

# *Changing Practice, Changing Lives*



## **Annual Report of the Statutory Director of Social Services Monmouthshire County Council**

## **Forward**

This is my first annual report as Statutory Director of Social Services with Monmouthshire County Council. Having taken up my position in November 2015, it is both a privilege, and a considerable responsibility, to start to understand, lead and shape the improvement of outcomes for the most vulnerable people within this County. Like many other local authorities in Wales, Monmouthshire is faced with the twin challenges of declining budgets and an ageing population. Against this backdrop doing more of the same is not an option; nor is doing the same things differently. We are building an evidence base in Monmouthshire that doing different things, better, and for the right reasons, is also more cost effective and by far the best way forward if we are to manage up to another £25 million reduction in the Council's budget.

In my first months in Monmouthshire, I have overseen the most significant change in Social Care legislation in Wales for over 50 years, the implementation of the Social Services and Well-being (Wales) Act 2014. At the heart of the Act are improved outcomes for people. Whilst much specific to the way that we work with children or adults with care and support needs, there is much more that is common to the way we need to work in a strengths based way with people, families and communities. The model of social care and health I want to lead in Monmouthshire is an integrated approach for the people of our County. The ambition and drive for excellence needs to be felt equally across all social care and health. Much work is needed to level up everything we do, to the leading edge practice that is clearly evident in parts of social care. My leadership challenge is, therefore, to create one social care and health department with a clear vision and purpose, with the right people, practice model and range of service offers. This will mean we are well placed to support achievement of the best possible outcomes for all of Monmouthshire's citizens. My approach to leadership is also strengths based, to ensure we build on what works in the different parts of Social Care and Health, recognising we are stronger when we work in partnership, through a coherent purpose and governance for our workforce, practice and commissioning.

One of the key features I became aware of very quickly when I joined the Council was a difference between the culture, capacity to change, and clarity of service model, between different parts of social care and health in Monmouthshire. The implementation of new ways of working in adult social care is well-recognised as leading the way in Wales and beyond. Conversely, parts of our children's service were displaying signs of fragility – evidenced by variations in practice, high numbers of agency social workers, an absence of commissioning priorities and a considerable financial overspend. Our numbers of looked after children were increasing significantly, from 108 at the start of the year to 129 at year end. We have undertaken in-depth analysis of our current strengths, and areas for improvement, in partnership with the Institute for Public Care (IPC). This tells us there is an urgent need to improve social work practice, management capacity and the services we have access to. These improvements need to be underpinned by a confident, permanent workforce, skilled at working with families and partners in the most challenging of situations to prevent the need for children to become looked after in order to be safe, unless there really is no alternative option. Understanding where we were was the first task. The next phase of the improvement

programme in children's services is focussing on getting the basics right, establishing a permanent workforce who are confident and safe in their practice. This is the highest possible priority for the Council, which is giving extensive corporate support to a programme for improvement in Children's Services led by the Senior Leadership Team, supported by an External Reference Group of recognised experts, who will oversee this programme over the next year and beyond if necessary.

In adult services, the last 4 years has seen a practice led transformation. There has been a focus on improving outcomes for people, development of a coherent model of well-being and prevention, and a modernised set of both provided and commissioned services. These are delivered, by a committed and value driven workforce. This has enabled more adults with care and support needs to live the lives they want to live, often without the need for traditional services. Outcomes for people have improved. Costs have reduced despite the challenges of an ageing population. Services, where they are needed are based on 'what matters' to the individual, strong relationships and high standards. Integrated services for older people are very well established and there are positive relationships with primary care and third sector partners. There is still much to do, and risks to manage, particularly, in the provider market, but the improvement journey is well-established, well led and sustainable. There can be a high level of confidence the improvement programme is embedded and most importantly is actively transforming lives.

There are considerable strengths within Social Care and Health in Monmouthshire, in both adult and children's services which can be built on and developed further. Most importantly, the vast majority of the workforce is hugely committed to the work they do. The Council leadership has invested resources and leadership in supporting the transformation of Social Care and Health. All our workforce needs the same direction, development and aligned systems to do the job they strive to do. We have the building blocks, with collaborative leadership across Social Care and Health, to deliver whole service excellence we aspire to for all our citizens. This next year is about making that a reality.

**Claire Marchant**

**Chief Officer, Social Care, Safeguarding & Health**

**(Statutory Director of Social Services)**

## Our purpose

Our purpose in Monmouthshire is:

*“Building resilient and sustainable communities”*

Three themes underpin all our work in this County: Nobody left behind; People are capable, confident and involved and Our County thrives. As a Social Care and Health we play a key part in all these areas and have agreed our own purpose statement to drive our work:

*“Helping People Live Their Own Lives”*

Given the particular pressures of working with families and vulnerable children we have expanded this to:

*“Enabling families and communities to keep children and young people safe and to reach their own potential”*

## Vision

The vision for Social Care and Health in Monmouthshire is clear; *to maximise opportunity for all people to live the lives they want to live and the positive outcomes they identify*. This informs the priorities and actions for the sustainable Social Care and Health in Monmouthshire in 2016/17 and beyond.

In practice, this means we aim to work with people on the basis of what matters to them, recognising their strengths, capabilities and the resources available to them personally, within their network of family, friends and community. Our model of well-being, care and support is based on what people can do, not their deficits. We are committed to the highest standards of safeguarding. We will work alongside people and with them, not ‘do to them.’ We work with partners, inside and outwith the Council, to intervene early and prevent the need for more intensive interventions, or statutory solutions, unless they are absolutely necessary.

We work with people in the closest circle of support to them, to support an individuals’, or a families’, intrinsic motivation to achieve their own wellbeing outcome or to change. This ensures the creation of more natural and sustainable care and support arrangements specific to the each person or family situation. The image below in **figure 1** depicts pictorially this cycle of care and support radiating outwards from the person themselves through family, friends and community via preventative approaches to managed care and support.

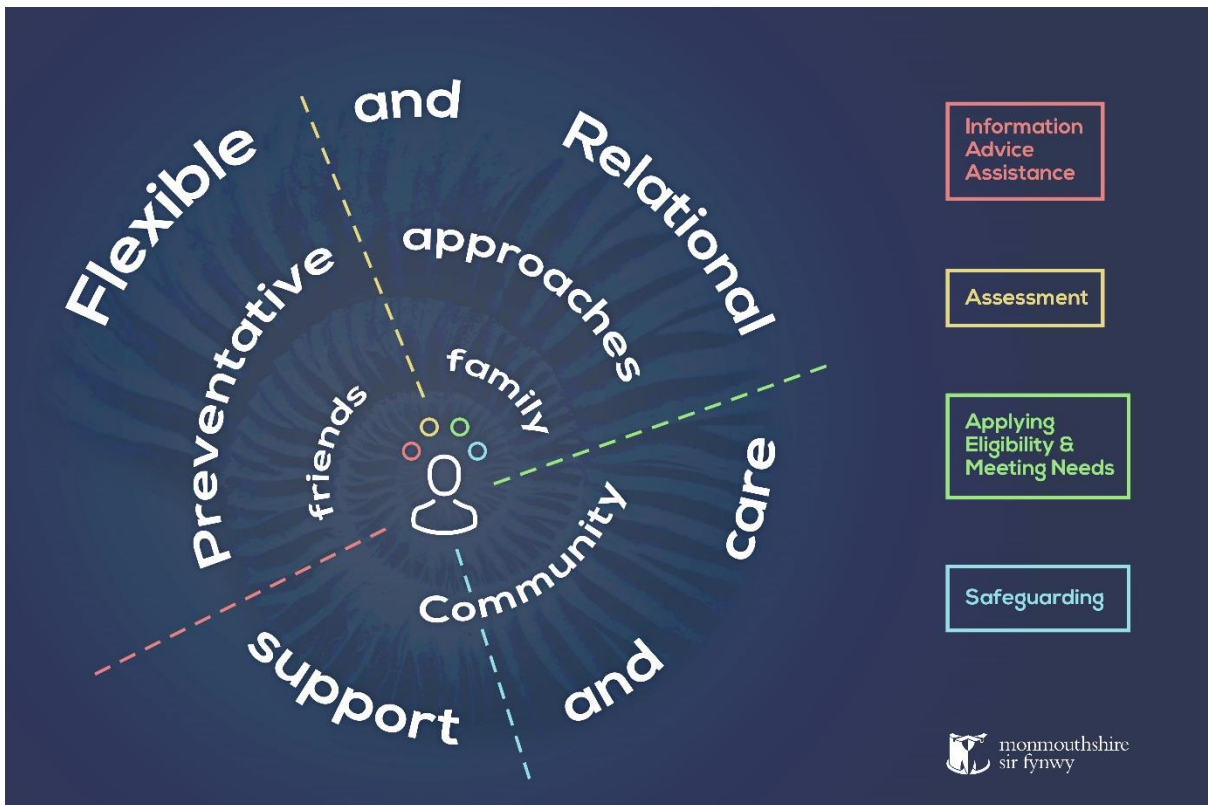


Figure 1

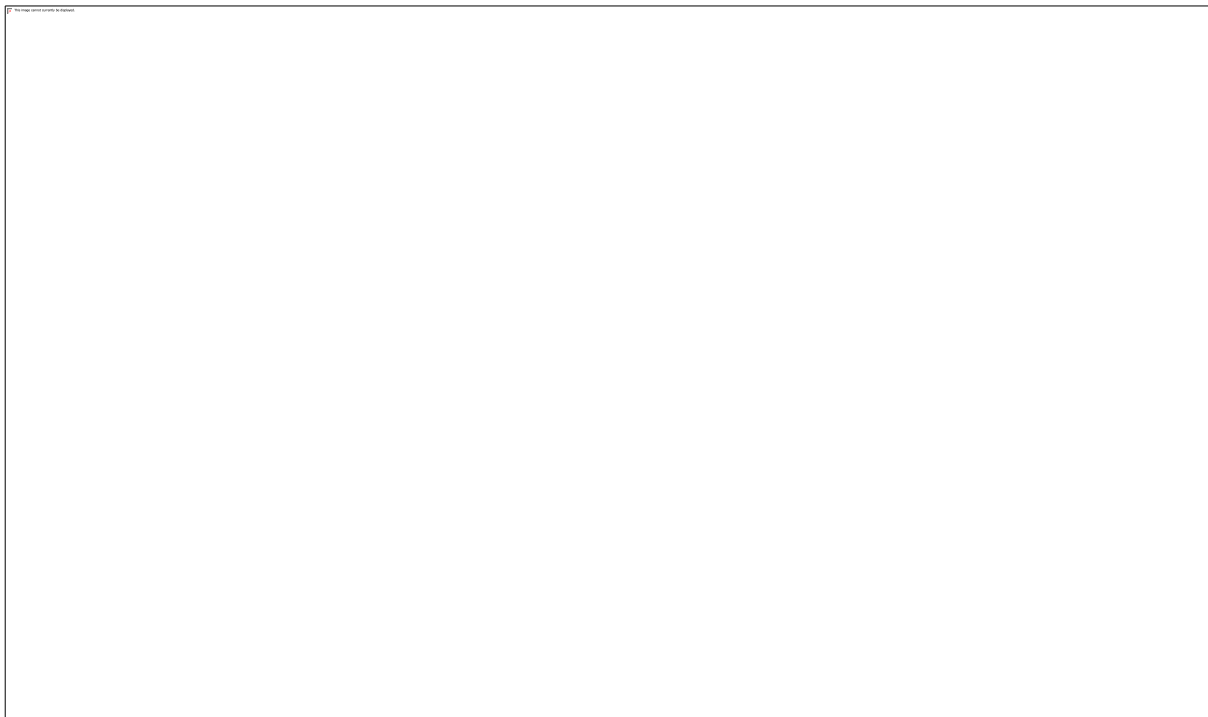
Information, advice and assistance, assessment, applying eligibility and meeting needs and safeguarding vulnerable people are illustrated as cross cutting themes as we undertake these proportionately throughout the cycle of well-being care and support.

## **Social Services and Well-being (Wales) Act (2014)**

**The Act in Action** - This strength based model of well-being, care and support underpins Monmouthshire's approach to implementation of the Social Services and Well-being (Wales) Act. Our social care and health offer will align at every level, and embed operationally, the principles of the Act:

- People's voice
- Partnership
- Early intervention
- Well-being
- Empowerment

The Council is taking a co-ordinated corporate approach to ensure full implementation of the Social Services and Well-being Act. Delivery of the Act is increasingly becoming business as usual. In common with other authorities there are some important areas where 2016/17 is the year when we will develop fully our approach to implementation, as new guidance emerges and we work with regional and local partners, not to 'tick the box', but really embed the Act in practice. We are working in accordance with the vision of *Sustainable Social Services* – that through an increased level of effective earlier intervention / preventative people will be able to be supported without need for managed intensive care and support. Crucially for us this is a place based approach within our communities working closely with community hubs (now incorporating, but not limited to, information and advice, libraries and adult education). These are critical to combatting the scourge that is loneliness and social isolation. **Figure 2** illustrates how we are working closely with all our partners to really create connect people to sustainable solutions within they place live.



The critical areas for the Act implementation are set out in my priorities for improvement later on in this report.

### **Well-being of Future Generations (Wales) Act (2015)**

There is a great deal of synergy between the Well-being of Future Generations (Wales) Act and the Social Services and Well-being (Wales) Act. There is a joined up approach locally, and regionally, for example to the well-being needs assessment and the population needs assessment, to ensure there is a complimentary approach. In setting the priorities for Social Care and Health for 2016/17 and beyond we have been very mindful of the need to balance short-term priorities with the need to safeguard the ability to meet long-term needs. Each detailed policy will be evaluated fully to ensure that the future generations well-being goals are at the heart of everything that is planned and delivered.

### **Future Monmouthshire**

Social Care and Health in Monmouthshire is an integral part of a strategic programme of 'whole-authority' work called 'Future Monmouthshire'. Future Monmouthshire aims to pose a set of questions about our core purpose as a Council, our relationships with communities, citizens and stakeholders and our appetite for economic growth and local prosperity – as we move further forward into a changing public sector landscape. Future Monmouthshire will see the development of a new operating model for the Council in order to equip it to meet its goals amidst increasing change and uncertainty. The new operating model will have a clear purpose: to create the capacity and foresight to develop solutions to some of the county's biggest challenges, ensuring that our Council understands the shifting needs and priorities of communities, positioning itself as an enabler in bringing them about.

The key challenges for Social Care and Health are being addressed through this programme. For the last four years we have managed the tension of growing public demand for services and a reducing funding settlement from the Welsh Government. Our communities are changing: an ageing demography, changing attitudes to community, newly emerging economies which require new skills and capabilities and the growth of digital technologies are all impacting the pattern of life, work and play. The time has come to reconsider the role and purpose of our Council, and Social Care and Health as an integral part. Our financial settlements over the course of the last four years have seen reduction of £10.215million or 10.03% compared to the Welsh average of 6.21%. Looking forward, we can expect to have to find a further £14m over the next four years. In this uncharted territory, answering the question about how we continue to deliver and support sustainable social services and resilient communities, becomes ever more critical.

### **What we do really well**

This section of the report is a flavour of the areas of strengths within Social Care & Health in Monmouthshire. More detail on these, and other achievements, is included in the Heads of Service Annual Reports appended to this Director's Annual Report. There is much to be proud of, and importantly, that people who experience our services, tell us we are doing well.

***Safeguarding is everyone's business*** - Safeguarding is an important area of strength for Monmouthshire. It is highly assuring to have joined an Authority in which safeguarding children and adults is such a high priority for the Council. As Chief Officer for Social Care, Safeguarding and Health, I have responsibility for the Safeguarding and Quality Assurance Unit which has played a key leadership role in supporting the strong progress made by the Council in safeguarding children. This was recognised by Estyn in their monitoring visit in November 2015 which found that the Council has '*responded well*' to recommendations in this area. They also noted that '*the Safeguarding and Quality Assurance Unit (the unit) is a very useful corporate resource*'. Building on success to date, the Whole Authority Safeguarding Co-ordinating Group (WASCG) is now providing leadership on adults as well as children's safeguarding. The safeguarding strategy, work programme and report card will from hereon in cover adults as well as children's safeguarding issues. I am confident that safe recruitment practices are embedded across the Council. This includes the considerable volunteer workforce we benefit from in Monmouthshire. There is a well-developed audit process which means we have a really good understanding of how schools and provider agencies address their safeguarding responsibilities. There are supporting action plans which are actively monitored to address any issues. We actively work through the regional safeguarding boards for children and adults, which are now on a statutory footing. Important reviews (Wales Audit Office, Independent Review of Safeguarding in Monmouthshire by Ellis Williams and Internal Audit) have been undertaken to assess the current safeguarding framework and the learning gleaned has contributed to a stock take of the current position and assess what is needed going forward. Reflection on these reviews by the WASCG has led us to have a focus on mainstreaming safeguarding into service planning across the Authority whilst setting direction, prioritising and managing risk and effectively linking with strategic regional partnerships, through the WASCG.

***Talking about what matters*** - In a number of areas, Monmouthshire social services was in an advanced position prior to the statutory changes in April 2016; particularly, through the *Changing Practice, Changing Lives* programme in adult services. This has delivered a significant change in culture and practice within social work. The 'what matters', strength based approach to assessment and case management is established. Integrated assessment is in place, and is now being rolled out across the rest of the Greater Gwent area. Adult teams in Monmouthshire were part of the National Outcomes pilot. Collaborative Communications training has proved truly transformational to the adult social care workforce in the way they work with people to achieve their well-being outcomes.

***Integrating Health, Social Care & Well-being*** - There is a long history of integrated working in Monmouthshire – health and social care community services for older people work in integrated teams, from integrated bases, under single management arrangements. Following the implementation of the new IT system, NHS employed community nursing and therapy workforce are using a single system. The health and social care workforce have been trained together on the new Act. There are positive relationships with primary care, and the flow from the acute services, through an in-reach model to support hospital discharge, with effective use of community hospital beds, is well-established. There is always more to do, and a priority for this year is to ensure that the place based approach and integrated working is reflected in all teams – learning disabilities, mental health and within children's services; as well as the current integrated teams. We also intend integrating direct service provision



within the 3 integrated bases– Monnow Vale in Monmouth, Chepstow Hospital and Mardy Park in Abergavenny. There are real opportunities to further integrate more health services, primary care and well-being through the Neighbourhood Care Network place based approach. An external academic partner will work with us in 2016 to formally evaluate the success of working in integrated teams over many years.

**Remodelling our service offer** – Models of support have been remodelled to ensure that they are truly person centred and start with the person and their aspiration for a good life. I will give just three examples in this section of the report of those services which have changed to reflect what matters to people and have a strong evidence base of what works:

1. The in-house homecare service now provides a very individual offer of care and support. The development of workforce through a really detailed programme of how to work with people with dementia has supported the very successful roll out of this model. This very different approach to relationship based care at home service was piloted in Raglan and is being rolled out across the County. The pilot has shown that flexible approaches can meet emotional and social needs of people as well as their physical needs. This way of working has also improved wellbeing for staff and awareness and connections with local communities.
2. The second example is the way we support people with disabilities to live their own lives. The 'My Day My Life' approach has broadened opportunities and access to community activities for people. Support staff have taken on a support broker role, working with people one by one, enabling them to overcome barriers to achieve their aspirations and dreams, rather than fitting into a service led solution.
3. The third example, is the further development of the BASE service to provide integrated health and social care support to families (including foster carers and special guardians) working to support children with complex needs. This is a small, psychology led, therapeutic team which is providing direct service interventions and extensive training to the wider workforce and carers, working to an evidence based model of attachment and support. The service aims to sustain non-residential placements which are under pressure and support a model of therapeutic foster carers for children and young people who need additional support.

**Connecting People and Communities** - The Council has invested in new approaches to tackling loneliness and social isolation through development of an 'anatomy of resilience' at both an individual and community level. This is a place based approach to wellbeing and prevention. Community co-ordination and small local enterprise learning pilots have been evaluated. There have been really inspiring successes in the area of volunteering; people who would previously have been recipients of service are actively contributing, which supports their own well-being as well as those of others. A key message is that people need people, and with some initial support communities can sustain their own solutions. The Rogiet Community Café, which is run by the community for the community, is a fantastic example of a sustainable approach to the 'Social Services and Well-being Act in Action'. The next steps include an emphasis on creating wider multi agency response at a local level, and ensuring this is an inclusive approach for children, young people and families – reflecting the focus on 'people'.

## **2015/16 Performance**

2014/15 was a year of considerable improvement against key performance measures. As figure 3 below shows, this was sustained and improved on in some areas, but in other areas performance levels were not sustained.

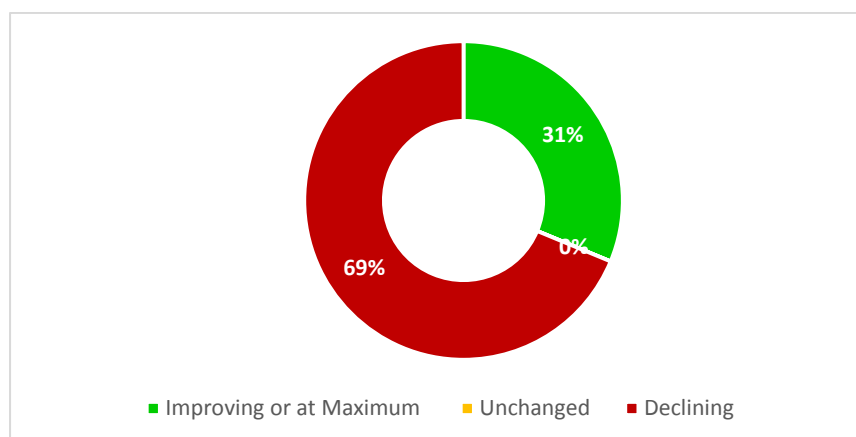


Figure 3

Performance indicators can only ever tell part of the story in any service area. The areas where performance has improved does reflect the intelligence from other sources, quality assurance and talking to people who experience our service, that the service area is well-placed. For example, the increase in the number of reviews of adults with care plans and the on-going reduction in the rate of older people who live in care homes accords with the practice improvement in adult social work teams. It is important to note that whilst the performance indicators are not at the level of the previous year in children’s services; most still show a significant improvement from the 2013/14 position.

	2013/14	2014/15	2015/16*
The number of children looked after at 31 March	103	108	129
The number of children on the child protection register on 31 March	37	49	33
The number (and rate per 1000 population) of older people supported to live at home	56.59 (1134)	52.77 (1091)	53.98 (1148)
The number (and rate per 1000 population) of older people supported in residential settings	11.33 (227)	11.08 (229)	10.96 (233)
The percentage of adult clients who were reviewed during the year	82.1%	84.1%	91.3%
The percentage of carers of adults who were offered their own assessment or review	97.3%	99.7%	98.8%
The percentage of people who were fully independent following reablement	54.6%	52.9%	52.5%
The percentage of surveyed adult service users who were satisfied with the services they received	90%	93%	93%
The percentage of children re-referred to children’s services within a year	13.3%	13.5%	17.8%

The percentage of initial assessments completed within 7 working days	79.1%	76.8%	70.5%
The percentage of Core Assessments completed within 35 working days	86.7%	84.7%	80.0%
The percentage of children looked after or on the child protection register with a social worker	100%	100%	100%
The percentage of reviews of looked after children carried out on time	99.6%	100%	98.5%
The percentage of reviews of children on the child protection register carried out on time	93.9%	95.5%	93.1%
The average education qualification points score of 16 year olds who have been looked after	222	308	241

Table 1

There has been a frustration with performance in the area of Delayed Transfers of Care (DTocS) in the last year. The timely discharge of Monmouthshire citizens from hospitals has long been a strength of integrated working. The integrated teams follow people when they become inpatients and 'reach in' to hospitals to facilitate timely discharge with the right care and support. This has continued to be the case for the last year, but unfortunately, changes in the way that DTocS have been recorded and validated have made it appear as if performance in this very important area of work has deteriorated significantly. In total, health colleagues reported 42 delays for social care reasons, for 26 people, for Monmouthshire residents during 2015/16. Aneurin Bevan University Health Board have confirmed that 12 delays (3 people) were Maindiff Court inpatients with no fixed abode. They had been coded incorrectly as Monmouthshire residents. Removing the Maindiff Court delays leaves us with 30 delays for 23 patients. The breakdown of the delays for these patients is in table 2 below.

Length of delay	Number of patients
< 24 hours	3
1 day	5
2 days	3
3 to 7 days	1
8 to 14 days	3
15 to 28 days	3
29 to 56 days	3
57+ days	2
<b>Total</b>	<b>23</b>

Table 2

10 patients had been delayed for 2 days or less. A small number of patients (5) were delayed more than 29 days, and there are a variety of reasons for this including legal issues relating to safeguarding matters. Understanding the true scale and impact of delays is critical to ensuring that efforts and energy is expended in the right areas to address the complex issues which can lead to long delays, which are so damaging to people's health and well-being.



# How are we doing?

## Social Care and Health in 2015-16



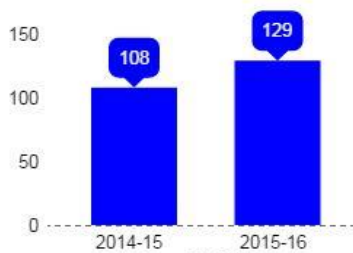
**93%**  
of adults are satisfied with the service they get



**£38m**  
budget for Social Services



**91.3%**  
adult care plans reviewed in 2015-16



**more children looked after**



**84.2%**  
statutory visits to looked after children done on time



**100%**  
of children looked after have a named social worker



**52.5%**  
of people independent after reablement



**42**  
delayed transfers of care from hospital



**223**  
older people in residential care - lowest in Wales



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## **Financial Performance**

This year has seen a challenge on the finance front for Social Care and Health. We had available budget to us of circa £38 million and at year end delivered an overspend of £1.2 million, which included achievement of mandated savings of repayment towards the new IT system.

Within the overall financial position, adult services delivered an underspend of £205,000, against a budget of £29.5million; a fantastic achievement given the budget had reduced by £1.4 million. Particular success has been obtained from practice change within learning disabilities as a strategic area for practice change and budget savings. Another particular area of success has been within the integrated community equipment services, through negotiation of a new cost apportionment methodology as part of a new section 31 agreement. This resulted in a reduction in spend of £90,000 per annum. Investment to facilitate change has been important in adult services – the community co-ordination pilot was supported through reserve investment; Intermediate Care Fund funded a range of initiatives including dementia training for care workforce.

The second half of the financial position is within Children's Services. Following significant investment of £1.321m permanent funding and £153K reserve funding, the outturn was a £1.4million overspend. This is largely due to the increased number of Looked After Children. Numbers rose from 108 to 129. A service and financial plan was approved by Cabinet at the beginning of January, which contained a financial model for achieving financial balance in children's services over a 3 year period. This plan secured an additional £1million investment for the service for 2016/17.

We are currently constructing a commissioning strategy to deal with the increasing Looked After Children numbers and how effectively they can be supported within our financial envelope. All our contracts are being reviewed to determine value for money and statutory funding responsibilities. At the heart of the commissioning strategy is the need to achieve investment in really good family support services which are able to support children and families prior to any statutory intervention by social services, and when they are at the 'edge' of becoming looked after within the care system.

## **Workforce Development and Training**

***Practice Learning (Social Work Students) in Monmouthshire*** - Monmouthshire County Council has well-established partnership agreements with Cardiff University Social Work MA programme and the University of South Wales Newport (USW Newport) Social Work undergraduate degree programme. We arrange up to 30 Practice Learning Opportunities (PLOs) each year. These placements are funded by the Practice Learning Opportunity Funding Scheme this is managed and administered by the Care Council for Wales. We have continued to benefit from strong partnerships with social work and direct care teams within our organisation. Alongside this we have been able to place students in a wide range of third sector organisations. These have provided students with an insight into the varied work undertaken by the third sector.

The Practice Learning Development Officer (PLDO) and Staff Development Officer (SDO) work together to arrange PLOs in statutory agencies and third sector organisations. We provide support for third sector organisations that do not employ social workers and need off-site practice assessment for the students placed with them. Each year the training team provide support for social workers wanting to become practice assessors and to undertake the appropriate post qualifying training. During 2015/16, two social workers completed the Enabling Practice PQ and were mentored by the training team.

We recruited 3 students into various teams across the authority from last year's placement intake, and are looking to strengthen our links with the HEIs with a view to recruiting more efficiently in future years.

**Post-Qualifying Information** – A summary of post-qualifying social work activity is set out below:

- During 2015/16 nine social workers studied for the Consolidation Programme. Two social workers studied for Practice Assessor programmes and became first-time practice assessors
- One senior practitioner completed a module of the CPEL Senior Practitioner Programme, and one social worker completed the first year of the Experienced Practitioner Programme
- Two team managers studied for the Team Manager Development Programme
- One social worker studied for the AMHP programme

**Ensuring our workforce has the knowledge and skills to do their jobs** - there has been a considerable effort to ensure that the workforce has the necessary knowledge to practice in accordance with the Social Services and Well-being (Wales) Act. There has been a regional and local training programme to social services staff and health staff, third sector and independent providers and those most affected in corporate roles. Incorporating the culture shift into practice is being taken forward internally using in-house expertise with the support of the Transformation Team. We have reframed our training strategy to ensure all training provided is aligned with the aspirations, principles and practice enshrined in the Act. Awareness raising has started for other legislation including the Regulation and Inspection Act and the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. In addition, there has been a focus on the skills to meet people's outcomes, recognising the needs of Monmouthshire's population:

- Dementia Care Matters – continuation of last year's training programme across adult social care workforce. This will be rolled out to the workforce of commissioned services from the Autumn of 2016
- Court Skills and Achieving Best Evidence – there will be a regional training programme from September onwards
- Vocational qualifications - in partnership with local FE colleges and independent providers, we have enable staff and foster carers to access QCF qualifications in Health and Social Care L2, L3 and L5 and in the L3 Diploma for Occupational Therapy Support. We are developing our own staff to become QCF assessors.

- Supporting social care providers across the sector to ensure staff delivering services are suitable skilled and qualified to meet the needs of our service users – core training and more specialist content.
- We are part of a Gwent wide programme to develop and deliver an induction programme for informal carers new to the role.
- In partnership with Coleg Gwent, a Welsh for Carers training programme has been developed in recognition of the requirements of Mwy na Geiriau/More than Words.
- Collaborative Communications training has proved transformational for practice in adult social work teams and will be rolled part of a training programme in children’s services in the autumn.

### **Where do we need to do better – Our Priorities for Improvement in 2016/17?**

2015/16 has been a transitional year for social services in Monmouthshire. In addition to changes in statutory leadership, there is also a new Head of Children’s Services appointed in March 2016, following the departure of the former Head of Service in February 2016. The Social Services and Wellbeing (Wales) Act has come into force as the legislative basis for social services in Wales. A new IT system has been implemented which has been designed with practitioners, to reflect the way that they work in accordance with the new Act. In 2016/17 the benefits from these significant changes in leadership, legislation and systems will start to be realised.

As set out in the forward, 2015/16 has been a challenging year for children’s services in Monmouthshire. The service has been focussed on improving practice and performance for a number of years. An action plan to ensure the areas for improvement identified in the inspection undertaken by Care and Social Services for Wales (CSSIW) in November 2014 has driven that improvement. There has been some tangible improvements in key areas such as contact arrangements and working together with partners to achieve best evidence when investigations are needed. There is, however, much still to do. It is critical that the improvements made are embedded sustainably in practice and commissioning. In essence this means we need a permanent children’s services workforce which is confident in practice, who can access a range of evidence based support options which can achieve the best possible outcomes for children and young people; and are delivered within the budget for the service set by the Council on the basis of really understanding the level of investment needed.

Recognising the pressures within the children’s service, one of my first actions as Director was to present a 3 year service and financial recovery plan to the Cabinet, which was approved in January 2016. The plan approved further investment in the service and a clear set of priorities for workforce development, practice improvement, strategic commissioning and financial balance. However, addressing the financial resourcing of the service can only ever be part of the solution. The review undertaken with Institute of Public Care (IPC) to work with the service provided deep analysis of the work required to deliver excellence outcomes in children’s services. This was a very thorough piece, reviewing 40 case files as well as other evidence. The service has fully accepted its findings which reflect, and build on, the analysis within my early report to Cabinet of the areas where action is needed. We need to get the basics right



and organise our workforce to deliver them. I am confident we have a clear understanding and ownership of what our issues are.

It is clear that getting social work practice right is the absolute key to sustainable improvement in children's services. Whilst it is important to acknowledge there is some excellent, child centred practice evident in assessments and care plans, practice is too variable and not supported systemically. As noted above, improvements in performance indicators achieved in 2014/15 were not sustained. The workforce, which included significant numbers of agency staff, struggled to manage the demand upon it, particularly when periods of unavoidably high levels of absence from work occurred during the summer of 2015.

The granularity of the analysis underlying the variation in practice and performance over the last 2 years has given me, as the new statutory director, a really in-depth understanding of where the focus of the improvement programme needs to be. Some areas identified required immediate address; most critically how we work as a service, and with partners, to ensure referrals to children's services are managed so decisions on further action are made immediately (i.e. within 24 hours), and secondly how administrative staff support the social work duty system. The other critical areas form part of the children's services improvement programme and are actively being addressed in a prioritised way which recognises both the need for pace, and, based on experience of elsewhere of sustainable cultural and practice change, the realistic timescales to really embed different ways of working.

The critical areas of improvement to highlight are:

- The need for a really well articulated model of social work practice, so that 'what good looks like' in children's social services is understood by everyone working in, and with, children's social services;
- A need to develop the model of intensive family support which works up to the level of statutory intervention by children's services, edge of care and rehabilitation from care;
- Clarity where the current Team Around the Family (TAF) fits within this family support model, recognising there may be a need to remodel the current offer;
- A new operating model for management of contacts and referrals underpinned by pathways and protocols for all agencies on how Monmouthshire categorises and responds to contacts and referrals and a supportive way of working with referrers to manage risk;
- A review of the role and function of business support as critical to the functioning of the service;
- Having developed the model of family support, clarity with regard the role of the social worker in delivery of intensive interventions support for families in need;
- Practice and protocols for applying eligibility to families in need consistent with the Social Services and Wellbeing (Wales) Act;
- Practice and protocols for undertaking parenting assessments;
- A review of the range and capacity of parenting and attachment support for families;

- Clarify the roles and case responsibilities of senior practitioners, team managers and service managers and support managers to operate management arrangements effectively;
- Ensure quality assurance system is actively driving a cycle of continuous improvement across the service.

The highest priority for Social Care and Health, and indeed for the Council corporately, in 2016/17 is to deliver a programme for improvement which is based on evidence of what works in delivering wholesale service improvement. We have a highly skilled, permanent Head of Children's Services, who has shown through her leadership of safeguarding in the Authority that she has the vision and tenacity to drive improvement at pace. We are beginning to recruit a collaborative leadership team across Social Care and Health. We are building on the strengths within adult social care and have full support corporately which is giving the capacity we need. Indeed, we are drawing into this programme the very best people Monmouthshire has to offer, and will continue to access the external support of IPC where we need it. We will also work with our local and regional partners in schools, health, police and provider sector – working collaboratively, and indeed in an integrated way with them, where it make sense to do so. We will have the support of an external reference group to advise and challenge us as we progress on our improvement journey.

The culture and practice of continuous improvement is well-developed within adult teams within Social Care and Health in Monmouthshire. There are a number of improvement priorities which need to progress at pace in order to maintain the progress in light of reducing budgets, increasing demand and the role adult services needs to play in the whole service focus envisioned in this annual report. The strengths based model of social work practice needs to be continuously reinforced through supervision, coaching, mentoring and quality assurance systems. The placed based model of well-being and prevention which Monmouthshire is implementing requires even stronger productive partnerships which deliver in local areas; drawing in primary care through the Neighbourhood Care Networks, third sector, Registered Social Landlords and importantly the social capital within communities. Recognising, there is different levels of social capital within different communities in Monmouthshire, there will be different challenges for social care and health to manage people's needs outside of more traditional statutory services, and this can have considerable budgetary implications. Finally, Monmouthshire, as other counties in Wales, is managing a considerable level of risk with external provider markets. This has been evidenced in recent years with a number of providers being managed through provider performance procedures for reasons of service quality, financial risk, or both. A critical factor in a county like Monmouthshire is the ability to recruit and retain a quality workforce of care providers. Recognising the range of challenges, particularly in the domiciliary market, the 'Turning the World Upside Down' work is looking to radically challenge the traditional task and time basis of commissioning care and home, with a view to reflecting the lessons from the remodelling of the in-house homecare service in the reset of the market. This work needs to deliver tangible outcomes in the coming year; it is clear the current model of commissioning domiciliary care is not sustainable beyond the short term.

A critical priority across Social Care and Health is to ensure that the benefits are realised from the significant investment in development of an in-house IT system to support practice in adults and children’s services. The development of the new system has been lead by, and is very well supported by, practitioners and there are benefits already being realised in integrated teams through health and social care workforce using the system. A pilot has commenced for 3 schools to be able to directly access the children’s services system which is at an early stage but improving communications. A full benefits realisation plan is now needed. It is important that we have well understood support arrangements, both internally through business support, in-house support; and externally reflected in the Service Level Agreement with the SRS. The potential is there for the system to provide the management and performance information to enable a real cycle of continuous improvement. This is an absolute priority for us. We also need to ensure that practitioners across adults and children’s services are using the system to its optimum so that there is confidence at all levels in the management information and performance reports produced.

**Summary of Areas for Improvement**

The summary of areas for improvement set out below represent a 3 year programme aimed at ensuring excellence across the board in Social Care and Health.

**1. We will deliver a specific, targeted, Programme for Improvement in Children’s Social Services to deliver excellence in our children’s social services.**

- *The programme for improvement will have be overseen by the Council’s Senior Leadership Team and will have the full corporate support of the Council. An external reference group will act as critical friend to the programme. There will be dedicated support to the programme, including access to external advice as necessary*
- *We will develop a practice model for children’s services in Monmouthshire which will align to the overarching vision for Social Care and Health*
- *The programme will ensure there is the right capacity and resource to support improvement in children’s services, at pace but sustainably, with key work streams in the areas of workforce development, pathway and threshold management, commissioning, performance and quality and management and support arrangements.*

**2. We will implement the Social Services and Well-being Act (2014)**

*The Social Services and Well-being Act fundamentally changes the legislative basis for social services in Wales. The priority objectives in implementing the Act in 2016/17 are:*

- *To ensure that every member of the workforce (internal social care, external providers, colleagues across the Council, partners) has the training they need to support delivery of the Act and realise the benefits from it.*
- *To effectively communicate with people, partners, elected Members and Council colleagues the important changes as a consequence of the Act*
- *To review our approaches to information, advice and assistance across adult and children’s services*

- *To work across the Council, with partners and communities to embed a preventative approach and the active promotion of well-being in everything we do.*
- *To continue to embed integrated assessment and care planning in social work practice. This is a proportionate, strength based way of working which focuses on what people can do, not what they can't.*
- *To ensure we work effectively with partners to implement regional safeguarding arrangements and embed adult protection orders in our practice.*
- *To actively promote direct payments as a key enabler for voice and control for people with care and support needs.*
- *To develop alternative models of delivery where these provide the best model for well-being, care and support.*
- *To realise the benefits for people from the statutory partnership arrangements and priorities for integration.*
- *To ensure that people within the secure estate in Monmouthshire are safeguarded and have their social care needs met.*

**3. We will, through the Future Monmouthshire programme, set out the future vision for Social Care and Health in the context of the future of our County**

- *We will develop our strategic operating model for Social Care and Health as part of the Council work to articulate its operating model through the Future Monmouthshire work.*

**4. We will support people to live the lives they want to live by ensuring they have access to the timely, quality, information, advice and assistance**

- *We will review our access points to ensure people are able to easily access the information and advice they need to make decisions about their own lives.*
- *We will work with our Greater Gwent colleagues to implement the Dewis information portal*
- *We will consider how we best assist people if they require it to access their community or a commissioned service, looking at options for better links between the housing gateway and social care access points*
- *The 'professional' front doors into children's and adult social care will provide consistent, quality decision making and there will be clear pathways to other IAA outlets.*

**5. We will ensure there are coherent models of early intervention, prevention, well-being with a focus on connecting people, families and communities – place based approach**

- *Having evaluated the outcomes from community co-ordination, we will build on what works and develop place based approaches to sustaining and developing social capital which promotes individual and community well-being and prevents people's needs escalating to require commissioned services. We will have particular focus on tackling the scourge of loneliness and social isolation.*
- *We will develop a targeted, evidence based model of early intervention and prevention in children's services for families that are showing signs of distress to ensure they can access appropriate support at the earliest opportunity is critical. We will aim to prevent families reaching a point where it is necessary for children's social services to intervene (pre children in need), less still for them to break down to the stage where their children are taken into care (edge of care services)*

- *We will work with partners to review current investment from all funding streams, e.g. core funding, Families First, Supporting People etc. to ensure the right range of targeted support is in place.*
- *We will work with colleagues across the Council and with our partners and communities to embed the principle that well-being and prevention is everyone's business and every service area can make a considerable contribution to well-being.*

**6. We will build on the success of our integrated community health and social care teams to develop place based approaches to well-being, primary, community and social care based on Neighbourhood Care Network boundaries**

- *We will work with statutory and non- statutory partners within the Neighbourhood Care Networks to deliver population health systems which integrated primary, community and social care delivery, alongside well-being and preventative approaches*
- *We will work through the NCNs to develop resilient place based community approaches*
- *We will develop the place based approach for all parts of Social Care and Health, children's services, learning disabilities and mental health teams, as well as teams who support older people.*
- *We will review structures and governance in partnership, reflecting a renewed purpose*
- *Performance measures will be developed which are based on an agreed understanding of what good looks like.*

**7. Confident social work practice will facilitate the best possible outcomes for people**

- *Social Workers will spend their time working with people to understand what matters to them and facilitate them to live the lives they want to live.*
- *We will get the basics right – learning lessons from audits and complaints in key areas such as child protection, Mental Capacity Act and Deprivation of Liberty Safeguards.*
- *Strengths based and outcome focussed practice will be embedded in adult and children's services.*
- *Progression/ recovery/reablement will be at the heart of social work practice.*
- *Quality assurance systems will support continuous improvement in practice and will be fully embedded in the way we work. Reflection as an essential part of practice is critical and a positive approach to learning and review will support us to ensure we understand people's experience of us and improve from it.*
- *We will improve the way we work with young people and their families at the critical time of the transition to adulthood*
- *Where people have care and support needs we will work with them in a way which empowers them to identify, choose and control the support or care they need to live life as they want. There will be more direct payments so people can access the support which is right for them.*

**8. Safeguarding children and adults at risk is our very highest priority**

- *Our whole authority safeguarding group will continue to provide leadership of safeguarding and ensure all parts of the Council address the priority actions within the internal audit report*
- *The whole authority group will provide leadership around adult and children safeguarding, ensuring both are everybody's business*
- *We will develop statutory regional safeguarding boards with our partners which will provide partnership leadership to the safeguarding agenda.*
- *We will ensure our workforce are fully trained in use of adult protection and safeguarding orders*
- *We will continue to work with regional partners to ensure the deprivation of liberty (DoLs) safeguards are used when needed*

**9. We will support and develop the whole social care workforce so they have high levels of confidence, competence and training, underpinned by person centred, values, behaviours and attitudes.**

- *A new leadership structure for Social Care and Health will be in place.*
- *We will implement the workforce plan for children's service, the priority outcome being a stable, permanent workforce*
- *We will work with partners to address critical workforce issues in the care sector*
- *Training and organisational development activity will be aligned to the culture and values we are developing.*

**10. We will commission intelligently, informed by a clear evidence base and analysis of the needs we need to meet. Commissioning and innovative redesign of traditional services will be based on positive, long term relationships with providers. Links between practice and commissioning will be strengthened by using information from assessments and care plans as well as population level assessments.**

- *We will develop an integrated commissioning unit within social care and health which will embed commissioning as a core function within children's services*
- *We will commission a new approach to care at home, 'turning the world of domiciliary care' commissioning upside down. We will also continue to address risks of business sustainability in the sector.*
- *We will reprovide the Council's residential care for older people with dementia through an innovative partnership arrangement*
- *Learning disability mandate*
- *Supporting people*
- *We will deliver the remodelling of Mardy Park as an integrated health and social care hub*
- *We will develop relationships with providers to deliver what matters to people with a learning disability and mental health problems, including increased community connection and reduction in dependency on service provision*
- *We will develop a commissioning framework in children's services and engage with providers to ensure a full range of services which provide positive outcomes for children, young people and families*
- *We will continue to explore procurement approaches which ensure we pay a fair price for care, based on an open book, high trust, relationship*

**12. We will integrate commissioning and delivery of health and social care where there is a clear business case and improved outcomes for people in partnership with ABHB Health Board and other Greater Gwent Local Authorities. We will explore opportunities for wider integration and joint working with other partners, such as the police, schools and housing, where it makes sense to do so.**

- *We will agree a new s33 agreement for the frailty service*
- *We will continue to develop our integrated team models, strengthening further the neighbourhood care networks as the basis for well-being and integration of primary and community care and also strengthening links with older adult mental health services.*
- *We will develop opportunities for further joint and integrated working in learning disabilities and mental health, learning from the LEAP and BOLD projects in Caerphilly and Blaenau Gwent*
- *We will improve joint working between children’s social services and partners in health, police, education and preventative services, exploring opportunities for integration where it is in the interest of children, young people and families to do so.*
- *We will build on successful collaborations with partners in the Greater Gwent areas such as the regional adoption service and frailty service and progress further collaborations where there is a clear business case.*

**13. The voice of the people we work with will be at the heart of everything we do**

- *We will build on the success of the care leaver apprenticeships to ensure we are doing what matters to children and young people and we involve them fully in all parts of the service.*
- *We will co-produce our approaches to well-being, care and support with people and communities*

**14. We will align our business systems to support delivery of our priorities.**

- *We will realise the benefits from our new Flo and Plant systems*
- *We will ensure our business support is flexible to the way we work*
- *Each team will understand what good looks like and align measures of performance*

**15. We will achieve a balanced budget within adult and children’s services; by doing the right thing, savings will follow**

- *We will deliver year 1 of the 3 year financial plan for children’s*
- *We will deliver the savings mandated to us through improved practice and commissioning.*

Table 3

## **Annual Council Report Framework – Children’s Services 2016-17**

### Introduction

In Children’s Service our primary aim is to work together with others to ensure that Monmouthshire’s children and young people reach their full potential and live free from the harmful effects of abuse and neglect. We have established a set of operating principles to guide us as we work to achieve this.

The purpose of this report is to give an end of year appraisal of Children’s Services, including information about the teams. The report considers our journey over the last year and outlines the priorities for service development. It should be read in conjunction with the Chief Officer’s annual report.

Over the last year, Monmouthshire Children’s Services has continued to deliver services in an increasingly challenging and complex context. The work plan for the service from April 2015 - March 2016 was extensive and required the whole service to pull together in developing systems and processes; improving practice and building partnerships. Some of our achievements are described in section 3.

However, there remains much to be done and in some areas we are not as far along our path to improvement as others. In some aspects the service has continued to display signs of fragility evidenced by inconsistencies in practice, instability within the workforce, and considerable financial overspend. Some of the particular challenges that we have experienced are discussed in section 4.

The report has drawn on a number of information sources including statistical and performance information; feedback from service users, staff and partners; internal reviews and case audits; and recommendations from our external regulators. Towards the end of the year, we worked in partnership with the Institute of Public Care (IPC) to undertake an in-depth review of our service in the context of the research and evidence base regarding achieving excellence within social care. This was motivated by the recognition that in some areas the service remained vulnerable and not as prepared as we needed to be in order to meet the challenges and opportunities presented within the Social Services and Well-being Act. The resulting IPC report, has helped us arrive at a balanced view of our progress and provided clear directions for our future plans. Our key priority areas for improvement are set out in section 5.

### 1. Service Context

Children’s Services provides a range of services to children, young people and families in Monmouthshire. There are around 19,000 children who live in Monmouthshire. The service works with approximately 700 children at any one time. Over the last year there were 3,924 contacts received into the service from a variety of different sources and agencies. This



resulted in 465 referrals going forward as new pieces of work. At the year-end there were 722 cases open across the service. This included 131 children with a disability, 129 Looked After Children, 33 children on the Child Protection Register and 31 young people eligible for services as care leavers.

The current teams within children's services are:

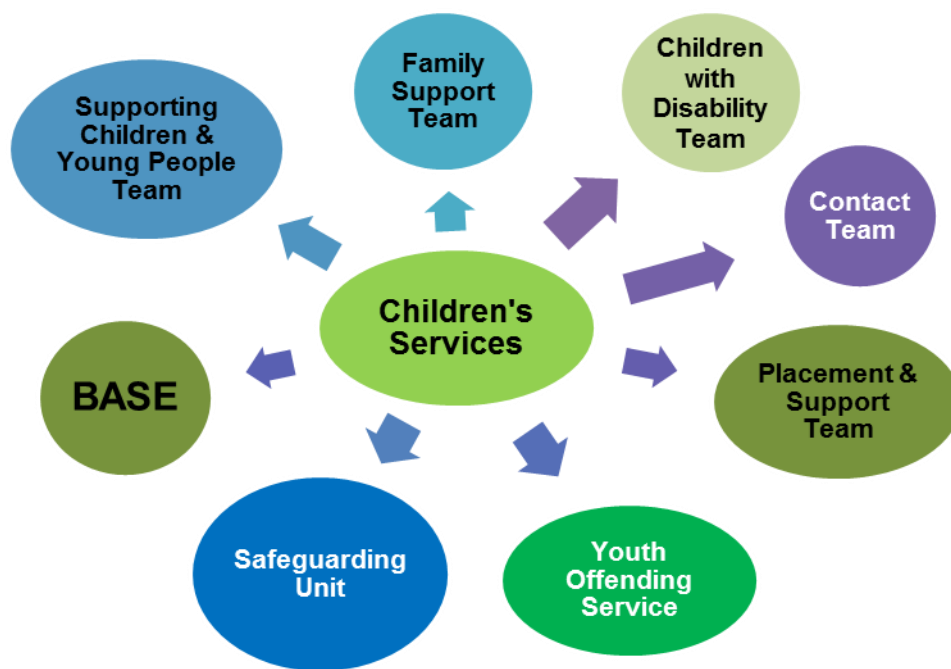


Figure 4

The county covers a large geographical area and is predominantly rural with four comprehensive schools in Abergavenny, Caldicot, Chepstow and Monmouth and one Special School for boys with Emotional and Behavioural Difficulties. There are 31 primary schools and a number of pre-school venues for children. The service works closely with Health, Education, Adult Services, Police, Housing, 3<sup>rd</sup> Sector organisations and other Local Authority areas.

Monmouthshire Children's Services are well represented within a number of local and regional partnerships allowing us to take a strong role in shaping collaborative and partnership working. Some of our main partnerships include:

- South East Wales Safeguarding Children's Board
- Children and Families Partnership Board
- Integrated Youth Offer
- Regional Board Violence Against Women, Domestic Abuse & Sexual Violence
- Regional South East Wales Adoption Service

Within Monmouthshire the arrangements for co-ordinated Early Intervention are led by the 'Team Around the Family'(TAF) project currently sitting within the partnerships directorate of the council. The TAF operates through multi-agency meetings within the four comprehensive school and for early years through the Acorn Centre (Integrated Family Centre). Lead workers come from within partner agencies and from within the TAF project itself. The TAF was recognised by IPC as working effectively with children and families requiring early preventative services through a multi-agency approach.

Children's Services work with families when there is a requirement for a social-care led plan of intervention. Often this can be when the difficulties faced by parents have become entrenched with many barriers to overcome to enable the necessary changes to be made. At other times a statutory intervention into family life can be seen as the only way to manage the level of risk in order to ensure a child's safety and well-being. The main reasons for why children need support from statutory children's services remain as illustrated below in figure 5:

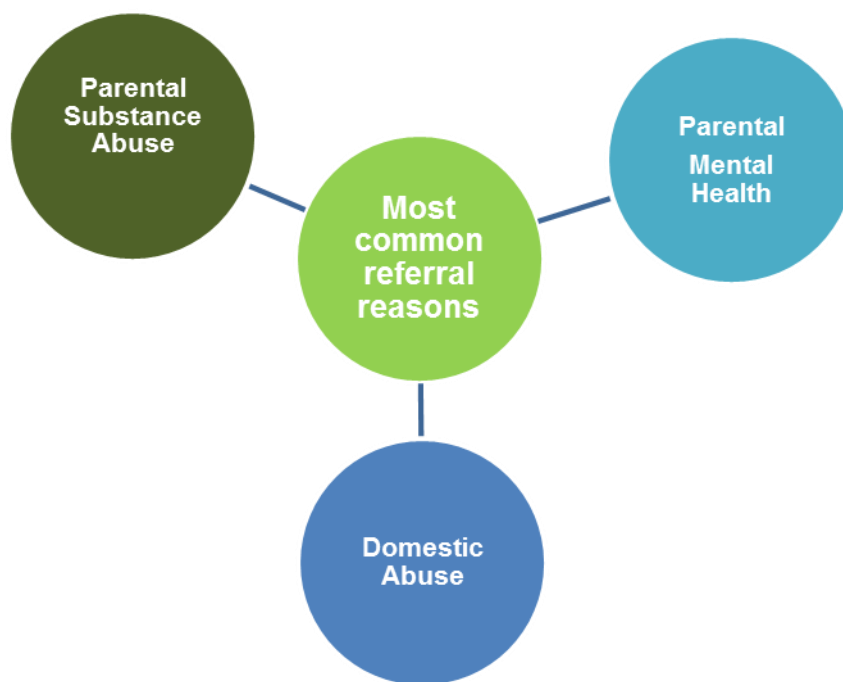


Figure 5

All of these reasons for referral can have a significant impact on children reaching their full-potential due to living in these adverse situations.

Recognising that TAF and Children's services need to form a continuum of intervention with an underpinning model for preventative family support is a key area for development. Operationally there needs to be strong links between the two service areas underpinned by a shared understanding of step-up and step-down arrangements.

## 2. What did Children's Services Achieve in 2015

The work plan for the service from April 2015 - March 2016 set out some of the areas that we wanted to focus on over the year. Against this some of our achievements are represented below in figure 6:

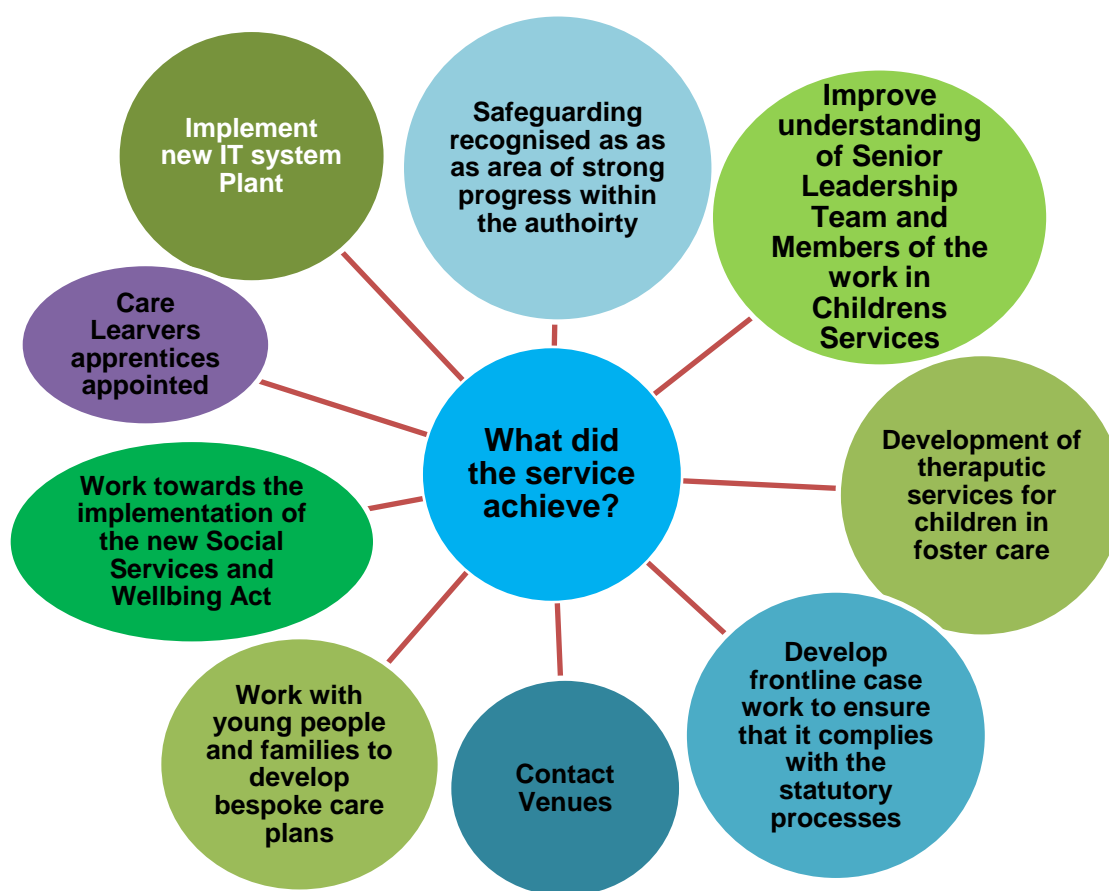


Figure 6

During the year 2 contact venues in Monmouth and Caldicot were established delivering child focused contact to families, where children are not living with their birth parents. A further venue in Abergavenny is currently being planned.

PLANT, the new IT system for Children's Services, was implemented in November 2015. This system continues to be developed to support the practice of our front-facing workers. This has included a pilot scheme for schools and Education Welfare Officers having direct access to the system to facilitate information sharing and timely decision making. We need to continue to develop PLANT as an effective tool for us in for producing performance

information and the statistical data which is required for Welsh Government. There are plans in place to further develop this system over the next year.

Alongside colleagues in the Children and Young People Directorate and within the wider Council, significant work continued regarding safeguarding in the county. This was driven by the Children's Services Safeguarding Unit which was recognised by Estyn to be a 'very useful corporate resource'. In their monitoring visit in November 2015 Estyn found that the Council had 'responded well' to recommendations and that strong progress had been made in respect of safeguarding. During the last year work has been undertaken to continue to deliver the required training across the Council; to continue to provide support and guidance to schools and partners and to implement our SAFE quality assurance framework for safeguarding.

In November 2015 we launched our BASE project as a therapeutic support for foster carers. This project helps to support our looked after children through ensuring that their carers and the wider professional network have the skills to understand and respond to their needs at an emotional and psychological level. We see BASE as the cornerstone to strengthening our in-house foster service provision - helping us to keep some of our most vulnerable children closer to their families and communities.

The Corporate Parenting Group has continued to develop over the year and is chaired by the Lead Member for Children's Services. During the past year the service has taken on two apprentices to develop the Children in Care Group. Our apprentices also attend as members of the Corporate Parenting Panel to ensure they provide a conduit for the views of children and young people in care and take back views and tasks from the Corporate Parenting Panel. From the outset of their time in this role our apprentices have been an asset to the service and Monmouthshire County Council.

As a service we have continued to maintain our focus on the children and families that we work with on both a case by basis and as a wider service. Two good examples of this include:

- the summer events hosted by the children with disabilities team to consult and obtain the views of families and young people in respect of the service we provide and what they feel they need in the future;
- the young people's consultation event and safeguarding survey undertaken in partnership with Monmouthshire Youth Service helping us understand the concerns of young people and how we might shape our services in response.

Improvements to ensure the Senior Leadership Team and members had a better understanding of the work of the service, were implemented over the past year. The Head of Children's Services attended the Senior Leadership Meeting monthly, to update on progress, barriers and relevant issues in Children's Services. In addition Select Committee run by elected Members scrutinised the work of the service regularly throughout the year on a range of subjects and topics. The Cabinet Member for Children's Services met monthly with the Head of Children's Services to discuss current issues for Children's Services. The Lead member also

spent time during the year, meeting and talking to frontline Social Workers and Youth Offending staff at a number of meetings and events.

A Members Briefing took place to advise Members on the changes necessary due to the implementation of the Social Services and Wellbeing Act, from April 2016. This took place in January 2016. Children’s Services have been attending training on the Act and have been involved in a number of groups in relation to the implementation of the new Act.

### 3. What were the key challenges for Children’s Services in 2015?

#### Performance Reporting

Children’s services are required to provide services that are compliant with our statutory obligation to meet the different needs of children and young people. Some of this is measured through key performance data. Our end of year profile for the service is illustrated through the following data in table 4:

Children’s Services										
Ref	Description	2012/ 13 Actual	2013/ 14 Actual	2014/ 15 Actual	2015/ 16 Actual	2014/ 15 Wales Av	2015/ 16 Target	Directi on of travel	Targ et Met	Est. Quarti le in Wales
SCC/004 (NSI)	The percentage of children looked after on 31 March who have had three or more placements during the year	2.7% 2	10.7% 11	1.9% 2	<b>8.5% 11</b>	9%	6%	↓	*	Top
SCC/011( b) (NSI)	The percentage of initial assessments where the child has been seen alone by the Social Worker.	22.38 %	33.21 %	57.4%	<b>52.7%</b>	44.8%	60%	↓	*	Upper Middle
SCC/025 (PAM)	The percentage of statutory visits to	66.9%	66.3%	84.5%	<b>84.2%</b>	87.7%	90%	↓	*	Bottom

	looked after children due in the year that took place in accordance with regulations.										
SCC/033(d) (NSI)	The percentage of young people formerly looked after with whom the authority is in contact at the age of 19.	88.9%	92.3%	88.9%	<b>62.5%</b>	93.3%	100%	↓	*	Bottom	
SCC/041(a) (NSI)	The percentage of eligible, relevant and former relevant children that have pathway plans as required	68.4%	73.3%	98%	<b>100%</b>	91.2%	98%	↑	✓	Top	
SCC/045 (PAM)	The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the	59.5%	86.1%	93.9%	<b>92.4%</b>	88.9%	95%	↓	*	Lower Middle	

	statutory timetable									
SCC/010	The percentage of referrals that are re-referrals within 12 months	16.2% 69/425	13.3% 55/415	13.5% 65/482	<b>17.8%</b> <b>83/465</b>	N/A	12-30%	↓	✓	N/A
SCC/014	The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion	84.8% 56/66	93.4% 57/61	75% 57/76	<b>87.7%</b> <b>64/73</b>	N/A	93.2%	↑	*	N/A
SCC/015	The percentage of initial core group meetings due in the year which were held within 10 working days of the initial child protection conference	34.0% 16/47	96.2% 51/53	87.1% 54/62	<b>88.7%</b> <b>55/62</b>	N/A	91.5%	↑	*	N/A
SCC/016	The percentage of reviews of child in need plans carried out in	19.5% 89/456	57.5% 104/181	85.2% 190/223	<b>84.4%</b> <b>239/282</b>	N/A	86%	↓	*	N/A

	accordance with the statutory timetable									
SCC/021	The percentage of looked after children reviews carried out within statutory timescales during the year	100% 296/296	99.6% 284/285	100% 281/281	<b>98.5%</b> <b>336/341</b>	N/A	100%	↓	*	N/A
SCC/024	The percentage of children looked after during the year with a Personal Education Plan within 20 school days of entering care or joining a new school in the year ending 31 March	81.8% 18/22	67.5% 27/40	87.1% 27/31	<b>65.0%</b> <b>26/40</b>	N/A	91.7%	↓	*	N/A
SCC/030a	The percentage of young carers known to Social Services who were assessed	100%	54.5%	100%	<b>100%</b>	N/A	100%	-	✓	N/A
SCC/034	The percentage of child protection reviews carried	90.5% 181/200	93.9% 155/165	95.5% 126/132	<b>93.1%</b> <b>134/144</b>	N/A	100%	↓	*	N/A



	out within statutory timescales during the year									
SCC/039	The percentage of health assessments for looked after children due in the year that have been undertaken	83.6% 133/159	87.8% 137/156	87.7% 114/130	<b>88.9%</b> <b>169/188</b>	N/A	87.7%	↑	✓	N/A
SCC/042(a)	The percentage of initial assessments completed within 7 working days	76.5% 277/362	76.4% 214/280	76.8% 285/371	<b>70.5%</b> <b>210/298</b>	N/A	82.2%	↓	✘	N/A
SCC/043(a)	The percentage of required core assessments completed within 35 working days	81.3% 74/91	86.7% 78/90	84.7% 138/163	<b>80.0%</b> <b>72/90</b>	N/A	86.7%	↓	✘	N/A

Source: End of Year Performance Report June 2016

Table 4

Performance data is important as it provides some quantitative indicators about our operational activity set against our statutory requirements. In 2014-2015 there was a focussed effort on driving up some of these key performance indicators. This saw a significant improvement around areas of activity such as timescales for undertaking review and visits to our looked after children. Whilst the general trend over recent years continues to be one of improvement, our performance over the last year has seen some slippage. Some of this was impacted by our focus on the implementation of PLANT, however, we are now in a position one again where we must ensure that the use of performance information becomes part of

our internal management processes. We must continue to develop PLANT so that we have the right information to inform us locally about our activities as well as contributing to the wider national development of measuring well-being outcomes for our service users.

### Financial Performance

During the year the service continued to experience significant pressure on its budgets with a £1.4 million overspend despite significant investment of £1.321m permanent funding. The main reasons for this financial pressure include:- continued demand and high cost placements particularly in relation to a small cohort of children with complex needs; difficulties in recruitment resulting in over-reliance on expensive agency and interim cover; increase in legal costs and social work capacity associated with the complexity of case-work; increase in costs incurred through increased numbers of looked after children.

The service has seen investment from the council in developing some invest to save business cases to strengthen our in-house foster care services and our support for children on Special Guardianship Orders. As we move into the second year of these, reviewing our performance against these business cases from a financial perspective is now critical.

A service and financial plan was approved by Cabinet at the beginning of January. This contained within it a model for achieving financial balance in children’s services over a 3 year period. This plan secured an additional £1million investment for the service for 2016/17.

Children’s Services must now continue to closely monitor its expenditure, underpinned by the wider programmes of workforce development; practice development and improving our service offer with a particular emphasis on prevention at all levels.

### Increased LAC population

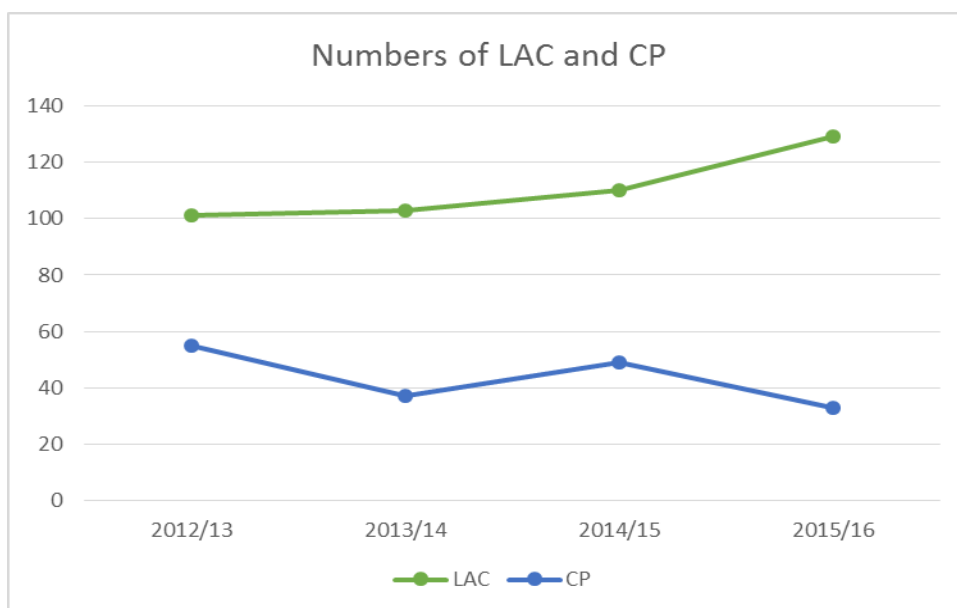


Figure 7

At the year-end Monmouthshire's Looked After Children population was 129 an increase of 21 children based on year-end figures. There has been an upward trend in the number of looked after children over a number of years. This is set against a downward trend in the number of children whose names are included on the Child Protection Register – from 49 at year-end 2015 to 33 at current year end.

Some of the factors which have influenced this trend include:

- Increased level of risk and complexity of cases
- The increased use of court / legal processes to manage risk rather than through a multi-agency child protection plan
- A lack of a consistent preventative LAC strategy including a coherent, multi-agency family support strategy and services to support families who experience difficulties
- The impact of staff turnover, together with a 'built-in' transfer point at the first looked after child review can undermine the timely implementation of alternative risk management processes or care plans for rehabilitation
- The increase use by the courts of children being placed at home with their parent(s) whilst retaining their Looked After Status (Placement with Parent Regulations). The year-end figure for this was 21 children 12% of the LAC population.

The challenge for our service this year is to develop our preventative approaches at all tiers of the service to ensure that children become looked after only when this is absolutely in their best interests and that as soon as it is safe and appropriate for them to return home this is achieved.

Achieving a stable and confident workforce

The last year has continued to pose challenges for us about our ability to permanently recruit to the service. At the year-end our workforce comprised 12 agencies workers which is approximately 22% of the workforce. Reflecting back, some of this relates to out-dated recruitment methods, and the absence of a consistent strategy for planning around the training, development and support needs of the existing work-force. We did, however, develop 'select the best' interview models and these certainly helped us make some very positive recruitment decisions for the service. We can now build on this as we move forward around our work-force planning and development over the next year.

#### 4. What are Children's Services working on in 2016-17

Taking a step back to consider our current position, it is clear that as a service we have a significant improvement agenda ahead of us. Our full service plan is set out within our Service Improvement Plan.



Figure 8

The start of our service planning has been to ask ourselves some searching questions and being relentless in drilling down to some of the root causes of the presenting difficulties and challenges. This provides a good foundation for change and a clear sense of the scope of the changes that are required. Our work with IPC has been fundamental to this: We are at the point where we have a good sense of the diagnostic and a clear sense of direction and drive towards some solutions.

The critical areas of improvement to highlight are:

- The need for a really well articulated model of social work practice, so that ‘what good looks like’ in children’s social services is understood by everyone working in, and with, children’s social services;
- A need to develop the model of intensive family support which works up to the level of statutory intervention by children’s services, edge of care and rehabilitation from care;
- Clarity where the current Team Around the Family (TAF) fits within this of family support model, recognising there may be a need to remodel the current offer;

- A new operating model for management of contacts and referrals underpinned by pathways and protocols for all agencies on how Monmouthshire categorises and responds to contacts and referrals and a supportive way of working with referrers to manage risk;
- Development of our services for children in long-term foster care and supporting their pathway to independence as care leavers;
- A review of the role and function of business support as critical to the functioning of the service;
- Having developed the model of family support, clarity with regard the role of the social worker in delivery of intensive interventions support for families in need;
- Practice and protocols for applying eligibility to families in need consistent with the Social Services and Wellbeing (Wales) Act;
- Practice and protocols for undertaking parenting assessments;
- A review of the range and capacity of parenting and attachment support for families;
- Clarify the roles and case responsibilities of senior practitioners, team managers and service managers and support managers to operate management arrangements effectively;
- Ensure quality assurance system is actively driving a cycle of continuous improvement across the service.

Addressing these challenges will require a programme approach which captures the inter-relatedness of many of the areas for development. The key themes for our work going forward is captured within figure 8 below and will be delivered through three programme streams (see fig 9) in the context of our transformational agenda as we continue to implement the Social Services and Well-Being Act.

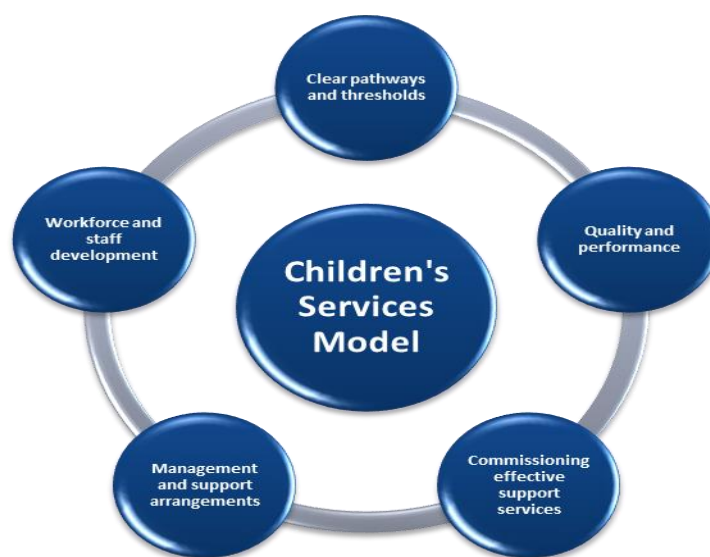


Figure 8 - Source: IPC Delivering Excellent Practice in Children's Services (Monmouthshire June 2016)

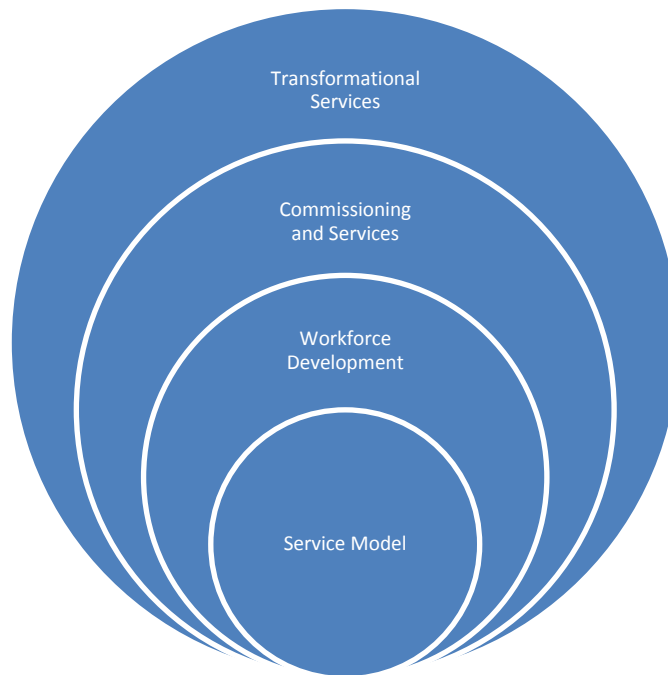


Figure 9 - our work-streams

A summary of key tasks within these work streams are as follows:

We will deliver a specific targeted Programme for Improvement to deliver excellence in our Children’s Social Services	
<b>1. Service Model</b>	
<ul style="list-style-type: none"> <li>• We will develop a common shared evidence-based vision and model for the delivery of children’s services</li> <li>• We will put in place new procedures and policies in each of the identified areas which support the vision and model of service and include clear key pathways and business processes</li> </ul>	
<b>2. Workforce Development</b>	
<ul style="list-style-type: none"> <li>• We will implement a recruitment strategy to reduce our reliance on agency workers</li> <li>• We will clarify the roles and case responsibilities of senior practitioners, team managers and service managers and support managers to operate management arrangements effectively</li> <li>• We will review our business support to ensure business support arrangements are effective in supporting best social work practice</li> <li>• We will design and deliver a programme of training for social work teams to support skills development within the new vision and procedures, and the SSWB Act</li> </ul>	
<b>3. Commissioning and Services</b>	
<ul style="list-style-type: none"> <li>• We will ensure that there are coherent models of early intervention and prevention, with a focus on supporting families</li> </ul>	

- We will develop a model of intensive family support which works up to the level of statutory intervention by children's services, edge of care and rehabilitation from care
- Develop and implement a commissioning strategy and secure services to support families with complex needs
- Ensure that there is clarity where the current Team Around the Family (TAF) fits within this of family support model, recognising there may be a need to remodel the current offer

Table 5

Annual Council Report Framework - Adult Services 2016-17





## Head of Service Challenge / ACRF 2016

<b>Head of Service area Overview</b>
This is the opportunity for the Head of Service to provide a brief overview of the current context of their service area, which will be further substantiated by the detailed self-evaluation.
<b><i>Head of Service and Service areas managed?</i></b>
<b>Adult Services:</b> Commissioning Team, Integrated service teams in Monmouth, Chepstow and Abergavenny (Older people) Learning Disability team/ Independent living team Adults with Physical Disabilities. Mental health teams adult /older people. Safeguarding team Direct care services: Mardy Park Resource Centre, Severnview Resource Centre, Home Care support: Dementia, reablement and enablement. Day provision, Budden Crescent, My Day My Life, Individual support services and Monmouthshire meals.
<b><i>What is your services purpose &amp; what outcomes do you align to?</i></b>
Adult Social Care and Health Services are striving to make sure that “ <b>people are able to live their own lives</b> ”, and that people are protected from harm. People approach Adult Social Care Services for support at different times in their lives. We want to support and enable people to remain in control of their lives, working with people to find options/solutions that best meet their vision of a good life. We focus on people’s strengths, abilities and contribution. We enable family/friendship networks and communities alongside services to support people to live their own lives. <b>Vision/operating model.</b> The current vision/operating model is driving the transformation journey and preparing us for the implementation of the Social Services and Wellbeing Act (2014). Over the last 4 years we have changed the approach to the way we deliver Adult Social Care. Like many other local authorities Monmouthshire is faced with the twin challenges of declining budgets and an ageing population. If we want to keep delivering adult social care and health in the same old way we need to find another £25 million a year by 2030. Salami slicing isn’t an option. The national policy agenda in Wales places great emphasis on a person led approach that respects that people are the best judges of their own wellbeing/quality of life and what they need from others (including formal services) to maintain and improve their wellbeing. Our transformative approach harnesses these values/principles and looks to embed this in all aspects of delivery. We are re modelling/transforming what we do ensuring that the approach we take focuses on and is driven by what people see as their good life and with a real emphasis on delivering outcomes set by individuals. <b>What does this mean for people who approach us?</b> <ul style="list-style-type: none"><li>• People are supported at the first point of contact by the most appropriate person, whether that’s an occupational therapist, a social worker or a district nurse.</li></ul>

- We've changed the way people are supported, discarding the deficit focussed approach in favour of having conversations with people about what matters to them.
- We are re focussing the ways we deliver domiciliary 'at home' support away from episodic to relationship based care.
- We are re focussing what practitioners spend their time doing, more time in communities and less time at desks and we are measuring our performance in terms of the impact we have had on people's lives.
- We have re focussed how we deliver support to people at home, moving away from task based to a relationship based approach that places emphasis on emotional as well as physical wellbeing.
- We have re -defined our longer term commissioning intentions in line with the transformation.
- In developing Community Coordination and Small Local Enterprise we aim to see more people supported in their own communities with a support from family, friends and natural associations.
- Our work with informal Carers is central to all developments and is concentrating on keeping a support focussed co- produced approach.

A little while ago we developed a short animation which further describes the approach to delivering Adult Social Care and Health support. <https://vimeo.com/77894268>

These operating principles guide how we deliver support to people who are in contact with us;

**OPERATING PRINCIPLES:**

- We will work in **partnership** to facilitate solutions, building meaningful rapport/relationships with family's individuals and partners.
- We will know/be clear about the people who we will support in a **timely** manner.
- We will have a plan of how we will support people to develop a 'whole life' plan, and have a method to track progress and **communicate** effectively. (including commissioning)
- We will take an **outcome focused** approach to future planning (long term and short term) with families and individuals to meet their own aspirations and goals.
- We will involve the **right people** at the right time to help people in crisis and will take responsibility for the appropriate pace and continuity of our on-going intervention.
- We will have **honest and transparent** conversations with all people.
- We will work with and **respect** other colleagues and challenge systems to ensure best practice and service delivery.
- We will use knowledge to reflect **learn** and develop on our practice and decisions.

- Everything we record will be **purposeful** and proportionate.
- We will **value and respect our staff** and trust their judgement; and promote wellbeing in the workforce.
- Our IT system will work for us.
- We will work **creatively** and equitably within all resources available.

#### **Key Priorities 2014-2017**

- Developing new models for community living
- Place based approaches to wellbeing
- Consolidate new ways of working/practice change
- Integration with Health
- Safeguarding
- Infrastructure /workforce development/FLO
- Working towards implementing the Act

#### *Where are we currently?*

- We have a clear purpose and vision based on continuous improvement and learning through doing.
- We have a dedicated, passionate and committed workforce delivering high quality support and services to enable people to lead full lives.
- Building on the success of the Raglan project we are rolling out this approach; extending the approach using an accredited 'train the trainer' approach to deliver relationship based home support using a cross section of staff from head of service to frontline home carer.
- Real progress using action learning sets to embed person centred approaches and creating the right conditions for on-going learning and improvement.
- A clear commissioning approach that has evolved and developed alongside the transformation in practice.
- A key programme ;'turning the world upside down' will develop over the next 18 months with a vision to create a sustainable, flexible and relationship based approach to commissioned at home support.
- Community Coordination and SLE approaches have been evaluated following a two year learning project. Next steps are to roll out the approach.
- Progress in the 'My Day My Life' work is beginning to deliver real outcomes for individuals and is being rolled into other areas in Monmouthshire.
- We continue to have high satisfaction levels with services.
- Well- being of staff is a key component to our success we continue to survey and receive high response rates and high levels of well-being reported.

- An uptake in practice assessing places and professional development opportunities.
- Extensive training has been delivered in dementia and collaborative communication and extended mentoring approaches being employed to embed and sustain learning.
- We are seeing a reduction in spend levels through understanding demand which is having a positive impact on the budget.
- Community engagement events at Mardy and MDML have generated opportunities for contribution and co-producing with the community.

***Where do we need to be?***

A personal outcome approach that addresses wellbeing, with the right conditions for excellence in practice.

Moving from a deficit based approach to a fully Integrated strengths based approach is certainly a contemporary challenge.

Since the implementation of the NHS & Community Care Act 1990 we have been delivering social care through a largely needs led approach which has often remained service led. The Social Service and Wellbeing Act (Wales) 2014 sets out an extensive and aspirational approach which will transform how we will deliver support to people over the coming decade and beyond.

Transforming practice remains a key focus and one which we have invested in heavily in the last 12 months. As part of the national outcomes framework pilot run in conjunction with SSIA, we have been able to demonstrate some excellent practice but also has given us a view of what is still needed to ensure we can “ help people to live their own lives” The new Social Services and Wellbeing Act (2014) was introduced on the 6TH April and is a real opportunity to shape the future.

It is imperative that we create the conditions within which practitioners can un-learn and re-learn. There is a need to set free practitioners to develop relationships with people that really do address what matters to people with much less emphasis on bureaucratic processes. We also need to ensure that our partners in care delivery within the wider market share the same values principles and vision.

This all requires time, thinking and reflection. We need to develop a much more relational approach move away from the reliance on episodic approach to care management and service delivery. Creating opportunities for practitioners to come together e.g. action learning sets, themed workshops all aid the learning of a new language and new practice that is needed.

The question of measurement and knowing if we have done a good job is a key requirement moving forward. Building confidence with people and being able to measure the impact using feedback and engaging to evaluate effectiveness of the approach is the next key challenge

We will also need to :

- Continuing to develop approaches in line with purpose/vision and operating principles
- Further remodelling of workforce to ensure we have sufficient capacity to maintain progression at pace.

<ul style="list-style-type: none"> <li>• Succession planning and growing the skills we need in the workforce to meet the demands of the new approaches.</li> <li>• Delivering against the transformation budget mandates.</li> <li>• Commissioning that support the person centred/relationship approach.</li> <li>• Embed the safeguarding team that has been reviewed and invested in.</li> <li>• Ensure that we can deliver against the new duties in the Social Services and Wellbeing Act.</li> </ul>
<p><i>How will we get there?</i></p>
<ul style="list-style-type: none"> <li>• Continued effort and energy drive and leadership at all levels.</li> <li>• Creating the right conditions within which our staff can deliver against purpose and operating principles.</li> <li>• Keeping sight of purpose and principles and evaluating progress towards these.</li> <li>• Increasingly being able to measure impact using data and stories to evidence we are improving.</li> </ul>

Table 6

## NATIONAL PERFORMANCE INDICATORS.

As part of the National Performance indicators Adult Services continues to perform well. There is some context around the changed delayed transfers of care (DTC) position between years 14/15 and 15/16. Largely this is accounted for in the change in the way the Health Board now collects this data. It is also worthy of note that the figures are derived from a once monthly census day count. We have looked at the model of delivery and the outcomes for people. The outcomes for ensuring people are supported at home in a timely and effective manner remains high despite the anomaly with the figures.

Adult Services										
Ref	Description	2012/13 Actual	2013/14 Actual	2014/15 Actual	2015/16 Actual	2014/15 Wales Av	2015/16 Target	Direction of travel	Target Met	Est. Quartile in Wales
SCA/001 (NSI)	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	1.77 16	1.83 17	1.27 12	<b>4.37</b> <b>42</b>	4.83	2.15	↓	✘	Lower Middle
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 the end of the period	60.28 1159	56.56 1134	52.77 1091	<b>53.98</b> <b>1148</b>	67.30	52.77	↓	✘	Upper Middle
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 the end of the period	13.21 254	11.33 227	11.08 229	<b>10.96</b> <b>233</b>	18.82	11.08	↑	✓	Top
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	54.4% 900/1654	82.1% 1213/1478	84.1% 1036/1232	<b>91.3%</b> <b>1222/1339</b>	80.0%	86.4%	↑	✓	Top
SCA/018(a) (PAM)	The percentage of carers of adults who were offered an assessment or review	74.2% 322/434	97.3% 675/694	99.7% 754/756	<b>98.8%</b> <b>813/823</b>	88.3%	100%	↓	✘	Top

	of their needs in their own right during the year									
SCA/019 (NSI)	The percentage of adult protection referrals completed where the risk has been managed	80.37%	81.2%	100%	<b>99.59%</b> <b>241/242</b>	95.60%	100%	↓	✘	Upper Middle
SCA/018(b)	The percentage of carers of adults who had an assessment or review of their needs in their own right during the year	23.0% 74/322	17.0% 115/675	14.3% 108/754	<b>14.4%</b> <b>117/813</b>	N/A	17.9%	↑	✘	N/A
SCA/018(c)	The percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service	47.3% 35/74	47.0% 54/155	32.4% 35/108	<b>59.8%</b> <b>70/117</b>	N/A	47%	↑	✓	N/A

Table 7

Here is a link to some examples of compliments we have received in the last 12 months that people have sent to us. [COMPLIMENT DOC](#)

## PROGRESS ON KEY PRIORITIES

### **Prevention and Early Intervention: Place based approaches to wellbeing.**

Getting nearer to an understanding of the ‘anatomy of resilience’ at both an individual and community level and supporting this by delivering place based approaches to wellbeing has been the focus of Adult Services in the last few years.

This year the Community Coordination and small local enterprise learning pilot has been evaluated and the next steps include talking the learning to the next level reflecting what has been learnt in particular the importance of contribution for wellbeing and widening the approach. This will include an emphasis on creating wider multi agency response at a local level and developing place based multi-agency teams. We will also be working up the IAA approach through this model.

Some key headlines from the evaluation conclude that :

“People need people “

“People want to contribute “

From the coordinators perspective:

“ a large part of what I do is listen to where the obstacles are and to where the passion is and try and address those issues”

“Use all available resources, don’t think this is a one person job, keep track on facilitating and resist all efforts for you to fix things!”

Here is the full evaluation of the Community Coordination pilot [Coco Evaluation](#) and these two short films that illustrate the impact of this work

[http://corphub/initiatives/VolunteersToolkit/Case%20Study%20Media/Forms/Video/vid\\_eoplayerpage.aspx?ID=32&FolderCTID=0x0120D520A80800383813F488012C46810784E14A7FA036&List=1a5341d2-14bc-463f-bb3f-](http://corphub/initiatives/VolunteersToolkit/Case%20Study%20Media/Forms/Video/vid_eoplayerpage.aspx?ID=32&FolderCTID=0x0120D520A80800383813F488012C46810784E14A7FA036&List=1a5341d2-14bc-463f-bb3f-056455b9d471&RootFolder=%2Finitiatives%2FVolunteersToolkit%2FCase%20Study%20Media%2FDorina%2FAdditional%20Content&RecSrc=%2Finitiatives%2FVolunteersToolkit%2FCase%20Study%20Media%2FDorina)

[056455b9d471&RootFolder=%2Finitiatives%2FVolunteersToolkit%2FCase%20Study%20Media%2FDorina%2FAdditional%20Content&RecSrc=%2Finitiatives%2FVolunteersToolkit%2FCase%20Study%20Media%2FDorina](http://corphub/initiatives/VolunteersToolkit/Case%20Study%20Media/Forms/Video/vid_eoplayerpage.aspx?ID=32&FolderCTID=0x0120D520A80800383813F488012C46810784E14A7FA036&List=1a5341d2-14bc-463f-bb3f-056455b9d471&RootFolder=%2Finitiatives%2FVolunteersToolkit%2FCase%20Study%20Media%2FDorina%2FAdditional%20Content&RecSrc=%2Finitiatives%2FVolunteersToolkit%2FCase%20Study%20Media%2FDorina)

<https://www.youtube.com/watch?v=ACkQzNBJDVg>

By developing approaches to prevention and early intervention we are addressing requirements set out in the Social Services and Wellbeing Act 2015:

Population Needs Assessment (Part 2)

Preventative Services (Part 2)

Information Advice Assistance (Part 2)



By developing different approaches 'offers' that are place based and enable people to contribute we are going to be able to manage demand and ensure that people are able to live their own lives.

### **Alternative Models of Provision: Developing new models for community living.**

As part of the Transformation work in Adult Services we have been re modelling provision and models of delivery across the whole range of services we deliver.

Developing models of support that are truly person centred and start from the person and their aspiration for a good life. We will supplement, facilitate and enable people to remain connected to the things that matter most.

For the purpose of this report I have highlighted two areas in detail 'My Day My Life' and 'Raglan model' then added links to the grids which hold detail on the other areas. These also feed the Service improvement plans.

- [Carers](#)
- [Enhanced Reablement](#)
- [MDML](#)
- [Shared lives](#)
- [Mardy Park Resource Centre Development](#)
- [carers grid](#)

Photo folder

### **RAGLAN MODEL.**

#### Raglan Evaluation

- The Raglan model is an at home support service for older people with dementia. The original pilot has now been evaluated. This approach is being rolled out county wide.
- A 6 day Dementia care training course has now being delivered via a train the trainer approach using 10 of our own staff and is now accredited through Dementia Care matters and University of Surrey. 350 Staff have been trained. It is planned to broaden this out to the whole sector in 2016/17.
- This work has demonstrated that flexible approaches can meet emotional and social needs of people as well as their physical needs. Improved wellbeing for staff. Improved awareness and connections with local community.
- This approach was subject to extensive qualitative and quantitative evaluation. Qualitative feedback captured extensively by the staff teams continues to evidence improved outcomes and improved quality of life. ( using i pads and Evernote)

- Two highly successful community groups now run by the communities themselves.
- This is a ground breaking project that has demonstrated well the value of a person led approach. This learning has enabled the approach to be widened out and will form part of the approach we use to develop the independent sectors approach to care.
- We are delivering better outcomes at same cost.

We promote a relationship based experience of receiving care- that supports a more natural life, promotes choice, control, independence and meets social and emotional needs of the people we support.

This also supports the informal carer – they are involved and listened to, they will experience improved choice and control, their health and wellbeing will be supported.

My Day My Life’ broadening opportunities and access to community activities.

#### MDML

- Recognised that old approach to project management was not producing results and was replaced with engaging frontline staff to set a journey with each person.
- Supported staff to take on a support broker role, working with people one by one.
- Used action learning sets to embed learning and shape progress supported by Bob Rhodes (lives through friends).
- By starting with a different conversation the individual stories of how this has changed lives are very powerful.
- Pace is variable dependent on level of complexity , examples of opportunities include; Yam yams music workshop, swimming, Touch trust yoga, tea dances, bowling, drumming and other sporting activities.
- Having established the philosophy in Abergavenny we are now rolling this out to Monmouth and Chepstow

Some early results show :

- Some people requiring less paid support as their networks grow.
- Reliance on council transport has decreased with people and families sourcing and providing their own transport solutions.
- 20 people have been through the approach one by one, with many more being supported to access community based activities as opposed to traditional
- Tangible Improvement in self-esteem for many people, evidenced in conversations, dress code, personal hygiene.
- People who previously would not converse now approaching others and initiating conversations
- This approach has significantly contributed to a whole system approach that strives to deliver a person centred approach, examples of huge life impacts are now

common place. Confidence in this approach is growing with staff who are delivering the approach, evidenced through the action learning sets.

The roll out of this approach is iterative and builds on the philosophy of what matters to each person and at a speed that can achieve the aspirations desired.

The approach will continue to be embedded and reviewed across all people who use the service. We are optimistic that following the success and impact of the approach to date, however with change that matters there have been barriers to overcome and these will continue to be worked on. These include: Capacity to manage a programme at a pace and scale. And some staff are finding this paradigm shift hard to live with.

### **Safeguarding**

The vision around safeguarding is that we have a robust process for managing adult protection issues but we develop and more proactive preventative approach in the coming year.

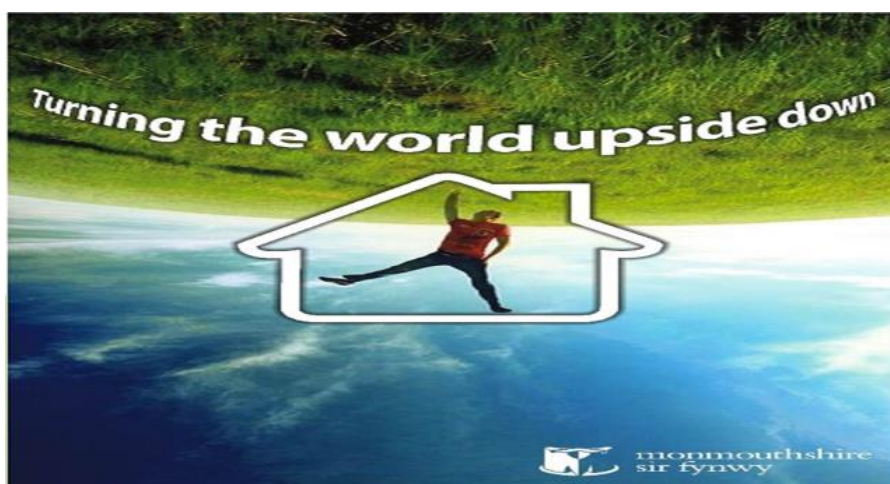
A comprehensive review has been carried out and a new team structure has been developed and implemented which has enabled management of demand to be more effectively.

Attached are the POVA and the regional safeguarding plan GWASB

Both of these plans guide the work we carry out to safeguard people in Monmouthshire Safeguarding procedures are well established across the board but we are working on gaining momentum around the prevention agenda in Safeguarding. The list below are the areas for development

- Prevention agenda is underdeveloped.
- Non- criminal investigations and ability to use workforce to deliver this well.
- New Act and changes required.
- New app/ FLO phase 2.
- QA and performance data management.

## COMMISSIONING



A major focus of our commissioning activity for 16/.17 will be the 'Turning the World Upside Down' programme.

- We are working towards developing a new model of 'At Home Support' which is sustainable and strengths based and which enables people to take responsibility for their own lives and promotes independence.
- In May 2015 we held a series of events for all existing and interested providers of At Home Support. This included not only the independent sector but the voluntary sector and the community. The events were used to signal a desire and commitment to change.
- We are now embarking on a series of systems thinking workshops with providers who have expressed an interest in 'turning the world upside-down' These will take place in June and July over 6 days respectively.
- The interest in taking a new approach to delivering at home support from a wide range of providers has been very encouraging we will be taking a co-produced approach to this. We expect the difference to be significant but this work is only just underway.
- Our overarching aim is to have a new model of At Home Support in place by 2018

### **Workforce planning/development/FLO.**

To deliver support to Adults in Monmouthshire the practice change required and the shift for all staff is challenging; we are supporting this change by a number of different mechanisms training and development remains a key theme.

#### Workforce Development

We have delivered an extensive programme of training and support to staff in the last 12 months and have invested heavily in this as part of the culture shift in practice required this has included: Personal Outcomes Training, Dementia Care Matters, Collaborative These have been supplemented by action learning sets to support practice change and the new IT development (FLO) to support practice change.

As part of this approach we have used 'Doing it different doing it better' (Dibdob) sessions to continue the development and improvement against our purpose. This year has seen a number of events including 'dot to dot', a market place affair that saw all aspects of the transformation journey represented so everyone was able to see their bit in relation to the whole picture.

We have also invested time in checking how staff are feeling in relation to the changes using a few session at 'Dibdob' to check how people are the slide below articulates well the last time we checked.



Finally the change in practice across teams and the new IT system requires a new look at what business support is in moving forwards. A review is underway.

#### **Developing the integration journey.**

We have a good working relationship with health partners and we want to be in a position where we have more explicit autonomy to reduce the levels of bureaucracy and continue to roll out the approach across the whole integrated service.

#### Integrated Health

A series of senior management meetings with ABUHB with agreement reached to move forward.

More work is in scope to pilot a freeing up from organisational processes.

- We have also delivered Integrated Assessment workshops to the Gwent community to enable sharing of learning.
- All health staff are part of DIDDIB.
- Mental Health approach to Systems work and LEAP are progressing.
- Learning disability will commence systems work in March 15, locally work on integrating Children's services (disability team) and LD/ILT is about to be revitalised with a view towards a 0 to Adulthood service .
- Learning from Mental Health systems work will roll into each area; this is changing the approach from a heavy medical model to a more co- produced approach.
- Involving the whole integrated service in the transformation of practice is the vehicle to ensure we deliver what matters and reduce duplication.  
Permission given to nursing staff to go ahead with practice change.
- People are having 'what matter's conversations regardless of which person they speak to.
- All staff are able to access the integrated assessments avoiding duplication and giving staff relevant information on which to base their work with people.
- Despite distance travelled there is some way to go the Journey around integration is a long standing one and we have made real progress.
- Integrated teams working on the same assessment process with a shared vision is a key achievement, but, we are at a critical point in relation to the integration services of older people, we will need more autonomy if we are to move forward
- Continue to support and drive change in practice.
- Ensure the measurement framework is delivered and the information assists in changing practice.
- Continue to work on models/workforce to deliver a sustainable service.
- The task and culture shift is a big challenge and we are not there yet
- Measurement of personal outcomes will tell us how far people " people are living their own lives"

Table 8