

# Public Document Pack

**Gareth Owens LL.B Barrister/Bargyfreithiwr**  
Head of Legal and Democratic Services  
Pennaeth Gwasanaethau Cyfreithiol a Democraataidd



To: Cllr Carol Ellis (Chairman)

CS/NG

Councillors: Marion Bateman, Peter Curtis,  
Adele Davies-Cooke, David Evans, Veronica Gay,  
Cindy Hinds, Hilary Isherwood, Stella Jones,  
Brian Lloyd, Mike Lowe, Hilary McGuill,  
Dave Mackie, Ian Smith and David Wisinger

18 July 2013

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Dear Sir / Madam

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **DELYN COMMITTEE ROOM, COUNTY HALL, MOLD CH7 6NA** on **THURSDAY, 25TH JULY, 2013** at **2.00 PM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

## **A G E N D A**

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
- 3 **MINUTES** (Pages 1 - 22)

To confirm as a correct record the minutes of the Joint Lifelong Learning Overview & Scrutiny and Social and Health Care Overview & Scrutiny meeting held on 11 June 2013 and the minutes of the Social and Health Care Overview & Scrutiny meeting held on 20 June 2013.

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The Council welcomes correspondence in Welsh or English  
Mae'r Cyngor yn croesawau gohebiaeth yn y Cymraeg neu'r Saesneg

4 **WELSH AMBULANCE SERVICE**

To receive a presentation from the Welsh Ambulance Service.

5 **ADULT SAFEGUARDING** (Pages 23 - 40)

Report of Director of Community Services enclosed.

6 **ROTA VISITS ACTIVITY AND OUTCOMES** (Pages 41 - 48)

Report of Director of Community Services enclosed.

**JOINT LIFELONG LEARNING AND SOCIAL AND HEALTH CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
11 JUNE 2013**

The minutes of the meeting of the Joint Lifelong Learning and Social and Health Care Overview and Scrutiny Committee held on Tuesday, 11 June 2013 at County Hall, Mold.

**PRESENT: Councillor C.A. Ellis (Chairman)**

Councillors M. Bateman, A. Bragg, P.J. Curtis, A.I. Dunbar, V. Gay, C. Hinds, P. R. Lightfoot, R.B. Lloyd, M. Lowe, D.I. Mackie, N.M. Matthews, H.J. McGuill, P. Shotton, I. Smith, N.R. Steele-Mortimer and D.E. Wisinger

**CO-OPTED MEMBERS:** Mr. D. Hytch and Mrs. S. Williams.

**SUBSTITUTIONS:** Councillor R. Hughes for D.T.M. Williams

**APOLOGIES:** Councillors A.J. Davies-Cooke, H.T. Isherwood, C. Legg, I.B. Roberts, Ms. C. Burgess and Mrs. R. Stark

**CONTRIBUTORS:** Cabinet Member for Education, Cabinet Member for Social Services, Director of Lifelong Learning, Director of Community Services, Head of Children's Services, Learning Advisor for Children Looked After, Advisor for Social Inclusion and Well Being and Service Manager, Partnership, Development and Performance,

**1. APPOINTMENT OF CHAIRMAN**

Nominations were sought for a Chairman for the meeting.

**RESOLVED:**

That Councillor C.A. Ellis be nominated as Chairman for the meeting.

**2. DECLARATIONS OF INTEREST**

The Chairman advised Members of the need to declare a personal interest in school related items on the agenda if they were school or college governors. All Members present except Councillors R.C. Bithell, A. Bragg, R. B. Lloyd, and P.R. Lightfoot (who were not school governors) declared an interest as school governors.

**3. MINUTES**

The minutes of the meeting of the Committee held on 21 March 2013 were submitted.

## Accuracy

Councillor D.I. Mackie asked that the minutes be amended to record his attendance at the meeting.

## **RESOLVED:**

That subject to the above the minutes be received and approved as a correct record and signed by the Chairman.

## **4. EDUCATIONAL ATTAINMENT OF LOOKED AFTER CHILDREN**

The Director of Lifelong Learning introduced the report to update members on the attainment of Looked After Children (LAC) in Flintshire for the academic year 2011-2012. He referred to the pupil outcomes in the Foundation Phase, and Key Stages 2, 3 and 4/5 which were detailed in the report and which provided comparative data for the Authority against the Wales average.

He introduced Mrs K. Wylde, Learning Advisor for Children Looked After, and Mr. D. Messum, Advisor for Social Inclusion and Well Being, to the meeting and invited them to give an overview of the attainment of Looked After Children.

The Learning Advisor for Children Looked After provided background information and advised that there had been a notable increase in the number of LAC within the Primary sector (Foundation Phase and Key Stage 2) in 2011/12. She explained that this was due to the work of the social work team where intervention and action was taken at a much earlier stage.

Referring to future progress the Learning Advisor for Children Looked After advised that joint partnership working with teachers and social workers was ongoing and a secondary school event which took place at the end of October 2012 had been well supported. A second joint partnership day with Primary Schools had been held to develop plans for 'catch up' and basis skills recovery. It was also anticipated that there would be a continuation of support for LAC from the School Effectiveness Grant to support basic skills.

The Learning Advisor for Children Looked After referred to the Pupil Premium Grant which was additional funding given to schools to support disadvantaged pupils. She advised that at the next Welsh Government (WG) All Wales Group meeting she would be requesting that the WG considered increasing the amount of the Pupil Premium in Wales so that it matched the level of funding provided to pupils in England. Councillor H.J. McGuill spoke in support of lobbying the WG to increase the amount of pupil premium for Wales.

The Head of Children's Services advised that Children's Services had published a document based on the 'Who does What' document that had been published by local authorities in England. She suggested sending a

copy to the Facilitator so that it could be circulated to Members of both Committees.

Discussion took place around LAC who wished to progress to higher education and the Advisor for Social Inclusion and Well Being, referred to the impact this had on foster care placements. The Head of Children's Services confirmed that the Authority supported students through their University education but emphasised that LAC were not given preferential treatment, that there was an expectation of reasonable parental involvement and that students would pursue the option to take up the student loans and maintenance grants available. The Learning Advisor for Children Looked After cited an example of a young person who was being supported financially by the Authority during his university course and who had also achieved a work placement within the Authority. The Chairman made reference to the awards given to young people who progressed to university education at the Annual Pride of Flintshire Awards event.

The Head of Children's Services advised that the Authority would be undertaking additional responsibilities in future concerning the care of young people on remand. She explained that this was due to the new responsibilities under the LASPO Act which commenced on 1 April 2013. Young people in this category would be afforded LAC status and eligibility for leaving care services in some circumstances.

Councillor H.J. McGuill asked if anger management courses were offered to young people. The Advisor for Social Inclusion and Well Being confirmed that there was provision for young people in Primary and Secondary schools and referrals could be made via the schools behaviour support team for all school pupils. Reference was also made to the work of the 'Time for Change' team and members were informed that youth workers provided anger management courses funded by Families First. He said that a multi agency approach was taken to addressing the issue. The Learning Advisor for Children Looked After explained that as part of the Looked After reviews individual anger management needs would be addressed if the issue was raised in schools. She also advised that there was a process specific to LAC to manage behaviour before it became an issue.

Mr D. Hytch commented that the attainment of young people was highly commendable and said that officers, schools and pupils should be congratulated. Councillor A.I. Dunbar reiterated these sentiments and referred to the work of social workers. Mr. Hytch referred to the increase in the number of LAC in the Primary sector and said there could be implications for resources in the future. He also expressed concern around the use of percentages given for cohorts so small and suggested consideration be given to providing data on the assessment of the individual child which might be more useful. He asked the Learning Advisor for Children Looked After if, as part of the child's individual assessment, a predicted outcome was given of their educational attainment. The Learning Advisor for Children Looked After responded that the child's level of attainment was identified through the presence of Cognitive Attainment Tests (CATS), however, she highlighted

that LAC did not regularly achieve comparable results with their peers because of gaps in their education due to poor school attendance.

The Cabinet Member for Education referred to the information provided in the report on pupil outcomes and said that it would be useful if the data on the educational attainment of LAC in Flintshire was compared to that provided by other local authorities across Wales. The Chairman also suggested that comparative data on the educational attainment of children before they became LAC and how they had developed since in the Authority's care would be useful. In his response the Director of Lifelong Learning acknowledged the points made and agreed that comparative data could be produced where consistent information was available.

Councillor N.M. Matthews referred to the additional tasks undertaken by teaching staff for children in the Foundation Phase and KS1 and commented on the need for parental education. Officers advised that assistance was provided and referred to the use of social work planning and parental strategies.

Councillor C. Hinds highlighted the work of foster carers and said that their role should be commended. The Head of Children's Services referred to the support given to kinship carers and stated that the Authority had achieved the position of runner-up in the national award for Kinship Care supporter of the year.

**RESOLVED:**

- (a) That the educational progress of Looked After Children in Flintshire be noted;
- (b) That the Committees support the proposals to seek the Welsh Government to increase the Pupil Premium to £900 as had been done in England; and
- (c) That Cabinet be asked to support recommendation (b) of the Committees.

5. **YOUNG CARERS**

The Director of Community Services introduced a report to update members on the range of services available in Flintshire to support Young Carers. He provided background information and explained that the services which were needed and were commissioned on a local level did not enable the Authority at present to embark on a joint commissioning arrangement with other North Wales Local Authorities. However, the Authority was confident that its current arrangements were delivering on the outcomes young carers required in Flintshire.

The Director of Community Services introduced Mrs. J. Evans, Service Manager, Partnership, Development and Performance, and invited her to give

an overview of the definition of and responsibilities undertaken by a Young Carer. The Service Manager gave an outline of the range of tasks carried out by Young Carers and the impact that providing a caring role at a young age may have on the person's well-being and development in social, emotional, and educational terms. She explained that for some young carers the experience could be positive but only if the appropriate support was in place. She referred to the work of the Young Carers Subgroup which had responsibility for producing and implementing a multi-agency Young Carers Action Plan and gave an outline of the actions and developments planned to deliver the outcomes wanted for Young Carers in Flintshire.

The Chairman commented on the estimated 2500 young carers in Flintshire in 2001 as detailed in the report and asked if an update could be provided to give the current figure. The Service Manager said she would provide this information to members of the Committee following the meeting. The Head of Children's Services referred to the increase in the number of 5 to 8 year olds with caring responsibilities and said there was a need to examine in detail what aspects of care young children were undertaking. Members expressed concerns that children as young as 5 to 8 were defined as Young Carers and were carrying out caring duties.

Councillor H.J. McGuill asked if training was provided to help Young Carers who were living with "chaotic" lifestyles. She also asked if funding was provided for activities for Young Carers to provide respite from their caring role and responsibilities. In her response to the question on training the Service Manager said she would pursue how this matter could be best addressed and provide information back to the Committee. Concerning funding for activities she commented on the commissioning of services from Barnardo's to provide emotional support and fun and leisure activities. She emphasised the need to ensure that support was equitable and also helped the child to move forward. Further information on how funding was allocated would be provided after the meeting.

Councillor C. Hinds referred to situations where families refused to accept the help offered and asked if the Authority could intervene in such cases. The Head of Children's Services advised that if a refusal to engage placed a child at harm the matter would progress to a child protection S47 investigation.

Councillor A. Bragg asked how children of a young age were identified as Young Carers. The Service Manager explained that a referral could be received from a number of sources and cited schools and children's services as two examples.

Councillor H.J. McGuill asked what links were available to facilitate referrals from GPs. The Service Manager referred to NEWCIS and commented on the need to ensure that GPs recognised the needs of young carers as well as adult carers. She said she would feed back the concerns raised by Councillor Mc.Guill.

In response to a question from Councillor H.J. McGuill concerning sibling groups the Service Manager said that siblings would not be precluded and the whole group would be supported. The Service Manager advised that the Young Peoples Partnership were currently exploring how best to support Young Carers.

The Cabinet Member for Social Services advised that a Carers bill was currently being considered by the Welsh Government.

**RESOLVED:**

That the approach taken to support Young Carers in Flintshire be endorsed.

**5. CORPORATE PARENTING ACTIVITY UPDATE**

A presentation was provided to the Committee on the Access to Action (A2A) card which was being rolled out to all secondary schools in Flintshire. The presentation was written and performed by Young Carers. Members were informed that the A2A card was an ID card, produced to the specific needs of the young person, which when presented in a school or social services setting signalled that the young person had personal circumstances that may require extra support or further discussion. Schools which were involved in the initial pilot had endorsed its benefits and would continue to use it and the young people who carried the card said that it gave them reassurance and increased their confidence. The card had been developed by Barnardos Young Carers and the Children's Services Participation Groups.

Councillor H.J. McGuill commented on the need to ensure that the A2A scheme was 'rolled out' to all relevant health professionals and suggested that it was placed on the agenda for discussion at practice managers forums. The Head of Children's Services advised that Phase 1 had been launched in secondary schools and was to be introduced in primary schools. The item was also on the agenda for consideration by the Children's Services Forum. She said she would ensure that parallel activity on the rollout was taking place.

Following the presentation the Head of Children's Services introduced a report to provide an update on activity surrounding the corporate parenting responsibilities of the County Council which were first set out in "Circles of Care: Corporate Parenting in Flintshire". She provided background information and referred to the update report on corporate parenting which was appended to the report and invited members to put forward any suggestions to promote corporate parenting in the Authority.

The Chairman suggested that compulsory training should take place during a meeting of the Flintshire County Council when all Members would be present.



The Cabinet Member for Education emphasised the need for Members to demonstrate their commitment to their role and responsibilities as corporate parents. Councillor H.J. McGuill reiterated the sentiments.

Councillor V. Gay commented on the training provided to school governing bodies, which was to become compulsory in the future, and suggested that it may be helpful if a training module on corporate parenting was included in the programme

The Chairman referred to the impact of the new Court Timeframes which aimed to reduce delays in cases during proceedings to 26 weeks. She suggested that the Children's Services Forum be asked to write to the judicial officials concerning the proposed reduction in court waiting times and the impact this had on children's education.

**RESOLVED:**

- (a) That the current financial support offered to corporate parenting activity in Flintshire be endorsed;
- (b) That County Council be asked to consider making Corporate Parenting Training for Member compulsory;
- (c) That Corporate Parenting training be provided during a future County Council meeting; and
- (d) That the Children's Services Forum be asked to contact Judicial Officials regarding the need to improve future Court Timeframes.

**6. MEMBERS OF THE PRESS AND PUBLIC**

There was one member of the press in attendance.

**7. DURATION OF THE MEETING**

The meeting commenced at 2.00pm and finished at 3.40pm

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**Chairman**

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**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**20 JUNE 2013**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at County Hall, Mold on Thursday, 20 June 2013

**PRESENT: Councillor Carol Ellis (Chair)**

Councillors: Marion Bateman, Adele Davies-Cooke, Veronica Gay, Cindy Hinds, Stella Jones, Brian Lloyd, Mike Lowe, Hilary McGuill, David Mackie, Ian Smith and David Wisinger

**APOLOGY:** Councillor Hilary Isherwood

**CONTRIBUTORS:** Cabinet Member for Social Services and Head of Social Services for Adults

Representatives from Betsi Cadwaladr University Health Board (for minute number 4):

Andrew Jones - Executive Director of Public Health

Neil Bradshaw - Director of Planning

John Darlington - Assistant Director of Planning

Clare Jones - Assistant Director of Primary and Community Services Development

Dr Judy Hart - Consultant in Communicable Disease Control, Public Health Wales

Service Manager - Older People (for minute number 4)

Head of Social Services for Children (for minute number 6)

Team Manager (for minute number 7)

Senior Business Advisor (for minute number (7)

**IN ATTENDANCE:** Environment and Social Care Overview & Scrutiny Facilitator and Committee Officer

**1. DECLARATIONS OF INTEREST**

Councillor H.J. McGuill declared a personal interest on Agenda Item 5 'Betsi Cadwaladr University Health Board' as she was a member of the Community Health Council.

**2. APPOINTMENT OF VICE-CHAIR**

The Chair sought nominations for a Vice-Chair for the Committee. A nomination for Councillor C. Hinds was duly seconded and on being put to the vote, this was carried. No further nominations were received.

**RESOLVED:**

That Councillor C. Hinds be appointed Vice-Chair of the Committee.

**3. MINUTES**

The minutes of the meeting held on 9 May 2013 had been circulated with the agenda.

Matters Arising

In response to a query by Councillor H.J. McGuill, the Environment and Social Care Overview & Scrutiny Facilitator advised that the Director of Community Services had emailed her to confirm that the Council's website included a link to the FLVC website.

**RESOLVED:**

That the minutes be approved as a correct record and signed by the Chairman.

**4. BETSI CADWALADR UNIVERSITY HEALTH BOARD**

The Chair welcomed the representatives from Betsi Cadwaladr University Health Board (BCUHB) and invited them to deliver the presentation, copies of which were circulated.

Mr. Andrew Jones, Executive Director of Public Health expressed his gratitude for the Council's support on challenges such as the Measles, Mumps, Rubella (MMR) vaccination. He then gave a brief presentation on the North Wales Health Protection Team based in Mold which, although small, was part of a larger group on which additional resources could be drawn if required. He outlined work undertaken by the team and statistics on disease notifications across both Flintshire and the whole of North Wales. He outlined the North Wales response to the current outbreak of measles in Swansea, which had invoked an additional catch-up programme. He said that although there was a reduction in the number of new cases in Swansea, the objective was for all children in North Wales to be vaccinated with two doses of MMR and work was being done with the Council to increase uptake levels. He said that almost 9,000 children in North Wales had not received the MMR vaccinations which remained a challenge.

Dr. Judy Hart explained her appointment as a proper officer for communicable diseases, to work with Local Authorities on matters relating to Environmental Health, Emergency Planning and Public Protection.

The Chair noted that there was no mention of Clostridium difficile (C.diff) in the presentation. Dr. Hart explained that C.diff was an organism which was not notifiable, unlike those which had been listed. She said it was recognised that there had been an increase in cases within communities and hospitals but that it had a special remit in healthcare settings.

Councillor S. Jones referred to individuals who had been put off by the '3 in 1' MMR vaccination due to previous bad publicity and asked if BCUHB was aware of the total number of people this related to and whether separate vaccinations could be offered as an alternative. Dr. Hart gave explanation on single vaccinations that had been previously available but were no longer licensed. The introduction of MMR vaccinations in the UK in 1988 had been successful in controlling the diseases and the health scare relating to this had been scientifically disproved, with health visitors and school nurses assisting by offering explanation on the evidence and safety profile to encourage a greater uptake. Dr. Hart said that the organisation's immunisation co-ordinator compiled information on the number of people who had not consented to the MMR vaccination and that further opportunities were offered when children were entering and leaving school. There was an opportunity to pay for single vaccinations in private clinics, however there would be no audit.

Mr. Jones said that BCUHB was working with Councils to reinforce a consistent message that MMR vaccinations were safe and effective, and that efforts were focussing on those who had not consented to ascertain whether this was due to lack of access or reluctance.

Councillor M. Bateman asked if any public health risks were associated with crematoria. Dr. Hart said that locally, the Health Board received advice from a Public Health Wales consultant based in Cardiff, however it was her understanding that omissions from any site were controlled and monitored by environmental air quality standards. She did not have any concerns but offered to obtain more detailed information to share with the Committee.

On Cryptosporidium, Councillor H.J. McGuill asked what measures were in place to liaise with the Environment Agency to monitor water supplies. Dr. Hart replied that water supplies were very safe and were monitored, with water companies obliged to report any breaches. Problems mainly occurred in water treatment works although there had been no incidents for many years. Other causes were more environmental such as outbreaks arising from individuals coming into contact with farmyard animals.

In response to a question from Councillor I. Smith on Scarlet Fever, Dr. Hart said that this mainly related to children and could be easily treated. Any reported incidents would be notified to the relevant school and GPs.

Mr. Jones said that, following the outbreak of C.diff at Glan Clwyd Hospital, the Acting Chief Executive of BCUHB had requested that an update be provided to reassure Members that the matter was being taken seriously and that more could be done and would be done. He advised that a leading expert was being engaged to carry out a review and that further details could be shared with the Committee at a future meeting. The Chair welcomed this and said that there were a range of issues relating to this, including the prescribing of antibiotics. Councillor McGuill asked if the remit of the expert would include a review on the use of antibiotics. Mr. Jones said that the terms of reference were extensive and would include this.

Councillor Jones expressed her disappointment that negative incidents at some hospitals were allowed to overshadow the achievements and stricter controls that were in place at other hospitals, such as Wrexham Maelor. Mr. Jones responded that the Board focussed on improving health care associated infections at all of its hospitals and community premises and the external review would inform this.

The Chair raised the six questions which had previously been put forward by Members of the Committee.

**Q: Enhanced Care at Home - details of the rollout and progress made across Flintshire**

On the Enhanced Care at Home Service (ECH), Ms. Clare Jones said that following the consultation exercise last year, the service would be rolled out to North West Flintshire, as the first of three localities in the county. A multi-agency Task & Finish Group was in place to support this, and most of the nursing posts had been filled subject to training and induction. All GPs in Flint and Holywell had been contacted to seek support for the service and work was ongoing with Social Services for the provision of community equipment. It was confirmed that partners had signed up to the level of investment required. It had been agreed that BCUHB would fund a full-time Social Worker with the potential for additional part-time provision for the county at a later stage. Although the implementation date for ECH had previously been set at the end of May 2013, this was now anticipated to be the end of July 2013. Ms. Jones said it was important that the service was not launched until ready and that every effort was being made to get the service in place as soon as possible.

Councillor McGuill raised queries on the implications for patients if GPs refused to sign up to the service, provision for those living alone and location of the team.

Ms. Jones explained that, under the GMS contractual arrangements, GPs were not obliged to sign up to the service. Where a patient's GP practice did not provide the medical support for ECH, they would be admitted to hospital to manage their care safely. It was noted that although there had been initial resistance from some GPs on the introduction of ECH in North Denbighshire, all were now supporting that service, with positive feedback from patients and carers. As part of individual assessments, those living at home alone would be identified and an appropriate care package allocated.

The Service Manager (Older People) said it was hoped that the new appointment of a Nurse Practitioner for Flintshire would further engage GPs with the service. On the latter query raised by Councillor McGuill, she said that ECH would work alongside the Crisis Intervention and Reablement services to enhance provision and it was planned that the teams would be located within County Hall before the end of July 2013.

Councillor McGuill commented on the confidentiality of information held by GP practices and asked how many had signed up in the first rollout in North West Flintshire. Ms. Jones said it had been indicated that all GPs in Flint would sign up but that there was less interest from those in Holywell, however a number of responses were still outstanding.

Councillor Jones questioned whether ECH had also been rolled out to South Flintshire as she was aware of one case where this was working well with the support of a relative. She was concerned about staffing levels once the service had bedded in and asked if people with Dementia would receive 24-hour care at home or be admitted to hospital. Ms. Jones explained that other services were available for people in their own homes in other areas of the county. The Chair said that the question on Dementia would be addressed during discussion later in the item.

When asked by Councillor Smith about the number of those accessing the service, Ms. Jones said that 4-5 referrals were anticipated per week.

The Chair asked when ECH would be rolled out to the remaining localities in Flintshire and the level of investment being made. Ms. Jones said that it would cost £4.2m to provide the service across North Wales equating to around £327K per locality, however population sizes would differ. Investment in North West Flintshire had been significantly higher at just over £400K, in view of the two full-time appointments mentioned (which would subsequently support the other localities). Learning from the introduction of ECH in that area would support the remaining two localities which were intended to be in place by the end of September 2013. The total cost for Flintshire would have to be contained within the original level approved by BCUHB.

Councillor V. Gay asked how the service would support patients living in Wales who were registered with GPs across the border in England and said that there may be issues with IT systems not matching up. Ms. Jones said that there were currently no contracts with English GP practices but that she would take this back for consideration when developing services for North East Flintshire and provide follow-up information to the Committee.

Mr. John Darlington said that efforts were being made to collaborate with English counterparts but that there were difficulties with two different NHS systems. He acknowledged that this was an issue although added that responsibility was with regional GP practices and that it was individual patients' choice where to register for their GP services. Councillor Gay pointed out that residents in some areas had no choice but to access GP practices across the border.

Councillor D.I. Mackie felt that more could be done to access GP provision and train carers, for example lifting and moving a wheelchair user. Mr. Bradshaw offered to discuss specific issues outside the meeting and referring to the forthcoming Carers Measure where an enhanced duty would be placed on the Health Service to provide greater support, including training.

Councillor McGuill agreed with the need for training for carers and asked about the length of time that ECH would be available for individuals. Ms. Jones explained that the key indicator for ECH was to support people to maintain their independence. The Service Manager (Older People) said it was her understanding that ECH would be provided for around two weeks before the individual could move on to Reablement or other community services. The multi-agency team would assess need for ongoing cases and put in place relevant provision.

Councillor Jones felt it was important to have a full financial assessment of the cost of the service, including any additional cost to the Council and contributions from BCUHB, in view of the current economic climate. Ms. Jones said that there had been no cost to the Local Authority in setting up the team and that the Health Board would pick up the cost for individuals who did not already have a care package. However, if the Council was already funding a care package, there would be a continuation of that funding. The Head of Social Services for Adults said that some ECH patients on care packages may previously have been admitted to hospital which meant that some outcomes and costs were difficult to estimate. This would continue to be monitored as part of the ongoing evaluation of the service.

The Chair shared the concern raised by Councillor Jones and referred to the reported costs which equated to approximately £2,000 per client. She was concerned that any overspend would impact on the service rollout to other areas and said that the Committee would need to revisit the issue.

Mr. Bradshaw said that the additional costs arising from those already with a care package are likely to be less than those incurred by the Council in setting up a whole new care package. Although this was a potential additional cost to the Council, the outcomes were better as the package would be less intense, as per the experience in Denbighshire.

**Q: Hospital Waiting Lists - impact of unscheduled care pressures on delivery of elective care resulting in cancellation of operations and hospital waiting lists. Details of trends in waiting times for Flintshire residents/Welsh waiting times standards for patients etc/lack of beds available in district hospitals**

**Q: Members have given examples of people waiting outside hospitals in ambulances for several hours - how is this being addressed?**

Mr. Bradshaw spoke of the challenging winter period and ageing population both of which had greatly affected unscheduled care provision and hospital waiting times across the UK. Within Wales, the target was that 95% of patients should commence their first treatment within 26 weeks of referral from their GP and that no patient should wait longer than 36 weeks. These targets had not been met, a situation which was not unique to North Wales. Trends in Flintshire could not be reported as data was collated on an all Health Board basis. It was noted that there were 130,000 inpatient and



daycase admissions across North Wales, of which 46,000 had an elective Care Plan and 84,000 were in emergency care.

Although there had been no reduction in the number of hospital beds, there had been some unplanned restricted access due to short-term staff sickness and some restrictions due to hospital infections.

In response to a question from Councillor McGuill on waiting times within two specific specialities, Mr. Bradshaw said that this related to the past year and was mainly due to staff sickness absences and increased demand in two particular departments, however this was not about the recruitment of staff.

The Chair asked whether the C.diff outbreak at Glan Clwyd Hospital and short-term infections had occurred as a result of the loss of hospital beds in Flint, Llangollen and Ruthin areas. Mr. Bradshaw replied that there had always been issues with short-term infections and there was no direct correlation with the number of community hospital beds. Issues on ambulance waiting times were not unique to Flintshire and were being addressed by putting in a range of actions at the three main hospital sites. In addition, specialist nurses supporting A&E departments had helped to improve A&E waiting times.

On ambulance waiting times, Councillor Bateman cited an example where a person had endured long waiting periods and unnecessary delays in seeking hospital treatment. Mr. Bradshaw agreed that this was not acceptable but pointed out that the Welsh Ambulance Services Trust was responsible for providing ambulance services. He referred to the challenging winter period which had affected A&E departments and ambulance services, and whilst he could not comment on specific cases, he offered to pick up any issues outside the meeting.

The Chair remarked that Welsh Ambulance Service representatives would be attending the next meeting of the Committee.

Councillor McGuill asked what measures were being used to improve the flow of ambulances waiting outside hospitals and asked if improvements in a Sheffield hospital had been noted. Mr. Bradshaw gave assurance that the focus of the action plan was to improve the flow of patients and gave a reminder that patients waiting in ambulances were under the care of trained paramedics. Where A&E departments were busy, areas could be created to discharge and monitor patients, freeing up ambulances, however this was not always possible. Mr. Darlington referred to meetings with leading clinicians and gave assurances that this was being actively pursued, taking account of improvements made in other areas such as Sheffield.

Councillor D.E. Wisinger also commented on the lengthy waiting time of ambulances and felt that the problem should be observed within hospitals. Mr. Bradshaw assured Members that this was a priority for the Health Board to address, as indeed it was for NHS Wales and the Minister.

Councillor Jones was in agreement with the concerns raised by Members but said that from a different viewpoint, the unnecessary time taken up by hospital staff in having to deal with preventable issues should also be recognised and that proper security should be allocated. She expressed her gratitude for the hospital services which she had received. The Chair agreed and remarked that there were other positive stories from those who had experienced a high level of care and aftercare.

**Q: Dementia Care - concern expressed by the Committee about the care available for those with Dementia, including the whole spectrum of services provided - diagnosis (waiting times etc), day care provision, memory clinics, training, care of patients with Dementia when admitted into hospital, Dementia trained staff (are nurses/health care workers being trained sufficiently?) and update on the role of the specialist Dementia nurse**

Mr. Darlington said this issue was of major concern across the UK and that a briefing note could be brought back to the Committee. The Health Board had set a benchmark of 24 weeks for assessment and across North Wales, the average time had decreased from 28 to 20 weeks. This was an improvement but there were variations, with better access in western areas than east. The role of the Consultant Nurse on Dementia, Sean Page, had helped to identify a need for staff training and better use of resources to minimise stress to all. Information was provided on the 'Butterfly Scheme' which had been launched to raise awareness of Dementia training at Glan Clwyd hospital, one of only eight hospitals selected in the UK. Other initiatives on Dementia included work commissioned by Bangor University on improving the environment of wards, the development of a specific liaison service and the establishment of a governance group to progress the action plan. Mr. Darlington said that although a significant amount of work was being undertaken on Dementia, more was required on tackling variations across North Wales in the face of a growing population and the improvement of training remained a key priority for the Health Board.

The Chair spoke of ongoing work with the additional provision at Llys Jasmine and a pilot scheme on the Deeside strip.

Councillor McGuill asked if the Butterfly Scheme would be rolled out to GPs and Social Services and whether the strategy was clear. Mr. Darlington replied that the 'Red' scheme was the equivalent communication scheme for GPs. He was unclear on the timescale for rollout but would include this in the briefing note to be reported back to the Committee. Ms. Jones added that locality teams were meeting with Social Services to look at areas of priority across Flintshire. The need for training and early identification of those with Dementia had been raised at a recent meeting, along with arrangements for partnership working.

**Q: Minor Conditions Referrals - waiting times/how many GPs in Flintshire perform minor surgery, impact on closure of community hospital**

Ms. Jones said that although GPs were not obliged to perform minor surgery, 21 out of 23 practices in Flintshire did so, with 22 providing joint injections. There were no waiting times as patients pre-booked these appointments with their practice.

Councillor Jones asked when the six full x-ray sessions at Mold hospital would increase back to ten. Ms. Jones explained that as part of the Health Board's approval of changes to x-ray services, it had been agreed that six sessions would meet the demand. It was therefore not anticipated that this number would increase, although demand would be monitored. Councillor Jones felt that this needed to be reviewed and referred to funding from the community to upgrade equipment. She also remarked that GPs should be directing patients to Mold hospital for x-ray services, as some appeared to be unaware of the facility. Ms. Jones agreed to take this back but said it was important to assess need and make best use of staff time.

Councillor Bateman commented that some GPs were still referring patients for x-rays to Wrexham Maelor Hospital and asked if the eight sessions available in Deeside would be monitored. Ms. Jones explained that monitoring was carried out and that the consultation had taken into account patients recognised by postcode. She pointed out that there could be a range of reasons why patients would choose to go elsewhere rather than their local unit.

Councillor C. Hinds referred to a patient diagnosed with three different disorders who had been told to write to three different consultants for them to communicate on his issues. Mr. Darlington said that the matter should be referred to the patient's GP. Mr. Bradshaw was unaware of any reason as to why the patient had been told this and said that more detail may provide clarity.

**Q: Primary Healthcare Centres - update**

Mr. Bradshaw gave an update on the three principal schemes in Flintshire. On Buckley, he was pleased to report that the delay due to the third party developer objecting to a clause in the standard national lease had just been resolved and was awaiting confirmation of the revised programme. The bid to the Welsh Government (WG) for the scheme at Hope had been approved and a timetable for commencement was awaited. The scheme at Flint required the Health Board to submit a bid to WG against the All Wales Capital Programme. WG had included the scheme within their forward programme, but funding would be subject to approval of the business case. A project team comprising Council Members and officers had been established and discussions were ongoing on integration with the Flint Masterplan. A commitment had been given for the facility to be in place by 2016.

The Chair thanked the representatives for their attendance and responses provided to the Committee.

**RESOLVED:**

- (a) That the presentation be noted;
- (b) That further information on any risks associated with crematoria be circulated to the Committee;
- (c) That an update on the outcome of the review of C.diff be reported to the Committee at a future meeting;
- (d) That the suggestion for engagement with GPs in England be taken into consideration in the development of the Enhanced Care at Home Service in North East Flintshire and an update provided to the Committee;
- (e) That a progress update on the implementation of the Home Enhanced Care Service be included on the Forward Work Programme;
- (f) That the briefing note on Dementia from Betsi Cadwaladr University Health Board be reported to the Committee; and
- (g) That the request to increase the number of x-ray sessions at Mold Hospital be taken into consideration.

**5. VARIATION IN ORDER OF BUSINESS**

The Chair indicated that there would be a slight change in the order of business to bring forward Agenda Item 7 on Quarterly Performance Reporting due to time constraints and officer availability. The remainder of the items would be considered in the order shown on the agenda.

**6. QUARTERLY PERFORMANCE REPORTING**

A report was presented for the Committee to note and consider the 2012/13 Quarter 4/year end service performance reports, note the update on the Strategic Assessment of Risks and Challenges (SARC) contained within the performance reports and note the progress made against the Improvement Targets.

**Social Services for Children**

The Head of Social Services for Children gave a short presentation on the performance within the service area, outlining work which had been undertaken to improve performance and areas where improvement was needed, as outlined within the report. She reported on the appointment of an additional interim Independent Reviewing Officer to provide support on reviews to comply with statutory requirements. She also commented on a

new report on looked after children across Wales to be made available on 17 July 2013 which she would forward to the relevant officers to share with both the Committee and the Children's Services Forum.

Councillor H.J. McGuill felt that the two Flintshire foster carers who had been included on the Honours List should be congratulated on behalf of the Committee. The Head of Social Services for Children was aware that the Director of Community Services was due to write to them both. The Cabinet Member for Social Services added that the achievements of the foster carers had also been recognised at the recent Cabinet meeting.

The Chair congratulated officers on the positive report in light of the budget constraints.

### Social Services for Adults

The Head of Social Services for Adults gave a similar overview on the performance in his service area.

In response to a query from Councillor McGuill on workforce absences, the Head of Social Services for Adults said that measures in place addressed both Adult's and Children's social care services to target specific areas where issues had been identified, in accordance with the Council's policy. As well as long-term absences, this included cases of repetitive short-term absences. Although figures had increased during the year, it was hoped that an improvement would be seen as some issues had been resolved.

Councillor S. Jones stressed the importance of monitoring persistent short-term absences and felt that these should be separated from long-term absences. The Head of Social Services for Adults assured the Committee that a measured approach was taken, supported by Occupational Health, however long-term absences would reach a point where consideration needed to be given to the post and access to any other support. He confirmed that short and long-term cases were treated differently and said that if Members were able to raise any particular cases of concern, they would be investigated.

The Chair commented that this was a positive report where some areas were showing great improvement.

### **RESOLVED:**

- (a) That the reports be received; and
- (b) That the Head of Social Services for Children forward the report on looked after children to the Environment and Social Care Overview & Scrutiny Facilitator and the Committee Officer for submission to the Committee and Children's Services Forum.

## **7. SOCIAL ENTERPRISE (DOUBLE CLICK) BUSINESS PLAN REPORT**

The Head of Social Services for Adults introduced a report to consider the Business Plan to transform Double Click from a Social Services run work-scheme to a Social Enterprise.

Councillor D.I. Mackie commented that the business plan was difficult to read and raised queries on inconsistent figures provided in the plan relating to the cost of a Business Manager.

Although officers endeavoured to respond to the queries, a resolution could not be found. The Chair said that the Committee could not be expected to accept the recommendations in the report without further clarity on costs.

The Head of Social Services suggested that a workshop be arranged to discuss the costs in detail.

Councillor Mackie said it was important that any further discussion include information on the current status on the project. The Senior Business Advisor said it would be helpful to ascertain any other queries prior to the workshop.

Councillor H.J. McGuill felt that officers needed to address how the business would grow, what was targeted and how, whilst indicating any additional resources and equipment required.

Councillor S. Jones stated that the aim of the project was to benefit people and that evidence of this should be provided.

The Chair suggested that further discussion could be incorporated at the forthcoming Forward Work Programme workshop, however some Members indicated that they would be unable to attend. The Chair proposed that a separate date be arranged for a workshop where officers could report back on costs and the impact on service users. This was duly seconded and agreed by the Committee.

### **RESOLVED:**

That a date be arranged for a workshop to enable officers to report back on the issues raised on the Social Enterprise (Double Click) Business Plan, including costs and the impact on service users.

## **8. FORWARD WORK PROGRAMME**

The Environment and Social Care Overview & Scrutiny Facilitator introduced a report to enable the Committee to consider the Forward Work Programme. She advised that Rota Visit activity was on the agenda for the next meeting and reminded Members to complete their visits so that they could report back on that item, reinforcing the commitment to undertake rota

visits. Other items scheduled for the next meeting were Adult Safeguarding and a visit from the Welsh Ambulance Service.

The Facilitator stressed the importance of Members' input at the forthcoming workshop to plan items on the Forward Work Programme, and that the Director and Heads of Service would be in attendance. It was also hoped that the Directorate and Service Plans would be available to inform Forward Work Programme planning.

Councillor C. Hinds spoke of problems with the reporting process to the Emergency Duty Team which were resulting in delays to payments and asked that this be included on the Forward Work Programme. She agreed to liaise with the Facilitator on this outside the meeting.

**RESOLVED:**

That the Forward Work Programme be noted.

**9. CARERS STRATEGIES (WALES) MEASURE UPDATE**

An update report provided by the Head of Service User Experience, Betsi Cadwaladr University Health Board (BCUHB) on progress with the implementation of the Carers Strategies (Wales) Measure was included on the agenda, for information.

**10. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE**

There was one member of the press in attendance.

(The meeting started at 10.00am and ended at 12.55pm)

.....  
**Chairman**

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## FLINTSHIRE COUNTY COUNCIL

**REPORT TO:** **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**

**DATE:** **25<sup>TH</sup> JULY 2013**

**REPORT BY:** **DIRECTOR OF COMMUNITY SERVICES**

**SUBJECT:** **ADULT SAFEGUARDING UPDATE**

### **1.00 PURPOSE OF REPORT**

1.01 To update Members on Adult Safeguarding Performance and revised structures.

### **2.00 BACKGROUND**

2.01 This is the annual adult safeguarding report for the year April 2012 to March 2013 in compliance with the Welsh Assembly Government statutory guidance document, 'In Safe Hands'.

2.02 The adult safeguarding process in Wales is the national system in place to protect all vulnerable adult client groups from abuse and to support them to seek treatment and redress in the event that they have been abused. Social Services Departments through the Safeguarding Team take the lead role in coordinating the development of local policy guidance, but all agencies are to *'work cooperatively on the identification, investigation, treatment and prevention of abuse of vulnerable adults'* [In Safe Hands, 2000].

2.03 The Safeguarding Team has undergone significant change in the past year and will continue to evolve as it responds to the forthcoming Social Services and Wellbeing (Wales) Bill.

2.04 The new Social Services and Wellbeing (Wales) Bill includes provisions for a statutory basis for adult protection, a stronger national direction through the establishment of Adult Protection Boards and clearer links between child and adult protection.

2.05 The aim is to ensure that adult safeguarding is given the same status, legal framework and leadership as that for the safeguarding of children.

2.06 The Bill intends to establish a new legal definition of "adults at risk" and of "harm" to replace the terms "vulnerable adult" and "abuse". These are much broader definitions and are likely to result in more

referrals to Social Services for Adults. Alongside this is a new duty to investigate which will also increase workload.

- 2.07 The Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards) and the amended Mental Health Act 1983 have placed additional statutory duties and responsibilities on the Directorate which are inextricably linked to adult safeguarding considerations.
- 2.08 In light of this background, a pressure bid for adult safeguarding was submitted and agreed by Flintshire County Council for an additional £45,000 for 2012/13 with full year effect of £90,000 for future years.
- 2.09 Two new appointments to the adult safeguarding team have been made in the form of a further Safeguarding Manager, and Adult Safeguarding Social Worker. The larger team will ensure the robust implementation and operation of adult safeguarding policies and procedures, including more consistent application of criteria and decision making.
- 2.10 Safeguarding Team Managers now chair all Safeguarding Strategy Meetings, and the Safeguarding Social Worker is able to support investigations into the impact of alleged abuse or harm on victims.

### 3.00 CONSIDERATIONS

#### 3.01 **Adult Protection Statistics 2012 – 2013**

The year saw a total of 283 Adult Protection referrals received by Flintshire Social Services for Adults. Of these, 174 progressed to a full investigation and 109 referrals were screened and were dealt with by the relevant Team Manager. This figure compares with 250 cases reported in the year 2011 - 2012. It shows that the trend of annual increase in Adult Protection referrals is continuing, as can be seen in Table 1.

Year	Total Number of Referrals
2012 - 2013	283
2011 - 2012	250
2010 – 2011	212
2009 – 2010	190
2008 – 2009	128
2007 – 2008	141
2006 – 2007	103
2005 – 2006	76
2004 – 2005	40

Table 1: Annual rates of Adult Protection referrals in Flintshire

#### 3.02 **Trends**

The graphs presented at Appendix 1 give a breakdown of numbers, types of referrals and outcomes. The highest number of referrals (44) came from independent providers, followed by referrals generated by

Flintshire social services care managers (34) and then health staff. (26).

- 3.03 As in previous years, women over 65 are most likely to be the alleged victim in Adult Protection referrals. In 2012-2013 there were sixty-five referrals completed relating to women over 65.
- 3.04 This population group makes up the highest proportion of clients of Social Services for Adults.
- 3.05 Nearly half of completed referrals related to individuals where a mental health problem was judged to be their main category of vulnerability.
- 3.06 Allegations received are most likely to be ones of physical abuse, although neglect and emotional / psychological abuse are also significant factors.
- 3.07 In cases where the allegations were proved or admitted, the highest proportion relate to people living in care homes, three times the number of cases where people were living in their own homes in the community.
- 3.08 This does not mean that more abuse happens in care homes, but may indicate that reporting systems are more effective in care home settings (staff training in adult safeguarding pays a large part in this).
- 3.09 At the conclusion of each investigation a record is made of the outcome of the process. In 47 cases the allegations made were either proved, upheld or admitted, but in a further 30 cases the outcome remained inconclusive. In 21 cases allegations of abuse were either disproved or not upheld. In the remainder the allegation was either withdrawn, or likely or unlikely on the balance of probability.
- 3.10 It should be noted that statistics for completed cases will include cases which were referred in 2011/2012 as completed outcomes are reported in the year cases are closed. Similarly outcomes for some cases referred in 2012/13 will be reported in 2013/14 safeguarding report.

#### **Training & Awareness**

- 3.11 Over 300 staff from within the Council and in the independent sector have received adult safeguarding training delivered by Social Services for Adults in the year.
- 3.12 The increasing public awareness of adult abuse as an issue, together with continuing training and awareness for staff, has led to an increase in referrals and in changes to the way that adult safeguarding in Flintshire is managed. The Social Services and Wellbeing Bill will further raise the profile and increase responsibilities on Social

Services for Adults for helping to keep adults who are at risk safe from harm.

**4.00 RECOMMENDATIONS**

4.01 Members are asked to note the contents of this report.

**5.00 FINANCIAL IMPLICATIONS**

5.01 Not Applicable.

**6.00 ANTI POVERTY IMPACT**

6.01 Not Applicable

**7.00 ENVIRONMENTAL IMPACT**

7.01 Not Applicable.

**8.00 EQUALITIES IMPACT**

8.01 Not Applicable.

**9.00 PERSONNEL IMPLICATIONS**

9.01 Not Applicable.

**10.00 CONSULTATION REQUIRED**

10.01 Not Applicable

**11.00 CONSULTATION UNDERTAKEN**

11.01 Not Applicable.

**12.00 APPENDICES**

12.01 Appendix 1 - Breakdown of Adult Protection Referrals & Outcomes

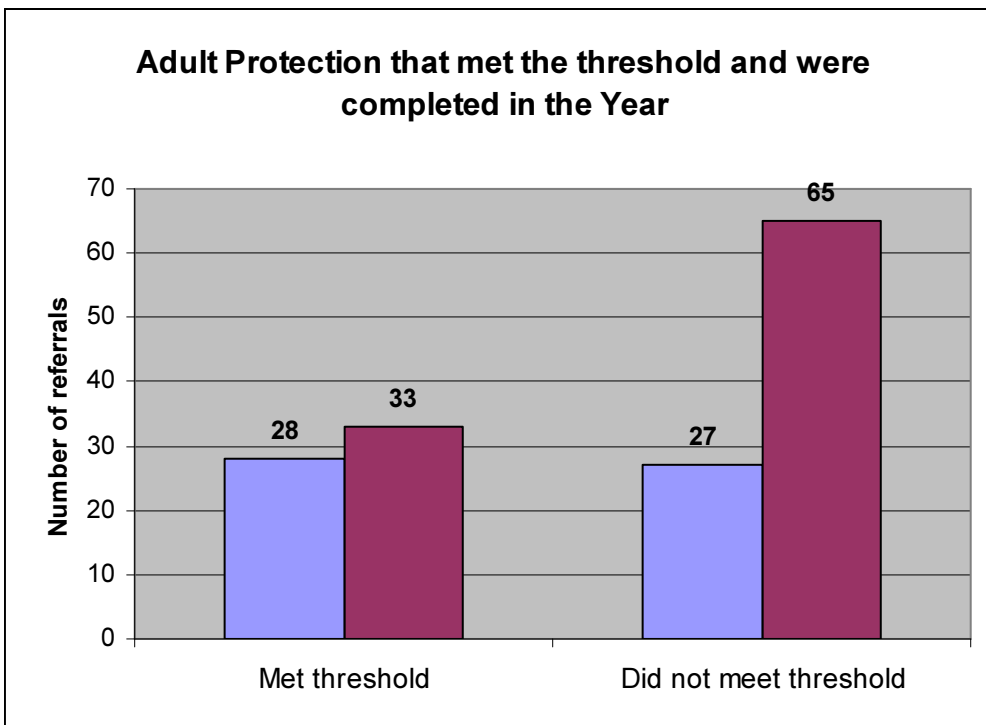
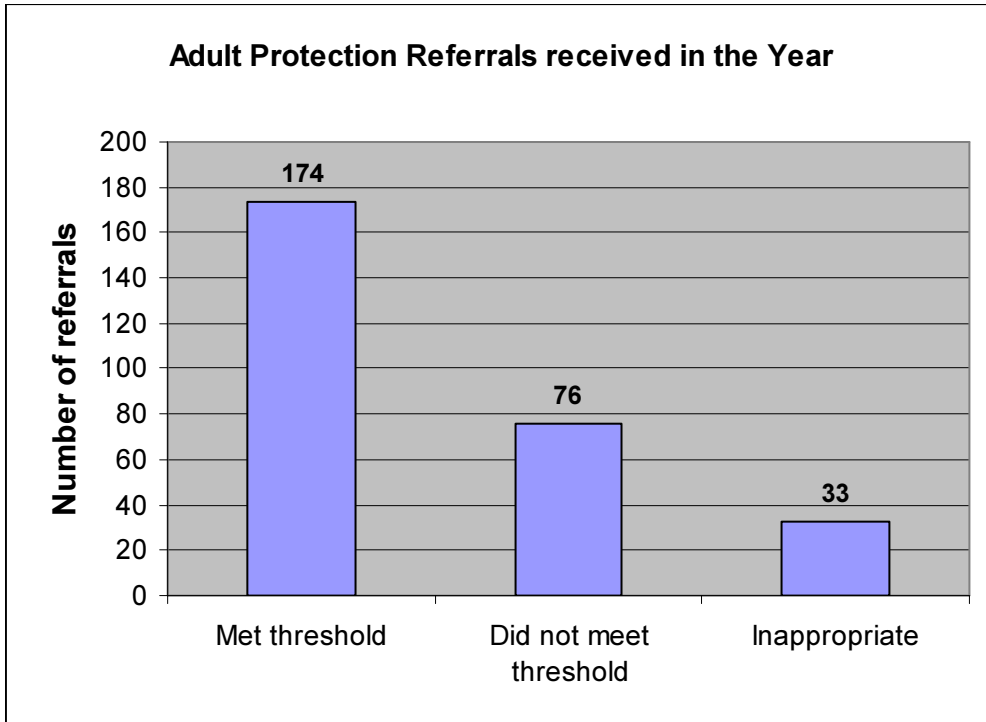
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BACKGROUND DOCUMENTS**

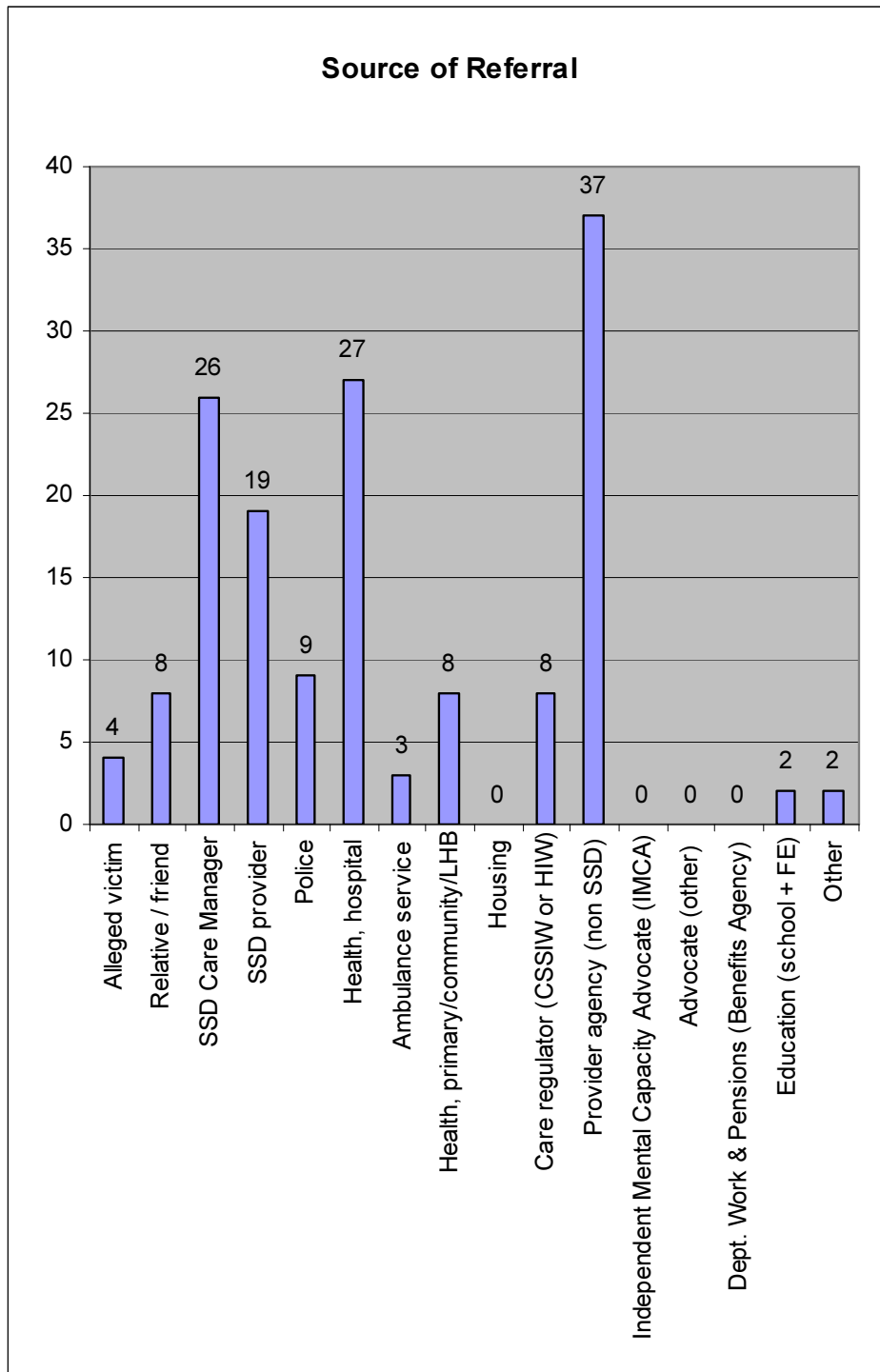
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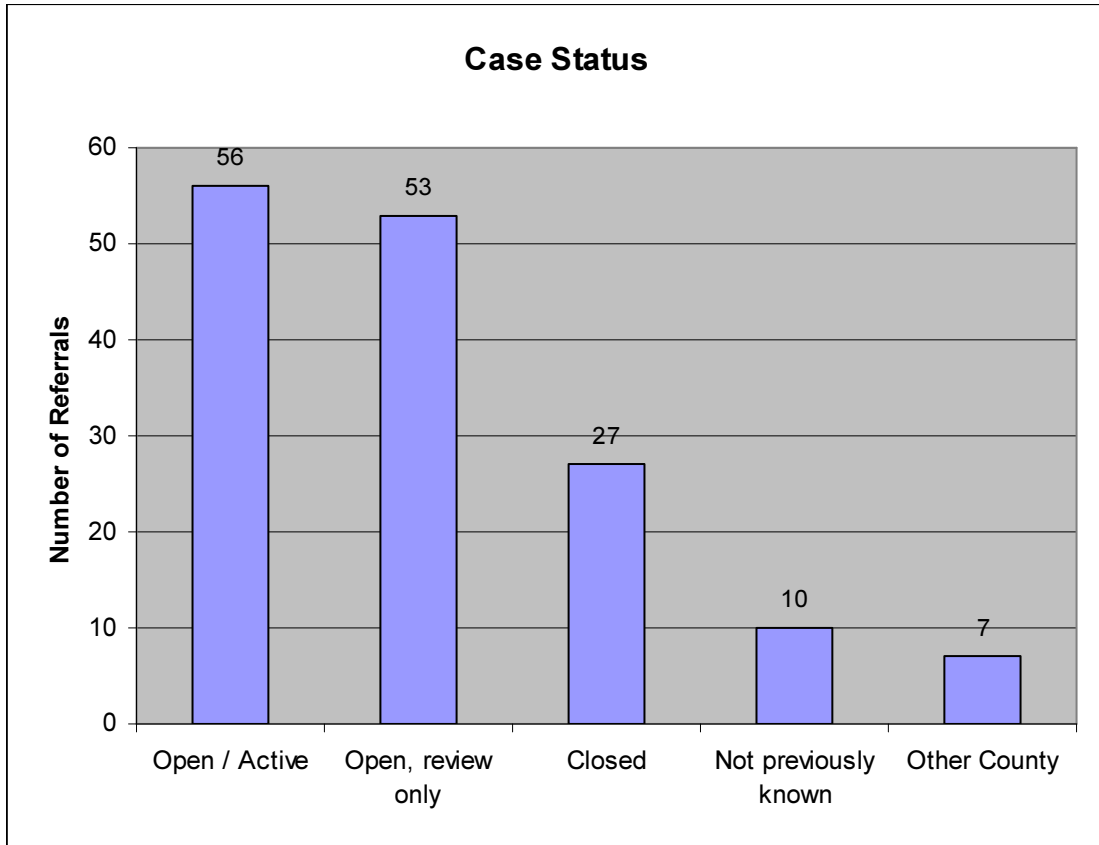
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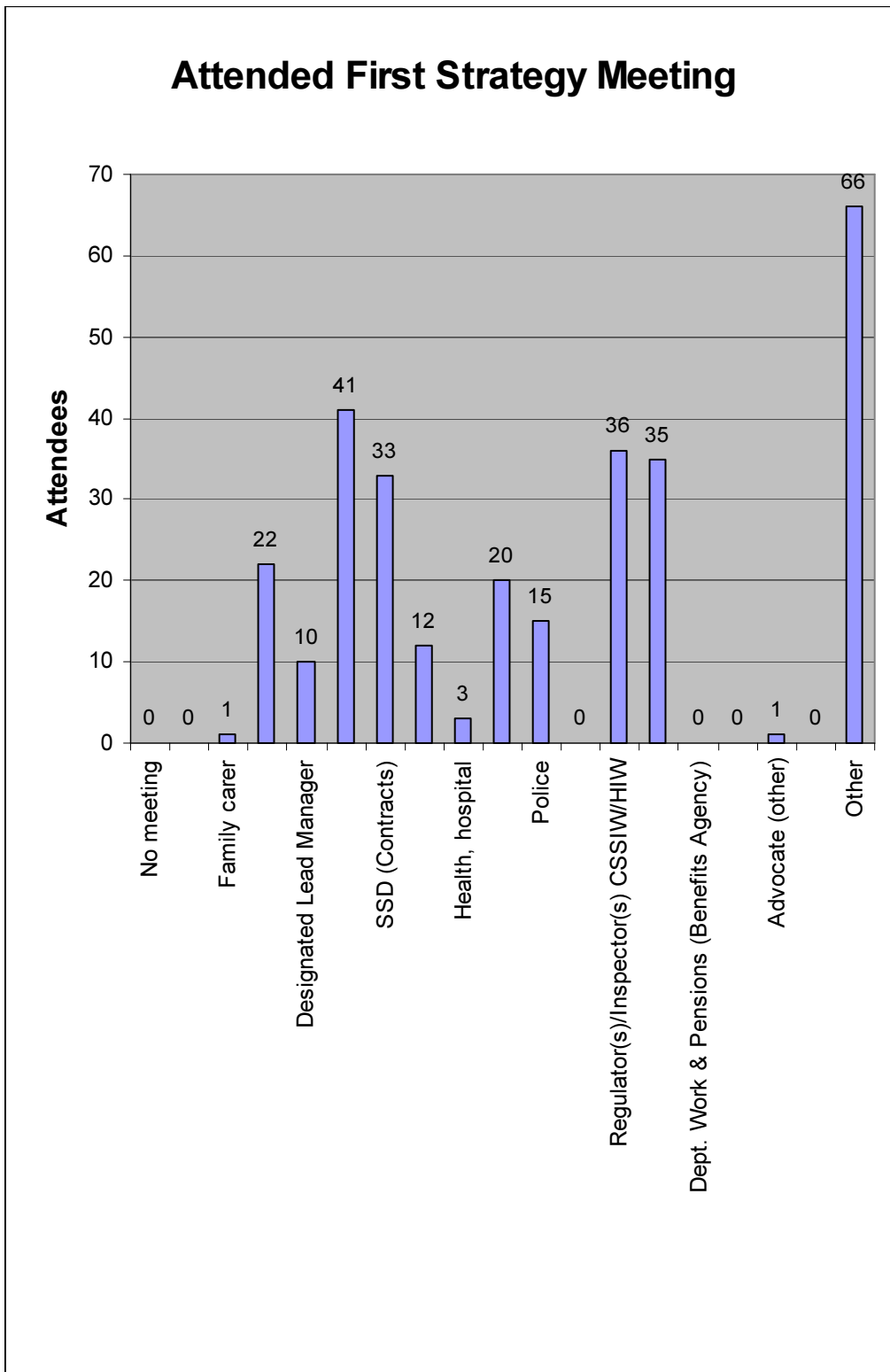
**Telephone: 01352 702561**

**Email: christine.duffy@flintshire.gov.uk**

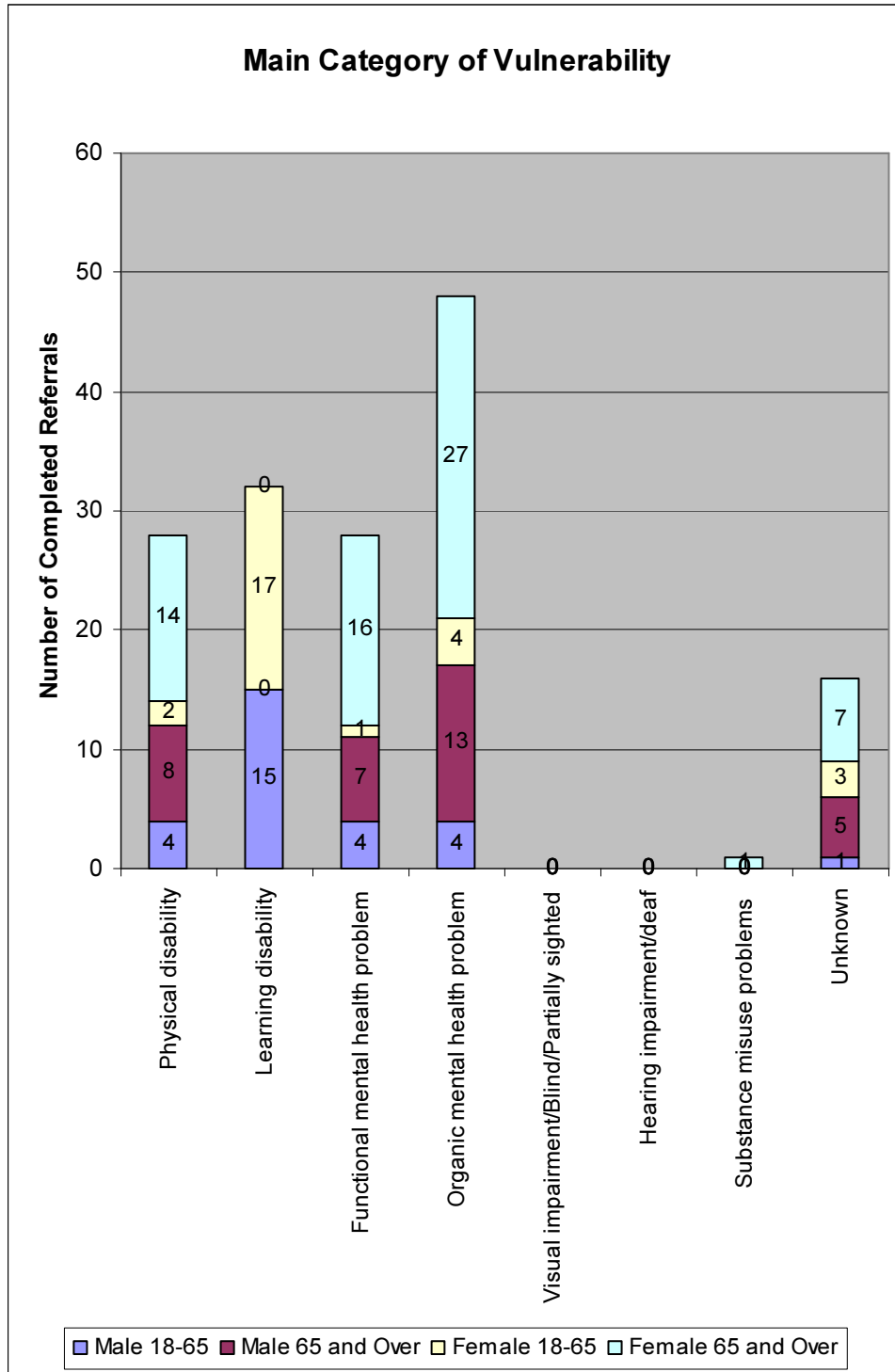


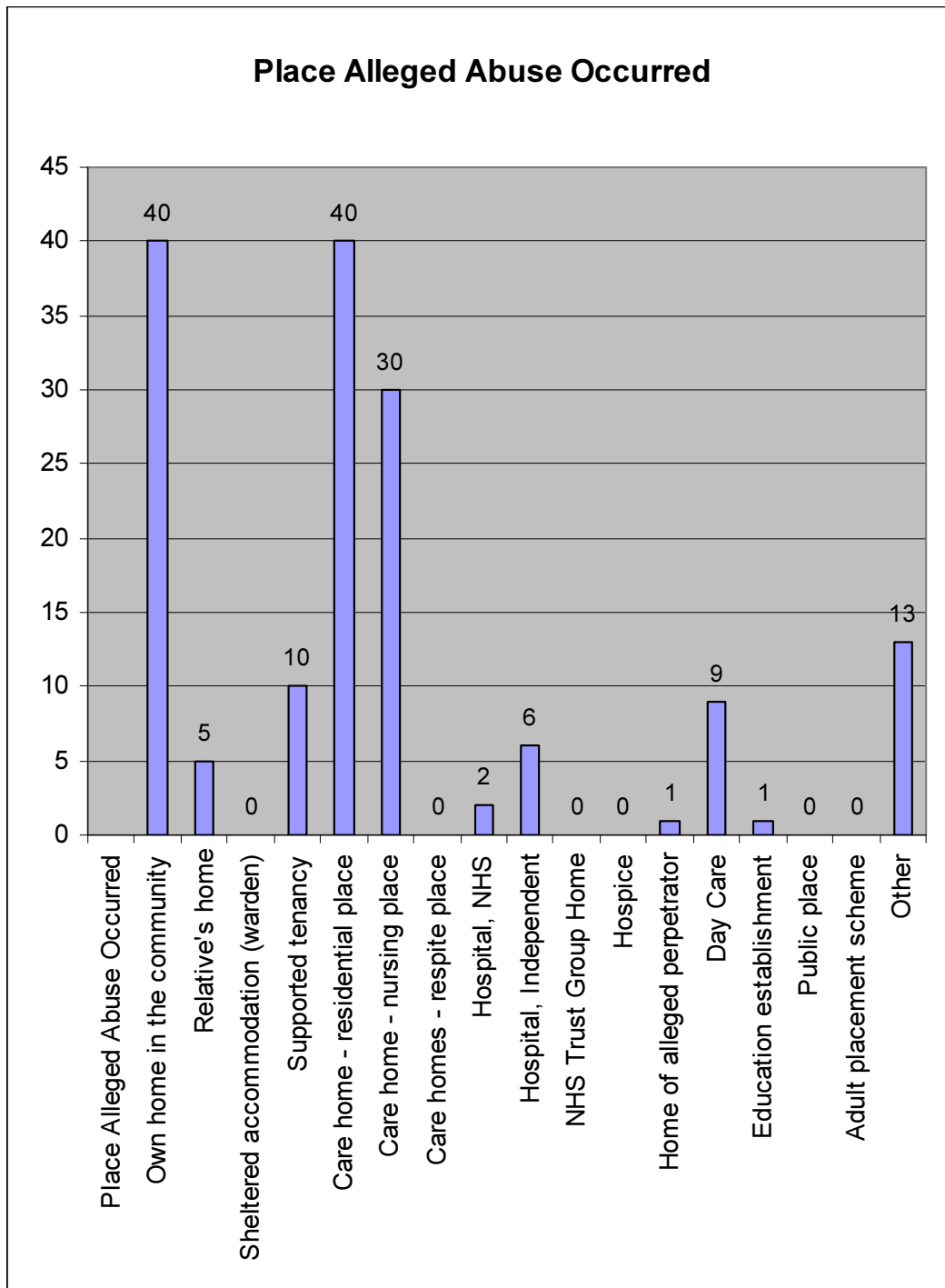


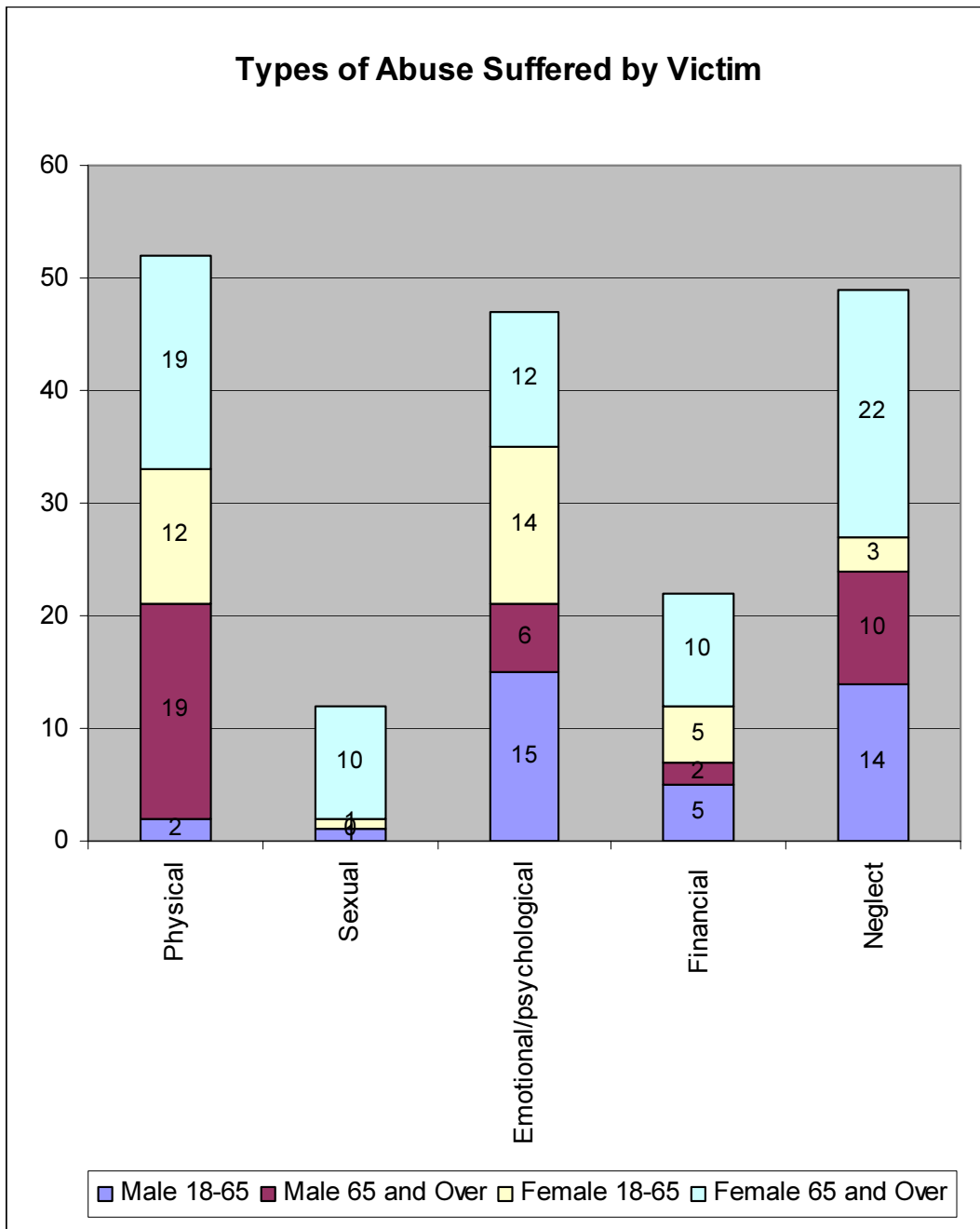


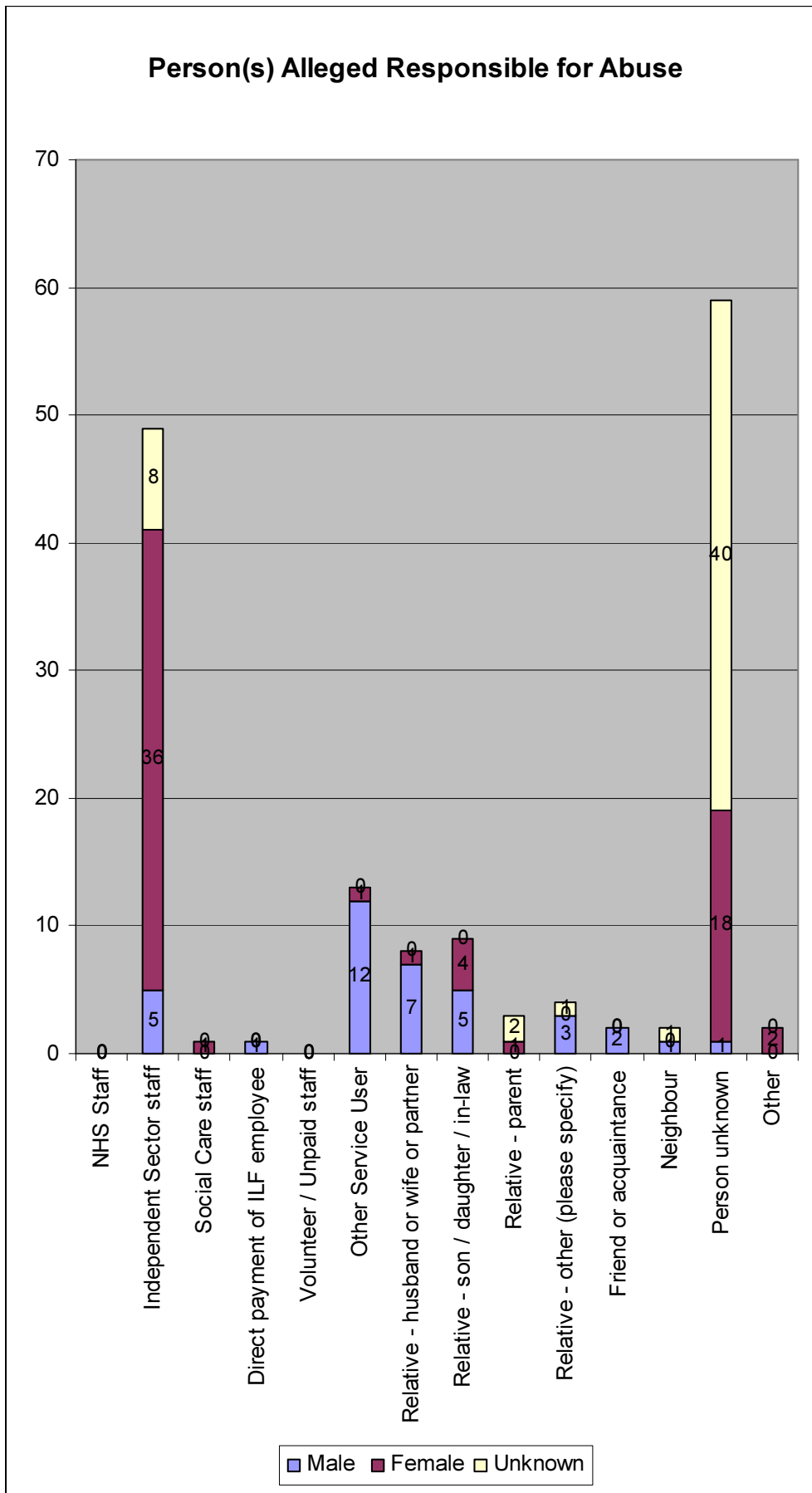


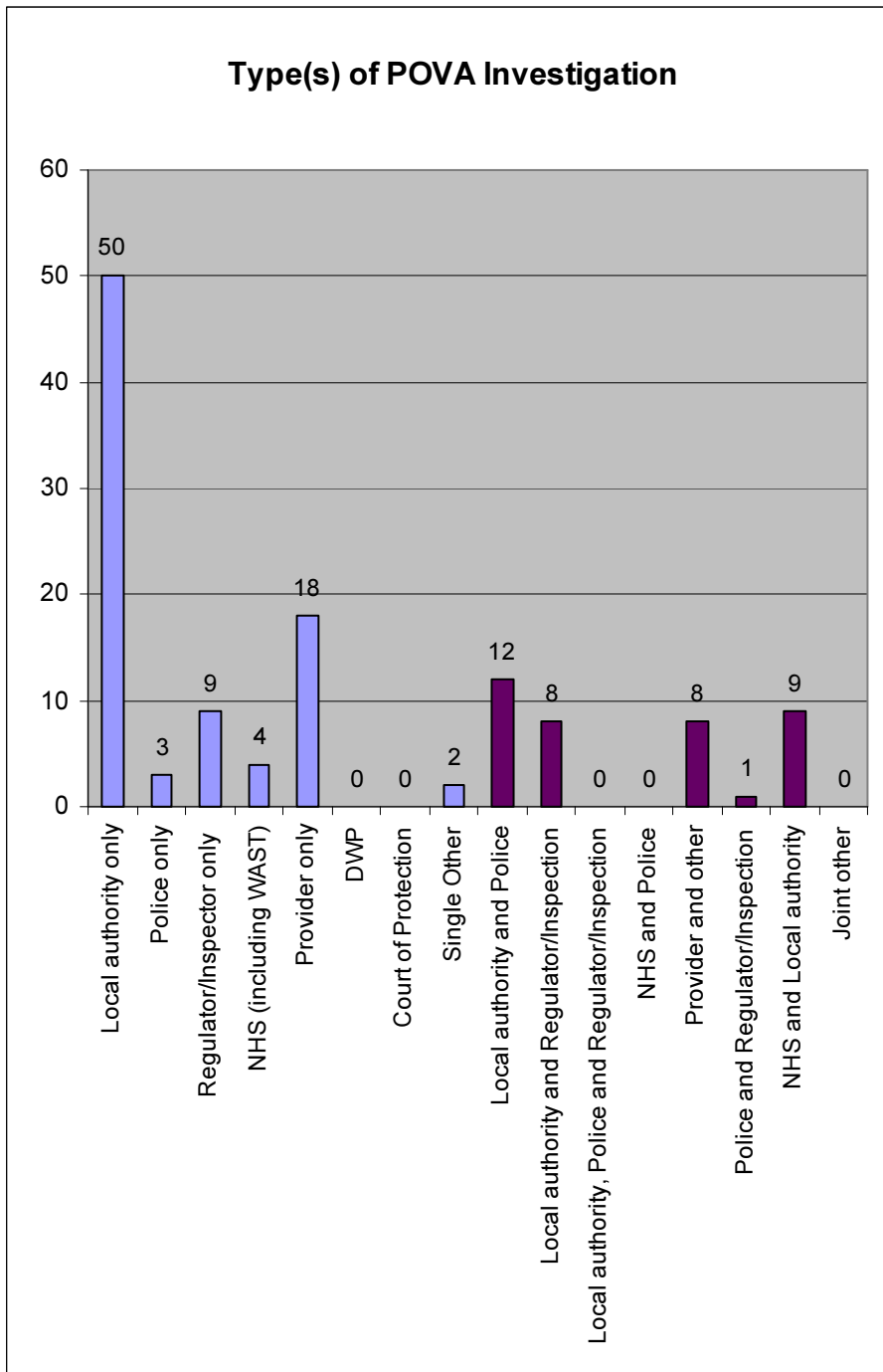


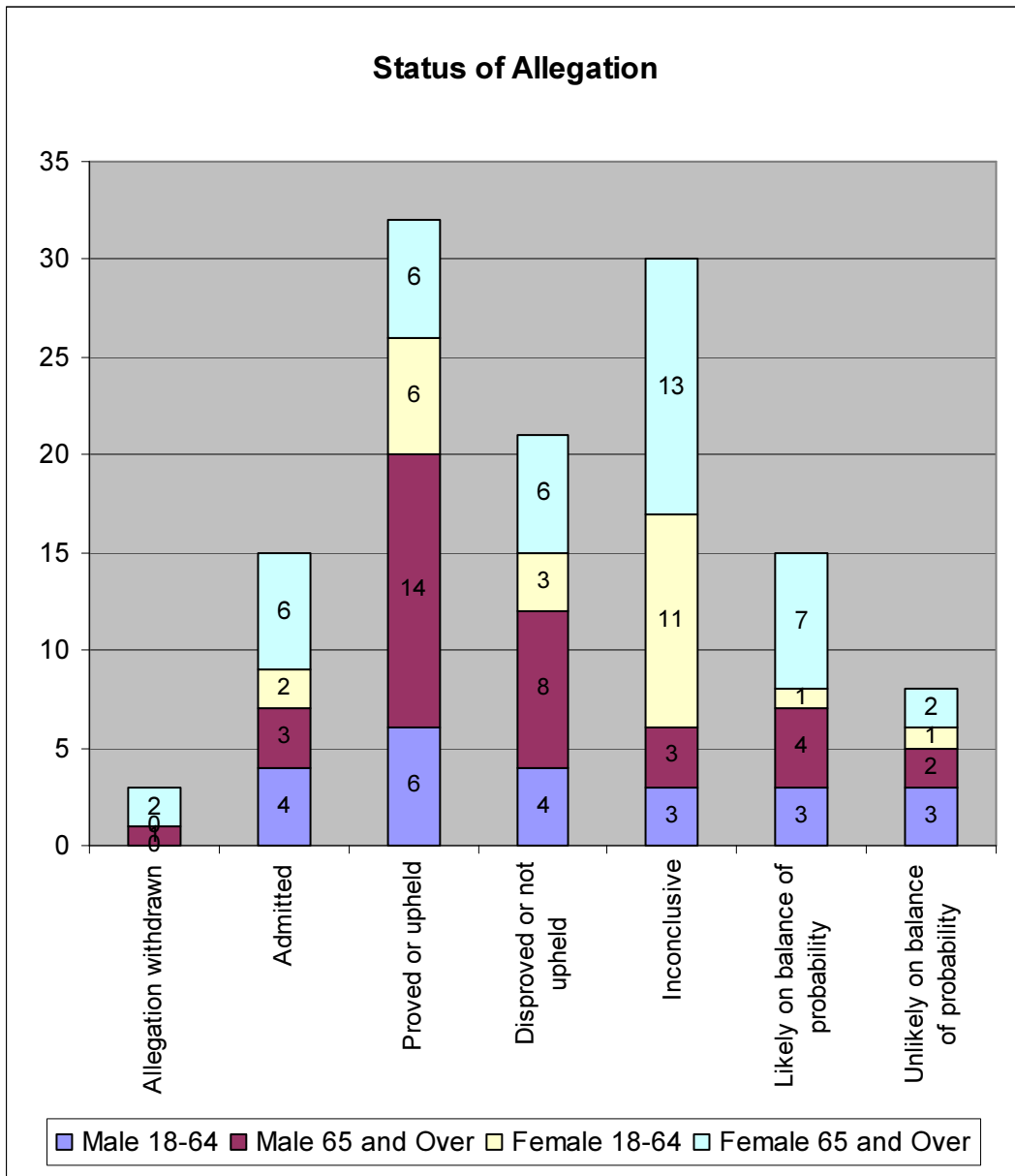


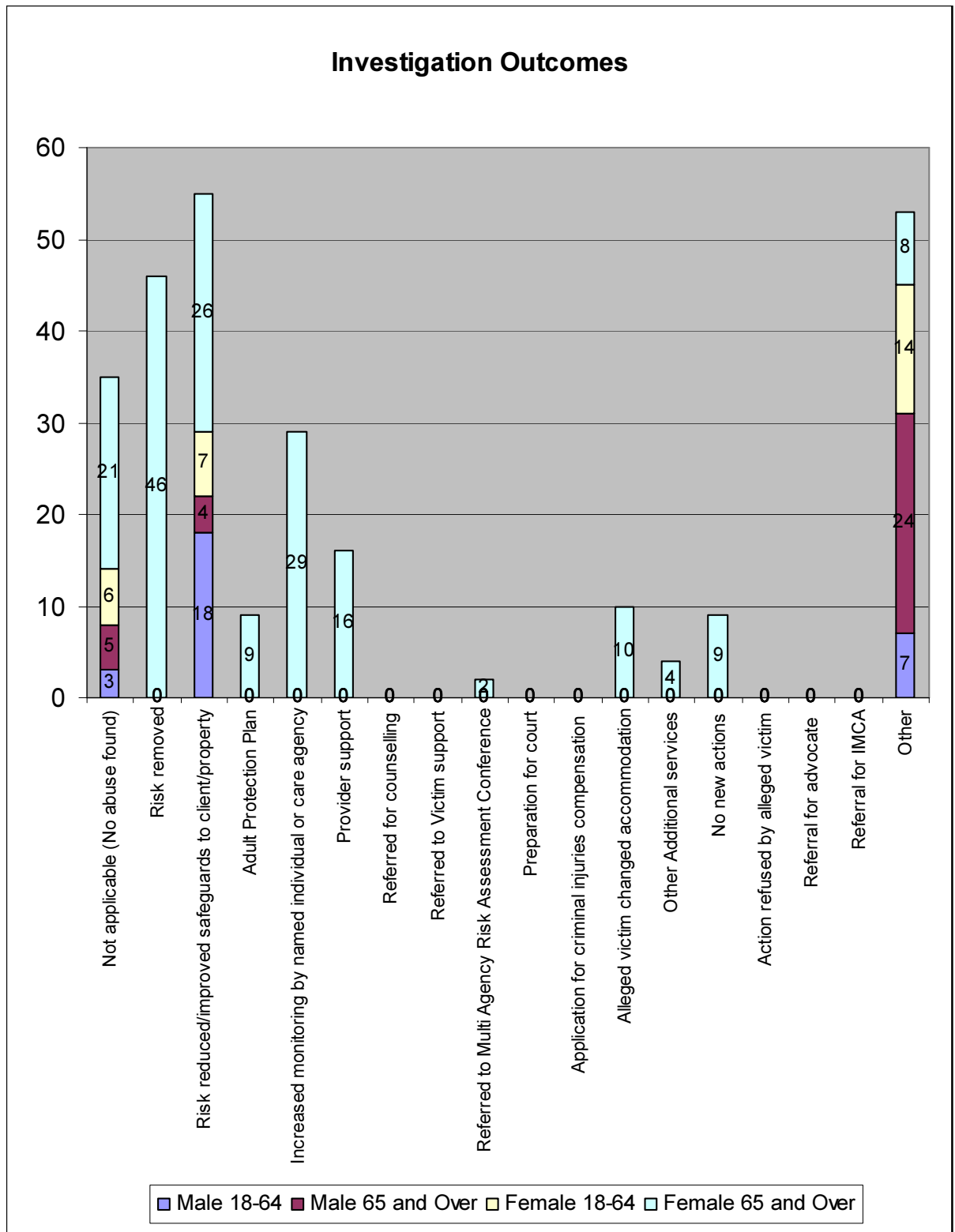


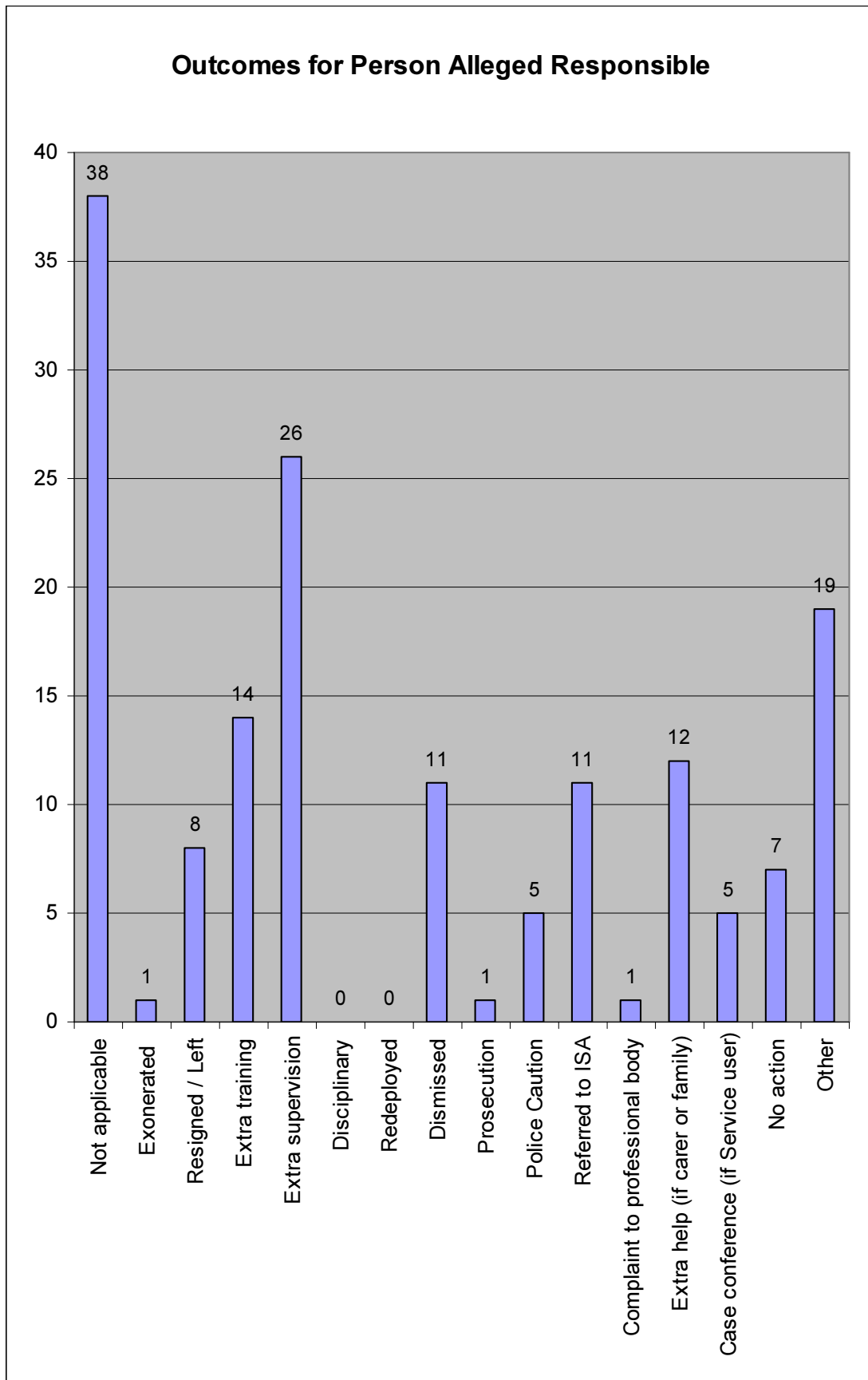




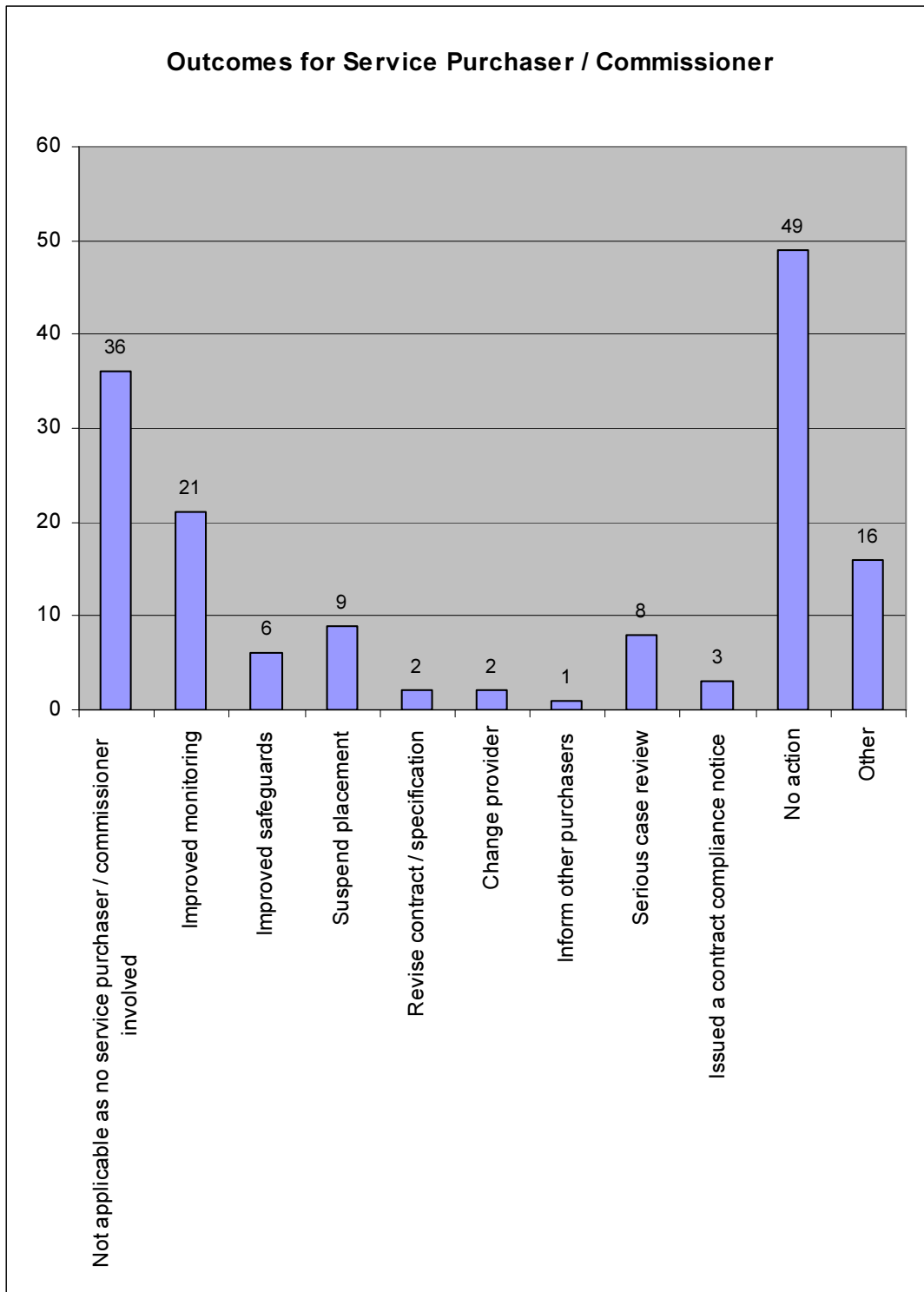












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## FLINTSHIRE COUNTY COUNCIL

**REPORT TO:** **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**

**DATE:** **25<sup>TH</sup> JULY 2013**

**REPORT BY:** **DIRECTOR OF COMMUNITY SERVICES**

**SUBJECT:** **ROTA VISITS**

### **1.00 PURPOSE OF REPORT**

1.01 To report on the rota visit activity and outcomes during 2012/ 13.

### **2.00 BACKGROUND**

2.01 The need to ensure we have appropriate safeguards in place to monitor the quality of our services has never been more important. In the context of high profile cases such as Winterborne View and the Francis Report, rota visits by Elected Members have a vital part to play in monitoring service quality.

2.02 In order to ensure that all feedback on Providers performance is collated in a centralised place and that service standards are regularly evaluated Flintshire transferred the coordination of Rota visits to it's Contract Monitoring Team in October 2012

2.03 The Contract Monitoring Team arranged 3 briefing sessions for Elected Members to inform them about the work of the various services provided by Flintshire County Council and the outcomes these services seek to achieve. Briefing packs were produced that included detailed information about the 16 establishments included in the schedule of visits which spanned both Adults and Children's services.

### **3.00 CONSIDERATIONS**

3.01 The process and Rota visit report format was revised in line with best practice moving away from a focus on outputs to a greater emphasis on quality of life experience for those in receipt of the service.

3.02 The Protocol for Rota Visits confirmed that such visits are in no way intended to mirror or replace the role of the CSSIW as Regulator or indeed the Local Authorities Contract Monitoring function but rather provide an independent view of the quality and management of services as well as informing Members' of the range of services the

Council provides

- 3.03 A new electronic process of allocating Rota visits and submitting completed Reports was introduced in October 2012. The coordinator contacts members by phone and a discussion is had around a preferred establishment to visit. The coordinator will then confirm the visit by e-mail and will include the contact details of the manager and establishment, a report template and guidance notes. The Member will then arrange a suitable time to visit.
- 3.04 Once the visit has been undertaken the report is completed and returned to the coordinator within 2 weeks. The report is then passed to the Head of Service and a response to the report is given within 2 weeks.
- 3.05 To date 16 visits have been allocated to Elected Members and 9 complete reports received. All completed reports indicate a satisfactory quality of service is being provided, with a small number of issues raised which have been responded to by the relevant Service Manager

#### **Issues Arising**

- 3.06 A number of Members have allocated visits outstanding for the period and support will be made available to ensure these are completed.
- 3.07 A timeframe of one calendar month from the date of visit for return of completed Rota visit Reports was agreed. However, this has not always been possible but will continue to be worked towards.
- 3.08 The implementation of an electronic system has been met with a mixed response and further discussion with individual Members may be required.
- 3.09 During the pilot period new processes and paperwork have been implemented. However not all Members have had the opportunity to date, to complete this documentation.

#### **4.00 RECOMMENDATIONS**

- 4.01 Members are requested to note and comment on the report, including the issues outlined in 3.06 – 3.09.

#### **5.00 FINANCIAL IMPLICATIONS**

- 5.01 None

**6.00 ANTI POVERTY IMPACT**

6.01 None

**7.00 ENVIRONMENTAL IMPACT**

7.01 None

**8.00 EQUALITIES IMPACT**

8.01 All facilities in both Adults and Children's Services have been independently visited and a formal report completed

**9.00 PERSONNEL IMPLICATIONS**

9.01 None

**10.00 CONSULTATION REQUIRED**

10.01 None

**11.00 CONSULTATION UNDERTAKEN**

11.01 None

**12.00 APPENDICES**

12.01 Appendix 1 - SCL/rota visits protocol / 7.3.03  
Updated – 19/9/12

12.02 Appendix 2 - Rota Visit Timetable

**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985  
BACKGROUND DOCUMENTS**

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## **FLINTSHIRE COUNTY COUNCIL**

### **Appendix 1**

#### **PROTOCOL CONCERNING ROTA VISITS BY ELECTED MEMBERS TO SOCIAL CARE ESTABLISHMENTS FOR CHILDREN AND ADULTS**

This protocol is a summary guide for elected Members and officers of the Council to assist in the effective operation of rota visits by elected Members to social care establishments. It should be seen in conjunction with other guidance such as local policies and procedures and national advice, e.g. Children First.

The main purpose of visits by Members to establishments is to help ensure that services are being provided to appropriate and safe standards and that they give best value to the service users of those establishments and to the Council as a whole. As such, it is essential that the visiting Member has received training from officers, is adequately informed about the purpose of the establishment and is able to spend time with service users, listening to their opinions about the service.

These visits are in no way intended to mirror or replace either the inspection role or contract monitoring. However, they do play a key role in providing a view of services which is independent of the management of services, and they inform Members' accountability for the range and quality of services provided. Therefore:

#### **OFFICERS WILL:**

- ensure that establishments expect to receive visits by Members
- brief Members beforehand about the nature and purpose of the establishment
- receive Members courteously and give full and free access to the running of the establishment (see exceptional circumstances below)
- advise Members of issues of privacy and confidentiality which may arise during their visit.
- inform service users that they should expect Members to visit, and wherever possible, allow for service users to escort Members on their visit
- always allow space for service users to speak in private to visiting Members and actively encourage them to speak openly about the service
- responsibly voice any concerns staff may have about the running of the establishment to Members
- ensure that Members receive responses to their visits as required

## **MEMBERS WILL:**

- make prior arrangements to visit establishments with the visits co-ordinator or the manager of the establishment
- always carry their I.D. and explain the nature of their visit to staff on duty
- ensure that each visit includes reference to the well being of service users, discussions with staff and an examination of the building
- pay particular regard to the rights of service users to have a voice in the way services are run and encourage comment and discussion
- observe confidentiality about service users and staff if any such information is shared with them
- listen to any concerns of service users and staff and report these in full, but avoid making any immediate commitments until senior managers have been consulted
- respect the privacy and dignity of service users (e.g. do not examine bedrooms without the resident's permission)
- **Be alert to any child protection or vulnerable adult protection concerns and report these as a matter of urgency to the relevant Director**
- return the completed Report of Rota Visit as soon as possible after the visit to the visits co-ordinator

## **EXCEPTIONAL CIRCUMSTANCES**

In some exceptional circumstances the senior manager on duty may consider that the timing of a visit may be inappropriate, usually to do with the safety or welfare of service users. In such circumstances the manager may explain why this is not a good time for the visit to proceed and the Members will agree to postpone the visit. However, in that event the manager must ensure that a report is made to the relevant Director as a matter of urgency explaining that a rota visit has been postponed and why.

## **FREQUENCY OF VISITS**

Each establishment on the list for visits should be visited at least once during a 12 month period, and a maximum of four visits per year.

The rota visit coordinator will contact Members on a quarterly basis to discuss the allocation of establishments.

SCL/rota visits protocol/7.3.03  
Updated – 19/9/12



## Rota Visits by Elected Members

Period 10.08.12 – 14.07.13

Establishment	Date allocated to Member	Member
Abbey Metal	13.2.13	Councillor Mackie
Arosfa	18.10.12	Councillors Bateman
Castle Connections	13.2.13	Councillor Mackie
Croes Atti Day Centre	30.01.13	Councillor Jones
Croes Atti	30.01.13	Councillor Jones
Estuary Crafts *	10.08.12	Councillor McGuill
Glanravon Day Centre	11.02.13	Councillor McGuill Councillor Ellis
Hafod	18.10.12	Councillors Bateman
Marleyfield Day Centre *	10.08.12	Councillor Mackie
Marleyfield Residential Home	18.10.12	Councillor Hinds
Melrose Day Centre	11.02.13	Councillor Gay
NEWCES	04.01.13	Councillor Lloyd
Orchard Way	04.01.13	Councillor Lloyd
Rowleys Pantry *	10.08.12	Councillor McGuill
Tri Ffordd	11.02.13	Councillor McGuill Councillor Ellis
Woodlee	11.02.13	Councillor McGuill Councillor Ellis

\* visits carried prior to new procedure and documentation

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