

**Notice of Meeting:****Adults Select Committee****Children and Young People's Select Committee invited for  
scrutiny of item 7**

**Tuesday 18<sup>th</sup> November 2014 at 10.00am  
Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA**

**PLEASE NOTE THAT THERE WILL BE A PRE-MEETING FOR  
ADULTS SELECT COMMITTEE MEMBERS AT 9.30AM**

**AGENDA**

*The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.*

Item No	Item
1.	Apologies for absence.
2.	Declarations of Interest.
3.	To confirm and sign the minutes of the Adults Select Committee held on 9 <sup>th</sup> September 2014 (copy attached).
4.	Public Open Forum.
5.	To receive a presentation on Gwent Frailty Programme (presentation to follow).

<p><b>6.</b></p> <p><b>7.</b></p> <p><b>8.</b></p> <p><b>9.</b></p> <p><b>10.</b></p>	<p>To receive a report on quarter 2 Performance Improvement Objective and Outcome Agreements (copy attached).</p> <p>To scrutinise the CSSIW Annual Review and Evaluation of Performance 2013/2014 (<b>Joint Scrutiny with Children and Young People’s Select Committee</b> – copy attached).</p> <p>To receive the OBA Scorecard for Safeguarding and Protection of Vulnerable Adults (copy attached, for information purposes).</p> <p>Work Programming (copies attached).</p> <p>Summing up and date and time of the next meeting:</p> <ul style="list-style-type: none"><li>• Tuesday 13<sup>th</sup> January 2015 at 10.00 a.m.</li></ul>
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**Paul Matthews**  
**Chief Executive**

# Adults Select Committee

## County Councillors:

R. Chapman  
R. Edwards  
P.S. Farley  
R.G. Harris  
M. Hickman  
P. Jones  
P. Jordan  
P.A. Watts  
A.M. Wintle

## Co-opted Members:

D. Hill  
D. Hudson

## Sustainable and Resilient Communities

### Outcomes we are working towards

#### **Nobody Is Left Behind**

- Older people are able to live their good life
- People have access to appropriate and affordable housing
- People have good access and mobility

#### **People Are Confident, Capable and Involved**

- People's lives are not affected by alcohol and drug misuse
- Families are supported
- People feel safe

#### **Our County Thrives**

- Business and enterprise
- People have access to practical and flexible learning
- People protect and enhance the environment

### Our priorities

- Schools
- Protection of vulnerable people
- Supporting Business and Job Creation

### Our Values

- **Openness:** we aspire to be open and honest to develop trusting relationships.
- **Fairness:** we aspire to provide fair choice, opportunities and experiences and become an organisation built on mutual respect.
- **Flexibility:** we aspire to be flexible in our thinking and action to become an effective and efficient organisation.
- **Teamwork:** we aspire to work together to share our successes and failures by building on our strengths and supporting one another to achieve our goals.

**Minutes of the Adults Select Committee held at County Hall, Usk on  
Tuesday 9<sup>th</sup> September 2014 at 10.00 a.m.**

**PRESENT:** County Councillor P.S. Farley (Chairman)

County Councillors: R.G. Harris, P. Jones, P.A. Watts.

**COOPTED MEMBERS:**

Mr. D. Hill  
Mrs. D. Hudson.

**OFFICERS IN ATTENDANCE:**

Mr. M. Howcroft	-	Assistant Head of Finance
Mr. T. Stokes	-	Finance Manager
Mrs. A. Evans	-	Customer Relations Manager
Mr. I. Bakewell	-	Housing and Communities Manager
Mrs. N. Perry	-	Democratic Services Officer

**APOLOGIES FOR ABSENCE**

1. Apologies for absence were received from County Councillors R. Chapman, R. Edwards, M. Hickman and A. Wintle.

**DECLARATIONS OF INTEREST**

2. There were no interests declared by Members at the meeting.

**MINUTES**

3. The minutes of the Adults Select Committee meeting held on Tuesday 15<sup>th</sup> July 2014 were confirmed as a correct record and signed by the Chairman.

**PUBLIC OPEN FORUM**

4. No members of the public present.

**STROKE SERVICE REDESIGN**

5. We welcomed a presentation from Michelle Graham of ABUHB Stroke Service Redesign Project Team. The presentation was designed to update the committee on the Stroke Service Redesign. The benefits of the redesign were detailed as being
  - Stroke patients would receive specialist care in a centre of excellence that would meet clinical standards.
  - Access to specialist care would be more equitable and consistent.

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- Stroke patients could go home sooner with Early Supported Discharge (ESD) which would improve outcomes and patient/carer satisfaction.

The proposed outline model was identified as follows:

- One hyper-acute stroke unit.
- Community Neuro Rehabilitation Team.
- Specialist stroke rehabilitation units.
- General rehabilitation and complex care management at local hospitals.
- Greater emphasis on primary and secondary prevention.

Agreed model:

- Royal Gwent Hospital Hyper-acute Stroke Care – first 0-3 days, and 4-7 days acute stroke care.
- Neville Hall Hospital and Ysbyty Ystrad Fawr - 4-7 days acute stroke care, and up to 6 weeks stroke rehabilitation.
- Development of Early Supported Discharge / Community Resource Teams.
- Primary care management of risk factors for primary and secondary prevention.
- Life after stroke – Stroke Association, communication support, Keep in Touch service, Stroke Survivors Groups.

The next steps were identified to be the development of a website providing links to the Stroke Association and local services. Also a Stroke Passport to be issued when a person has a stroke, being a handheld document containing essential information on local and national services available, individual risk factors identified at hospital, and goals to be achieved. We were told that the proposed commencement of the ESD via the Community Neuro Rehabilitation Service would be October 2014.

Several comments were made commending the model.

A member raised a query as to whether it was possible to use other hospitals, such as Chepstow Community. It was stressed that if that the model is focussed on specialist rehabilitation, and there would not be sufficient specialists for it to be cost effective to cover every community hospital. Also the ESD should allow patients to spend less time in rehabilitation.

A query was raised as to whether the team received enough government support. We were told that in a report issued by Welsh Government in 2008, Wales was reported as being the worst for stroke care in the UK. Funding was provided to improve care and continuing monitoring equipment was provided. In the following 5 years, Gwent had been the most improved area.

A member asked what the committee could do to help and reinforce the model. We were urged to continue to raise questions, share with the public and represent their opinions, and continue to express interest and involvement.

The Chairman concluded the item, noting that we welcomed the report as an excellent example of the Health Board in a scrutiny process. The committee would continue to support the progress of the redesign.

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**.MONTH 3 REVENUE & CAPITAL BUDGET MONITORING**

6. We received a report from the Assistant Head of Finance and the Finance Manager.

The purpose of the report was to provide information on the forecast outturn position of the Authority at the end of month 3 for the 2014/15 financial year.

We were informed that Chief Officers were tasked with ensuring that services remained within the budgets and that savings targets were set for the financial year. Future monitoring reports would seek to contain the information on what is being done to manage the overspends identified and positive actions required to ensure that the budget would not be breached.

Members were asked if they regarded the forecasting approach to be reasonable, or if there were any refinements or observations to make improvements.

A question was asked regarding the £30,000 overspend in Adult Services, due to Monnow Vale partnership costs apportionments and increased residential staff hours. We were advised that the costs were a general increase in staffing costs, not connected with the Raglan project.

A query was raised as to whether Adult Education would still be scrutinised through the Adults Select Committee. The committee agreed they would look forward to an update from the service manager via a report.

The Chairman expressed the committees' appreciation of the efforts made by the Assistant Head of Finance in streamlining the reports. However, a member raised a concern that the report contained 54 pages of information of which only a small proportion was relevant to the committee.

A member expressed concern referring to issues that may be foreseen at month 3. It was suggested that this should be an opportunity for Chief Officers to provide information on any concerns.

The Chairman thanked the officers for presenting the report.

**SOCIAL SERVICES ANNUAL COMPLAINTS REPORT**

7. The Chair welcomed the Customer Relations Manager and members were presented with the annual complaints report relevant to the Adults Select committee remit.

Members were advised that under the Social Services Complaints Procedure there were 3 stages to the complaints procedure and the annual report detailed the types of complaints and the number of complaints received.

The three stages were:

1. Local Resolution

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2. Formal Consideration
3. The Independent Panel

Members were advised that all complaints / comments were logged and it was clarified that comments were informal complaints where a formal route of procedure was not followed by the complainant, however, it was confirmed that all of these comments were looked into and responded to.

During the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014 there had been 24 complaints, 52 comments and 70 compliments. The report included examples of the type of comments that had been received.

During Members questions the following points were noted:

- Members were concerned that individual comments were not always seen as part of the bigger picture but they were informed that team managers and service users were contacted to ensure that all necessary information was relayed.
- It was suggested that it may be useful to provide statistics from previous years to easily show a comparison.
- The Customer Relations Manager confirmed that it was the decision of an individual to confirm if they wanted to make a formal complaint and if they did not wish to do so then anything they said was recorded as a comment and these points were actioned.
- We recognised that the number of compliments received was to be congratulated. We were told that the figures were relayed to the relevant teams and that compliments were always passed on, if a compliment related to a specific person, they would be presented with a certificate.
- It was noted that the under Welsh Government there must be an independent investigator, who would generally have a background in social care.

The Chair thanked the Officer for the report.

**HOUSING AND REGENERATION MEDIUM TERM FINANCIAL PLAN PROJECT  
MANDATE – INTEGRATED APPROACH TO HOUSING OPTIONS.**

8. We received a report from the Housing and Communities Manager which informed the committee regarding the proposal to develop an integrated approach to Housing Options delivery with Torfaen County Borough Council and establish a new joint Housing Solutions Service for Monmouthshire and Torfaen.

The Chairman noted that the committee had previously welcomed this report, and would now welcome an update.

We were informed that:

- The proposal would be implemented from November 2014.

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- The project would achieve budget savings of £55,000.
- Proposal to establish an alternative brand and identity which would be independent to both Authorities.
- A single Housing Solutions Service for both counties would provide increased resilience.
- Accountability would remain with each Authority but could include joint scrutiny.
- There will be more resilience and flexibility.
- Creation of a new Housing Solutions Manager and a new Private Sector Housing Team, made up of Monmouthshire and Torfaen staff.

During Members' questions the following points were noted:

- It was not decided as to whether there would definitely be joint scrutiny. The Housing and Communities Manager was waiting for a response from TCBC on this request.
- Both Authorities would be based at a HUB in Pontypool.
- The hierarchy would continue on the same basis as at present.
- There are no new policies regarding immigration and housing.

The Chair raised a point regarding homelessness and home provisions of victims / survivors of domestic abuse. A question was asked whether appropriate help was readily available. A telling statistic was noted to be that a significant proportion of homelessness related to domestic abuse, the Officer suggested that this area could be investigated.

It was agreed that it would be beneficial to include Hazel Ilett and TCBC Scrutiny Officers at future meetings.

The report was fully supported by the Committee.

It was noted by the Committee that there was normally a management perspective available at meeting which helpfully assisted with understanding of issues raised within reports. It was thought to be unfortunate that there was no representation at this meeting.

## **ADULTS SELECT COMMITTEE WORK PROGRAMME**

9i. We received the Adults Select Committee Work Programme for forthcoming meetings.

It was noted that a query should be raised with Hazel Ilett as to whether the committee need to be included with reference Community Education.



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**THE CABINET FORWARD WORK PLANNER**

9ii. We received the Forward Planner for Cabinet and Council business.

**DATE AND TIME OF NEXT MEETING**

10. We noted that the next Adults Select Committee Meeting would be held at County Hall, Usk on Tuesday 18<sup>th</sup> November 2014 at 10.00am.

**The meeting ended at 12.20pm**

**SUBJECT: Quarter 2 Performance Report: Improvement Objective and Outcome Agreement**

**MEETING: Adults Select Committee**

**DATE: 18<sup>th</sup> November 2014**

**DIVISIONS/WARDS AFFECTED: All**

## **1. PURPOSE**

- 1.1 To present quarter 2 performance data for the Improvement Objective and Outcome Agreement objectives which are under the remit of the Adults Select Committee:
- Improvement Objective 2 set in the council's Improvement Plan 2014-17: We will work to help people live their own lives by building flexible and responsive services. Our focus will be on safeguarding people, further developing our approach to integrated services and implementing community coordination in the pilot areas
  - Outcome Agreement theme 2 set in Monmouthshire's Outcome Agreement with the Welsh Government 2013-16: Ensuring people receive the help they need to live fulfilled lives
- 1.2 To present the wider key performance targets that are under the committees remit set in the Council's publically available key performance plans

## **2. RECOMMENDATIONS**

- 2.1 That members scrutinise the performance achieved and impact made to assess progress and performance against the objectives.
- 2.2 That members identify and explore any areas of underperformance or concerns, and to seek assurance from those responsible for future activity where they conclude that performance needs to improve.
- 2.3 That members agree the targets and any revisions for the key Performance Indicators that fall within the remit of the Select Committee

## **3. KEY ISSUES**

- 3.1 The Outcome Agreement and the Improvement Objectives have a different focus:
- Improvement Objectives are set annually by the Council to deliver on priorities. In this context, despite that the objectives constitute long term commitments the specific activities focused are particularly for the year
  - The Outcome Agreement is an agreement with the Welsh Government for a three year period, whereby the council needs to deliver on performance activities and associated targets that contribute to the Wales Programme for Government. The current one covers the period from 2013 to 2016. The council is awarded each

year with funding from the Welsh Government based on the performance achieved

- 3.2 Report cards are given below on the performance achieved. The report card for Improvement Objective 2 and Outcome Agreement theme 2 has been combined in light of the significant level of overlap between the activities covered, but for clarity the activities have been identified by separate references: Improvement Objective (IO) and Outcome Agreement (OA).
- 3.3 Targets have been revised in some cases where we have exceeded performance. These have been supported with the rationale as identified in the report cards.
- 3.4 Performance against the Improvement Objectives and the Outcome Agreement uses separate evaluation criteria:

The Improvement Objectives use the Council's self-evaluation framework. Performance against them is reported in the Stage 2 Improvement Plan published in October each year. The final position for these objectives will be presented to council in Autumn 2015.

The Outcome Agreement is evaluated using the Welsh Government scoring mechanism. Assessment on the performance will be reported to the Welsh Government and similarly, at the year end. This will be at the end of the summer 2015.

- 3.5 The evaluation criteria:

<b>Outcome Agreement Scoring (using the Welsh government matrix)</b>	
<b>Definition</b>	<b>Points award</b>
Fully Successful	2
Partially Successful	1
Unsuccessful	0
To achieve 100% funding for the Outcome Agreement we must achieve at least 8 points from a possible 10 across the 5 themes within the agreement	

<b>Improvement Objective Scoring (using the council's self evaluation matrix)</b>		
<b>Level</b>	<b>Definition</b>	<b>Description</b>
Level 6	Excellent	Excellent or outstanding
Level 5	Very Good	Major strengths
Level 4	Good	Important strengths with some areas for improvement
Level 3	Adequate	Strengths just outweigh weakness
Level 2	Weak	Important weaknesses
Level 1	Unsatisfactory	Major weakness

- 3.6 The scores based on half year performance for 2014-15 show that:

- Improvement Objective 2 has been scored as Level 4 - Good
- Outcome Agreement theme 2 has been scored as Fully Successful

- 3.7 Scores for the half year across the five themes in the Outcome Agreement is “Fully Successful” based on scoring 8 points out of a possible 10. At this point this is a cautious indication.
- 3.8 A summary of the main points on performance, including points on finance:
- We are making progress towards embedding coordinators within communities to work with people who may otherwise require or are in receipt of statutory services. By building on strengths and developing local connections they are helping people to find their own solutions to the issues they face.
  - External funding has been obtained from the Intermediate Care fund meaning the project has yet to draw on the funding earmarked by Cabinet in the business case
- 3.9 The appendix Annex C sets out the Key Performance Indicators that are under the committees remit and are set in the Council’s publically available key performance plans. A small number of mid-year revisions have been made to targets and actual performance to those that were previously scrutinised by Committee.
- 3.6 The Local Government Wales Measure 2009 places a duty on local authorities to “make arrangements to secure continuous improvement in the exercise of [their] functions.” The council needs to understand in practical terms what service improvement means in a context where it faces budget reductions of 4.3% a year over the course of the next medium term financial planning period.
- 3.7 Improvement can be demonstrated by using fewer resources to deliver a similar outcome. Increasingly we may need to set targets which do not show improvement in absolute terms but which may be about maintaining a minimum level below which standards will not fall or maintaining performance levels while spending less money. It can also be shown that the authority is exercising its duty if it makes changes that will not deliver improvement in the current year but which are likely to lead to improvement in subsequent years.
- 3.8 The past performance/future targets shown in Annex C to this report will help members start to reflect on the extent to which the trajectory of past performance will be influenced by resource pressures in some areas. Part of the business cases to deliver budget savings are underpinned by clear and measurable targets will be vital to demonstrate that the authority is meeting its duty to make arrangements to deliver continuous improvement. Future targets for this set of indicators, and any additional relevant indicators will be set in line with this.

#### **4. REASONS:**

- 4.1 To ensure that members have an understanding of performance across all publically available indicators in their remit and are able to hold officers and the executive to account.
- 4.2 To maximise the revenue funding achieved as part of the Outcome Agreement 2013-16 with Welsh Government.

#### **5. AUTHOR:**

Matthew Gatehouse, Policy and Performance Manager  
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<b>MCC Improvement Objective and Outcome Agreement Theme</b>		<p><b>Improvement Objective 2:</b> We will work to help people live their own lives by building flexible and responsive services. Our focus will be on safeguarding people, further developing our approach to integrated services and implementing community coordination in the pilot areas</p> <p><b>Outcome Agreement Theme 2:</b> Ensuring people receive the help they need to live fulfilled lives</p>
<b>Monmouthshire Single Integrated Plan Outcomes:</b>		<p>Older people are able to live their good life Vulnerable families are supported</p>
<b>Wales Programme for government theme and Outcome:</b> Ensuring people receive the help they need to live fulfilled lives		
<b>Projected Score 2014/15</b>		<p><b>Improvement Objective: Level 4 - Good</b> <b>Outcome Agreement: Fully Successful</b></p>
<b>Plan Ref</b>	<b>What the Single Integrated Plan identifies that we will contribute to</b>	
IO & OA	<p>We need to:</p> <ul style="list-style-type: none"> <li>• Support our families earlier to prevent them becoming more vulnerable.</li> <li>• Better co-ordinate support which can react more quickly.</li> <li>• For older people to live their good life we need to: <ul style="list-style-type: none"> <li>○ Enable older people to be fully independent, maintaining good mobility, health and well-being, confidence and dignity and plan for their futures.</li> <li>○ Nurture good support networks in the community.</li> <li>○ Enable older people to do what matters to them when they choose to</li> <li>○ Focus on preventative health and well-being programmes for older people</li> </ul> </li> </ul>	
	<b>What do we want to achieve?</b>	
IO	<ul style="list-style-type: none"> <li>• Focus on families to ensure they are supported during key transitions in times of stress</li> </ul>	

<p>OA</p>	<ul style="list-style-type: none"> <li>• Build new safeguarding and protection approaches so that people are protected and that this is achieved in ways which will empower the individual to sustain/regain control of their life</li> <li>• ‘Do what matters’ so that people are supported to “live their own life” i.e. take more control over life they live</li> <li>• Find integrated solutions so that services are built around the needs of the individual rather than for the convenience of the people who provide them</li> <li>• Strengthen communities so that people are engaged in and supported by their communities and not dependant purely on statutory services</li> </ul> <p>People will be supported to stay strong, build personal, local and community solutions as an alternative to services. Our communities will be welcoming, inclusive and mutually supportive. As a single, local accessible point of contact for people and communities, we envisage that Community Coordinators (formerly Local Area Co-ordinators) will become the new ‘front end’ of services, and will simplify (and better connect) the system for local people.</p> <p>We will have new ways of working in place that:</p> <ul style="list-style-type: none"> <li>• Divert people from statutory services</li> <li>• Prevent or reduce people’s dependence upon statutory services</li> <li>• Provide real choice and control for people regarding the support and services which best enable them to live their lives and meet their health and support needs</li> <li>• Develop robust communities through increased connection and support</li> </ul>
<p><b>Why we chose this objective</b></p>	
<p>IO</p>	<p>In the current financial and demographic context if we don’t find ways to support people to find better solutions we will end up rationing services and only intervening in crisis situations. The human cost of failing to have the right conversations at the right time includes young people placed in institutional placements away from home and older people experiencing isolation and loneliness in their communities</p>

During the period of the activity we will:	What have we done so far?	What difference has it made so far?	Progress
Produce a robust business case to secure funding to deliver a local area co-ordination pilot	Cabinet agreed the business case and funding for local area co-ordination in October 2014. The project is now known as community coordination to avoid confusion with Looked After Children. It is being overseen by a steering group of partners including Aneurin Bevan Health Board, Gwent Police, the voluntary sector and Registered Social Landlords.	We have generated support for the programme and established clear metrics that will enable us to evaluate success. Cabinet agreed funding for the pilot, however successful bids to external sources of revenue, including the Intermediate Care Fund have also been successful.	Achieved
Establish community coordination pilot in Abergavenny and Caldicot and decide whether or not to use throughout the county.	Abergavenny and Caldicot have been identified as the sites for the pilots. These were launched at well-attended community events in the towns leisure centres in Autumn 2013.	Coordinators are working in these towns to develop inclusive and mutually supportive communities. As a place based, point of contact, coordinators are working to simplify (and better connect) the system for local people. Individual case studies show some early successes but it is early to draw robust conclusions about the effectiveness of the programme.	On target
Appoint four co-ordinators	Two community coordinators have been appointed as part of the pilot phase. In line with the business case we will not be appointing the additional coordinators until a full evaluation has been undertaken.	To date our coordinators they have created connections with over 100 vulnerable individuals.	On Target
Establish small local enterprises as alternatives to existing service provision beginning in 2014-15	We have appointed a small local enterprise co-ordinator. They are working with individuals to support the development of new enterprises and assist early stage enterprises reach fruition.	20 enterprises up and running, 9 close to happening, 7 at the idea stage	On Target
Roll-out an integrated assessment, care and support plan and personal outcomes	We are transforming the way in which we deliver care and support to people in Monmouthshire. Our transformation started with a “systems thinking” approach to re-design. We are putting	Outcome focused work involves building a relationship with the person and actively listening to their ‘story’ so we can clearly identify what matters. We have submitted a successful bid to become a pilot site for	On Target

During the period of the activity we will:	What have we done so far?	What difference has it made so far?	Progress
framework that all providers contribute to.	the person at the centre of all deliberations, having a different conversation based on “what matters”. A fundamental part of our work is to consider meaningful measurement.	Wales to share this work as part of the implementation of the new national outcomes framework.	
Put in place a learning and evaluation framework	We worked with Innovation Foundation, Nesta, to develop a robust learning and evaluation framework so that we could properly understand what works	The framework means we are able to capture evidence about what works and what doesn’t at the level of the individual and aggregate this in a meaningful way to allow the steering group to evaluate and evolve the programme as it develops.	Achieved
Strengthen the whole authority approach to safeguarding with a focus on evaluating impact and strong leadership.	<p>The key issues are the key issues are; ensuring an evaluative approach which enables Cabinet, Scrutiny committees and senior officers to answer the question “how well are children and young people in Monmouthshire being protected from harm and abuse?” and engaging all aspects of the Council and our partners, emphasising that safeguarding is everyone’s business.</p> <p>We have developed a comprehensive reporting schedule to ensure that we are able to evaluate the impact of safeguarding. This has been supplemented by establishing a monthly briefing for Chief Officers, a cross- authority leadership group chaired by the Chief Executive and a forum for the Chairs of Select Committees to discuss Safeguarding and Corporate Parenting issues.</p>	<p>There is:</p> <ul style="list-style-type: none"> <li>• an overarching Monmouthshire Safeguarding and Child Protection Policy in place that gives clear guidance for all settings detailing roles and responsibilities in safeguarding and child protection.</li> <li>• increased cross directorate and political involvement with safeguarding supported by strong leadership.</li> <li>• an audit programme in place to ensure that individual settings adhere to the requirements of the policy and provide information regarding how they meet their child protection and safeguarding responsibilities in practice.</li> <li>• a robust system in place within the authority to respond to any concerns arising from professional allegations or organised abuse. Our safeguarding survey (2013) undertaken with young people tells us that the majority of children feel safe most of the time but that bullying and staying safe on-line concerns them.</li> </ul>	Achieved



		2012/13 Actual	2013/14 Actual	2014/15 Target	2014/15 Actual	2015/16 Target	RAG Trend	Comment
<b>How much did we do?</b>								
IO	Number of older people receiving traditional long-term community based packages of social care	1168	1157	<1157	1137	Not set	Improving /on target	
IO	Number of older people in local authority funded nursing or residential care	234	227	230	206	Not set	Improving /on target	This figure is provisional. The service is moving to a new database and this figure may be revised once all validation is completed.
IO	Number of people supported via community coordination	0	0	36	43	Not set	improving	
IO	Number of children on the child protection register at 31 March (or end of this period)	55	41	not applicable	38	Not applicable	n/a	
OA	Net investment to deliver Community Coordination (£)		Business Case approved in October 2013	211,875	£0	160,125	n/a	Initial funding from Nesta and a successful funding bid to the Intermediate Care fund mean the project has not yet needed to draw on the funding made available by cabinet
OA	Number of Local Area Coordinators in post	0	2	4	2	4	n/a	
OA	Number of small local enterprises established	not yet underway	0	To be set autumn 2014	20	To be set autumn 2014	improving	20 enterprises up and running, 9 close to happening, 7 at the idea stage
OA	Number of people (18+) in receipt of traditional care packages to keep them	1668	1620	<1667 (or lower)	1550	1664 (or lower)	Improving /on target	The service is moving to a new database and this figure may be revised once all validation is

		2012/13 Actual	2013/14 Actual	2014/15 Target	2014/15 Actual	2015/16 Target	RAG Trend	Comment
	at home (monthly)							completed. If accurate we will revise to a more stretching target.
<b>How well did we do it?</b>								
IO	Percentage of people using social services who report that they are happy with the service they receive	96%	90%	>90%	94%	Not yet set	Improving /on target	
IO / OA	Number of delayed transfers of care from hospital that were because social care was not in place	16	17	<33 <21	4	<36 <20	Improving /on target	Four delayed transfers of care in first six months of the year. More stretching target proposed.
IO/OA	Percentage of reviews of children on the child protection register that were carried out on time	90.5%	93.5%	100%	98%	100%	Improving /missed target	
OA	Cost avoidance against forecast expenditure associated with an ageing population	new	£27,352	£123K - £246K	£68,380	£380k - £760K	Improving / target position uncertain	The cost avoidance figure is a combination of integrated working and community coordination.
OA	Number of people supported through small local enterprises	new	new	to be set	20 enterprises	to be set	improving	20 enterprises up and running, 9 close to happening, 7 at the idea stage
<b>Is anyone better off?</b>								
IO	Percentage of people who believe that the service they get meets their needs	88%	82%	>82	83%	Not set		
IO	Percentage of people whose personal outcomes are improved	Not yet started	Not yet Started	This work is not yet at the stage where personal outcomes data can be accurately aggregated to a whole authority level				
IO	Percentage of people who are fully independent following a period of reablement	54.5%	53.5%	50-55%	51.7%	50-55%	On target	

		2012/13 Actual	2013/14 Actual	2014/15 Target	2014/15 Actual	2015/16 Target	RAG Trend	Comment
IO	Average length of time that children spend on the child protection register (months)	11.8	6.4	Not applicable	Not yet available	Not applicable	n/a	
OA	Percentage of people giving positive responses to a new well-being questionnaire that will be used by community coordinators	not yet underway	Milestone: Questions Piloted	This work will be merged into measurement of personal outcomes				
OA	Number of individuals supported to actively engage in their local community	new	new	60	43 (estimate)	80	Improving /on target	
OA	Number of community connections (Individual or Family) established by Local Area Co-ordination	not yet underway	None established during 2013-14	The establishment of a baseline and setting of targets is yet to be undertaken.				
<b>What resources will we use?</b>								
The budget for social services is £36 million. Our net investment in community coordination is £211,875 We have also secured funding from the Intermediate Care Fund								
<b>Partners we are working with?</b>								
Gwent Police, Aneurin Bevan University Health Board, GAVO, other local authorities in Gwent, Welsh Government, The Centre for Welfare Reform, Community Catalysts (a Community Interest Company), CMC2								

## Appendix 2

Ref	Indicator	2013/14	2014/15	2015/16	National or Local PI	Plans it features in	Dept.	Reason for target change
SCA/001	The number (and rate) of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	<36 3.88	<del>&lt;33</del> (3.55) <21 2.26	<del>&lt;30</del> (3.23) <20 2.15	National	OA IP14-17	SCH	The target in our outcome agreement was set as no more than 3 delayed transfers per month (36 per year) reducing year on year. From 14-15 it has been lowered to a more stretching 21 per year, reducing to 20.
SCA/002a	The rate of older people supported in the community per 1,000 population aged 65 or over at 31 March	58.80	59.59		National		SCH	
	Number of people (18+) in receipt of traditional care packages to keep them at home (monthly)	1693	1667	1664	local	OA	SCH	
	Number of older people in local authority funded nursing or residential care	260	230		Local	IP14-17		
SCA/002b	The rate of older people whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	13.52	11.33		National		SCH	
SCA/007	% of clients with a care plan at 31 March whose care plans should have been reviewed that were	80	82		National		SCH	

	reviewed during the year							
SCA/018a	% of carers of adults who were offered an assessment or review of their needs in their own right during the year	>95	100		National	IP14-17; CO;	SCH	
SCA/019	% of adult protection referrals completed where the risk has been managed	>90	92		National		SCH	
SCA/020	% of adult clients who are supported in the community during the year	Not set	Not Set	Not Set	National		SCH	
	Percentage of people using adult social care services who report that they are happy with the service they receive	90	90		Local	IP14-17	SCH	
	Percentage of people who believe that the service they get meets their needs	80	82		Local	IP14-17	SCH	
	Percentage of people who are fully independent following a period of reablement	50-55	50-55	50-55	Local	IP14-17	SCH	
	Cost avoidance against forecast expenditure associated with an ageing population	£22k - £44K	£123K - £246K	£380k - £760K	Local	OA	SCH	

# Performance Evaluation Report 2013–14

Monmouthshire County Council  
Social Services

This report sets out the key areas of progress and areas for improvement in Monmouthshire County Council Social Services for the year 2013–14

# **Annual Review and Evaluation of Performance 2013 - 2014**

## **Local Authority: Monmouthshire County Council**

### **This report sets out the key areas of progress and areas for improvement in Monmouthshire County Council Social Services for the year 2013- 14**

## **Summary**

Monmouthshire County Council continues to make strong progress and has performed well in many areas of its services to adults within the county. While there has been improvement in some aspects of children's services, more needs to be done to improve in key areas and to consolidate practice following the restructuring of services in April 2013. The council has continued to take forward its programme of remodelling services in order to enable people to maintain their independence through support, reablement and addressing barriers to social inclusion.

In adult services the council has made good progress in reshaping services which are person centred, focus on facilitating community based solutions and supporting people to remain independent for as long as possible. The council performs well against many of the key performance indicators for adult services and has improved performance in its reviews of care plans. The implementation of new ways of working has enabled the council to achieve savings within adult services. People receiving services, in the main, provide positive feedback about their experiences and the outcomes achieved.

In children's services, performance in relation to initial care planning and statutory visits for looked after children are weaker than other comparable local authorities and the Wales average. An inspection of safeguarding and care planning of looked after children and care leavers who exhibit vulnerable or risky behaviour found that the council needed to make significant improvement in a number of areas including risk assessment and care planning practice. In contrast to this, there has been improved performance in the areas for improvement identified in CSSIW's 2012-13 annual review and evaluation of performance. In particular, performance around initial assessments and at the point of referral has strengthened. The council has put in place an action plan to address the issues identified during the looked after children inspection. CSSIW will monitor progress and will be undertaking a further inspection.

The director's report and supporting heads of service reports set out the vision for the shape of social services to meet future demand and to enable people to live their lives independently. There is an understanding of the areas where performance needs to improve and the need to put in place ways to measure the



impact of services so that any underlying performance gaps can be identified and addressed.

There is evidence that the council has listened to and understands what matters to the people of Monmouthshire in terms of their social care needs through its systems thinking work, surveys and consultations. These views have been considered alongside the challenging financial environment and predictions of future need to develop a vision for resilient communities and services that enable people to remain independent for longer. The direction of travel is aligned to the principles set out in the Social Services and Well-being (Wales) Act 2014.

The council has been successful in developing collaborative arrangements which are having a positive impact, most notably through the work of the integrated health and social care teams in adult services. It recognises the importance of further collaboration and is active in the discussions and planning for the integration of services for older adults with complex needs and the mental health and learning disabilities integration agenda. However, progress on the implementation of five year strategies for the integration of learning disabilities and mental health services across the Gwent area has been slow.

The director reports that actions are being taken forward as part of the council's 'More than just words' strategy action plan to ensure Welsh speakers can receive services in their own language. These include identifying Welsh speaking staff and awareness sessions for social care staff.

### Response to last year's areas of development

Area for improvement identified last year	Progress in 2013 - 14
Understanding the profile of demand for disabled children with complex needs and develop appropriate support.	The authority has undertaken a systems review of its services for children and adults with disabilities with a view to developing a seamless service. It is not clear what specific actions have been agreed following this work. It will be important that the council monitor and report progress in this area over the coming year.
Work to measure outcomes needs to progress to ensure the council can assure itself that its services are achieving and improving outcomes for the people receiving services.	Work is underway to develop an outcome framework which will enable personal outcomes to be linked to overarching service level outcomes. The implementation of the ICT system in October 2014 should enable the council to aggregate and track

	outcomes more effectively.
Timeliness of initial child protection conferences and core group meetings, and child protection reviews.	The council's performance in these areas has improved significantly during 2013 -14.
Completion of adult care plan reviews.	Performance in this area has improved significantly during the year from 54.4% to 82.1%.
Completion of children in need reviews in accordance with the statutory timetable.	Performance in this area has improved significantly during the year from 19.5% to 57.5%. However, this remains well below the national average of 78.8%.
Completion of statutory visits to looked after children in accordance with regulations.	Performance in this area has further deteriorated from 66.9% to 65.3%.
Completion and implementation of the corporate parenting strategy.	A corporate parenting strategy has been developed.

### **Visits and inspections undertaken during the year**

- Safeguarding and quality assurance unit within children's services.
- Integrated health and social care teams in Monmouthshire.
- Observation of the corporate parenting group.
- Inspection of safeguarding and care planning of looked after children and care leavers who exhibit vulnerable or risky behaviour, within Monmouthshire County Council, 'looked after children inspection'.
- CSSIW met with senior officers via quarterly engagement meetings to review performance and progress against areas identified in the 2012-13 ACRF evaluation.

### **Areas for follow up by CSSIW next year**

- The effectiveness and outcomes of the 'my day my life' initiative in services for people with disabilities.
- Impact of changes made to services for children with disabilities.
- Progress with actions to address the deficits highlighted in the looked after children inspection.
- CSSIW will contribute to a WAO led review to examine whether councils are effectively supporting older people to live independently, including through joined up working across health and social care.

## **Performance**

### **Shaping services**

Monmouthshire's Single Integrated Plan sets out its vision for services. The council wants to develop care and support that is coordinated to meet increasing demand and needs, focused on prevention and early intervention, and delivers person centred outcomes. The plan is informed by data analysis and engagement and consultation with stakeholders, including with members of the community. It includes objectives for families to be supported and for older people to, 'live their good lives'. These objectives are also reflected in the council's corporate improvement plan.

### **Adults**

The redesign of adult services has been an important factor in helping the council achieve its objectives, in particular the development of integrated health and social care teams supporting people who need short term interventions to regain or maintain independence. Work to further integrate these services has been taken forward during 2013-14, with integrated health and social care teams delivering more joined up assessment and care planning and coordinated service delivery. Performance indicators suggest that this way of working is having a positive impact with delayed transfers of care (DTOC) rates under control, less people requiring support in the community and residential placements reducing.

The council continues to develop community coordination which seeks to support vulnerable people to connect with local networks and support mechanisms. Two posts have been filled with a further two planned for 2014-15. It is important that the council takes this work forward at pace in order to support its efforts to prevent or delay people needing statutory services.

The Aneurin Bevan University Health Board and the five local authorities in the Gwent area have set out in a statement of intent their proposals to further integrate services for older people with complex needs. Their vision is to help older people with complex needs to maintain their independence. This work will compliment and build upon work that is already underway in Monmouthshire via initiatives such as the integrated health and social care teams and community coordination projects..

Within its three year commissioning strategy, the council sets out its ambition to commission services that are person centred, build on people's strengths and maximises independence and connections to communities. The strategy also outlines the council's intention to explore opportunities for collaborative commissioning with the health board to meet the needs of people with complex needs.

Progress with the Gwent wide five year (2012 -2017) strategies for the integration of learning disabilities and mental health services has been slow. However, a joint systems review of mental health services across the Gwent area was undertaken to explore how this agenda can be taken forward. There is on going discussion with partners across health and social care in Gwent on the potential for integration and a pilot initiative is being tested in Caerphilly.

The council is taking forward work to develop an outcome framework which will enable personal outcomes to be linked to overarching service level outcomes. A new ICT system is currently being developed and senior officers anticipate this will enable outcomes to be more clearly tracked. The council reports that this system will be in place by October 2014. It is important that the council can evidence and assure itself of the impact of the services delivered.

## **Children**

In children's services, a key element of prevention and early intervention is delivered via the Joint Assessment Families Framework (JAFF) and Team around the Families (TAF) initiatives. These services are coordinated via five hubs; the four comprehensive schools in the county and the Acorns Centre in Abergavenny for 0 – 4 year olds and seeks to support families earlier to prevent them becoming more vulnerable. CSSIW observed a JAFF meeting in Chepstow School where a multi agency group considered a small number of young people who required additional support. We heard evidence of good outcomes for the particular young people discussed including significant improvements in attendance and behaviour at school. However, systems to measure outcomes of this work were not in place. We noted there was no health representative present and members of the group reported difficulties is obtaining and maintaining engagement from Child and Adolescent Mental Health Services (CAMHS). The head of children's services reports that there have been reduced and inconsistent services to children and young people who need therapeutic services from Aneurin Bevan Health Board (ABHB). More needs to be done to ensure that children and young people with mental health needs receive appropriate CAMHS services to meet their needs.

A new structure for children's services was made operational from April 2013. The council reports that this has enabled clearer decision making and stabilised caseloads. However, during the looked after children inspection, CSSIW found that the workforce had been restructured without good preparation or change management plans in place. This had had a negative impact on the confidence and morale of workers. The lack of planning had resulted in looked after children and young people experiencing a loss of continuity and inconsistency in relation to social work support they received. Issues were raised about the lack of management oversight at this time which had adversely impacted on the continuity of care planning. A review of the restructure, culture and working practices within the service has been undertaken and plans are being implemented to address the

deficits highlighted. CSSIW will monitor progress and will be undertaking a further inspection in 2014

The council worked with neighbouring authorities to continue the development of a joint adoption service which will link with the planned National Adoption Service. The South East Wales Adoption service began work in April 2014.

Services for children with disabilities were identified as an area for improvement in CSSIW's 2012-13 annual review and evaluation of performance. Management arrangements for this team have been stabilised with the appointment of a permanent manager who has been taking forward work to strengthen safeguarding procedures, review processes and social care practice within this team.. The council undertook a systems review of its services for children and adults with disability in November 2013 with a view to developing an integrated children and adult service. The council reports that plans to develop upon this work will be taken forward over the next year.

### **Areas of progress**

- Services delivered by integrated health and social care teams continue to support people to remain independent.
- A three year commissioning strategy has been developed.

### **Areas for improvement**

The council should:

- work with health colleagues to ensure that children and young people with mental health needs receive appropriate CAMHS services to meet their needs.
- Take action in response to the areas for improvement highlighted in the looked after children inspection.

### **Getting help**

#### **Adults**

People are able to access advice and support from integrated health and social care services via the 'Finding Individual Solutions Here' (FISH) hubs located in Abergavenny, Monmouth and Chepstow. Contact details for the three FISH duty teams are available on the local authority's website and are advertised in the local media and doctor's surgeries. In a recent survey by the council of people who had contacted FISH, 83% people reported that they found it easy to get through and were able to speak to the person they needed to. Most people spoken to in this survey reported that their issue was resolved.

The council is taking forward an action plan which underpins the carer's strategy and recognises the essential role carers have in achieving its vision of empowering people to remain independent and find solutions within the communities in which they live. An information guide for carers provides comprehensive practical advice and information for carers in the county. It is positive that more carers have been identified and offered an assessment. The number of identified carers has increased from 434 to 694 and 97.3 % of these were offered an assessment. However, only 17% of carers have an assessment which represents deterioration in performance and the percentage of carers who were provided with a service remains relatively static. Services for carers have been restructured to align with the integrated health and social care teams. The head of adult services reports that further work is being undertaken to develop an integrated assessment process for carers. It is too early to evaluate the impact of these changes.

The council has improved its performance on the rate of annual reviews for older people from 54.4% to 82.1%. This work is important as it enables the council to assure itself that the care being delivered remains appropriate to meet the people's needs.

## **Children**

As part of the restructure of children's service in 2012-13, initial contacts are now received by qualified social care staff who can provide advice, signpost and make professional decisions regarding referral for further assessment. The head of children's services reports that these changes have improved decision making and stabilised caseloads. In addition the JAFF and TAF framework has been rolled out to provide early support to children and families thereby preventing the need for more intensive statutory services. Performance data suggests that the timeliness of decision making at the 'front door' in children's services has improved and the re-referral rate reduced from 16.2% to 13.3% in 2013-14. In addition the number of referrals to children's services has reduced for the last two years. It is too early to determine if these improvements can be attributed to early intervention and prevention initiatives such as JAFF and TAF.

During CSSIW's site visit to the Safeguarding and Quality assurance Unit in February 2014, social workers in the Family Support Team (FST) reported that, following the restructure and redesign of ways of working, they sometimes have difficulties in managing short and long term work priorities. As a result following up on initial contacts where further information is required e.g. from other agencies, can get pushed down in priorities. Staff in the family support team reported that this can result in a social worker having five or six such contacts which have not been followed up in a timely manner. This may mean that cases requiring a more timely response that could include a risk to children might not be picked up and identified at the earliest opportunity. The council will need to assure itself that the

current structure and practices enable concerns to be picked up and addressed in a timely manner.

The Safeguarding and Quality Assurance Unit has been in operation since April 2013. CSSIW undertook a joint visit with Estyn in February 2014 to review the effectiveness of the unit. The unit has taken forward a programme of work to strengthen safeguarding arrangements in education including implementing a training plan and introducing an audit framework. The safeguarding in education officer provides group supervision for designated safeguarding officers in schools and the Flying Start coordinator on a termly basis. An audit framework has been introduced across all schools, youth service, early years and community and leisure. This is a two year rolling programme whereby schools/services undertake an audit which is reviewed and rated by the safeguarding and quality assurance unit and aims to encourage continuous improvement. We saw some evidence of monitoring and reporting on the progress of improvement plans e.g. data sets on safeguarding training and a report to Adult Select Committee including number of staff trained, audits undertaken etc. There was recognition from senior officers that the council needs to take forward work to put in place systems to evaluate the impact of these measures so that the council can assure itself that they are having the desired outcomes.

### **Areas of progress**

- Integrated health and social care services continue to facilitate good outcomes, supporting people to be independent.
- More carers have been identified and offered an assessment.
- There has been an improvement in the proportion of adult care plan reviews undertaken in the year.
- The timelines of decision making on referrals to children's services has improved.
- The re-referral rate to children's services has improved.

### **Areas for improvement**

- Put in place systems to evaluate the impact of work undertaken by the safeguarding and quality assurance unit to improve safeguarding arrangements in education.
- Review structure and practice in the FST to ensure concerns are picked up and addressed in a timely manner.

## **The services provided**

### **Adults**

Three integrated health and social care services teams, two in the North and one in the South, provide integrated services, including the Gwent Frailty model, focused on early intervention and helping people to remain independent. People spoken to during CSSIW's site visit spoke positively about services and reported they had been significantly helped. The Director of Social Services initiated an evaluation of integrated health and social care services in Monmouthshire in October 2013. The key findings of this evaluation indicate that people have improved experiences as a result of integrated services. Quantitative data, such as numbers of people who experience delays in the transfer of their care from hospital and numbers of people supported in the community, indicate that the integrated service is having a positive impact on outcomes for people.

The council commissions a range of care services from independent providers for younger and older adults. CSSIW inspected these services during 2013-14. Where issues were identified, in relation to one service in particular, the council's contract and commissioning team worked positively with the inspectorate and the provider via its provider performance process to facilitate improvement in the quality of care delivered. The council itself is a registered provider of individual support, domiciliary care and adult residential services. CSSIW's inspections of these services found that while some areas for improvement were identified, people were receiving good quality care and service user's feedback was positive.

The council has been undertaking the 'my day my life' initiative as an experiment in the Abergavenny area. The purpose of this work is to enable people with learning disabilities to have opportunities to participate in the community and live fulfilled lives. There are examples of positive outcomes for individuals who have benefited from the project. The council plans to extend this way of working throughout services for people with disabilities using the lessons learned from this pilot. A systems review has been undertaken of services for children and people with learning, physical and sensory disabilities with a view to the development of a children and adult disability service. This work is at an early stage and CSSIW will be interested to explore the effectiveness and outcomes of this approach in the coming year.

An innovative approach in domiciliary care services called the 'Raglan Project' was piloted. This involved delivering domiciliary care in a more person centred way. Staff were empowered to deliver care plans in a more flexible way and centred on service user's choices as opposed to a defined list of tasks. Whilst minimum service needs were met, people could use time more flexibly to meet their needs and take part in more fulfilling activities. Service users and staff spoke very positively about this initiative and we saw some significant positive outcomes for



people using the service. The council is planning to extend this way of working initially to its own domiciliary care services.

## **Children**

The inspection of the council's fostering service found there has been further improvement since the previous inspection including increased training opportunities for foster carers, improvements in initial assessments and an increase in young people's involvement in training for foster carers. The council reports that progress of its foster carer's payment for skills and allowances policy has been slower than expected.

Performance in relation to looked after children has been mixed. While looked after children reviews are carried out in almost all cases, the proportion of looked after children who had a care plan in place at the time of their first placement was below the Wales average and is the third lowest in Wales. The percentage of statutory visits to looked after children due in the year was 65.3%, considerably lower than the Wales average of 85.3%. These visits are essential to ensure that looked after children are safeguarded. During the looked after children inspection, CSSIW found deficits in a number of areas including risk assessment and care planning practice. The council has put in place an action plan to address the issues identified. CSSIW will monitor progress and will be undertaking a further inspection.

Care leavers spoken to during the inspection were positive about the support they received especially from their personal advisors, and social workers. Some young people had good experiences of foster care and support for further education. Performance figures show that while less care leavers had a personal advisor, a greater proportion had pathway plans in place and 91.7% of care leavers were in suitable, non emergency accommodation. Fifty eight percent of care leavers were in full time education, training or employment which compares well with the Wales average. The authority has plans in place to support care leavers by developing initiatives such as work experience placements, apprenticeships and a post to support a 'Children in Care Council'.

CSSIW had identified in its previous two annual evaluation reports an area for further improvement around understanding the profile of demand for disabled children with complex needs and developing appropriate support. Progress has been slow. There have been issues of unstable management of this aspect of children's services. During 2013-14, a permanent manager has been appointed who is taking forward development of this service. A systems review of services for children and adults with disabilities was undertaken with a view to developing seamless services. This work is at an early stage of development and the council reports it will be taking forward actions that arose from this review.

## **Areas of progress**

- A Gwent wide adoption service has been developed.
- The Raglan project initiative has delivered good outcomes for the people receiving services.

## **Areas for improvement**

- The council should improve performance in relation to looked after children statutory visits.

## **Effect on people's lives**

### **Adults**

The council's focus on reablement and promoting independence seems to be having an impact with more people being enabled to remain independent. Fewer people are experiencing delays in the transfer of their care from hospital and the council reports that over 50% of people are fully independent following help from reablement services. This, in addition to an under spend in adult services of £182,000 in 2013-14, suggests that new working practices to manage demand and promote independence are having an impact. During CSSIW's site visit to review the work of these teams, people receiving services were positive about the support they received and spoke about how they have been supported to regain independence.

Protection of vulnerable adults (POVA) is a key priority for the council. The head of adult's services is a member of the Gwent Wide Adult Safeguarding Board (GWASB) and the POVA coordinator sits on two of the sub groups reporting to the board. The current sub groups of the board have provided a drive for training staff across five local authority's as well as independent sector providers. The board has undertaken a review of its terms of reference, structures and membership. The progression of the actions arising from this review should be prioritised to provide a firm foundation to support new safeguarding legislation from Welsh government and drive forward the development of new opportunities for shared learning between partners and promote consistency.

There has been an increase in the number of adult safeguarding referrals to Monmouthshire social services during 2013-14 and the council has responded to the increased pressures with the appointment of an additional Protection of Vulnerable Adults (POVA) coordinator and part time POVA administrator. Further protection of vulnerable adults training has been provided to designated lead managers within the local authority and health services. The percentage of adult protection referrals where the risk has been managed has shown a small improvement.

## **Children**

The Director of Monmouthshire Social Services is the chair of the regional South East Wales Safeguarding Children's Board (SCB) which has been in place since April 2013. A comprehensive strategic plan has been developed and priorities have been agreed. 'Adolescents who exhibit harmful behaviours' has been planned as a focus for 2014-15, this development includes significant key actions which could be expanded to include risky behaviours in addition to those of child exploitation and missing young people.

Timeliness of initial child protection conferences and core group meetings was identified in CSSIW's 2012-13 annual review and evaluation of performance as an area in need of improvement. The council's performance in these areas has improved during 2013-14 with the timeliness of child protection conferences improving from 84.8% to 93.4% and the timeliness of initial core group meetings improving from 34% to 96.2%.

The percentage of reviews of child in need plans carried out in accordance with the statutory timetable has increased significantly from 19.5% to 57.5%. However, this remains well below the national average of 78.8%.

There are arrangements with schools in the authority to support looked after young people which are focussed on their well being in addition to education. Attendance statistics for looked after children demonstrate that this is having a positive impact with the percentage attendance of looked after pupils whilst in care in primary and secondary schools at 95.9% and 93.3% respectively. However education outcomes for 16 year old looked after children have deteriorated although it is recognised that poorer performance for one or two children can affect these statistics. It is notable that less looked after children had a Personal Education Plan (PEP) in place than last year. It is important that good quality PEPs are in place for all relevant looked after children to establish clear targets and actions to respond to each child's needs and provide a continuous record of their achievements.

### **Areas of progress**

- There have been improvements in the completion of children in need reviews in accordance with the statutory timetable from 19.5% to 57.5%. However, this remains well below the national average of 78.8%.
- The integrated health and social care model in adult services is having a positive impact of on outcomes for people.

## **Areas for improvement**

The council should:

- review practice in and performance in relation to looked after children and take appropriate action to improve in this area;
- ensure a PEP is in place for all looked after children who require one; and
- further improve on the completion of children in need reviews in accordance with the statutory timetable.

## **Capacity**

### **Delivering Social Services**

The Wales Audit Office annual improvement report for 2013-14 concluded that the Council continues to set and manage its budget well but now faces further significant challenges following fundamental changes in the financial climate. Despite a very challenging grant settlement from the Welsh Government, the Council has set a balanced budget for 2014-15 and plans for how efficiency savings will be made have been developed. However, the report also highlights that it was uncertain whether the Council was likely to make arrangements to secure continuous improvement in 2013-14.

Whilst the number of children on the child protection register has further reduced during 2013-14, the number of children who are looked after remains high. This alongside the new Public Law Outline (PLO) processes has created increased workload pressures in looked after children services. This also placed additional financial burden on children's services which ended 2013-14 with an over spend of £832,000 and the council has responded by making additional funding available in 2013-14 and 2014-15. Within adult services, new ways of working has assisted the department to manage demand which enabled it to achieve an under spend in 2013-14. Adult services will need to continue to find savings in 2014-15.

The council had a social care workforce development partnership plan in place for 2013-14 which set out its training and development priorities and opportunities. The authority has worked to stabilise the workforce, increase capacity and has recognised the need to invest in staff training and development. For example a consolidation programme has been put in place to support and develop newly qualified social workers. Sickness levels are reported to have reduced from 6.9% to 3.9 %. Senior managers in social services report difficulties in attracting applications at team manager level due to the breadth of responsibility in these roles which increasingly involve the management of integrated teams. The recruitment and selection process has been changed so staff are selected based on behaviours and values.

## **Areas of progress**

- The council has managed its budget in adult services well.

## **Providing direction**

Social services continue to have a strong corporate profile with support from elected members. Scrutiny arrangements have been developed to reflect the children and young people and the adult's agenda.

The council's corporate improvement plan sets out objectives for social care to enable it to achieve its vision as set out in the Single integrated Plan. These identify key areas which focus on prevention, early intervention and integrated service delivery.

The director of social services provides strong leadership taking forward the transformation programme and consolidating service redesign which has already been implemented. The head of adult services has demonstrated a commitment to reshaping adult social care services to meet demand and need. Leadership within children's services has been less stable with three different heads of services in the last three years. The most recent appointment had been made in April 2014, and corporate officers are committed to providing stability for this crucial role.

In our 2012-13 annual evaluation report, CSSIW highlighted a risk for the council in relation to the development of a quality assurance and performance management framework that would enable the council to assure itself that the service structures and new ways of working are delivering the desired outcomes. The director's report recognises the need to find ways of measuring the impact services are having on people's lives. There is evidence that work has begun on developing a performance framework based on personal outcomes and the implementation of a new ICT system in October 2014 should enable the council to demonstrate outcomes achieved more clearly.

During the inspection of looked after children, CSSIW found that the council has recently adopted a corporate parenting strategy which outlines its priorities for looked after children and young people. Elected members supported improvements in services for looked after young people and had approved plans to improve opportunities for care leavers to maximise their economic independence. However, the authority has identified that corporate parenting is not embedded across the council, and arrangements were still at an early stage of development. Elected members are committed to supporting better educational outcomes but do not appear to have a good understanding of the level of needs of vulnerable and at risk looked after young people.

### **Areas of progress**

- A corporate parenting strategy has been developed.

### **Areas for improvement:**

The council should:

- ensure the council has good understanding of the level of needs of vulnerable and at risk looked after young people and its corporate parenting responsibilities; and
- implement the corporate parenting strategy.

Simon Burch  
Chief Officer Social Care, Health &  
Housing  
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Dyddiad / Date: 31/10/2014

Dear Director,

### CSSIW Annual Performance Evaluation for 2013-2014

Please find attached the final report which sets out the areas of progress and areas for improvement in social services for your council, for the year 2013-14. The report will be published on our website on 31 October.

We have taken account of the available sources of evidence, including the annual report of the director of social services and the underpinning evidence supplied to us in support of that report. We have also considered the evidence available from our inspections, reviews and investigations, including that available from our work in regulated settings. The report has also been informed by the views of other audit and inspection bodies.

As noted in earlier correspondence It is our intention to present the final reports to the relevant scrutiny committee(s) of each council. I would be grateful if you could make the necessary arrangements with your scrutiny committee at the earliest opportunity. If at all possible we would like to make our presentation before 31 December 2014.

Yours sincerely



Imelda Richardson  
Chief Inspector

Simon Burch  
Cyngor Sir Fynwy  
Adran Gwasanaethau Cymdeithasol a  
Thai  
Innovation House, Wales 1 Business  
Park  
Magor, NP26 3DG

Dyddiad / Date: 31/10/2014

Annwyl Gyfarwyddwr,

Gwerthusiad Perfformiad Blynyddol AGGCC ar gyfer 2013-2014

Atodir yr adroddiad terfynol sy'n nodi'r meysydd lle bu cynnydd a'r meysydd sydd i'w gwella mewn gwasanaethau cymdeithasol yn eich cyngor, ar gyfer y flwyddyn 2013-2014. Bydd yr adroddiad yn cael ei gyhoeddi ar ein gwefan ar 31 Hydref.

Rydyn ni wedi ystyried y ffynonellau tystiolaeth a oedd ar gael, gan gynnwys adroddiad blynyddol y cyfarwyddwr gwasanaethau cymdeithasol a'r dystiolaeth sylfaenol a roddwyd i ni i gefnogi'r adroddiad hwnnw. Rydwn ni hefyd wedi ystyried y dystiolaeth sydd ar gael o'n harolygiadau, ein hadolygiadau a'n hymchwiliadau, gan gynnwys y dystiolaeth sydd ar gael o'n gwaith mewn lleoliadau wedi'u rheoleiddio. Mae safbwyntiau cyrff archwilio ac arolygu eraill hefyd wedi cyfrannu at yr adroddiad.

Fel y nodwyd mewn gohebiaeth gynharach, rydwn ni'n bwriadu cyflwyno'r adroddiadau terfynol i bwyllgor(au) craffu perthnasol pob cyngor. Byddwn yn ddiolchgar petai modd i chi wneud y trefniadau angenrheidiol gyda'ch pwyllgor craffu ar y cyfle cyntaf. Os yw'n bosibl, byddem yn hoffi gwneud ein cyflwyniad cyn 31 Rhagfyr 2014.

Yn gywir



Imelda Richardson  
Prif Arolygydd



**SUBJECT: OBA Scorecard for Safeguarding and Protection of Vulnerable Adults**

**MEETING: Adults Select Committee**

**DATE: 18<sup>th</sup> November 2014**

**DIVISIONS/WARDS AFFECTED: All**

## **1 PURPOSE**

- 1.1 To provide members with a report card that looks at changes made to the way in which vulnerable adults are safeguarded.

## **2 BACKGROUND**

- 2.1 This report card for Safeguarding and Protection of Vulnerable Adults provides a line of sight between our activities and the outcomes and priorities which the council is committed to.
- 2.2 This report provides members with the baseline information to assess where we are and what progress we are making to demonstrate whether anyone is 'better off' as a result of our work. It groups measures under three headings: How much did we do? (quantity); How well did we do it? (quality); Is anyone better off? (impact)

## **3 KEY ISSUES**

- 3.1 The introduction of a more centralised approach to handling adult protection referrals has led to a better understanding of such referrals. The central point for concern of vulnerable adults allows for patterns to be spotted even if the POVA threshold isn't reached. An increased in referrals and their complexity has led to a review of resourcing in this important area of work.
- 3.2 Almost a quarter of POVA referrals last year were from patients at Llanarth Court. The majority are males under 65 years old with a main category of vulnerability of functional mental health. Over half of the referrals concerned physical abuse, emotional abuse accounted for a quarter of referrals from Llanarth Court, a picture supported by our POVA team who anecdotally report an increase in bullying. In the vast majority of referrals from Llanarth Court, the abuser is another patient. Overall, Llanarth Court contributes a decreased proportion of overall POVA referrals but it is interesting to note a high repeat referral rate.
- 3.3 Elder abuse is a key issue, almost 75% of referrals concern people aged over 65. The main vulnerability in this age group is organic mental health, the majority are female. Amongst this age group, physical abuse is most prominent but decreasing, emotional/psychological abuse and financial abuse are increasing. Financial abuse cases tend to be very complex and as a result front line staff have been trained in this specific area.
- 3.4 The Abergavenny area appears to be a hotspot for POVA referrals with higher rates than are apparent in other areas. The reasons for this are not immediately clear and more investigation is necessary.

- 3.5 In 81.2% of POVA referrals the risk was managed or removed (SCA/019). This is one of our indicators for improvement this year. The team consider this to be a recording issue which can be rectified this year with more careful recording of outcomes.

#### **4 RECOMMENDATIONS**

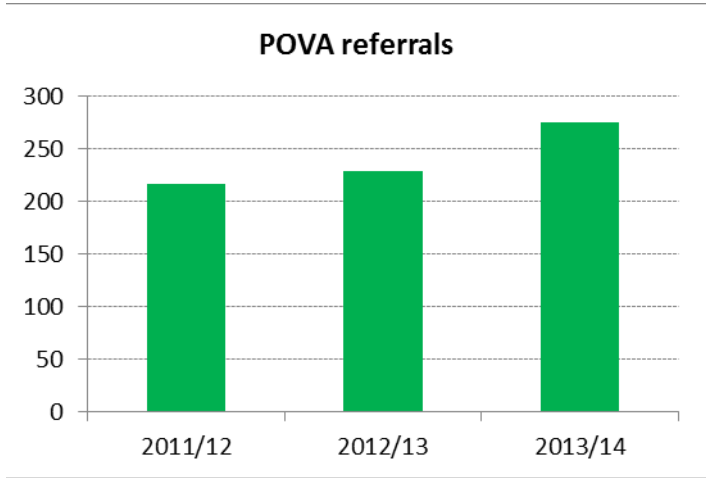
- 4.1 Members should use this report and the associated indicators to scrutinise whether services are being delivered in line with expectations and are contributing to the agreed outcomes.
- 4.2 Members should identify any areas of underperformance or concerns that require further investigation.

#### **AUTHOR**

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### OBA Report Card for Safeguarding and Protection of Vulnerable Adults

<b>Council Priority: Safeguarding vulnerable people</b>		<b>Single Integrated Plan Outcome: People are confident, capable and involved</b>									
<b>Why we focus on this</b>	Support for vulnerable people is one of the council's three priorities and we are fully committed to improving the experiences and outcomes of the most vulnerable people in the county.										
<b>The story behind the Objective</b>	<div style="text-align: center;">  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>POVA referrals</caption> <thead> <tr> <th>Year</th> <th>Referrals</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>215</td> </tr> <tr> <td>2012/13</td> <td>230</td> </tr> <tr> <td>2013/14</td> <td>275</td> </tr> </tbody> </table> </div> <p><b>Chart 1: Appropriate POVA referrals received</b></p>	Year	Referrals	2011/12	215	2012/13	230	2013/14	275	<p>Previously the allocation of Protection of Vulnerable Adults (POVA) cases had been managed using a dispersed model whereby many referrals were allocated to Designated Lead Managers (DLMs) within the adult services teams.</p> <p>Due to the pressures of increasing adult protection referrals (see Chart 1), complexity of cases and a change of team managers – some from a non-social work background – a more centralised approach was developed. In December 2013 an additional POVA Co-ordinator was seconded to enable the centralised screening of all POVA referrals. In addition, an additional POVA administrator was appointed on a temporary basis to respond to the increased demand on the POVA Administrator Post as Adult Protection activity became increasingly centralised.</p> <p>This approach meant the POVA team now has a better handle on referrals coming in. Previously some cases had been referred directly into and dealt with the teams.</p> <p>The centralised model has also allowed for a more consistent approach. It enables the POVA team to provide a central point of contact and screening for all Adult Protection referrals. It enables them to track all POVA referrals and to manage a considerable proportion of all Adult Protection referrals which are received within Monmouthshire.</p>	
Year	Referrals										
2011/12	215										
2012/13	230										
2013/14	275										

What progress are we making?

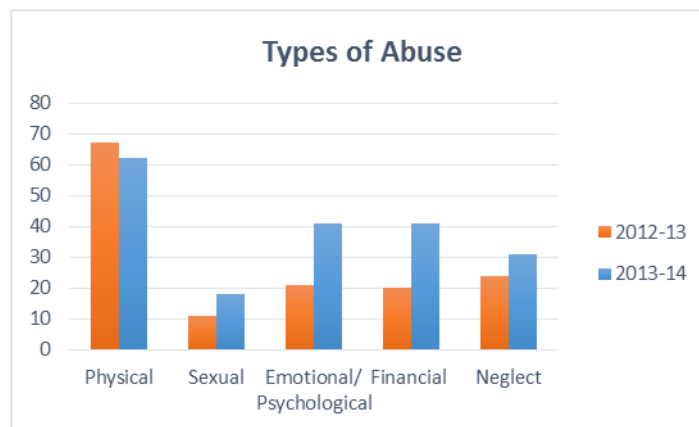


Chart 2: Types of Abuse Suffered 2012-13 and 2013-14

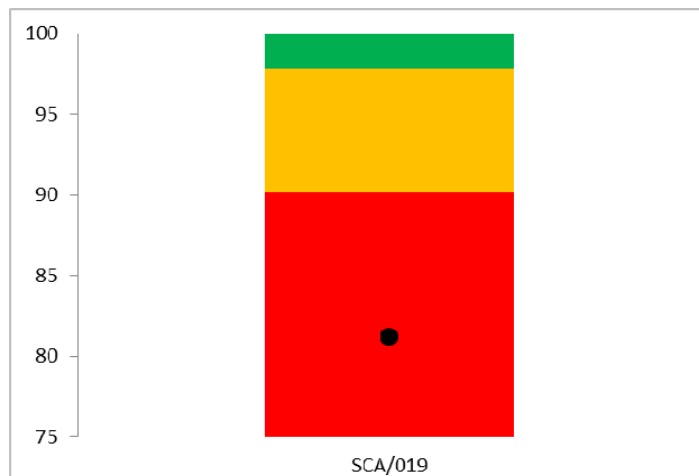




Chart 3: Adult protection referrals where the risk has been managed - how we compare

The POVA team act as a central point for concern over vulnerable adults. The police contact the team with vulnerable adult referrals that aren't necessarily POVA referrals and the Emergency Duty Team also pass all their referrals to the POVA team. During the first quarter of this year the POVA team received 271 calls, of which 38% progressed to POVA referrals. 114 calls (42%) were forwarded to other teams, primarily mental health teams. This centralised contact point means referrers don't need to decide which team is the most appropriate to contact. Additionally with one central point of contact the team is able to spot patterns of referrals about a person who doesn't necessarily meet the POVA threshold.

In response to the increase in numbers and complexity of referrals there has been a review of adult safeguarding and a recommendation to increase the staffing of the POVA team. The recommendation is for a team manager, two POVA coordinators and two administrators. Prevention, or working with identified vulnerable adults to prevent a POVA incident taking, is an area for future development when the new team is up and running.

23% of all closed POVA referrals last year occurred at Llanarth Court which is a low/medium secure hospital located within Monmouthshire but with patients from all around the country. Since the number and types of referrals from this one source skew our overall trends and analysis, we have built a profile of referrals from Llanarth Court and removed these from the remaining analysis.

All referrals concerning patients at Llanarth Court were for adults under the age of 65, 35 were male, 6 female. The main category of vulnerability for the majority was functional mental health, with 2 learning disability. Almost half had a previous record of abuse. The source of 80% of abuse was another patient. Over half the abuse was physical but one quarter was emotional/psychological which is anecdotally supported by POVA staff seeing an increase in bullying. Work in Llanarth has been ongoing over recent months to support staff to manage bullying amongst patients and a number of patients now have anti bullying plans. Overall Llanarth

	<p>% of all referrals with record of a previous adult protection referral</p>  <p>31%</p>	<p>Court contributes a decreasing proportion of the whole number of POVA referrals - previously around 40% of total referrals down to 23% in 2013-14.</p> <p>Elder abuse is a key issue which can be clearly seen when Llanarth Court referrals are considered separately. 74% of remaining referrals concern people aged 65 and over. Of those, 71% are female. The main vulnerability in this age group is 65+ organic mental health (50%), followed by physical disability (25%).</p> <p>Overall physical abuse is the most common type of abuse, recorded in 32% of cases. The second most common is Emotional/Psychological (21%) which has increased from 21 cases in 2012-13 to 41 in 2013-14. See Chart 2 for details. Physical abuse as a proportion is decreasing, emotional/psychological and financial are both increasing. Anecdotal evidence suggests at Llanarth court an increase in bullying (emotional/psychological abuse) over the traditional physical abuse.</p> <p>The data collected does not necessarily reflect all the incidents of Domestic Violence over the course of the last year. For the current year, the intention is to ensure this data is collected and that Domestic Violence is more accurately reflected in this year's figures.</p> <p>By removing Llanarth Court referrals (because of the bias towards physical abuse), physical abuse is still the most prevalent type of abuse reported in 27% of cases. Financial abuse is reported in a quarter of referrals outside Llanarth Court. Financial abuse has been recognised as increasing and often cases involving financial abuse are very complex. As a response front line staff have received training in this area.</p> <p>When mapping the POVA referrals to postcode areas, Abergavenny appears as a hotspot. In the Abergavenny area over half the abuse took place in the persons own home. Physical abuse appears higher than the norm at 38% (27% across Monmouthshire excluding Llanarth Court), emotional/psychological abuse is lower at 14% (21% across Monmouthshire excluding Llanarth Court). Monmouth referrals appear relatively high, in part due to one care home - Gibraltar House.</p>
	<p>% of Llanarth Court referrals with record of a previous adult protection referral</p>  <p>49%</p>	

% of referrals (excluding Llanarth Court) with record of a previous adult protection referral

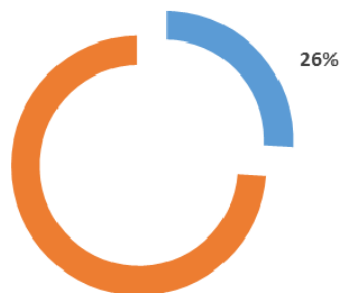


Chart 4: Re-referrals rates Llanarth Court against all others

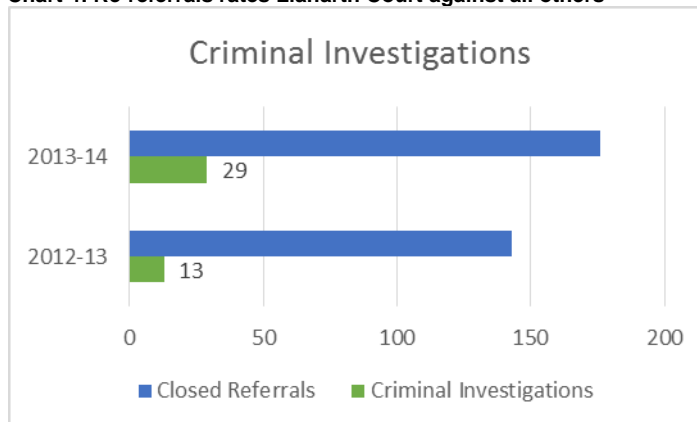


Chart 5: Criminal investigations as a % of all closed referrals.

	Referrals	Population	Referral rate per 1,000
NP7 (Abergavenny)	58	26071	2.22
NP15 (Usk) (Llanarth Court removed)	8	7866	1.02
NP16 (Chepstow)	21	23955	0.88
NP25 (Monmouth)	24	15164	1.58
NP26 (Caldicot)	17	22521	0.75

Again by removing Llanarth Court we see in 46% of referrals the alleged abuse occurred in the victim's own home in the community, 30% in care homes (2013-14). The most common care home was Gibraltar House in Monmouth which was in escalating concerns for several months during this period and is now no longer in escalating concerns.

In identifying who is most at risk - the main category of vulnerability in 33% of referrals was functional mental health because of the large number of referrals from Llanarth Court. When these are removed, the highest category is 37% organic mental health followed by physical disability (22%).

The percentage of adult protection referrals completed where the risk has been managed (SCA/019) was 81.2% in 2013-14, we ranked 21st out of the 22 authorities in Wales (Chart 3). This therefore, is one of our indicators targeted for improvement. We are aiming for over 92%. A subsequent meeting with the POVA team has confirmed this target is achievable and the indicator can be improved by more considered recording of outcomes on each case. We are unable to produce the indicator for Q1 but will do so at six months.

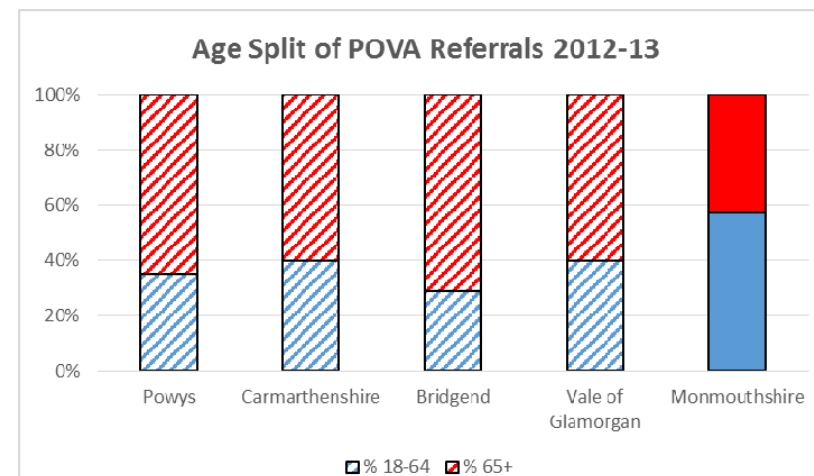
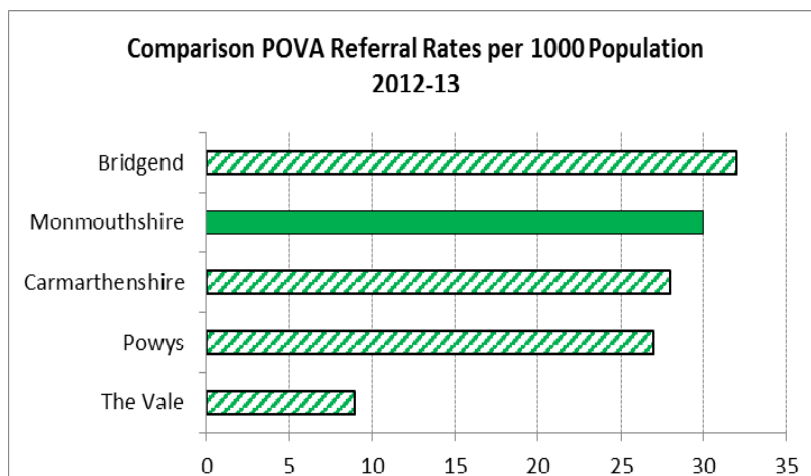
Overall 31% of alleged victims in 2013-14 had a record of a previous adult protection referral. When broken down this was 49% within Llanarth Court patients and 26% for all other POVA referrals (see Chart 4).

		<p>The number of criminal investigations has more than doubled from 13 in 2012-13 to 29 in 2013-14. This far exceeds the growth in POVA referrals (see chart 5). There were no prosecutions during 2013-14 (3 in 2012-13) and 5 police cautions (4 in 2012-13).</p> <p>Safeguarding vulnerable people is one of the council's priorities and therefore this is a key area of work to examine. Further questions are evident, however such as why are POVA referrals more numerous in the Abergavenny area? Further observations will be undertaken to see if this is a recurring theme and to look further for possible explanations.</p>																																							
<p>Head of Service Comments</p>	<p>This is the first scorecard we have produced for this very important area of adult services work. In the last few year this service has been under pressure and a recent review has meant that we will be increasing the resources needed to run an effective Adult Protection service. We expect this to be in place permanently in early 2015. As well as the infrastructure to manage the Adult protection procedures we have been undertaking some preventative work. This has seen the involvement team working closely with us to design a set of questions about what makes people feel safe the results of this are not known as yet but will help in understanding how we tackle this. A members seminar on adult protection will have taken place on the 17<sup>th</sup> November.</p>																																								
<p>Collaboration/ Partners we are working with</p>	<p>South East Wales Emergency Duty Team, Aneurin Bevan Health Board, Gwent Police, Gwent Association of Voluntary Organisations, Gwent Wide Adult Safeguarding Board</p>																																								
<p>What we have spent on this objective</p>	<p>The whole of adult services is £16K underspent at the end of quarter 1.</p>																																								
<p>How are we performing?</p>	<table border="1"> <thead> <tr> <th data-bbox="427 1066 1252 1129">Performance Indicators</th> <th data-bbox="1252 1066 1417 1129">2011/12 Actual</th> <th data-bbox="1417 1066 1568 1129">2012/13 Actual</th> <th data-bbox="1568 1066 1718 1129">2013/14 Actual</th> <th data-bbox="1718 1066 1865 1129">2014/15 Target</th> <th data-bbox="1865 1066 2009 1129">Ranking in Wales</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 1129 1252 1174">How Much?</td> <td data-bbox="1252 1129 1417 1174"></td> <td data-bbox="1417 1129 1568 1174"></td> <td data-bbox="1568 1129 1718 1174"></td> <td data-bbox="1718 1129 1865 1174"></td> <td data-bbox="1865 1129 2009 1174"></td> </tr> <tr> <td data-bbox="427 1174 1252 1219">Number of POVA referrals received</td> <td data-bbox="1252 1174 1417 1219">216</td> <td data-bbox="1417 1174 1568 1219">229</td> <td data-bbox="1568 1174 1718 1219">275</td> <td data-bbox="1718 1174 1865 1219">Not Set</td> <td data-bbox="1865 1174 2009 1219">N/A</td> </tr> <tr> <td data-bbox="427 1219 1252 1264">Number of POVA referrals completed</td> <td data-bbox="1252 1219 1417 1264">Not published</td> <td data-bbox="1417 1219 1568 1264">143</td> <td data-bbox="1568 1219 1718 1264">176</td> <td data-bbox="1718 1219 1865 1264">Not Set</td> <td data-bbox="1865 1219 2009 1264">N/A</td> </tr> <tr> <td data-bbox="427 1264 1252 1308">Number of Inappropriate referrals received</td> <td data-bbox="1252 1264 1417 1308">Not published</td> <td data-bbox="1417 1264 1568 1308">58</td> <td data-bbox="1568 1264 1718 1308">41</td> <td data-bbox="1718 1264 1865 1308">Not Set</td> <td data-bbox="1865 1264 2009 1308">N/A</td> </tr> <tr> <td data-bbox="427 1308 1252 1353">Number of criminal investigations</td> <td data-bbox="1252 1308 1417 1353">Not published</td> <td data-bbox="1417 1308 1568 1353">13</td> <td data-bbox="1568 1308 1718 1353">29</td> <td data-bbox="1718 1308 1865 1353">Not Set</td> <td data-bbox="1865 1308 2009 1353">N/A</td> </tr> </tbody> </table>					Performance Indicators	2011/12 Actual	2012/13 Actual	2013/14 Actual	2014/15 Target	Ranking in Wales	How Much?						Number of POVA referrals received	216	229	275	Not Set	N/A	Number of POVA referrals completed	Not published	143	176	Not Set	N/A	Number of Inappropriate referrals received	Not published	58	41	Not Set	N/A	Number of criminal investigations	Not published	13	29	Not Set	N/A
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Number of non-criminal investigations	Not published	71	83	Not Set	N/A
<b>How Well?</b>					
Number of closed referrals where risk was removed	Not published	19	37	Not Set	N/A
Number of closed referrals where risk was reduced/improved safeguards to client/property	Not published	67	69	Not Set	N/A
Number of closed referrals where action refused by alleged victim	Not published	7	6	Not Set	N/A
<b>Is anyone better off?</b>					
The percentage of adult protection referrals completed where the risk has been managed (SCA/019)	77.86%	80.37%	81.2%	92%	21st
The percentage of alleged victims who had a record of a previous adult protection referral	Not published	28.7%	31.3%	Not Set	N/A

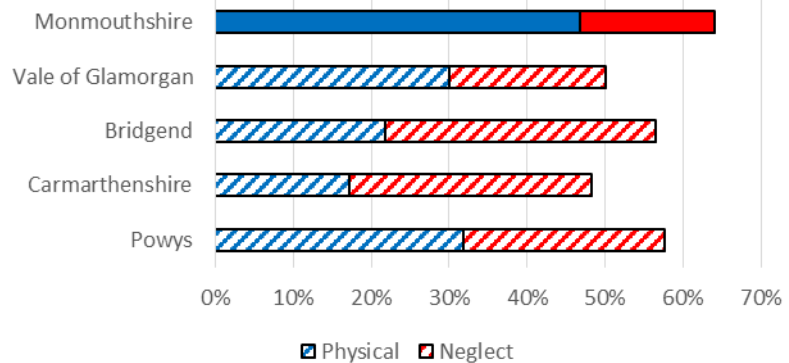
The below charts show the 2012-13 averages as the basis for comparisons as these are the latest set of figures available.

How do we compare with other areas

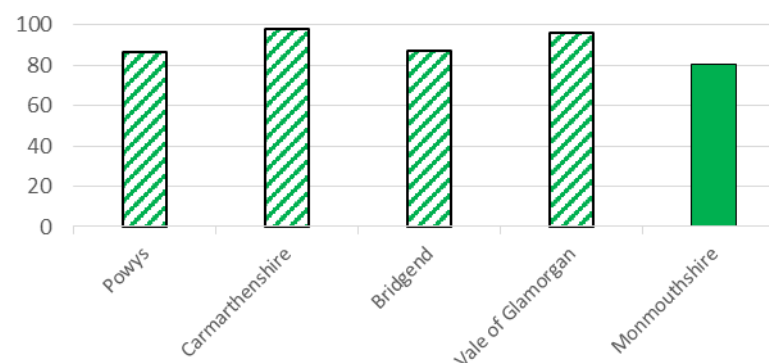




Comparison of Main Abuse Types 2013-14



% of adult protection referrals completed where the risk has been managed 2012-13 (SCA/019)



### Appendix 1: Adult Services NSIs and PAMs

Ref	Description	2011/12 Actual	2012/13 Actual	2013/14 Actual	2014/15 Q1	2012/13 Wales Av	Direction of travel	Target Met	Target 2014/15
SCA/001 (NSI)	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	2.42 21	1.77 16	1.83 17	0.20 2	4.57	Improved	✓	<2.26 <3.55
SCA/002(a) (NSI)	The rate of older people (aged 65 or over): a) Supported in the community per 1,000 population aged 65 or over at 31 March	67.3 1247	60.28 1159	56.59 1134	55.39 1110	77.53	Improved	✓	<56.59 <1134
SCA/002(b) (NSI)	The rate of older people (aged 65 or over): b) Whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	12.90 239	13.21 254	11.33 227	11.23 225	20.63	Improved	✓	<11.33 <227
SCA/019 (NSI)	The percentage of adult protection referrals completed where the risk has been managed	77.86%	80.37%	81.2%	Not available	91.84%	-	-	>92%
SCA/007 (PAM)	The percentage of clients with a care plan at 31 March whose care plans should have been reviewed that were reviewed during the year	65.3% 1112/1702	54.4% 900/1654	82.1% 1213/1478	67.4%	80.9%	Declined	✗	>82%
SCA/018(a) (PAM)	The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year	25% 251/1004	74.2% 322/434	97.3% 675/694	89.5%	86.8%	Declined	✗	100%

## *Monmouthshire's Scrutiny Forward Work Programme 2014-2015*

<b>Adults Select Committee</b>				
<b>Meeting Date</b>	<b>Subject</b>	<b>Purpose of Scrutiny</b>	<b>Responsibility</b>	<b>Type of Scrutiny</b>
<b>18<sup>th</sup> November 2014</b>	<b>Gwent Frailty Programme</b>	Review of the performance of the programme following the Cordis Bright Review - committee to scrutinise outcomes for Monmouthshire.	Julie Boothroyd / Ailsa MacBean	Performance Monitoring
	<b>Improvement Plan 2014-2017 and Outcome Agreements</b>	6 monthly scrutiny of performance against the Improvement Objectives and the statutory 'all Wales performance indicators' and Outcome Agreement.	Mathew Gatehouse	Performance Monitoring
	<b>CSSIW Annual Review and Evaluation of Performance 2013/2014.</b>	Joint Scrutiny of the Report on Social Services Performance in Monmouthshire with Children and Young People's Select Committee.	CSSIW / Margaret Rooney	Statutory Reporting
	<b>OBA Scorecard for Safeguarding and Protection of Vulnerable Adults</b>	Performance report.	Sian Schofield	Performance Monitoring
<b>17<sup>th</sup> December 2014 10am  (Special Meeting)</b>	<b>Budget Context</b>	Discussion of mandates / savings proposals for Adults: <ul style="list-style-type: none"> <li>▪ Collaboration on housing services and development of Careline services</li> <li>▪ Sustaining Independent Lives in the community</li> <li>▪ Adult Social Care Service Transformation</li> </ul>	Various	Budget Engagement
	<b>Whole Authority Risk Log</b>	Presentation of the Risk Log - Committee to identify areas of risk for scrutiny in New Year.	Matthew Gatehouse	Risk Monitoring
<b>13<sup>th</sup> January 2015</b>	<b>Risk Management</b>	Monitor and challenge performance in relation to mitigating risks to ensure the Council achieves its	Matthew Gatehouse	Risk Management

## *Monmouthshire's Scrutiny Forward Work Programme 2014-2015*

<b>Adults Select Committee</b>				
<b>Meeting Date</b>	<b>Subject</b>	<b>Purpose of Scrutiny</b>	<b>Responsibility</b>	<b>Type of Scrutiny</b>
		outcomes and improvement objectives for communities, and delivers statutory plans/operational services - Challenge of Cabinet Members and Officers on key risks within the remit of the Select Committee.		
	<b>Month 6 Revenue and Capital Budget Monitoring</b>	Review of finance position for directorates and schools, identifying risks/trends in underspends and overspends.	Mark Howcroft	Budget Monitoring
<b>17<sup>th</sup> February</b>  <b>(Special Meeting 10am)</b>	<b>Minor Injury Units</b>	The decision taken by the Aneurin Bevan LHB to withdraw this service has had ramifications for other topics under scrutiny - Committee to discuss the performance of alternative service provision with the Health Board.	ABHB	External Scrutiny
	<b>"Integrated Care Priorities for the Last Days of Life"</b>	Discussion with the Aneurin Bevan Health Board on the Welsh Governments strategy for Care pathways. Invite St David's Hospice.	ABHB	External Scrutiny
<b>24<sup>th</sup> February 2015</b>	<b>Allocations Review</b>	Pre-decision scrutiny of the revised allocations policy - invite Strong Communities Select Committee.	Ian Bakewell	Policy Review
	<b>Deprivation of Liberty Safeguards</b>	Scrutinise the implications of the new high court judgement and the financial implications on Adult Social Care and Health. Awaiting outcome of national review of DOLS - return to committee. Significant financial and legal implications.	Julie Boothroyd	Policy Review

## *Monmouthshire's Scrutiny Forward Work Programme 2014-2015*

<b>Adults Select Committee</b>				
<b>Meeting Date</b>	<b>Subject</b>	<b>Purpose of Scrutiny</b>	<b>Responsibility</b>	<b>Type of Scrutiny</b>
<b>14<sup>th</sup> April 2015</b>	<b>Careline</b>	Committee agreed discussions needed to take place between social services and housing, Members welcoming regular performance updates.	Ian Bakewell	Policy Review
	<b>GWICES</b>	Torfaen host the scheme and lead on operations. Committee to scrutinise: - Services delivered and how they are configured - Cost of the service - Performance of the service	TBC	Performance Monitoring
	<b>Month 7 Revenue and Capital Budget Monitoring</b>	Review of finance position for directorates and schools, identifying risks/trends in underspends and overspends.	Tyrone Stokes	Budget Monitoring
<b>May 2015</b>	<b>Performance Report on Adult Services</b>	Periodic performance report on areas within the social services remit.	Mathew Gatehouse	Performance Monitoring
	<b>POVA</b>	Committee to challenge performance in relation to the Protection of Vulnerable Adults framework and monitor progress annually.	Hilary Smart	Performance Monitoring
	<b>Supporting People</b>	Supporting People Grant report for pre-decision scrutiny. Position update due post-comprehensive spending review (published May 2015).	TBC	Performance Monitoring
<b>May 2015</b>	<b>Annual Council Reporting Framework (ACRF) Report</b>	ACRF report on Social Services to be discussed jointly with Adults and CYP Select Committees.	Simon Burch	Statutory Reporting
<b>Special Meeting May /June</b>	<b>Homelessness</b>	Homelessness remains a key risk in the Whole Authority Strategic Risk Assessment 2012-15	Ian Bakewell	Performance Monitoring

## *Monmouthshire's Scrutiny Forward Work Programme 2014-2015*

<b>Adults Select Committee</b>				
<b>Meeting Date</b>	<b>Subject</b>	<b>Purpose of Scrutiny</b>	<b>Responsibility</b>	<b>Type of Scrutiny</b>
<b>2015</b>	<b>Discretionary Housing Payments Policy</b>  <b>(Invite Strong Communities Select Committee)</b>	which both Adults Select and Strong Communities Select are jointly responsible for scrutinising. The Committees agreed to scrutinise homelessness in conjunction with welfare reform.  Agreed to revisit after the implementation of the Welfare Reform (6 months).		
	<b>Joint Housing Option Team</b>	Ongoing scrutiny of the performance of the Joint Housing Option Team (collaboration with Torfaen Council).	Ian Bakewell	Performance Monitoring
<b>June 2015</b>	<b>Improvement Plan 2014-2017</b>	Full year 2014-15 scrutiny of performance against the Improvement Objectives and the statutory 'all Wales performance indicators'.	Mathew Gatehouse	Performance Monitoring
	<b>Outcome Agreements</b>	The Council has a 3-year Outcome Agreement with the Welsh Government from 2014 - 2017, which outlines mutually beneficial targets and milestones that the Council will work towards, depending on performance (this is built into the medium term financial plan). The Select Committee is responsible for scrutinising performance of outcomes annually.	Mathew Gatehouse	Performance Monitoring
	<b>Revenue and Capital Budget Monitoring -</b>	To review the financial situation for the directorate, identifying trends, risks and issues on	Tyrone Stokes	Budget Monitoring

## *Monmouthshire's Scrutiny Forward Work Programme 2014-2015*

<b>Adults Select Committee</b>				
<b>Meeting Date</b>	<b>Subject</b>	<b>Purpose of Scrutiny</b>	<b>Responsibility</b>	<b>Type of Scrutiny</b>
	<b>Outurn Reports</b>	the horizon with overspends/underspends).		
<b>July 2015</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>

### Meeting Dates to be confirmed for:

- × **Social Services Annual Complaints Report September 2015**
- × **Scrutiny of Partnerships - Work streams from Single Integrated Plan to be confirmed**
- × **Continuing Health Care - Topic Suggested by Member of Public - ABHB to be invited**
- × **Stroke Redesign - ongoing scrutiny of implementation - ABHB to be invited**