This report sets out the key areas of progress and areas for improvement in Vale of Glamorgan County Council Social Services for the year 2014–15
Summary

1.1. The council continues to be strong in leading on partnerships providing integrated health and social care services. There has been a significant reconfiguration exercise of locality services in the council, which now delivers an integrated model of health and social care. The considerable restructure has seen services, staff and management brought together to provide a single community based model. Early intervention and preventative strategies in adult and children’s services remain a priority and there is good evidence to show progress in this area.

1.2. The council had a net spend of £51.1 million on social services during the reporting period. The Budget Programme Board is responsible for overseeing spending and providing support to the council to deliver services within budget. This was achieved. The council reports that resources continue to be stretched with significant pressures on social services. There was a requirement to make a further £450,000 savings during the reporting period.

1.3. In adult services the focus has been on remodelling services and partnership working to create fully integrated health and social care services that support people to remain independent. Through our site visit work we found that overall, people who have received services from the integrated Community Mental Health teams in the Vale of Glamorgan, value them and had seen a clear improvement in mental health services during the reporting period.

1.4. The integrated discharge policy has been implemented. The extension of the council’s reablement services and the development of the Customer Contact Centre have contributed to improved outcomes for people and fewer people experience a delay in being discharged from hospital.

1.5. In children’s services key National Strategic Indicators continue to be largely met although statutory health assessments for looked after children and work with children and adolescent mental health services have not sufficiently progressed. The council continues with its strategy
of managing numbers of looked after children and improving permanence opportunities, although the number of looked after children are similar to the previous year. While there were some areas for improvement, our inspection of the council’s fostering service was largely positive with good outcomes for children.

1.6. Funding has been used to support councils in implementing the Social Services and Wellbeing (Wales) Act 2014. The council received a shared percentage of the grant with the City of Cardiff Council. The director of social services is the regional lead for the work. The council is sighted on the need to align any work planned locally with national policy changes set out in the Social Services and Well-being Act (Wales) 2014. Scrutiny committee and Cabinet are updated on these changes and staff have received training in readiness for the Act.

1.7. Set out in this report are areas for improvement although overall performance against National Strategic Indicators is considered to be good. The director’s annual report provides a high level review of the challenges in delivering social care during 2014-15 and for the future; however improvements are already taking place.

1.8. Progress has been made against Welsh Government’s “More Than Just Words” strategic framework for the Welsh Language. The council has undertaken a skills workforce review identifying Welsh language speakers.

2. Response to last year’s areas for improvement

<table>
<thead>
<tr>
<th>Identified improvement last year</th>
<th>Progress in 2014-15</th>
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<tbody>
<tr>
<td>Decrease the number of people experiencing delayed transfers of their care from hospital for social care reasons. Fully implement the integrated discharge policy.</td>
<td>Improvement has been achieved. Delayed transfers in care have decreased significantly.</td>
</tr>
<tr>
<td>Improve the numbers and timescales of disabled facilities grants delivered.</td>
<td>The average time to deliver a Disabled Facilities Grant has reduced from 284 days in 2013-14 to 199 days.</td>
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<tr>
<td>With the University Health Board, consider ways in which the therapeutic needs of looked after children and care leavers can be met effectively and efficiently across health and social care. This is in regard to child and adolescent mental health services and is also a national problem across local authority areas.</td>
<td>This remains an ongoing issue with little evidence of progress. The council has supported Cardiff and Vale University Health Board (C&amp;VUHB) in planning and implementing remedial action to address deficits in the provision of Children and Adolescent Mental Health Services, and monitored the effects of implementation.</td>
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<tr>
<td>Through the families first management board exercise closer scrutiny of cases held by the FACT service.</td>
<td>Some progress made. Focus has been on the development of a referral protocol and review of the resource panel.</td>
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<tr>
<td>Consider the feedback from the national review of commissioning and ensure, in particular, that contract monitoring places a greater emphasis on the quality of care experienced by people using the services that it commissions.</td>
<td>Progress has been made. The ‘Provider Performance Protocol’ was revised to enable early stage discussions about the quality of care with service providers, reducing the need to use the escalating concerns process.</td>
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<tr>
<td>Evaluate and improve arrangements for the review of care plans for adult service users.</td>
<td>The percentage of clients with a care plan that should have been reviewed has decreased for the second year.</td>
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<tr>
<td>Review procedures for brokerage and contracting to ensure there is a focus on outcomes for people.</td>
<td>The council has completed work on outcomes for brokerage and contracting.</td>
</tr>
<tr>
<td>Continue to improve rates of statutory health assessments.</td>
<td>The percentage of health assessments for looked after children undertaken has declined with only 63% looked after children receiving their statutory health assessment compared to the national average of 81%.</td>
</tr>
<tr>
<td>Continue to improve rates of personal education plans for looked after children.</td>
<td>Improvement has been achieved with 97% of looked after children with a Personal Education Plan in place.</td>
</tr>
<tr>
<td>Improve on the percentage of young people formerly looked after who are known to be engaged in education, training or employment.</td>
<td>This has improved from 44% to 57% in 2014-15</td>
</tr>
</tbody>
</table>
3. Visits and inspections undertaken during the year:

3.1. Site visits provide CSSIW with an opportunity to speak with people who receive services, their families and staff who manage and work in the services. During 2014-15, CSSIW undertook the following site visits, observations and engagement opportunities:

- Integrated mental health service for adults of a working age;
- Attending the domiciliary care providers forum;
- Observation of three Social Care and Health scrutiny committee meetings.

3.2. CSSIW also met with operational managers and senior officers of the council throughout the year to review social services performance and discuss progress with the areas for improvement identified in last year’s performance evaluation. The council was helpful in its engagement with CSSIW and readily facilitated access to enable site visits to take place.

3.3. During the year, CSSIW undertook inspections of regulated services run by the council and by independent operators. This included reviews of the in house Fostering Service. Details on these are contained in published reports and available on CSSIW’s website.

4. Areas for follow up by CSSIW next year:

4.1. A number of specific areas for improvement have been identified in the body of this report. The council’s progress in relation to these will be discussed during regular engagement meetings. Specific areas for follow up will include:

- Customer Contact Centre
- Adult Safeguarding
- Children and Young People services and CAMHS.

5. Inspection and review plan for 2015 -16

5.1. CSSIW is also undertaking the following thematic inspections and services in the Vale of Glamorgan which may be selected for fieldwork:

- National review of domiciliary care.
- National review of services for people with learning disabilities.
National review of care planning for looked after children.

6. The extent to which the experiences and outcomes for people who need care and support are improving their wellbeing.

Adults

Overview

6.1. In adult services the focus has been on remodelling services and partnership working to create fully integrated health and social care services that support people to remain independent. One example of this is the developments within the Customer Contact Centre (based at Contact One Vale) where social care, health and third sector staff respond to people who request support. This is in keeping with the principles of the Social Services and Wellbeing (SSWB) Act and the council reports quicker response times and that this is facilitating integrated interventions from the outset. The numbers of people who have experienced a delay in the transfer of their care from hospital have also decreased significantly. The integrated discharge service, the extension of the council’s reablement services and the development of Customer Contact Centre have all contributed to an improved performance in this area.

6.2. There is a range of commissioning strategies in place. These have been developed in consultation with stakeholders. The council is ambitious in its programme for integration. During 2015-16 the council plans to review its commissioning of domiciliary care services.

6.3. The council has implemented the ‘Day Opportunities Strategy’, with the aim of supporting people with learning disabilities to be involved in purposeful day time activities. The council reports that improved day time opportunities for 27 people who did attend more established day centres have been increased. The service users now undertake voluntary work at the social enterprises, ‘Snax café’ and ‘Positive Images’. There is a multi-disciplinary team in place, which provides assessment and care management to people with a learning disability with health and social care needs. There are plans for further integration of this team with the City of Cardiff Council and C&VUHB.

6.4. The council works with the C&VUHB to provide integrated mental health services to adults of a working age. They work to shared policies and
procedures, through which they are committed to supporting people who experience significant mental health problems to achieve their personal optimum level of recovery. The core value of these policies is that services should be person-centred.

6.5. Our site visit to the integrated community mental health service found that there are three integrated Community Mental Health teams (CMHT) in the Vale of Glamorgan, each covering a particular area. The teams share an overall lead social work professional who is responsible for day to day staff supervision and ensuring the quality of social work practitioners’ work. There is a similar post for nursing staff. CMHTs report they are struggling with the current arrangements for receiving and allocating work and believe the volume of referrals and initial assessments is high. This has led to struggles with supporting long term users of services in receiving the assistance required to move to independence because the focus is on initial assessment and risk management.

6.6. Through our site visit work we found that overall, people who have received services from the integrated CMHTs in the Vale of Glamorgan, value them and see a clear improvement in mental health services over the past eighteen months. Integration has progressed and is improving outcomes for people. We heard about the excellent work done by services providing practical support with daily living. This includes services provided directly by social services such as the community support team and their football group. We also heard that third sector services funded through social services were greatly valued. However, there was concern from some service users and carers that this improvement is fragile and that service cutbacks could undo the gains made. People who use services expressed clear satisfaction with the support received from social workers and from service provision although they were concerned that staff are stretched.

6.7. The council’s performance has declined regarding the percentage of service users whose care plans should have been reviewed. Six yearly trends show that the council’s performance has decreased by 11%, whereas comparator authorities have shown, to varying degrees, an improved performance in care plan reviewing. Care plan reviews should be seen as an opportunity to engage with service users and assure that they are still receiving the appropriate level of care. The council plans to target reviews more closely through the establishment of a review team.

6.8. During the reporting period the Local Safeguarding Adult Board (LSAB) became regional, covering the Vale of Glamorgan and City of Cardiff Councils. Performance indicators show that the risk was managed for all adult protection referrals received. The number of adult protection
referrals has risen significantly over the past three years, according to the council’s figures. The council will need to consider the reasons for this increase, identifying any trends and taking action where appropriate.

6.9. National Carers Week was delivered in conjunction with the City of Cardiff council. The council reports the carers’ events were well attended and that they continue to work with Cardiff council and C&VUHB to develop a local response to the Carers Measure. Performance indicators show that 100% of carers of adults were offered an assessment in their own right, with all carers receiving either an assessment or review within the reporting period. There is a Carers Support Officer integrated within the community mental health team; this has improved the rate of assessments. They work alongside Hafal who provide services on behalf of the council in supporting individual carers and facilitating carers’ support and activities. This evidences that by prioritising the support of carers people receiving services are enabled to live as independently as possible.

6.10. The Cardiff and the Vale Deprivation of Liberty Safeguards (DoLS) team hold the supervisory body responsibilities for DoLS covering Vale of Glamorgan council, City of Cardiff council and C&VUHB. A ‘partnership management board’ oversees the arrangements. There has been a significant increase in the number of deprivation of liberty safeguards applications as a consequence of the Cheshire West judgement. The council assessed that the team will require additional funding, which has since been made available, for additional best interest assessors to reduce the backlog of care home DoLS requests.

Key National Priorities (adults)
Preventative and early intervention services

6.11. Intermediate Care Funding has enabled the development of the Customer Contact Centre (CCC) based at Contact One Vale, which operates as the main access point for health and social care community services. Social services and health staff are based at the CCC offering better opportunities for joint work and collaboration. Referrals to the Vale Community Resource Service are made via the CCC, which helps prevent hospital admissions or reduce the length of hospital stays. In terms of interventions required, decisions can be made quickly on, for example agreement for physiotherapy, occupational therapy or home care. People benefit from having a coordinated response to their care.

6.12. The council has increased the availability of reablement and rehabilitation services. They report that the remodelling of the Vale Community
Resource Team has resulted in improved outcomes with approximately 70% of people achieving full independence. This may explain the reduction in the number of people supported in the community over the age of 65 years from 47 per 1000 in 2013-14 to 41 per 1000 in 2014-15.

6.13. One of the council’s key priorities is to support independence and reablement wherever possible. The council’s first Extracare scheme ‘Golau Caredig’ was opened during the reporting period with a 100% uptake of accommodation.

6.14. The council reports that staff absence has affected the TeleV+ service. However, figures provided by the council show that 309 people received telecare support in 2014-15 as opposed to 250 the previous year. The council states that there has been a substantial increase in the number of reablement packages installed.

6.15. The average time to deliver a Disabled Facilities Grant has reduced from 284 days in 2013-14 to 199 days in 2014-15, which is an improvement. However, the Wales Audit Office undertook a review of the Disabled Facilities Grants Service (DFGs) in the Vale of Glamorgan council. The review found that while people are not waiting as long as in the past for DFGs, the numbers of people assisted to live independently through DFGs have not significantly changed. The purpose of DFGs is to give disabled people improved freedom to move around their home, and therefore support independence. If demand for social care increases as the council anticipates, this could be a future problem that will require action by the council. The proposals for improvement made by the WAO include:

- establishing a broader range of measures that enable the effectiveness of the DFG service to be evaluated in terms of meeting user needs and the efficiency of resources being deployed as well as monitoring the speed of delivery.

6.16. Occupational therapy teams have continued to sustain improvements made on reducing waiting lists. This is important in ensuring that people are supported to live independently and receive the intervention they require as early as possible.

Integration of health and social care services for older people with complex needs

6.17. The council remains strong in leading on a number of integration and partnership initiatives with other councils and the C&VUHB. There has been a significant reconfiguration exercise of locality services which now delivers an integrated model of health and social care. The considerable
restructure has seen the management of services and staff brought together to provide a single community based model providing early intervention, reablement and long term care. The head of adult social services acts as locality manager over both community social services and a number of health services. Amongst other services the older persons’ mental health and adult community care teams are managed by the same operational manager.

6.18. The pressure of demand on the adults of a working age CMHT is high, with new assessments taking time away from service users whose needs are already acknowledged. Senior managers have recognised that in addition to better targeting of referrals, undertaking new assessments should be separated from working with existing service users. The current work on exploring a single point of contact needs to reach a conclusion, although this is also the responsibility of C&VUHB and we will be keen to learn the outcome.

6.19. There are still obstacles to service users achieving full recovery, some of which are beyond the scope of CMHTs, including the reduction of stigma and improved economic opportunities for all. Social workers can do more to offer direct payments routinely and proactively.

6.20. Partnership working has brought benefits for service users and carers as it makes best use of resources. Integration promotes service connections and enhances communication. There has been commitment to this way of working across the teams and at senior management level. Further integration could include consideration of pooled budgets and formal Section 33 agreements.

6.22. The integrated discharge policy has now been implemented as recommended by us in our previous report following a site visit to the integrated discharge service. The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over has decreased significantly.

Areas of progress

- Further development of integrated social care and health services.
- Enhanced Customer Contact Centre at C1V.
- Improvement in the delivery times of disabled facilities grants.

Areas for improvement

- Improve rates of care plan reviews.
• Increasing the promotion of Direct Payments for service users of the CMHT.

• Find a solution with C&VUHB to concluding on the single point of contact for the CMHT.

**Children and young people**

**Overview**

6.23. Children and Young People’s services continue to prove consistent in achieving many statutory targets and in securing positive outcomes for looked after children. The Children and Young People Services Commissioning Strategy (2013-17), identifies how the social care needs of children, young people and their families will be met within the means available to the council during the period 2013 to 2018.

6.24. The number of referrals to children’s services has continued to decline from 1240 in 2012-13 to 979 in 2014-15. Of the referrals made that progressed to initial assessment, nearly 90% are completed within the allocated 7 days and nearly 95% of core assessments completed within the allocated 35 days, both above the national average. A temporary allocation of additional resources in the intake team contributed to the above achievement. Further consideration is being given, by the council, to referral arrangements in children’s services.

6.25. The percentage of initial assessments that were completed where a child was seen by a social worker and the percentage of initial assessments that were completed where a child was seen alone by a social worker are lower than the national average. Nearly 57% of initial assessments were allocated to a social worker compared to the national average of 73%. Just over 30% of children were seen alone compared to the national average of 45%. The significance of seeing a child alone will vary depending on, for example the age of the child. The council should assure itself that the level of children being seen by a social worker and alone is appropriate.

6.26. Performance in holding initial child protection reviews, core group meetings and child protection reviews is strong at nearly 100% in all three areas and performance is above the national average.

6.27. The council continues to perform well in providing carers’ assessments, during the reporting period 100% of the young carers known to the council received an assessment. Various events and activities have been provided to young carers during the year including ‘national carers’
week’. A ‘Young Carers Project’ provided by Action for Children is commissioned by the council. Young carers are offered the opportunity to take part in various events and short breaks outside the school and home are provided.

6.28. The council has undertaken quality assurance work with children and young people. The consultation found that children and young people appreciate having one social worker who remains consistent; they need age appropriate information to enable them to understand why they are looked after; and value opportunities to be involved in decisions that affect them.

6.29. The Child Health and Disability Team work to provide assistance to families, such as supporting social inclusion and enabling children and young people to gain skills that will assist with independence. There are a range of short breaks services, such as leisure provision, overnight stays and holiday breaks. The council is working with the City of Cardiff council’s children’s services and C&VUHB on the joint areas of priority identified such as the equipment store and the development of a commissioning strategy for children with disabilities. There is also work underway on scoping and delivering a model for residential and respite provision at the residential special school Ysgol-y-Deri.

6.30. The Integrated Family Support Team (IFST) is provided on a partnership basis between Vale of Glamorgan council, C&VUHB and the City of Cardiff council. This service has been successful in focussing on interventions for families with complex needs. The annual report highlights the service has helped to reduce the number of children on the child protection register and closed a number of families open to children’s services. However, the number of children on the child protection register in the Vale of Glamorgan has remained relatively stable with a small increase in 2014-15.

Key national priorities

Preventative and early intervention services

6.31. There are many examples of preventative and early intervention services, often delivered through partnership working. Examples of strategic partnerships include the Children and Young People’s Board, Families First and Flying Start Management Board, the Cardiff and Vale of Glamorgan Local Safeguarding Children Board and the South-East Wales Improvement Collaborative.

6.32. Flying Start work in partnership with Families First, Communities First, third sector organisations and statutory services to identify needs within the wider community, with a particular focus on the ‘tackling poverty’
agenda. The expansion phase for Flying Start was completed in 2015 offering a reported service to 1,200 children and their families across 17 wards in the Barry area. Reductions in referrals to children’s services may indicate that anti poverty strategies are having an impact. In addition, the number of children in need have reduced significantly from 627 in 2013-14 to 465 in 2014-15. The figures were nearly 50% higher in 2011.

6.33. An important part of early intervention services is the Families Achieving Change Together (FACT) Team. The council reports that FACT plays an integral role in supporting children and young people to remain living with their family and minimising the need for more intrusive and costly intervention. We recommended last year that referrals to the FACT service were reviewed. The council has audited the movement of cases between the Intake and Family Support Team and Families Achieving Change Together (FACT) team. This has assisted with the development of a clear referral protocol. A review of the council’s resource panel, which receives referrals, has been undertaken to consider how they can most effectively respond to levels of need.

### Looked after children

![Graph showing LAC rate per 1000 Children in Wales and Vale of Glamorgan](chart.png)

<table>
<thead>
<tr>
<th>Numbers of LAC as at 31 March</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vale of Glamorgan</td>
<td>171</td>
<td>179</td>
<td>198</td>
<td>217</td>
<td>171</td>
<td>184</td>
<td>182</td>
</tr>
</tbody>
</table>

6.34. The above chart illustrates the seven year trend in the numbers of looked after children (LAC) per 1000 population across Wales and in the Vale.
of Glamorgan. It shows that the number of LAC in the Vale of Glamorgan have remained relatively stable over the last two years with a small decrease in 2014-15. The council’s strategy to manage the numbers of LAC and improve permanence arrangements continues. The strategy includes, where suitable, the revoking of Care Orders and supporting Residence Orders and Special Guardianship Orders for children in stable placements. The council states that where possible looked after children have been repatriated in county from placements outside of the Vale of Glamorgan.

6.35. Permanence planning is good with all LAC having a plan for permanence in place by their second review. The ‘Permanency Panel’ is responsible for evaluating cases prior to the second LAC review. There is a ‘revocation work stream’ that considers Care Orders for LAC that could be discharged to lesser formal arrangements that still safeguard children. The council reports that eight successful applications were made to court to revoke Care Orders and institute Special Guardianship Orders (SGO) during the reporting period in respect of 12 children.

6.37. The percentage of looked after children who had three or more placements has decreased from 10% in 2013-14 to 7% in 2014-15. This is below comparable local authorities and the Wales average and shows an improving picture in the stability of placements for looked after children.

6.38. The council is committed to recruiting additional foster carers to reduce its reliance on independent foster placements. This has involved investment in a social worker post to focus on recruiting additional foster carers. Nine new mainstream foster carers were approved during the reporting period exceeding the council’s recruitment target of six.

6.39. We undertook an inspection of the council’s fostering service and overall we found that the service has children’s needs at the centre of its work, by promoting welfare and striving to ensure that placements are able to meet the child’s social, health and educational needs. The service was responsive to addressing any issues raised as a result of inspection and internal audits. The service was also keen to undertake a ‘lessons learnt’ approach from any safeguarding issues that had arisen within the service. However, there were two areas of technical non compliance regarding training and recruitment checks for foster carers.

6.40. During CSSIW’s foster service inspection, foster carers raised concerns about the lack of available individual tuition for looked after children (LAC) within the Vale of Glamorgan local authority, the Personal Education Plans (PEP’s) were not being kept up to date and young people were not being involved in the development of PEPs. However,
performance indicators in the completion of PEP’s has risen to 97% (was 40%) showing a significant improvement, with the national average at 69%. The fostering service monitor the educational attainment of LAC, notable is the 10% increase for LAC at Key Stage 3, rising from 40% to 50%. Fostered children’s health needs are generally well supported, however foster carers expressed concern about the inaccessibility of Children and Adolescent Mental Health Services (CAMHS) and rates of statutory health assessments being undertaken are low. Statutory rates of health assessments for LAC have declined with only 63% looked after children receiving their statutory health assessment compared to the national average of 81%. This is an area that the council needs to consider with health partners.

6.41. The council has continued to lead the regional adoption collaborative. This is made up of four councils, the Vale of Glamorgan council, City of Cardiff council, Merthyr Tydfil County Borough council and Rhondda Cynon Taff County Borough council. Staff have been transferred to the single location as employees of the Vale of Glamorgan council. Within the Vale of Glamorgan, eleven children were adopted and a further eight placed for adoption during 2014-15.

6.42. The council has implemented Welsh Government’s ‘When I Am Ready’ scheme which enables young people to remain with their foster carers until their 21st birthday, or until they feel able to live independently before that age. The council reports that the ‘scheme’ will inevitably cause a rise in demand for placements and increase costs. The council will also have to address the need to recruit and retain foster carers who are capable and authorised to foster through the age range.

6.43. Chaired by the cabinet member for children’s services and schools, the Corporate Parenting Panel looks at issues impacting on looked after children. During 2014-15 the panel considered matters such as the responsibility of the local authority to respond to allegations of abuse against professionals, the educational attainment of looked after children and placement trends.

Areas of progress

- Continuation with the strategy for ensuring the best outcomes for looked after children, in terms of permanency planning.
- Recruitment of foster carers.
- The percentage of looked after children with a Personal Education Plan.
Areas for improvement

- Improve rates of statutory health assessments for looked after children.
- With the C&VUHB, consider ways in which the therapeutic needs of looked after children and care leavers can be met effectively and efficiently across health and social care.

7. The extent to which leadership, governance and direction for the council is promoting improvement in outcomes and wellbeing for people who need care and support.

7.1. During the reporting period the Wales Audit Office completed a review of the Vale of Glamorgan County Borough council’s assurance and accountability arrangements for ensuring that safeguarding policies and procedures were in place and were being adhered to. The review found, for example, that the governance, accountability and management arrangements for overseeing whether the council is meeting its safeguarding responsibilities to children are mostly adequate but some improvements could be made, arrangements for monitoring and evaluating its safeguarding responsibilities to children are mostly adequate but some improvements could be made. Whistleblowing arrangements are sound, but could be improved. A number of other recommendations were made.

7.2. The unified Directorate Service Plan sets out how social services will deliver its part in achieving the council’s key outcomes and objectives, as set out in the Corporate Plan 2013-17. The social services department has made good progress in implementing many of the actions within the plan. High on the agenda for the department is integration and partnership working. This report has set out a wide range of examples of partnership working and collaboration in, for example reablement and mental health services.

7.3. The council has recently appointed a new managing director (MD) following the retirement of the outgoing MD. Leadership in the social services directorate has remained stable. Meetings are held with the director of social services and the leader of council on a monthly basis, where the director advises on budget progress and policy-making. The three heads of service meet regularly with their cabinet members. The director of social services is also a member of the Corporate Management Team.
7.4. Commissioning strategies are in place for most services. The Children and Young People Services Commissioning Strategy (2013-17), which is under review identifies how the social care needs of children, young people and their families will be met within the means available to the council (2013-18). However, the joint commissioning strategy for Mental Health Services with City of Cardiff Council and the C&VUHB has not been progressed.

7.5. The council reports that savings of £150,000 are required each year between 2014-15 and 2016-17 in children’s placements. During 2014-15, the budget for looked after children placed in independent fostering agencies was overspent by £153,000 and £55,000 for the secure-remand budget. However, an ‘underspend’ in other areas culminated in an overall overspend of £20,000. The council considers this to be an achievement compared to the previous years ‘overspend’ of £389,000.

7.6. Last year the social services directorate achieved a savings target of £700,000 and balanced budgets. Budget meetings are held on a monthly basis and it is expected that the council will achieve balanced budgets. However, the council reports that the demands that sit within frailty may mean the required savings are not achieved due to an ageing population leading to increased demand. In addition it reports financial pressures created by Welsh Government’s cap on charges for non-residential care, which has had a significant impact on adult service budgets and operational delivery. Nevertheless, the council managed to achieve savings targets during 2014-15.

7.7. The council has been successful in maintaining a relatively stable workforce, the staff turnover rate was 7.92% (7.8% in 2013-14). There has been a slight increase in absence figures. The Performance Review System was revised during 2014-15 and all social services staff are now required to have an annual review.

7.8. At the end of its second year of implementation, progress has been made against Welsh Government’s “More Than Just Words” strategic framework for Welsh Language in health and social care services. The council has undertaken a workforce skills review identifying Welsh language speakers so that service users and their carers can receive a service in their language of need. Work is ongoing by the council to analyse the data received with regard to the prevalence of Welsh Language speakers in the Vale of Glamorgan, this now needs to be completed.

7.9. CSSIW attended three scrutiny committee meetings during 2014-15 and found that scrutiny members understood some of the complexities of the issues put before them and provided an appropriate level of challenge.
Minutes of scrutiny committee show a transparent approach to information sharing by the directorate with scrutiny.

Areas of progress

- Extension of services and partnership working– Customer Care Centre.

Areas for improvement

- Progress the joint commissioning strategy for Mental Health Services with the City of Cardiff council and the C&VUHB.