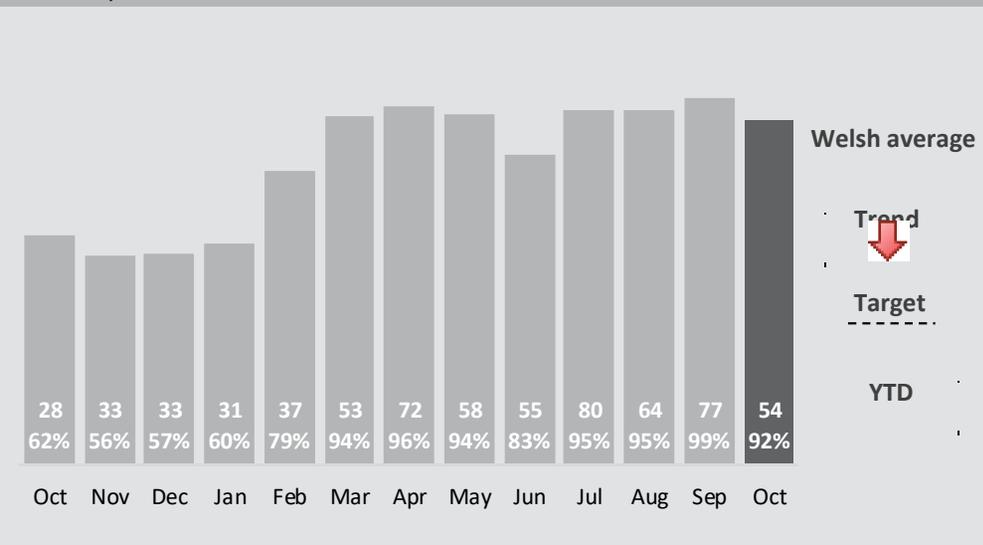
1c. % referrals to assessment



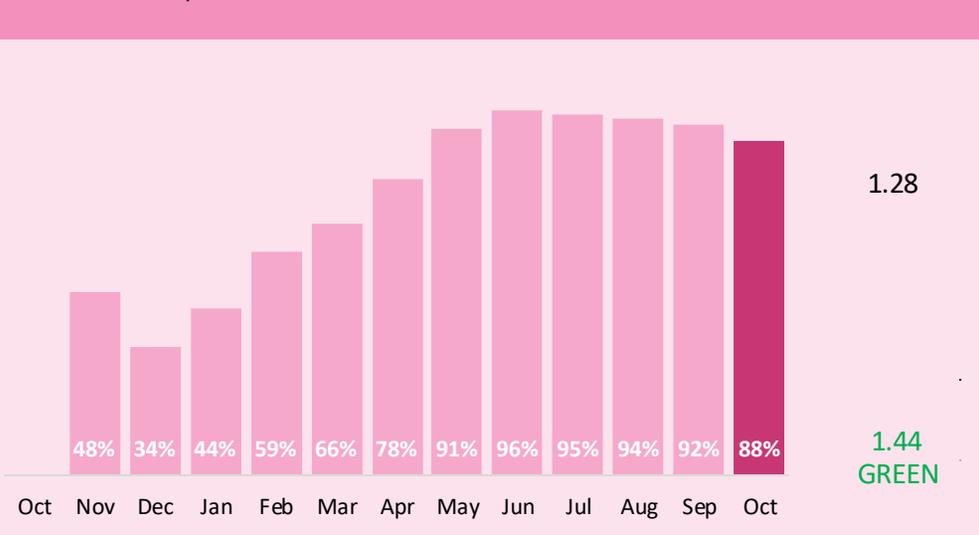
2. No. of persons (per 1000 population) aged 75 and over who experience a delay in returning to their own home or social care setting following hospital treatment



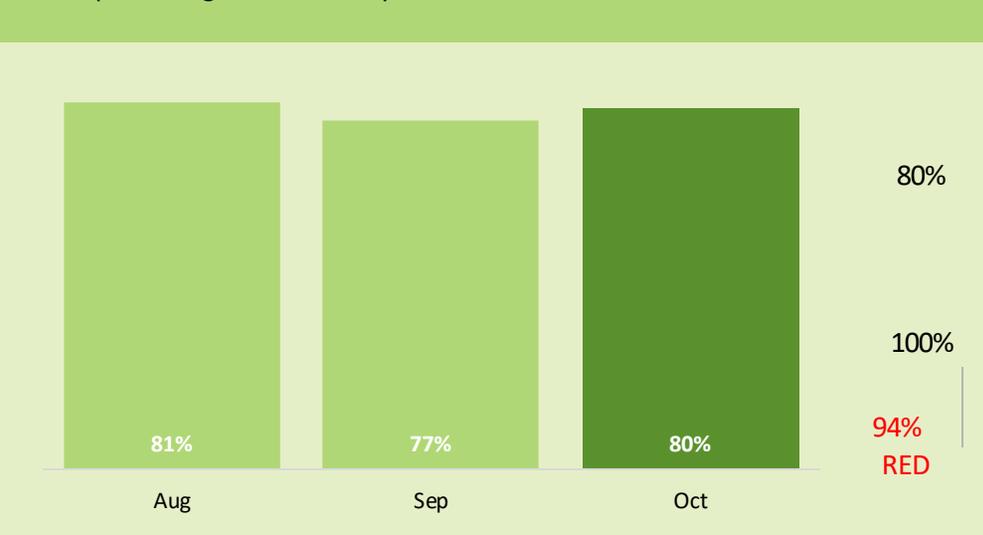
3. Measure 18 – The Percentage of adult safeguarding enquiries completed within statutory timescales



4. % of case supervisions held



5. Compliance against QA Policy





What's working well?

- 6 – 92% of calls answered within timescales with the average speed of calls answered in 62 seconds. 96 out of 1104 calls were abandoned.
- 6 – Update on PPD review provided to staff in countywide staff roadshows in October 2018.
- 6 – Maximum delay times have improved in October for the Social Services line (7 minutes 41 seconds in October compared to 25 minutes in September).
- 6 – For all referrals received, every service user is contacted by PPD Team to gather additional information to understand “what matters” to them regardless from whom the referral has been received.

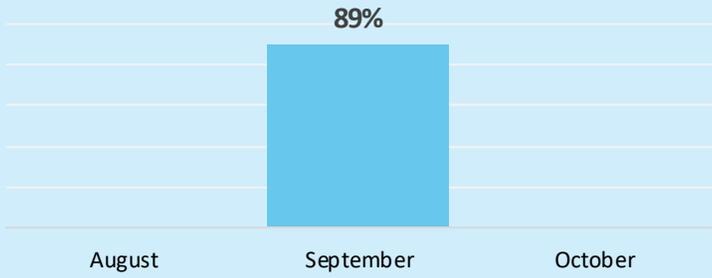


What are we worried about?

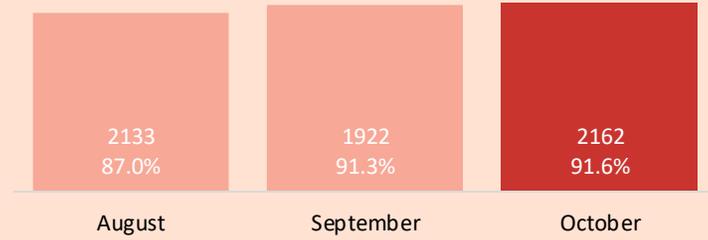


What do we need to do?

6. Measure 23: % of adults who have received support from the IAA service and have not contacted the service again for 6 months



6.a. Percentage of calls answered



6.b. Category 1 referrals in timescale for contact

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6.c. Category 2 referrals in timescale for contact



6.d. Category 3 referrals in timescale for contact



Capability Chart





What's working well?

- 7 – there are no backlogs for assessments for older people.
- 7 – The Sensory Loss team have seen a reduction in waiting list (from 231 to 154).
- 14 – Number of outcomes for individuals receiving Reablement will be variable month on month. Recording of outcomes individuals wish to achieve have been much clearer/more objective in October.
- 14 – 22 individuals left the Reablement Service with no ongoing service required; 8 required ongoing care; 14 had a reduction in care package and 16 did not have a reduction in care package; 16 individuals achieved their goals and 5 partially achieved goals. 9 individuals did not achieve their goals due to declining care/support, readmission to hospital.
- Carers – considerable work has been undertaken in collaboration with Credu and carers on revising the carers assessment form recognising “what matters” to carers and incorporating the requirements of the Social Services and Well-being Act.



What are we worried about?

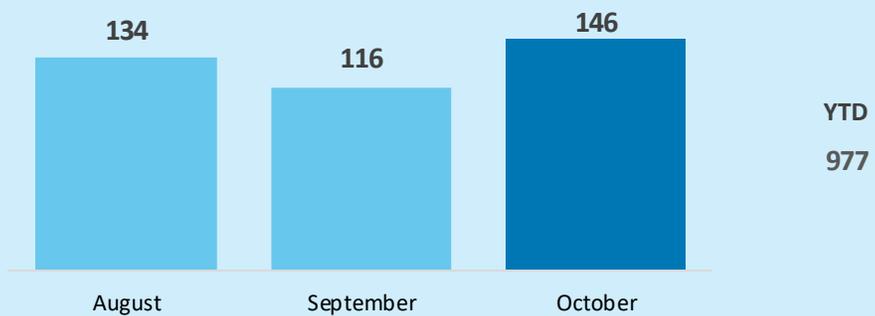
(This section is currently blank.)



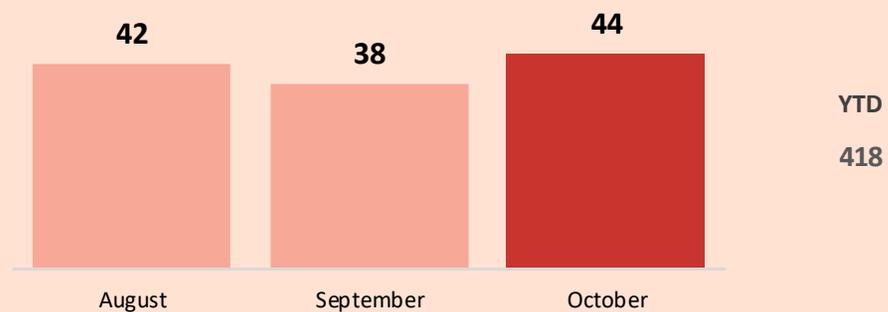
What do we need to do?

- 7 - Work on waiting times for other service provisions continues to progress, a decrease has been identified within the Sensory Loss Team and this is expected to decrease further following recruitment, particularly within Hearing Impairment. A screening process at the frontend of the service has been introduced in order to ensure that all individuals coming through the system are identified as either requiring information, advice and assistance in which case they can be signposted and closed to the team or identified as requiring ongoing intervention.
- 7 – Work jointly across operational and contracts and commissioning teams to measure demands coming into system in terms of referrals and service provision.
- 8 – Implement, once built, the new carers referral form and carers assessment form which will more accurately reflect the amount of work undertaken with carers.

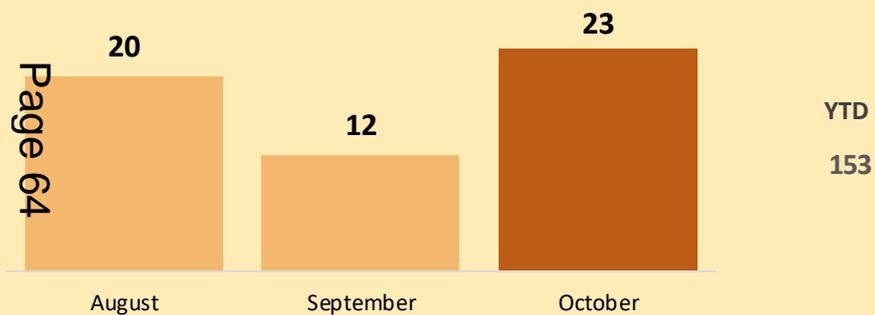
7. No. of assessments of need for care and support undertaken



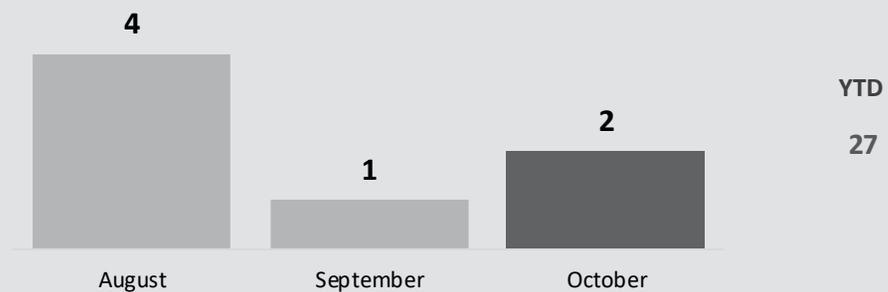
7a. Of these, no. of assessments that led to a care and support plan



8. No. of assessments of need for carers undertaken



8a. Of these, no. of assessments which led to a care and support plan

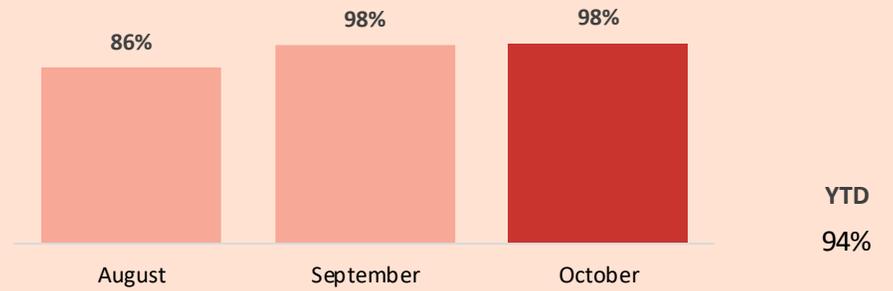


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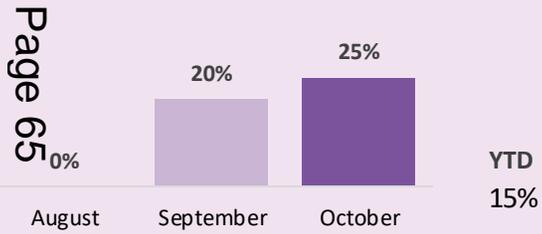
10. Number of reviews carried out within 4 weeks of the proposed due date



11. % of carers identified offered an assessment



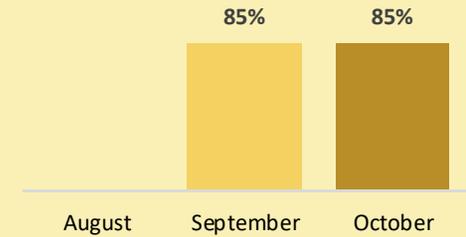
12. % of service users who received the Active Offer for assessment



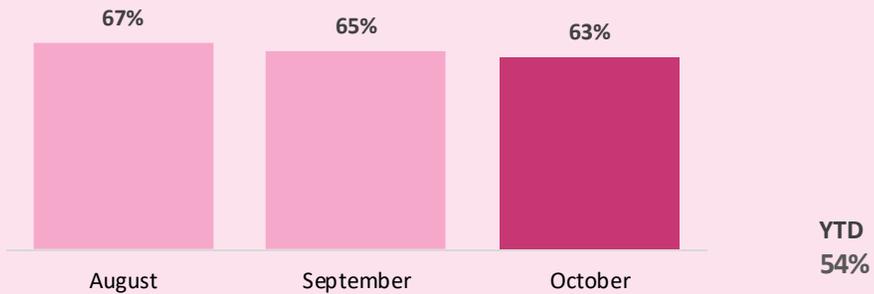
13. Measure 20a: % of adults who completed a period of Reablement and have a reduced package of care and support 6 months later



13a. Measure 20b: % of adults who completed a period of Reablement and have no package of care and support 6 months later



14. % of Reablement clients achieving outcome





What's working well?

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What are we worried about?

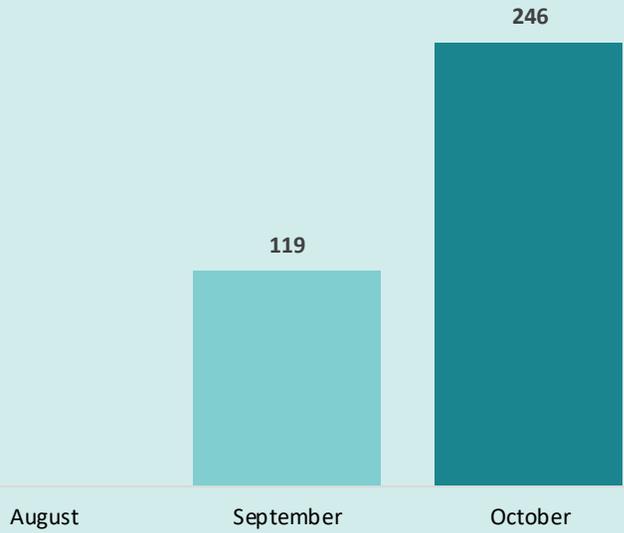
- 15 - The action plan to reduce reviews is still ongoing. A slight increase has been seen in October however actions have been taken to ensure that these are closed in a timely manner.
- 15 – Review date is possibly not being captured at correct point – counted from referrals open over 6 weeks as opposed to being measured from commencement of service.



What do we need to do?

- 15 – Reviews must be closed in a timely manner.
- 15 – All placements need to be entered on WCCIS prior to working with BI to change data reporting parameters.
- 15 – Operational staff to be reminded of importance of entering review dates once service commences.
- 16-16d – Complete data cleansing exercise of worker caseloads.

15. Review dates that are blank and referral open over 6 weeks



16a. Average caseloads per worker



16b. Average caseloads per team



16c. Number of new cases assigned to social workers



16d. Number of open cases assigned to social workers



16f. Turnover



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16e. Number cases closed



16g. Reviews across the year





What's working well?

- New safeguarding form went “live” on 1st November 2018. Many of the fields have been made mandatory which means that future data should be more accurate at the frontend due to “live” data capture.
- Powys Multi-Agency Safeguarding Conference, “See something Say something” to be held in National Safeguarding week in November 2018 has been publicised.
- 18.7 Stats remain above 90% compliance. The number of cases where timescales were not met equates to 5, 3, current cases and 2 which relate to historical closures.
- 19a/20 – more referrals led to enquiry and action required indicating that referrals received were appropriate.



What are we worried about?

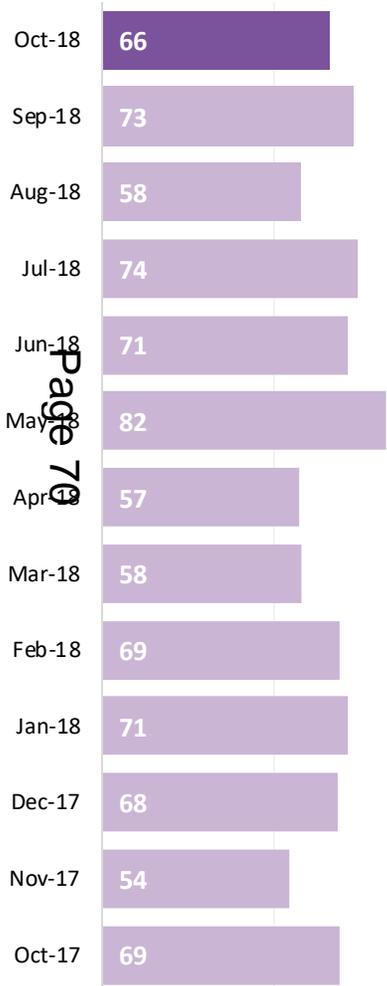
- New safeguarding form – issues identified on “going live”.
- 22, 24 – Data inaccurate. Counts are still being undertaken on closed form – this should be resolved with reporting from new safeguarding form as data collation will be on “live data”.



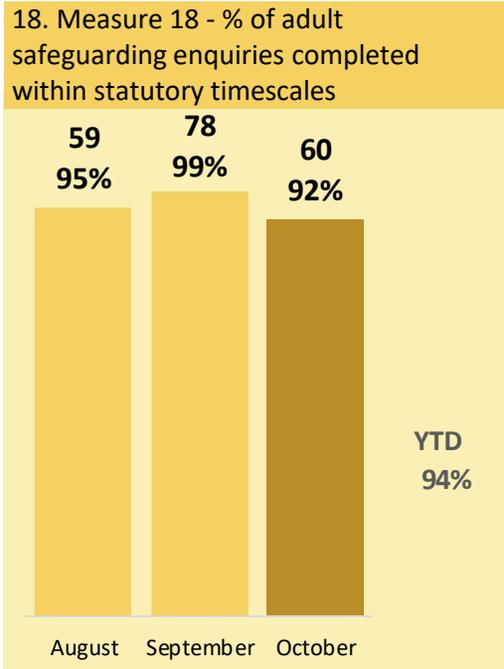
What do we need to do?

- New safeguarding form – issues identified on “going live”. Plan in place to mitigate risk of loss of data.
- 19a – With the launch of threshold document and training provided (being arranged regionally) it is anticipated that inappropriate referral levels will decline. The new document will be launched at the Regional Safeguarding Conference in National Safeguarding week in November 2018.
- 19a – Awaiting confirmation of regional training programme in relation to the launch of the threshold document.

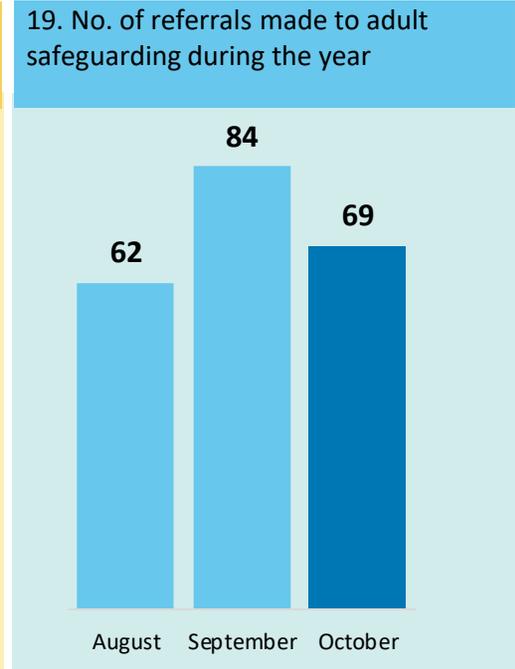
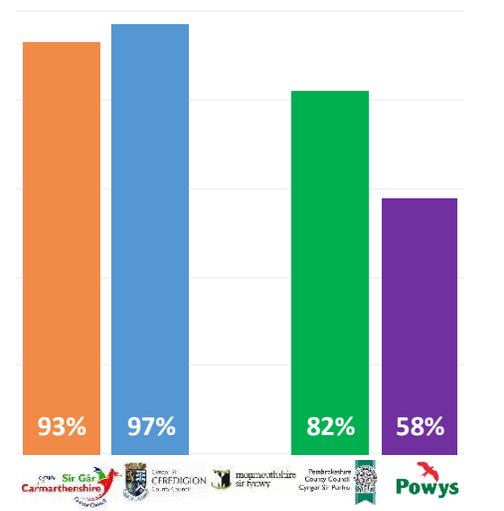
17. No. of clients referred to the adults safeguarding team 17/18



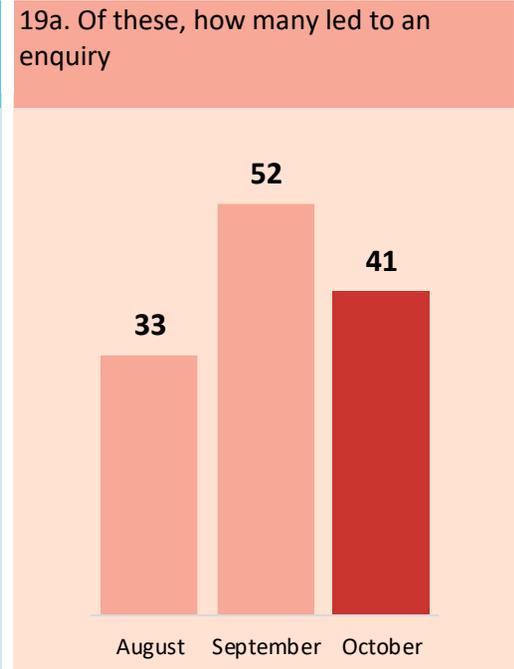
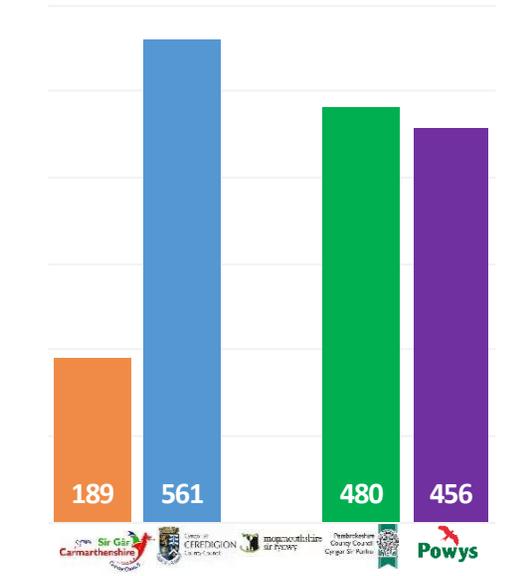
Page 70



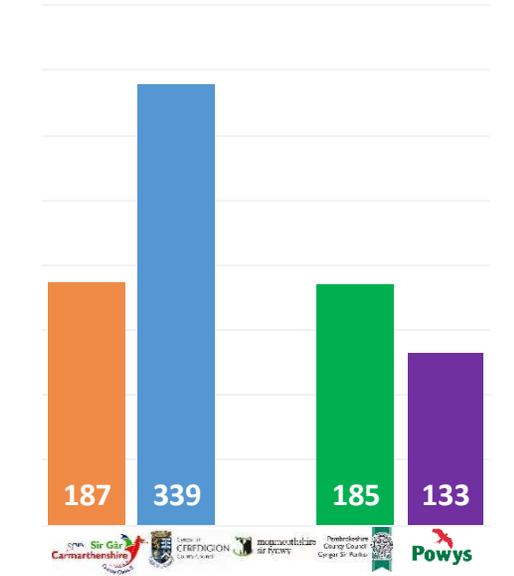
% of adult safeguarding enquiries completed within statutory timescales Apr - Sept 17



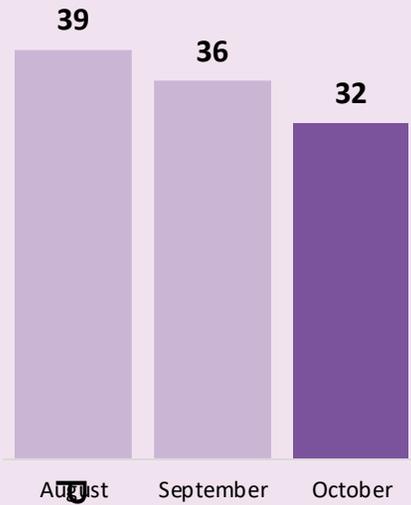
No. of referrals made to adult safeguarding during the year April - Sept 17



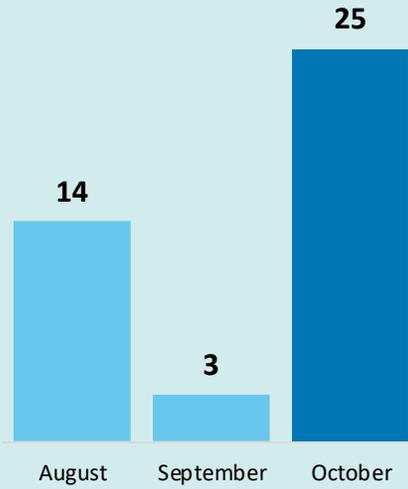
Of these, how many led to an enquiry April - Sept 17



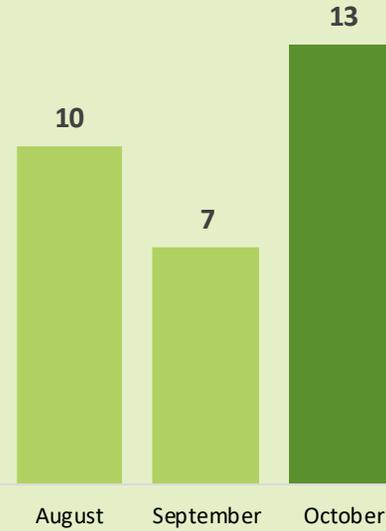
20. No. of enquiries which concluded that action was required



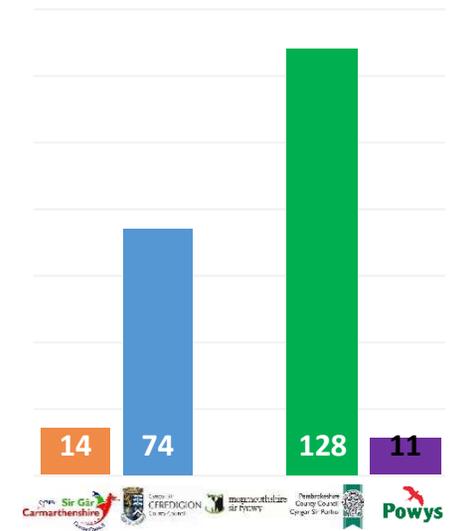
21. No. of non-criminal investigations concluded during the year



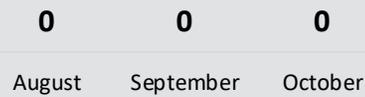
22. No. of strategy meeting which have taken place



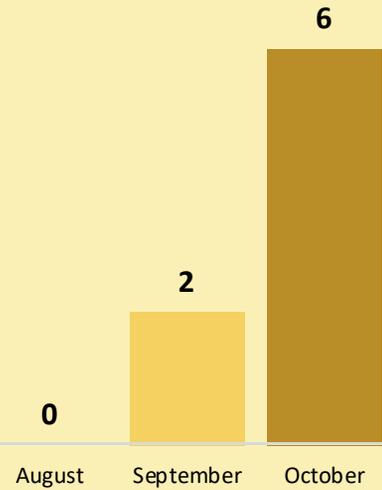
No. of strategy meeting which have taken place as at 31/03/17



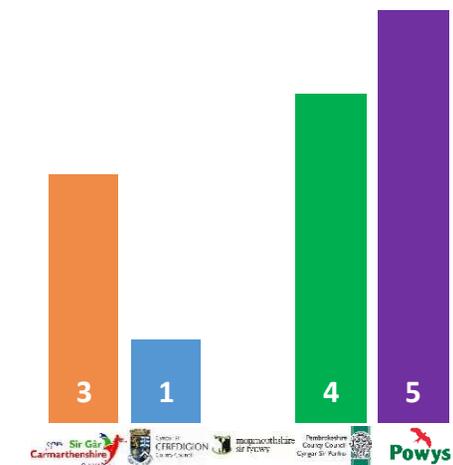
23. No. of case conferences completed



24. No. of Adult safeguarding plans complete



No. of case conferences completed as at 31/03/17





What's working well?

- 28 – Identified 6 individuals as appropriate to be accommodated in Cae Glas following build.
- 27 – Overall the number of unique individuals supported (317) since April 2018 with technology enabled care has continued to grow in line with targets.
- 27 – The 317 individuals supported since April 2018 have received a total of 693 items of technology via 404 prescriptions following assessments by health and social care professionals.
- 27 – Cost avoidance calculator developed to estimate the projected cost avoidance to PCC social care on investment in technology enabled care.
- 27 – Positive outcomes continue to be reported via case studies (see case study embedded below):
- 28 – Full understanding of funding arrangements between health and social care agreed for the 6 individuals identified in relation to Cae Glas project.
- 28 – Visit to Ponciau undertaken and learning shared with project team.



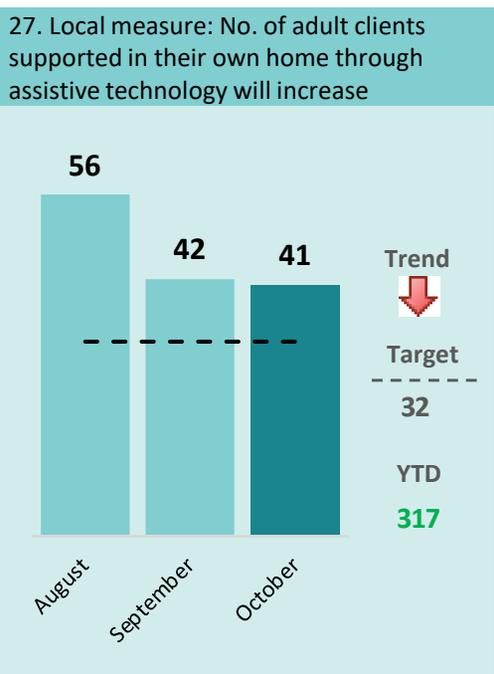
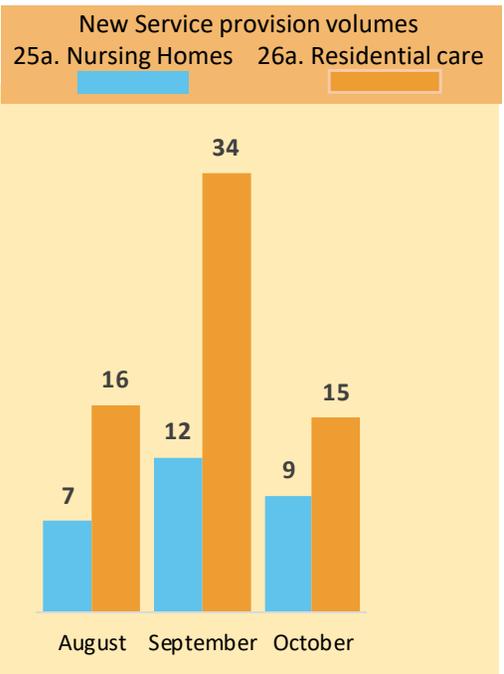
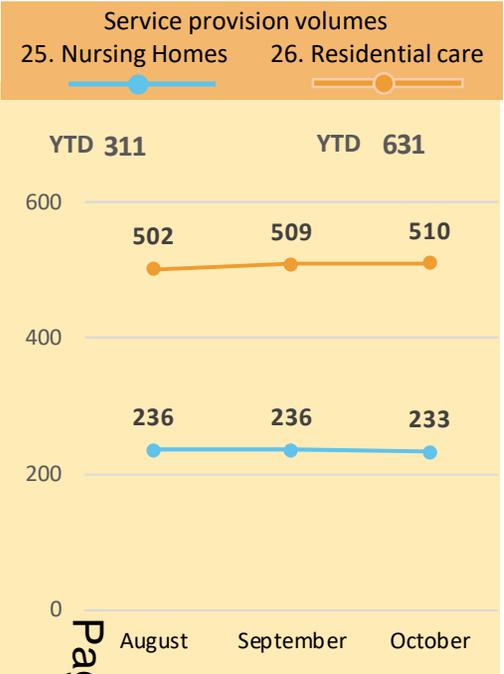
What are we worried about?

- 28 – The current measure does not capture a whole system design requirement.
- 31 & 32 – 21 packages between 0 and 4 days. Of these, 1 were zero days, 12 were brokered before Panel Doc Sign off, 34 days in advance was the maximum (graph 1). 21 packages between 0 and 4 days. Of these, 4 were zero days, 15 were brokered before panel doc sign off, 14 days in advance .



What do we need to do?

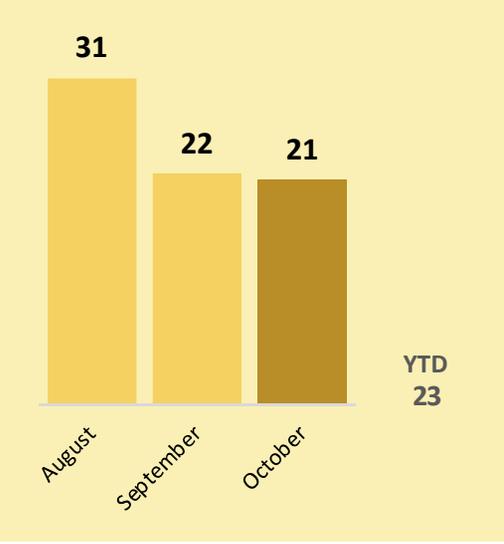
- 25 & 25a Work being undertaken to clarify the accuracy of the information.
- 28 – Financial viability – validation ongoing in respect of projected costings.
- 27 – Further develop the cost avoidance calculator to include cost avoidance to Health Services.
- 27 – Full business case for the funding of the technology enabled care service in 2019-2020 to be developed by end of Quarter 3.
- 28 – Review measure to support a whole system design approach to maximise potential outcomes people can achieve. The measure will capture information which will enable people to experience more flexible support options moving away from current supported tenancy model with a focus on progression with people having greater control over their life. The model will provide optimum conditions to enable sufficient progress through the system, equip those seeking a more independent life with the skills to be able to do so and provide sufficient capacity to support people with more complex issues including out of county placements.



28. Local measure: No. of services users with learning disabilities receiving residential care or supported tenancies outside Powys will reduce



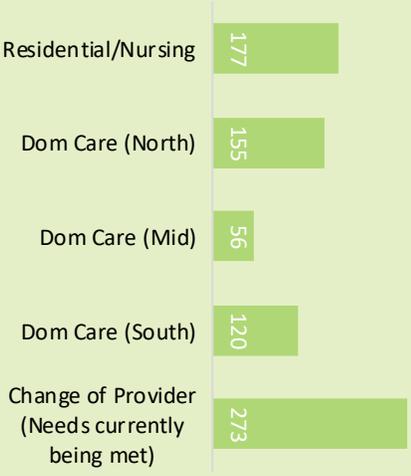
29. The average length of time taken (in days) to procure service provision for domiciliary care



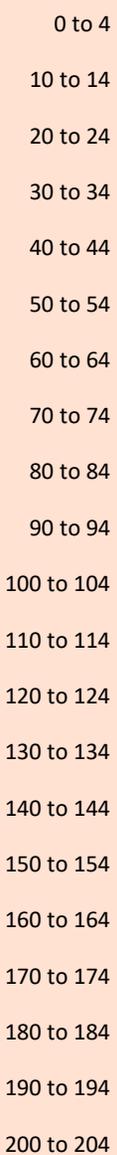
30. Number of individuals receiving a service
 Domiciliary Care Nursing/Residential (North)



30a. Longest current wait for service (days)



31/32. Shortest/Longest length of time to broker a service by service type (days)
 Domiciliary Care Nursing/Residential (North)





What's working well?

- 33 – Underspend in Period 7.

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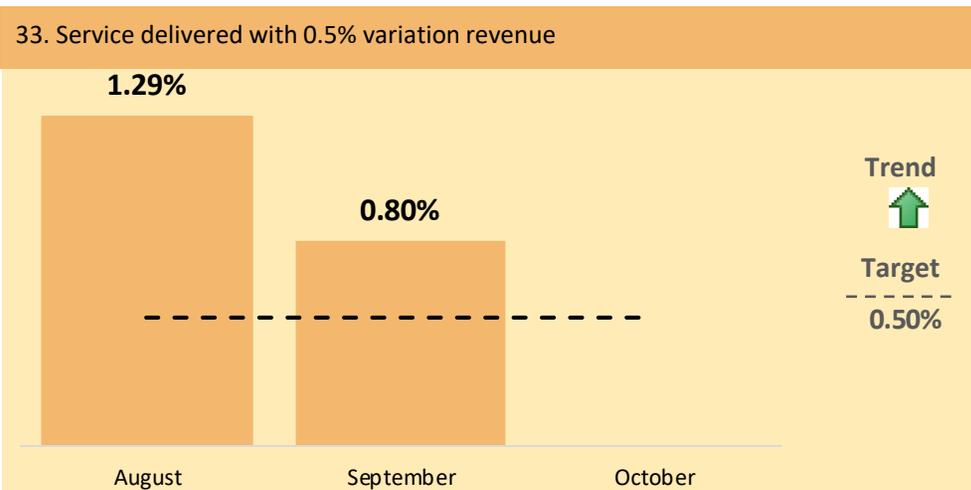
What are we worried about?

33 – Future pressures which are not included within forecast outturn, eg demography, transitions (learning disabilities), uplifts to existing contracts, Winter pressures, additional and backdated costs for “sleep-ins” following outcome of judicial review, unresolved Section 28a resettlement of clients from community hospitals funding with PTHB).



What do we need to do?

- 33 – Continue to work through pressures, including those not forecasted and future planning, eg mitigation, savings, cost avoidance, realistic budget setting for 2019-20 debt recovery.





What's working well?

- 35 – Number of agency social workers in post has remained static.
- 38 and 39 – this is currently a manual process and stats to date can be reviewed in embedded document below:

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What are we worried about?

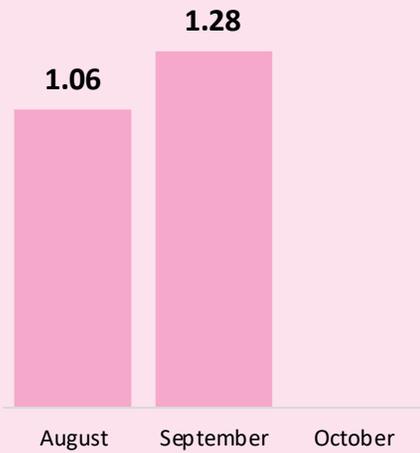
- 38 – Exit interviews are not routinely undertaken.



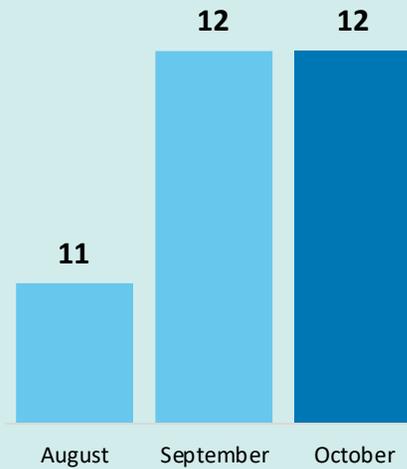
What do we need to do?

- 38 – Exit interviews are not routinely undertaken.
- 37a/37b – measure is currently in test with HR Business partner.
- 38 – HR resource identified to support undertaking of exit interviews as required.

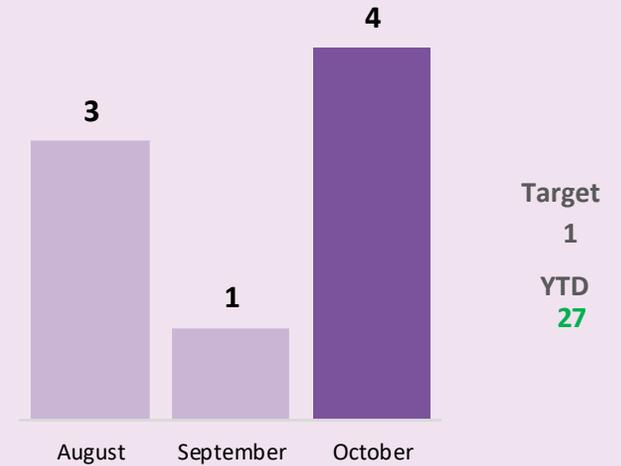
34. Average days sickness absence per FTE



35. No. of agency social workers in post



36. No. of leavers



37. Average number of days to recruit to post between pending offer and start date – calculation not signed off by Service



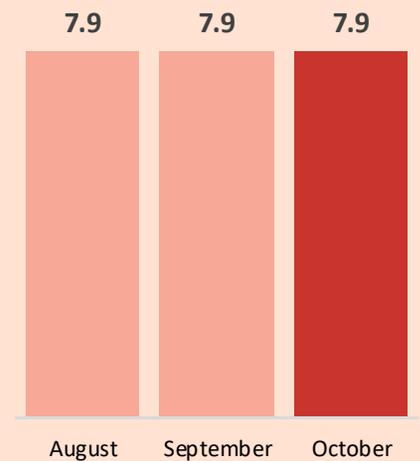
38. The percentage of leavers who receive an exit interview



39. % Staff turnover



40. Number of FTE staff providing Integrated Social Care & Health services





What's working well?

- 41 - 35 audits completed which equates to 80% compliance against policy.
- 41 – QA Manager provided update and key messages from September audit report in QA Panel. QA Manager also provided.
- 41 – Peer auditing has commenced.
- 41 – Audit theme – outcome focussed care planning.
- 41 – 86% of audits deemed good to excellent in relation to risk management/enableness. There was clear of enabling individuals to take risks.
- 41 – 80% of feedback received from individuals was good to excellent in comparison to 69% in September.
- 41 – Communication has seen a slight improvement with 68% good to excellent (57% in August, 67% in September).
- 41 – 86% of audits evidenced good to excellent in identifying support networks for individuals including their input into assessment process.
- 41 – 76% of audits undertaken were deemed to be good/excellent in terms of prevention and early intervention. Clear evidence was demonstrated where individuals required technology enabled care, Reablement or service from OT.
- 41 – “What matters” (21/70%) to the individual – audits evidenced a strengths based approach and were largely written in the individual’s own words demonstrating that the person was at the centre of the process.
- Examples of compliments received:



What are we worried about?

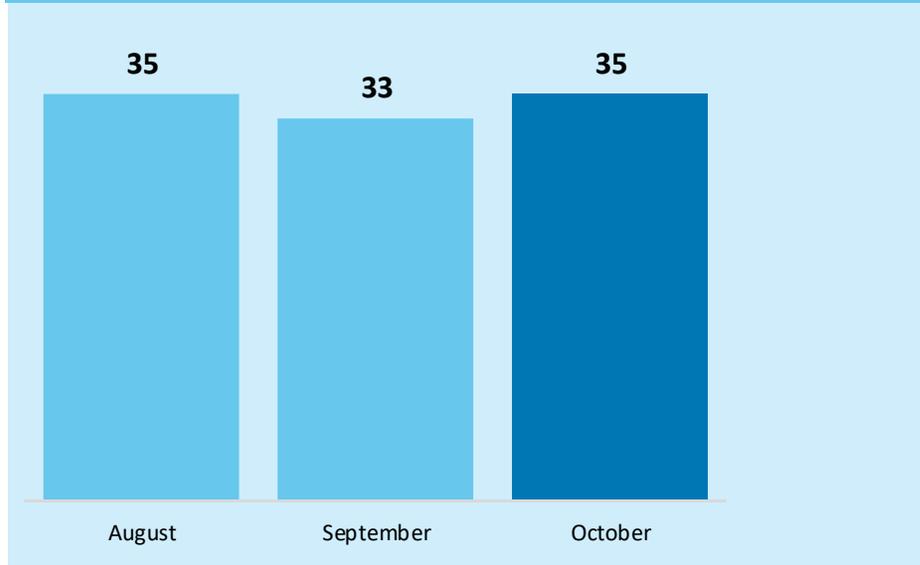
- 41 - Audits on case recordings have been undertaken to evaluate the impact of the training on staff practice, 74% of audits were deemed good to excellent in case recording which is a decline against the 90% recorded in September (71% in August). Issues highlighted were gaps in recording information and lack of information in relation to people’s roles.
- 41 - Safeguarding - Audits do not fully reflect recording of information vs discussions within the team and during supervisions.
- 41 – Audit theme – outcome focussed care planning. In October, a downward trend has been identified in good to excellent practice. It should be noted that a number of cases audited were pre-collaborative communication training – cases allocated for audit in November will be post April 2018.
- 41 - 63% (19) of audits for outcome focussed care planning were deemed to require improvement. No audits were classed as unsatisfactory.
- 41 – Decline in good to excellent percentage in terms of prevention and early intervention relating to limited evidence of options considered and following up requests to ensure support arranged.
- 41 – Decline in good to excellent percentage in terms of liaison with Providers in 5 cases.
- 41 – 8 cases (26%) were deemed to require improvement/unsatisfactory in relation to evidencing mental capacity.
- 41 – “What matters” (10/30%) – there was limited information on what outcomes the individual wanted to achieve. Task based approaches were identified, however, it is noted that the majority of audits undertaken were pre-collaborative communication training.
- 42 – Patterns identified in respect of complaints.



What do we need to do?

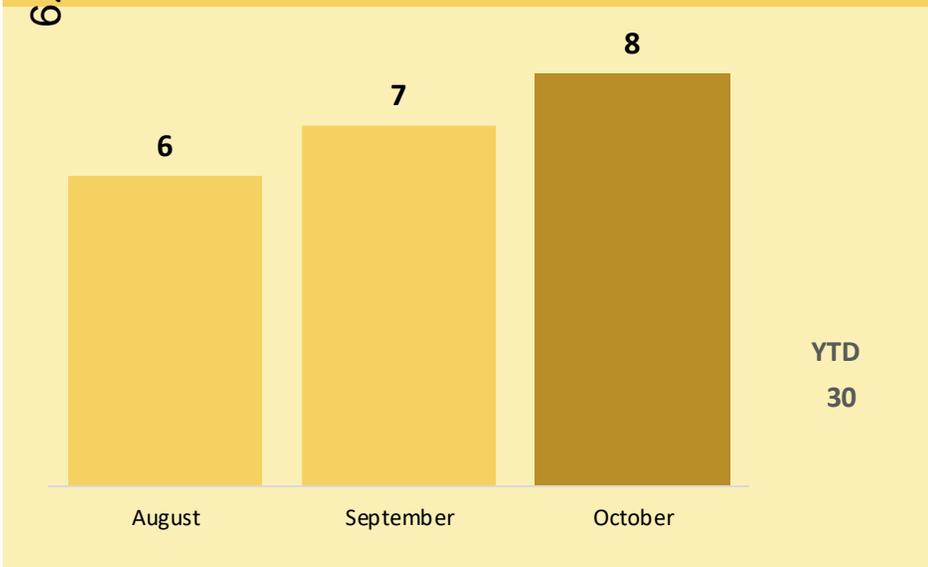
- 41 – QA Policy to be updated to reflect requirement for Auditors to take appropriate action in response to audit findings.
- 41 – Workers need to be reminded by Managers in team meetings and 1:1s of training undertaken and the requirement to fully record all relevant information.
- 41 – Meeting scheduled for early November to agree way forward for coaching and mentoring support in relation to collaborative communication. An action plan has been drafted.
- 41 – November audits to focus on assessments and care plans undertaken since April 2018 to establish if training and practice has been embedded. This is particularly important to support workers in moving from a task based to outcome focused approach.
- 41 – Deep dive themed audits to be undertaken on Care Planning and Reviews by December 2018.
- 41 Report on safeguarding audits to be presented to SMT in November 2018.
- 41 Embed reflective practice discussions across all teams.
- 42- Actions being undertaken to understand patterns of complaints.

41. No. of case review quality audits undertaken

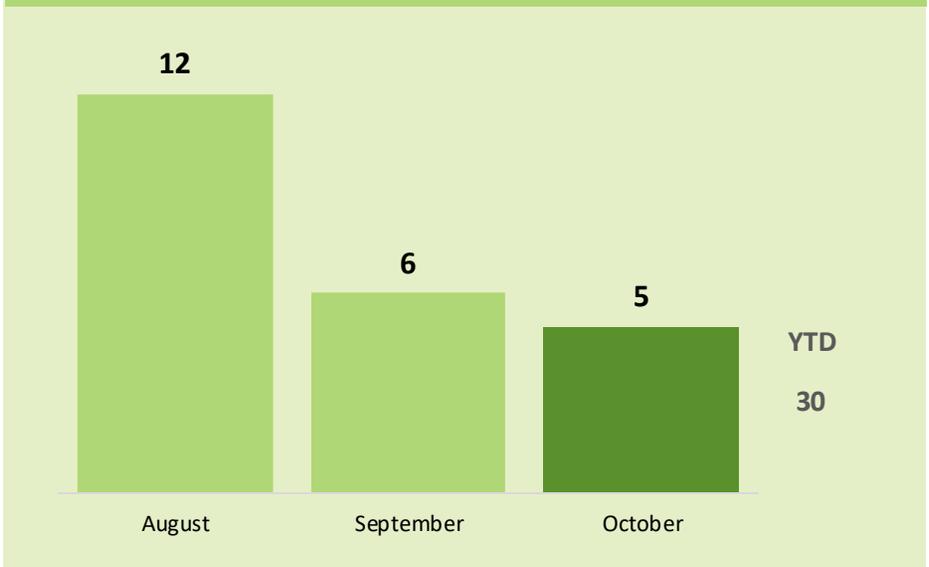


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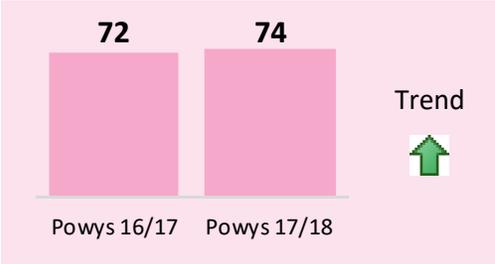
42. Volume of complaints received



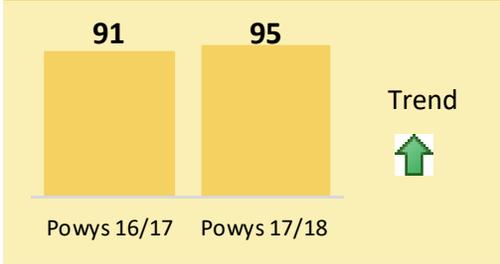
43. Volume of compliments received



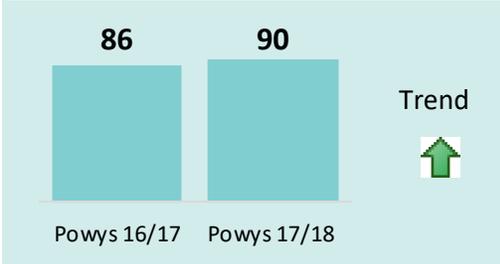
44. SSWB measure 7: People reporting they have received the right information or advice when they needed it



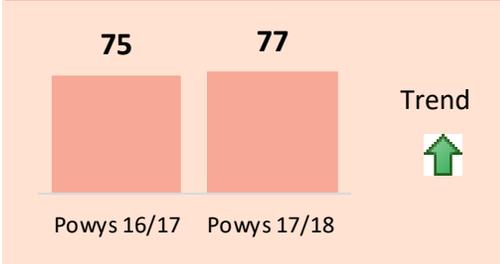
45. SSWB measure 8: People reporting they have received care and support through their language of choice



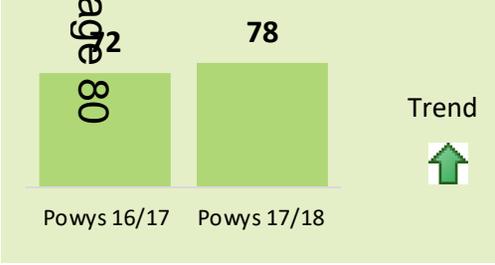
46. SSWB measure 9: People reporting they were treated with dignity and respect



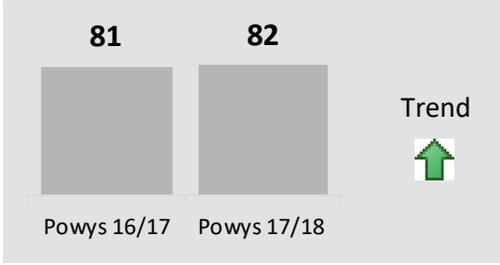
47. SSWB measure 11: People with a care and support plan reporting that they have been given written information of their named worker in social services



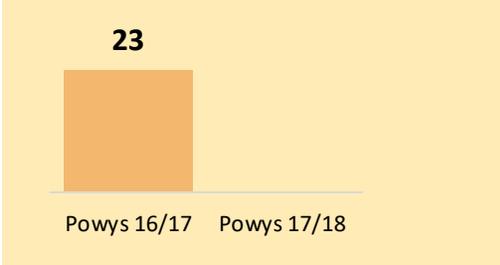
48. SSWB measure 12: People reporting they felt involved in any decisions made about their care and support



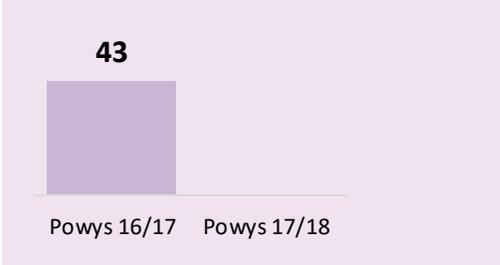
49. SSWB measure 13: People who are satisfied with care and support that they received



50. SSWB measure 15: Carers reporting they feel supported to continue in their caring role



51. SSWB measure 16: Carers reporting they felt involved in designing the care and support plan for the person that they care for



Trend arrows on this page show performance from year to year



What's working well?



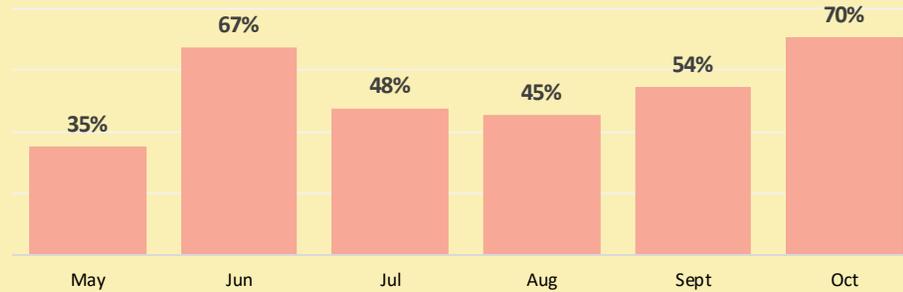
What are we worried about?



What do we need to do?

- 53 - Provider reports quarterly so unless any good practice / issues / change identified, it is suggested that updates on this measure is provided quarterly.
- 53 – Measure to be reviewed.

52. Scrutiny – Attendance at Health, Care and Housing Scrutiny Committee



53. Equalities - Increase the number of LD users in paid employment above 16 hours or more by 5%



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Scrutiny date	Scrutiny Committee	Item	New Cttee?	Cab/Mgmt Team Date	Cab Date
Mon 10/12/18	HCH	Crime and Disorder Social Care Perf Reports (October) Update on Bannau/Camlas			
Tues 11/12/18	Joint Chairs and Vice-Chairs	Vision 2025: Our CIP Quarter 2 2018-19 Performance Report			04/12/2018
E-scrutiny	LSE	Welsh Public Library Standards performance			
Thur 13/12/18	LSE (invite audit reps)	ALN Review Funding Formula Review (from 211118) ERW Joint Chairs Scrutiny - update		11/12/2018	15/01/2019
Thur 13/12/18	FSP	Budget and CS financial position			
2019					
TBC	FSP				
Mon 14/01/19 pm	HCH	Update on Virtual Ward and Integrated Team CIW update on Inspection - Children's Services TBC (this needs to be 2-3 weeks after the report received and considered by Council) Changes to Housing Allocation Scheme Ecoflex Performance	HC HC ERCC		
Fri 18/01/19	LSE	Categorisation of schools - Briefing move to 27.02.19 School Major Improvement Programme	LSC LSC		
Tues 22 /01/18	Joint Chairs	CANCELLED			
Thur 31/01/19	PSB	Update on integrated social and health care staffing increase Update on Integrated disability service	HC HC		
Mon 04/02/19	HCH	Leaving the Care Service Review of progress on foster carers strategy	HC HC		
TBC	FSP				
Mon 11/02/19 am	LSE	ERW Standards, attendance and exclusion verified move to 050419 School Budgets tbc	LSC LSC		
Mon 11/02/19 pm	LSE briefing	School Improvement Workshop briefing			

Thurs 14/02/19	Audit	Corporate Support Services remodel Workforce Strategy and Plan	ERCC ERCC		
Mon 18/02/19	Joint Chairs				
Mon 25/02/19	HCH	Early Help/Edge of Care Participation and Voice	HC HC		
Fri 01/03/19	LSE	Youth Structure Review Home to School Transport, post 16 and Welsh Medium Post 16 Review Categorisation of schools from 18.01.19	LSC LSC LSC		
TBC	FSP				
Tue 19/03/19	Joint Chairs	DRAFT of Vision 2025: Our CIP (UPDATE 2019/20 – Proposed changes to CIP for 2019/20)	ERCC		
Mon 25/03/19	Audit	Gender Pay Report	ERCC		
Wed 03/04/19	HCH	Housing Association Development Children Looked After Permanence Health & Care Strategy – Statements of Intent	ERCC HC HC		
Fri 05/04/19	LSE	Support for children and families - early years Public Toilets Strategy BESD and PRU provision Specialist centre provision Stds, attendance and exclusion verified moved from 080219	LSC ERCC LSC LSC		
TBC	FSP				
Fri 12/04/19	Audit	Engagement and Communications Strategy TM Q4	ERCC Audit		
Mon 15/04/19	Joint Chairs				
Thurs 25/04/19	HCH	Improve housing choice availability incl extra care Supported housing (email round update to Members) Impact of Roll Out of Universal Credit on HRA	ERCC ERCC ERCC		
Fri 26/04/19	LSE	Proportion of revenue spend increase 2% 18/19 Review marketing opportunities and programme	ERCC ERCC		

		Check progress against removing barriers to employment Schools causing concern	ERCC LSC		
Mon 29/04/19	PSB	Developing integrated commissioning with PTHB - care homes	HC		
9/05/19	Audit	Annual Employment Monitoring Report	ERCC		
TBC	FSP				
14/05/2019	Joint Chairs	Annual Governance Statement			
		Final Vision 2025: Our CIP 2019/20 Update and Annual Report 2018/19	ERCC		
22/05/19 pm	HCH	Community Hubs Local Housing Market Assessment	HC ERCC		
24/05/2019	LSE	School Balances	LSC		
10/06/19	Audit (seminar)	Draft Statement of Accounts Annual Governance Statement	Audit Audit		
TBC	FSP	MTFS	FSP		
12/06/2019 pm	HCH	HRA New Build Programme Closer to Home	ERCC HC		
14/06/2019	LSE				
17/06/2019	Joint Chairs	Strategic Equality Plan - End of Year	ERCC		
03/07/2019	HCH	Community Transport service - progress Placement Sufficiency	HC HC		
05/07/2019	LSE				
TBC	FSP				
08/07/2019	Joint Chairs	Vision 2025: Our CIP Quarter 4 2018-19 Performance Report	ERCC		18/06/2019
15/07/2019	Audit	TM Review and Q1	Audit		

18/07/2019	PSB	Annual Report Wellbeing Plan	PSB		
TBC	FSP				
19/08/2019	HCH	Tenants Satisfaction Survey	ERCC		
23/08/2019	LSE		LSC		
30/08/2018	Audit Seminar	SoA	Audit		
06/09/2019	Audit Committee	Final Statement of Accounts Annual Governance Statement	Audit Audit		
TBC	FSP				
09/09/2019	HCH				
10/09/2019	Joint Chairs				
11/09/2019 (pm)	LSE	Inspection outcomes			
13/09/2019	Audit	Final Statement of Accounts Annual Governance Statement	Audit Audit		
01/10/2019	PSB				
TBC	FSP				
09/10/2019 pm	HCH	HRA Asset Management Strategy	ERCC		
11/10/2019	LSE	School Balances Standards (provisional)	LSC		
14/10/2019	Joint chairs				
15/10/2019	Audit				
31/10/2019	HCH				
01/11/2019	LSE	Standards, attendance, exclusions provisional Early years standards and provision	LSC LSC		
TBC	FSP				

11/11/2019	Audit			
18/11/2019	Joint Chairs			
28/11/2019 pm	HCH			
22/11/2019	LSE			
TBC	FSP			
11/12/2019	HCH			
13/12/2019	LSE			
16/12/2019	Joint Chairs			
19/12/2019	Audit			
2020				
Q1 2020	LSE	Proportion of revenue spend increase 2% 19/20 Assess effectiveness of marketing programme Check inward investment strategy and action plan	ERCC ERCC ERCC	
	HCH			
	Audit			
	Joint Chairs			
Q2 2020	LSE	Increase % of pupils assessed in Welsh in Year 2	LSC	
	HCH			

	Audit				
	Joint Chairs				