

Public Document Pack



Contact Officer:
Sharon Thomas 01352 702324
sharon.b.thomas@flintshire.gov.uk

To: Cllr Carol Ellis (Chair)

Councillors: Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, David Healey, Cindy Hinds, Hilary Isherwood, Brian Lloyd, Mike Lowe, Hilary McGill, Dave Mackie, Mike Reece, Ian Smith, Carolyn Thomas and David Wisinger

15 January 2016

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 2.00 pm on Thursday, 21st January, 2016 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items

A G E N D A

1 APOLOGIES

Purpose: To receive any apologies.

2 DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Purpose: To receive any Declarations and advise Members accordingly.

3 MINUTES (Pages 3 - 10)

Purpose: To confirm as a correct record the minutes of the meeting held on 17 December 2015.

4 CSSIW ANNUAL PERFORMANCE REPORT 2014/15 (Pages 11 - 40)

Report of Chief Officer (Social Services) enclosed

Purpose: To receive a presentation from CSSIW on their findings.

5 **ADULT SAFEGUARDING REPORT** (Pages 41 - 54)

Report of Chief Officer (Social Services) enclosed.

Purpose: To update members on Adult Safeguarding Performance and current issues.

6 **EXTRA CARE HOUSING** (Pages 55 - 58)

Report of Chief Officer (Social Services) enclosed.

Purpose: To receive an update on the development of Extra Care facilities in Flintshire.

7 **ROTA VISITS**

Purpose: To receive a verbal report from Members of the Committee.

8 **FORWARD WORK PROGRAMME** (Pages 59 - 66)

Report of Social and Health Care Overview & Scrutiny Facilitator enclosed.

Purpose: To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee.

Yours faithfully



Peter Evans
Democracy & Governance Manager

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **17 DECEMBER 2015**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Thursday, 17 December 2015

PRESENT: Councillor Andy Dunbobbin (Vice-Chair in the Chair)

Councillors: Veronica Gay, Hilary Isherwood, Brian Lloyd, Mike Lowe, Hilary McGuill, Dave Mackie, Mike Reece, Ian Smith and David Wisinger

APOLOGY: Councillor Carol Ellis

CONTRIBUTORS: Councillor Christine Jones, Cabinet Member for Social Services; Chief Officer (Social Services); Senior Manager: Commissioning and Performance; Senior Manager: Integrated Services, Lead Adults; Workforce Development Team Manager; Information Officer; Occupational Therapist Senior Practitioner, First Contact team; and Third Sector Co-ordinator, Flintshire Local Voluntary Council

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

46. DECLARATIONS OF INTEREST

Councillor Dave Mackie declared a personal interest in the following items as he was a member of the Community Health Council and the Fostering Panel:

Agenda Item 4 - Social Services Wellbeing Act Update
Agenda Item 5 - Q2 Mid Year Improvement Plan Monitoring Report

Councillor Hilary McGuill declared a personal interest on Agenda Item 5 as a family member had been the recipient of a Disabled Facilities Grant.

47. MINUTES

The minutes of the meeting held on 5 November 2015 had been circulated with the agenda.

Accuracy

On Declarations of Interest, the Chairman clarified that he was a member of the Adoption Panel and that Councillor Dave Mackie was a member of the Fostering Panel.

Matters Arising

Councillor Hilary McGuill asked that the criteria for the new national eligibility framework be shared before March 2016, along with the current criteria. The Senior Manager: Commissioning and Performance agreed to share the current criteria and would circulate the new criteria when this had been received from Welsh Government. Councillor McGuill asked that the two sets of information be provided in the same format to allow for comparison.

On rota visits, the Chief Officer confirmed that visits had taken place to at least three private sector homes and had been well received by Members.

RESOLVED:

That, subject to the amendment, the minutes be approved as a correct record and signed by the Chair.

48. SOCIAL SERVICES WELLBEING ACT UPDATE

The Chief Officer introduced an update on the fundamental changes in the policy and legislative framework which underpinned the Council's work to prepare for implementation of the Social Services and Wellbeing (Wales) Act from 6 April 2016. The legislation was important not only to Social Services but also to wider services and its extensive scope included new responsibilities for councils and health boards on transforming service delivery. The legislation would be implemented through a phased approach and would change expectations between service providers and service users by providing support at an earlier stage to encourage longer independent living.

The Senior Manager: Commissioning and Performance said that the Council was well placed to prepare for the incoming Act and detailed the key principles, as set out in the report, to be implemented on completion of the formal consultations. These were linked to the 'What Matters' assessment, the development of the Single Point of Access (SPOA) system and the new regional Dewis portal. To explain more about the aim of the Act, the Committee was shown a brief animation clip entitled 'What matters to you - matters to us' available on the Social Services Improvement Agency (SSIA) website.

Although some details were still awaited from the Welsh Government (WG), the Council had already begun preparations through a range of training sessions aimed at raising basic awareness with staff with more targeted training for practitioners. The Workforce Development Manager encouraged Members to access details on the Act via the Care Council for Wales information and learning hub, of which a link would be made available. She spoke about the Council's involvement in the SSIA pilot initiative on outcome focussed training and the rollout of nationally commissioned training modules in February 2016.

The Occupational Therapist Senior Practitioner from the First Contact and Intake team delivered a presentation on actions which had been taken to address the increase in referral rates and decreased resources. She described

improvements to the team structure and the trialling of integrated assessment documentation which had been well received, and gave example case studies where the team had worked with individuals to identify and resolve underlying issues to achieve the outcomes expressed by those individuals.

The Information Officer provided details on the Dewis portal which offered a range of information on the requirements of the Act and shared copies of newsletters on the system and SPOA. The Dewis portal had been live since September 2015 and would be publicly launched in February 2016 to coincide with further information on the Act. A link to the Dewis Cymru website was included in the report and Members were offered the opportunity for a practical demonstration after the meeting.

Whilst Councillor Dave Mackie welcomed the layout of the report in clarifying the 11 key proposed changes from the Act, he pointed out that links to background documents should be accessible to allow proper consideration. He felt that presentations should be based on information already given to Members rather than new information, and that the length of time allocated should allow for Members to scrutinise and raise questions.

In acknowledgement, the Chief Officer stressed the importance of presenting different elements of information on this highly complex legislation, especially as Member training on the new Act had not been well attended. In response to comments on the initial enquiry form used for the What Matters assessment, it was explained that this information was input on the PARIS system and had been printed for Members to view.

It was explained by the Facilitator that a longer presentation had been agreed to accommodate the range of the information needed to equip Members ahead of the implementation of the Act.

Councillor Christine Jones felt that the information had been well presented and summarised as much as possible in anticipation of the Act which was extremely comprehensive, however a further session could be arranged if Members wished. On the content of the presentation, she pointed out that information on Dewis had been included in the report and that SPOA had previously been reported to the Committee.

In response to comments on accessing electronic links to embedded documents, Councillor Veronica Gay asked if IT colleagues could be requested to resolve this on Members' iPads. The Facilitator agreed to pass on the comments made as the new report template was still being piloted.

Councillor Hilary McGuill raised concerns about the need for cross-county links and the commitment to respond promptly to crisis situations. The Chief Officer referred to the separation of systems between England and Wales and the need for continued communications on the co-ordination of work with Cheshire West. Councillor McGuill also suggested that the Llys Eleanor gymnasium could be utilised by voluntary organisations to conduct sessions.

In response to concerns about the initial assessment process, the Senior Manager: Integrated Services/Lead Adults gave assurance that rather than just a tick-box exercise, skilled officers carried out this conversation by telephone or in person, as demonstrated in the example case study. In response to positive comments on the effectiveness of the Crisis Intervention Team, officers referred to the integration of the team which was based alongside SPOA which allowed for risks to be identified and the appropriate support to be deployed. On links with the voluntary sector, the Flintshire Local Voluntary Council (FLVC) Co-ordinator, who had been seconded to the Crisis Team, explained more about this joint working including signposting to other organisations to help people live independently. A Red Cross representative within the Reablement Team was also able to work with individuals, thus maximising Occupational Therapist resources.

Councillor Hilary Isherwood felt that there should be a commitment from WG to provide funding to support the new legislation and that there should be education from a young age to encourage everyone to take ownership of their own health, to adopt a balanced healthy lifestyle and to engage with communities on helping older residents. She also felt that the Council could change its way of working to adapt to the needs of older residents, for example within the Housing service, for adaptations to be in place within properties at the start of the process.

Councillor Jones gave assurance that work on the Strategic Housing and Regeneration Programme included the provision of homes for the future. She added that the Council worked alongside the education and health sector on various strands of the Health and Wellbeing Strategy.

The Chief Officer said that although some progress had been made on funding for social care, there were still significant pressures, including those arising from the Act, which demonstrated the need to push for continued funding.

Councillor McGuill reported a problem with the identification of postcodes on the Dewis system, an issue which had previously been raised.

Councillor Mike Lowe thanked officers for the informative presentation and asked about signposting of information. Officers replied that the Care Council for Wales website contained useful information for the public and practitioners and would be promoted through an advertising campaign, although traditional means of communication could also be used to access information. On referrals, Members were advised that GPs were able to email details directly to SPOA.

RESOLVED:

- (a) That the overall assessment that we are well placed in preparing for the implementation of the Act; and

- (b) That the Committee receive regular updates about implementing the Act and gives further consideration to how elected Members can support the core principles and key messages of the Act.

49. Q2 MID YEAR IMPROVEMENT PLAN MONITORING REPORT

The Facilitator introduced the regular update report to consider progress towards the delivery of the impacts set out in the 2015/16 Improvement Plan, focussing on the areas of under-performance relevant to the Committee during the second quarter. The only red risk area was where performance on the average number of calendar days taken to deliver a Disabled Facilities Grant (DFG) for children had slightly exceeded the target.

Councillor Hilary McGuill referred to changing needs over time and felt that a better approach was for more cost-effective responsive intervention by Occupational Therapists to help families with a disabled child. The Chief Officer agreed and said that alternative proportionate options were explored, as opposed to traditional approaches, to respond to the needs of individuals. On the performance outturn, he reported that there had been some improvement despite the number of complex cases.

The Senior Practitioner added that Occupational Therapists tended to adopt a more creative approach as part of their everyday work and shared information with peer groups.

In response to questions from Councillor McGuill, the Senior Manager: Integrated Services, Lead Adults explained that the red risk had not met its target due to legal aspects on property ownership rather than the assessment process. She was aware of a list of DFG adaptations for adults but would check if a similar list was kept for children.

Councillor Dave Mackie asked if future reports could include reasons for where the target had not been met. The Chief Officer agreed to relay this to colleagues. On family support, Councillor Mackie reiterated concerns raised by schools on the need for parents to ensure their children were toilet trained before attending nursery, and the impact this had on school resources. Councillor Jones said that the support available from Flying Start worked well in those particular areas and the Senior Manager pointed out the role of health visitors in supporting parents. In response to further queries, explanation was provided on progress with the integration of teams and availability of confidential working areas in the Flint office.

On safeguarding, Councillor McGuill welcomed the integration of adults and children's services but questioned whether effective communication channels were in place, following an email recently circulated. She stressed the importance of preparing children in care for adulthood to ensure they were equipped with the life skills needed for that transition period so that they were able to cope when support was later withdrawn.

As a kinship carer, the Chairman commended the different elements of support given to him and his family.

The Chief Officer said that the Safeguarding Unit was highly regarded as had been recognised during the recent inspection of Children's Services. He explained that services for adults and children were co-located in the Flint office which enabled easier communication. On Children's Services, he said that the Authority was doing as much as any other to seek improvements and share learning, and that there was a balance of support for children in care to prepare them for the wider world.

The Senior Manager said that pathway planning involved looking at the individual and developing their ability to cope, and that more work on individual resilience would be done as required by the new Act.

On the Dementia Respect Empathy and Dignity (RED) project, Councillor Veronica Gay expressed concern that only two GP surgeries had signed up from Flintshire. The Senior Managers gave assurance that Flintshire GPs were supporting people with Dementia and that the project would need time to achieve its aim of building up a network of volunteers.

RESOLVED:

- (a) That the report be noted; and
- (b) That the comments on the 'red' risk areas be referred to the Corporate Resources Overview & Scrutiny who are responsible for the overview and monitoring of performance.

50. ROTA VISITS

Councillors Dave Mackie and Hilary McGuill gave a positive report on their visits to independent sector care homes. They praised the expertise and knowledge of Nicki Kenealy and referred to the importance of these homes in providing aftercare for people leaving hospital. Councillor Mackie also gave positive feedback on the support provided to people attending the short-term care houses for learning disabilities at Hafod and Woodlee, and on the management of this service (Jayne Appleby).

Councillor Christine Jones spoke in support of her visit to The Cottage Nursing Home in Mold.

RESOLVED:

That the information be noted.

51. FORWARD WORK PROGRAMME

The Facilitator introduced a report to enable the Committee to consider the Forward Work Programme. The following was agreed:

- The CSSIW Annual Report to be prioritised first on the agenda for the meeting on 21 January 2016.
- Confirmation that the Committee would meet to finalise the 2016/17 budget on Monday 25 January 2016 at 2pm.
- Members of the Committee would be invited to attend the Organisational Change Overview & Scrutiny Committee meeting in February 2016 for a report on alternative delivery models.
- The two Children's Services related items scheduled for 3 March 2016 to be combined into one report.
- A working group on the Annual Council Reporting Framework (ACRF) would need to be arranged prior to consideration of this item at the Committee's meeting in April 2016.
- Representatives of Betsi Cadwaladr University Health Board to attend a special meeting of the Committee on Wednesday, 8 June 2016 at 10am.

The Chief Officer advised that this would be the last time that the ACRF would be presented, due to a change to the regulations next year.

RESOLVED:

That the Forward Work Programme be updated accordingly.

52. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There were no members of the press or public in attendance.

(The meeting started at 10.00am and ended at 12.00pm)

.....
Chair

This page is intentionally left blank



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

| | |
|------------------------|---|
| Date of Meeting | Thursday, 21 January 2016 |
| Report Subject | CSSIW Annual Performance Report 2014/15 |
| Cabinet Member | Cabinet Member, Social Services |
| Report Author | Chief Officer, Social Services |
| Type of Report | Strategic |

EXECUTIVE SUMMARY

The Care and Social Services Inspectorate for Wales (CSSIW) have produced their annual report for Flintshire Social Services. The report relates to performance in 2014/2015. In their report CSSIW provide their assessment of:

1. progress in delivering areas identified as requiring improvement in 2014/15
2. achievements delivered in 2014/15
3. areas for improvement for 2015/16

Positively the areas for improvement are already known to us and we have arrangements in place to address them. The improvements will be addressed through the delivery of the action plan we developed in response to the CSSIW inspection of Children's services, and the actions we identified in our annual report for 2015/16.

Within their report CSSIW have identified specific risks for the authority. One of the risks relates to the translation of strategic planning with BCUHB into operational delivery. Ensuring the commitment of BCUHB is realised through the delivery of joint initiatives, and the strengthening of service integration, remains an area for continued scrutiny and assurance.

As part of their evaluation CSSIW identify that the areas they will follow up over the next year are:

1. community mental health service arrangements
2. access, assessment and care management arrangements in children's services
3. arrangements for Adult Safeguarding

RECOMMENDATIONS

| | |
|---|--|
| 1 | Members review and consider CSSIW's evaluation of performance for 2014/15 and areas for improvement (Appendix A) |
| 2 | Members scrutinise the authority's response to areas that have been identified for improvement (Appendix B) |
| 3 | Members identify any specific areas of improvement that they would like to include for performance review/scrutiny as part of their forward work programme |

REPORT DETAILS

| | |
|-------------|--|
| 1.00 | EXPLAINING THE CONTENT OF THE REPORT |
| 1.01 | CSSIW produce an annual report for every local authority in Wales identifying areas of progress and areas for future improvement. |
| 1.02 | Flintshire's annual report for 2014/15 is based on a performance evaluation by CSSIW which draws on: <ol style="list-style-type: none">1. the 2014/15 annual report of the Chief Officer for Social Services2. the CSSIW inspection of children's services in spring 20153. the CSSIW inspection of fostering services in early 20154. attendance at a range of multi-agency meetings leading to an assessment of how well adults at risk are safeguarded5. CSSIW meetings with council senior managers to review performance and progress against key areas for improvement6. attendance at council scrutiny committee meetings |
| 1.03 | CSSIW annual report for Flintshire's performance in 2014/2015 is presented in Appendix A. The report is closely aligned to the findings of the CSSIW inspection of Children's services in Flintshire. |
| 1.04 | In summary the CSSIW evaluation confirms that the Council is realistic about the risks posed by increasing demand, meeting greater complexity of need and growing budgetary pressures. |
| 1.05 | The report identifies that the Council: <ol style="list-style-type: none">1. has developed a number of new service models as part of a strategic transformation programme that is increasingly focused upon the goal of creating an integrated preventative system for care2. is developing improved access arrangements3. is investing in smarter commissioning4. is forging stronger and more integrated working arrangements with an outcome focus. |

| | |
|------|--|
| 1.06 | <p>Areas for further development in 2015/16 relate to:</p> <p><u>Adult safeguarding:</u></p> <p>CSSIW identify that thresholds need to provide a more consistent response and adults at risk need to have a stronger voice and be at the centre of working practice.</p> <p>Work is being taken through the North Wales Adult Safeguarding Board to support the consistent application of national threshold guidance across the region. Locally, we have an adult safeguarding social worker plays an integral role in promoting the voice of vulnerable adults / adult at risk in safeguarding processes as well as ensuring the person is at the center of working practice. A separate report on Safeguarding is being presented to Scrutiny on 21 January 2016.</p> |
| 1.07 | <p><u>Early intervention and prevention:</u></p> <p>In line with the findings of the CSSIW inspection of Children's services the annual report reflects the need to ensure a timely and consistently appropriate response. The need to understand and address the reasons for a significant increase in re-referrals is also highlighted.</p> <p>We have developed an action plan to respond to the recommendations of the CSSIW inspection. A progress report on delivering the action plan will be presented to Scrutiny in March 2016. In the meantime progress includes work to strengthen early intervention and prevention services. We have co-located the Family Information Service at our Flint office to help broaden our first point of contact to include the provision of information, advice, and assistance. The management of the Team Around the Family (TAF) service has moved over to Children's services and provides real opportunities to better co-ordinate preventative and early intervention service responses.</p> <p>We have undertaken a review of re-referrals and met with partner agencies to explore the underlying issues. The outcome of this work will be included in a report scheduled for Scrutiny in March 2016. Initial data is promising with a reduction in repeat referrals having reduced from 26.2% in 2014/15 to 18.5% in the second quarter of 2015/16.</p> |
| 1.08 | <p><u>Outcomes for looked after children:</u></p> <p>The report concludes that, whilst recent outcomes have been good, there are indications that corporate parenting is not as effective as it could be. A significant number of placements are not in the immediate area, school placements are not as stable as they were and health assessments are not routinely undertaken.</p> <p>Proposals for restructuring the service include the development of a Permanence Team with a key focus on supporting looked after children to</p> |

| | <p>be placed locally and to secure placement and education stability. Progress in delivering these aims will be included in performance reports to Scrutiny on the delivery of the inspection action plan. Placement stability remains a challenge and a Placement Strategy will be developed to support sustained improvement. Access to health assessments for looked after children has improved with the appointment of a new Looked After Nurse by BCUHB.</p> | | | | | | | |
|---|--|---|---|---|-------------------------------|---|---|--|
| 1.09 | <p>In their report CSSIW provide their assessment on progress in areas that were identified for improvement in 2014/15. The following table provides a breakdown of the areas for improvement, CSSIW's assessment of progress and our assessment of the current position:</p> | | | | | | | |
| | <table border="1"> <thead> <tr> <th data-bbox="295 600 596 719">Area for improvement identified last year</th> <th data-bbox="596 600 970 719">CSSIW evaluation of Progress in 2014/15</th> <th data-bbox="970 600 1378 719">FCC evaluation of Current position – October 2015</th> </tr> </thead> <tbody> <tr> <td data-bbox="295 719 596 1966">Strategic planning with BCUHB</td> <td data-bbox="596 719 970 1966">This remains work in progress, but the council has expressed some optimism of a greater locality focus with the new Executive Board</td> <td data-bbox="970 719 1378 1966">The Regional Memorandum of Understanding with BCUHB has been refreshed. The Memorandum articulates the commitment of partners to integrated and co-ordinated service delivery. BCUHB are in the process of implementing their revised operating structure which has a greater focus on locality working and primary/ community services. The structure is still being established and the strategic intention behind the new structure will need to translate into consistent organisational practice and approach. Integrated working through the Intermediate Care Fund (ICF) continues to be effective as well as working relationships between practitioners. Further work is needed to ensure that Health's commitment to place resources into a</td> </tr> </tbody> </table> | Area for improvement identified last year | CSSIW evaluation of Progress in 2014/15 | FCC evaluation of Current position – October 2015 | Strategic planning with BCUHB | This remains work in progress, but the council has expressed some optimism of a greater locality focus with the new Executive Board | The Regional Memorandum of Understanding with BCUHB has been refreshed. The Memorandum articulates the commitment of partners to integrated and co-ordinated service delivery. BCUHB are in the process of implementing their revised operating structure which has a greater focus on locality working and primary/ community services. The structure is still being established and the strategic intention behind the new structure will need to translate into consistent organisational practice and approach. Integrated working through the Intermediate Care Fund (ICF) continues to be effective as well as working relationships between practitioners. Further work is needed to ensure that Health's commitment to place resources into a | |
| Area for improvement identified last year | CSSIW evaluation of Progress in 2014/15 | FCC evaluation of Current position – October 2015 | | | | | | |
| Strategic planning with BCUHB | This remains work in progress, but the council has expressed some optimism of a greater locality focus with the new Executive Board | The Regional Memorandum of Understanding with BCUHB has been refreshed. The Memorandum articulates the commitment of partners to integrated and co-ordinated service delivery. BCUHB are in the process of implementing their revised operating structure which has a greater focus on locality working and primary/ community services. The structure is still being established and the strategic intention behind the new structure will need to translate into consistent organisational practice and approach. Integrated working through the Intermediate Care Fund (ICF) continues to be effective as well as working relationships between practitioners. Further work is needed to ensure that Health's commitment to place resources into a | | | | | | |

| | | |
|---|---|---|
| | | Flintshire SPoA is realised. |
| Shaping and commissioning higher-quality nursing home care in the local area | This remains work in progress and the council has identified this as a significant risk in meeting need | The initial phase of a review of the future of Residential Care is progressing. The review will help develop a fuller understanding of the issues facing Care Home provision centering on the domains of demand/ supply, quality and cost. The work interfaces with regional work with BCUHB on improving the availability and quality of nursing in the Region which remains a joint risk. |
| Timely reviews for children in need – this has deteriorated despite being an area for improvement last year | Improved, although 76 children and young people did not experience a timely review | Performance in quarter 2 was 80%. The Children's Performance and Quality Group continue to review performance and improvement. |
| Addressing the fall in numbers of known carers | Significant improvement in the number of known carers and those subsequently provided with a service | Good performance continues |
| Timescales in processing complaints, particularly in children's services | Improved in adult services, but this remains an area of weakness in children's services despite a significant fall in the number of recorded complaints | Half year performance (April- September 2015) shows 21 complaints were made to Children's Services with 17 cases responded to within the prescribed 10 working days (81% dealt within time). Of the 4 outside the timeframe one was late due to the time taken by another authority to provide information to enable a response. |

| | | | |
|--|---|--|---|
| | | | Performance is scrutinised at the Children's Performance and Quality Group. |
| Initial child protection conference timescales | Some progress but more needs to be done to ensure all are timely | | During Quarter 1 there were an unprecedented number of cases that required conference. Every effort is being made to schedule initial conferences in timescales wherever possible but due to the demand performance was below expected levels. This situation was largely resolved by Quarter 2, with only one conference being booked outside timescales due to diary capacity. Overall for the half year, 88.8% of initial conferences were conducted within timescales, bringing us in line with the All Wales average and last year's performance, recognising the need for improvement in the second half of the year. |
| Statutory visits for looked after children | Significantly improved with over 90% now meeting minimum visit requirements | | Performance was not sustained in the first quarter and an increased focus on performance given in Quarter 2. Performance is now at the target 90% level. |
| Health assessments for looked after children | This has weakened with 138 looked after children having a health assessment outside national timescales | | A new LAC nurse has been appointed, and performance improved to 76.1% in Quarter 2. We need to ensure that this rate of improvement is sustained throughout the |

| | | | |
|------|--|---|---|
| | | | year. |
| | Timely Personal Educational Plans for looked after children | Improved, although eight looked after children did not have a timely Personal Education Plan | Three out of four Personal Education Plans were completed on time in the first half of the year. The fourth plan was returned from school after the deadline. |
| | Outcomes for young adults who were formerly looked after | Improved as most are in contact with the council, in suitable accommodation and in either education, employment or training | Good performance continues. |
| | Data collation associated with commissioning to test impact and value for money | Remains work in progress | Detailed work is being undertaken with independent providers to understand their costs, the impact of national initiatives (e.g. national minimum living wage) and to develop a clearer understanding of cost and value for money |
| | Sickness absence levels | Improved in children's services | Absence rates and number of days lost due to sickness improved again in all services in Quarter 2. |
| | Reviewing the impact of recent senior management structural changes | Too early to determine and this will need to be reviewed further | The senior management structure has been reviewed internally to take account of feedback from staff and the CSSIW inspection. |
| 1.10 | <p>The report also provides an assessment of the extent to which the experiences and outcomes for people who need care and support are improving their wellbeing.</p> <p>Areas of progress in 2014/15 include:</p> <p><u>Adult Services</u></p> | | |

| | |
|------|---|
| | <ol style="list-style-type: none"> 1. Night Time Response Service pilot. 2. Direct Payments expansion. 3. Development of progression model of supporting independence for people with a learning disability. 4. Re-modelling of dementia services 5. Use of Welsh Government Intermediate Care Funding to support people to avoid hospital admission or having to move into residential or nursing homes. 6. Supporting staff to adapt to person-centred approaches to working in line with the Social Services and Wellbeing (Wales) Act 2014 |
| 1.11 | <p><u>Children's Services</u></p> <ol style="list-style-type: none"> 1. Increase in the numbers of known young carers and those also provided with a service. 2. Outcomes for former looked after children at age 19. 3. Timeliness of Initial Child Protection Conferences 4. Identification of and services for young carers 5. Timeliness of statutory visits for children who are looked after 6. Working with Action for Children on short term intervention programmes for children who are looked after and dealing with issues of separation from family, transition between placements and behavioural management 7. Reduction in sickness absence rates |
| 1.12 | Areas for improvement in 2015/16 include: |
| 1.13 | <p><u>Adult Services</u></p> <ol style="list-style-type: none"> 1. Local strategic planning arrangements with BCUHB 2. Timeliness of major adaptations to properties that enable people with disabilities to remain at home. 3. Implementation of SPoA |
| 1.14 | <p><u>Children's Services</u></p> <ol style="list-style-type: none"> 1. The management of contact arrangements at the front door. 2. The sharp rise in the number of re-referrals to children's services 3. The number of children who are not seen by social workers as part of the assessment process. 4. Quality of child protection plans. 5. Timeliness of child in need reviews. 6. Timeliness of adaptations to properties that enable children and young people with disabilities to be supported at home. 7. The number of out of area placement for looked after children. 8. The number of school changes for looked after children. 9. Health care arrangements for looked after children. |
| 1.15 | Appendix B provides an overview the progress that has been achieved to date against each of these areas for improvement. Members are asked to |

| | |
|------|--|
| | scrutinise this progress to ensure that timely and appropriate responses are being made against the issues identified. |
| 1.16 | The final assessment contained within the report is CSSIW's view on 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. |
| 1.17 | Areas of progress in 2014/15: <ol style="list-style-type: none"> 1. The appointment of a senior manager with a lead role for children's services. 2. Quality circle initiative highlighted by the Older People's Commissioner as a key multi-agency quality monitoring approach. 3. 'Creating a place called home – delivering what matters' programme. 4. Timeliness of response to complaints in adult services. |
| 1.18 | Areas for improvement in 2015/16: <ol style="list-style-type: none"> 1. Quality of information provided to elected members that supports more effective evaluation of the quality of services and the experiences of people who have come into contact with social services. 2. Placement choice in nursing home care. 3. Timeliness of response to complaints in children's services. |
| 1.19 | As outline in para 1.15 above there is an overview of progress in Appendix B for Members to scrutinise. |

| | |
|-------------|---|
| 2.00 | RESOURCE IMPLICATIONS |
| 2.01 | The CSSIW inspection on Foster services found many things were being done very well and reaffirms the need to find more people willing to be foster carers. Staffing resources will need to be reviewed to balance the need to respond to court work whilst allowing sufficient capacity to enable an increase in foster carers and deliver our ambition to support more children and young people locally. |

| | |
|-------------|---|
| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
| 3.01 | None required |

| | |
|-------------|--|
| 4.00 | RISK MANAGEMENT |
| 4.01 | The following are key strategic risks to delivering the improvements identified by CSSIW: |
| 4.02 | Risk: Lack of choice in nursing Care Home sector. Work is being carried out locally and regionally with BCUHB, CSSIW and other local authorities to develop and sustain the market. This requires |

| | |
|------|--|
| | delivering short term action to respond to the immediate pressures as well as developing a long term strategy to shape the market and drive up quality across the sector. |
| 4.03 | <p>Risk: The impact of the national minimum/living wage</p> <p>Work is being undertaken with the independent sector to ensure there is a full understanding of the impact of national changes and how risks can be managed and mitigated jointly. However, whilst supportive of the principle and ethos, there is significant concern locally and nationally about the affordability of the national minimum living wage. There is no funding allocation to the local authority aligned to the increased costs associated with this national initiative.</p> |
| 4.04 | <p>Risk: Translating strategic planning with BCUHB into operational delivery</p> <p>The Integrated Services Board, Well-Being and Independence Board and close work with the new Area Director for East are supporting the development of joint strategic planning. A continued focus remains on the success of translating strategic intent into operational delivery.</p> |

| | |
|-------------|--|
| 5.00 | APPENDICES |
| 5.01 | <p>Appendix A: Flintshire's annual report for 2014/2015</p> <p>Appendix B: Progress in delivering improvement priorities 2015/16</p> |

| | |
|-------------|---|
| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
| 6.01 | <p>Flintshire's annual overview report for 2014/2015</p> <p>Contact Officer: Neil Ayling Telephone: 01352 704523 E-mail: neil.j.ayling@flintshire.gov.uk</p> |

| | |
|-------------|---|
| 7.00 | GLOSSARY OF TERMS |
| 7.01 | <p><u>Care and Social Services Inspectorate for Wales (CSSIW)</u> The powers and functions of CSSIW are enabled through legislation. CSSIW has the powers to review Local Authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interests of vulnerable people who use services and their carers. They provide professional advice to Welsh Ministers and policy makers.</p> <p><u>Betsi Cadwaladr University Health Board (BCUHB)</u> The Health Board that covers the same region as the 6 North Wales Local Authorities.</p> |

Performance Evaluation Report 2014–15

Flintshire County Council
Social Services

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

Annual Review and Evaluation of Performance 2014 - 2015

Local Authority: Flintshire County Council

This report sets out CSSIW's evaluation of Flintshire County Council's performance in delivering its social services functions.

1. Summary

- 1.1. The council is facing significant challenges in accommodating the new responsibilities created by the Social Services and Well-being (Wales) Act 2014. It is realistic about the risks posed by increasing demand, meeting greater complexity of need and growing budgetary pressures. In response, it has developed a number of new service models as part of a strategic transformation programme that is increasingly focused upon the goal of creating an integrated preventative system for care.
- 1.2. The council accepts that the early benefits and achievements gained through its reablement programme can no longer be achieved on the same scale, and anticipates increasing numbers of older people in particular who will have ongoing support or complex care needs.
- 1.3. As a consequence, it is developing improved access arrangements, investing in smarter commissioning and forging stronger and more integrated working arrangements with an outcome focus. In particular, there is more confidence that the new working structure being implemented by Betsi Cadwaladr University Health Board (BCUHB) will provide a more solid locality focus.
- 1.4. Adult safeguarding arrangements are in transition and require strengthening in order to provide a more consistent response. Thresholds are inconsistently applied and adults at risk need to have a stronger voice and be at the centre of working practice.
- 1.5. Children's services has recently been subject to a CSSIW inspection and a report has been issued separately that provides greater detail regarding the outcome. However, the council needs to review its early intervention and prevention arrangements to ensure a timely and consistently appropriate response. Re-referral rates have significantly increased and the reasons for this need to be understood and addressed.
- 1.6. Life chances for looked after children require sustained commitment and determination if they are to improve. Whilst recent outcomes have been good, there are indications that corporate parenting is not as effective as

it could be. A significant number of placements are not in the immediate area, school placements are not as stable as they were and health assessments are not routinely undertaken. The council needs to review how to address these issues in order to deliver the best possible outcomes for current looked after children.

2. Response to last year's areas for improvement

| Identified improvement last year | Progress in 2014-15 |
|---|--|
| Strategic planning with Betsi Cadwaladr University Health Board (BCUHB) | This remains work in progress, but the council has expressed some optimism of a greater locality focus with the new Executive Board. |
| Shaping and commissioning higher-quality nursing home care in the local area | This remains work in progress and the council has identified this as a significant risk in meeting need. |
| Timely reviews for children in need – this has deteriorated despite being an area for improvement last year | Improved, although 85 reviews were not conducted in a timely way affecting 76 children and young people. |
| Addressing the fall in numbers of known carers | Significant improvement in the number of known carers and those subsequently provided with a service. |
| Timescales in processing complaints, particularly in children's services | Improved in adult services, but this remains an area of weakness in children's services despite a significant fall in the number of recorded complaints. |
| Initial child protection conference timescales | Some progress but more needs to be done to ensure all are timely. |
| Statutory visits for looked after children | Significantly improved with over 90% now meeting minimum visit requirements. |
| Health assessments for looked after children | This has weakened even further with only 165 out of 303 health assessments undertaken during the year when due. |
| Timely Personal Educational Plans for looked after children | Improved, although eight looked after children did not have a timely Personal Education Plan. |
| Outcomes for young adults who were formerly looked after | Improved as most are in contact with the council, in suitable accommodation and in either education, employment or training. |
| Data collation associated with commissioning to test impact and value for money | Remains work in progress. |

| | |
|---|--|
| Sickness absence levels | Improved in children's services. |
| Reviewing the impact of recent senior management structural changes | Too early to determine and this will need to reviewed further. |

3. Visits and inspections undertaken during the year

- 3.1. CSSIW conducted an inspection during May and June 2015 that looked at access to services and the quality of work in children's services during the past year. In particular, the inspection looked at the impact for children, young people and their families and how well the council responded to their needs.
- 3.2. CSSIW also carried out an inspection of fostering services during February and March 2015 that found many things were being done very well, such as good awareness of child need and a real commitment to proving high quality information. The council is aware of the need to find more people willing to be foster carers.
- 3.3. There has also been significant attendance at a range of multi-agency meetings during the year that has enabled CSSIW to assess how well adults at risk are safeguarded.
- 3.4. CSSIW additionally met with council senior managers at agreed points in the year to review performance and discuss progress against key areas for improvement. CSSIW also attended a number of council scrutiny committee meetings where elected members hold local decision makers to account.

4. Areas for follow up by CSSIW next year

- 4.1. Adult safeguarding arrangements
- 4.2. Community mental health service arrangements
- 4.3. Access, assessment and care management arrangements in children's services.

5. Our inspection and review plan for 2015-16

- 5.1. National review of domiciliary care services
- 5.2. National review of services for people with a learning disability

- 5.3. National review of care planning arrangements 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. More people who need care and support can access a range of services that have been modernised and transformed in recent years to better promote and support independent living. These include the Living Well service that supports people with dementia at home and the reablement programme, that provides timely and intensive support to assist people in maintaining or regaining their independence.
- 6.2. Set within the context of life expectancy increasing at a rate of two years per decade, the council is experiencing sharply growing demand, as evidenced by a 28% increase in referrals to the reablement service during the past year. It has so far responded well and has been able to evidence good outcomes with 63% of people accessing reablement services either having support levels reduced or no longer needed as a consequence.
- 6.3. This is further evidenced by greater provision of home care support that is increasingly focused upon those with more complex needs, particularly for those requiring more than 20 home care hours a week. Correspondingly there has been a fall in the numbers who need relatively limited support.
- 6.4. Overall, significantly fewer people are supported in the community when compared to the previous year, on 31 March 2015 – however, when compared over the course of the whole year, there is little difference in numbers. This suggests that the council is working well to support independence with similar numbers accessing services, but fewer requiring these longer term.
- 6.5. The council is conscious that such outcomes cannot be sustained without a further re-evaluation of its role. It is realistic about the challenges presented by growing demand, increasing complexity of care and budgetary pressures. In addition, the Social Services and Well-being (Wales) Act 2014 has encouraged a renewed focus upon prevention and early intervention. The council has responded by committing to an agenda that recognises its responsibilities to continue to meet the needs of vulnerable people, whilst placing increasing

emphasis upon empowering people and communities to take responsibility for their own wellbeing.

- 6.6. The council recognises that it cannot work in isolation to achieve this and it will require much stronger strategic working relationships with Betsi Cadwaladr University Health Board, in particular, if it is to be successful in the longer term.
- 6.7. Experiences and outcomes for people remain good overall, and in many areas operational working relationships with health colleagues are reported to be very effective. For example, people still continue to benefit from timely hospital transfer and discharge arrangements that are amongst the best in Wales.
- 6.8. More people can now organise their own care services through the provision of direct payments and Citizen Direct Support, with numbers increasing from 302 in 2013-14 to 378 in 2014-15. This significantly helps in enabling people to have more choice, flexibility and control in maintaining their independence
- 6.9. The council is adopting the progression person-centred development model for learning disability services that aims to better realise aspirations in achieving independence. This approach promotes the learning of new skills and helping people to safely do as much as they can for themselves. This is creating some fresh thinking and exploration of alternative ways of delivering services through social enterprises and pooling of direct payments to commission support.
- 6.10. Safeguarding arrangements for adults at risk remain underdeveloped and require strengthening. Response is not always as timely as it could be and thresholds are inconsistently applied. As a consequence some incidents have not been appropriately considered as safeguarding concerns. Social workers are too often absent from strategy meetings, and advocacy support not always routinely considered even when it be may beneficial to do so. Adults at risk need to be more central to the process and have their voices heard.
- 6.11. The council has begun to address a number of these issues, and the recent integration of adults and children's safeguarding with strengthened line management arrangements provides a more robust structure to progress, but this will require sustained attention.

Key national priorities

Preventative and early intervention services

- 6.12. The council continues to invest in a range of preventative and early intervention services such the Night Time Response Service. Still at the pilot stage, it enables a small team of responders to offer advice and practical support for up to eight weeks, free of charge. Shortly to be evaluated, it is anticipated that it will provide valuable support for a range of service users at that critical overnight period that can sometimes be the difference in effectively maintaining independence.
- 6.13. The council has announced the further development of extra care sites in Flint and Holywell that will complement its existing provision at Mold and Shotton. The Llys Jasmine scheme has recently won a Local Authority Building Control Cymru Award in the best social or affordable new housing development category.
- 6.14. Far more people were able to access minor adaptations that can often be crucial in supporting them to remain independent at home. However, too many wait too long for the council to undertake major adaptations to their properties with the average number of days taken to deliver a Disabled Facilities Grant increasing from 247 in 2013-14 to 322 in 2014-15. The council needs to consider the impact this has on the quality of people's lives, notwithstanding longer-term health and social care savings.
- 6.15. More carers have been identified, up from 776 in 2013-14 to 1,087 in 2014-15 with a corresponding increase in the number offered and accessing an assessment of their needs. More were provided with a service, the highest number in North Wales, and this represents a very positive response to issues identified last year.

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

- 6.16. The Single Point of Access (SPoA) initiative is being developed in order to provide a more streamlined and consolidated response by health and social services. It is intended to ensure that people can rapidly access information that can potentially support self care where possible, whilst also providing better co-ordination of preventative and rehabilitative services where necessary. Although it has not yet made the same progress of some other councils across North Wales, it is confident that it will be fully operational by the end of March 2016. The council reports that it has adopted an incremental approach to its introduction, but also acknowledges some issues in agreeing resource commitments with

BCUHB. SPoA implementation will require sustained attention in order to ensure that remaining milestones are met and the service becomes fully operational within anticipated timescales.

- 6.17. The council outlined its plans for the development and the roll out of Enhanced Care Services throughout Flintshire as part of its 2013 statement of intent for older people with complex needs. However, it has recently identified risks with the current model that require further reevaluation of planned funding arrangements. In order to progress this, it has signalled its intent to plan with BCUHB in a way that better explores opportunities that are more sustainable and support locality working.
- 6.18. The statement of intent also signalled the development of co-terminus locality structures with BCUHB and the establishment of locality leadership teams driving local agendas. However, although there is joint working with health colleagues, plans for co-location have yet to be fully realised.

Areas of progress

- Night Time Response Service pilot
- Direct Payments expansion
- Development of progression model of supporting independence for people with a learning disability.

Areas for improvement

- Local strategic planning arrangements with BCUHB
- Timeliness of major adaptations to properties that enable people with disabilities to remain at home
- Implementation of SPoA.

Children and young people

Overview

- 6.19. Flintshire has almost 36,000 children and young people under the age of 19 years, the highest total and also the largest proportion in North Wales. Projections suggest that this number will fall over the next 15 years to less than 33,000 by 2030. Welsh Index of Multiple Deprivation

analysis indicates that the majority of areas within the county are less deprived than the Welsh average, with the third lowest rate of children living in workless households.

- 6.20. The council has experienced a further significant increase in the number of referrals with 1,825 received during the past year. This compares to 1,220 the previous year and 709 the year before that. This represents a trend increase of 72% and 50% respectively and such marked increases should prompt some meaningful evaluation in order to understand the reasons for such variances and their scale.
- 6.21. The council makes decisions about how to respond to initial contacts very quickly, but screening processes need to be reviewed in order to improve the consistency of decision-making. Considerably fewer referrals reach assessment stage than elsewhere in Wales and this proportion has risen sharply to over 70% during the past year, representing 1,304 of 1,825 referrals received. The proportion that did proceed for initial assessment was correspondingly significantly lower than elsewhere in Wales and this needs to be considered against a marked increase in re-referrals. These now constitute over a quarter of all referrals, having risen from 13% to 26%. For the 479 referrals concerned, this could potentially represent unnecessary delays in accessing potential sources of help, or that too many cases are closed before sustainable changes have been achieved - this has notably increased from 158 the previous year. The council needs to explore and understand the reasons for such sharp variances and consider whether opportunities for early intervention are being missed.
- 6.22. Whilst those who are able to access an assessment of their needs generally experience a timely response, the council needs to do more to ensure that children are seen whenever possible. Effective safeguarding systems invariably incorporate a child-centred approach and anyone working with children should see and speak to the child. However, fewer children are now seen, the proportion falling from 90% to 77% over the past year, and the council needs to question why so many children are not seen as part of the assessment process.
- 6.23. The council has recently developed a consolidated safeguarding unit that co-locates the children's and adults safeguarding teams. It is anticipated that this will improve consistency of practice with a single line management structure accountable to the senior manager for safeguarding. Child protection work is routinely undertaken by qualified staff, and most processes associated with child protection are timely and generally well managed. However, the quality of child protection plans is variable and they need to be more consistently child focused. Fewer children are now on the Child Protection Register with numbers

having fallen from 133 to 75 over the past year, with the council having the lowest rate per 10,000 child population in Wales - 23 compared to the national average of 47 when reported at 31 March 2015.

- 6.24. Children in need numbers have increased slightly from 399 in 2013-14 to 415 in 2014-15, although this remains significantly less than the 577 recorded two years ago. The quality of child in need plans is too variable and this has resulted in mixed outcomes, with instances where cases were closed before impact or sustainability factors could be measured or known. Review timeliness is better, with 74% carried out within timescales, but more work needs to be done to reach the level of other councils in North Wales and it is a concern that this has now been a priority for improvement for two years.
- 6.25. Children and young people with disabilities wait too long for the council to arrange major adaptations to their properties to better meet their needs. Although the numbers directly affected are considerably fewer than adults, at just two, the waiting time is greater, with the average number of days taken to deliver a Disabled Facilities Grant having increased from 257 in 2013-14 to 619 in 2014-15.
- 6.26. The council is reaching more young carers with the numbers known increasing from 21 to 39 during the past year. This is encouraging, particularly when all had access to an assessment of their needs and significantly more were also provided with a service.

Key national priorities

Preventative and early intervention services

- 6.27. The council has a good range of intensive early-years initiatives that specifically target child poverty and families at risk of poor outcomes. These include those developed as part of the Welsh Government-funded Families First programme that works alongside other initiatives such as Flying Start, Communities First and the Integrated Family Support Services (IFSS). Families First funded programmes include Flintshire Parenting Strategy, the Family Intervention Service, the Quest Project, and Y Teulu Cyfan (The Whole Family).
- 6.28. Two family centres based in Buckley and Gronant provide a further range of services such as Flintshire Community Parents, Chatterbox Playtimes, Early Entitlement, Foundation Phase and these are complimented by other initiatives such as the Flintshire Breastfeeding Project.

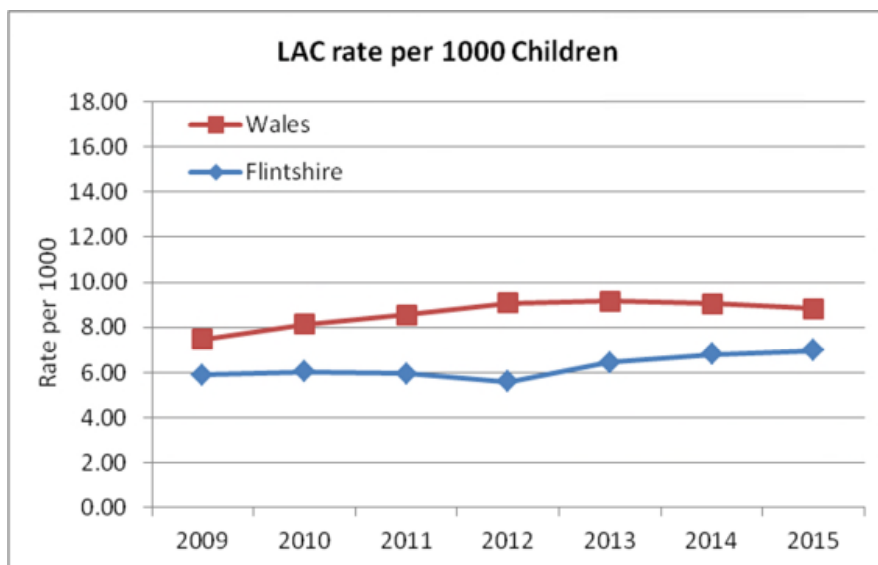
- 6.29. However, the council's first contact arrangements do not provide a consistent response and this is impacting upon timeliness with a consequent risk to good outcomes. Whilst there is an effective and consistent response to child protection concerns that indicate a child is at immediate risk of significant harm, this is not always the case when this may not be so apparent. As a consequence, the council is currently reviewing the resilience of its contact arrangements.

Looked after children

- 6.30. The council recorded a small increase in the number of looked after children at 31 March 2015, compared to the same point the previous year; up to 224, from 219. The trend has been upwards for the past three years, although this has been relatively incremental with a rate per 1,000 children, at just under seven, below the Welsh average of just under nine. There has been an increase in the numbers of younger children becoming looked after, with the pre-school age band representing almost a quarter of those being cared for.
- 6.31. There were 20 adoptions during the year - seven of these were arranged with consent, four of which were with current foster carers. Thirteen were arranged through placement orders, one of which was with current foster carers.
- 6.32. There were 197 care orders, 89 interim care orders and 44 placement orders granted over the year, together with 83 single periods of accommodation under Section 20 of the Children Act 1989. The council also initiated six emergency placement orders - the highest number in North Wales.
- 6.33. Living close to home can offer looked after children much-needed stability. Safeguarding factors aside, out-of-area placements need to be justified and there should be sufficient investment in local provision in order to meet need. Of the 224 looked after children, the council placed 52 outside of Flintshire, of which 20 were in England and not necessarily close to the border. The experiences of children and young people most affected will need to be key considerations within the council's current review of its placement strategy.
- 6.34. Education lies at the heart of achievement with stable school placements being an important factor in improving the life chances for looked after children. The council therefore needs to do more to address the increasing numbers of those who experience frequent changes of school, with the trend showing year-on-year increases for the past three years, and now accounting for over 18% of looked after children, directly affecting 25 of them. Whilst some of these may have

been for positive reasons, the council needs to understand the reasons for this sustained increase and adopt strategies to secure improvement.

- 6.35. Likewise, Personal Education Plans serve as a valuable tool for ensuring that targets and actions are clearly documented and that progress is carefully tracked. They also provide a valuable opportunity to listen to children and capture their aspirations. This was an improvement priority last year and, although there has been some improvement, eight out of the 31 children affected did not have a timely plan. More needs to be done to ensure that all looked after children are promptly supported at crucial stages in their lives when becoming looked after or changing school.
- 6.36. Looked after children should expect to have the same opportunities as others, including being healthy and safe. Some have complex needs that can only be met by social services and its partners operating collaboratively. However, basic access to health assessments serves as a core aspect of corporate parenting and it remains an issue for the council that despite this being an improvement priority, performance has weakened, with little more than 50% of looked after children having emotional and physical health assessments when they should do. The council was the only one in North Wales not to report on dental health checks. The recent appointment of a nurse specifically dedicated to looked after children will hopefully address these issues, but this will require focused attention in order to secure prompt improvement.
- 6.37. Outcomes for former looked after children are more positive, with almost all still in touch with the council at age 19, in suitable housing and in education, employment or training.



| Numbers of LAC as at 31 March | | | | | | | |
|-------------------------------|------|------|------|------|------|------|------|
| | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| Flintshire | 193 | 196 | 194 | 181 | 208 | 219 | 224 |

Areas of progress

- Increase in the numbers of known young carers and those also provided with a service
- Outcomes for former looked after children at age 19.

Areas for improvement

- The management of contact arrangements at the front door
- The sharp rise in the number of re-referrals to children's services
- The number of children who are not seen by social workers as part of the assessment process
- Quality of child protection plans
- Timeliness of child in need reviews
- Timeliness of adaptations to properties that enable children and young people with disabilities to be supported at home
- The number of out of area placement for looked after children
- The number of school changes for looked after children
- Health care arrangements for looked after children.

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. The council has reviewed its leadership arrangements and has approved a new operating model for senior managers that is considered leaner and smarter. The new single tier of chief officer is supported by managers with lead, but cross-cutting, roles across social services.
- 7.2. The departure of the previous long-serving head of children's services has had a significant impact with a discernable loss of expertise in the period when the post remained unfilled on a permanent basis. This has

resulted in a loss of impetus that has only recently begun to be addressed through the appointment of a senior manager with a lead role for children's services.

- 7.3. There is clear political support for prioritising children's services in particular, and elected members are active and knowledgeable about strategic aims and key challenges for social services as a whole. The linked cabinet member meets regularly with senior managers and scrutiny arrangements are well established. However, reports provided to scrutiny members are not always sufficiently detailed, to provide the means of effectively measuring real outcomes relating to the quality of services, and the experiences of people who have come into contact with social services.
- 7.4. The council has signalled its intention to adopt a smarter commissioning approach that is more focused upon outcomes. In adult services this has resulted in the roll out of the Living Well initiative and a new initiative called 'Creating a place called home – delivering what matters' in partnership with Helen Sanderson Associates. The aim is to improve person-centred practice in care homes across the county and improve the quality of care.
- 7.5. The council is aware of the need to more proactively plan to meet need and has identified key commissioning risks that exist within the local social care market. There is a lack of placement choice in nursing home care and this is an issue that will require sustained attention with health board partners in order to develop a workable strategy that delivers.
- 7.6. Contract monitoring arrangements continue to be very effective at driving improvement in the quality of care, whilst also providing an important means of early safeguarding risk mitigation and support. This has been recognised by the Older People's Commissioner for Wales, who highlighted the council's approach to outcomes-based quality monitoring and the development of the quality circle approach. Developed in partnership with CSSIW, this serves as a highly effective multi-agency forum for sharing information as part of an increasingly co-ordinated and effective monitoring process.
- 7.7. Performance management systems are insufficiently developed and are too focused upon analysis and reporting against national indicators rather than the experiences of people. The absence of a coherent, consistent and systematic evaluation of practice means that the impact of the council's work in improving the quality of children's lives is largely unmeasured and therefore unknown. More work needs to be done to ensure that the views of children are routinely captured and used to drive service improvement.

- 7.8. The council produces an annual report that details complaints and compliments and this is used to identify themes and response timeliness. However, this requires improvement as CSSIW has identified a number of areas where reporting was inaccurate. This has been brought to the council's attention and it is reviewing its quality control processes relating to this matter.
- 7.9. The 56 complaints received by adult services during the year represents a slight reduction in numbers, with fewer correspondingly progressing to the independent investigation stage of the process. Response has improved with 95% meeting the stage one timescale of 10 working days. The largest proportion of complaints related to learning disability services, at 21 of the 56 recorded – 15 of which related specifically to a review of short term care that the council had anticipated and made arrangements to support through an independent panel process.
- 7.10. Children's services experienced a significant fall in the number of complaints, with 48 received compared to 87 the previous year. Response has not significantly improved despite the marked decrease in numbers. Although 79% of stage one investigations were within timescales, this remains work in progress and requires more focused attention. The most significant proportion of complaints concerned fieldwork services.

Areas of progress

- The appointment of a senior manager with a lead role for children's services
- Quality circle initiative highlighted by the Older People's Commissioner as a key multi-agency quality monitoring approach
- 'Creating a place called home – delivering what matters' programme
- Timeliness of response to complaints in adult services.

Areas for improvement

- Quality of information provided to elected members that supports more effective evaluation of the quality of services, and the experiences of people who have come into contact with social services
- Placement choice in nursing home care
- Timeliness of response to complaints in children's services.

CSSIW evaluation of areas for improvement in 2015/16

| Area for Development | Progress | RAG |
|---|---|-------|
| Domain: The extent to which the experiences and outcomes for people who need care and support are improving their wellbeing | | |
| Local strategic planning arrangements with BCUHB | The Memorandum of Understanding between the partners has been refreshed to underpin the work of the ISB and the associated commitment to integrated and co-ordinated service delivery. BCUHB are in the process of implementing their revised operating structure which has a greater focus on locality working and primary/community services. The structure is still being established and the strategic intention behind the new structure will need to translate into consistent organisational practice and approach. Integrated working through the Intermediate Care Fund (ICF) continues to be effective as well as working relationships between practitioners | Green |
| Timeliness of major adaptations to properties that enable people with disabilities to remain at home. | There are currently no waiting lists for occupational therapy assessments and we are continuing to progress less complex adaptations through the faster route for minor adaptations, which means that only the most complex adaptations now go through the Disabled Facilities Grant route. | Green |
| Implementation of SPoA | The baseline for the existing access routes for obtaining information, advice and access to community services has been completed and there is recognition for the benefit of introducing a Single Point of Access for citizens and professionals alike. We are progressing our action plan in readiness for the implementation of the Single Point of Access and our duties under the Social Services and Wellbeing Act, as follows: 1. Adoption of outcome focused and person centred 'front door' | Amber |

| | | |
|--|---|-------|
| | <p>approach to assessment.</p> <p>2. Review of working practices to reflect the new approach and documentation.</p> <p>3. Roll out of training and support programme to support staff to confidently offering information, advice and assistance.</p> <p>4. Supporting the population of the new DEWIS Directory of Services</p> <p>BCUHB have made a commitment to resource the Single Point of Access in quarter 4.</p> | |
| The management of contact arrangements at the front door. | Action has been taken to strengthen the front door with alignment of Team Around the Family and children in need support. This approach will be further strengthened as part of the restructure of Children's Services. | Green |
| The sharp rise in the number of re-referrals to children's services | <p>At the half year point the rate of repeat referrals had improved to 19.5%. Thresholds for referral will be addressed as part of the implementation of Single Assessment.</p> <p>An initial piece of work has been undertaken with partner agencies to understand the reasons for repeat referrals and to secure improvements in information sharing and information flows.</p> | Amber |
| The number of children who are not seen by social workers as part of the assessment process. | Performance improved in the first half of this year; 86.6% of children were seen by a Social Worker or Children's Services Assistant. A review of the process for recording when a child is seen is underway, to ensure that we are capturing all relevant information. | Green |
| Quality of child protection plans. | Revised file audit process has been implemented and captures a picture of the quality of plans. | Green |

| | | |
|--|--|-------|
| Timeliness of child in need reviews. | In quarter 2, the timeliness of Child in Need reviews improved to 80%. The proposed new structure for Children's Services includes a dedicated Child in Need team which is addressing this issue, by improving the resources and oversight specifically for Child in Need cases. | Green |
| Timeliness of adaptations to properties that enable children and young people with disabilities to be supported at home. | Community and Enterprise are progressing vacancy recruitment that will assist the improvement in timescales. The very small number of cases are often complex. | Amber |
| The number of out of area placements for looked after children. | This priority has been included in the 2015/16 Action Plan for Children's Services and actions are being developed through the Performance & Quality Group. Sourcing local placements and achieving high levels of placement stability is challenging. | Amber |
| The number of school changes for looked after children. | This priority has been included in the 2015/16 Action Plan for Children's Services and actions are being developed through the Performance & Quality Group. | Green |
| Health care arrangements for looked after children. | This priority has been included in the 2015/16 Action Plan for Children's Services and actions are being developed through the Performance & Quality Group. A new LAC nurse has been appointed and performance improved. | Green |
| 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. | | |
| Quality of information provided to elected members that supports more effective evaluation of the quality of services and the experiences of people who have come into contact with social services. | As our QA framework is embedded, and the new national outcomes framework is delivered, the depth of qualitative information and analysis will develop and can be linked to reports to elected members. We are developing a reporting and escalating framework to ensure that staff, managers, COT and elected members have timely information about performance and information where improvement is required. | Green |

| | | |
|---|--|-------|
| Placement choice in nursing home care. | The initial phase of a review of the future of Residential Care is progressing. The review will help develop a fuller understanding of the issues facing Care Home provision centering on the domains of demand/supply, quality and cost. The work interfaces with regional work with BCUHB on improving the availability and quality of nursing in the Region which remains a joint risk. | Amber |
| Timeliness of response to complaints in children's services | There is always a balance between ensuring the time is invested in investigating concerns and working with complainants to ensure they get a full and detailed response whilst ensuring that timescales are met. Progress in responding to complaints is reviewed regularly | Amber |



SOCIAL AND HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

| | |
|------------------------|------------------------------------|
| Date of Meeting | Thursday, 21 January 2016 |
| Report Subject | Adult Safeguarding Report |
| Cabinet Member | Cabinet Member for Social Services |
| Report Author | Chief Officer for Social Services |
| Type of Report | Strategic |

EXECUTIVE SUMMARY

This is the annual adult safeguarding report for the year from April 2014 to March 2015 in compliance with the Welsh Government statutory document, "In Safe Hands".

The adult safeguarding process in Wales is the national system in place to protect vulnerable client groups from abuse. Social Services departments take the lead in co-ordinating the process and in the development of local policy guidance, but all agencies are to work together on the "identification, investigation, treatment and prevention of abuse of vulnerable adults" (In Safe Hands, 2000)

In Flintshire the Adult Safeguarding team consists of two adult safeguarding managers, two permanent social workers, three temporary social workers funded to deal with Deprivation of Liberty Safeguards (DoLS) issues and administrative support. The team has responsibility in a number of areas:

1. Managing the Adult Protection process in Flintshire
2. Managing the Deprivation of Liberty Safeguards process
3. Managing the Council's Vulnerable Adults social work service

RECOMMENDATIONS

| | |
|---|--|
| 1 | That the contents of the report should be noted. |
| 2 | Particular note should be given to the increase in applications under the Deprivation of Liberty Safeguards. |

REPORT DETAILS

| | |
|-------------|--|
| 1.00 | EXPLAINING THE ADULT SAFEGUARDING REPORT APRIL 2014 – MARCH 2015 |
| 1.01 | <p>416 Adult Protection referrals were received between April 1st, 2014 and the end of March 2015 (Figure 1). Of these, 173 met the threshold for progressing under safeguarding procedures. 199 did not meet the threshold and 44 were considered inappropriate (for example, if the referral related to someone who was not a vulnerable adult). The cases that did not meet the threshold were screened, recorded and monitored, and if several of these types of cases were received about the same provider over a short period, a meeting was called, to discuss whether they showed patterns of poor care. Statistics in this report refer to the 173 referrals that met the threshold. This is the seventh reported successive annual increase in the numbers of referrals received.</p> <p>The decision as to whether a referral should be taken forward is taken by the adult safeguarding managers, who consider the information presented in the light of the threshold guidance included in the Wales Policy and Procedures for the Protection of Vulnerable Adults from Abuse. In recent months work has taken place within the North Wales Adult Safeguarding Board to look at how these thresholds are implemented, to ensure consistency both across the region, and at a more local level (i.e. Flintshire and Wrexham). The Social Services and Well-being Act is likely to widen definitions of who needs to be protected under adult safeguarding procedures, and will replace the term “Vulnerable Adults” with “Adults at Risk”. The changes will be implemented across the region as more detailed guidance becomes available.</p> <p>Promoting the voice of the vulnerable adult / adult at risk is at the centre of working practice, and this is exemplified in the work of the adult safeguarding social worker. The social worker's role is to make contact with the service user at an early stage to ensure that they are aware of what will be happening and to keep them updated throughout the adult safeguarding process. The social worker will also work with carers where appropriate and will refer on to advocacy or other services as necessary. One of the key roles of the social worker is to work with the victim to assess what impact the alleged abuse had on them, and to offer any appropriate support. The safeguarding unit endeavours to be as accessible as possible for service users, and meetings have been held in the service user's home and in care settings to ensure they can be as involved in the process as possible.</p> <p>The highest number of referrals this year came from independent provider services, in both residential and domiciliary settings (Figure 2). The highest number of referrals received related to women, but this year, unusually, more women under sixty-five were referred than older women (66 women under 65, 34 women 65 or over) (Figure 3).</p> <p>Figure 4 shows the status of the 173 referrals that met the threshold, as at 31st March 2015.</p> |

Vulnerable adults can be subject to a range of types of abuse, and sometimes one incident can be seen as more than one type of abuse (Figure 5). Physical abuse and neglect, for example, often go together. This year, the highest number of completed referrals related to allegations of abuse in people's own homes, followed by residential and nursing care homes and supported living placements (Figure 6).

At the end of the safeguarding process a decision is reached as to the outcome of the allegation made. The graph at Figure 7 shows range of conclusions at the end of the process. Figure 8 shows the measures in place to support the subject of the referral and also any other vulnerable adults who may be at risk. In 148 cases the risks to the vulnerable adult was either reduced or removed. In the other case, the service user made a choice not to remove themselves from a risky situation, and this was respected as the law requires.

At the end of the adult protection process outcomes are recorded for the person or persons alleged to have been responsible for the abuse (Figure 9). The range reflects the many different types of referral dealt with under the procedures: some cases can be dealt with by giving a staff member extra supervision, for example, whereas more serious matters might be referred for a criminal investigation.

For the nine months between April 2015 and December 2015 314 referrals were received, which suggests that a similar monthly rate to the previous year will be recorded by the end of the current financial year.

1.02

Deprivation of Liberty Safeguards

The adult safeguarding team manage the Council's application of the Deprivation of Liberty Safeguards (DoLS). The Safeguards were introduced in April 2009 to provide legal protection for vulnerable people who are in care homes or hospital and who lack the mental capacity to consent to be in the care setting.

Deprivations of Liberty in Flintshire care homes are assessed by a Best Interests Assessor, with an extra mental health assessment carried out by a doctor who is qualified under Section 12 of the Mental Health Act 1983. In March, 2014 the Supreme Court gave a ruling which greatly widened the scope of Deprivation of Liberty Safeguards. The new ruling means that anyone in a care home is being deprived of their liberty if they:

- lack mental capacity to agree to live in the care home and
- are under continuous supervision and control and
- would be prevented from leaving the care home if they were to try to do so

The Court ruling also means that people living in the community can also be deprived of their liberty. In these cases, applications should be made to the Court of Protection.

Figure 10 shows the rise in referrals made by care homes under the Deprivation of Liberty Safeguards process. In 2013 – 2014, 13 applications were received. In 2014 – 2015, 255 applications were

| | |
|------|---|
| | <p>received. To respond to this huge rise in referrals three full-time temporary Best Interests Assessors have been seconded to the Adult Safeguarding team, and are working in care homes across Flintshire and beyond.</p> <p>Figure 11 shows that the majority of DoLS referrals related to older people in care homes, and Figure 12 shows the breakdown of referrals by location. The referrals for locations outside Flintshire relate to people who are ordinarily resident in the county but are placed in care homes in other Counties.</p> <p>Figures for the nine months between April 2015 and December 2015 show that 211 Deprivation of Liberty Safeguards referrals were received, suggesting that we will see a similar rate of referral to the previous year when figures are calculated after April 2016.</p> |
| 1.03 | <p><u>Training Courses and Attendances</u></p> <p>Flintshire County Council provide safeguarding training for council staff, partner agencies, and for staff and volunteers in the community. The sessions are commissioned and delivered by the Social Services Workforce Development Team with support from the Adult Safeguarding Unit. There is no charge for attendance. Until January 2014, Adult safeguarding training was part-supported by contributions from the Mental Health Services budget, but now all costs are met entirely from the Welsh Government's SCWDP (Social Care Workforce Development Programme) grant and 30% matched funding via the Workforce Development Team training budget.</p> <p>Training is organised at four levels:</p> <ul style="list-style-type: none"> • Level 1 - Safeguarding information provided within the induction process agreed within individual teams and agencies. • Level 2 - All-Wales Basic Safeguarding Awareness Training. This one day course is run approximately every 2 weeks in the Workforce Development Training Rooms in the Mold Library HQ, taking 20 delegates at a time. Between 1st April 2014 – 31st March 2015, 21 courses were delivered and 296 individuals attended. • Level 3 - Safeguarding Adults Level 3 All Wales Policy & Procedures. This one day course covers the background to, and responsibilities contained in the <i>Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse</i>. It is delivered by the Social Services Safeguarding Adults Manager and replaces the previous POVA (Protection of Vulnerable Adults) level 3 course. Between 1st April 2014 and 31st March 2015, 3 courses were delivered and 44 individuals attended. It is expected that changes will be made to the course content this year as a result of the Social Services & Well-Being (Wales) Act 2014. • Level 4 (Specialist Training) – Covers Deprivation of Liberty Safeguards (54 individuals attended three day courses), Mental Capacity Act (introduced in April 2015) and Domestic Abuse (52 individuals attended four courses). |

| | |
|-------------|--|
| 2.00 | RESOURCE IMPLICATIONS |
| 2.01 | The DoLS requests have put significant financial pressure on the Council. This was supported by Cabinet agreeing an additional £270k for year one costs (2014/15) and £210k for future years while the judgement remains in force. |
| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
| 3.01 | N/A |
| 4.00 | RISK MANAGEMENT |
| 4.01 | N/A |
| 5.00 | APPENDICES |
| 5.01 | Data referred to in the report is presented through graphs and tables in the attached document. |
| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
| 6.01 | Contact Officer: Christopher Phillips Telephone: 01352 701459 (or internal ext. 1459) E-mail: christopher.phillips@flintshire.gov.uk |
| 7.00 | GLOSSARY OF TERMS |
| 7.01 | Please find below a glossary of the terms used within this report. SCWDP (Social Care Workforce Development Programme): a Welsh Government grant provider to all local authorities to training, development and qualify the social care workforce within the authority's boundary. |

This page is intentionally left blank

ADULT SAFEGUARDING PERFORMANCE INFORMATION 2014/2015

The following graphs show information regarding ALL received referrals.

Figure 1

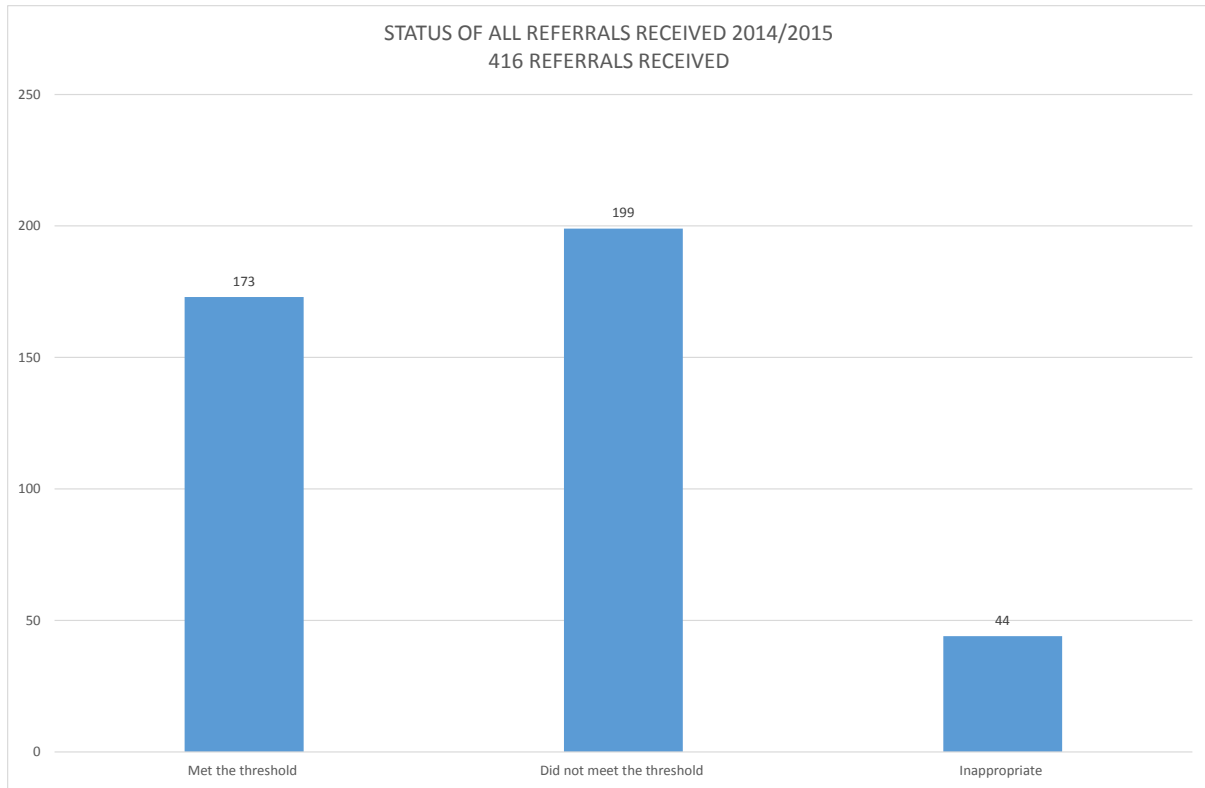
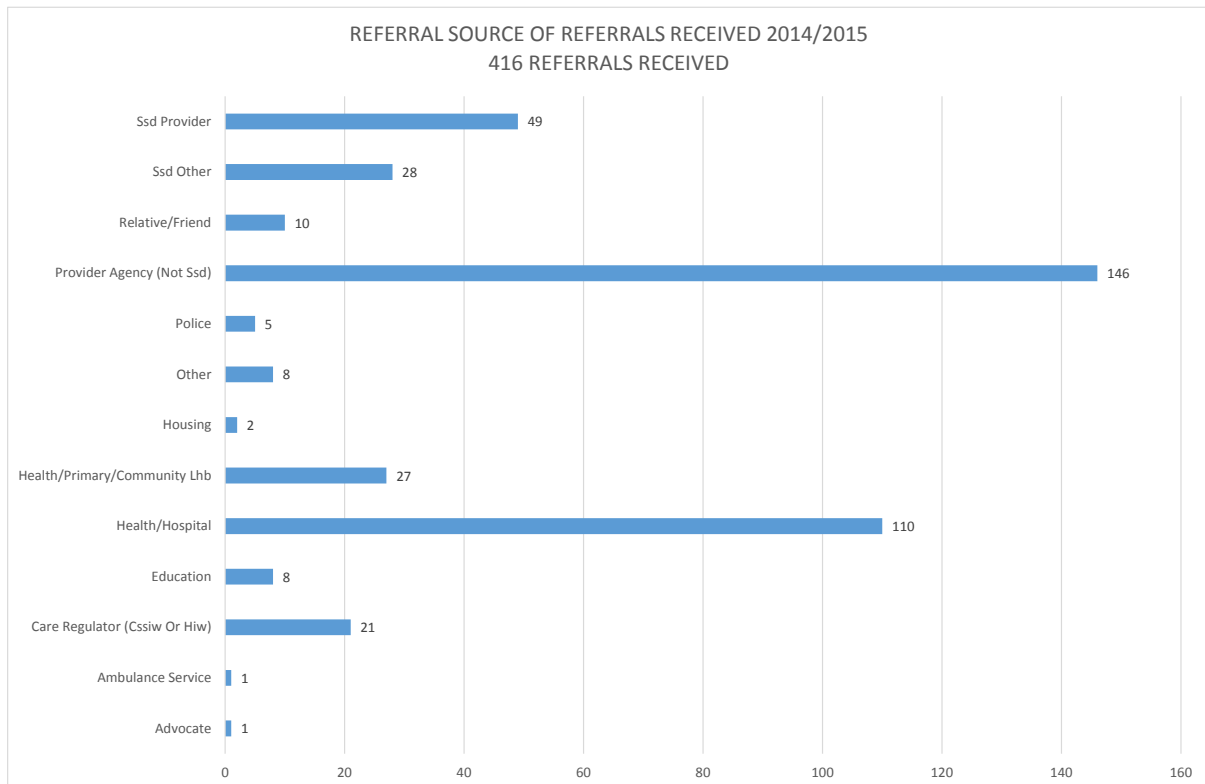


Figure 2



The following graphs show information regarding only those referrals which met the threshold (173 referrals)

Figure 3

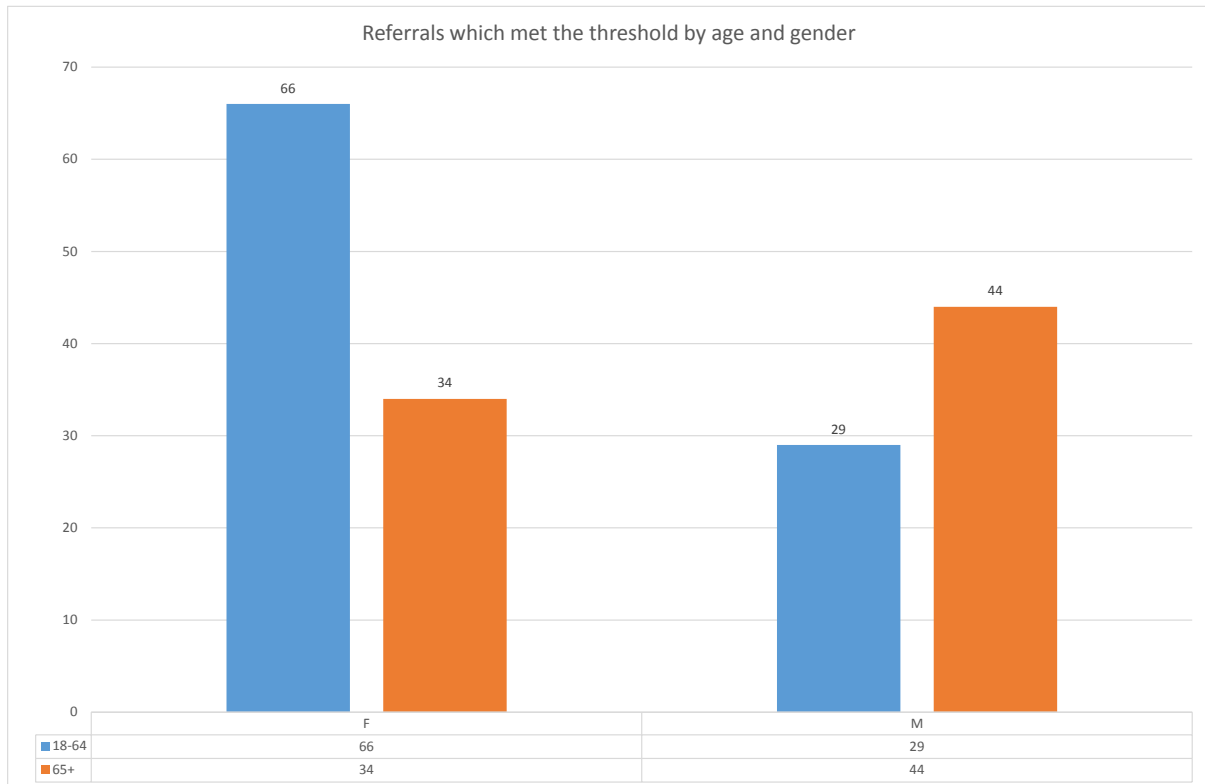
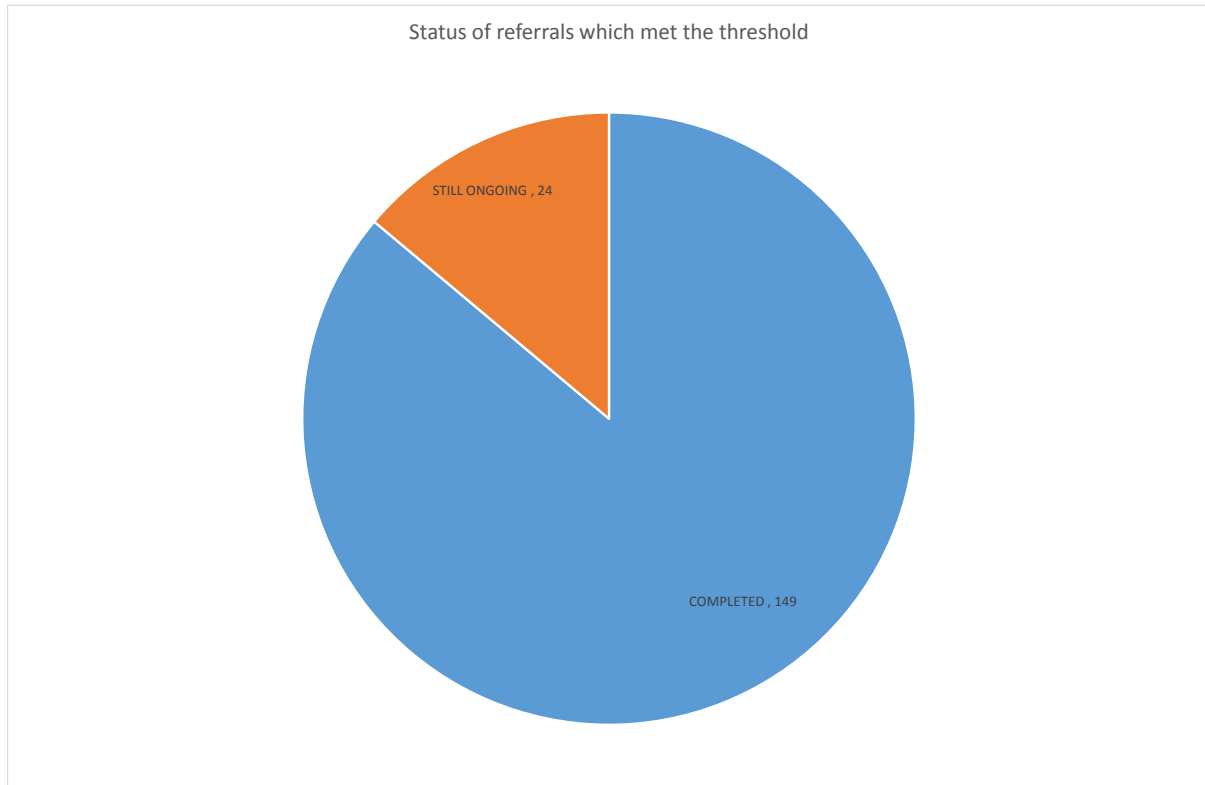
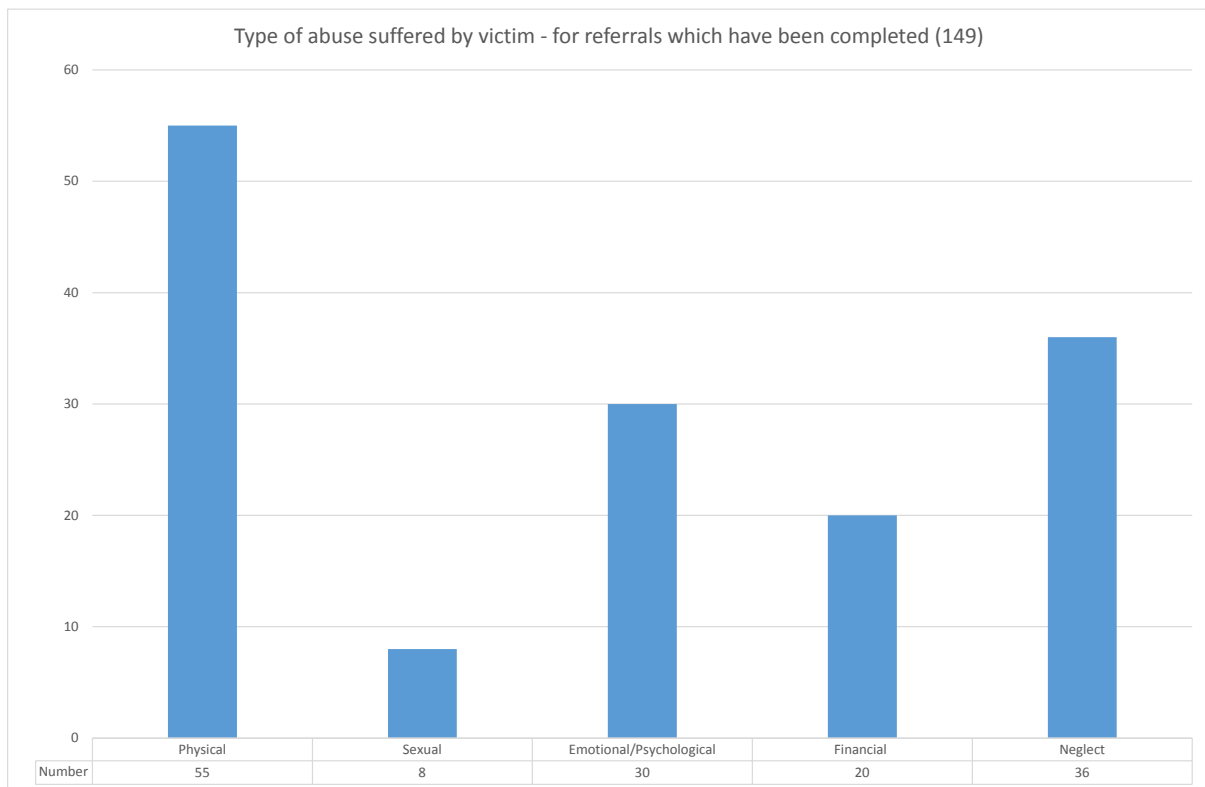


Figure 4



Of the 173 which met the threshold, 149 were completed and 24 are still ongoing. The following graphs only look at those referral which were completed.

Figure 5



Appendix 1

Figure 6

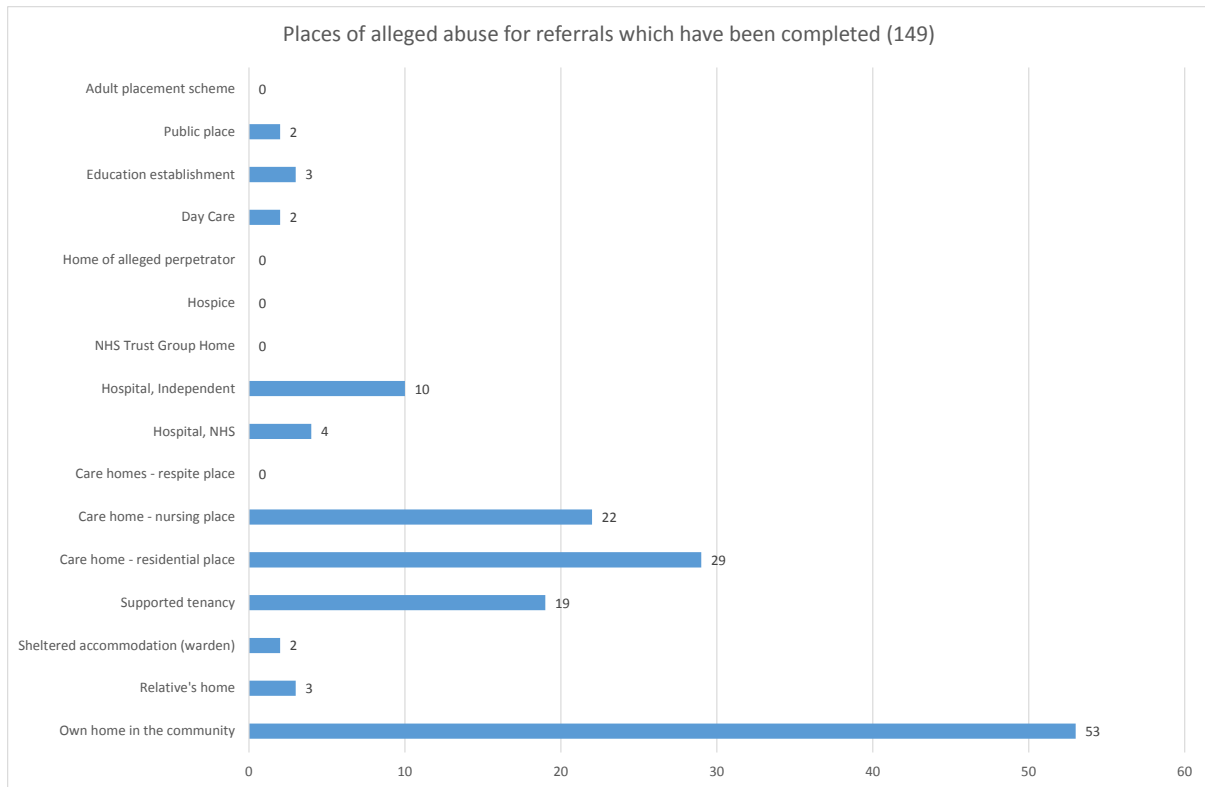


Figure 7

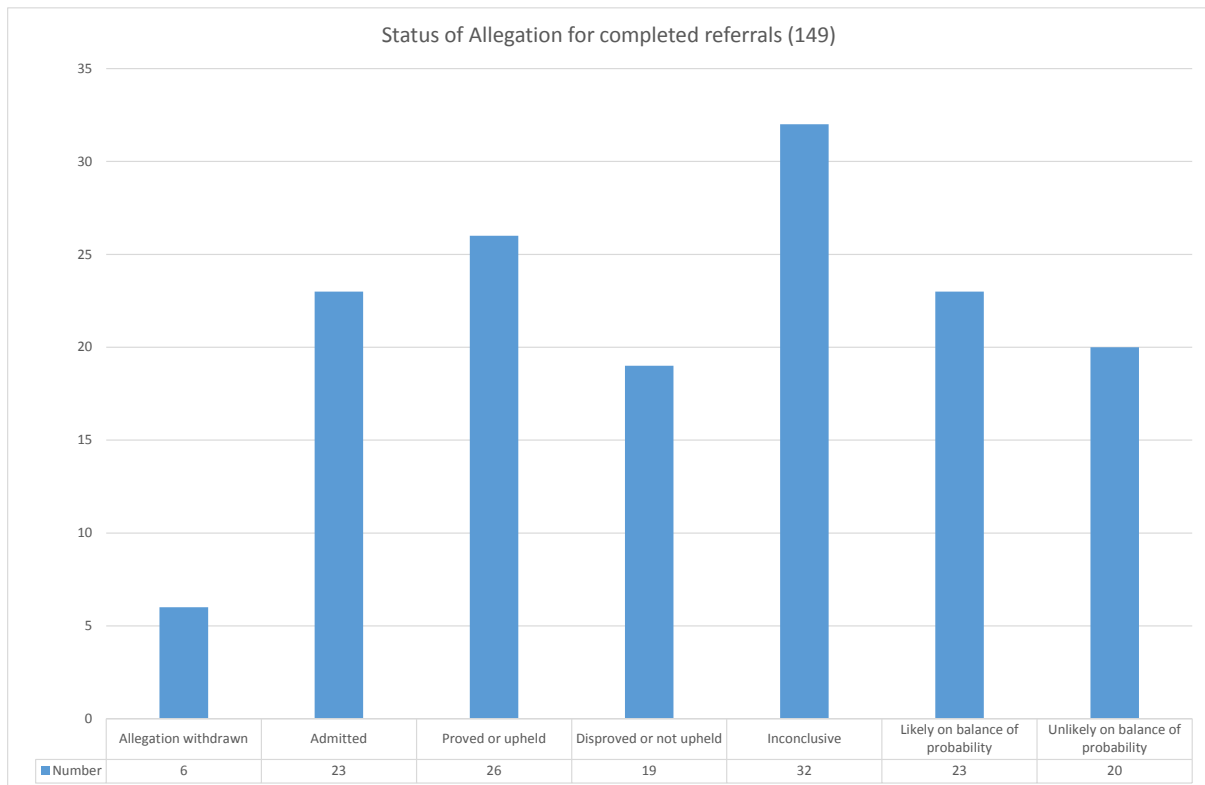
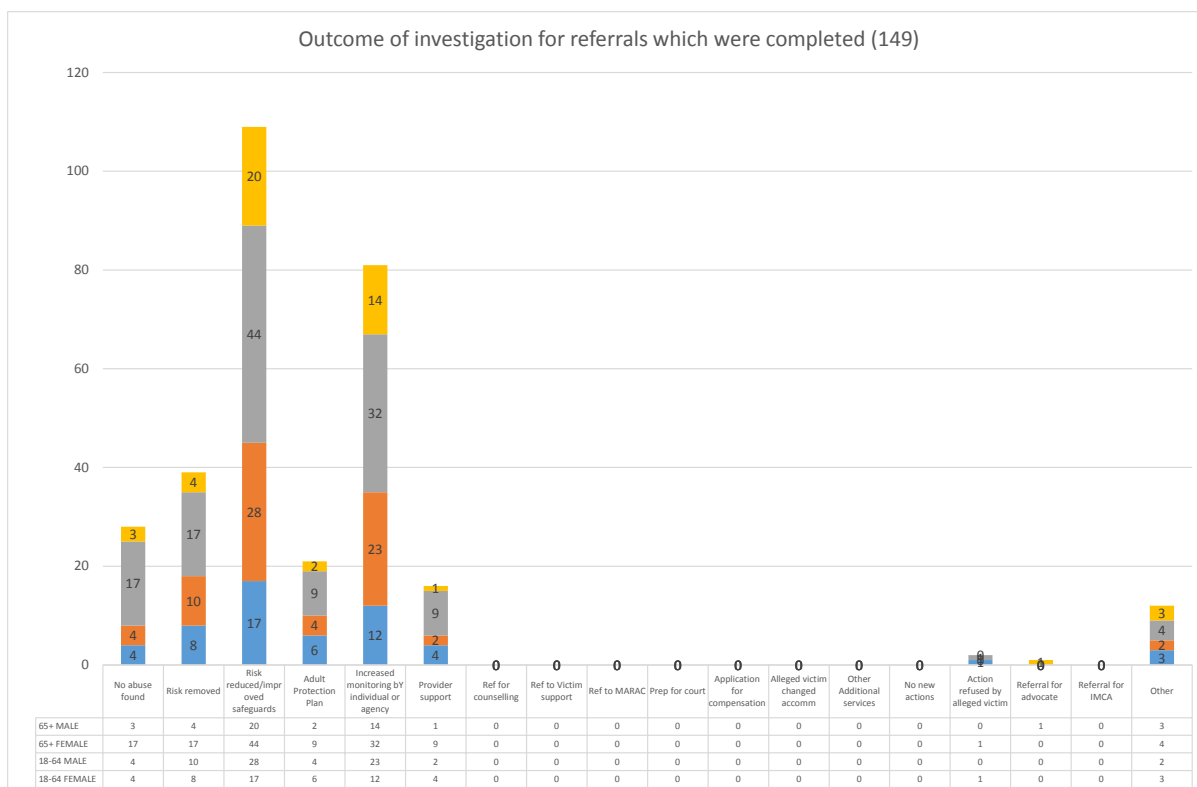


Figure 8

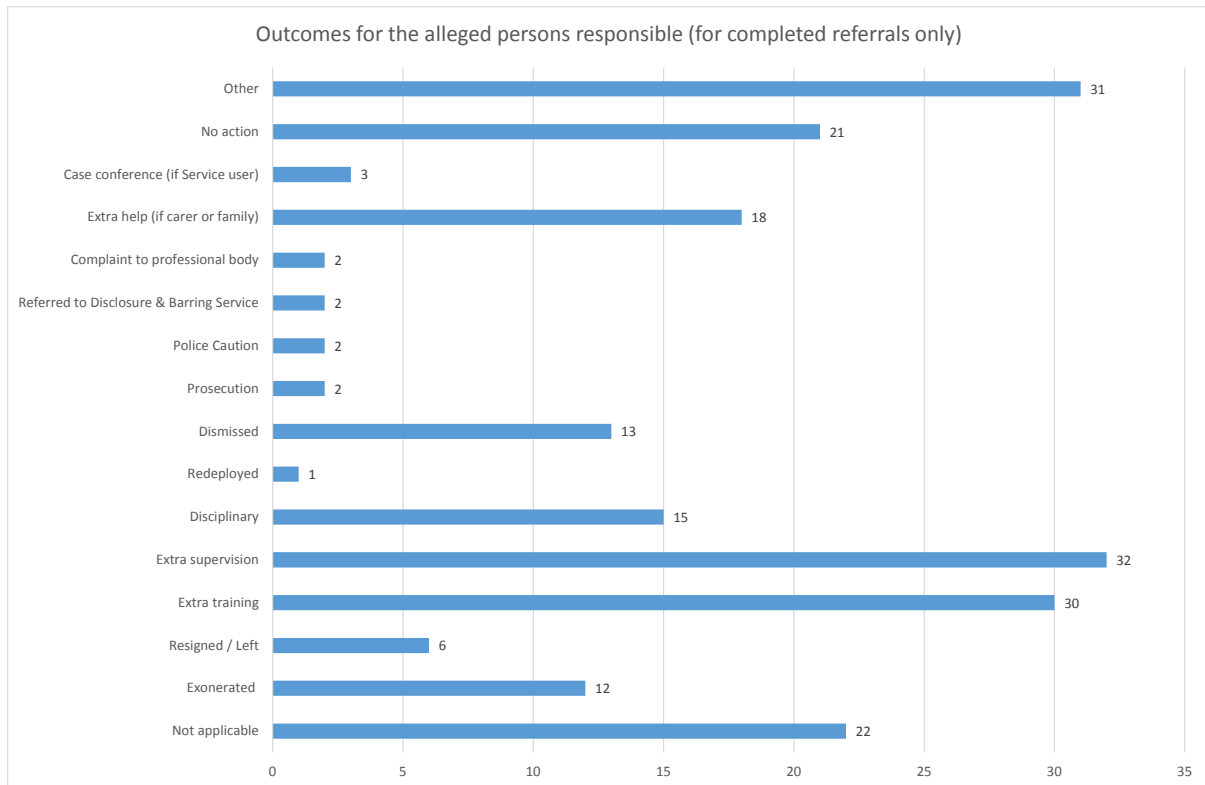
Appendix 1



The above graph shows the outcomes of the investigation once the referral is completed. An investigation can have more than one outcome. Some of the “other” actions included: Includes items such as: Perpetrator to move to alternative accommodation, no action as victim did not wish to pursue allegation, to pursue compensation, local authority to apply for deputyship and criminal investigation.

| | 18-64 | | 65+ | |
|--|--------|------|--------|------|
| | FEMALE | MALE | FEMALE | MALE |
| No abuse found | 4 | 4 | 17 | 3 |
| Risk removed | 8 | 10 | 17 | 4 |
| Risk reduced/improved safeguards | 17 | 28 | 44 | 20 |
| Adult Protection Plan | 6 | 4 | 9 | 2 |
| Increased monitoring by individual or agency | 12 | 23 | 32 | 14 |
| Provider support | 4 | 2 | 9 | 1 |
| Ref for counselling | 0 | 0 | 0 | 0 |
| Ref to Victim support | 0 | 0 | 0 | 0 |
| Ref to MARAC | 0 | 0 | 0 | 0 |
| Prep for court | 0 | 0 | 0 | 0 |
| Application for compensation | 0 | 0 | 0 | 0 |
| Alleged victim changed accomm | 0 | 0 | 0 | 0 |
| Other Additional services | 0 | 0 | 0 | 0 |
| No new actions | 0 | 0 | 0 | 0 |
| Action refused by alleged victim | 1 | 0 | 1 | 0 |
| Referral for advocate | 0 | 0 | 0 | 1 |
| Referral for IMCA | 0 | 0 | 0 | 0 |
| Other | 3 | 2 | 4 | 3 |

Figure 9



The above graph shows the outcomes for the person alleged to be responsible once the referral is completed. A referral can have more than one outcome for the person responsible. Some of the “other” actions included: Provider to consider appropriate HR actions, Referred to DBS, Additional monitoring and support in caring role and Appointeeship for benefits removed.

Figure 10

The following graph shows the number of people referred for a D.o.L's assessment in each year.

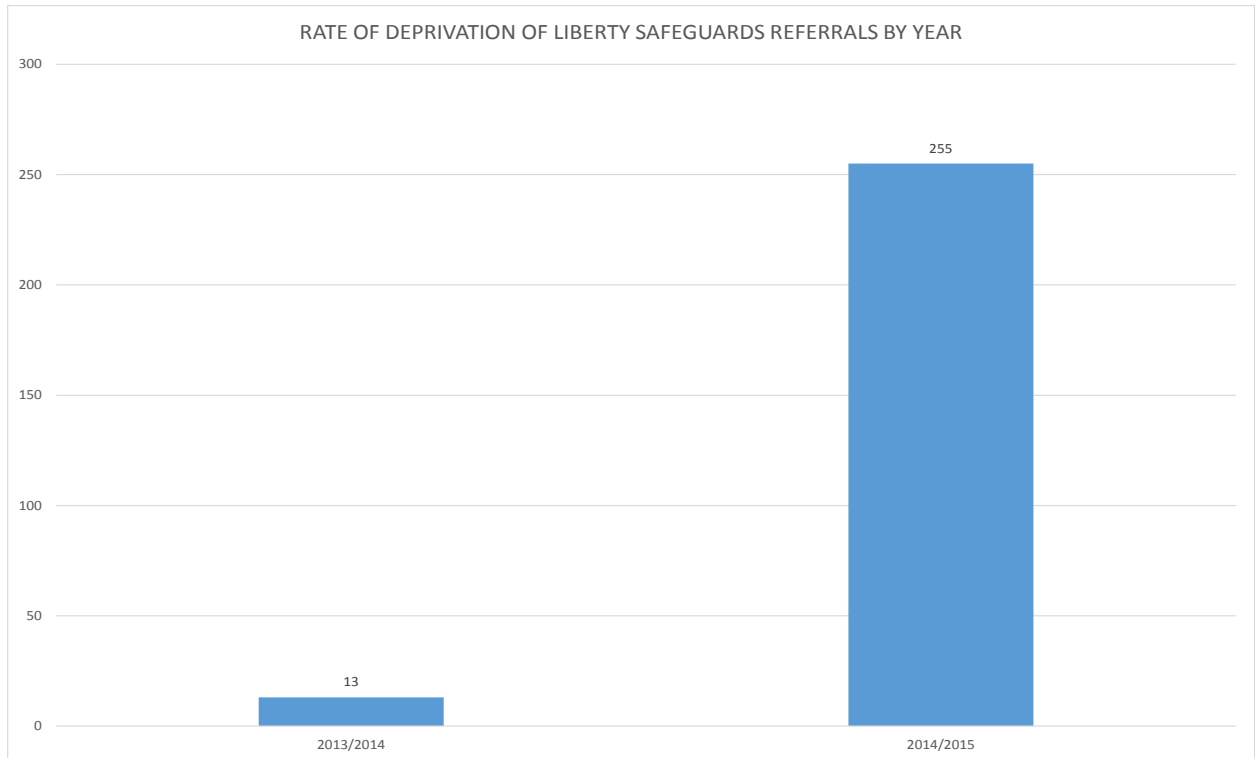


Figure 11

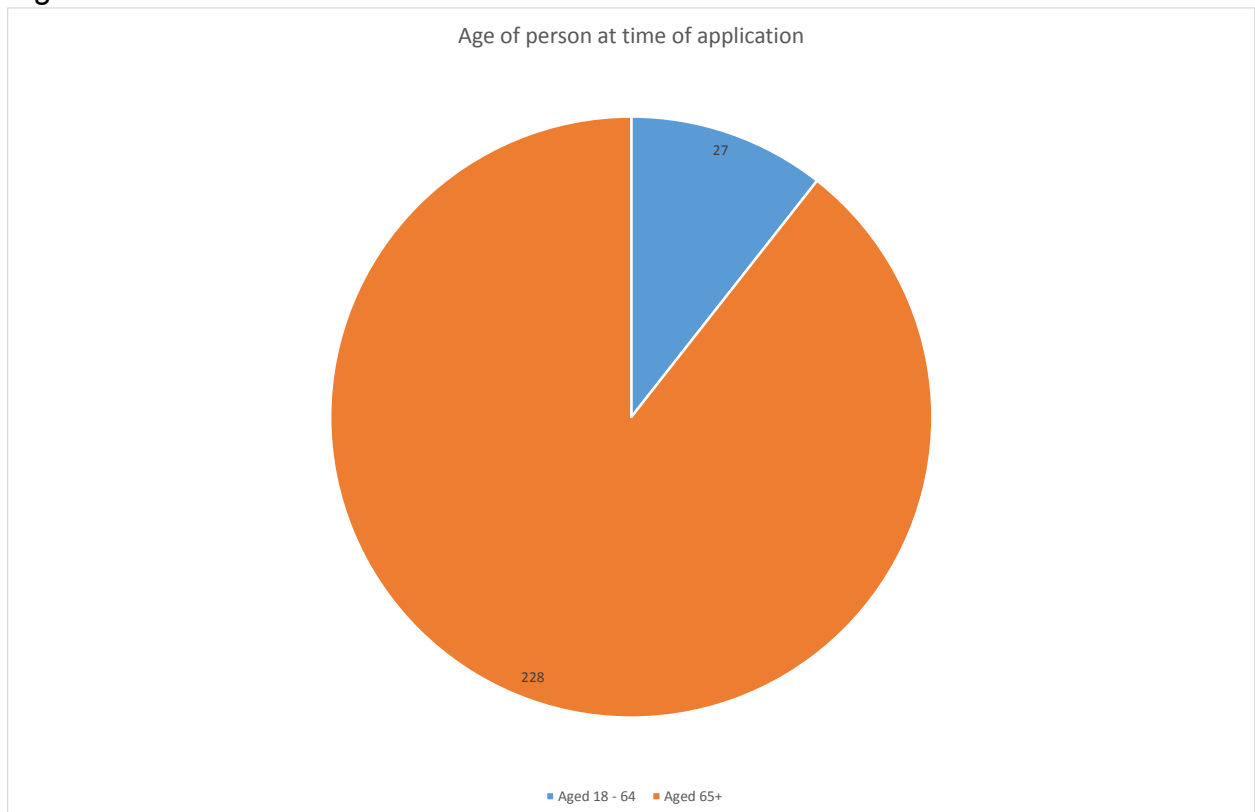
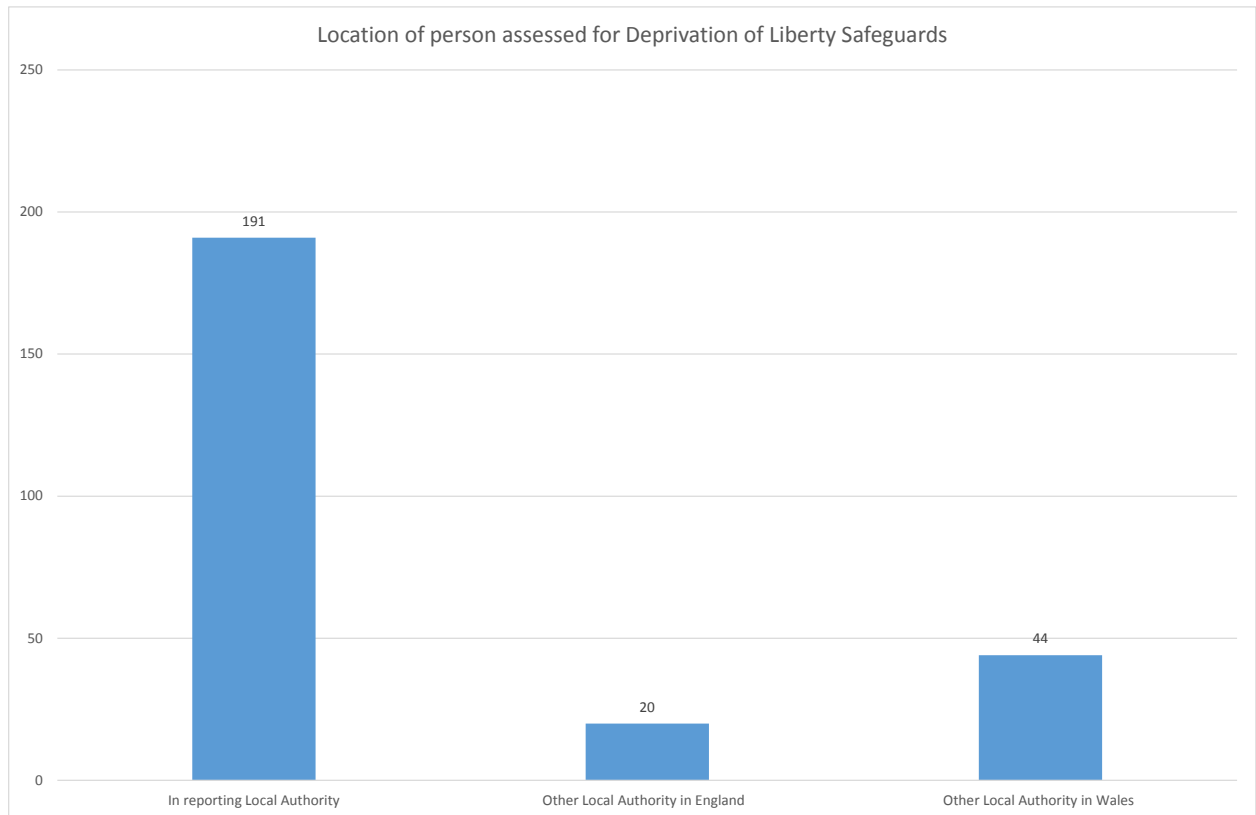


Figure 12





SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

| | |
|------------------------|--|
| Date of Meeting | Thursday 21 st January 2016 |
| Report Subject | Extra Care Housing |
| Cabinet Member | Cabinet Member, Social Services |
| Report Author | Chief Officer, Social Services |
| Type of Report | Operational |

EXECUTIVE SUMMARY

To provide an update on the development of two new Extra Care facilities in Flintshire.

The development of 2 further Extra Care schemes in the Holywell and Flint localities is an explicit priority in Flintshire's Improvement Plan and Housing Strategy.

The planning and development of the Flint scheme is underway and will provide 73 units with a mix of 1 and 2 bedroom apartments, the estimated date opening the Flint scheme is autumn 2017.

The development of the Holywell scheme will commence when a site has been identified and approved.

Extra Care developments in Flintshire provide an opportunity to increase housing choice for older people. Promoting choice and control also means empowering tenants to access primary health care and support services in their own homes, as their care and support needs increase.

The provision of onsite care and support staff will provide, for some people, a suitable alternative to residential care. Supporting an individual in Extra Care is more cost efficient than residential care for the Social Services Department which is responsible for ensuring care needs are met.

The Council has a proud record of providing extra care services with the successful delivery of 2 innovative schemes at Llys Eleanor (Shotton) and Llys Jasmine (Mold). These developments continue to be immensely popular, with consistent over-subscription and demand. The demographic make-up of the County, with an ageing population, indicates a clear need and anticipated demand for such resources in Flint and Holywell.

RECOMMENDATIONS

| | |
|---|---|
| 1 | That Members consider and comment on the plans to develop Extra Care Housing. |
|---|---|

REPORT DETAILS

| | |
|-------------|--|
| 1.00 | UPDATE ON EXTRA CARE PROJECT |
| 1.01 | Partnership Working |
| 1.02 | The Council invited the 3 Registered Social Landlords (RSLs) zoned to Flintshire to present design plans and financial proposals for the development of Extra Care facilities in Flint and Holywell. Pennaf and Wales & West proposed credible plans for the 2 schemes, to deliver quality and affordable provision. The RSLs both confirmed that each scheme would require an optimum volume of mixed size units to ensure financial viability. |
| 1.03 | It was confirmed that there was no Extra Care funding available from Welsh Government, Flintshire already having benefited from significant contributions to the 2 existing schemes. |
| 1.04 | An additional source of funding has identified through the Intermediate Care Fund (ICF) capital component. A successful allocation was received to the effect of £550k to be used equally across the 2 schemes. |
| 1.05 | Flint Extra Care Scheme |
| 1.06 | Pennaf were the preferred choice for the Flint development as they are involved in the broader Flint Regeneration Programme. Intermediate Care Funds will be made available to assist Pennaf with the funding of this development. |
| 1.07 | The site for the Flint development is the former site of maisonette dwellings, located on the corner of Coleshill Road and Earl Street. The site has close proximity to Flint Library and the Jade Jones Pavilion. The scheme is targeted to open by autumn 2017. |
| 1.08 | The design for the scheme was signed off in June 2015. The development will provide, in summary: <ul style="list-style-type: none">• 4 floors with lift access• Accommodation: 43 x 1 Bedroom Units + 30 x 2 Bedroom Units• Office and reception areas, storage and maintenance• Restaurant, with terrace• Assisted personal facilities• Other facilities including: Laundry, Hair Dresser, Activity Rooms• Central courtyard• Parking for 23 cars, plus Ambulance drop-off and buggy store |

| | |
|------|--|
| 1.09 | The negotiated land value has been agreed, and the sale is being progressed by FCC and Blake Morgan Solicitors. |
| 1.10 | Planning permission has been granted and pre-commencement planning conditions reviewed. Building Regulations have conditional approval, with the discharge of conditions ongoing. Archaeological work on the site has been back-filled, now awaiting final completion to enable the development to commence. |
| 1.11 | Pennaf have confirmed Anwyl as the appointed contract developer, with contract documents in preparation for hand-over by the end of January 2016. |
| 1.12 | Pennaf are working closely with the FCC Highways department and the Health Board (BCUHB), to ensure that co-ordinated traffic management plans are in place during the respective housing and health centre developments. |
| 1.13 | Holywell Extra Care Scheme |
| 1.14 | Wales & West selected as the partner to deliver an Extra Care Scheme in Holywell. Intermediate Care Funds will be made available to assist Wales & West with the funding of this development. |
| 1.15 | In early 2015, a number of potential sites in Holywell were assessed for feasibility to develop an Extra Care Scheme. An Outline Planning Application was submitted by Wales & West for the residential development of a site to the rear of the Bodowen Surgery. This application was ultimately rejected due to local concerns regarding the loss of the Halkyn Road car park deemed necessary to make the site feasible. |
| 1.16 | A number of alternative sites have been reconsidered since the initial planning application was rejected. Wales & West have produced a number of draft plans to present options to develop on possible alternative sites. |
| 1.17 | In order to progress to a position where Outline Planning Applications can be prepared and submitted for approval, a number of dependencies need to be carefully managed as follows: <ul style="list-style-type: none"> • Additional detailed design and reviews to ensure that the building meets environmental and care provision requirements; • Additional detailed design and reviews to ensure that the scheme provides a sufficient number of mixed size units and appropriate facilities, while achieving financial viability; |

| | |
|-------------|---|
| 2.00 | RESOURCE IMPLICATIONS |
| 2.01 | Report acknowledges the receipt of Intermediate Care Funds. The RSLs are utilising this funding to subsidise self-financing models. The Social Services project team have requested that each RSL partner provide formal details of how and when this funding will be expended. |

| | |
|-------------|---|
| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
| 3.01 | CONSULTATION REQUIRED |
| 3.02 | On commencement of the Flint construction development, it is proposed that joint consultation events will be arranged for FCC, and Pennaf to engage with local residents, and potential tenants. A visual display of plans in Flint Library may provide an ongoing information source. To manage and co-ordinate these activities, Pennaf will develop a Marketing Strategy in collaboration with FCC Social Services and Public Relations teams. |
| 3.03 | Project working groups, including a Services Working Group will be established, initially for the Flint project, to engage with all key stakeholders. Best practice will be used to develop similar groups for the Holywell project when appropriate. |
| 3.04 | It is proposed that consultation activities for the Holywell project should be as proactive as possible. It is essential that Members, Town Council representatives and town residents are fully engaged in the proposed scheme from the outset. |
| 3.05 | CONSULTATION UNDERTAKEN |
| 3.06 | Consultation for the Flint development took place in Spring 2015, to give the community of Flint an opportunity to comment on the proposed scheme. |

| | |
|-------------|---|
| 4.00 | RISK MANAGEMENT |
| 4.01 | Slippage on the time scale for becoming operational <ul style="list-style-type: none"> In mitigation of the risks, the project plan has built into the timetable the possibility of slippage on the timescales. <p>There are no anti-poverty, environment and equalities issues related to these developments.</p> |

| | |
|-------------|-------------------|
| 5.00 | APPENDICES |
| | None |

| | |
|-------------|---|
| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
| 6.01 | Contact Officer: Susie Lunt, Senior Manager Integrated Services Telephone: 01352 701407 E-mail: susie.lunt@flintshire.gov.uk |

| | |
|-------------|--------------------------|
| 7.00 | GLOSSARY OF TERMS |
| | |



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

| | |
|------------------------|--|
| Date of Meeting | Thursday, 21 st January 2016 |
| Report Subject | Forward Work Programme |
| Cabinet Member | N / A |
| Report Author | Social & Health Care Overview & Scrutiny Facilitator |
| Type of Report | Operational |

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

RECOMMENDATION

| | |
|---|---|
| 1 | That the Committee considers the draft Forward Work Programme and approve/amend as necessary. |
| 2 | That the Facilitator, in consultation with the Chair and Vice-Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises. |

REPORT DETAILS

| | |
|-------------|---|
| 1.00 | EXPLAINING THE FORWARD WORK PROGRAMME |
| 1.01 | Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan. |
| 1.02 | <p>In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:</p> <ol style="list-style-type: none">1. Will the review contribute to the Council's priorities and/or objectives?2. Is it an area of major change or risk?3. Are there issues of concern in performance?4. Is there new Government guidance of legislation?5. Is it prompted by the work carried out by Regulators/Internal Audit? |
| 2.00 | RESOURCE IMPLICATIONS |
| 2.01 | None as a result of this report. |
| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
| 3.01 | Publication of this report constitutes consultation. |
| 4.00 | RISK MANAGEMENT |
| 4.01 | None as a result of this report. |
| 5.00 | APPENDICES |
| 5.01 | Appendix 1 – Current Forward Work Programme |
| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
| 6.01 | <p>None.</p> <p>Contact Officer: Margaret Parry-Jones Overview & Scrutiny Facilitator</p> <p>Telephone: 01352 702427</p> <p>E-mail: margaret.parry-jones@flintshire.gov.uk</p> |

| | |
|-------------|--|
| 7.00 | GLOSSARY OF TERMS |
| 7.01 | Improvement Plan: the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan. |

This page is intentionally left blank

CURRENT FWP

| Date of meeting | Subject | Purpose of Report | Scrutiny Focus | Responsible / Contact Officer | Submission Deadline |
|---|---|--|-----------------------|--------------------------------------|----------------------------|
| Thursday 3 March 2016 10.00 a.m. | Q3 Improvement Plan Monitoring Update | To enable Members to fulfil their scrutiny role in relation to performance monitoring. | Assurance | Facilitator | |
| | CSSIW Inspection of Children's Services in Flintshire progress update | To receive a progress report on the action plan implementation to ensure the required outcomes are being achieved. | Assurance | Chief Officer Social Services | |
| | To receive a report on the review of repeat referrals and quality assurance within Children Servicers from a multi-agency perspective. | To receive a report following the completion of the work stream relating to repeat referrals and quality assurance (multi agency). | Assurance | Chief Officer Social Services | |
| Thursday 14 April 2016 2.00 p.m. | Annual Council Reporting Framework | To consider the draft report | Assurance | Chief Officer Social Services | |
| | Consultation on the Improvement Plan 2016-17 | To enable members to comment on the proposals within the draft plan. | Options consultation | Performance Team Leader | |

| | | | | | |
|--|--|---|------------------|--|--|
| <p>Thursday 19 May 2016 2.00 p.m.</p> | <p>Comments, Compliments and Complaints</p> | <p>To receive a report on the compliments, representations and complaints received by Social Services for the year April 2015 – March</p> | <p>Assurance</p> | <p>Chief Officer Social Services</p> | |
| <p>Thursday 23 June 2016 10.00 a.m.</p> | <p>Year End & Q 4 performance reporting</p> | <p>To enable members to fulfil their scrutiny role in relation to performance monitoring</p> | <p>Assurance</p> | <p>Facilitator</p> | |
| <p>Thursday 21 July 2016 2.00 p.m.</p> | | | | | |

Regular Items

| Month | Item | Purpose of Report | Responsible / Contact Officer |
|--------------------|--|--|--------------------------------------|
| January | Safeguarding & Child Protection | To provide Members with statistical information in relation to Child Protection and Safeguarding | Chief Officer Social Services |
| March | Educational Attainment of Looked After Children | Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee | Chief officer Education |
| March | Corporate Parenting | Report to Social & Health and Lifelong Learning Overview & Scrutiny | Chief Officer Social Services |
| Half-yearly | Betsi Cadwaladr University Health Board Update | To maintain 6 monthly meetings – partnership working | Facilitator |
| May | Comments, Compliments and Complaints | To consider the Annual Report. | Chief Officer Social Services |
| | Adult Safeguarding | To consider the annual statistical information | Chief Officer Social Services |

Items to be scheduled

- Joint meeting with Lifelong Learning Overview & Scrutiny Committee
- Outcome of Residential Care Review
- Consultation on the Improvement Plan 2016-17

This page is intentionally left blank