

Health and Care Scrutiny Committee

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

Meeting Date
Thursday, 27 June 2019

Meeting Time
10.00 am

For further information please contact
Lisa Richards

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County Hall
Llandrindod Wells
Powys
LD1 5LG

21 June 2019

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.	VICE CHAIR
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To elect a Vice Chair for the ensuing year.

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

4.	DISCLOSURE 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.)

5.	MINUTES
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To authorise the Chair to sign the minutes of the last meeting as a correct record.
(Pages 3 - 8)

6.	ACRF
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To consider the Annual Report of the Director of Social Services.
(To Follow)

7.	COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS
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To consider the Annual Report of Complaints, Compliments and Representations 2018-19.
(Pages 9 - 28)

8.	CIW MONITORING VISIT (ADULTS)
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To receive an oral update on the latest CIW Monitoring Visit (Adults).

9.	FINANCE
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To consider the outturn reports for both Adults and Children's Services.
(Pages 29 - 48)

10.	PERFORMANCE
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To consider the performance reports for May 2019.
(Pages 49 - 108)

11.	WORKING GROUPS
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To note the scrutiny summary reports for Adult Services Working Group and Children's Services Working Group.
(Pages 109 - 112)

12.	WORK PROGRAMME
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To note the scrutiny forward work programme.
(Pages 113 - 114)

MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT COMMITTEE ROOM A - COUNTY HALL, LLANDRINDOD WELLS, POWYS ON TUESDAY, 14 MAY 2019

PRESENT

County Councillor G I S Williams (Chair), J Charlton, A Jenner, S McNicholas, G Morgan, K M Roberts-Jones, E Vaughan and J M Williams

Cabinet Portfolio Holders In Attendance: County Councillors S M Hayes, Adult Social Services and R Powell, Children's Services

Officers: J Coles, Head of Children's Services, Dylan Owen, Head of Commissioning (Adults and Children), Anne Marie Davies, Strategic Commissioning and Project Manager and Barry Kirwan, Improvement Consultant (Children's)

1.	APOLOGIES
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Apologies for absence were received from County Councillors H Hulme, E Jones and D Rowlands

2.	DECLARATIONS OF INTEREST
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There were no declarations of interest.

3.	DISCLOSURE OF PARTY WHIPS
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There were no disclosures of party whips.

4.	MINUTES
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The Chair was authorised to sign the minutes of the last meeting as a correct record.

Arising thereon:

- Performance – previous minutes indicated that performance would be considered at every meeting. The Co-ordinating Committee has specified that finance and performance will be considered on a quarterly basis although performance reports will be circulated for Members information as soon as they are received.
- Sickness absence – further details were to be circulated regarding absence levels due to stress. There have been issues in extracting the appropriate information from the system but the details will be circulated when available.
- DToCS – it had been reported that a weekly meeting would be held between the the Chief Executives of the Authority and PtHB to resolve the DToCS issue. These meetings were continuing and progress will be reported.
- Task and Finish Group – Budget Reviews – one meeting of the Task and Finish Group had been held to consider the three budget review reports

into Mental Health, Physical Disability and Learning Disability. The work of this Group will be taken forward by the Adult Services Working Group.

5. EXTERNAL PLACEMENTS

Documents:

- Report of the Head of Children's Services

Discussion:

- The report provided an overview of External Placements for Members' information
- It was noted that where possible placements were made to ensure a child's education was not disturbed – the Committee asked how achievable this aim was? In the first instance, an in-house foster care placement is sought locally. If this is not possible, a wider search is made for an in-house foster carer but within one hour's travelling time. Ultimately, an Independent Foster Agency (IFA) will be used in the area or an in-house foster placement further away. If a child has been excluded from school, the service work with the schools service to find alternative provision that could be in a Pupil Referral Unit (PRU) or online. Education is paramount and ensures stability.
- The issue of bilingualism was raised – there are a number of Welsh speaking foster carers and the service would like to recruit more. There are several foster families in Carmarthenshire who can offer Welsh needs. The service is not so well equipped to deal with other languages. The Head of Service reported that the service had could be better at analysing the needs of the LAC population. Although these needs are considered on an individual basis during a review, they are not easily extracted from the system. These issues will be identified at Resource Panel.
- Nine new foster carers had been recruited – how does this Authority compare with others? Benchmarking data is no longer available. More information is available through regional fostering arrangements
- There seemed to be a large group of children in the 10-15 years age bracket and Members questioned whether these children had been in care for some time or if this was the age at which they were accessing services. The Authority has a responsibility for children up to the age of 25 if they are in education. The Welsh government is proposing that this is for all young people up to the age of 25. Edge of Care and early intervention will help to manage risk within communities. Profiling is ongoing to move children to permanent arrangements such as adoption.
- There was concern that this age bracket may be vulnerable to targeting by County Lines. The Authority has developed a response to County Lines and a workshop will be held in June. It is not a major issue within LACs – exploitation is more likely to target those who are not LAC.
- The report shows 80 children are placed out of county, which raises issues about accessibility to education in Powys and Wales. It was noted that there were similar issues around accessing health services across borders but it was suggested that this was a political issue to be addressed.
- There could be delays in accessing education as those with SEN in Wales will have to be reassessed in England which can cause delays. The

- service makes every attempt not to place in England due to the different schemes but this may not always be possible.
- Any placement that may cost over £2000 has to be considered by the Resource Panel to ensure financial oversight and whether other, innovative solutions can be found.
 - A 'step down' approach is taken – for example moving a child from residential care to foster care or from 16+ to semi-independent living where this may be appropriate.
 - All assessments are undertaken under the assessment framework which is not the same as impact assessments elsewhere across the Authority.
 - It was confirmed that there is respite for Foster Carers – there are eight generic respite foster carers offering 12 placements and additional foster carers for children with disabilities.
 - Officers were asked if there was a pattern of context to external placements as to why we could not cater for these children within Powys? The placing of children was dependent on matching to appropriate families and vacancies.
 - The report states that there have been new foster carers – have any left and is the Authority addressing the reasons given for leaving? The service pays close attention to messages given and are aware of reasons. Any disruption (placement breakdown) is reviewed and an analysis undertaken to enable the service to improve.
 - The Foster Panel have seen Mother and Baby placements and a question was asked whether this could be extended to help protect children in the longer term? Children and parents are currently assessed at an assessment centre which puts them under 24 hour scrutiny and could be deemed to be oppressive. Wrap around support has recently been provided for some parents and, despite some nervousness by professionals, is working well. The aim is to bring intervention as low as possible.
 - It was confirmed that a Social Worker from Powys would complete a visit to another Authority. The minimum statutory visit could be between one week and three months depending on circumstances.
 - Recruitment and retention was discussed. The Chair had been advised that the same grade of social worker in other areas were paid at a higher rate. The Head of Children's Services reminded Members that there were other factors considered in recruitment including whether the social worker felt supported, but agreed to look into the issue of pay rates. The number of agency staff was reducing. Two senior manager positions have recently been filled.

Outcomes:

- **The report was noted**

6.	EXEMPT ITEMS
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RESOLVED to exclude the public for the following item of business on the grounds that there would be disclosure to them of exempt information under category 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).

7. EXTRA CARE HOUSING

Documents:

- Report of the Portfolio Holder for Adult Social Services

Discussion:

- Three extra care housing developments were proposed across the County
- Extra Care housing is preferable to residential care as it preserves the independence of the resident. In addition it meets the principles of the Social Services and Wellbeing Act. It would also be a better financial option for the Authority
- Strategies have been developed and the market position statements have been considered by scrutiny
- There is a general consensus that Extra Care Housing is the way forward and formal sign off by Cabinet is now sought

Outcome:

- **A comment regarding scrutiny supporting extra care housing in principle would be forwarded to Cabinet**

8. EXTRA CARE HOUSING - NEUADD MALDWYN

Documents:

- Report of the Portfolio Holders for Finance, Countryside and Transport, Highways, Recycling and Assets, Adult Social Services, and Corporate Governance, Housing and Public Protection

Discussion:

- The concept of Extra Care Housing was welcomed
- The area had been identified as one with one of the highest needs in the County
- A communications strategy will need to be implemented
- Local Members had been consulted and were positive about the scheme

Outcomes:

- **Scrutiny observations would be provided to Cabinet for consideration alongside the report in June 2019**

9. WORKING GROUPS

Members had been asked to express a preference for joining the Adult Services Working Group or Children's Services Working Group.

Outcomes:

Adult Services Working Group will comprise County Councillors J Charlton, H Hulme, G Morgan, K Roberts- Jones and A Williams

Children’s Services Working Group will comprise County Councillors A Jenner, S McNicholas, D Rowlands, E Vaughan, J M Williams and R Williams

The Chair will attend meetings of both Groups. A Lead Member for each Group to be appointed at the first meetings of the Groups

10. WORK PROGRAMME

Documents:

- Scrutiny Work Programme

Outcomes:

- **The Scrutiny Work Programme was noted and work programmes for the individual working groups would be circulated to Members**

County Councillor G I S Williams (Chair)

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ANNUAL SOCIAL SERVICES COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS REPORT 2018-19



1. Introduction

- 1.1 It is a statutory requirement for Local Authorities to have in place a representations and complaints procedure for Social Services under the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014 and its associated 2014 guidance.
- 1.2 Each Local Authority is required to produce an annual report concerning the operation of its representation and complaints procedure.
- 1.3 This Annual Report provides information about the operation of the Social Services representation and complaints procedure between 1st April 2018 and 31st March 2019. The report contains information about the number and type of complaints received and also provides details of the activities undertaken by Complaints Team during that period to develop the service.

2. Background

2.1 In relation to complaints, our approach is based on “**Getting it right**” first time & if not, then “**Putting it right**” as soon as possible.

2.2 An effective complaint handling system is one that provides confidence that complaints are dealt with effectively through the following three steps:

- 1) Arrangements for enabling people to make complaints are customer focused, visible, accessible and valued, and supported by management.
- 2) Complaints are responded to promptly, handled objectively, fairly and confidentially. Remedies are provided where complaints are upheld and there is a system for review.
- 3) There are clear accountabilities for complaint handling and complaints are used to stimulate and mandate (as appropriate) organisational improvements.

2.3 Powys County Council Social Services Complaints Procedures seek to empower service users or those eligible to speak on their behalf to voice their concerns in relation to the exercise of Social Services functions.

2.4 The Complaints Team are committed to ensuring that concerns raised are listened to and resolved quickly and efficiently. Lessons learned from this process are fed back to relevant teams and used, wherever possible, to improve future service delivery.

2.5 Similarly, Social Services in Powys adopts a positive attitude towards complaints and views them as a valuable form of feedback, which assists in the development and improvement of its services.

- 2.6 The aim is to resolve complaints at the earliest opportunity and teams are encouraged to be proactive in achieving this goal.
- 2.7 Where someone has been deemed 'not eligible' to utilise the Social Services Complaints Procedure, in accordance with guidance/legislation, the Complaints Team will endeavour to provide assistance informally in order to provide best service to the complainant. The Complaints Team keep account of these contacts and these are referred to throughout this report as 'enquiries'.
- 2.8 Where a complaint relates to a young person, Looked After Child, a care leaver or vulnerable adult, the Local Authority has a duty to provide information about advocacy services and to offer help, where relevant, in obtaining an advocate to support them through the complaints process and this is actively pursued.
- 2.9 Effective engagement with advocacy services empowers more individuals and groups to make use of the complaints process at the earliest opportunity. There has been an increase in complainants utilising advocacy services over the past 12 months and this is certainly something that the Complaints Team would continue to encourage and support.
- 2.10 Experience indicates that complainants who opt to use the services of an advocate, tend to have more of an understanding of their circumstances, their rights and the Authority's responsibilities. In addition, in the majority of cases individuals are able to reconcile their feelings about the situation through an advocate and resolution is more speedily achieved.

THE YEAR IN SUMMARY

SOCIAL SERVICES COMPLAINTS & ENQUIRIES

2018-2019

284 COMPLAINTS & ENQUIRIES RECEIVED



143 COMPLAINTS & 141 ENQUIRIES

2.5%



Increase in Complaints & Enquiries received during the same period in 2017/18.

143 COMPLAINTS

25% decrease from 17/18



141 ENQUIRIES

64% Increase from 2017/18

COMPLAINTS ADULT SOCIAL SERVICES

58



COMPLAINTS CHILDRENS SOCIAL SERVICES



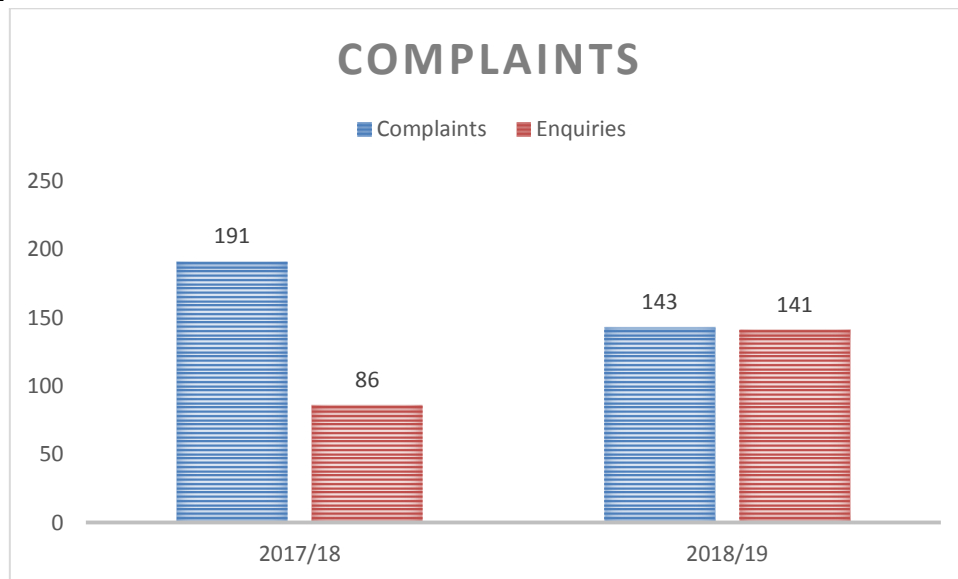
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QUARTER 1 APRIL - JUNE 2018 RECEIVED THE MOST COMPLAINTS OVERALL (44)

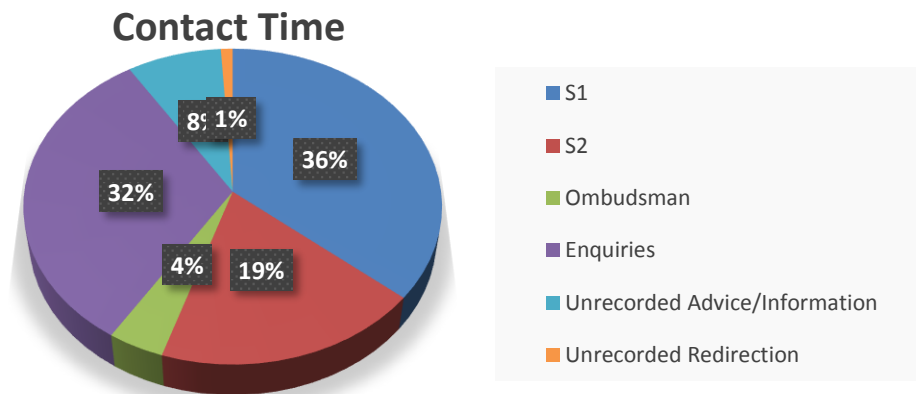
3. Year in Summary Analysis

- 3.1 When analysing complaints, it is important to remember that an increase or decrease in the number of complaints does not necessarily reflect a change in the standard of service provided. An increase may indicate the positive view that is taken towards complaints, together with the fact that people are more well-informed about how to make a complaint. Given the vulnerability of many people accessing services, it would be worrying if people felt they were unable to complain if, in their opinion, they were receiving an unsatisfactory service.
- 3.2 As can be seen from the above Year in Summary, there has been a prodigious decrease in the number of complaints handled in an official capacity during 2018/19. However, it is interesting to note the vast increase in the number of enquiries dealt with during the same period, in comparison with 2017/18, as per the graph below.
- 3.3 Complaints submitted are more complex than in previous years and as a consequence often take much longer to investigate and resolve.

Graph 1



The pie-chart below identifies the percentage of contact time that the Complaints team have spent on the different stages of “complaints” in 2018/19.



- 3.4 There has been a marked decrease in complaints across both service areas, with a 21% decrease in Children’s Services and a decrease of 32% in Adults Social Services.
- 3.5 The Complaints Unit undertook to deal with incoming concerns as ‘enquiries’ wherever possible in 2018/19 in order to both support individuals, seeking a more immediate recognition of and resolution to their concern, “complaint”. This was a successful endeavour as is evident in the decrease in the number of official Complaints dealt with by Teams during this period.
- 3.6 It should be noted that whilst the number of overall contacts received in 2017-18 (277 complaints and enquiries) is very similar to the figures received in 2018-19 (284 complaints and enquiries), as highlighted there is a significant change (improvement) in the relative percentage resolved as Enquiries.
- 3.7 There should have been a discernible impact felt by the service in relation to the decrease in the volume of complaints, where the Complaints Unit undertook to respond to these as enquiries, with little or no input required from teams.
- 3.8 In addition to the above, the Unit receives further communication which is not recorded and can usually be dealt with by the provision of information/advice or by simple redirection to an alternative department e.g. Corporate Complaints Team.

4. **Complaints by Stage**

Table 1

Complaints received relating to Adults and Children’s Services		
	2017/18	2018/2019
Stage 1	184	120
Stage 2	6	15
Ombudsman	1	8
*Total	191	143

**It should be noted that a number of the complaints will be double/triple counted as they are included in each stage of the complaints process that they triggered in the year 2018/2019. However not all complaints at the Ombudsman or at Stage 2 will have been in Stage 1 in this year.*

- 4.1 As already identified and as per Table 1, there has been a positive decrease in the number of complaints received in the previous financial year. What is most significant is the continuing theme following on from 2017/18 where we experienced a 200% increase in Stage 2 Complaints. 2018/19 has seen a further 150% increase in Stage 2 complaints. As stated previously, there has been a number of more complex complaints and it is becoming more difficult to address and conclude matters at Stage 1, thus requiring the formal complaint investigation by an Independent Investigator.

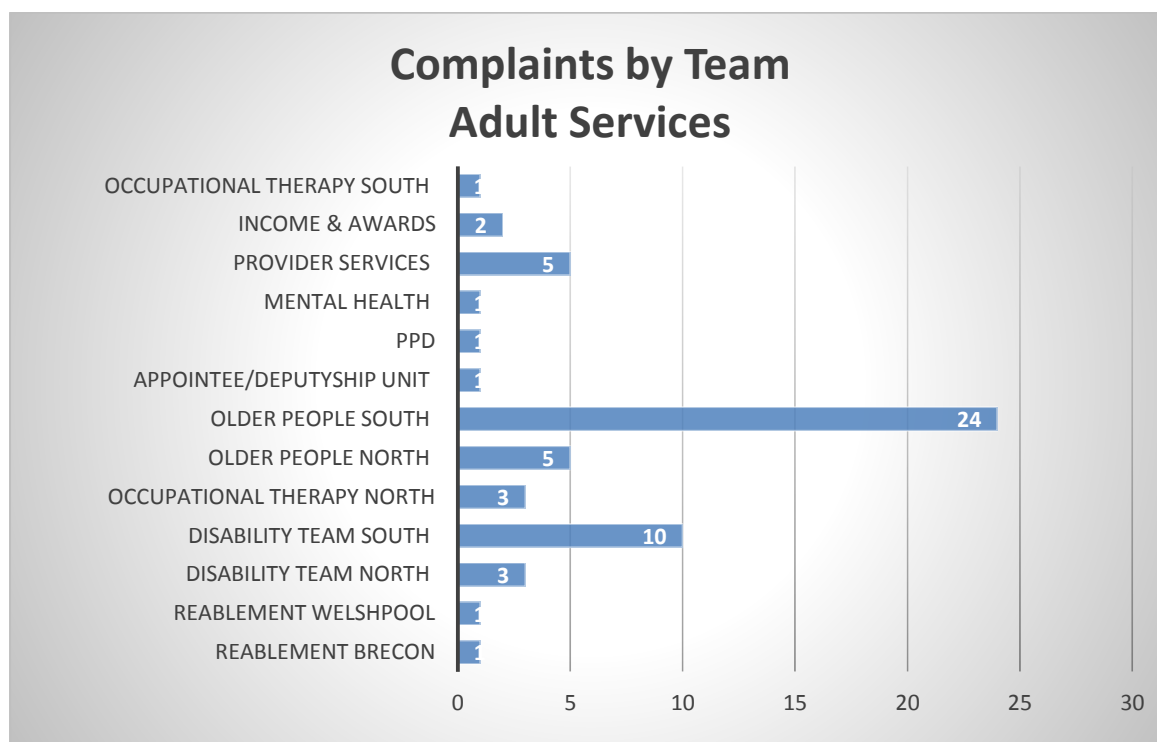
- 4.2 Despite the increase in Stage 2 complaints, the number still remains low in comparison to the number of Stage 1 complaints. This would demonstrate that the majority of complainants are happy for the Council to deal with their concerns at a local level and that managers are effectively dealing with the issues raised.
- 4.3 There were a number of complainants that on initial contact with the Complaints Unit requested their complaints be addressed at Stage 2. However, with the intervention of the Complaints Officer these were able to be resolved without the need for external independent investigation therefore settling issues for individuals more promptly and saving the Authority considerable time and additional expense, in addition to providing service users with a more timely and personal resolution.

Complaints by Team

Graph 2



Graph 3



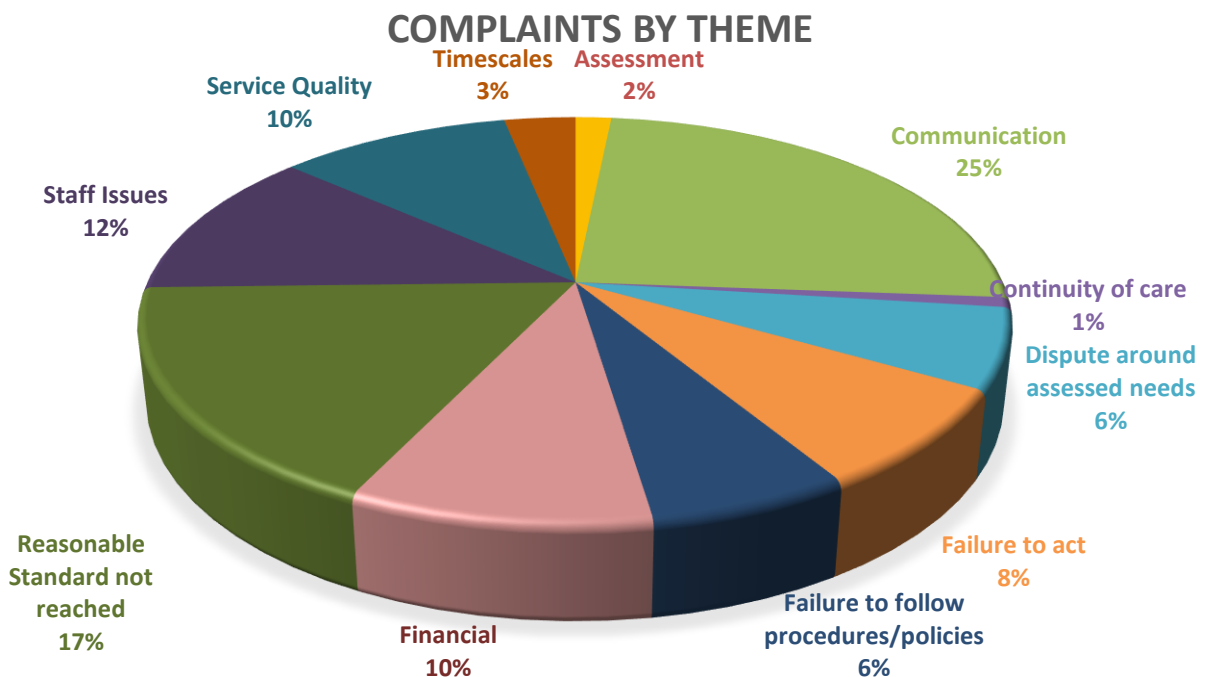
4.4 For the second year running the Older People South Team has received the highest number of complaints in 2018/19 overall. The reasons behind the complaints are varied and wide-ranging in their nature. It is recognised that pressure on capacity within the team is likely to be a major factor, which has led to an increase in complaints; many of which were due to delays in care being provided or assessed, or a lack of communication with service users and their families. The team has experienced a high degree of disruption during this period resulting from high levels of sickness absence and a high turnover of staff including management changes.

4.5 It is worth noting that the Older People’s Teams are made up of 2 teams (North and South) whereas the Children’s Teams are broken down further into service areas.

5. Areas of Complaint

5.1 Breakdown of the reasons complaints have been submitted are shown in Chart 1. Service users have unique and complex individual circumstances for registering their complaint and it is becoming harder to identify one sole theme to a complaint. Complaints could include multiple areas of concerns and could fit into several thematic headings, however, upon analysis of each complaint we have grouped into ‘best fit’ generic headings reporting purposes.

Chart 1



5.2 We continue to see themes emerge in relation to the complaints we receive and we highlight these themes in order to learn from complaints and improve both our approach to, and the services we deliver. Even when a complaint investigation has been carried out and a complaint is not upheld, lessons can still be learnt.

5.3 Issues with communication is a theme that continues to be identified in complaints submitted across all teams. Service users have felt the need to escalate their concerns as a result of significant delays in communication from teams, no response from teams or inadequate response from teams, together with a failure to act upon agreed actions, resulting in unacceptable delays, with the reasons not being passed on to Service Users.

5.4 Being unable to make contact with a Social Worker or team has been highlighted as an issue in the 2018/19 period. Understandably it has proved to be frustrating when direct dials are not answered, are bounced through to a support team, or on occasion, do not connect at all.

5.5 In such instances, we have worked with teams to change the way in which their telephony systems are set up and automatic redirection of calls has been removed, in order for calls to go through to direct workers wherever possible. Where technical issues have been acknowledged these have been reported to ICT Services. In addition, the need to return a call or email in a timely manner, even if to advise that there is no update, has been emphasised to staff teams and we are now seeing evidence of this being carried out. It is

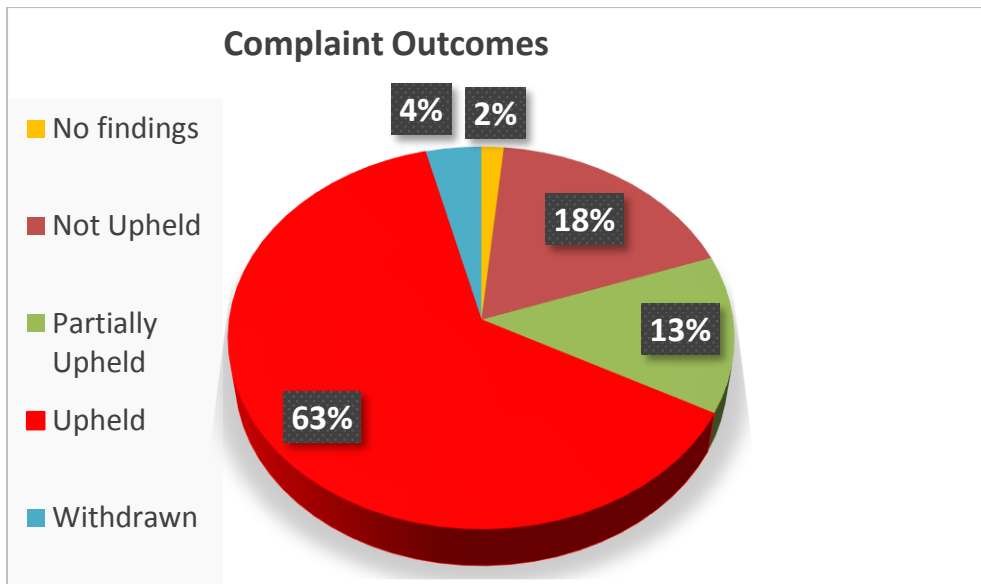
hoped in time that we will go on to see a decrease in the number of complaints in relation to poor communication.

- 5.6 Complaints Officers work closely with staff to support and develop practice. In addition, Complaints Officers regularly attend Senior Management, Operational Management and Team meetings to feedback on areas of concern emerging.
- 5.7 It is positive to note that the majority of feedback received by the Complaints Team praises the work carried out by Social Services staff. It is regrettable therefore, that teams are not always able to keep service users updated of progress.
- 5.8 It is also important to highlight, particularly in relation to Adults Services, that many of the complaints relate to the actions and practice of the care providers we commission and not just solely to PCC staff in Adult Services.
- 5.9 We have a number of processes in place to address concerns with our commissioned care providers which include contract management oversight and where necessary formal reporting via "Poor Practice" records to the Integrated Quality Assurance Board, where specific actions are required to assure and evidence improvements.
- 5.8 We also need to support PCC Officers by publicising the Council's **Habitual or Vexatious Complainants Policy**, as these take a significant amount of Officer time, reduce time available to address and respond in a timely manner to genuine concerns and increases levels of stress and anxiety amongst the officers who have to directly deal with or are accused as part of the vexatious nature of the complaints

Example of a vexatious/habitual complainant:

Received in excess of 300 emails from a parent in the space of 3 months as a result of their representations we also received , more than 15 letters forwarded or instituted by MP's, AM's, County Councillors, WLGA. In addition this person also came in person to differing PCC offices and made in excess of 200 phone calls to complain.

- 5.8.1 The complaints department deals with approximately 10 individuals who could reasonably be identified as a Habitual or Vexatious Complainant based on the above policy.
- 5.9 In analysing the outcome of complaints we see that over three-quarters are upheld /partially upheld, which means that this process is an important and essential pathway for people to seek and gain recognition and apology for areas where our practise, policies and decisions are not what they should have been.



6. Examples of Complaints

6.1 Complaint 1 – Submitted by parent in relation to Children’s Services

6.1.1 The complainant expressed concern about the Care & Wellbeing Assessment that had been produced. The complainant advised that the content of the assessment was factually incorrect, one sided and did not accurately reflect the feelings of one side of the family. In addition, communication had been poor and it was felt that the complainant had not been listened to throughout the process.

6.1.2 Prior to a response being sent, the Team Manager contacted the parent to discuss the concerns within the Care & Wellbeing Assessment. It was relayed to the parent that the Assessment cannot be changed, however, a further note will be added to the assessment to ensure that their views have been adequately input into the process. A final response was provided thereafter and the additions provided. An apology was made for the lack of communication and the time take to rectify the issue.

6.2 Complaint 2- Submitted by an adult with Power of Attorney for a family member requiring the involvement of Adult Social Care

6.2.1 A complaint can only be submitted by someone who has an appropriate relationship with the Service User; i.e. has Parental Responsibility, Power of Attorney or has been appointed to act on behalf of the individual. In this instance, the complaint was put forward by a family member who had Power of Attorney on behalf of his elderly relatives.

6.2.2 The complaint was in relation to the delay in a care package being arranged by the service upon the family members discharge from hospital. In addition, the complainant raised technical issues with the referral process encountered on the Powys website and over the telephone.

6.2.3 The issues raised were investigated by the Team Manager and a response was sent within timescale. It was identified that the delay in the assessment being carried out was as a result of staff sickness and this was followed up immediately upon the SW's return to work and a package was put in place. In addition, the concerns relating to the telephony and website referral technical issues were shared with ICT Services Web Team and addressed as part of ongoing improvements.

6.3 **Complaint 3 – Submitted by parent of a young person in relation to Children's Services**

6.3.1 Due to the complex and sensitive nature of this complaint, it was escalated to a Stage 2 complaint immediately upon submission. The complainant highlighted concerns in the way in which a Social Worker had interacted with the family and offered poor advice, meetings has been postponed, cancelled and never re-arranged. Additional complaints were submitted in relation to the family's poor experience with other departments within the Local Authority and these were handled separately.

6.3.2 The Independent Investigator was appointed and worked closely with the family to fully understand the wide remit of the complaint made. The complaint investigation period was extended due to the number of individuals/departments involved and required to interview. The family were happy for the complaint to be extended in order for a thorough investigation to take place.

6.3.3 On receipt of the Investigation report, it was found that all areas of the complaint had been upheld. A response was sent from the Director of Social Services apologising for the distress caused as a result of the interaction with Social Services. It was confirmed that the Local Authority fully accepted all of the report recommendations and would be working on implementation of these with immediate effect.

6.4 **Complaint 4 – Submitted by an Adult with authority to act on behalf of their parent**

6.4.1 This complaint was submitted by an individual who was acting on behalf of their parent, who is a recipient of Adult Social Care.

6.4.2 The complaint relates to conflicting and delayed communication of information in relation to in the care management, co-ordination and delivery of care. Furthermore, once the support package was in place; call times were inconvenient and issues were identified with regards to provision of medication.

- 6.4.3 Although a stage 1 complaint, it was agreed for the HOS to lead on this particular investigation. As part of the complaint investigation, the HOS met with the complainant and went on to conduct complaint investigation interviews with staff. Failings had been identified as part of the complaint process and a lessons learnt session was held.
- 6.4.4. In addition, The Contracts and Commissioning team contacted providers to discuss identified issues and ensure that they were to remain fully compliant with the Medication Policy for Domiciliary Care.

7. Enquiries

- 7.1 Enquires are becoming more varied and can take a significant proportion of the Unit's time to deal with. These include:
- Returning complainants, coming back with issues and associated issues from complaints already responded to but do not accept the response.
 - Contact from individuals who are in relationship disputes raising issues that could be vexatious.
 - Contact from individuals who are either going through legal proceedings and therefore are unable to make a complaint,
 - Contact from family members of individuals receiving Social Services support but are unable to make an official complaint, primarily through a lack of parental responsibility (PR) or authority from those who do have PR (these tend to be grandparents).
- 7.2 If someone has an issue with the service received but is not eligible to complain, the Complaints Officers strive to provide some informal resolution wherever possible.
- 7.3 If possible, the Complaints Unit will endeavour to manage an enquiry with little or no input from the team in order to relieve pressure on the service.
- 7.4 In addition to the above, the Unit receives further communication which is not recorded and can be usually be dealt with by the provision of information/advice or by simple redirection to an alternative department e.g. Corporate Complaints Team.

8. Compliments

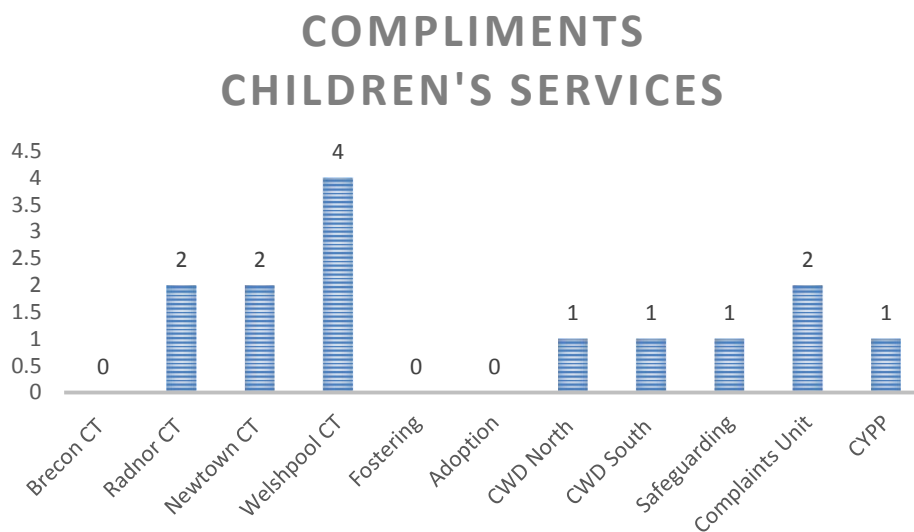
- 8.1 There has been a significant increase of 154% in the number of compliments recorded during 2018/19.
- 8.2 The Complaints Team have encouraged staff to return all compliments to the Unit to celebrate and log during 2018/19, this has significantly increased the number of compliments recorded.

- 8.3 When considered overall, as with previous years, Adult Services continue to be in receipt of the majority of compliments in 2018/19. The higher percentage of compliments received by Adult Services over that of Children's Services would seem to be attributable to the overarching nature of the services that Children's Services provide (which are much more interventionist and statutory to assure the safety and wellbeing of children).
- 8.4 Adult Services are often seen as a provider of supportive services such as home care, aides and adaptations. These are all viewed as helpful, enabling people to live their lives as independently as possible and easing the strain, again a good reason for submitting a compliment.
- 8.5 Children's Services on the other hand are perceived as fulfilling a more regulatory function, initiating care proceedings, undertaking child protection functions, removing children from the family home and placing them in care and by their very nature are perceived as more intrusive, monitoring and enforcing, thus less likely to generate compliments.
- 8.6 However, both services have statutory safeguarding duties and can become involved with individuals and their families at times of crisis, when things have gone wrong or reached a critical point, giving rise to the need for intervention or safeguarding and at such time both service areas can be viewed with suspicion and mistrust, a view further exacerbated by the medias portrayal of the profession.
- 8.7 The breakdown of compliments received by Adult and Children's Services have been identified in Table 3 below and compared with the previous year. Although the compliments received are not vast in quantity, it was pleasing to note that Children's Services has seen a 50% increase in compliments received within the comparable time period.

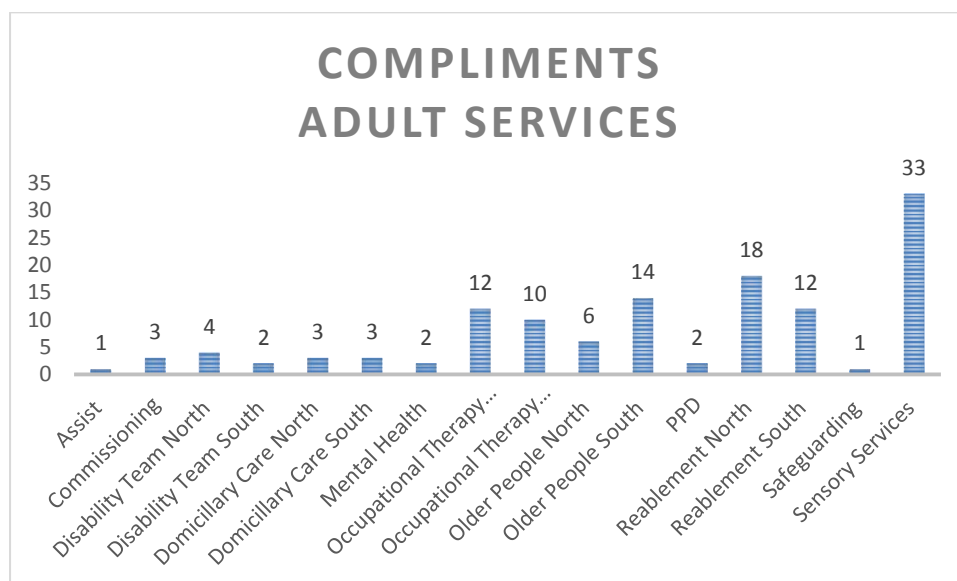
Table 2

Compliments		
	2017/18	2018/19
Children's	9	14
Adults	46	126

Graph 4



Graph 5



8.8 Table 5 provides some examples of compliments that have been passed to the Complaints Team from 1st April 2018 – 31st March 2019 in relation to Adult and Children's Services. The individual staff members have been made aware of the compliments concerning them, and their, Team Manager, Senior Manager and Head of Service has also been advised.

8.9 As well as substantial acknowledgements of thanks from service users that are given to staff at the point of service delivery, service users, relatives or friends can convey their appreciation more formally through the compliment process.

Table 3

Compliments received	
1st April 18 – 31st March 19	
Team	
Welshpool Children's Team	<i>This has been a difficult time for us over the last few months but I would like to let you know that both {Social Worker's - SW's} have been great with their support. They have both put so much help and support with us. For the first time in a long while we have got our confidence back with Social Services and I know that without [SW's] this would have not happened. We are all too quick to complain when things are not going right and not so quick to praise so {SW's} deserve a lot of praise for all their hard work and commitment to us. So a big Thank You</i>
Domiciliary Care	<i>Thanks very much for having supported my father so well in his home. Quality of care delivered was outstanding and always reliable. Kind and solicitous of my father, respecting his independence whilst keeping him safe. Timetables were received making things easier for family with medication. Staff almost always on time, which I know is a challenge in delivery of dom care in rural environment but much appreciated by father. Special mention to {SW's} who were especially kind & sensitive and quite simply extremely good at their job. Others too but not meet them often enough to learn their names and fully appreciate their work. Please pass these thanks to the team of care staff who supported dad and he is settling down to his new life.</i>
Policy & Care Team	<i>New Canary System installed October 2016 arranged by {SW's}. As a family we are extremely grateful to be supported in this positive and prompt manner. Thank you for you proactive & positive input into fathers careplan. It is greatly appreciated.</i>
Newtown Children's Team	<i>Just wanted to pass on my thanks to {SW} for the amazing work that she has done with **. I visited him in his new placement on Monday evening and it was crystal clear how important his relationship with {SW} is to him. We were talking about various things, and more than once he listed {SW} as being one of the most important people in his life..... unprompted. When talking about who he wanted at his review, he wanted mum and {SW}. When talking about who he likes to speak to and spend time with, it was mum, dad and {SW}! This shows the value of consistency to a child, as {SW} has worked with this child from the start and through some extremely testing circumstances. This has clearly been crucial to support ** development and sense of security. So: Thank You {SW}for the care and support you have given this young man, it has clearly been invaluable to him. And Thank You to the locality team for working to keep {SW} working with ** and providing her with the support to keep going with this situation which has tested us all. Great work, whatever it is you are doing, it is working so please keep doing it!!</i>
Reablement	<i>I would like to express my thanks to all the members of your team for their dedicated support, help and advice, carried out in all weathers,</i>

	<i>following my discharge from hospital, which helped me get back on my feet again. It was nice to know that a friendly face would be calling 3 times a day to help assess my future needs.</i>
Older People South	<i>We would like to thank the social services team that have helped ** during the last 2 years. We would especially like to thank {SW} who we have dealt with. He was professional and a very caring and courteous person in his capacity as a social worker, in what has been a very difficult situation to deal with.</i>

8.10 Compliments received are an equal reflection of individual and team efforts and Service teams should be encouraged by their successes.

9. Going forward

9.1 It would appear from complaints received that the key areas for improvement are in relation to communication, Standard of service and in particular a delay in the provision of service.

9.2 A further finding is the lack of continuity of social workers, with some cases having experienced multiple changes of worker. For increasing numbers of service users this can create numerous difficulties relating to consistency and continuity and adds to their frustration with having to repeat their story including historic issues time and time again. There have been examples where such changes have contributed to delays in the provision of service.

9.2.1 This is an extremely difficult matter for the Authority to manage as it is directly linked to recruitment and retention issues, both of which are influenced and exacerbated by the nature of the profession and the county's geographic location. There have been recruitment drives within the 2017-18 and 2018/19 period, including canvassing for Social Workers at a National Social Services events. This has resulted in appointments being made, but does not fully address the issue.

9.2.2 We are undertaking work with our Employee Rep group to develop a strategy to make "Powys – My Employer of Choice" and this work continues into 2019/20.

9.2.3 It is hoped that within Children's Services in particular and with the bedding in of it's new structure, that there will be continuity and support within teams and a reduction therefore of complaints.

9.3 To assist in attempts to improve and understand the failures in the standard of communication, seen by service users, changes are being made by teams, in particular in Radnor Children's Team, whereby call management has been improved and Service User's frustrations lowered, by the introduction of a new procedure where, unless a Social Worker has indicated that they are unavailable to take calls, then all call will go direct to the Social Worker. This has improved wait times and improved customer satisfaction. A new way of working that seems to be a success.

- 9.4 In order to continue to improve services, two Social Services Quality Assurance Officers were appointed in 2018. This has resulted in Complaints Officers and Quality Assurance Officers working closely together, to monitor complaints, identify themes and any areas of concern, which are fed into an overarching Quality Assurance Panel. This link has led to a better understanding of the importance of complaints and by extension the role improved communication could play in reducing stress and upset, which in turn should improve the way in which the Authority is perceived. It is felt that by reporting to the Quality Assurance Panel, which is attended by Senior Members of staff including the Head of Service, it is keeping lessons learnt from complaints at the fore of service agendas.
- 9.5 The 2018/19 period has also see the introduction of a new Social Services online complaints processing system. The new system has been developed to ensure that anyone who has a complaint, compliment or comment, can make this online with greater ease at a time to suit them. It is hoped that implementation of the system will make the complaints process easier for anyone having to use it but will also assist the Complaints Unit with better monitoring and quality assurance feedback and provide a real time service to complainants.
- 9.6 Complaints Training Sessions will be delivered in Summer 2019 across Adult & Children's Services to support staff with areas identified needing improvement as part of our internal quality assurance of complaints.
- 9.7 Learning will include, Response Writing, Having Difficult Conversations & Managing Expectations. An "Aide Memoir/Check list" is being developed for discussion at these learning events to ensure that staff are clear about key standards and stages they need to adhere to and evidence in order to undertake a transparent, thorough and timely investigation to manage and respond to complaints on behalf of the Local Authority.
- 9.8 Training is continuing to be rolled out to staff teams on the new Social Service Complaints Management System. Similarly, staff teams are feeding back suggestions to strengthen the system, which is still in its infancy, in order to improve it's accessibility and user satisfaction for both staff and complainants alike. Modifications and improvements are being carried out by the Web Technical Support Team.
- 9.9 One of the improvements being implemented is the setup of Investigation Officer response times being brought forward internally to 12 day. This is to ensure that the Complaints Team have a further 3 days thereafter to ensure the response is sufficiently robust and responded to within timescale.
- 9.10 At the same time, it must be recognised that effective from August 2019 , the capacity within the complaints team will be reduced by 50%, when we go from 2 to 1 Complaints Officer and form 1 to 0.5 fte Administrative officer due to the Business Support restructure.

- 9.11 We are undertaking a major transformation across both Adults and Children's Social Services and whilst this transformation will result in a stronger, more person centred, strengths based approach to our social care offer and delivery of services, it is also understandable that there will be levels of uncertainty and anxiety about the potential impact for individuals and their families, which may result in an increase in complaints being received.
- 9.12 Due to the forthcoming reduction in capacity within the Complaints Unit, there will be a requirement to forward more complaints onto teams to process officially, rather than the complaints unit manage as 'enquiries'. Therefore, next year we anticipate that this is likely to result in a rise in the number of complaints recorded and a reduction in the number of 'enquiries'.

10. Conclusion

- 10.1 There has been a decrease in the number of Stage 1 Complaints received within 2018/19 and a significant increase in Enquiries which people have been happy to resolve with us without feeling the need to make a formal complaint.
- 10.2 There has also been a substantial increase in the number of compliments received during the same periods.
- 10.3 Regular performance information is produced for Children's and Adult Services and we have a clear set of actions and to ensure that managers and front-line staff understand, learn from and respond to any themes, lessons learnt and quality assurance matters.
- 10.4 We are confident that governance, oversight and assurance in relation to ensuring we are "**Getting it right**" first time & if not, then "**Putting it right**" as soon as possible is in place and working more effectively this year than last, and next year will improve further.

Ali Bulman
Corporate Director
Social Services
Powys County Council
10 June 2019

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ADULT SOCIAL CARE FINANCIAL MONITORING REPORT

REPORT AUTHOR:	Jackie Pugh, Finance Manager
SERVICE AREA:	Adult Social Care
PERIOD	Outturn 2018/19
REPORT FOR:	Heads of Service

1. EXECUTIVE SUMMARY

- 1.1 The Adult Social Care (ASC) outturn for 2018/19 was an under spend of £1.936m, 2.94%, this was an improvement on the forecast outturn at Period 11, February 2019 of £779k.
- 1.2 The improved forecast position was due to:
- In Period 12, additional Deferred Charges income raised of £255k, the debt of the outstanding invoices still sits on the Debtors ledger, as the income is realised in the General Ledger at point of issue.
 - £117k Welsh Government Grant accepted in April 2019 following the judicial review in relation to Social Care Tasks Performed by a Registered Nurse in Nursing Homes (FNC), costs had been included in forecast previously and shown as funded from baseline budget.
 - Commitments totalling £407k for client services removed from the system at year end, this could have been mitigated by regular housekeeping of the eProcurement system by Operations and Business Services.
 - Grants maximisation of £82k, previously baseline budget funded costs utilised against grants where applicable and within the terms and conditions.
 - £219k funded from Corporate Reserves to meet the cost of backdated holiday arrears accrued from additional hours from 1st January 2015 to 31st March 2019. As on all other occasions Adults have a flat line budget, it had been the Finance Managers error to assume that this would be treated in the same way, so previously funded from baseline. This will be an on going cost/pressure.
- 1.3 Mitigated by expenditure above baseline budget
- Telephone and Skype charges of £22k above baseline budget, which had already been increased in 2018/19 by £27k from growth, in line with the 2016/17 increased costs.
 - Following a Corporate decision in 2012/13 for "fleet" to manage the Authorities fleet, the Adult Social Care Vehicle Capital Replacement allocation was transferred, no vehicles have been replaced from that day and in 2018/19 all vehicles were at a point of not being able to be repaired, breaking down at the side of the road with vulnerable clients on board, doors dropping off in your hand when opening, so vehicles have been hired by fleet at an additional cost of £112k and charged to the service area.
 - £160k of commitments not on the ledger which have been adjusted for at year end e.g. incorrect recharge being calculated for a joint package to the Powys Teaching Health Board (PTHB) of £51k backdated to 2014.
- 1.4 Monthly and on closing the accounts Income & Awards were unable to provide the data of the actual implications of increasing the Capital limit to £40k for Residential and Nursing clients, so the full Welsh Government allocation of £388k has been included in the budget.

- 1.5 The savings/efficiencies have been delivered in full and overachieved by £36.8k.
- 1.6 The Adult Social Care projected “Demography” in the Financial Resources Model (FRM) 2018/19 is being managed in part by prevention and cost avoidance
- Telecare - £358.5k
 - Direct Payments as opposed to traditional Home Care £178.5k
 - Shared Lives instead of a Residential placement/Supported Tenancy – £42.8k
 - Reablement – 3% of ongoing packages.
- If these preventative and early intervention measures were not in place, then costs would be reflected in the outturn position in line with the FRM.

2 Revenue

- 2.1 Adult Social Care Revenue actual outturn position 2018/19 at service level is detailed in the table below:-

SERVICE AREA	% of Budget	Annual Working Budget	Actual Outturn	Under/(over) spend
OLDER PEOPLE	47.30	31,472	30,048	1,424
LEARNING DISABILITIES	34.15	22,098	22,196	-98
MENTAL HEALTH	5.96	3,860	3,878	-18
PHYSICALLY DISABLED	6.15	4,271	4,250	21
SUPPORT SERVICES	6.44	4,232	3,624	608
ADULT SOCIAL CARE TOTALS		65,932	63,996	1,936

2.2 Older People

Underspend £1.424m

- £145k of the £200k growth allocate for the BUPA retender (for expert advice, legal, condition surveys etc.) had not been utilised.
- Deferred charges income overachieved by £330k to budget set, of which £255k raised in Period 12, the debt of the outstanding invoices still sits on the Debtors ledger, as the income is realised in the General Ledger at point of issue.
- £117k Welsh Government Grant accepted in April 2019 following the judicial review in relation to Social Care Tasks Performed by a Registered Nurse in Nursing Homes (FNC), costs had been included in forecast previously and shown as funded from baseline budget.
- Staff slippage – Older Operations £140k, O.T.’s £47k and Sensory £65k due to vacancies/recruitment delays or timings.
- Buy back BUPA beds not budgeted for £44k, as provider is unable to fulfil the contract.
- 0.491m of the service investment still to be allocated to service budget headings, this will only be released on presentation of business cases which satisfy criteria set out by full Council. Will be allocated to Home care In House in 2019/20 based on a business case to cover the previously funded additional hours taken on and funded from Powys Teaching Health Board (PTHB) Winter Pressures in 2018/19.

2.3 **Learning Disabilities** **Overspend -£0.98m**

- Social worker staff underspend of £280k due to vacancies and recruitment delays.
- Day & employment underspend of £70k. As this is a front line service budgets are allocated for sickness, training etc. which have not been utilised in full and due to staff vacancies./recruitment timings.
- Overspend on Supported Tenancies due to
 - Return of Supporting People grant re Voids, as agreed in the the last tender process but not budget for £146k.
 - An overspend on the Void Rent budget of £21.8k
 - £297k increase in cost due to complexity of need and sleep ins.

2.4 **Mental Health** **Overspend - £18k**

- Social worker team – overspend of £72k due to use of agency staff over an above base budget, as unable to recruit to permanent posts.
- Deprivation of Liberties(Dols) underspend of £80k due to staff vacancies. There are currently 371 Best Interest Assessments (BIA's) outstanding.

2.5 **Support Services** **Underspend £608k**

- £300k growth allocated to the Contracts and Commissioning restructure which has not been utilised due to time taken to implement and baseline costs allocated to utilise underspends and maximise grants.
- Staff slippage due to vacancies and timing delays with recruitment – Data Quality Clerks (DQC's) £50k, Appointee & Receivership £66k, Senior Management/Head of Operational services £143k, PPD £65k and Adult Protection £15k

3 **Debt**

3.1 As at 31st March 2019 the amount of outstanding debt for Adult Social Care was £9.46m, which is 72% of the overall Councils debt of £13.119m.

3.2 The £9.46m is categorised below:

POWYS COUNTY COUNCIL DEBT AS AT		
Dispute Code	Dispute Description	TOTAL
WP	Waiting for Probate	359,175.11
IP	Paying By Instalments	84,682.17
PQ	Price Query	647,602.96
PW	Potential Write Offs	2,592.81
RE	Returned From Enforcement Agency	0.00
WL	Debt With Legal Department	16,936.44
TH	Temporary Hold - Payment Delay	154,124.22
CW	Cancel Waiting	11,645.17
!	No Dispute	7,651,799.67
DC	Deferred Charges	515,262.71
IL	Instals Plan With Legal Dept	11,083.05
WE	Debt With Enforcement Agency	3,000.00
GA	Not At Current Address	2,946.83
Outstanding Balance		9,460,851.14

3.3 Of the £9.46m, £6.08m (64.27%) is outstanding in relation to the Powys Teaching Health Board (PTHB).

3.4 In 2018/19 there was £107.1k of bad debt written off by the Income & Awards team back to the Adult Social Care budget, this was because of various reasons:

- Statute barred
- Client deceased and no estate
- Below policy level for action

4 Efficiency Savings

4.1 There are no outstanding efficiencies brought forward from 2017

4.2 100% of the £1.432m efficiency/savings target has been delivered to date and overachieved by 36.8k.

4.3

Efficiency / Saving	2018/19	TOTAL ACHIEVED TO DATE	REMAINDER OUTSTANDING	RAG Status
2018/19	£'s	£'s	£'s	
Additional income target	4,026	4,026	0	
Reduction in admissions to residential care by 10%	298,770	344,055	-45,285	
Right sizing high cost placements/packages and bring some people back into community living - return to home	40,000	324,642	-284,642	
LD Supported Living - Reprofile supported living packages, projected at 10% efficiency savings.	200,000	224,230	-24,230	
Community Care Packages - Working with individuals to secure an outcome focused care plan and to have greater control over their chosen support in the appropriate setting through the use of direct payments.	129,040	256,346	-127,306	
Right sizing of Packages - Accelerate Reablement referrals, based on current reduction in hours	400,000	0	400,000	
Learning Disabilities Day Time Activities - reconfiguration of services	80,000	83,908	-3,908	
Older Day Services - reconfiguration of services	50,000	50,000	0	
Change in provision of service delivery to Shared Lives placement	30,000	9,800	20,200	
Telecare - reduction in traditional services in the community when Telecare kit utilised	100,000	71,697	28,303	
Equipment Service - reduction in traditional services in the community when equipment utilised	100,000	100,000	0	
TOTAL 2018/19	1,431,836	1,468,704	-36,868	

4.4 There was a known risk when the overall target was adopted of £400k for rightsizing of package through accelerated Reablement. The Service has been working on alternative deliveries.

5 Capital

Service	Original Budget	Virements Approved	Virements Required by Cabinet	Virements Required by Council	Revised Working Budget 2018/19 as at (after virements approved and required)	Actuals	Remaining Budget	
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	%
People								
Adult Services & Commissioning	819	-34	-366	0	419	329	90	21.46%
TOTAL	819	-34	-366	0	419	329	90	

5.1 Councils capital allocation for :

- Community Equipment budget £100k, actual outturn £73.9, request to roll forward underspend..
- Arlais/Lant Avenue Older Day centre £176k, no actuals at outturn, a request has been made to roll forward the budget to 2019/20 due to delays with HOWPS.
- Castell y Dail D & E base improvements, £22.4k actuals versus a budget of £17k.

- Dom Care System, no actuals at outturn and request to roll forward.

5.2 Substance Misuse (SMAF) Capital Welsh Government grant funding allocation of £502k to purchase Old Bank, Welshpool. £128.8k actual outturn. This project has been delayed because of issues with planning and listed building consent. The work will be completed by July 2019 and WG have approved the use of the grant in 2019/20.

5.3 £98.9k actual outturn on Intermediate Care fund (ICF) Community Equipment capital grant allocation of £100k.

6 Performance Data

6.1 The attached table provides the accounts payable (length of time to pay external suppliers) and No purchase order No pay non-compliance.



Creditors analysis
March 2019v2.xlsx

7 Management Action / Recommendations

7.1 Housekeeping of the eProcurement system needs to be undertaken on a regular basis, as any commitments that are no longer required or orders referred back will be a projection in the outturn figure.

7.2 The Medium Term Financial Plan must be updated regularly to reflect and to address service priorities, demographic demands, changes in the needs of existing and new service users, increasing legal challenges around fees and imminent changes at the Powys Teaching Health Board in relation to services or funding. With future budgets realigned where necessary to reflect service priorities together with actual and future commitments. This should be on-going.

7.3 The Transitions list needs to be reviewed on a regular basis, to track those children known to Powys County Council, account for changes in individual assessments and ensure all new cases transferring in from out of Powys are identified. The information around the timing of these transfers and the associated estimate of costs is critical, and still needs to be improved. The Transition Social Workers in the new staffing structure should ensure this is managed more effectively.

7.4 Powys teaching Health Board (PTHB) and the Council need to review their Section 28a (Resettlements from long term hospitals) and Section 33 Agreements (Reablement "Bronze" structure, Glan Irfon, Residential & Nursing Care, Funded Nursing Care, Carers, Substance Misuse, Community Equipment Store and Ystradgynlais Older Peoples team and services). If applicable, update

and approve, by the Joint Partnership Board , then signed by both parties, additionally underpinned by the overarching Section 33 Agreement, so that they are in place for the commencement of the new financial year, which will potentially reduce the Council's risk and enable budgets to be set at the correct monetary value. This will also ensure that the audit is not qualified for an unsigned agreement.

- 7.5 Officers must continue to monitor the usage of BUPA/new provider on June 1st; beds to maximise the contracted expenditure, minimise voids and bring in the associated income. This will also reduce the number of spot placements and reduce expenditure on Independent Residential Care budgets.
- 7.6 Officers must continue to monitor the usage and voids within the Supported Tenancies to maximise the contracts. Decisions need to be made if the tenancy has been vacant with no suitable clients for a substantial period of time to decommission.
- 7.7 Independent and Third Sector contracts should be agreed before the commencement of the financial year, along with any inflationary uplifts, so that budgets can be set correctly, monitored and reduce speculation. The process needs to be in line with the Council's budget setting timetable of January, prior to the financial year applicable.
- 7.8 Finally, it is crucial that all external funding opportunities continue to be maximised, but also that services track future reductions and potential cessation in current Welsh Government and other grants. There must be planned exit strategies, particularly when officers are temporarily funded in full or part.

8. Head of Service comment

Whilst it is positive to acknowledge a significant underspend in the 2018/19 financial year, it does raise some issues for both the service area and the Council. For the service area there is a need to:

- Increase the pace of transformation in order to mitigate the demographic challenges
- Ensure that financial procurement systems are up to date, correct and used, in order to support service delivery and to enable accurate financial forecasting
- Work on methodology of calculating 'cashable' savings and cost-avoidance. Services such as Shared Lives failed to achieve savings targets, but certainly avoided equivalent costs

For the Council there is a challenge in the way additional moneys and grants are received from the Welsh Government on an annual basis. These are often non-recurring and do not enable long term financial planning, nor best use of resources. They also provide an inaccurate picture of the financial situation of the service for future budget planning.

The work of the Adult Social Care service, Commissioning Team, and the support services is gratefully acknowledged and it is pleasing that the budget is now managed in a more proactive manner, whilst doing the right thing for the public of Powys.

FINANCIAL MONITORING REPORT

REPORT AUTHOR: Jackie Pugh, Finance Manager

SERVICE AREA: Childrens Services

PERIOD: Outturn 2018/19

REPORT FOR: Head of Service

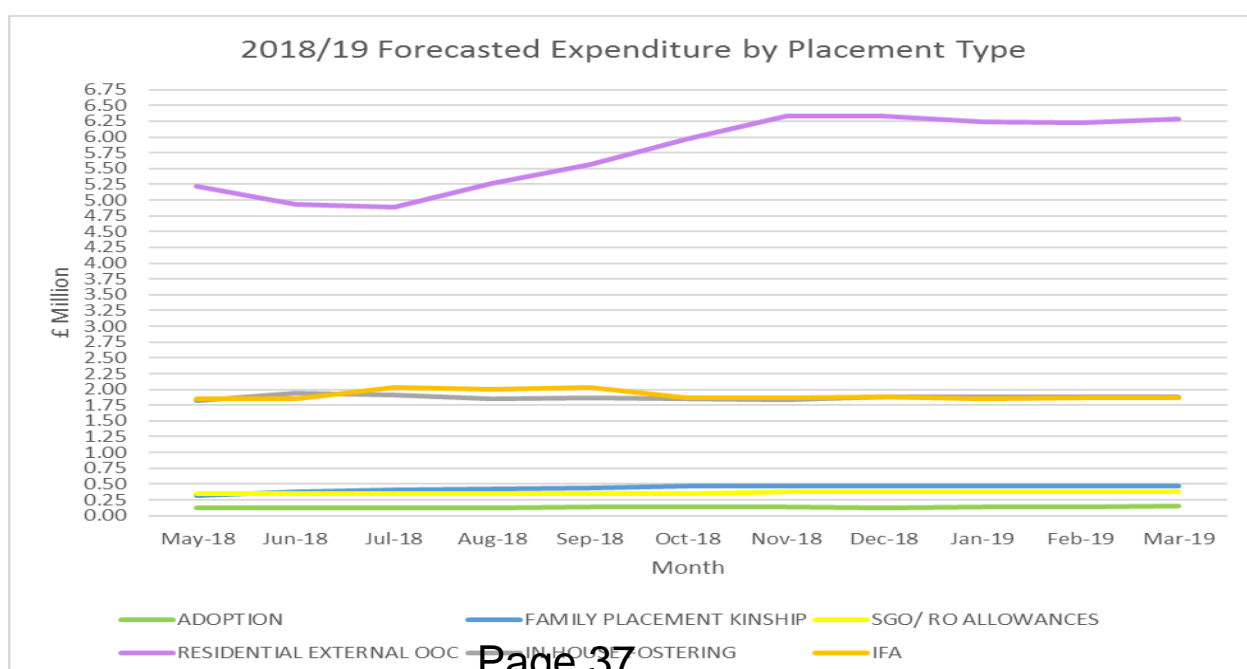
1. Executive Summary

1.1 The Childrens Services outturn for 2018/19 exceeds the baseline budget set by £5.639m, which is 30.3%. The projected forecast outturn has improved by £44.7k since last reported in February, in the main due to maximisation of grant funding to support expenditure that had previously been accounted as baseline, as within the grant terms and conditions. This is partly offset by an increase in legal costs and placement costs.

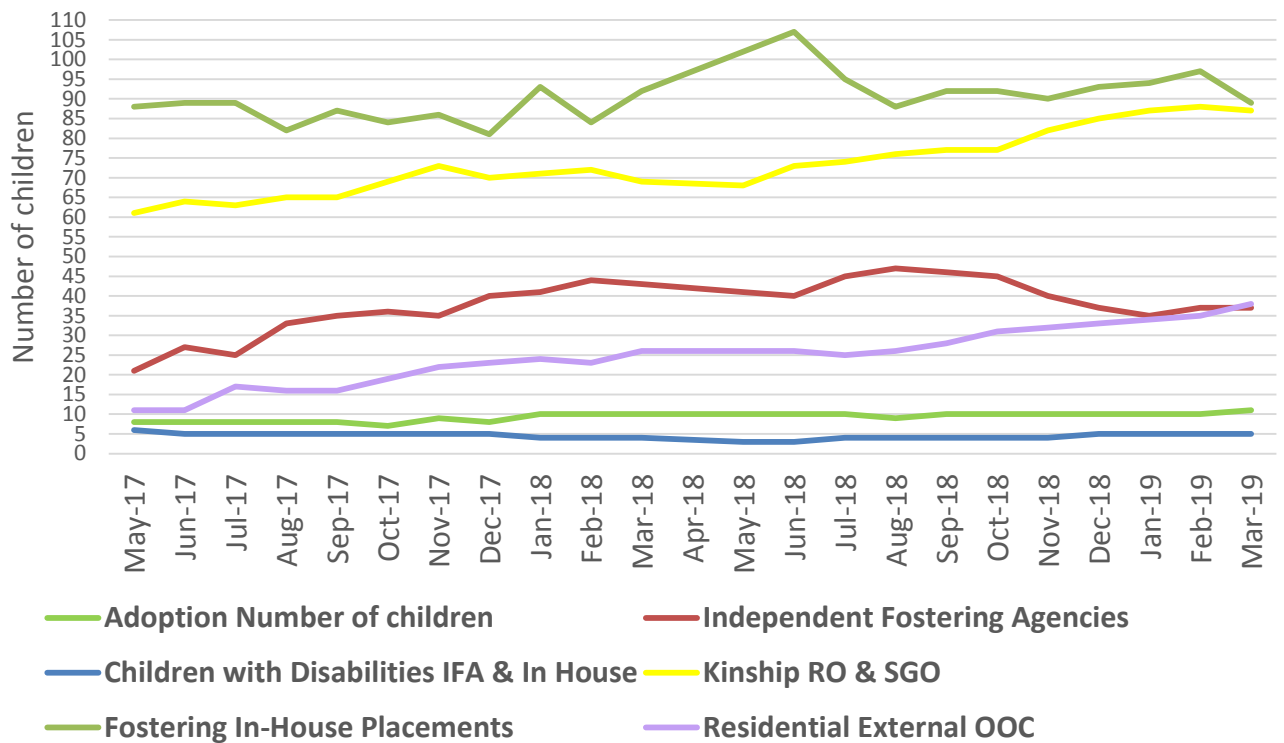
The baseline budget includes an Investment of £6.416m in 2018/19 (£3.530m for Improvement Capacity and £2.886m to address service pressures) following an adverse Care Inspectorate Wales (CIW) inspection.

1.2 The main reasons for the expenditure exceeding the baseline budget are:

- £2.298m of undelivered efficiencies (£1.101m brought forward from 2017/18 and a further £1.197m for 2018/19), for which there are currently no plans in place to deliver. The majority of these targets have been removed as part of the 2019/20 budget setting process.
- Placement expenditure exceeds the baseline budget of £3.55m for this service area, an increase of £76k from February. There were a net additional 3 children placed in residential external placements and a small number of changes in service provision.



**Number of Children per Placement type: May 2017 -
March 2019**

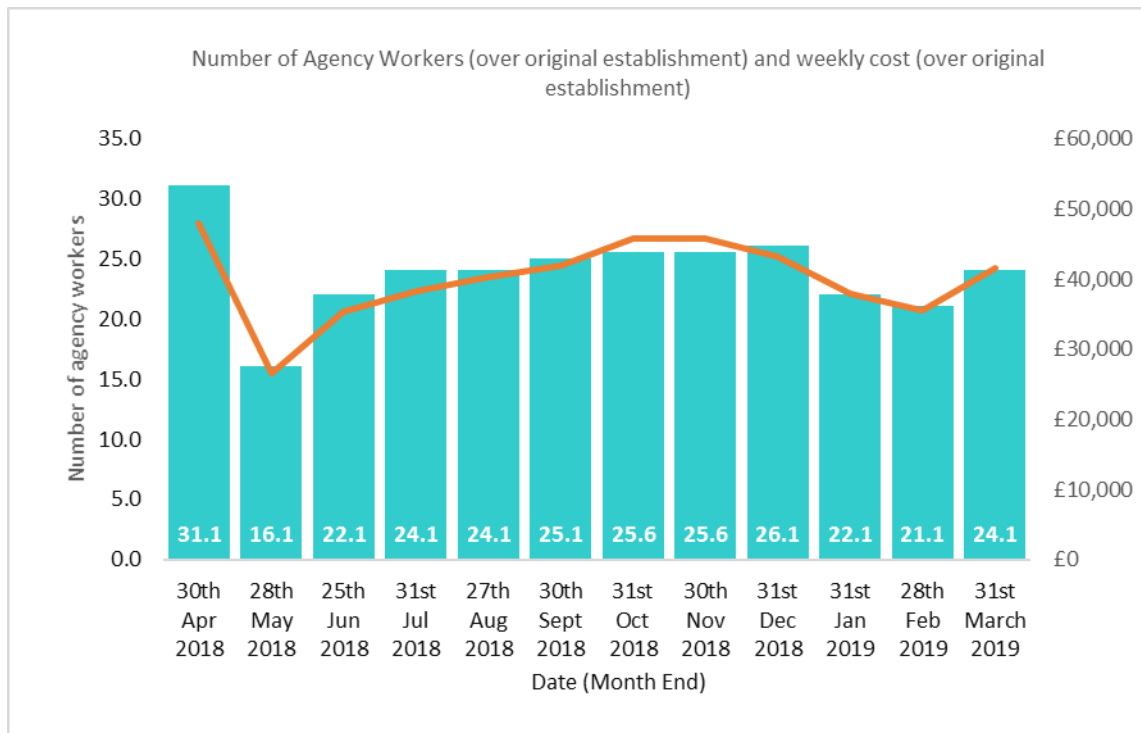


Note - 43 of the 246 CLA placements are at NIL cost to the authority because placed with own parents or person with parental responsibility, placed for Adoption or Independent Living. Additionally, 4 of these children are in Bannau Camlas (Councils own provision), therefore the costs sit within ASD Residential unit.

- It should be noted that the total Powys one off Welsh Government grant allocation for “Supporting Sustainable Social Services” of £579k is being utilised to offset against the Children who are Looked After (CLA) pressures
- Agency exceeds baseline staffing budget by £566.3k. An appropriate workforce establishment was agreed at 248 FTE’s and although funding for this is accommodated within the service budget, following the investment provided, many posts are being covered by agency staff at a higher cost per post. This is now superseded by a restructure, which is being implemented from the 1st April 2019.

The current cost of agency is £14.2k per day.

SUMMARY	FTE
Covering vacancies in existing budget	17.5
Over Original Establishment - Improvement Capacity	24.1
	41.6



Note - The orange line represents the number of agency workers over original establishment. The blue columns represent the weekly cost of the over original establishment agency workers.

- The Legal baseline budget has been fully utilised and the outturn exceeded baseline budget by £380.6k. £188.8k of expenditure hit the financial ledger in March, £94.4k was expenditure on purchase cards; of which £84.3k related to previous months, some going back as far as April 2018. There was a £78.9k provision at year end for expenditure that related to 2018/19 but payment still outstanding at year end. The Legal Team do not use commitment accounting so this is a difficult budget area to project.

The outturn recharge to Childrens Service for non complaint VAT invoices is £22.8k, 9% of the total Authority's charge. 91% of the £22.8k is outside of the services control and sits within Legal Services.

1.3 The overspend and financial pressures above were mitigated by

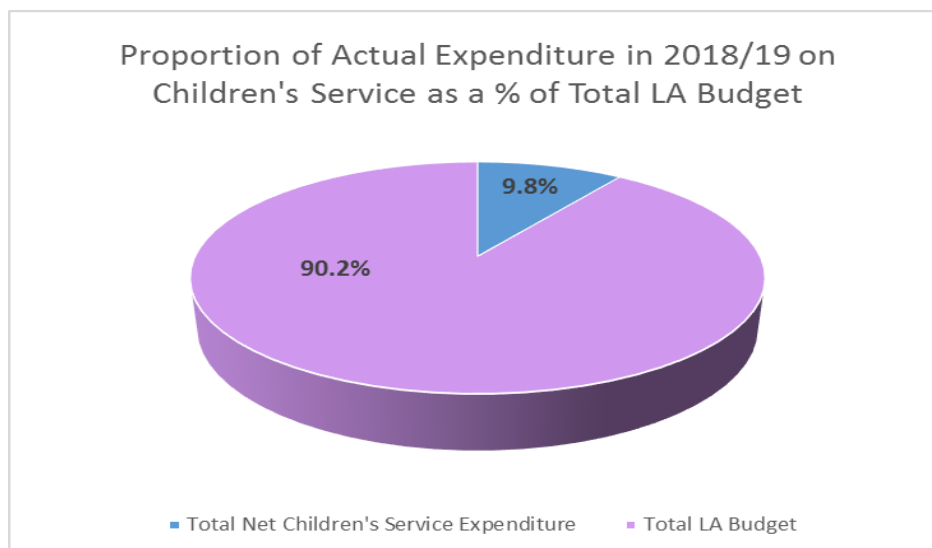
- Growth not allocated £810k; Improvement capacity monies of £710k and change in legislation "When I'm ready" allocation of £100k.
- along with small underspends across a number of other budget heads, due to the 'crisis' nature of the expenditure e.g. Child protection.

1.4 Table summary of 1.2 and 1.3 combined.

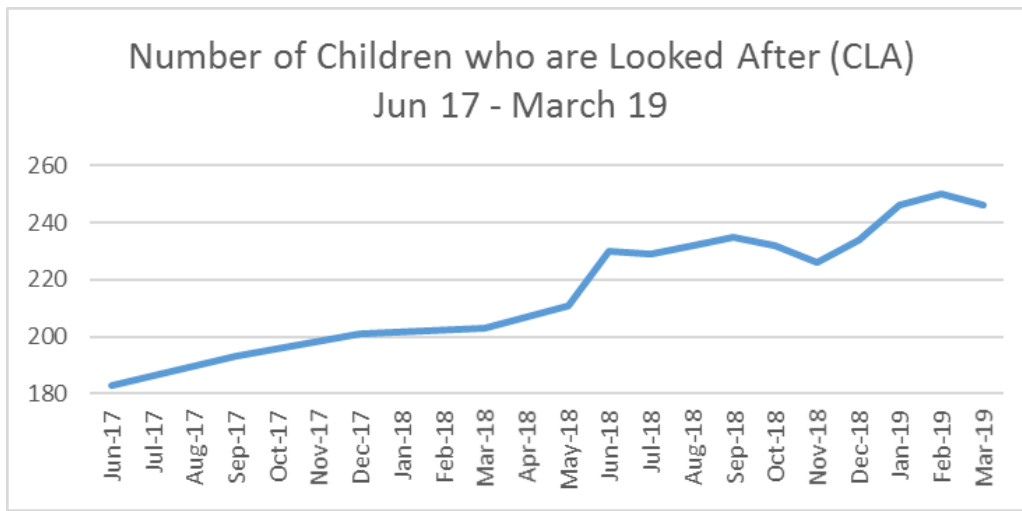
	Total Baseline budget 2018/19	Outturn 2018/19
2017/18 Baseline Budget bfw d	14,471	-604
Savings/efficiencies not delivered in 2017/18	-1,100	-1,100
2018/19		
Savings/efficiencies target	-1,197	-1,197
Grants transferred into the revenue settlement	243	0
Growth		
Improvement Capacity, as agreed by Council	3,530	710
Service Pressures		
Full year effect (FYE) of previous year (PY) service users	1,953	-2,564
Children w ho are Looked After (LAC) - grow th 2018/19	510	0
Children w ho are Looked After (LAC) - additional 2018/19		-984
New responsibilities - 'When I'm Ready'	100	100
Domestic Abuse & Independent Domestic Violence Advocacy (IDVA) - includes Corporate function	80	0
	6,173	
TOTAL	18,590	-5,639

2. **Revenue**

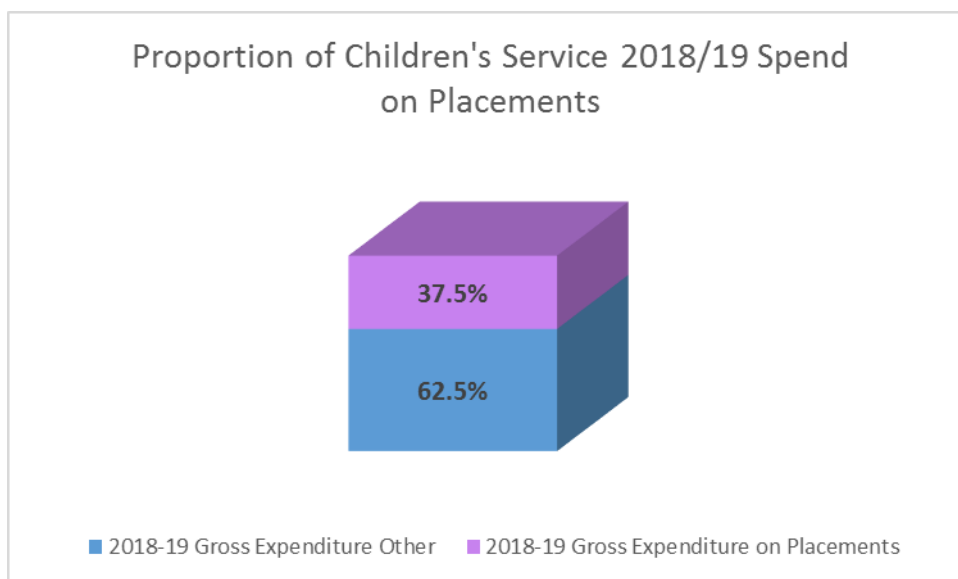
2.1 Childrens budget



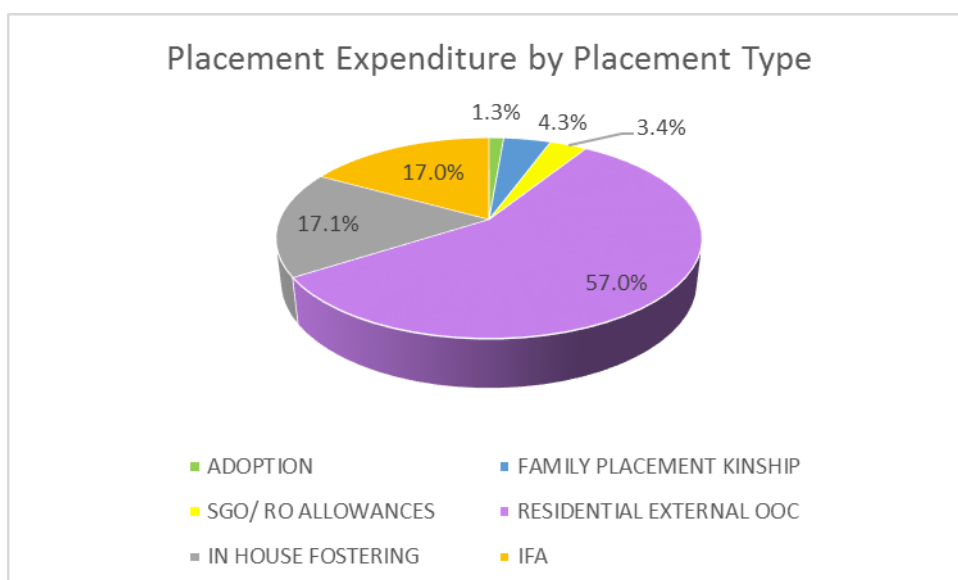
2.2 There is a decrease in 4 Children who are Looked After (CLA) to 246 children, however this is still a 21.2% increase from March 2018, Appendix A.



2.3 Of the £29.4m Goss expenditure, £11.0m of this is on Placements.

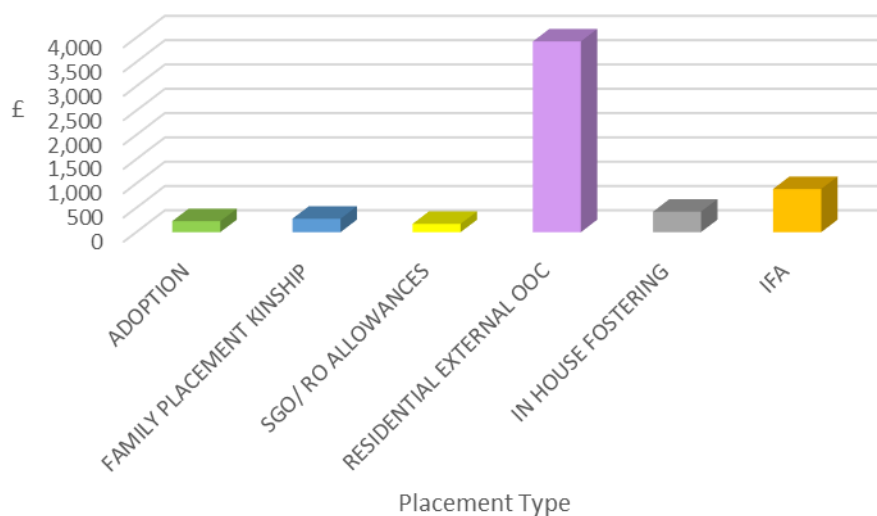


2.4 A breakdown of the £11.0m by placement type.

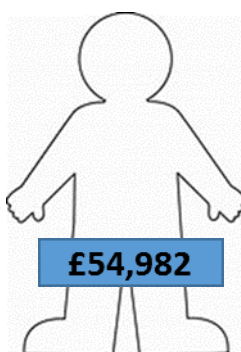


2.5 The average placement cost at 31st March 2019

Average Placement Cost at 31st March 2019



- 2.6 The average Gross Child Looked After (As per RO criteria) Expenditure per child placed with an associated placement cost in 2018/19.



- 2.7 There has been a 53.3% increase in the number of children receiving Direct Payments in 2018/19, it has risen from 30 to 46 children. The expenditure on Direct Payments exceeded the total baseline budget by £144.2k, which is a reduction of £0.9k from the previous month.

3. Capital

Service	Original Budget	Virements Approved	Virements Required by Cabinet	Virements Required by Council	Revised Working Budget 2018/19 as at (after virements approved and required)	Actuals	Commitments	Actuals & Commitments	Remaining Budget	
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	%
Childrens Services	0	141	-80	0	61	60	0	60	1	1.59%

- 3.1 Golwg y Bannau/Camlas outturn of £5.7k against a budget allocation of £0.6k

- 3.2 Flying Start Welsh Government grant for former Dafydd Llwyd site outturn of £54k.

3.3 It has been recommended that Cabinet approve a virement to reduce the budget by £80k for Flying Start, former St Joseph's site. This project did not proceed and the grant has not been claimed in 18/19.

4. Management Action

4.1 The Children who are Looked After (CLA) population needs to be constantly reviewed by Area Managers and Head of Service to ensure the best use of placements alongside maintaining the costs within the existing financial envelope or identify alternative funding strategies. It is essential that the reviews on the Out of County placements identified placements are undertaken, which has an estimated £1m of savings.

4.2 Managers need to demonstrate that value for money has been achieved for each individual child placement, as the current cohort of children, excluding any inflationary increases, will cost approximately £57m from April 2019 up until they are 18 years of age for the Local Authority.

4.3 The Youth Justice Team should be mindful of all income streams and may need to reconfigure to ensure the budgets remain within future funding.

4.4 The Children and Young People Partnership (CYPP)

- Is under increased financial pressure in the foreseeable future as the amount of Welsh Government (WG) funding going forward is uncertain and any allocation needs to be maximised. The majority of the funding is from external sources that may cease at any time.
- Furthermore, these grants, particularly those from WG, will have specific conditions and need monitoring to ensure all spend (including expenditure defrayed by third parties) is eligible. There is a potential risk that if the expenditure incurred is deemed to be ineligible; the cost may have to be met by the partnership Lead Body, which in this case will be the Council.
- Another risk is the funding of any potential redundancies due to the reductions in WG funding, which will not be as within the grant terms and conditions, so will be a liability for the authority.
- There is also an additional risk that the Powys Teaching Health Board (PTHB) will not sign the Service Level Agreement (SLA), which could result in a grant audit qualification.

4.5 EProcurement - The accuracy of the budget forecast across the service area is significantly dependent on controlled use of the eProcurement commitment system. There have been instances where officers are putting commitments onto the system when the invoice is received or not a full year placement, this makes it extremely difficult to forecast accurately.

4.6 All off contract Agency staff need to have commitments on the system for the full financial year. They need to be correctly coded and housekeeping needs to be completed in a timely manner to ensure that the financial systems are forecasting the year-end position accurately.

4.7 Agency staff must be constantly reviewed in line with caseloads. The current cost is £14.2k per day which is not sustainable in the future.

5. Efficiencies Savings

5.1 The table below provides the Efficiencies/Opportunity Log

- 2016/17 Brought forward outstanding undelivered Efficiencies/Opportunity Log savings of £670.
- 2017/18 Brought forward outstanding undelivered Efficiencies/Opportunity Log savings of £1.011m. In the main this is within Children with Disabilities Residential establishments - Golwg Bannau and Golwg Camlas of £556k and £388k in relation to the new model for delivery of Childrens Services and the partnership working with the Powys Teaching Health Board and Third Sector, have not been delivered, nor are there any plans to advance. This remains a RED risk.
- 2018/19 Outstanding undelivered Efficiencies/Opportunity Log savings of £1.197m, this remains a RED risk as they were not delivered.
- As part of the Budget setting process in 2019/20 £2.2m was reinstated in the budgets, so the budget will have an unachieved savings target of £98k in 2019/20.

Efficiency / Saving	2018/19	TOTAL ACHIEVED TO DATE	REMAINDER OUTSTANDING	RAG Status	Comments
	£'s	£'s	£'s		
Detailed to be confirmed as Commissioning Strategy developed	1,196,770	0	1,196,770		No plans in place
Sub total 2018/19	1,196,770	-	1,196,770	-	-
2017/18 bfwd					
Bannau / Camlas residential/respice unit - efficiencies.	100,000	0	100,000		No plans in place
INCOME - Bannau and Camlas - change of usage to Residential and charging other local authorities	456,000	0	456,000		No plans in place
Regional adoption service - review underway re parity of resource across teams.	54,100	0	54,100		No plans in place
LAC Reduction in high cost residential / IFA placements	52,000	0	52,000		No plans in place
Fostering Team - realignment	107,800	0	107,800		No plans in place
New Model for delivery of Childrens Services following Strategic Review , commence November 2016	110,160	0	110,160		No plans in place
Further work to be undertaken when new model embedded and culture changing partnership with PTHB & Third sector	170,400	0	170,400		No plans in place
YJS National and local review of services underway target end date mid Aug 16	31,770	0	31,770		No plans in place
Grant Saving	18,438	0	18,438		No plans in place
Sub total 2017/18	1,100,668	0	1,100,668	0	0
2016/17 bfwd					
New Model for delivery of Childrens Services following Strategic Review , commence November 2016	670	0	670		No plans in place
Sub total 2016/17	670	0	670	0	0
Overall Total	2,298,108	0	2,298,108	0	0
			2,298,108		

6. Performance data

6.1 The attached table provides the accounts payable (length of time to pay external suppliers) and No purchase order No pay non-compliance.



Creditors analysis
March 2019v2.xlsx

7. HEAD OF SERVICE Commen

Appendix A

Activity per BI

NUMBER OF	2012/13				2013/14				2014/15				2015/16				2016/17				2017/18				2018/19											
	Jun	Sep	Nov	Mar	June	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	June	Sept	Dec	Mar	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Children who are Looked After (CLA)	161	155	157	151	145	144	141	152	144	149	143	136	151	146	141	148	143	141	160	157	183	193	201	203	211	230	229	232	235	232	226	234	246	250	246	
Children in Need (CIN)	682	649	660	660	790	783	646	748	688	764	722	740	765	698	714	489	677	552	612	412	589															
Children on the Child Protection Register	62	85	94	80	75	80	82	62	75	86	111	104	85	84	98	104	97	101	103	91	94															

Appendix B Improvement Capacity

Recommendation on Improvement Plan	Desired Outcome	Description	Number of FTE	2018/19 one off & on going
15, C20	This is an equal pay issue ... this covers the WBO in locality and CWD teams.. Still issue whether PA's will meet the pay grade this could add a further 6 posts needing regrading in line with WBO .	Re-Grading of CSO/Wellbeing Officers from 6 to 7	28	£83,160
		Re-Grading of Personal Assistants from 6 to 7	7	£20,790
1,4,9 & 24	To reduce the backlog of work in some teams and to reduce the caseloads of staff to ensure they have manageable caseloads and reduce the likelihood of staff leaving and avoiding the turbulence that that leads to for children and families.	Social Worker Posts - Assessments (5 temp, 5 Perm)	10	£472,300
1,4,9 & 24	This workforce capacity is to manage the high risk caseloads and ensure children are seen, assessed and plans put in place to progress their plans. Also to help stabilise the workforce through reducing the caseloads across a number of teams.	Agency Social Workers over establishment due to Capacity, excludes agency covering vacant substantive posts and sickness.		£230,336
1 and 2 B2/C2	the LADO is an important role to ensure all allegation against people in a position of trust, for example teachers, scout leaders, foster carers are investigated appropriately and ensuring a level of independence and focus to resolve matters as quickly as possible.	Local Authority Designated Officer (LADO)/ Principal Social Worker & Child Co-ordinator	1	£56,460
?	Senior Manager Capacity to Lead on Development of Integrated Youth Service, to include Youth Justice, 16+ and Youth Services	Lead of Youth	1	£84,750
7	The increase in the LAC population by approximately 30% and the recent rise in Child Protection registrations these posts are required to manage the workload safely.	IRO's	2	£112,920
1,9,10 & 26	To address issues identified in the Cssiw Inspection report and to ensure that the team has the capacity to meet demand appropriately at the single point of access.	Social Workers PPD (2 area model)	4	£188,920
1,9,10 & 26	As above but also to consider the options in the medium term for PPD by placing the team in 2 locations as has proved challenging to recruit permanent staff in Radnorshire.	Team Manager PPD (2 area model)	1.5	£92,550
4	To increase capacity in the edge of care services, preventing some children from becoming looked after as part of a LAC Strategy and reducing the numbers of challenging children entering LAC and expensive placements. This equates to one agency residential placement for 6 months . If we avoid just 2 placements in a year this will be a positive step to reducing costs. This will increase the Permanent Staffing within the Team from 3 to 5.	IFST	2	£102,640
4	To increase capacity for the edge of care services and to support children to remain at home and avoiding LAC costs and improved outcomes for the children. This post would be used to target the re-habilitation of children to their birth families.	IFST	1	£51,320
8, 11 & 13	Commissioning Third Sector organisation to provide this valuable edge of care service and to reduce the numbers of children becoming LAC and avoid further costs.	Family Group Conference (FGC)		£200,000
4, C12	To replace the management / co-ordination post for care leavers and 16+ to ensure we meet our statutory duties.	16+ Matrix Management Post	1	£56,460
12	To support the fostering service and foster carers to support Looked After Children in placement to help manage their needs and To support foster carers and looked after children to create stability and prepare them for their long term future. To reduce placement breakdown and the impact on children's development and subsequent costs and disruption. This is also part of the longer term LAC strategy and will be a helpful element in recruiting and retaining foster carers.	Psychology		£54,000
7	To ensure the Safeguarding service has capacity to meet the demands of the service and provide capacity to develop joint working with key partner agencies, Schools, Police, Health etc.	Safeguarding Manager	0.5	£42,000
12	To increase the capacity of the Fostering Service to support carers, stabilise placements and retain carers through being more responsive. These post will contribute to the development of the "Powys Intensive Placement Support Service" (PIPSS)	Wellbeing Officer Fostering	2	£66,440
12	To provide capacity for placement finding for looked after children.	Placement Officer - Fostering	1	£30,260
12	To provide capacity to assess prospective carers to increase the numbers of available carers for Powys and avoiding costs of Independent Fostering Agencies.	Independent Assessments - Fostering		£55,760

12	To increase the capacity of the Fostering Service to recruit carers and develop the capacity to meet emerging needs of children in Powys. A temporary increase would allow for significant increase in recruitment during the next 12 months to begin to meet current demand and to allow for greater placement choice and matching the needs of the child with the skills of the carers.	Marketing & recruitment Officer Fostering	1	£33,220
12	To increase capacity to recruit, support and retain foster carers for Powys and avoiding further IFA costs which have grown significantly over the past year. These additional posts would also allow the service to meet the additional demand and Court Directed timescales to undertake Assessments of Related Person's.	Fostering Social Workers	2	£94,460
12	To increase capacity to recruit and support adopters providing permanent homes for looked after children.	Social Worker - Adoption	0.5	£23,620
12	To support adopters to retain them and to support placement stability	Well Being Officer - Adoption	1	£33,220
12	To fulfil our legal responsibilities post adoption for children and families to maintain indirect contact with family members for children adopted through Powys CC. To ensure there is sufficient capacity within the Adoption Service to recruit and assess Adoptive Parents to provide homes to children with diverse and complex needs and for sibling groups. Each Adoptive placement the LA has to purchase from another Adoption Service (for a single child) costs £27,000.	Post Adoption/letterbox	2	£94,460
7 & 8	To improve the quality of practice and quality assurance in respect of casework improving outcomes for children Children's services requires a higher level of assurance improving the timeliness of assessments and plans and the overall quality of practice.	Quality Assurance Manager (Auditor)	2	£105,240
7 & 9	To ensure the authorities policies regarding children's social care are compliant with current legislation, national policy and Guidance. Many of our policies are not currently compliant.	Policy Development Officer	0.4	£21,050
	To develop capacity for commissioning of key services such as edge of care, placements and accommodation and VAWDASV (WG funding to be lost in 2018 due to regionalisation)	Strategic Commission Manager (CYPP), £80k on FRM	2	£43,400
	To develop capacity for supporting commissioning projects and strengthening contract monitoring arrangements	Commission Support Officer (CYPP)	1	£43,520
	To develop much needed capacity within the TAF to improve interface with Statutory provision and help manage effective step up/down of cases	TAFF-North (CYPP)	0.5	£28,230
	To establish IAA and Family Information Service Outreach in line with both the SSS&WB Act and the Childcare Act 2010.	FIS Outreach Event Worker (CYPP)	1	£32,190
28	To ensure that the Service runs more efficiently, proving timely reports and ensuring timelines are met.	Business Manager (Childrens)	1	£57,760
9,20,22 & 28	To increase capacity to ensure reports are accurate and senior managers are supported to ensure the teams have access to information and they are supported in preparation for Legal Proceedings.	Data Quality Clerk	2	£57,960
5,6,16,17,18,19 & 29		Specialist advice		£128,700
All	To support the Improvement Plan and Improvement Board	Programme Manager	1	£63,000
All	To support the Improvement Plan and Improvement Board	Project improvement Officer	1	£43,520
All	To support the Improvement Plan and Improvement Board	Project improvement Officer	1	£43,520
	To support the Improvement Plan and Improvement Board	Interim Lead for Child Placements - 3 mths	1	£48,900
SUPPORT SERVICES				
All		PA to Director - Permanent	1	£33,220
2,3,4,14 & 15	To support the Improvement Plan and Improvement Board	OD and Workforce - Honorarium	1	£29,170
All		Personal Assistants (PA's to Managers)	4.5	£142,020
25	To investigate all stage one complaints to resolve them quickly and reduce the number of stage 2 complaints which have grown in 2017. There were a total of 9 stage 2 complaints, 2 in the first 6 months and 7 latterly. Early independent resolution of the complaints will increase the public's confidence.	Complaints officer - Stage 1 Complaints	1	£48,530
1,4,9 & 24	To support the Improvement Plan and Improvement Board	BSU - Administration - 3	3	£78,459
7	To support the Improvement Plan and Improvement Board	BSU - Safeguarding - 3	3	£78,459
1,9,10 & 26	To support the Improvement Plan and Improvement Board	Administration - 0.5 PPD	0.5	£13,077
All	To support service	Legal	1	£65,030
9,20,22 & 28	To support the development of reports and provide accurate reporting to the service.	ODPS - Business Intelligence Systems Officer	1	£45,000
		TOTAL		£3,530,000

Adults Performance Report

May 2019

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10



Yn agored a blaengar - Open and enterprising


Powys



What's working well?

The percentage of safeguarding enquiries completed within the statutory timescales remains high at 95%.

The numbers of quality assurance audits for the month have increased from 34 (April) to 44 (May). Compliance against QA is also at 90%.

Calls to ASSIST – almost 9 out of every 10 calls are answered. The feedback to date on the ASSIST service has been very positive.

While the numbers were lower than usual, all carers identified were offered an assessment (100%).

The work to reduce the number of out-of-county placements for individuals who have a learning disability is bearing fruit with 2 individuals having moved back into Powys.

The numbers of individuals receiving support through TEC (technology enabled care) continues to increase. The Council has invested an additional £170k into this service for 2019 onwards and two members of staff have been recruited (start dates in June 2019)

The number of agency social workers in the service has reduced to 8.

The number of people experiencing a Delayed Transfer of Care is decreasing. However, it remains high, with the main reason continuing to be access to domiciliary care.

Waiting times for occupational therapy and sensory loss are reducing.



What are we worried about?

Domiciliary care provision/availability remains challenging. The average package of care has reduced in size over the past year. However, the availability remains problematic with the number of dom care providers within Powys having reduced from 19 to 12 over the past 6 months. One other provider is meeting with Council to consider its future provision within the county during June.

Waiting times for domiciliary care have increased further (30 days). However, there are a few individuals who have been waiting a long time who have been offered a service and declined for a variety of reasons. These examples are impacting upon the statistics.

The percentage of supervisions sessions undertaken as planned has remained at 4 out of every 5. However, this is acknowledged to be lower than expectations and has been so for 2 months.

The number of people in residential care has stabilised, but the statistics are not consistent. Work is being undertaken to clarify the numbers in order to enhance understanding.

Policy on choice is being developed to include domiciliary care services as well as residential care and 3rd party payments.

Commissioning of Community Catalysts is underway.

Undertaking work with the NHS Delivery Unit to populate the model (devised by Prof John Bolton), to enable greater understanding of demand and outcomes and to inform commissioning practice.

Development of the AskSara virtual OT will be undertaken over the summer months.

Evaluation of the Dynamic Purchasing System for domiciliary care is being undertaken this month, anticipated recommendation to extend the pilot.

Respond to the evaluation of the ASSIST pilot in the north of Powys.

Work is required to update and make the Active Offer measure functional and reliable.

Use the staff conferences to enhance communication with staff about our aspirations for strengths-based working.



What's working well?

- 1a – In addition, 1045 contacts were made to the social services line
- 1a – Decrease in the percentage of call waiting times with maximum wait time also decreasing
- 1a – Coding of calls has been more consistent across the team
- 1a – Following feedback, the name of the on-line enquiry form has been changed to Contact ASSIST on-line
- 1a – Issues appear to have resolved with partner agencies perception of the on-line enquiry; the Service will continue to resolve any issues as they arise
- 1a – ASSIST to commence a trial to facilitate webchat
- 2 – Discharge Co-Ordinator post has been appointed to. Start date will be in Quarter 2. Some earlier shadowing work will be undertaken to support transition.
- 2 – Collaborative working with Health on the revised discharge pathway has been positive. Pathway to be completed by end of June 2019.
- 2 – Interim bed policy has been developed and will be presented to Age Well Partnership in June 2019.
- 2 – Delayed transfers of care are considered on a case by case basis where issues including funding are reviewed and resolved.
- 2 – Interim agreement in place on how top-ups are managed
- 3 – Whilst there is a decline in compliance in number of enquiries completed, this related to 2 out of 40 enquiries not completed within timescales
- 5. 40 out of a possible 44 audits were completed which equates to 90% with QA policy. This is a positive increase of 16% on April's performance of 74%.



What are we worried about?

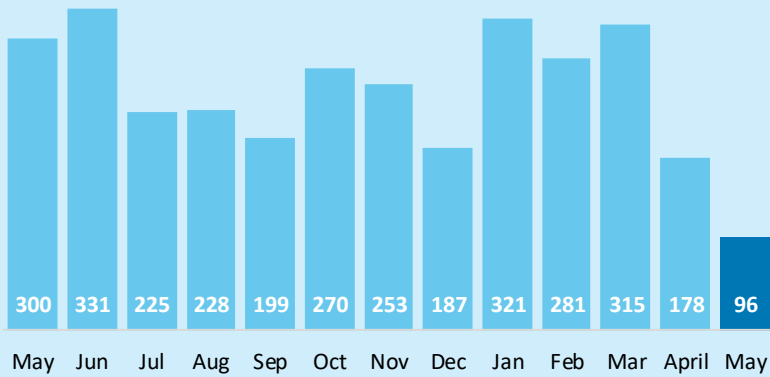
- 1a – Volume of inappropriate calls which are still received by ASSIST eg 181 were for other departments and 388 for operational teams
- 1a – Currently the 2 phone lines remain following the launch of ASSIST; availability of Welsh speaker remains an issue
- 1a – Delay in new corporate phone system going "live" - timescales still awaited
- 2 – Ability to co-locate social workers in July 2019 due to vacancies (recruitment is underway)
- 2 – Delayed transfer of Care remain high considering we have moved to Summer period. Service provision remains an issue particularly for individuals who live in rural locations. In the South this is predominantly domiciliary care provision and in the North in the main this relates to availability of residential/nursing care beds
- 2 - As at 5th June, delayed transfers of care for social care reasons were 7 in the North and 17 in the South of the County. In the South of the County there were an additional 2 cases which were joint with Health
- 2 - Loss of income is a potential issue for the Authority with individuals being placed in residential care due to lack of suitable home care packages.
- 2 – Source of concern that due to lengthy periods in hospital, individuals' physical conditions are deteriorating which results in increased dependency levels/increased levels of care required on transfer into community/domiciliary care package
- 2 – Impact of unscheduled communications on operational and commissioning teams from Health
- 4 – Compliance in respect of supervisions is low (77%), due to vacancies within the teams (2x Senior Practitioners for Older People in South, 1x Senior Practitioner for disabilities South).
- 5. Observation of practice has not been fully embedded and rolled out across all teams.



What do we need to do?

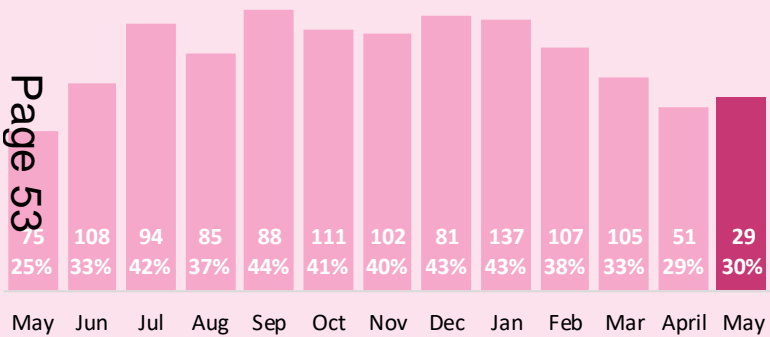
- 1a – Inappropriate calls – communication to be disseminated council wide
- 1a – Resolve where Welsh language calls are to be redirected to
- 1a – Communication to be sent to internal and external Partners to remind them of new phone number for ASSIST and the Contact ASSIST on-line enquiry form
- 1a – Continue to engage with IT in respect of the new corporate phone system; project continues to be delayed whilst funding issues are resolved
- 1a – Evaluate proof of concept for ASSIST to determine recommendations on the way forward (timescales end of Quarter 1)
- 1a – ASSIST – performance measures – work needs to be undertaken on this (Quarter 2 timescale)
- 1a – Evaluate trial of webchat – the Service will give time for this to embed (evaluation in Quarter 3)
- 2 – Escalation policy to be agreed when pathway timescales not met/pathway not followed. There needs to be some work completed with Health on this.
- 2 – Continue to recruit to vacant posts in the South of the County which will support the planned approach going forward of having hospital based social workers from July 2019
- 2 – Liaise with IT in respect of staff being co-located in Hospitals where any issues identified. Social Work teams currently testing sites for access
- 2 – Work with jointly with Commissioning on all highlighted issues in respect of service provision
- 4 - Compliance with supervision continues to be raised with managers via OMT
- 5. Fully embed and rollout direct observation of practice on a countywide basis across all teams. Senior Practitioner posts when fully recruited to will support the embedding of observation in practice in the South of the county. In the North, the Consultant Social Worker does undertake some observations of practice.

1a. Number of Contacts to ASSIST

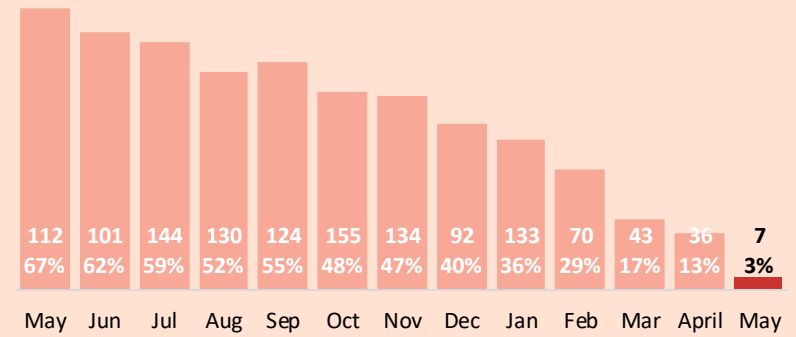


Note: Measure 1c/1d - This data will always remain variable, depending on the delay in service being commissioned; the stat cannot be calculated retrospectively.

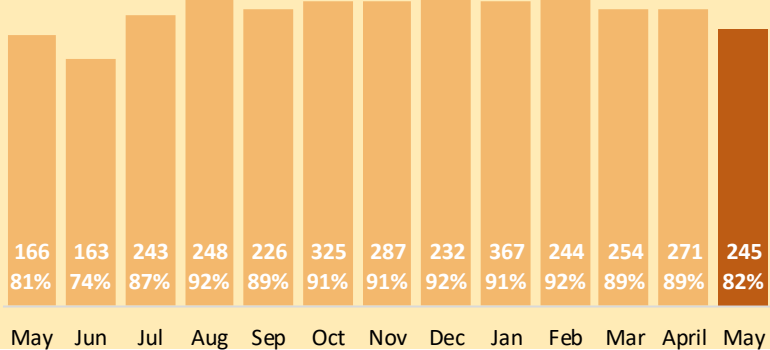
1b. % contacts to referrals



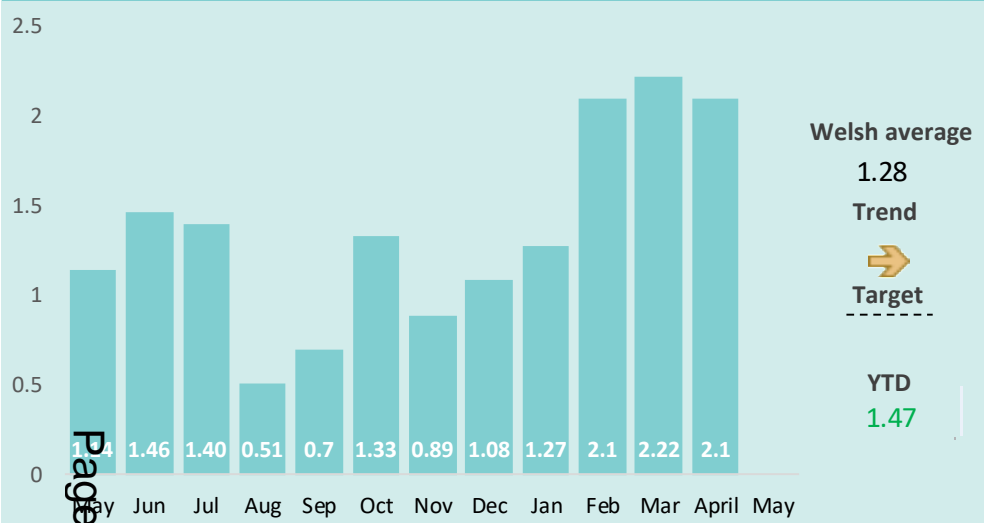
1d. % of assessments to service



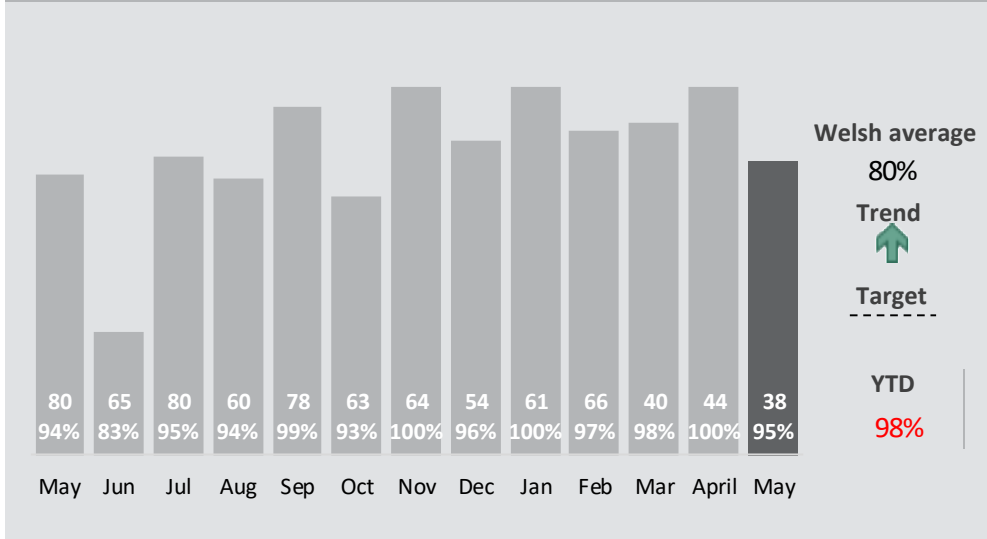
1c. % referrals to assessment



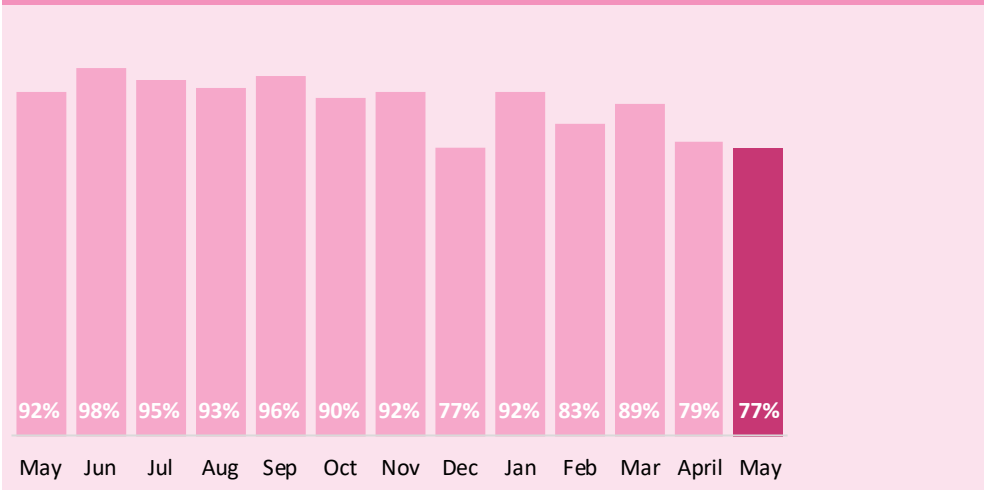
2. No. of persons (per 1000 population) aged 75 and over who experience a delay in returning to their own home or social care setting following hospital treatment



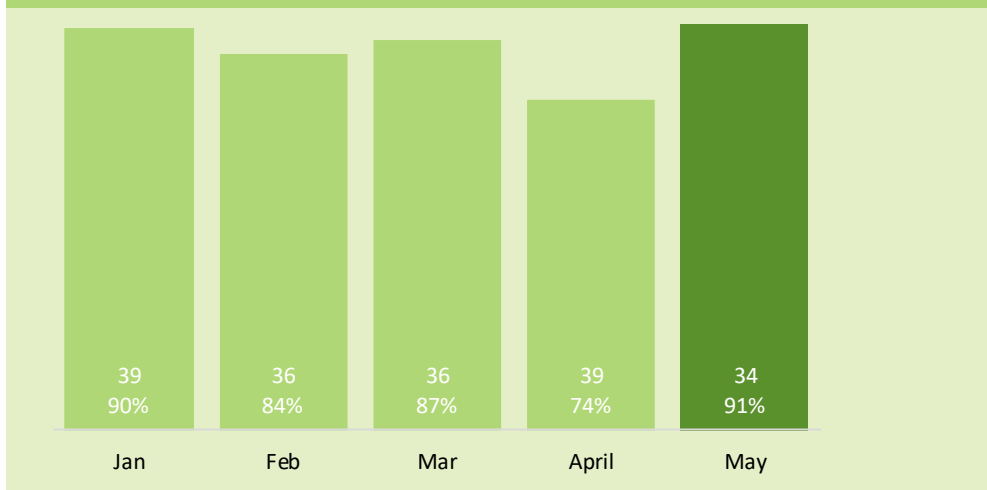
3. Measure 18 – The Percentage of adult safeguarding enquiries completed within statutory timescales



4. % of case supervisions held



5. % Compliance against QA Policy



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What's working well?

6a – May saw an increase answered by 12% to 87% and the average answer time on the social services line decreased to 1 minute 41 seconds (3 minutes in April)

ASSIST - Collaborative communication training has been agreed for Contact Officers and Community Connector

ASSIST – Plans have been put in place for reflective sessions to be undertaken following the collaborative communication training (Quarter 2) to support the embedding practice

ASSIST - Cover for team meetings has been established to enable contact officers to meet as a team

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What are we worried about?

E-market place approach - discussions with Procurement delayed due to their capacity to agree draft specification and tendering arrangements being put in place



What do we need to do?

Evaluate proof of concept for ASSIST to determine recommendations on the way forward (timescales end of Quarter 1)

ASSIST - put in place appropriate measures for improvement following CIW monitoring visit

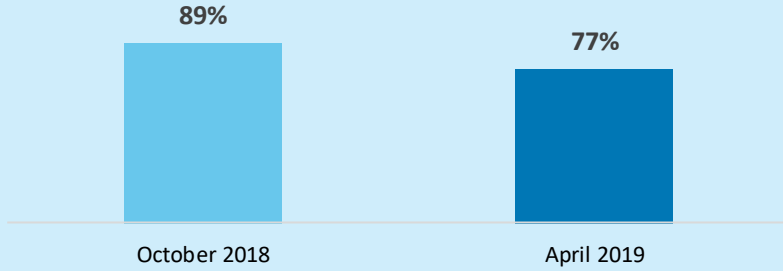
ASSIST – Quality Audit being developed to assess quality of experience for individuals who have contacted the Service (timescale for development/implementation Quarter 2)

E-market place approach – establish project group to include service users, carers, PTHB, third sector and corporate colleagues. Commence procurement exercise. An evaluation framework will be developed as part of the project (Timescale – funding until end of March 2021)

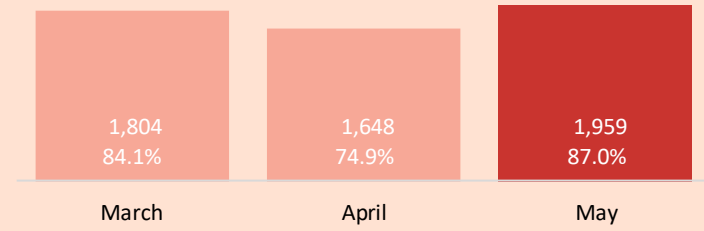
Review and develop external Adult Social Care website to ensure it is fit for purpose

Awaiting launch of App by the Minister along with promotional material (Dewis, Infoengine and NHS111). Continue to develop content and functionality for newly launched app.

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



6.a. Percentage of calls answered





What's working well?

7 – No backlog of assessments for allocation in the North of the County for older people
 7 – No backlog of assessments for allocation in Disability Team. The team have some a reduction in receiving inappropriate referrals at allocation stage due to sifting of these within ASSIST
 8 – Increase in the number of requests for carers assessments
 8 – Carers forms have “gone live” in WCCIS
 13a -17 individuals left the Reablement Service not requiring an ongoing service with 2 requiring an ongoing service. 1 individuals had a reduced package of care. 1 individual did not receive a reduction in care package.
 14 - Number of outcomes for individuals receiving Reablement will continue to be variable month on month. Goals were achieved for 12 individuals, partially achieved for 4 and 5 achieved for 3
 In May, the Reablement Team had 106 primary referrals and 23 involvements.
 Attendance planned at the first All Wales Support Network for Coaches and Mentors in June 2019 (Event being held in Powys)
 DQCs commenced in post and will start working with staff to go through dashboards to ensure that they are accurate.
 Agency workers commenced in post in the South of the County at the end of May which will increase capacity within the team whilst vacancies being recruited to
 Support to teams – work on exemplars is almost complete. Work has also commenced on how Sharepoint can be used to support staff.



What are we worried about?

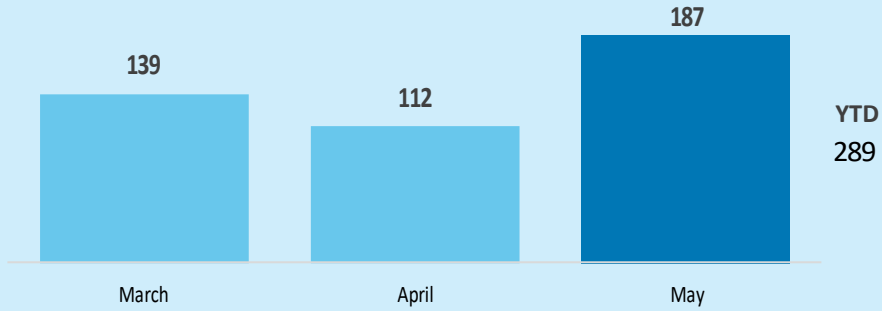
- OT Assessments in the South – there has been a reduction in the number of individuals on the waiting list to 76 with the longest wait being 15 weeks which is a decrease on the 18 week wait in April. All priority 1 referrals are allocated. Some recording issues have been identified and this has been highlighted and addressed with workers
 - OT Assessments in the North - there were 37 people on the waiting with a wait to allocation of 4 weeks; the waiting time has risen as there was a higher number of referrals than average
- 7 – Reduced numbers but still a backlog of assessments for allocation in the South of the County
- 7 – Sensory Impairment – the waiting list for visual impairment is 100 which is an increase of 18 from April and for hearing impairment 51 which is a reduction of 8 from April
- 7 – Strengths based approach – not all workers are taking forward this from assessment to care and support plans. Work has commenced on exemplars to support workers on this.
- 7-8a – in the North of the county, the older people’s team have not been in a position to close all documents where work has been completed. It is noted that in the South of the county the majority of this work is complete
- 8 – Ability to undertake carers assessments due to increase in demand within existing staffing resource in older people’s services



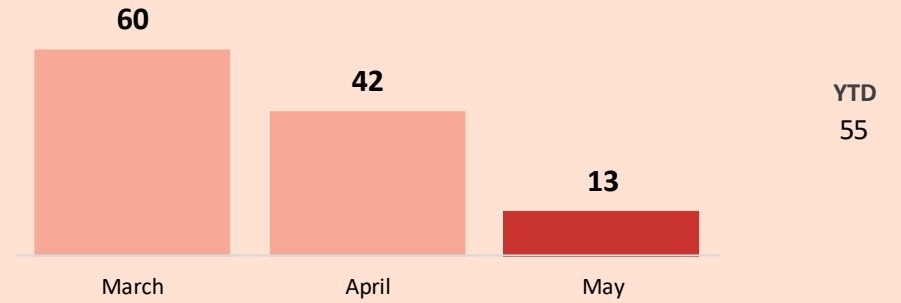
What do we need to do?

- 7 – 7a - Meeting to establish and agree what forms are to be used in relation to the OT service.
- 7 – Strengths based approach - 2 cohorts of training have been secured for a further 30 mentors. Training being held between August and September 2019.
- 7-8a – Complete work in relation to closure of documents where work has been completed to support accuracy of reporting – revised deadline end of June
- 7-7a - Meet with Business Intelligence to review where data being collated from (Older Persons lead)
- 7-8a – Business intelligence to complete reporting requirements which will include additional reports to evidence work undertaken by Teams (including reassessments/reviews undertaken)
- 8 – Review staffing resource to identify risks where increase in demand cannot be met
- Sensory Loss – meetings to continue on team structures which have been agreed in principle; staff have been involved in proposals
- Sensory Loss and OT – continue to reduce waiting list times
- WCCIS – fundamentals training to commence rollout in Quarter 1

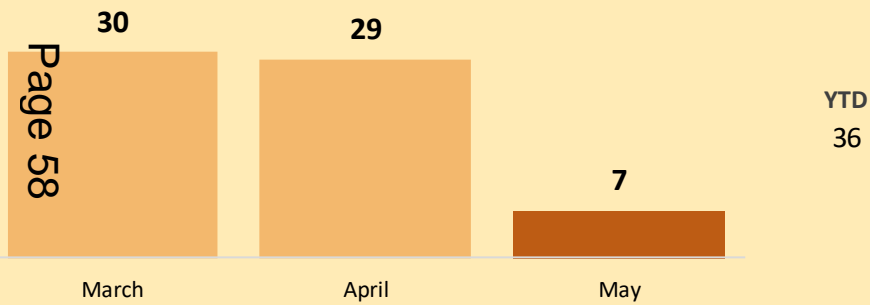
7. No. of assessments of need for care and support undertaken



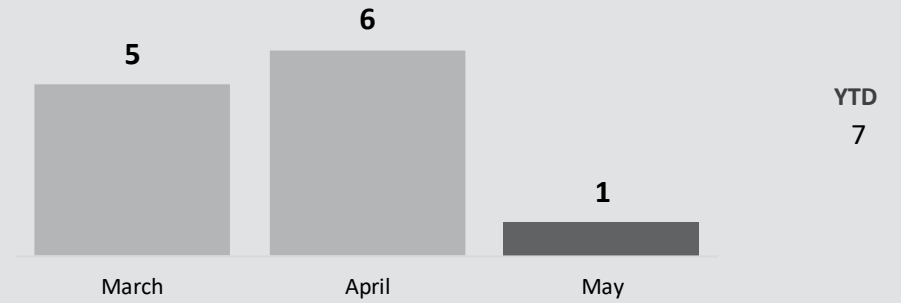
7a. Of these, no. of assessments that led to a care and support plan



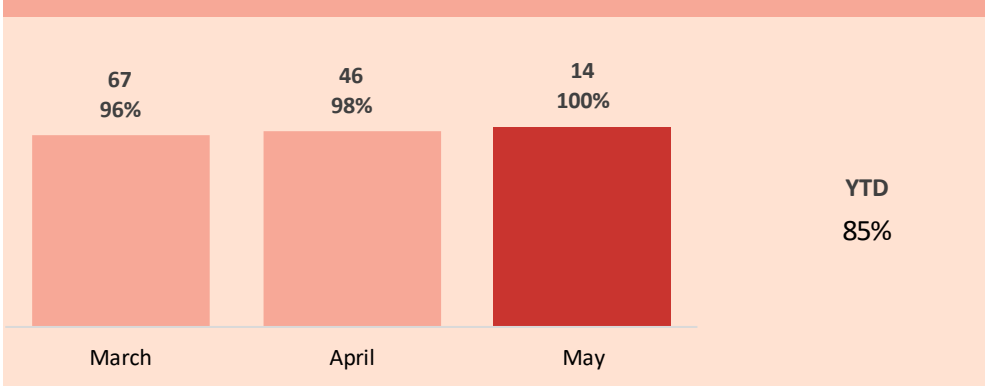
8. No. of assessments of need for carers undertaken



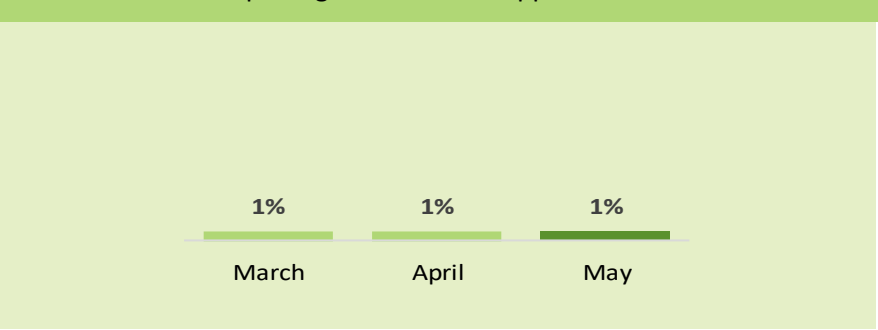
8a. Of these, no. of assessments which led to a care and support plan



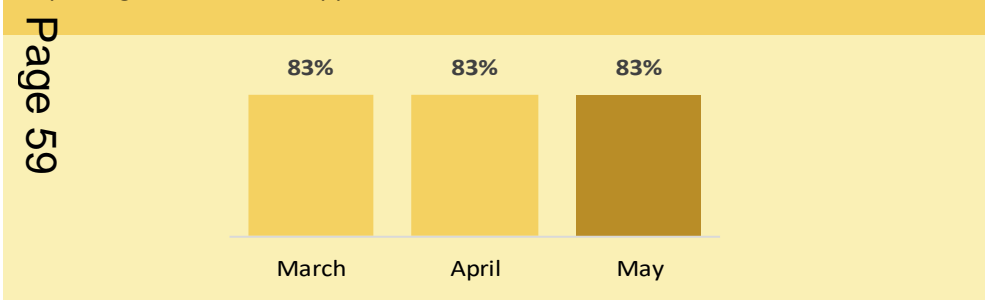
11. % of carers identified offered an assessment



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

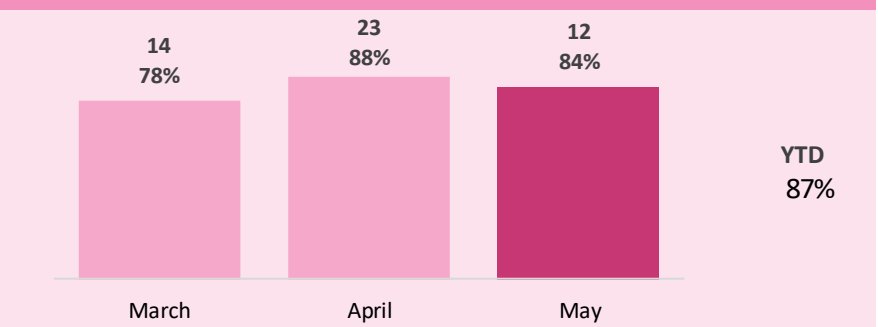


13a. Measure 20b: % of adults who completed a period of Reablement and have no package of care and support 6 months later



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14. % of Reablement clients achieving outcome





What's working well?

15 – Review Community Support Officers commenced in post in South of the county and have undertaken induction

15 – Staff have been attending Panel which has had a positive impact on improving the quality of care and support plans

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What are we worried about?

15 – Staffing capacity has been an issue in the North but especially the South of the county (older people's teams) with continued unprecedented workload in relation to delayed transfer of care for both community and District General Hospitals – this has impacted on the ability to reduce the number of reviews outstanding

15 – Implications of having to re-prioritise workload to meet continual changes in demand

15 – Overall increase in the backlog of reviews:

- Older People – Brecon - 182
- Older People – Llandrindod Wells - 139
- Older People – Ystradgynlais - 31
- Older People – North - 81
- Older People Reviewing Team North - 133
- Sensory Loss – 8
- Disabilities Team - 114
- Mental Health - 42
- Occupational Therapy – 9



What do we need to do?

15 – Review the review action plan to ensure it remains fit for purpose for older people

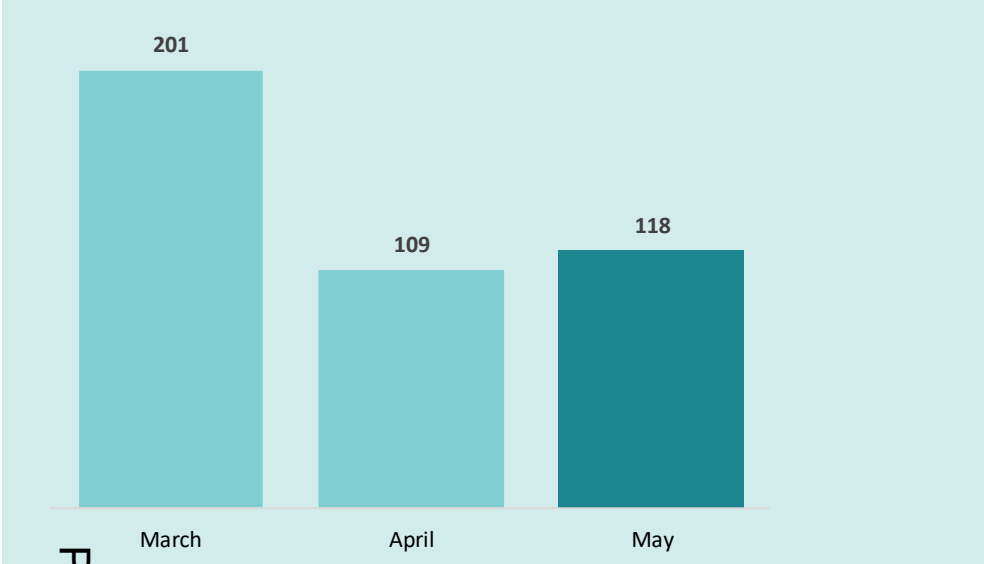
15 – Continue to re-prioritise workload to meet demand

15 – Reviews to be scheduled, undertaken and closed in a timely manner whilst prioritising other urgent workload

15 – Work to be undertaken with teams to ensure reviews are strengths based/outcome focussed

15 – Staffing capacity has also been an issue in respect of vacancies and sickness within teams

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



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What's working well?

18 - Whilst there is a decline in compliance in number of enquiries completed, this related to 2 out of 40 enquiries not completed within timescales

Rationale for risk assessment is now recorded within risk assessment which was not happening previously.

Safeguarding audits to be allocated to Safeguarding DLMs in June

Issues with new safeguarding form have been resolved.

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What are we worried about?

Training on Threshold Document - not yet been re-commissioned by the Region

20/23/24 - Concerns remain in respect of interpretation of how the information recorded is transposed into statistics

22 – Concerns remain that the number of strategy meetings continue to be “pulled from closed forms”



What do we need to do?

Continue to support the DLMs to consistently apply the principles of the Mental Capacity Act when managing safeguarding enquiries

Develop working relationships with Commissioning Team to ensure identified issues are highlighted at appropriate junctures, eg following contract monitoring visits

Risk assessments – some work still to undertake in understanding more complex cases to ensure if risk can effectively be captured within existing documentation or whether new document needs to be developed; this will be discussed with the Regional Safeguarding leads (to be reviewed in Quarter 2)

Review how risk assessments form part of strategy meetings to strength adult protection plans

Safeguarding need to capture “what matters” outcomes for individuals at the point of contact and undertake follow-up contact calls at the point of closure

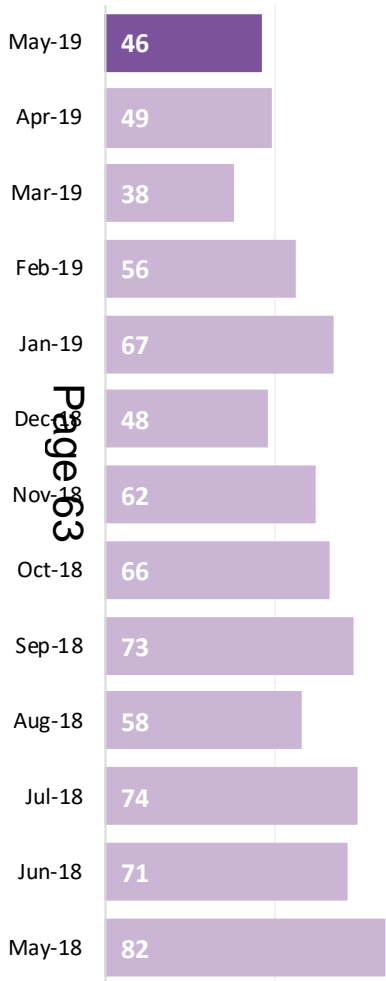
2-day Making an Enquiry Training for Internal and External Partners to be commissioned by the end of Quarter 2 – the aim is that safeguarding is everybody’s business

Training on Threshold Document - staff/Providers to attend training when available following re-commissioning by the Region

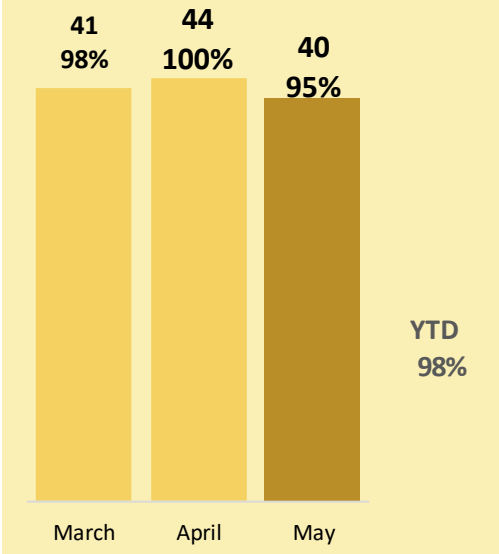
20/23/24 Consultation carried forward to Quarter 1 with Business Intelligence to drill down and resolve concerns

22 – Consultation carried forward to Quarter 1 with Business Intelligence to drill down and resolve why data is not being “pulled” from open forms

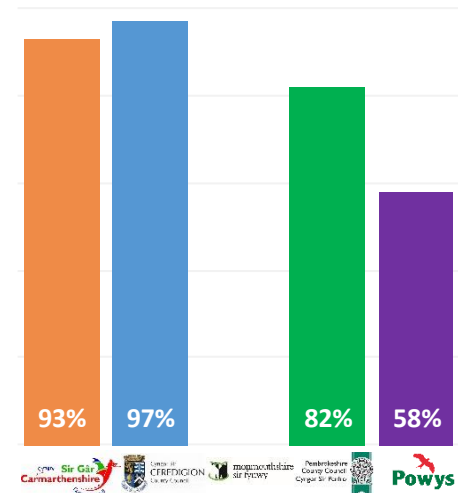
17. No. of clients referred to the adults safeguarding team 19/20



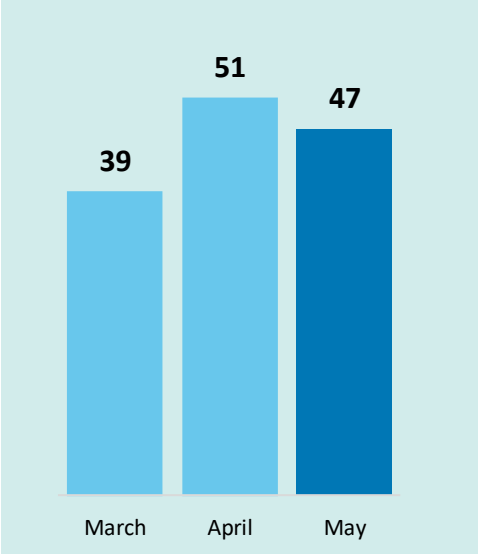
18. Measure 18 - % of adult safeguarding enquiries completed within statutory timescales



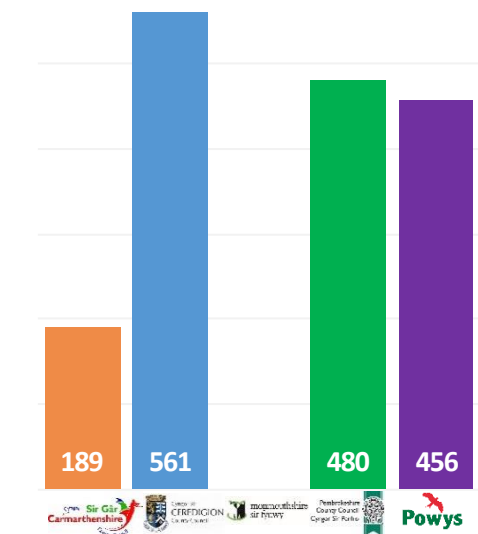
% of adult safeguarding enquiries completed within statutory timescales Apr - Sept 17



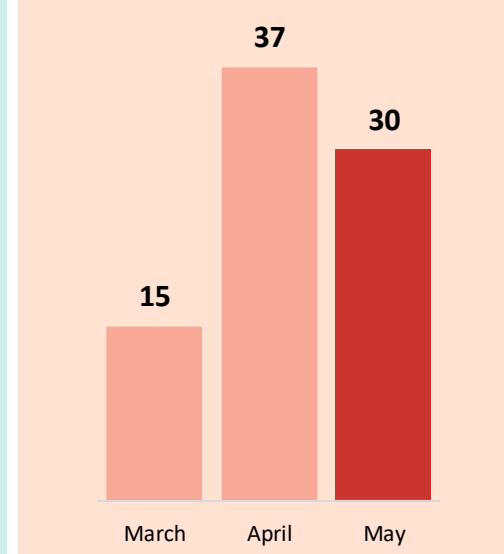
19. No. of referrals made to adult safeguarding during the year



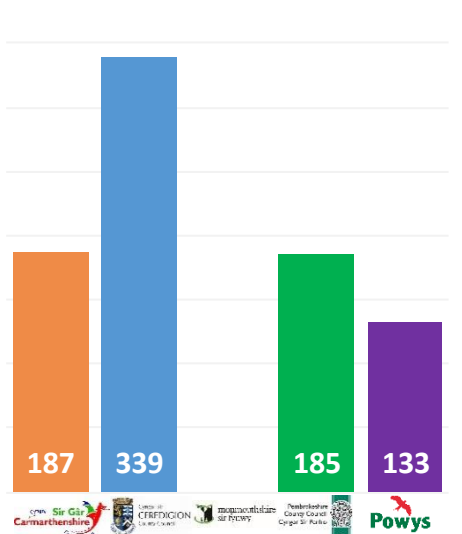
No. of referrals made to adult safeguarding during the year April - Sept 17



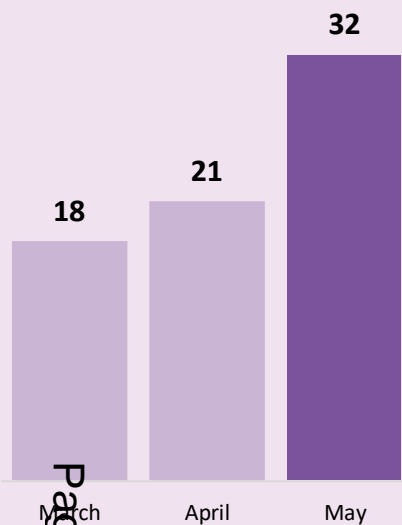
19a. Of these, how many led to an enquiry



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

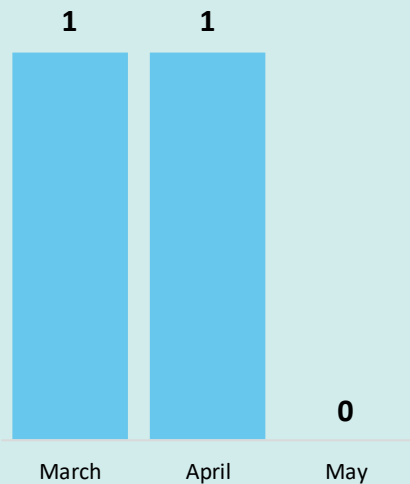


20. No. of enquiries which concluded that action was required

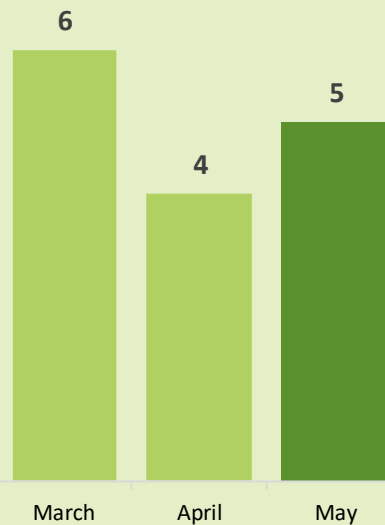


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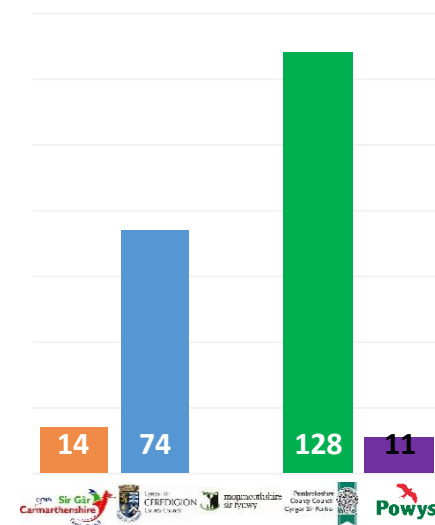
21. No. of non-criminal investigations concluded during the year



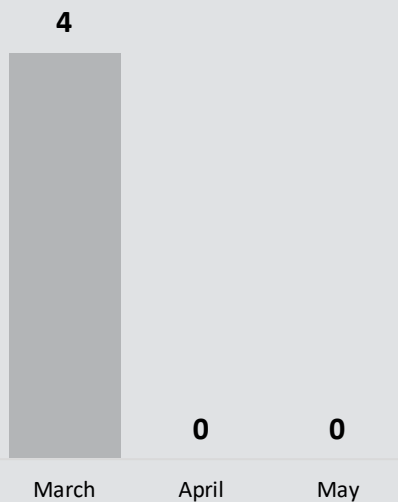
22. No. of strategy meeting which have taken place



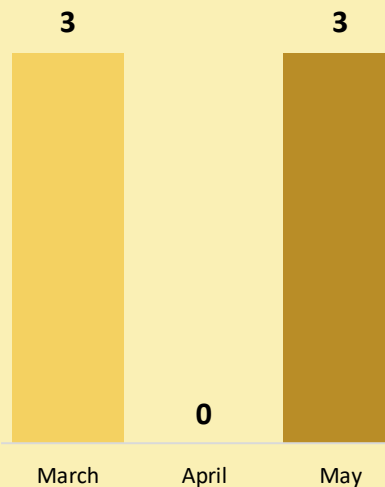
No. of strategy meeting which have taken place as at 31/03/17



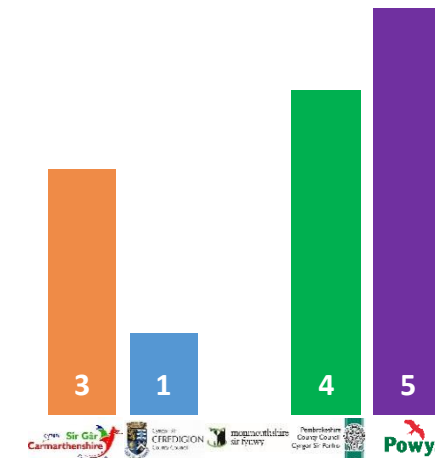
23. No. of case conferences completed



24. No. of Adult safeguarding plans complete



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





What's working well?

27 the number of unique individuals supported in May 2019 was 39 bringing the total in the year to date at 88; it is projected that this will deliver cost avoidance savings within the financial year of £109k.

27 – 2 fte Assistive Technology Officers have commenced in post 27 PadBots have been purchased which will be used to pilot (in Quarters 1 and 2) reviewing in residential care in the first instance, as such reducing both the travel time and the time spent by staff at the homes. There have been technical problems with those purchased but the project has adapted to work with tablets on stands to be used by social workers from a Skype video call. This is with the aim to be adaptable and flexible in order to achieve outcomes, rather than being stuck on the computer and detail.

Contract with Shaw Healthcare Ltd has been signed with transfer taking place on 1st June 2019

Dynamic Purching System – this continues to be piloted enabling different conversations with service providers and easier accessibility for new providers. The pilot will be evaluated with results of this anticipated for July 2019.

The ICF funded Agency OT who is in post until end of June 2019 continues to review double to single handed care packages. In April work has focussed on delayed transfers of care and working directly with families to support avoidance of new or increased packages of care, wherever possible. 16.25 hours capacity was made available in April and May in South Powys with a potential saving to year end of £12,335 due to OT interventions.

28 – Supported Living – report presented to Portfolio Holder who agreed that the Service develop and implement a framework for “accommodation and support for living a good life”

29 – Tendering exercise to complete in June 2019 for transfer of hours from Provider leaving the market to new provider



What are we worried about?

Financial stability of Providers following the announcement that there would be no uplift to Providers in 2019-20

Continued volatility and sustainability in the external domiciliary care market impacting on available capacity for care packages

29 – Capacity within the Brokerage Team to deal with “fall out” within the market and day to day brokering of service provision which includes the impact of delayed transfers of care

29 – The Service remain concerned about the number of individuals with an unmet need (45) which equates to 490 hours but it is recognised that this is a significant reduction from April

29 – There has been a slight decrease to 65 individuals (69 in April) who are having their needs met by the Bridging Team with hours reducing from 724.5 to 612; Brokerage continue to work on this to broker the care provision externally.

29 – The Brokerage function is currently heavily reliant on the use of spreadsheets and this will be reviewed especially with the X drive being taken down in the future



What do we need to do?

Internal discussions to commence in June 2019 prior to widening out to partners/providers to establish a more strategic approach to providing care and support to individuals in the community (including delayed transfers of care), including opportunities to develop microenterprises which have the potential to provide employments for individuals within their own communities
27 – agreed to utilise tablets and/or Amazon Echo technology to achieve more cost effective solution to reviews in hospitals or care homes.

28 – Supported living framework – procurement exercise to commence in June 2019

28 – Supported Living – review all relevant day and night time packages (phase 1). Anticipated outcome being that packages will be right size and right price. Work remains on target.

28 – Awaiting outcome of business case to retain social workers within disability service to support and sustain learning on disability service project work. There is a risk to capacity to delivery note agreed.

29 – Continue to work with Providers collectively to support sustainability

29- Brokerage – consider opportunities for reviewing the way in which packages of care are brokered to further support Provider sustainability.

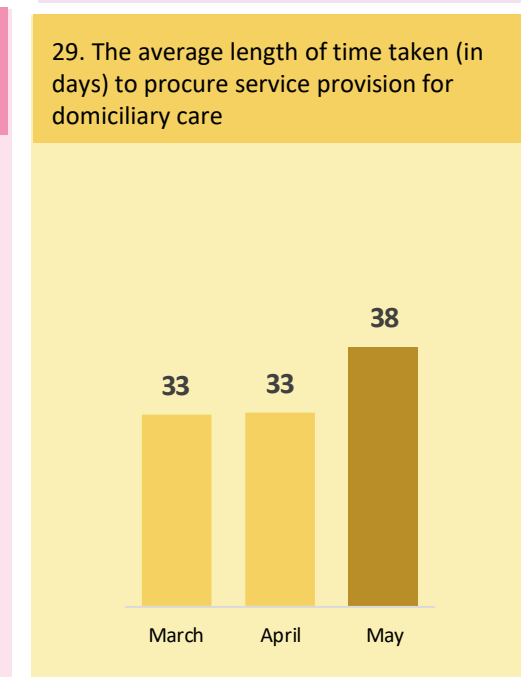
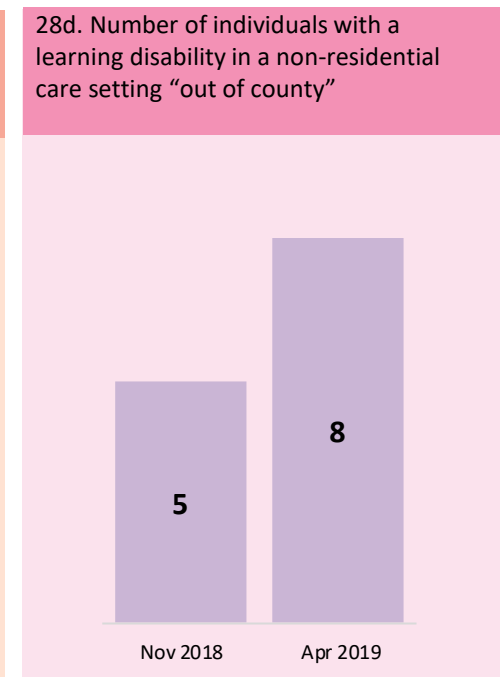
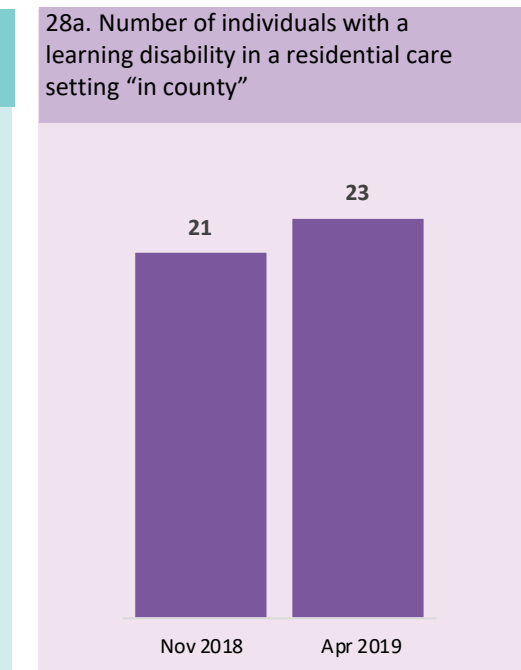
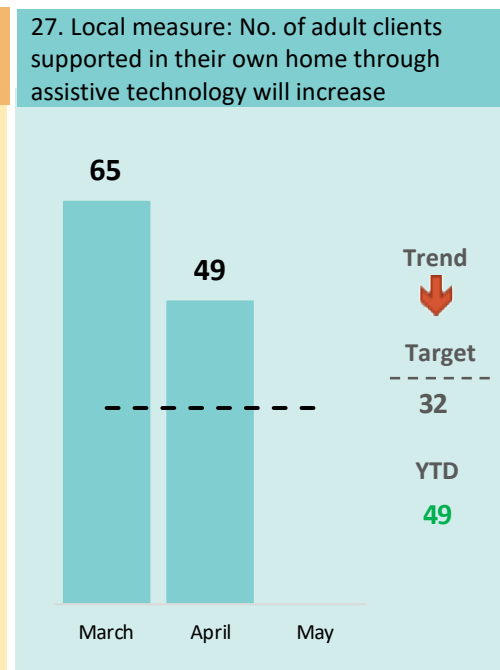
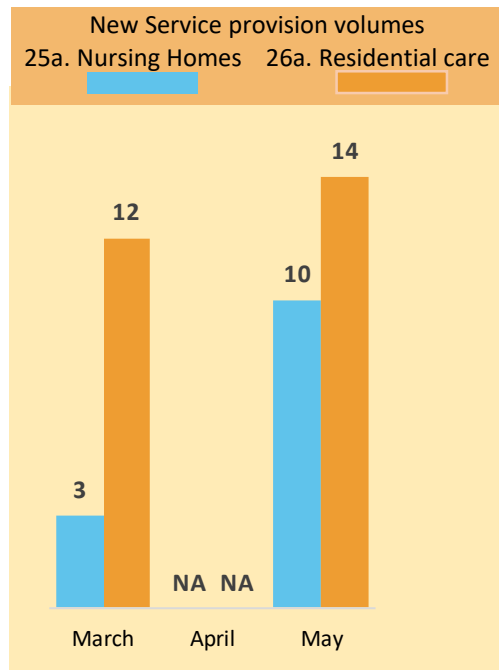
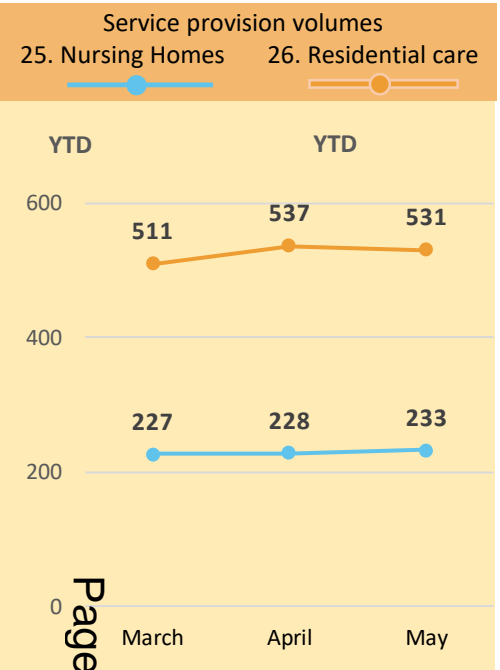
29 efforts are underway to develop alternative approaches to provide support people in their own home, including package swaps.

29 – The Brokerage Service will continue to prioritise domiciliary care within given resources available internally and externally

29 – Recruit to Brokerage Team (interviews June 2019)

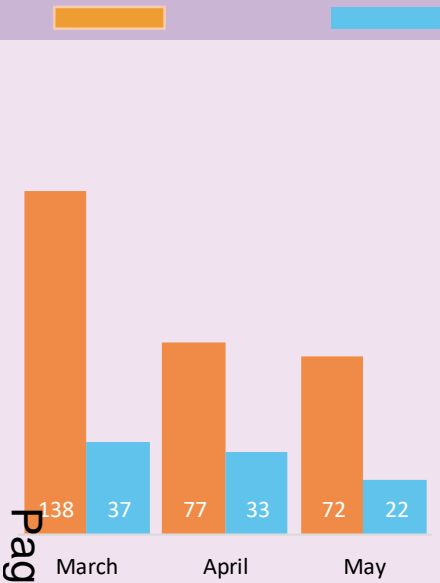
29 – Review Brokerage processes to support removal of eg spreadsheets

Direct Payments policy to be reviewed by end of March 2020 – a working group will be established to take this piece forward
Direct Payments – update information available for citizens on external website. Information ready to “go live”. Linkages will be made to Social Care Wales and People Plus the support provider for direct payments in Powys



30. Number of individuals receiving a service

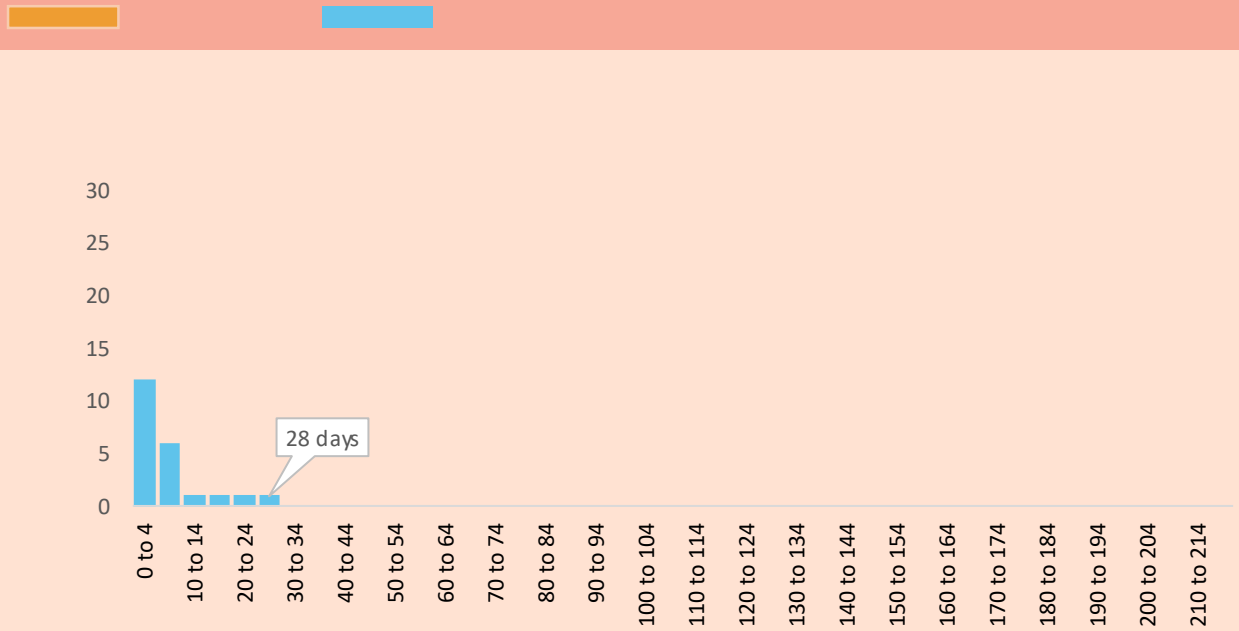
Domiciliary Care Nursing/Residential (North)



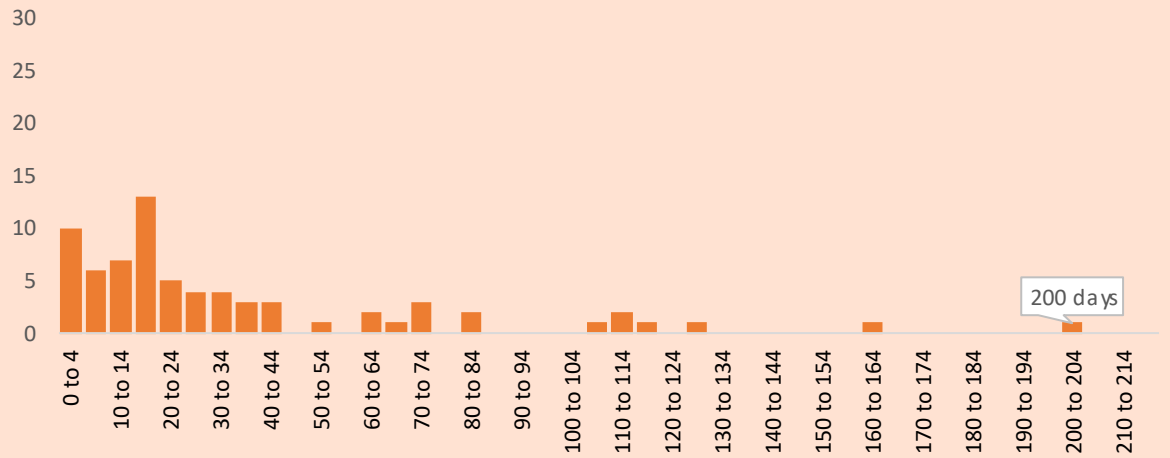
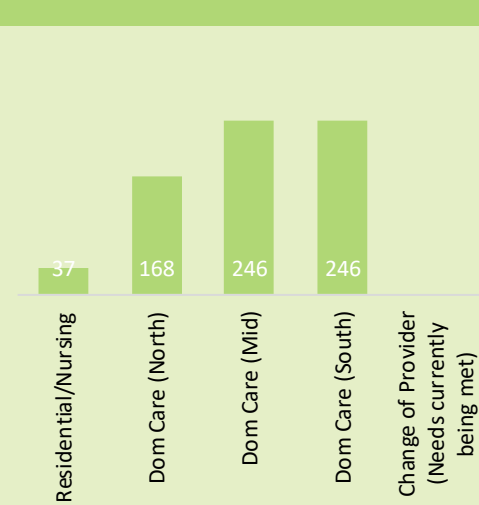
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31/32. Shortest/Longest length of time to broker a service by service type (days)

Domiciliary Care Nursing/Residential (North)



30a. Longest current wait for service (days)





What's working well?

Efficiencies spreadsheet developed with officers working towards targets. Work is also being undertaken to consider how cost avoidance can be captured via referrals, assessment and care planning.

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What are we worried about?

Delays in recurring billing being run due to delays in new corporate finance system.

Significant concerns remain around the service finances for 2019/20 with financial pressures of approximately £10m with a remaining gap (after savings plan) of approximately £3m

Financial viability and sustainability of Providers

Concerns remain in respect of compatibility of new finance system with WCCIS finance module



What do we need to do?

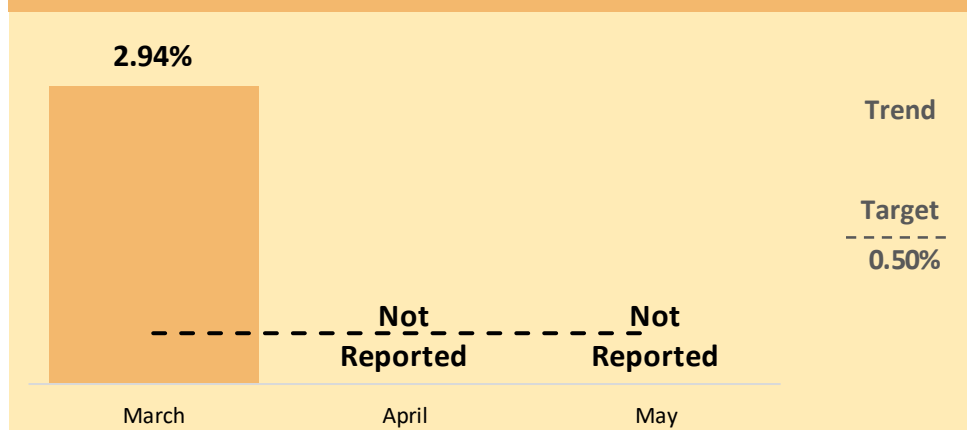
Delays in recurring billing being run due to delays in new corporate finance system.

Significant concerns remain around the service finances for 2019/20 with financial pressures of approximately £10m with a remaining gap (after savings plan) of approximately £3m

Financial viability and sustainability of Providers

Concerns remain in respect of compatibility of new finance system with WCCIS finance module

33. Service delivered with 0.5% variation revenue





What's working well?

34 -April 2019- 0.58 Cumulative average days lost per FTE

36- Whilst there have been 7 leavers within Adult Services, none of these were from frontline Social Work teams.

37a- 8 starters- 1 in frontline Social Worker Teams

Social Work Degree – a number of staff have applied via the in-house route to undertake this training (interviews in June 2019)

39- Based on head count the percentage turnover of all Adult Social Care staff is only 1.33%



What are we worried about?

35 – There has been an increase in the number of Agency Social Workers. However, as noted in April report, this increase was planned additional capacity.

Morale of social work teams – constant pressure in respect of delayed transfers of care being placed on frontline staff where issues are outside of their control.

Inability to recruit to Senior Practitioner posts (2) in the Older People- South team impacting on workload of existing Senior Practitioner and Team Manager.

Issues remain in respect of ability to retain staff within the Mental Health Service which impacts on availability of AMHPs (statutory requirement). It has been identified the staff are moving to the Health Board who have different terms and conditions



What do we need to do?

Recruit to vacancies:

Older People

-2.6 fte social workers (South)

-2fte senior practitioners (South)

-26 hours social worker (North)

Mental Health

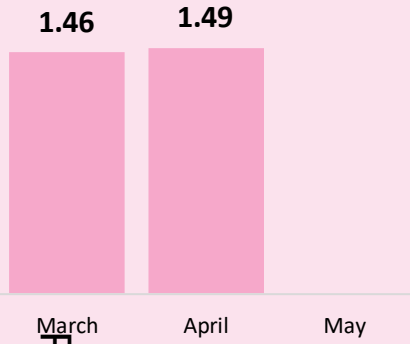
0.5 fte Social Worker Welshpool

22.5 hours- Social Worker- Llandrindod- Appointed too.

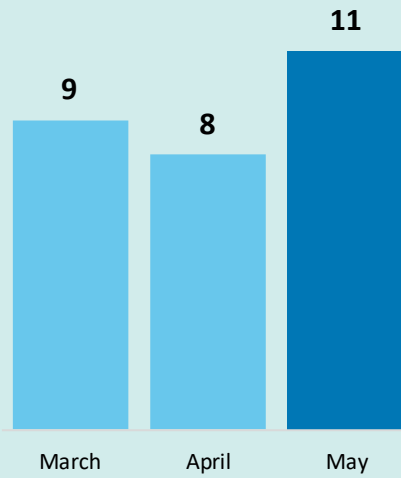
As part of the work under the workforce strategy, we are undertaking an initial exercise with other local authorities to determine if salaries are comparable across the adult social care workforce which will enable further workforce decisions/planning to be taken forward

Working with HR to review terms and conditions in respect of availability of AMHPs and capacity in the North of the county in respect of baseline funding

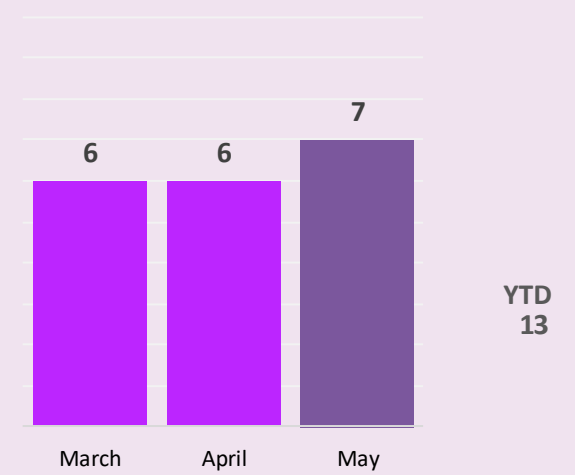
34. Average days sickness absence per FTE



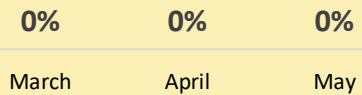
35. No. of agency social workers in post



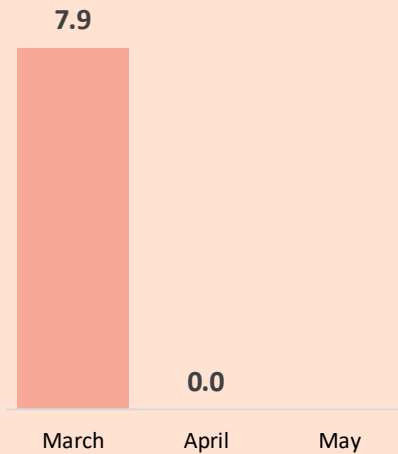
36. No. of leavers



38. The percentage of leavers who received an exit interview



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





What's working well?

41. The Quality Assurance Panel continue to meet monthly and audit outcomes and required actions are discussed in detail to inform learning and areas for improvement.

41. Peer auditing continues in Disabilities and OT teams and Mental Health team have also trialled this approach this month. Feedback from staff remains positive in regards to shared learning.

41. 88% (29) of cases demonstrated a good to excellent standard of early intervention and prevention. This represents a slight decline of 2% on April's performance of 90%.

41. 87% (26) of cases evidenced a good to excellent practice in regards to application of the principles of the Mental Capacity Act. This is a slight increase of 2% on April's performance of 85%.

41. 85% (30) of cases reached a good to excellent level of practice in identifying people's support networks and where appropriate involving them in the assessment process. This is a 9% decrease in performance in comparison to April where 94% reached this standard.

41. 86% (24) of cases demonstrated good to excellent practice in identifying people's communication needs and promoting effective communication. This is a positive increase of 14% on April's performance of 72%.

41. 81% (29) of cases reached a good to excellent standard in terms of proportionate assessments that supported people's eligibility for services provided. Performance has remained static between April and May.

Examples of positive compliments received via audits:

- A person we spoke with said of the OT practitioner, "Really good, I really liked her"
- A person we spoke with was complimentary about their Social Worker(SW) giving them a 10 star rating out of 5. They told us that the SW was good and they helped them with their mental health
- A person we spoke with said of the OT "Very good" "Rails have helped me a lot" "Couldn't do any better".
- We spoke to a person's son- in -law. He said everything was fine and he was very satisfied with the service they got. They were very involved in decisions and calls were returned. He also said they were happy with the placement arranged.
- A person we spoke with told us they found their worker very good and helpful. The equipment provided was very helpful. "I use the trolley in the kitchen and it helps me a lot". "The Team leader from Reablement was very good". "I have the OT's number if I need more help I will ring and let her know. Everyone has been very good".

Protected time sessions scheduled for reflective discussions in South of the County twice a month. An unqualified worker who has applied to undertake degree in social work is taking a lead on this as this support the teams and her own professional development

42 – Reduction in the number of complaints received

43 – Whilst a reduction compared to April, compliments still received into Service. Sample of compliments attached to report.



What are we worried about?

41. 53% (10) of cases audited reached a good to excellent standard of referral. This is a significant decline of 25% on April's performance of 74%.

41. 76% (26) of cases were deemed to show good to excellent practice in capturing "what matters" to the person. This is a positive improvement of 5% on April's performance of 71%. However, this is an area that requires further improvement.

41. 47% (16) of cases were found to show good to excellent standard of outcome focussed care planning. This is a slight improvement of 1% on April's performance of 48%. This continues to be an area of concern.

41. 72% (23) of cases demonstrated good to excellent in regards to risk management. This is a decline of 7% on April's performance of 79%. This continues to be an area which requires improvement.

41. 59% (10) of cases reached a good to excellent liaison with providers. This is a slight decline of 1% in comparison to April where 60% reached this standard.

41. 60% (15) reached a good to excellent standard of practice of monitoring and review. This is a significant decline in performance in comparison to April where 75% of cases audited achieved this standard.

41. 72% (23) of cases audited demonstrated good to excellent multi-disciplinary working. This is a significant decline of 12% on April's performance of 74%.

41. 52% (17) of cases audited demonstrated good to excellent management oversight. This is a decline of 6% in performance in comparison to April where 58% achieved this standard.

41. 79% (27) demonstrated good to excellent standard of case recording. This is a positive increase of 14% on April's performance of 65%.

41. 73% (11) 90% (9) demonstrated good to excellent feedback from the person and/or their Carer's in comparison to 71% in April.



What do we need to do?

41. Peer auditing needs to be rolled out in Older People teams.

41. Continue to provide feedback to ASSIST on quality of referral taking to enable the ASSIST Team manager to develop staff practice.

41. Protected time for Mentors to support staff in embedding a strengths-based and outcome focussed approach.

41. Further front line and mentor training in collaborative communication has been arranged in quarter 2 (This will include Contact Officers and Community Connectors from the ASSIST team).

41. Team Managers, Assistant Team Managers, Senior and Lead Practitioners to return assessments and care and support/treatment plans that do not represent a strengths-based outcome focussed approach of meet the required standard in other areas.

41. Continue to embed reflective practice discussions across all teams.

41. Team Managers, Assistant Team Managers, Senior and Lead Practitioners to ensure that workers record risks and measures taken to reduce these.

41. Concerns in relation to Brokerage not recording attempts to secure services have been raised with the HoS for Transformation.

41. Deep dive audits to be undertaken on Care Planning and Reviews by the end of Quarter 1 2019-20 when all new forms have been embedded in WCCIS.

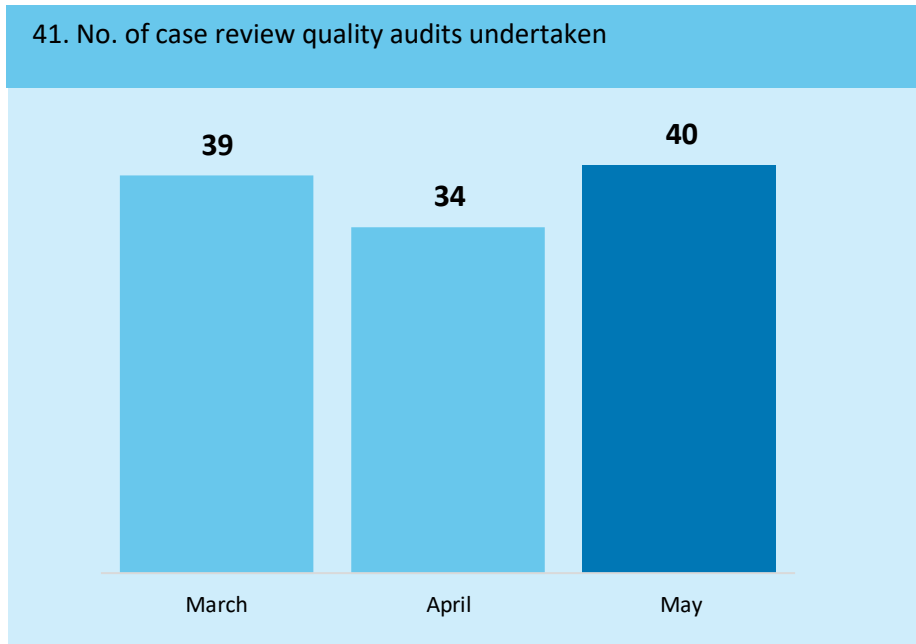
41. Workers need to evidence that people are central to the assessment and care planning process and that what is important is recorded as far as possible in their own words.

41. Managers to support the embedding of all mandatory training, e.g. case recording, collaborative communication and Mental Capacity Act into practice.

41. Team Managers, Assistant Team Managers, Senior and Lead Practitioners to support a robust approach to reviews.

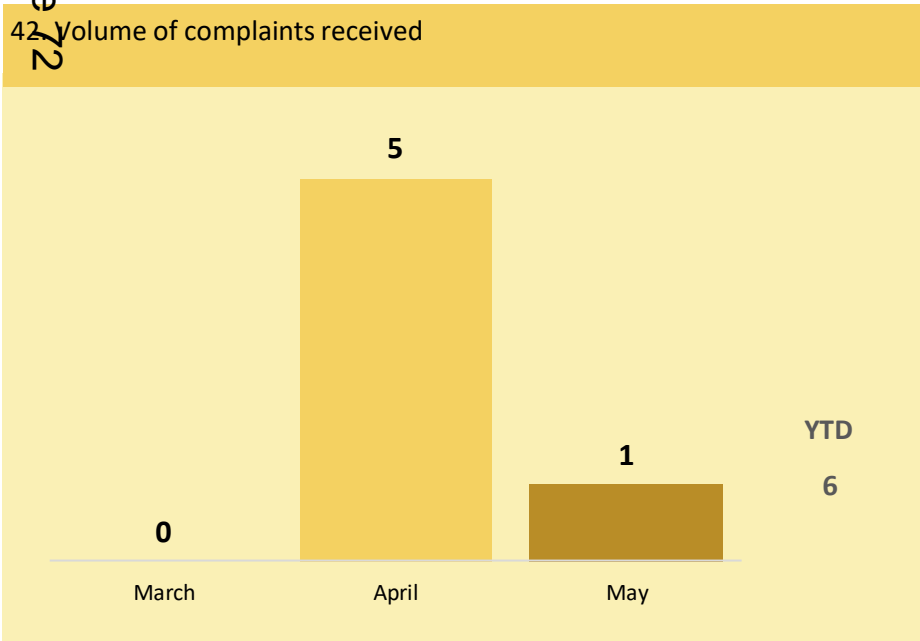
41. Monitored action (QA panel) in place to address key audit concerns where areas of practice that do not achieve over 80% good to excellent. Each service area is required to provide monthly updates on open actions to make the required improvement.

41. No. of case review quality audits undertaken

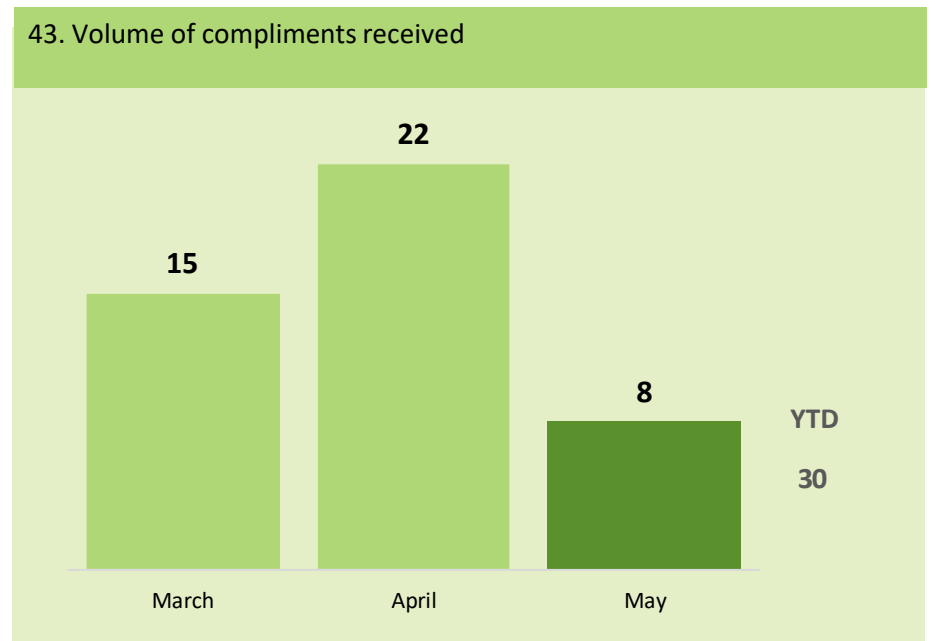


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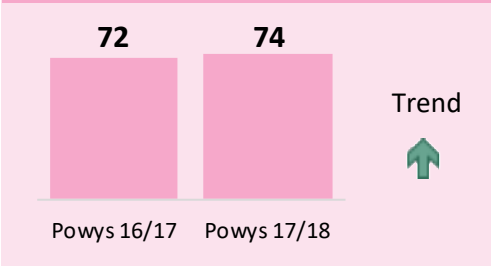
42. Volume of complaints received



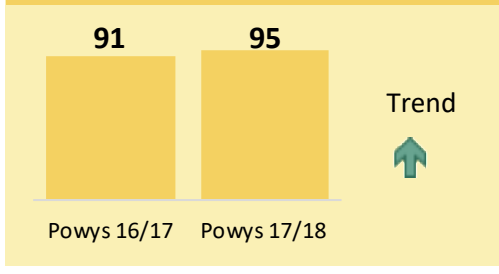
43. Volume of compliments received



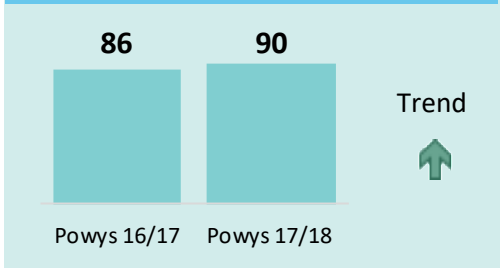
44. SSWB measure 7: People reporting they have received the right information or advice when they needed it



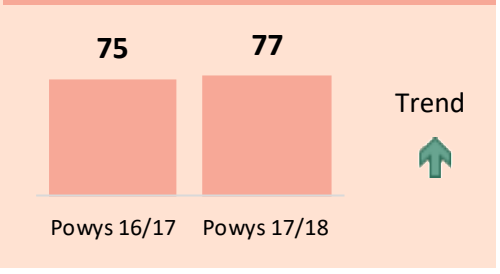
45. SSWB measure 8: People reporting they have received care and support through their language of choice



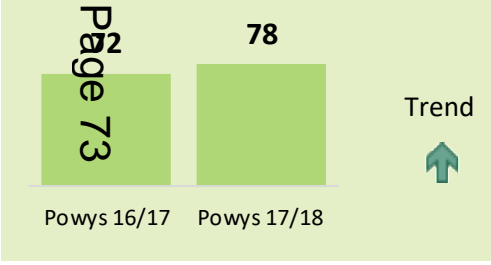
46. SSWB measure 9: People reporting they were treated with dignity and respect



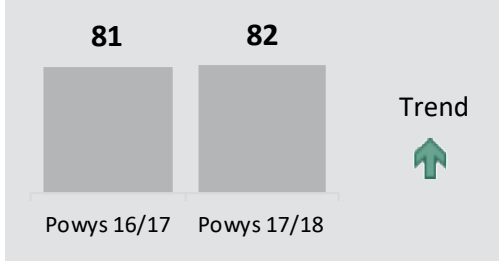
47. SSWB measure 11: People with a care and support plan reporting that they have been given written information of their named worker in social services



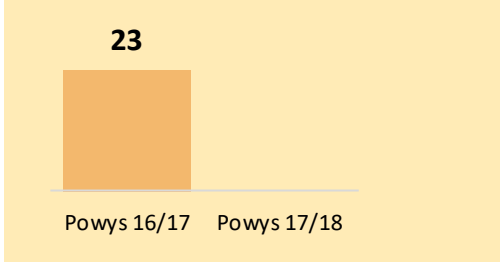
48. SSWB measure 12: People reporting they felt involved in any decisions made about their care and support



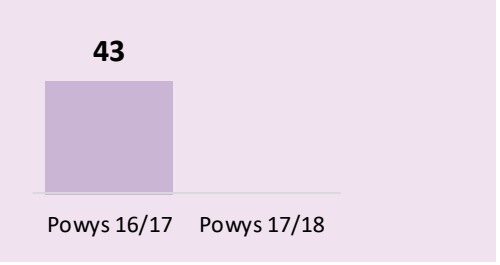
49. SSWB measure 13: People who are satisfied with care and support that they received



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?

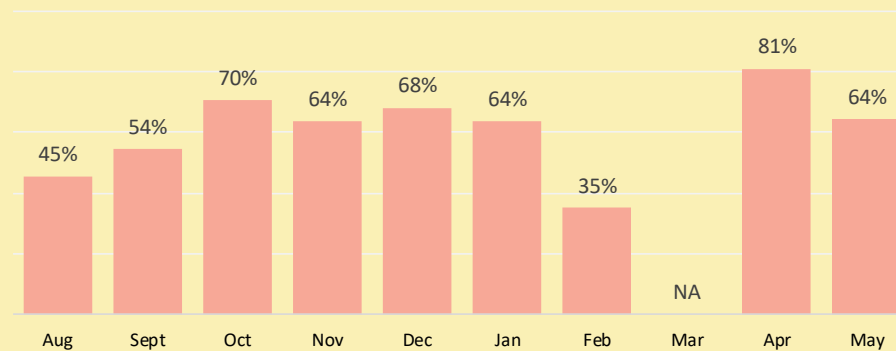


What do we need to do?

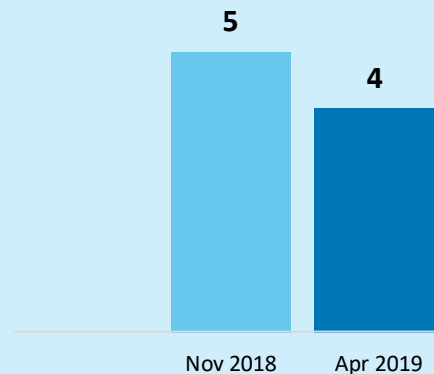
53 – Capacity to review the model of delivery whilst taking into account other strategic priorities for change

53 – Service being reviewed to establish if model of delivery is fit for purpose and achieving desired outcomes for individuals with a learning disability – timescales are being reviewed in line with re-focussing of capacity of key strategic projects

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



53. Equalities - Increase the number of LD users in paid employment above 16 hours



Children's Performance Report

May 2019

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Yn agored a blaengar - Open and enterprising


Powys

Children's Services

Guide to the Improvement Plan 2018 – 2021

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1. **Focus on early intervention and prevention** ensuring access to the right support at the right time to keep families together, where possible and children safe. Intervene at the earliest opportunity to ensure that children and young people do not suffer harm.

2. **Working with children and families rather than doing to.** Co-produce plans with children, young people and their families which will bring about the changes children need as quickly as possible.

3. Providing and commissioning a **flexible and affordable mix of high quality placements for children who are looked after** to meet the diverse range of their needs and circumstances, keeping children as close to home as possible.

4. **Achieve the best possible outcomes for those children in our care.** Provide good parenting and specialist support, giving them clearly planned journeys through care.





What's working well?

Top 5 Key Indicators

1. Percentage of care and wellbeing assessments completed in timescale is 83% which is an improvement in performance in comparison to last month however has not met target. The difficulties in the South Assessment team have been documented in previous reports. When the team was disbanded, and the remaining team members were placed back into the Locality Teams, assessments were overdue due to these complicating factors. Assessments were allocated to different members of staff. The actual number of assessments not completed within timescale is 8 assessments (3 in relation to 1 family) in May. Several of these assessments were not completed in timescale due to resistance from family members to engage or for awaiting outcome of police investigations.
2. Children with 3 or more placements is better than target and is currently 7% which is better than the Wales Average. This has met target for the third consecutive month. This demonstrates the work which has been undertaken to stabilise placements for Children who are looked after. There has been an increase in placement moves in May.
3. Percentage of children looked after statutory visits completed in timescale is 83%. Of the 178 visits due, 148 have been completed within timescale and 29 out of timescale. Of the 30 reported overdue visits, 2 were 1-2 days late; 3 were 3-5 days late; and 24 were more than 5 days late. 6 children are reported as not yet seen: 6 of these 7 children have been seen; 5 of these visits were on time, but there was a delay in recording on the system. 1 of the children has been seen, however this visit was late. The 1 child who is reported as not yet seen has a visit scheduled for the 14th June, the reason for this delay is that the family were on holiday.
4. Percentage of child protection visits undertaken within timescale is at is 85%. We undertook more visits in May than in April. This is the same performance reported last month however last months performance is now reported as better at 87%. This is due to the delay in some workers recording data in the system and therefore actual performance is better than that initially reported. Of the 316 visits due, 272 are reported as having been completed within timescale and 44 out of timescale. 10 of the 44 overdue visits were 1-2 days late; 13 were 3-5 days late; 5 were more than 5 days overdue; 16 were reported as not yet completed. However, all 16 children have been seen. The reasons these visits are reported as overdue are delay in recording, data error on system and for 5 of these children there has been issues gaining access or the requirement of interpreters. A manual calculation shows that if the visits undertaken this month were recorded without a data recording delay then the performance reported would be 89%.
5. Staff receiving monthly supervision is reported as 35%. This performance measure is not accurate due to the restructuring of the service and the changes being made to the HR system. Once the restructure has been implemented and managers have the correct access this performance measure will be reinstated.

There has been a reduction in the number of Children who are looked after. We have had fewer children coming into care in May compared to April. The number of children on registered on the child protection register has increased by 10 children.

The number of open cases to Children's Services has reduced by nearly 100, returning back to similar figures reported in March. There was a spike in open cases during April and a review of all contacts is currently being undertaken by the Business Intelligence Team.



The work on the restructure of Children's Services continues to be implemented carefully. The IDS, Edge of Care Teams were established during April and IFST, Family Time Team were established in May. The remaining teams will be setup during June with the final team, Fostering scheduled for the 26th June. Once completed the restructure will have a positive effect and result in improvement in performance over the next three months .

There have been several waves of adverts and interviews. We have appointed two Senior Managers during May one of whom has commenced in post.

There was an overwhelming response to the support worker posts recently advertised with 230 applications for 33 vacancies. The shortlisting and interviews took place in May and we appointed 27 permanent employees to these posts.

We have appointed to a further 18 permanent positions including Principle Social Worker, Safeguarding Manager, Senior Social Worker, Social Worker and Team Manager roles. We have a further 41 positions currently out to advert which include Senior Social Workers, Social Workers, Team Managers and Family Support workers. Due to notice periods required by agencies for some of our appointed staff there is a delay in starting dates.

Changes to the allocation of social workers to children will take place gradually through July to Sept. This will ensure that no child is "lost" in the restructure process.

Induction for all new staff is being delivered in both group and individual sessions as staff commence in post. The induction includes introduction to business partners and processes, overview of the service including the structure, the allocation of ICT kit, introduction to policies and procedures and mandatory training.

Sickness reporting is not possible due to the restructure taking place. Once information is available a report will be provided.



The Senior Manager for Early Help and Assessment has continued to develop the plan for an 'Integrated Front Door' with partnership agencies – promoting the development of the working relationship between Early Help and the Front Door whilst also ensuring that partners are clear about their distinct roles.

Preliminary steps taken with the Police to improve multi- agency decision- making with regard to strategy discussions and meetings. This will be followed up by a Multi- Agency workshop on 13th June 19

Reflective supervision is being developed through the Signs of Safety Board.



The revised Part IV process for managing Professional Strategy Meetings was implemented in March. During April and May 2019, the threshold, number of referrals and number of cases that progress to multi-agency Professional Strategy Meeting are being closely monitored to ascertain effectiveness. The early indications from performance data gathered reveals that the procedure is likely to need revision to reach optimum effectiveness.

The Powys Local Operational Group (PLOG) Audit Subgroup has been convened during May to undertake multi-agency cases audits. A multi-agency audit tool has been devised and agreed by the Audit Subgroup. The Terms of Reference have been drafted in readiness for ratification at the June full PLOG Meeting.

We have continued to develop the plan for an 'Integrated Front Door' with partnership agencies – promoting the development of the working relationship between Early Help and the Front Door whilst also ensuring that partners are clear about their distinct roles.

Communication has been sent to all partners regarding the Children's Services restructure They have been updated on progress and provided with dates for completion.

During May, the first Multi-agency Signs of Safety workshop was held in Llandrindod. 17 of our multi-agency partners attended. A second multi-agency workshop held in Welshpool where 32 partners attended. The workshop informed partners of the Signs of Safety model and how it will be implemented in Powys including expectations of multi agency partners.



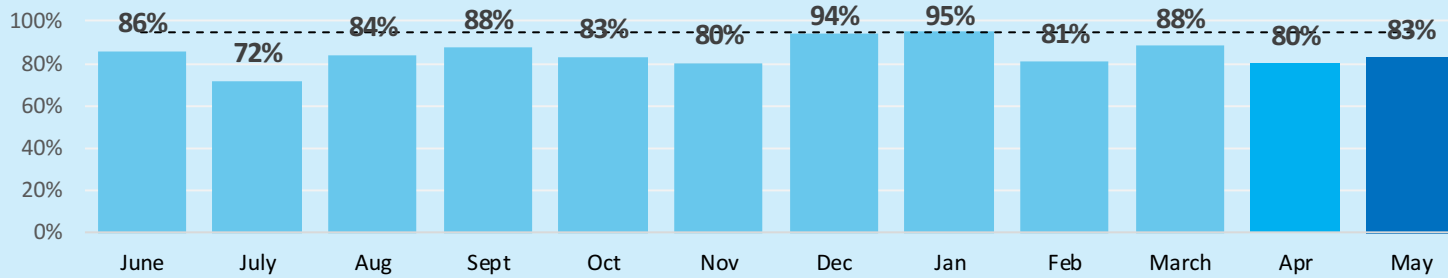
Case Study 1

A young person aged 13 was arrested by police at his home following a violent outburst. Police applied bail conditions which meant that he could not live with his parents. It was incredibly difficult to find a suitable placement that met his needs due to the range of risks identified. Initially it was expected that this young person would require an out of county residential placement. However the Children's Team, Fostering Team, Placement team and the Edge of Care Team worked creatively together to enable the child to be placed with a Powys Foster Carer near to his community and school with a package of support. This was expected to be a temporary measure while an alternative placement was found but this child has remained in the placement and there is a plan to rehabilitate home to parents.



Top 5 indicators

% of new assessments completed for children within statutory timescales



Trend



Target

95%

Welsh average
91%

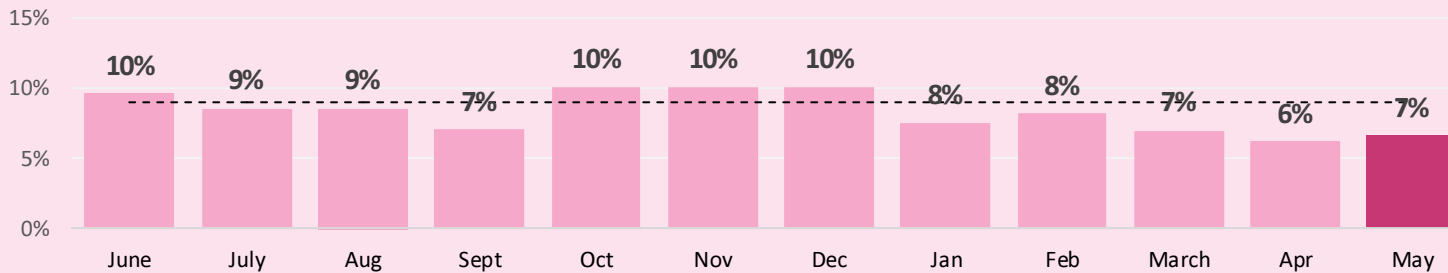
YTD

81%

RED

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

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Trend



Target

9%

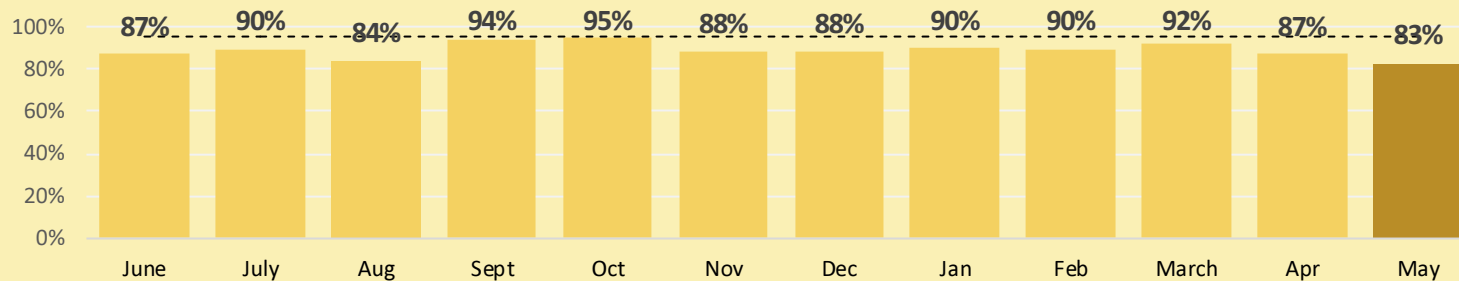
Welsh average
10%

YTD

7%

GREEN

% of Statutory Visits for children looked after carried out on time



Trend



Target

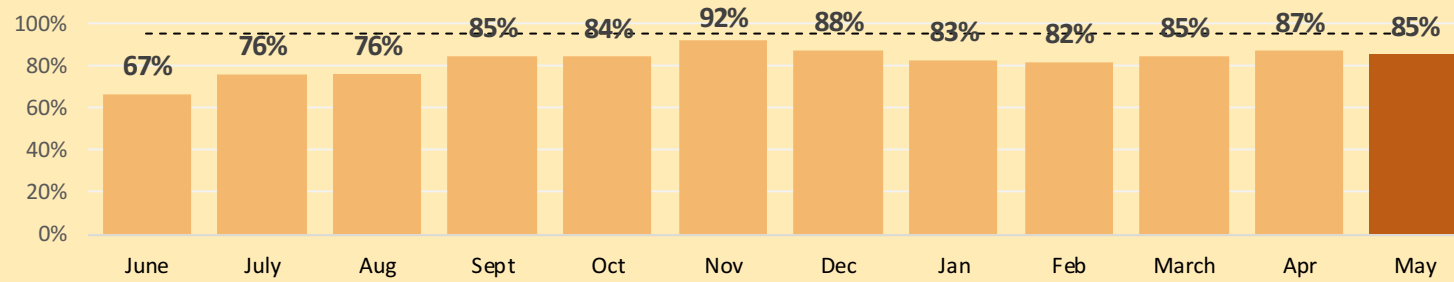
95%


Welsh average
N/A

YTD

82%

% of Child Protection Statutory Visits carried out on time



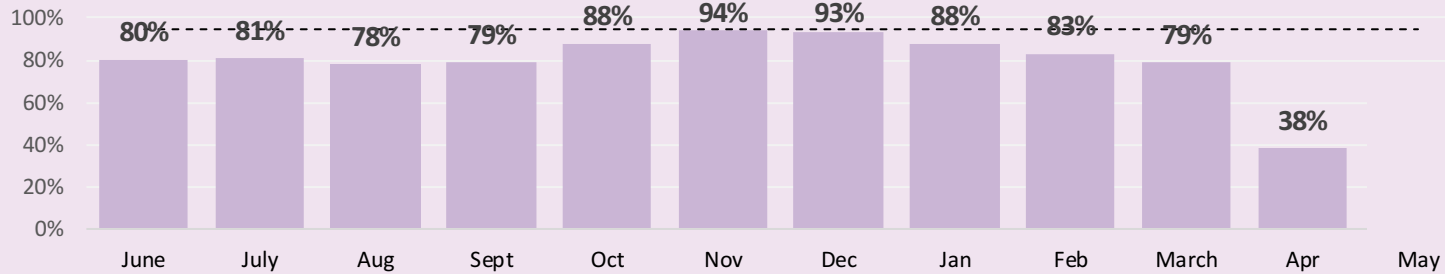
Trend

Target

 95%

Welsh average
 N/A

YTD
 86%
 RED

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



Welsh average
 N/A

YTD
 86%
 RED

Target

 95%



Highlight Indicators

1.

958

No. of cases open to Children's Services

Of which:

1a.

243

No. Children Looked After

1b.

133

No. of Children with a Child Protection Plan

1c.

661

No. of Children with a Care Support Plan

1d.

8

No. of CLA and CP Children without a Care Plan

1e.

193

No. of Children currently undergoing an Assessment

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



Performance improved



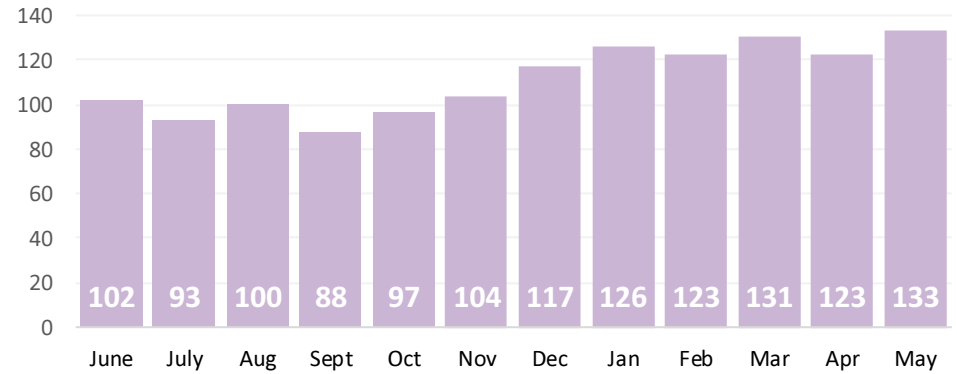
Performance unchanged



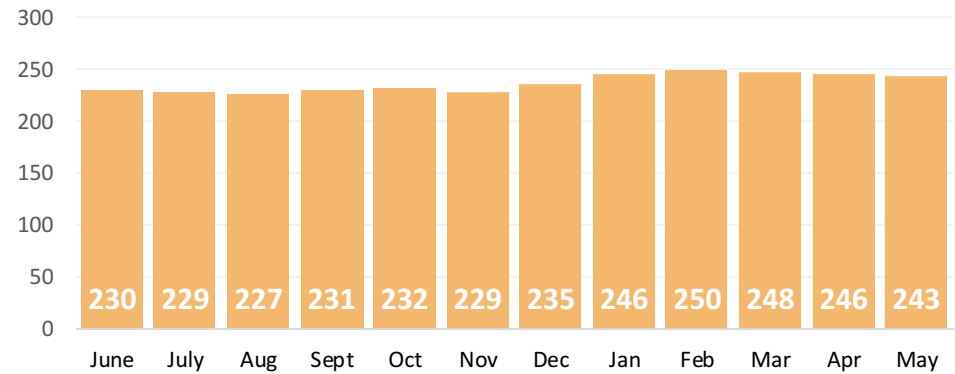
Performance declined

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

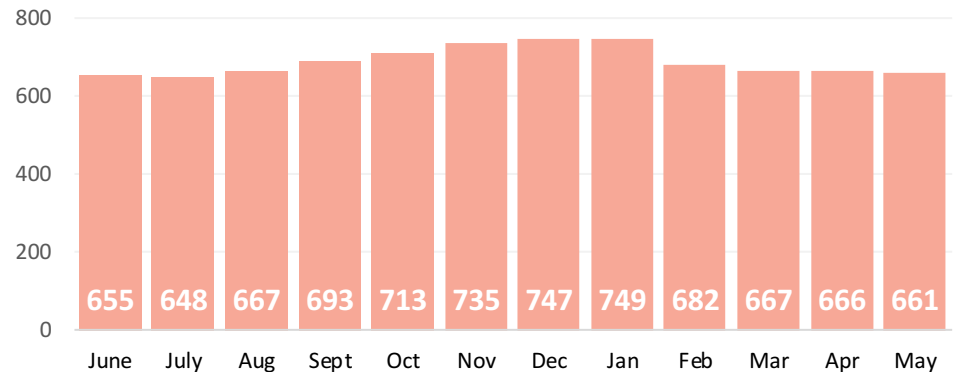
No. of Children on Register



Number of Children Looked After

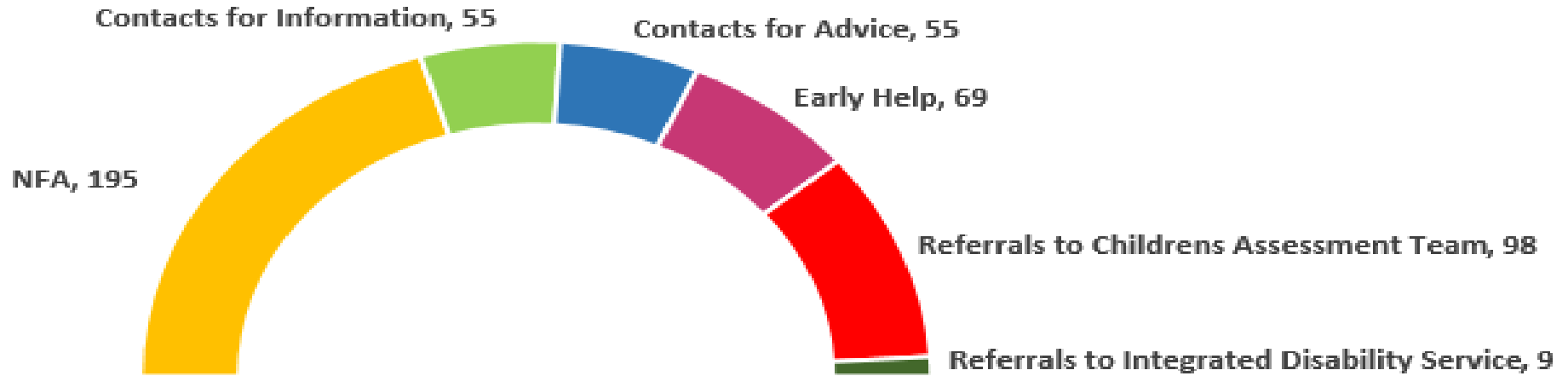


No. of Children with a Care & Support Plan

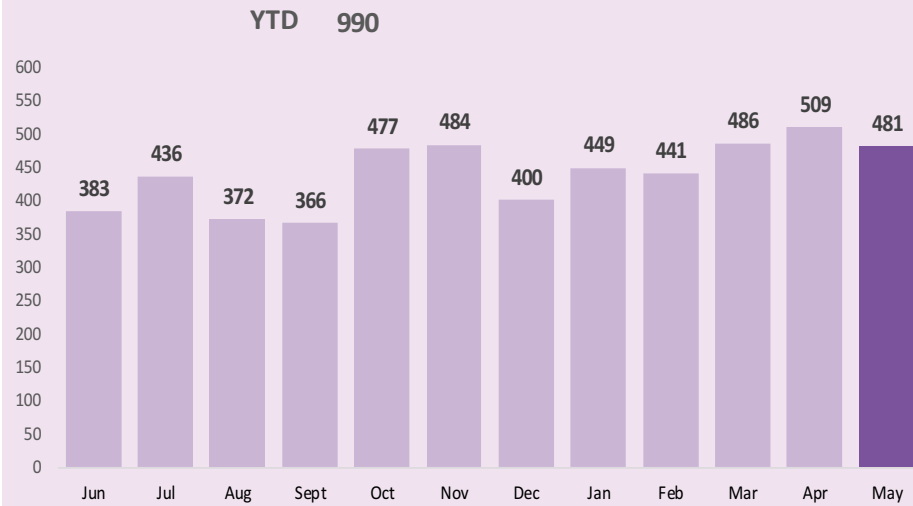




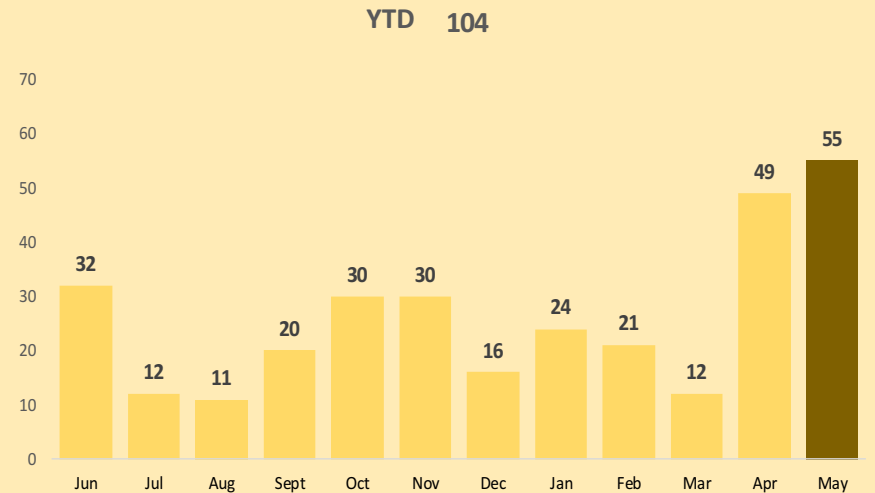
Contacts outcomes



2. Total No. of Contacts to Children’s Services

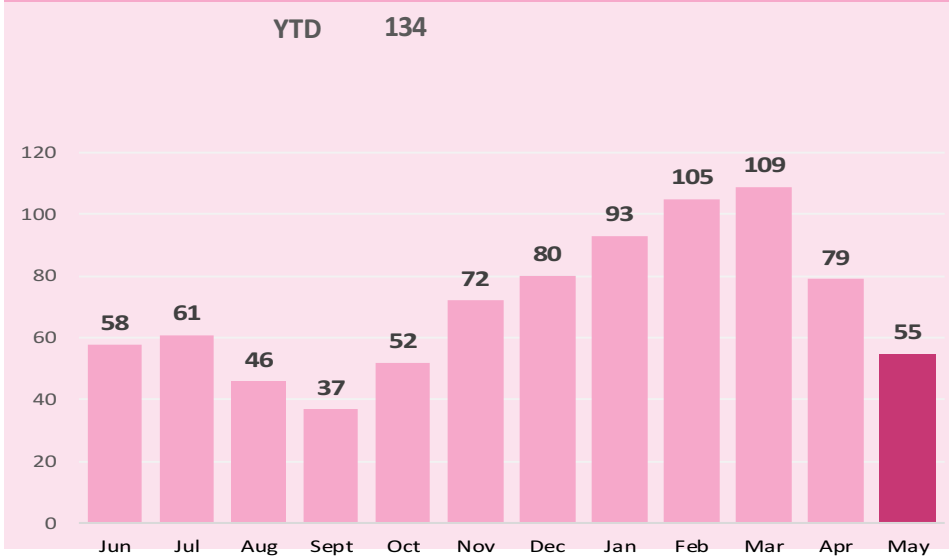


2a. No. of Contacts for Information





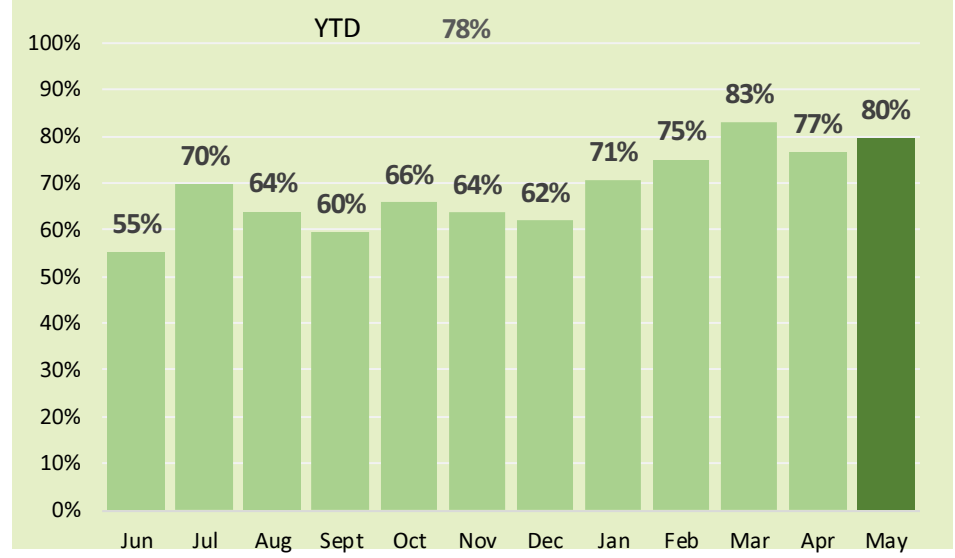
2b. No. of Contacts for Advice



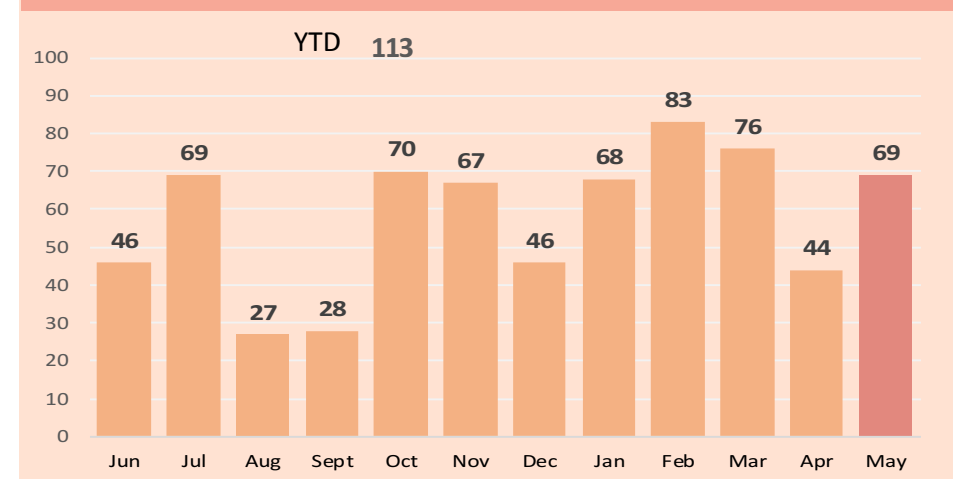
4. No. of referrals through front door to IDS



3. Percentage of contacts not requiring statutory services

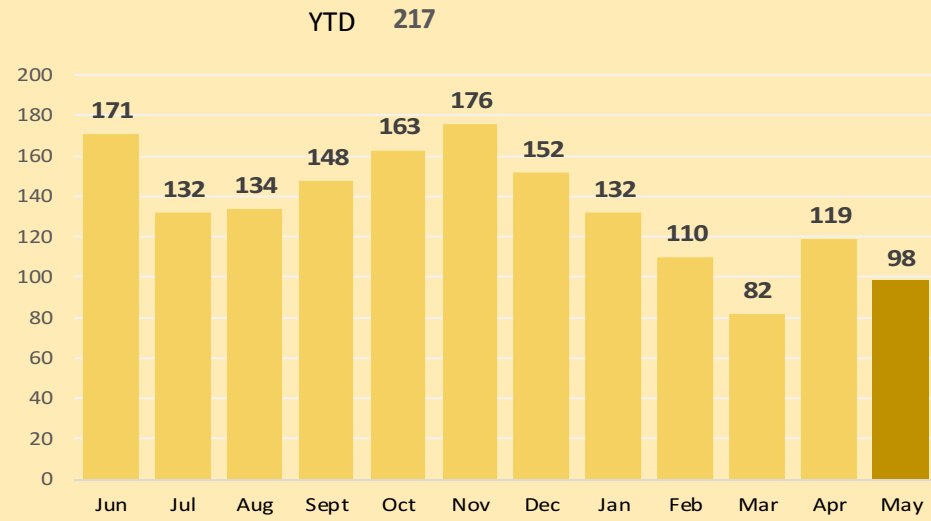


5. No of referrals referred to Early Help





6. Number of referrals to Children's Services Teams



7. No. of Re-referrals requiring assessment within 3 months of original referral

Measure requires re-working with the service:
*Robust definition required
*Business processes adjusted to ensure more accurate recording

Target date – August 2018



What's working well?

There have been fewer contacts received by Children's Services.

The % of contacts not requiring statutory services has increased to 80%

A higher number of contacts have been directed to Early Help from the front door.

Fewer families have been referred to the Assessment Team for Assessment.

The new Information Advice and Assistance form has been implemented and is now aligned to Signs of safety.

Multi Agency partners are reporting greater consistency and improved relationships.



What are we worried about?

There are still an number of agency staff within the Front Door Team.

We are not yet able to report on the risks and concerns identified at the point of referral.

Challenges remain around availability of multi agency colleagues for attendance at multi agency strategy meetings.



What do we need to do?

Permanent staff have been appointed to all of the posts covered by agency within the Front Door Team however they are not yet in post. Recruitment process will be completed so that permanent staff can commence without delay. July 2019

The Senior Manager responsible for Front Door and Early help is reviewing data recording so that we are able to identify key issues and risks identified by refers.

CARDASH training is being delivered to managers and workers across the service so that we have a consistent tool to help support the identification and assessment of Domestic Abuse. This training is taking place throughout July and August.

Development of Early Help Measures and validation of IDS measures. July and August 2019



Early Help

8. Number of Yes responses to Did we treat you well?

Measure defined and developed, but Service working on data capture/business process
Target – August 2019

8a. Percentage of Early Help Plans Completed with a Yes Response

Measure defined and developed, but Service working on data capture/business process
Target – August 2019

9. Number of Referrals Opened in Period

Measure defined and developed, but Service working on data capture/business process
Target – August 2019

10. Number of Referrals from Front Door

Measure defined and developed, but Service working on data capture/business process
Target – August 2019

11. Number of Cases Stepped Up

Measure defined and developed, but Service working on data capture/business process
Target – August 2019



12. Referrals Closed By Reason

Measure defined and developed, but Service working on data capture/business process
Target – August 2019

12a. Of Referrals closed, how long were they open for?

Measure defined and developed, but Service working on data capture/business process
Target – August 2019

13. Distance Travelled Tool

Service working on recording and business process
Target – September 2019

13a. Number of CAF Assessments Opened

Measure defined and developed, but Service working on data capture/business process
Target – August 2019



14. Number of IDS Referrals By Source

Measure being validated further by IDS.

Target Date – July 2019

15. IDS Referral Initial Meeting Held

Measure being validated further by IDS.

Target Date – July 2019

16. Number of IDS Review Meetings

Measure being validated further by IDS.

Target Date – July 2019

17. IDS Referrals Closed

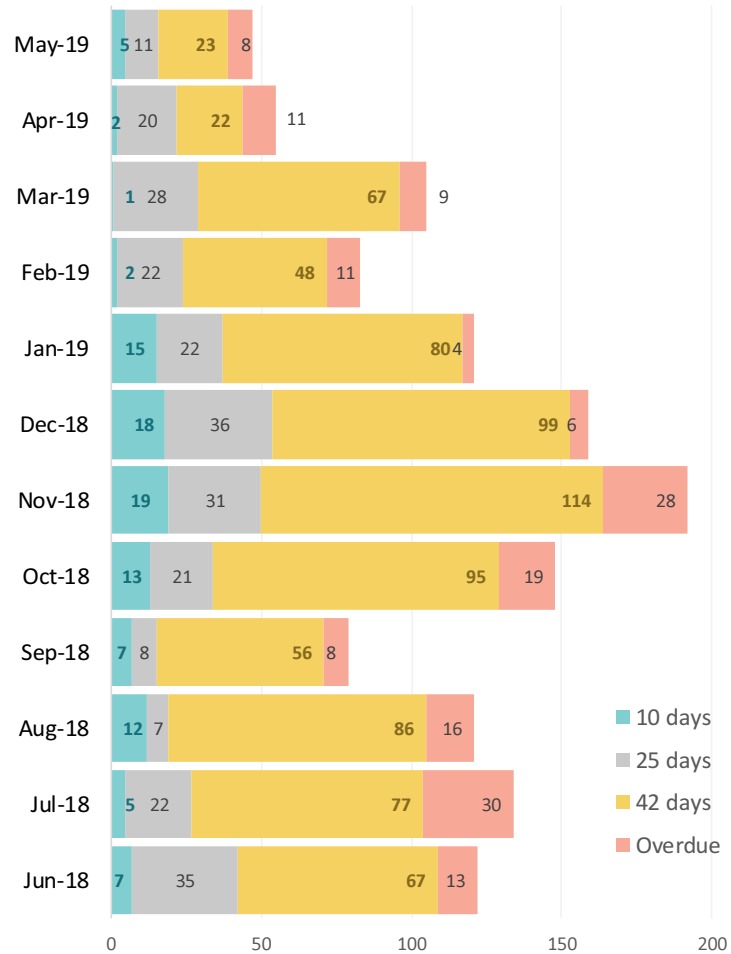
Measure being validated further by IDS.

Target Date – July 2019

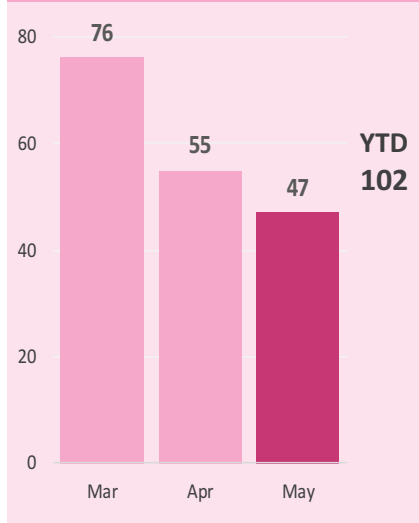


Assessments

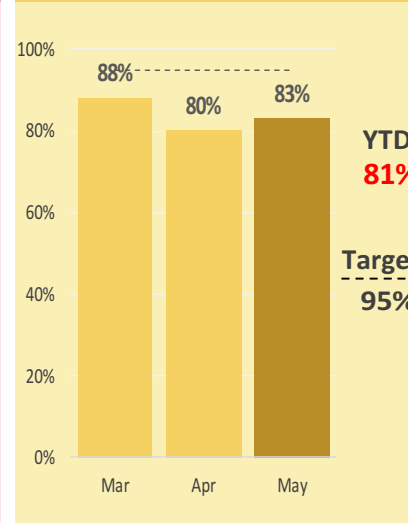
No. of Assessments within timescale



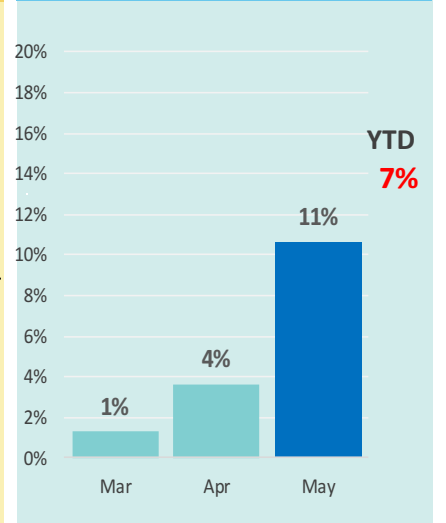
18. No. of Wellbeing Assessments completed



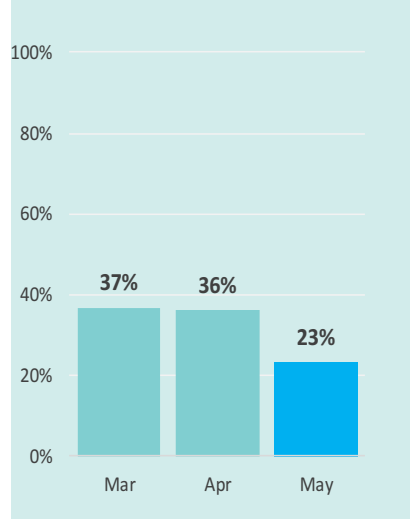
18a. Percentage of Wellbeing Assessments completed within 42 days



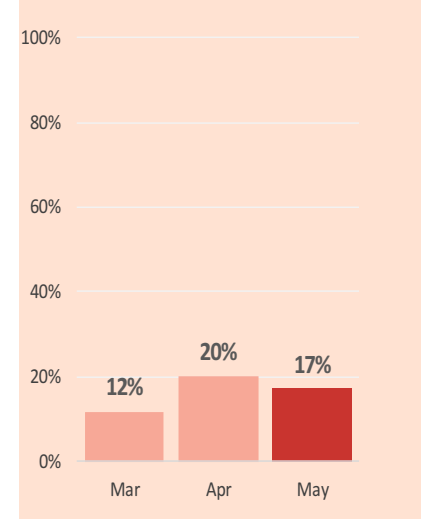
18b. Of which, Percentage completed within 10 days



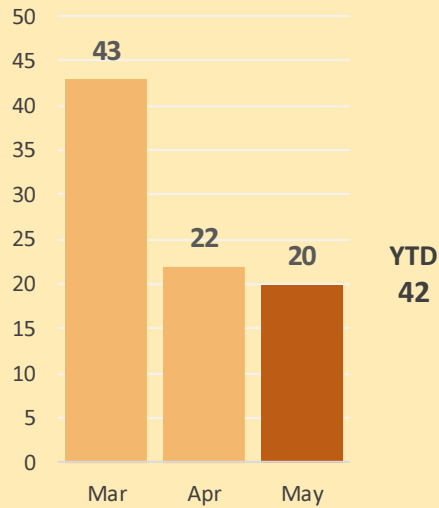
18c. Of which, Percentage completed within 25 days



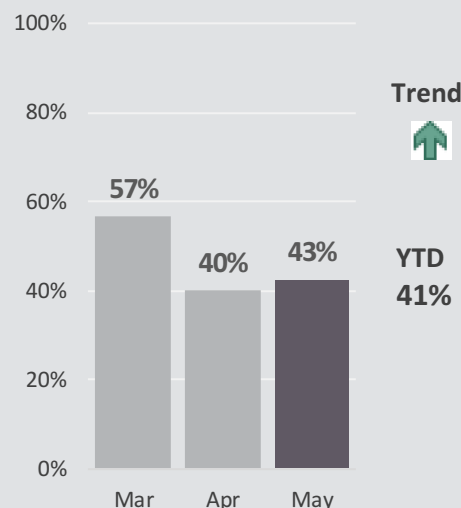
18d. Percentage of Wellbeing Assessments completed out of timescale



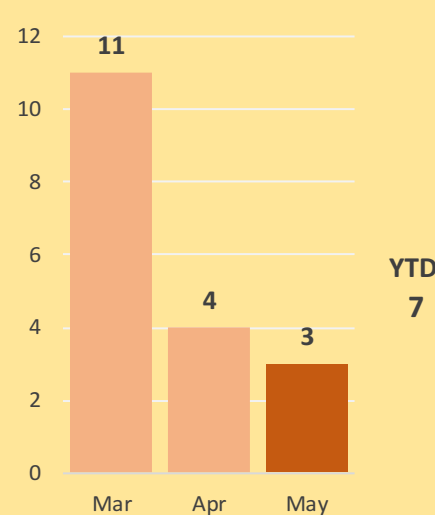
18e. No. of Assessments that lead to a Care and Support Plan (Assistance)



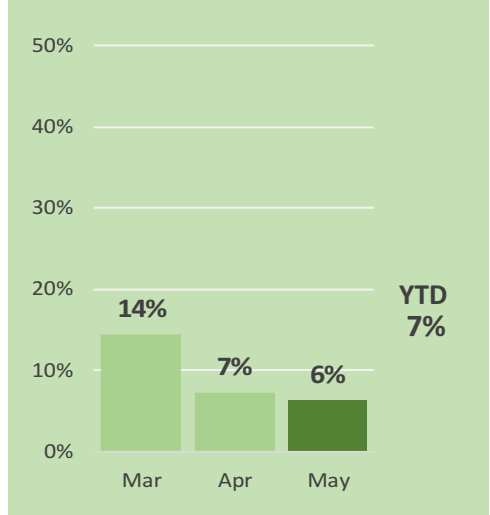
18f. Percentage of Assessments that lead to a Care and Support Plan



18g. Number of assessments that are stepped down to Early Help



18h. Percentage of assessments that are stepped down to Early Help



19. Number of assessments closed NFA that were referred to assessment within 3 months

Measure still in development. Awaiting report build. Target Date – August 2019

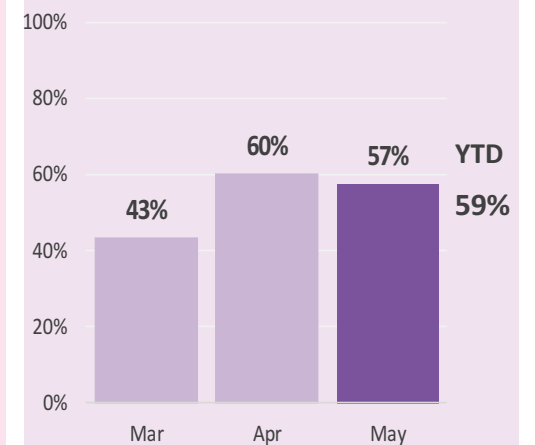
19a. Of these, Percentage that lead to a Care and Support Plan

Measure still in development. Awaiting report build. Target Date – August 2019

19b. Of these, Percentage that were stepped down to Early Help

Measure still in development. Awaiting report build. Target Date – August 2019

20. Percentage of Referrals to Children's Teams closed following Assessment





21. Number of Children Stepped down
from Care and Support to Early Help

**Measure requires re-
working.
Target date –
August 2019**



What's working well?

We are undertaking significantly fewer assessments than in previous months. This evidences that we are undertaking assessments only when necessary and not subjecting families to statutory intervention if not appropriate to do so. This also confirms that our threshold is being applied robustly at the Front Door.

We are completing a higher % of assessments within 10 days.

The number of assessments which lead to Care and Support plans is consistent and at a more expected level than we have seen previously. 57% referrals are closed following assessment.



What are we worried about?

Staffing within the Assessment team has been an issue this month. There have been a number of staff leaving the North Assessment team including 3 Social Workers. Prior to staff leaving the assessment team in the North of the county the performance was reaching 100%. We have recruited 3 new agency social workers to replace the staff who have left who are due to start mid June. We anticipate that the team performance will then improve.

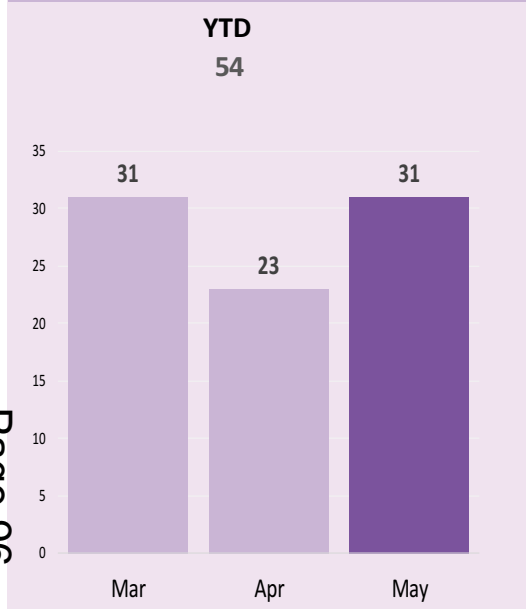


What do we need to do?

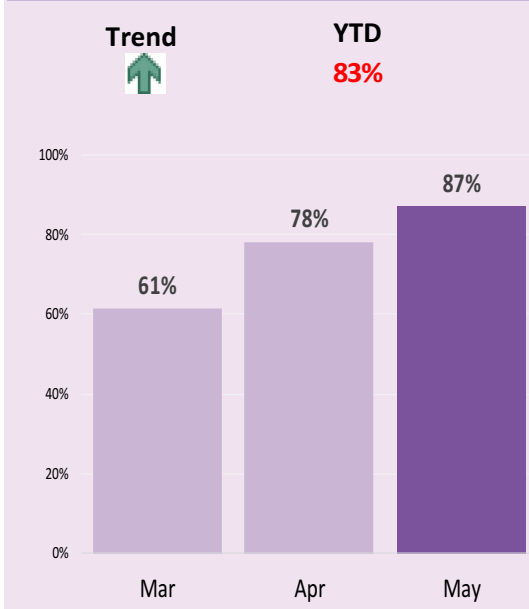
We need to appoint permanent social workers to the Assessment team. July – September 2019 Senior Manager for Early Help and Assessment.



23. No. of Section 47 Assessments Completed



23a. Percentage Section 47 Assessments Completed in Timescale

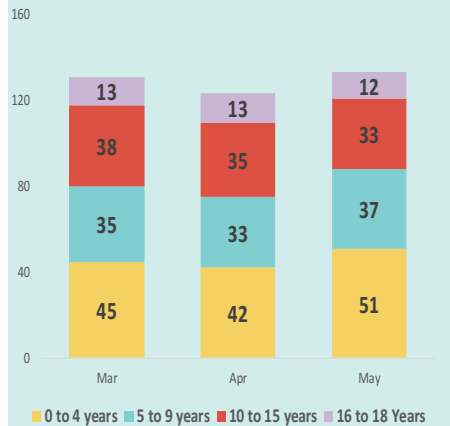


23b. Outcome of the Section 47 completed

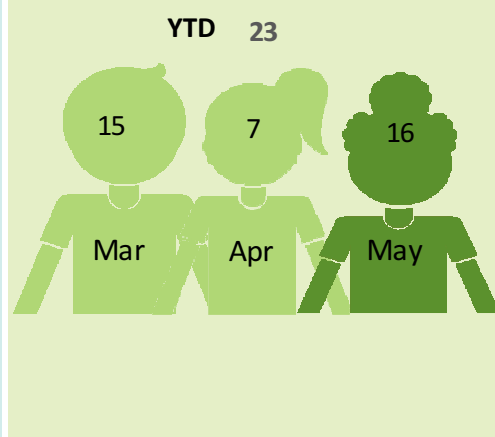
Measure defined and developed, but Service working on data capture/business process
Target – August 2019

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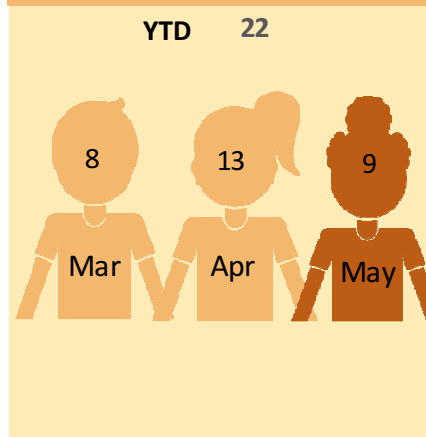
24. No. of Children on the Child Protection Register (CPR)



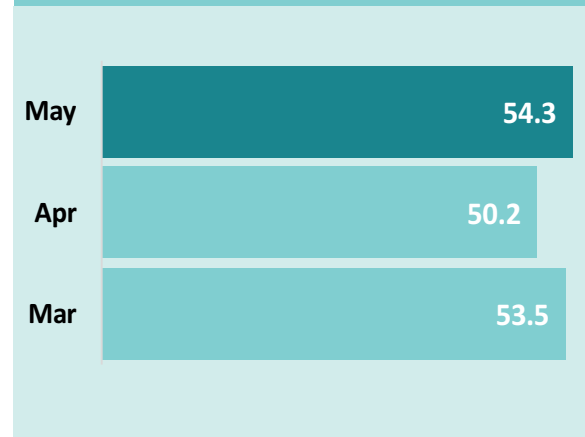
25. No. of new CP registrations



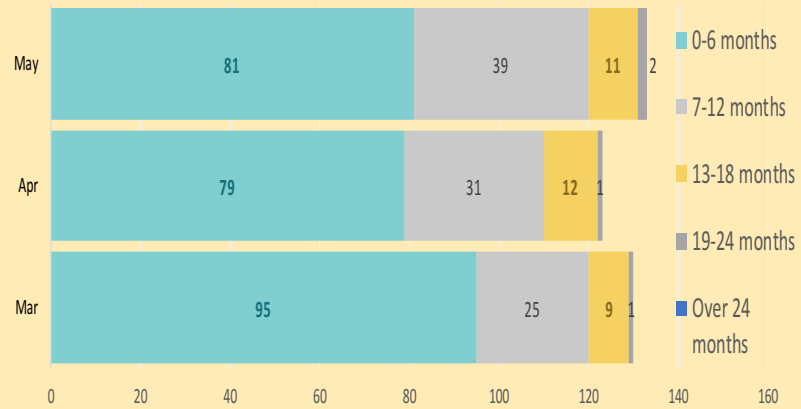
26. Number of Children Removed from the CPR



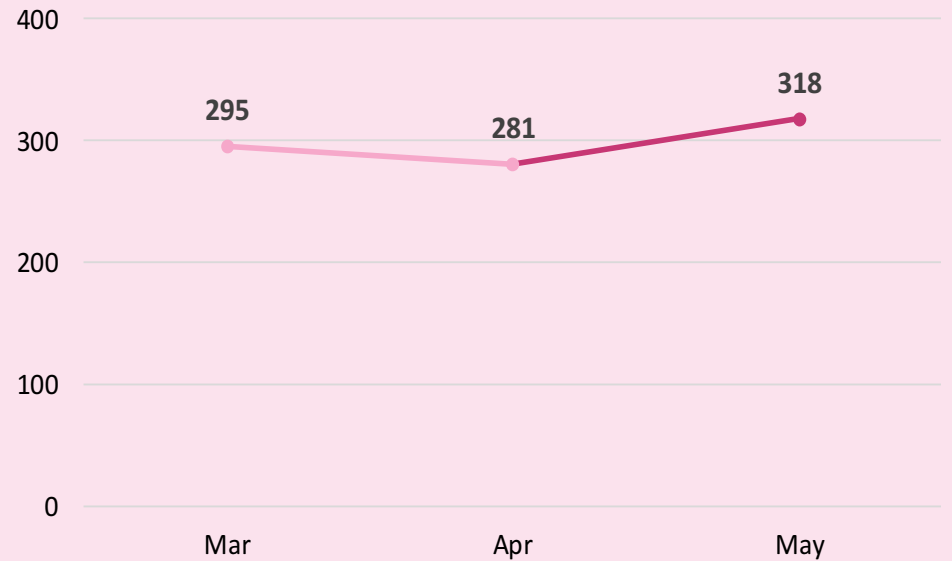
26a. CPR Rate per 10,000 Population



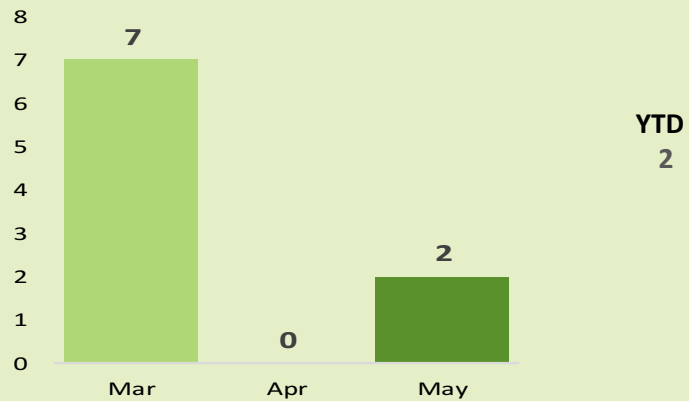
26b. Length of time spent on the Child Protection Register



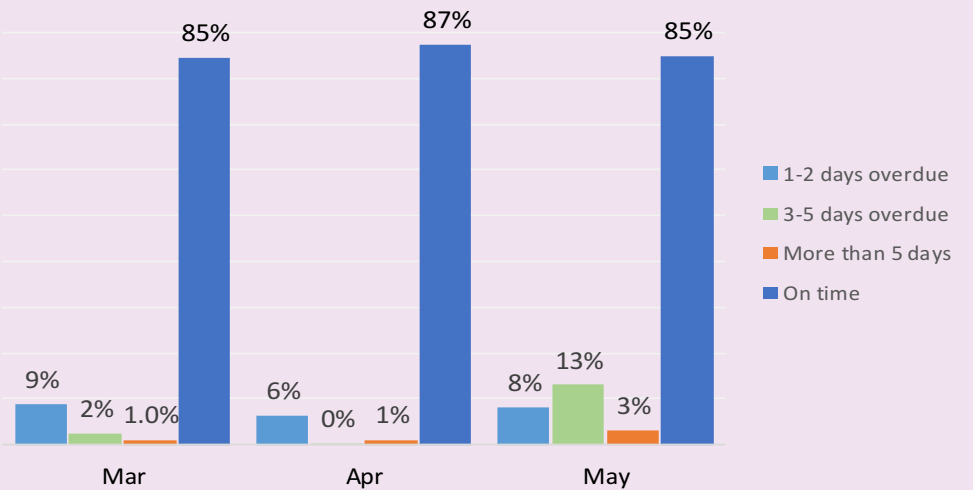
27. No. of Child Protection Visits taken place



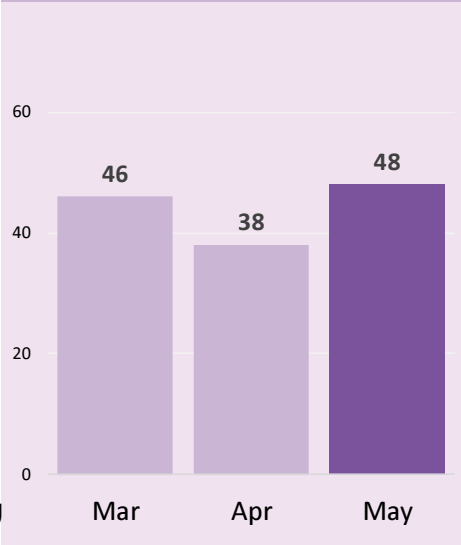
27a. No. of Re-Registrations on the CPR within 12 months



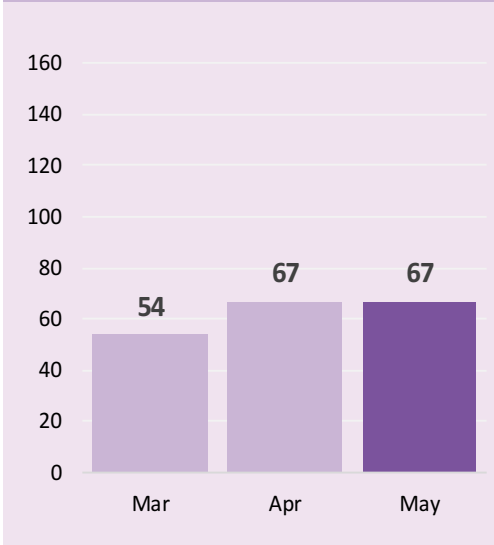
28a. Percentage of CP Statutory Visits on time



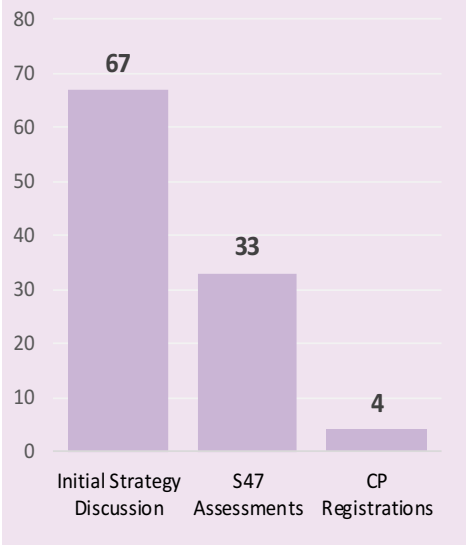
28b. No. of CP stat visits out of time



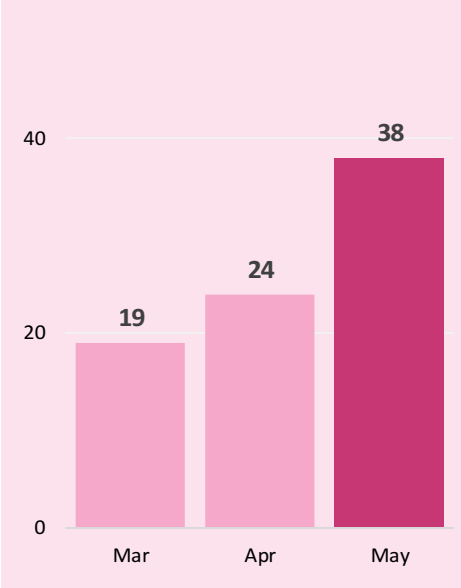
29. No. of Strategy Discussions held



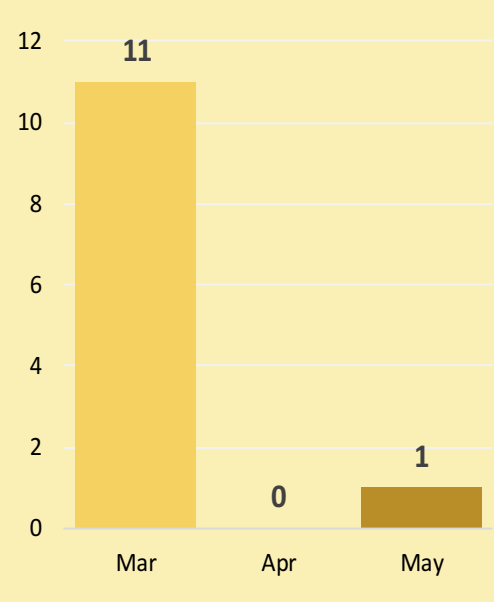
30. April Summary



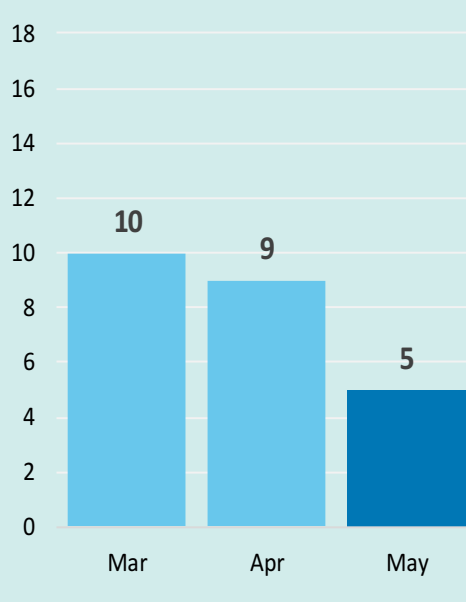
31a. No. of Section 47 Assessments Commenced



31b. No. of Strategy Meetings Held



31c. No. of Initial Case Conferences



31d Percentage Reviews in timescale

**Measure to be developed.
Target Date – August 2019**



What's working well?

- Although the numbers of children registered on the CP register has increased to 133, Children aged between 10 -15 years registered has reduced from 38 to 33. The highest proportion of children on the register are aged 0-4 years and this has seen the biggest increase in registrations over the last month.
- Percentage of child protection visits undertaken within timescale is at 85%. We undertook more visits in May than in April. This is the same performance reported last month however last months performance is now reported as better at 87%. This is due to the delay in some workers recording data in the system and therefore actual performance is better than that initially reported. Of the 316 visits due, 272 have been completed within timescale and 44 out of timescale. 10 of the 44 overdue visits were 1-2 days late; 13 were 3-5 days late; 5 were more than 5 days overdue; 16 were reported as not yet completed. However, all 16 children have been seen. The reasons these visits are reported as overdue are delay in recording, data error on system and for 5 of these children there has been issues gaining access or the requirement of interpreters.
- The % of S47 Assessments completed in timescale has significantly improved and is 87% for May.



What are we worried about?

- The conversion rates shown in table 30 show the ratio of Initial Strategy Discussions which convert to S47 Assessments and the CP registrations. 67 initial strategy discussion is high in relation to the numbers of these children who are subsequently then registered. Further analysis will be undertaken to ascertain where these referrals are received from and the reasons for referrals so that this can be reviewed by Senior Manager for Early Help and Front Door. July 2019
- All the re-registrations have a common theme of domestic abuse and substance misuse. Two of the re-registrations involve a pregnancy being identified with a known perpetrator of domestic abuse, when previously there had been no partner in the household. Domestic abuse was not a feature in the previous period of registration. One of the re-registrations indicates that there was disguised compliance which led to de-registration. A fuller and more analytical assessment of the situation has led to re-registration. One re-registration has occurred due to the mother disengaging with mental health treatment which has led to a diminution of parenting ability.

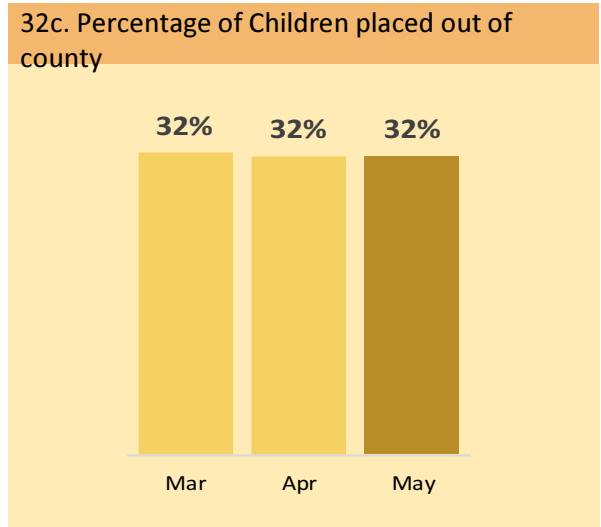
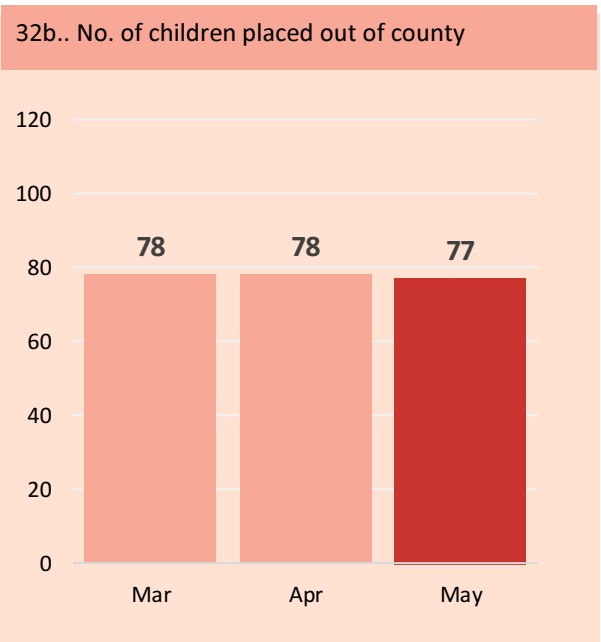
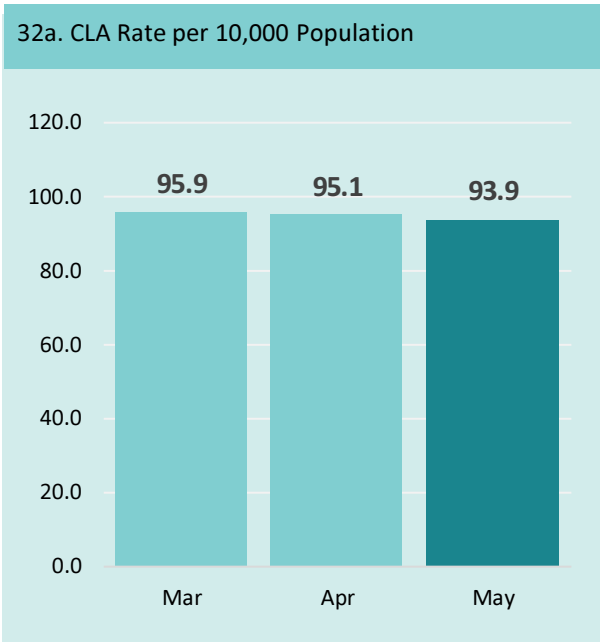
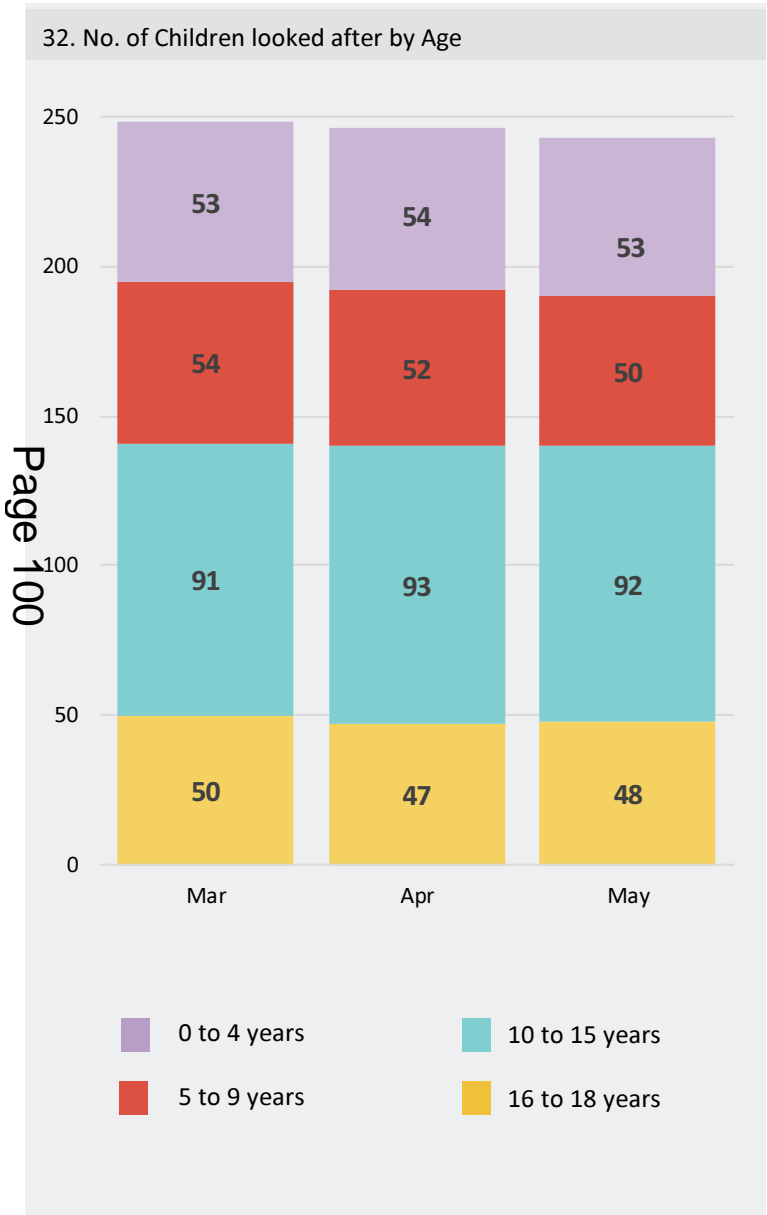


What do we need to do?

- Review the conversation rates to understand source and referral reasons. July 2019 Senior Manager for Safeguarding and Quality Assurance.
- 19b
Within the forms section on the information recording system there is a choice between strategy discussion and strategy meeting. Due to the changes developed within the service which saw a review of how teams were conducting strategy meetings / discussions and making sure that these were only held where threshold had been met and where they were purposeful, it is hypothesised that the reporting of '0' is due to the strategy meetings being recorded on the strategy discussion tab within the information recording system. This is suspected that this is human error and will be scrutinised with a view to ensuring correct recording moving forward. Senior Manager for Early Hel and Assessment.

There is a business process issue which is effecting the figures reported for Children who are on the Child Protection register who do not have a Care and Support Plan (1d). We do not record a separate care and support plan in the system where a child has been subject to a section 47 investigation and is awaiting the initial child protection conference. The Care and Support plan is recorded following the CP conference. This impacts the report showing 8 children as not having a plan. They do have a plan which is to convene an initial child protection case conference. We need to review how we record and report this.

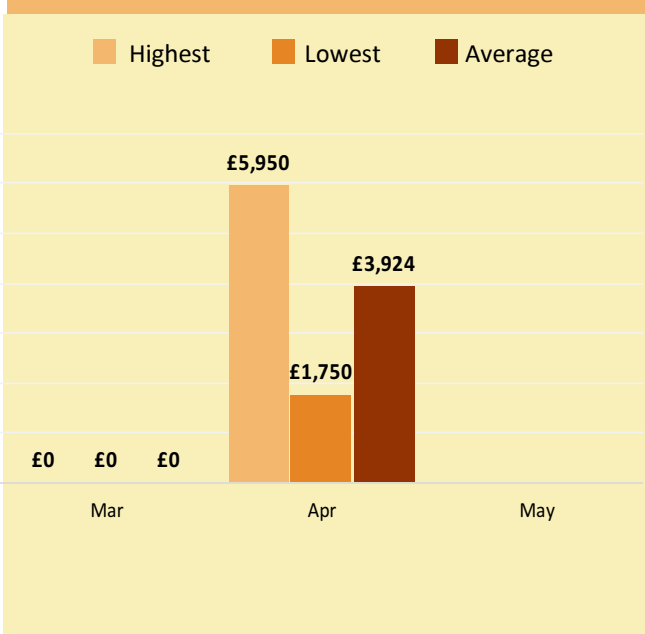
July and August 2019



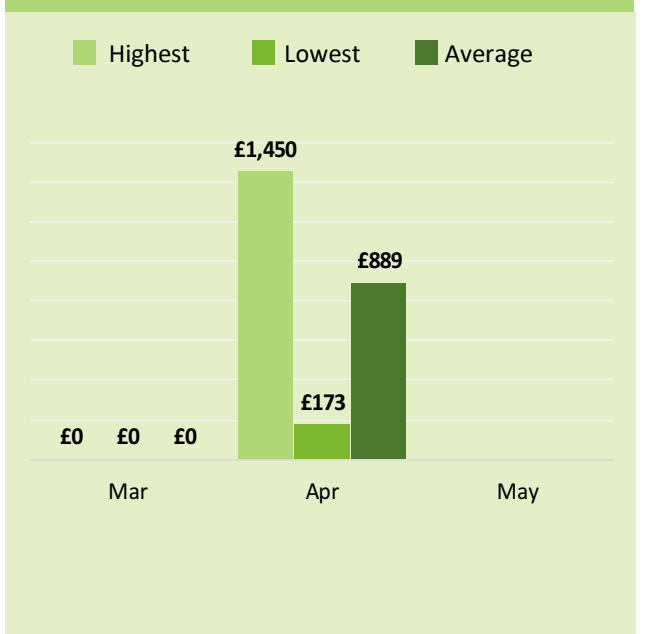
32d. No. children returned closer to home

Measure in Development
Target Date –
September 2019

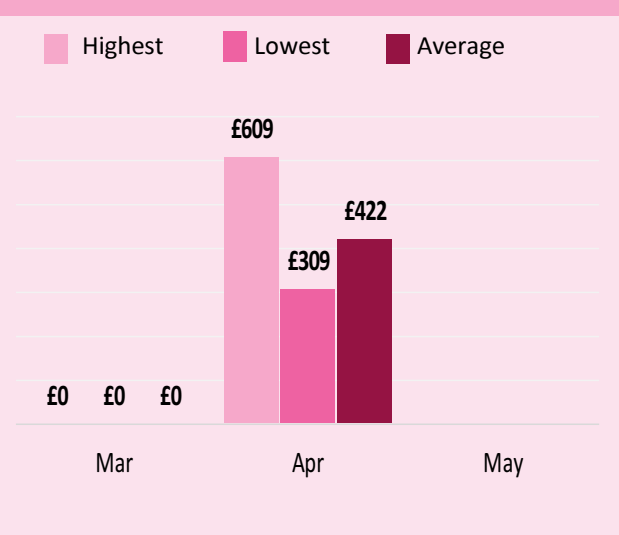
34a. Residential Placement costs (per week)



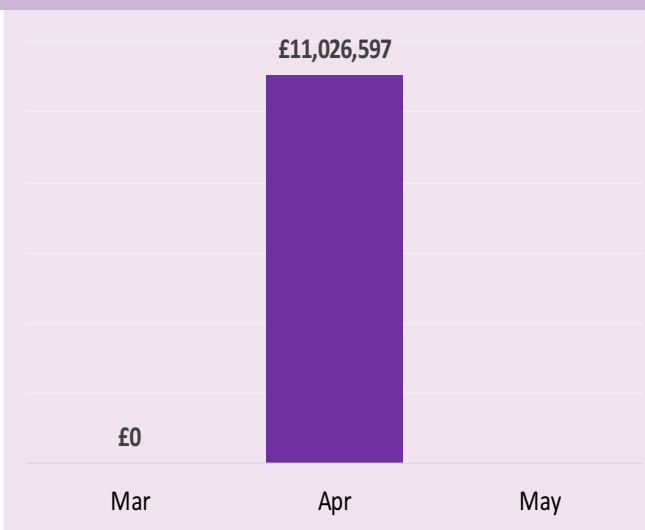
34b. IFA Placement costs (per week)



34c. In-house Placement costs (per week)



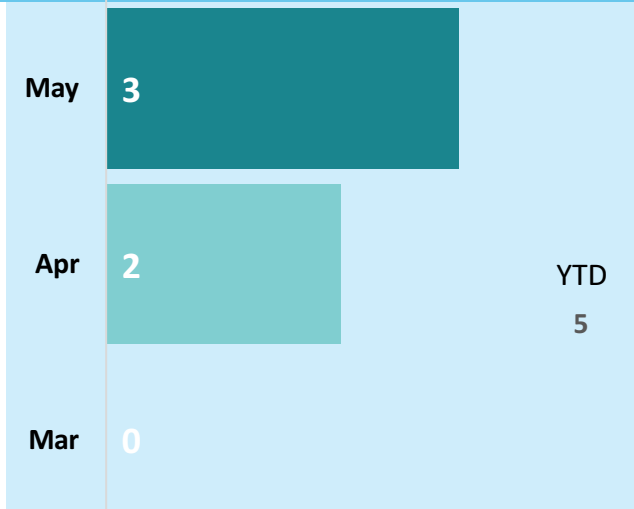
34d. Total cost of placements



35.No. of Children becoming Looked After



35a. Single Period of Accommodation under Section 76

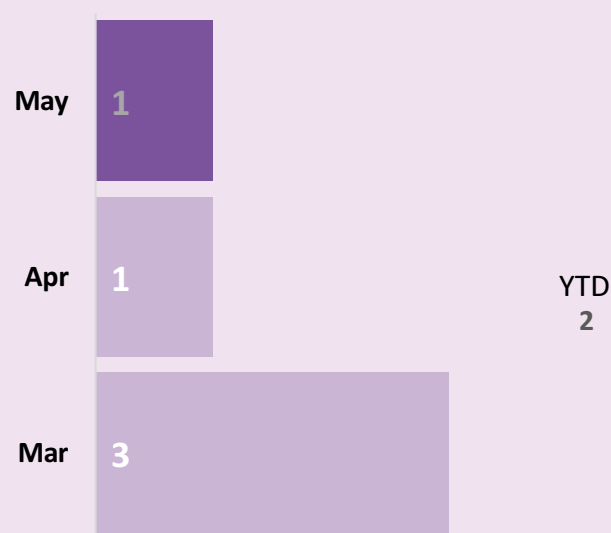


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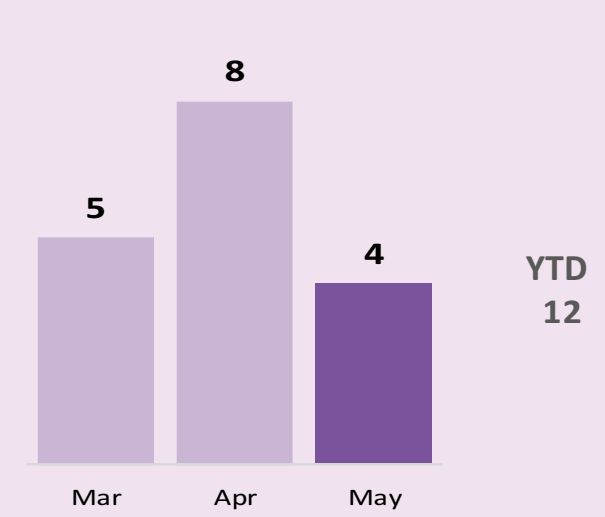
35b. Police Protection Order / Emergency Protection Order

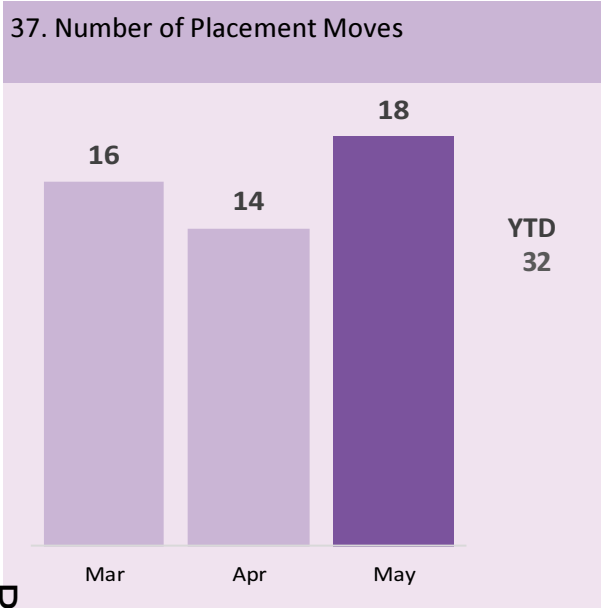


35c. Interim Care Order



36. No. of Children Ceasing to be Looked After





37a. Of these, how many were moves to permanence

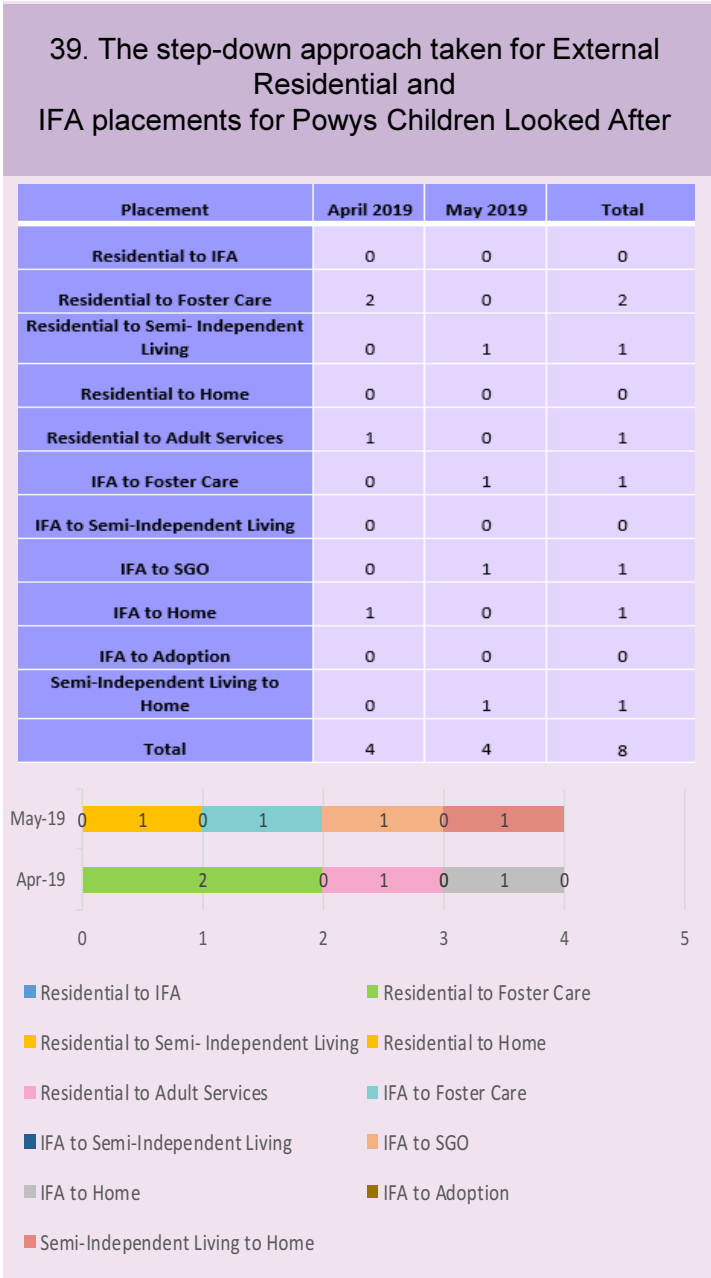
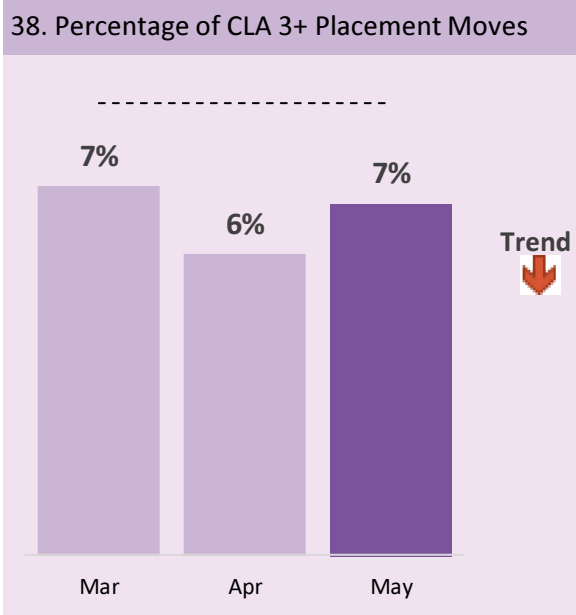
Awaiting WCCIS to be updated with amendments to record

Target Date – September 2019

37b. Number of children that moved back home

With service to define measure

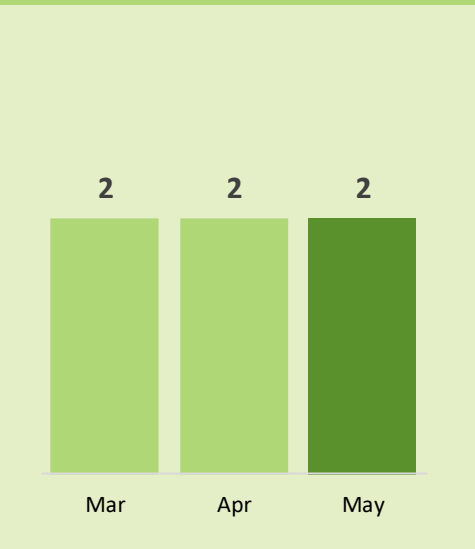
Target Date – August 2019



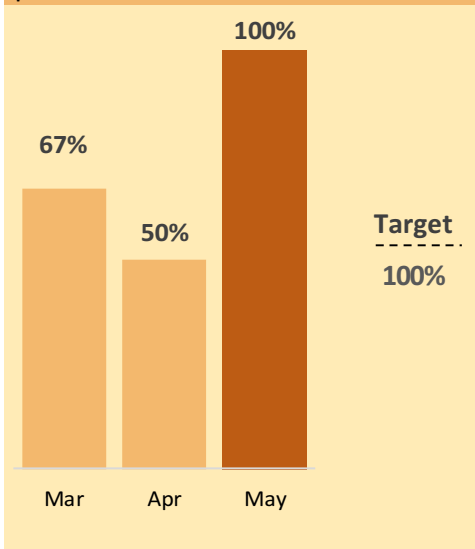
40. No. of Children who should have had a care plan within 10 days of placement



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



40b. Percentage of children who had a care plan within 10 days of placement

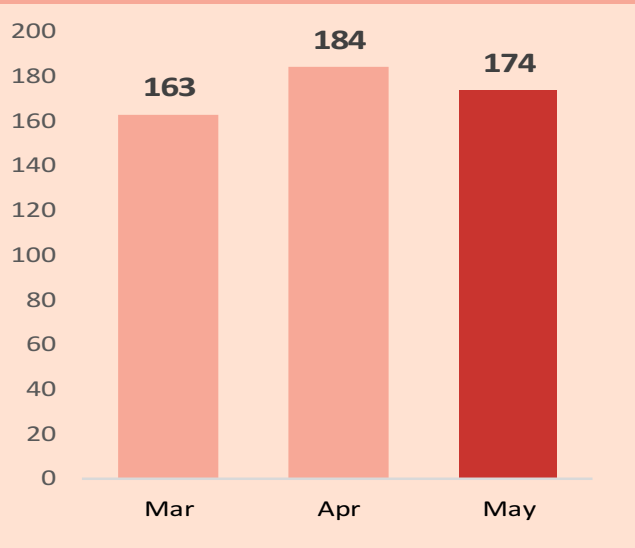


41. No. of CLA Reviews Completed

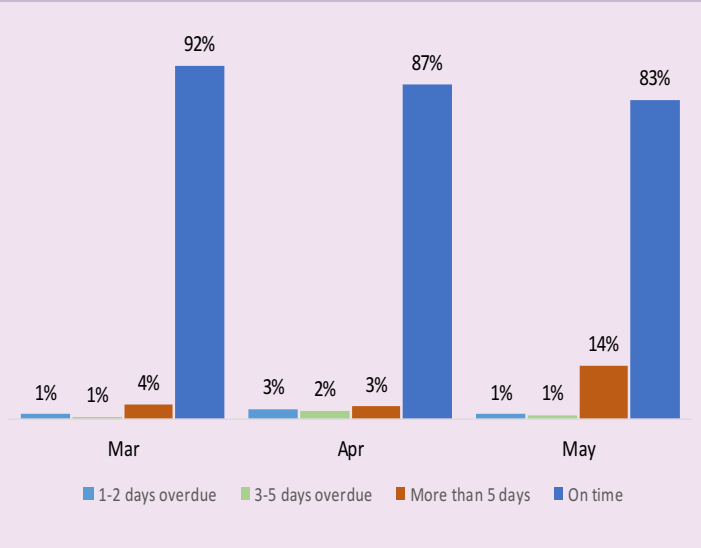
New measure in development – with service to define measure

Target Date – August 2019

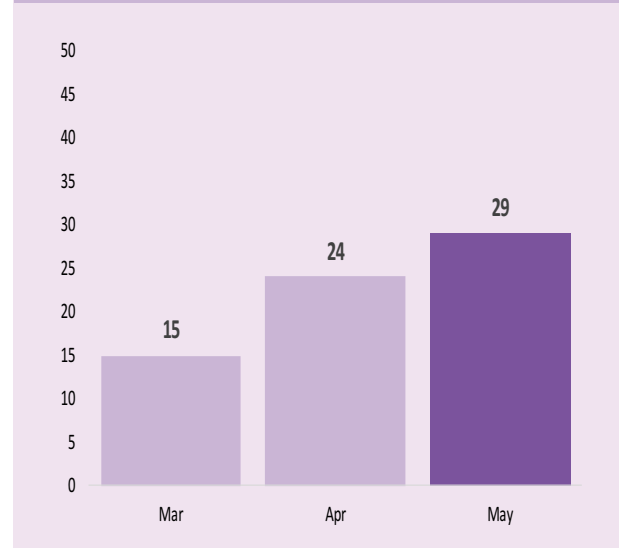
42. No of CLA Stat Visits Taken Place



42a. Percentage of CLA statutory visits on time



42b. No. of CLA stat visits out of time





What's working well?

- The number of children who are looked after has reduced again for the third consecutive month. The current number of children in care is 243.
- Work continues on reviewing the children placed with external providers both in and out of County. The step down table shows that a total of 8 children have had placement stepped down during April and May with 2 children returning home. This work will continue so that as many children who can safely return as close to home as possible in placements that meet their needs.

Children with 3 or more placements is better than target and is currently 7% which is better than the Wales Average. This has met target for the third consecutive month. This demonstrates the work which has been undertaken to stabilise placements for Children who are looked after. There has been an increase in placement moves in May.

- 100% of children who became looked after had a care plan in place within 10 days of placement.



What are we worried about?

1. Percentage of children looked after statutory visits completed in timescale is 83%. Of the 178 visits due, 148 have been completed within timescale and 29 out of timescale. Of the 30 reported overdue visits, 2 were 1-2 days late; 3 were 3-5 days late; and 24 were more than 5 days late. 6 children are reported as not yet seen: 6 of these 7 children have been seen; 5 of these visits were on time, but there was a delay in recording on the system. 1 of the children has been seen, however this visit was late. The 1 child who is reported as not yet seen has a visit scheduled for the 14th June, the reason for this delay is that the family were on holiday.

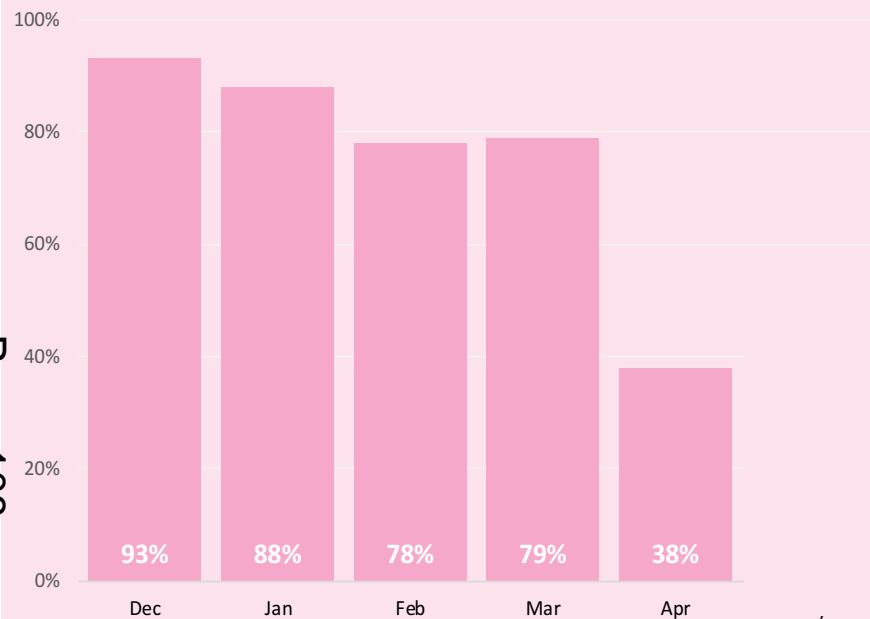


What do we need to do?

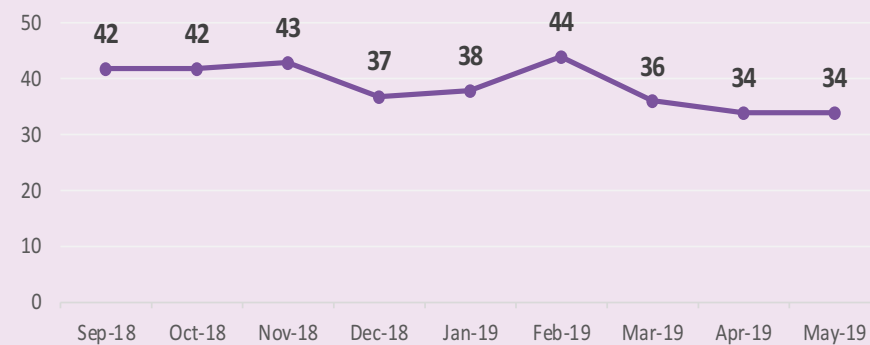
- Data lag is still an issue. We will continue to improve data recording so as to ensure data is on the system in a timely way so that accurate performance is reflected. Sept 2019 Senior manager Safeguarding and Quality Assurance.
- Work continues on reviewing the Children placed with external providers both in and out of County. The step down table shows that a total of 8 children have had placement stepped down during April and May with 2 children returning home. This work will continue so that as many children who can safely return as close to home as possible in placements that meet their needs. July and August 2019



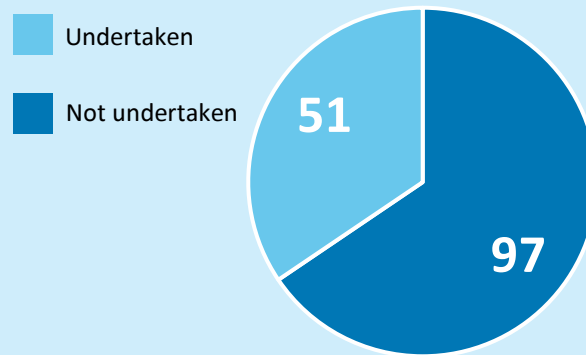
43. Percentage of staff supervisions undertaken per Month



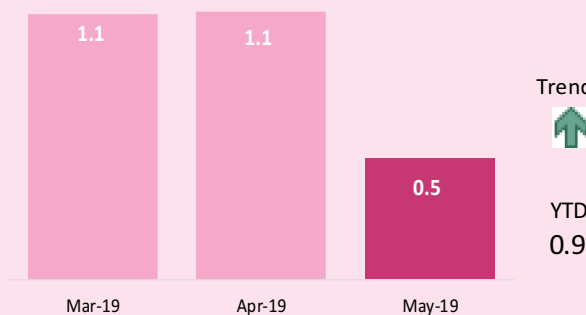
44. The Number of Agency Workers in Childrens Services per Month



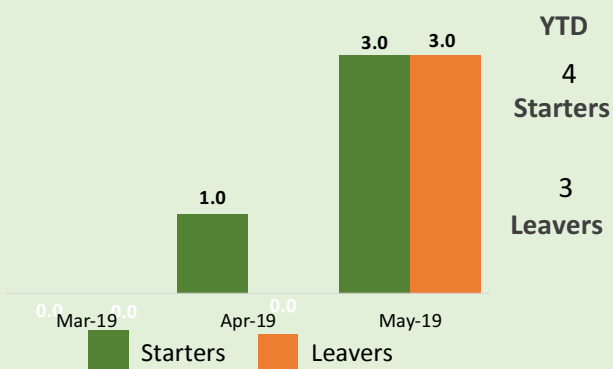
43a. Total supervisions by all Teams per month



45. Average days sickness absence per FTE



46. Starters and Leavers

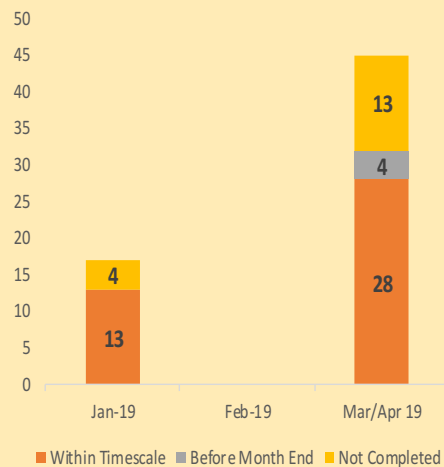




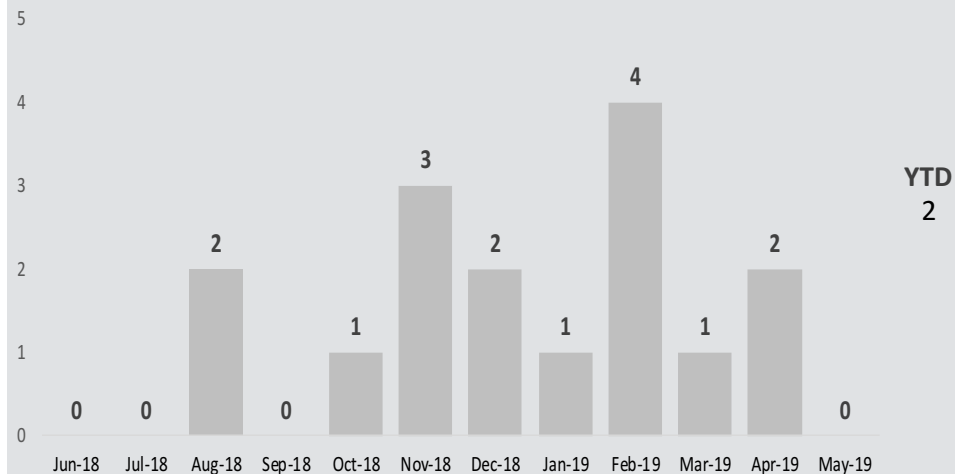
47. Number of Training Hours per FTE

**New measure in development
Target –
September 2019**

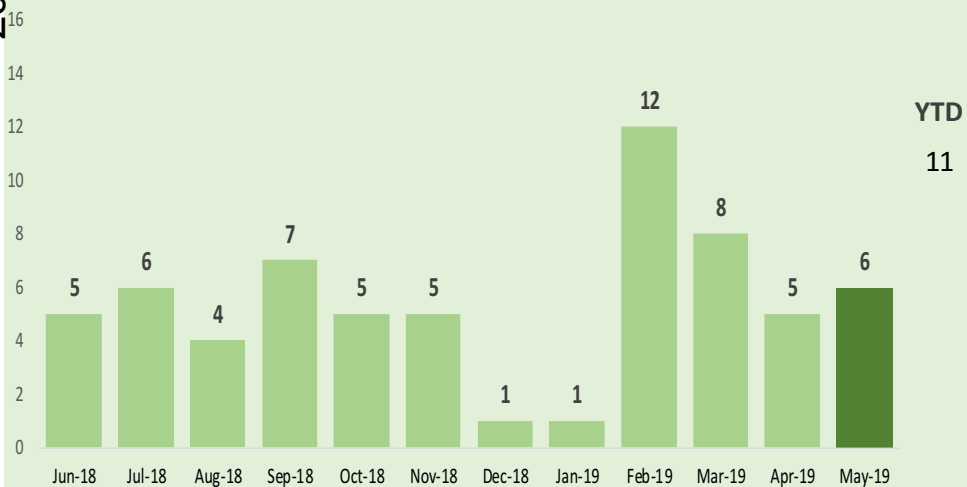
48. Case quality audits overview



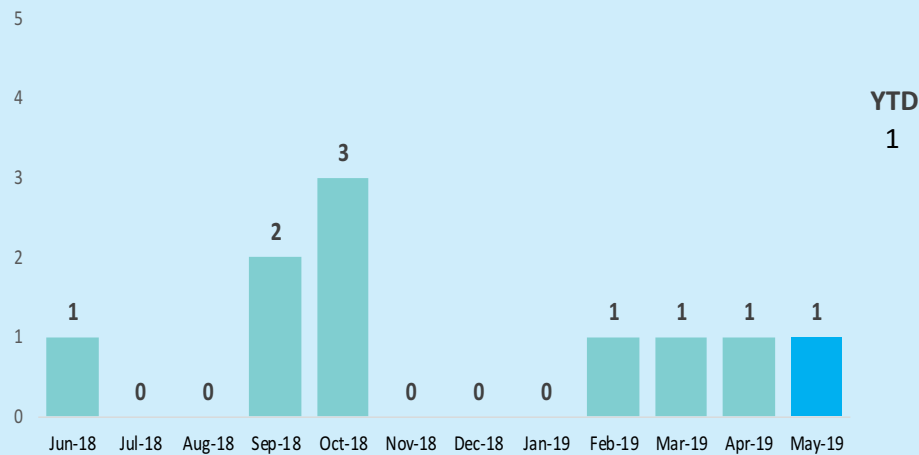
49. Number of Compliments



50a. Number of Stage 1 Complaints



50b. Number of Stage 2 Complaints



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Health and Care Scrutiny Committee

27 June 2019

Adult Services Working Group

Purpose of Report: Summary

The Group has had two meetings since the last Committee. County Councillor H Hulme was appointed as Lead Member for the Group.

At its first meeting, the Group was provided with an update on service redesign and delivery strands. Scrutiny of this item will continue throughout the year.

A briefing was provided on Delayed Transfers of Care (DToCs). The number of DToCs has been steadily rising. A Joint Improvement Programme by the Authority and PtHB is in place and close working continues. An independent review has been commissioned by PtHB to develop a shared policy. In the short term, it is hoped that new providers can be encouraged but, in the longer term, services will need to be delivered in a different way.

The first draft Home Support Evaluation Annual Report was considered. The report aimed to provide evidence to support early intervention. Home Support assists residents with practical every day solutions in the short term. The project has developed from an existing project in Rhayader and work is in hand to extend the support to two other locations. Coproduction with partners is essential in providing this service.

The Group have requested that an invitation be extended to the Chief Executive of the Health Board to attend a Health and Care Scrutiny Committee to discuss early intervention as a principle and how this might be recognised in practice.

A briefing regarding the North Powys Project was provided to the second meeting of the Group. Discussions have been ongoing for some time regarding the development of a wellbeing centre in Newtown. The Group were provided with an overview of the potential plans and benefits of the proposals.

Report contact: Lisa Richards, Legal, Scrutiny and Democratic Services

Contact details: lisa.richards@powys.gov.uk, 01597 826371

Background papers: Notes of meetings held on 31 May and 17 June 2019

Group Membership: County Councillors H Hulme (Lead Member), J Charlton, E jones, G Morgan K Roberts-Jones, A Williams and G Williams

Health and Care Scrutiny Committee

27 June 2019

Children's Services Working Group

Purpose of Report: Summary

The Group held its first meeting on 11 June 2019 and appointed County Councillor Amanda Jenner as Lead Member.

The Group received a briefing on the Continuum of Care and considered reports on the Children's Looked After Framework and Care Leavers Service. The following observations have been forwarded to the Portfolio Holder for Children's Services:

Observations in relation to support for other professionals:

- There was no phone number on the website for Team Around the Family
- A six page form was to be filled in for requests for assistance – this was excessive
- Online referral forms have disappeared from the website
- Advice for professionals needs to be simple and accessible
- The website needs to be clearer

Care Leavers:

- Consideration should be given to offering free gym membership through Freedom Leisure to care leavers within the County
- Collaboration with housing to secure appropriate accommodation was welcomed
- Collaboration with education to provide services should continue

A work programme for the next 12 months was also considered. An element of Member Development will be undertaken alongside scrutiny of the Children's Services Improvement Programme. Further items for scrutiny will be added in due course. It is expected that the Group will meet monthly.

Report contact: Lisa Richards, Legal, Scrutiny and Democratic Services

Contact details: lisa.richards@powys.gov.uk, 01597 826371

Background papers: Notes of meeting held on 11 June 2019

Group Membership: County Councillors A Jenner (Lead Member), S McNicholas, D Rowlands, E Vaughan, G Williams and J M Williams

Scrutiny date	Item	Working Group end date	Cab/Mgmt Team Date	Cab Date
2019				
Thurs 27/06/2019	Performance / Financial Review ACRF Complaints, Compliments and CIW Monitoring report (Adults)			
Mon 19/08/2019 pm	Day and Employment Services Options Appraisal CIW Monitoring Report (Children's)			
Fri 18/10/2019	Finance /Performance Assist/Cymorth			
Fri 29/11/2019 pm	Strategy for Residential Care FRM			

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