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To: Members of the Social & Health Care Overview & Scrutiny Committee

3 May 2018

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, 10th May, 2018 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items

A G E N D A

1 APPOINTMENT OF CHAIR

Purpose: At the Annual Meeting, Council resolved that the Independent group should nominate the Chair of the Committee. The Committee is requested to formally appoint the duly nominated Chair.

2 APPOINTMENT OF VICE CHAIR

Purpose: To appoint a Vice-Chair for the Committee.

3 APOLOGIES

Purpose: To receive any apologies.

4 DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Purpose: To receive any Declarations and advise Members accordingly.

5 MINUTES (Pages 3 - 8)

Purpose: To confirm as a correct record the minutes of the meeting held on 29 March 2018.

6 **SOCIAL CARE THIRD SECTOR SERVICES** (Pages 9 - 62)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: Annual review of the social care activity undertaken by the third sector in Flintshire

7 **COMMENTS, COMPLIMENTS & COMPLAINTS** (Pages 63 - 88)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To consider the Annual Report on the Social Services Complaints and Compliments Procedure

8 **ROTA VISITS**

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

9 **FORWARD WORK PROGRAMME** (Pages 89 - 96)

Report of Social and Health Care Overview & Scrutiny Facilitator

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

Yours sincerely



Robert Robins
Democratic Services Manager

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **29 MARCH 2018**

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, 29 March 2018

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Marion Bateman, Andy Dunbobbin, Gladys Healey, Cindy Hinds, Kevin Hughes, Dave Mackie, Hilary McGuill, Ian Smith, Martin White, and David Wisinger

APOLOGIES: Councillors: Mike Allport, Andrew Holgate, Mike Lowe and Rita Johnson

CONTRIBUTORS: Councillor Christine Jones, Cabinet Member for Social Services; Chief Officer (Social Services), Senior Manager, Children and Workforce; Senior Manager Safeguarding and Commissioning, Senior Manager Integrated Services Lead Adults/Early Years

IN ATTENDANCE: Social & Health Care Overview & Scrutiny Facilitator and Democratic Services Officer

49. DECLARATIONS OF INTEREST

There were no declarations of interest.

50. MINUTES

The minutes of the meeting held on 25 January 2018 were received.

Accuracy

Page 8, paragraph 6: Councillor Marion Bateman said she had expressed the view that there should not be a financial benefit for the parents of young people who go to residential college, and asked that the minutes be amended to reflect this.

Matters arising

In response to a question from Councillor Hilary McGuill the Chief Officer advised that he had contacted Betsi Cadwaladr University Health Board to pass on the Committee's concerns regarding the impact the local prison service had on local hospitals and would forward the response to the Committee when received.

RESOLVED:

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

51. A PLACE TO CALL HOME

The Chief Officer introduced a report to advise of the content of the Flintshire's 'A Place to Call Home? – Impact Analysis' report and to provide details of ongoing actions and initiatives underway within Social Services to continue to enhance the quality of life of residents in Flintshire care homes. He invited the Senior Manager Safeguarding and Commissioning to present the report.

The Senior Manager provided background information and advised that since publication of the report, Flintshire had been developing strategies to improve the experience and quality of life for people living in Flintshire's care homes and this work was reviewed by the Older People's Commissioner for Wales who had completed a full impact and analysis of each partner agency in 2017. The Senior Manager referred to the main considerations, as detailed in the report and commenting on the Older People's Commissioner's follow-up review in 2017 she advised that of the 22 local authorities in Wales, only 4 local authority responses were judged as sufficient across all the requirements for action. She stated that Flintshire was the only North Wales local authority to achieve this result.

Councillor Christine Jones commented on the inter-generational work and dementia friendly training which was taking place with secondary and primary schools in Flintshire to promote social interaction.

In response to the suggestion by Councillor Kevin Hughes that a dedicated activities co-ordinator post be created for care homes the Senior Manager Integrated Services Lead Adults/Early Years said that consideration could be given to how a post could be funded.

Councillor Dave Mackie spoke in support of the report and congratulated the Chief Officer and his Team on their achievements.

Councillor Gladys Healey expressed the view that the mandatory training of care assistants needed to be given a higher standard. She also said that more staff in care homes should be able to speak in the Welsh language. The Senior Manager Safeguarding and Commissioning acknowledged the points made and referred to the training and induction programmes care assistants worked towards. She advised that in joint partnership with Coleg Cambria, the Authority had set up a programme to train care staff to learn Welsh in a care setting. She also referred to the voluntary schemes to learn Welsh provided at the Methodist Chapel, Mold, and the Flintshire Local Voluntary Centre, Mold, and the Social Care Wales e-learning programme for care staff to develop Welsh language skills.

In response to a concern raised by Councillor Hilary McGuill regarding the monitoring of private care homes in Flintshire, the Senior Manager Integrated Services Lead Adults/Early Years advised that there were unannounced visits by CCSIW and commented on the robust monitoring procedures in place by the contracts monitoring team.

Councillor Andy Dunbobbin said he would like to see more reference to the support of Armed Forces veterans in care homes across the County.

The Chair welcomed the report and referred to the impact of the significant forward planning which had taken place and the contribution it had made to the positive outcome of the report.

RESOLVED:

That the Flintshire's 'A Place to Call Home? – Impact Analysis' report be noted and the achievement of the Authority be recognised.

52. CHILDREN'S OUT OF COUNTY PLACEMENTS

The Senior Manager, Children and Workforce explained that Corporate Resources Overview Scrutiny Committee had referred the provision, and costs associated with Out of County placements for children and young people, to the Social and Health Overview and Scrutiny Committee. The Senior Manager, Children and Workforce introduced a report to endorse a fundamental review of residential placements for children and young people. He advised that the aim of the review was to enable the Authority to more proactively support vulnerable children with complex care and education needs, better manage demand for placements, and develop the market to be more responsive and affordable.

The Senior Manager, Children and Workforce provided background information and context and commented on the current challenge in finding appropriate residential placements for children and young people. He referred to a project across the Social Services and Education portfolios regarding out of county placements to develop further insight into current and future need, the options for support/placements, and associated costs. He reported on the main considerations as detailed in the report.

In response to a comment from Councillor Kevin Hughes on the need to increase foster caring in Flintshire, the Senior Manager, Children and Workforce explained that a range of initiatives were being considered to improve the local position.

Councillor Dave Mackie referred to the information in the report on the average cost of placement per year and commented on the negative impact on recruitment of agency foster carers in Flintshire.

In response to the comments and concerns expressed around foster caring the Senior Manager Children and Workforce, advised that there was no

difficulty in finding placements in foster care for young children, however, the position was more challenging in terms of placements of large sibling groups and teenagers with complex needs.

In response to a suggestion by Councillor McGuill on the use of short term external residential activity centres or events to manage difficult situations the Senior Manager, Children and Workforce explained that care and support could only be provided in a registered setting.

The Chair expressed concern that there was no additional provision available from the Welsh Government to assist the Authority should it have to provide for a sibling group with complex needs.

Councillor Hilary McGuill commented on the waiting time for young people to be assessed by Children and Adolescent Mental Health Services (CAMHS). The Senior Manager, Children and Workforce advised that there had been significant national investment in

CAMHS and Looked After Children were a priority and would have a CAMHS assessment within 28 days. During discussion it was agreed that a representative of CAMHS would be invited to attend a meeting of the Committee in June.

RESOLVED:

- (a) That the Committee supports the approach being undertaken to secure the most effective delivery of positive outcomes for children and better managed demands for placements; and
- (b) That a representative of CAMHS be invited to attend a meeting of the Committee to be held in June.

53. QUARTER 3 COUNCIL PLAN 2017/18 MONITORING REPORT

The Chief Officer introduced the Quarter 3 Council Plan 2017/18 Monitoring Report. He advised that the Report presented the monitoring of progress at the end of Quarter 3 for the Council Plan priority 'Supportive Council' relevant to the Committee.

The Chief Officer explained that the Monitoring Report for the 2017/18 Council Plan was a positive report, with 81% of activities being assessed as making good progress, and 69% likely to achieve the desired outcome. Performance Indicators showed good progress with 84% meeting or near to period target. Risks were also being successfully managed with the majority being assessed as moderate (67%) or minor (10%).

The Chief Officer reported on the performance indicator which showed a red status for current performance against target, and on the major risks for the Committee as detailed in the report.

Referring to the risk that demand outstrips supply for residential and nursing home care bed availability the Senior Manager Integrated Services

Lead Adults/Early Years explained that an options appraisal was being undertaken on the feasibility for land at the Marleyfield House Residential Home site, Buckley , to be developed to create an additional 32 bedrooms.

RESOLVED:

That the Committee notes the Quarter 3 Council Plan 2017/18 Monitoring Report.

54. ROTA VISITS

Councillor Marion Bateman commented that on a visit to Croes Atti she had seen an empty building in the grounds and asked why it was not being used. The Senior Manager Integrated Services Lead Adults explained that the building had been 'mothballed', however, if additional funding should become available consideration would be given to its future use.

RESOLVED:

That the information be noted.

55. FORWARD WORK PROGRAMME

In presenting the Forward Work Programme, the Facilitator advised that following approval of the schedule of Committee meetings at the meeting of the County Council on 1 May, she would populate the Programme for the 2018/19 municipal year.

The Facilitator drew attention to the items on the Forward Work Programme for the next meeting of the Committee to be held on 10 May, and the items to be scheduled in the future.

Councillor Gladys Healey suggested that Members be given training on awareness of Domestic Violence.

Following a suggestion by Councillor Kevin Hughes it was agreed that a member of the public be invited to attend a future meeting of the Committee to raise awareness of Asperger's Syndrome .

RESOLVED:

- (a) That the Forward Work Programme be updated accordingly;
- (b) That the Facilitator, in consultation with the Chair of the Committee, be authorised to vary the Forward Work Programme between meetings, as the need arises; and
- (c) That a member of the public be invited to attend a meeting of the Committee to raise awareness of Asperger's Syndrome.

56. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was one member of the press and no members of the public in attendance.

(The meeting started at 10.00 am and ended at 11.30 am)

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Chair



SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 10 th May 2018
Report Subject	Social Care Third Sector Services
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

Flintshire has a thriving voluntary/third sector which provides support and services to Flintshire residents. This report details some recent work carried out in reviewing services commissioned through the Third Sector and provides an overview of the range and breadth of services supported by Flintshire County Council.

The report also details the approach taken to co-produce a new and innovative services including the disability service which is due to be procured in the next couple of months and the learning disability day and work opportunities services.

Finally a few key services have been highlighted where the sector is delivering key social care support in Flintshire.

RECOMMENDATIONS

1	Scrutiny Committee consider the social care activities that are being delivered within the third sector in Flintshire.
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REPORT DETAILS

1.00	EXPLAINING THE THIRD SECTOR SOCIAL CARE SERVICES
1.01	Flintshire has a thriving voluntary/third sector which provides support and services to Flintshire residents. The implementation of the Social Services and Well-being Act (Wales) 2014 has seen further development of services to ensure duties within the act are met.
1.02	Flintshire Local Voluntary Council (FLVC) is the umbrella and support organisation for over 1200 voluntary and community groups based in Flintshire. Based in Mold, FLVC Volunteer Centre offers a range of

	<p>services through a Welsh Government Infrastructure Agreement. FLVC are involved in a range of local and regional partnerships and have supported the Council in many of the projects/development below. Specific examples include the direct involvement in the procurement of the learning disability day and work opportunities services and providing support to the sector to facilitate applications for our disability services tender.</p>
1.03	<p>Carers Services Flintshire Social Services deliver a range of services for carers, both in-house and commissioned through external third sector providers. Each service has a defined specification with a set amount of funding to deliver services to specific groups of carers within Flintshire.</p>
1.04	<p>The contracts for all externally commissioned services were due to end on the 31st March 2018 so Flintshire Social Services undertook a review of carers services, in collaboration with partners and carers, in order to inform its commissioning strategy for carers services going forward, post April 2018. By undertaking a detailed and multi-stakeholder review of carers services Flintshire Social Services aimed to establish how the current provision is meeting the needs of carers now and whether it is fit for purpose in the future as well as explore opportunities and areas for development.</p>
1.05	<p>In order to ensure services are truly reflective of what is needed by our local population a method of co-production was adopted for the design of future services for carers.</p>
1.06	<p>Following the review a range of opportunities were identified for further developments – details of these are attached in Appendix 1 – Review of Carers Services Findings 2017/18. In consultation with the Carers Strategy Group and working with service providers directly, it has been agreed that the following opportunities will be taken forward in Flintshire from 2018/19:</p> <ul style="list-style-type: none"> • Development of the Bridging the Gap – Respite Broker Service • Development of a central grant scheme • Development of a central counselling service • Development of Carers Needs Assessments • Development of a new monitoring tool for carers services which focuses on outcomes
1.07	<p>Appendix 1 provides more information regarding the review and summarises the range of services commissioned to support carers including the aims of each service, what the funding supports, impacts and outcomes achieved, summary of carers supported through the service, opportunities identifies and areas for consideration. In addition it identifies what local needs are being met and what unmet or growing need exists for each service.</p>
1.08	<p>Disability Services Currently Flintshire County Council funds a small number of physical disability, learning disability and sensory impairment services, which provide advice, information, citizen advocacy and low level daily living aids. Each service has historically been provided with a specified amount of funding on an annual basis to deliver services to specific groups of</p>

	<p>services users within Flintshire. Flintshire County Council is now changing how it designs and delivers services to ensure it is in line with new act and to further ensure services are truly reflective of what is needed and wanted within the local population. To do this a method of co-production has been used to design future services, ensuring services are forward facing and fit for future needs of Flintshire's population.</p>
1.09	<p>The benefits of this approach are:</p> <ul style="list-style-type: none"> • People are empowered and treated as equals, as recognition is given to their strengths and assets. • Peer support is a key activity. • It is based on what people can do. • It allows for working together & sharing power. • It aids in breaking down barriers between people, professionals, users, carers, neighbours etc. • Co-production can be used to prevent social problems like crime and ill-health. • It is also sustainable, cost effective and can be more adaptive to meeting and recognising the needs of people.
1.10	<p>Local providers were informed of the Council's intention to establish a process of coproduction for service development and that the outcome of this development would result in a tendering exercise. An initial event was held with all providers to explore ideas about what people with physical disabilities, learning disabilities and sensory impairments really want and need from local community services. Two further events with providers, staff and people with physical disabilities, learning disabilities and sensory impairments were held. These events have enabled us to gain a clearer picture of what matters to people and what we could be doing differently here in Flintshire. We then invited all market providers to submit their ideas for what a new service should look like based on some of the learning from our coproduction events. Providers have now put their ideas forward to us, clearly outlining what they think a good service for people should look like. From this service specification have been developed and are due to be advertised imminently through a formal tender process.</p>
1.11	<p>Adults Advocacy</p> <p>A Learning Disability Advocacy contract has been in place for over 10 years. This service has been delivered by a specialist advocacy provider (North Wales Advice and Advocacy Association) in the last 8 years and has delivered a consistent and reliable service. They have supported one off pieces of work which did not form part of their contract at no extra cost to the authority. Recently service specifications have been reviewed to ensure compatibility with requirements in the act.</p> <p>Flintshire contract with Advocacy Services North East Wales (ASNEW) to deliver services for community mental health, older people and people with a physical disabilities in Flintshire. This provider also provides support to people who are under a DoLS assessment (Relevant Person Representative). This provider also has a contract with Betsi Cadwaladr University Health Board to deliver IMHA (Independent Mental Health Advocacy) and IMCA (Independent Mental Capacity Advocate) services in Flintshire. Similarly service specifications have been reviewed to ensure compatibility with requirements in the act.</p>

1.12	<p>Children's Advocacy</p> <p>Flintshire took part in a regional contract for Children's advocacy 3 years ago delivering services to looked after children. This contract has been extended for 1 year and has been re-designed to fit with the National approach, delivering the 'active offer'.</p>
1.13	<p>Action for Children Strategic Partnership</p> <p>Action for Children is a registered charity whose aim is to give the children, young people and families the chance to fulfill their potential and to make the most of their lives. They provide respite/short breaks for children with profound disabilities in a safe and secure environment to support them to remain within their own family setting. This is carried out at Arosfa.</p> <p>The family project provides planned intervention to families with children who are most likely to be at risk of harm or to be accommodated by the local authority. The project works in a positive client centered way to engage families to improve their own situations.</p>
1.14	<p>There are several other voluntary sector partnership working and contracts in place to support the services Flintshire provide to its residents. The sector is invaluable to Flintshire meeting its duty with the act and providing appropriate outcomes for the people we support.</p>

2.00	RESOURCE IMPLICATIONS
2.01	<p>Carers Funding - The total committed budget for carer services in Flintshire is approximately £500,000 excluding the support provided for carers by Social Services (which includes information, advice, support and respite). Carer services in Flintshire are primarily funded by the Council's social services budget, but also includes funding from Betsi Cadwaladr University Health Board and specific carers grant funding.</p>
2.02	<p>The Disability Services tender, split into 5 Lots, is estimated to cost £213,000.</p>
2.03	<p>Five organisations were involved in the delivery of ICF funded activity in 17/18, with claims for the year totalling £309,410.</p>

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	<p>As detailed above, however, the general approach for Flintshire Social Services is to use a co-production methodology for its service developments and reviews.</p>

4.00	RISK MANAGEMENT
4.01	<p>Monitoring and contract arrangements are in place which are reviewed on a regular basis. Organisations within the sector.</p>

5.00	APPENDICES
5.01	Appendix 1 – Review of Carers Services 2017/18

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Contact Officer: Jane Davies Senior Manager: Senior Manager Safeguarding and Commissioning Telephone: 01352 702503 E-mail: jane.m.davies@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	<p>Third Sector Organisation – the part of an economy or society comprising non-governmental and non-profit-making organisations or associations, including charities, voluntary and community groups, cooperatives, etc.</p>
7.02	<p>ICF – Previously named the Intermediate Care Fund, the now Integrated Care Fund has been in place since 2014/15 with levels of funding and criteria for its use increasing and developing annually. The fund can be used to support a number of targeted groups:</p> <ul style="list-style-type: none"> • frail and older people • people with a learning disability • children with complex needs due to disability or illness • carers, including young carers. <p>It helps support older people to maintain their independence and remain at home, avoiding unnecessary admissions to hospital or residential care and delays when someone is due to be discharged from care.</p> <p>At a national and regional level, the fund is also being used to support the Integrated Autism Service, the Welsh Community Care Information System, and the Dementia Action Plan (source and further guidance available at https://gov.wales/topics/health/socialcare/working/icf/?lang=en)</p>
7.03	<p>Welsh Government Infrastructure Agreement - Core funding allocated by the Welsh Government to minimise any administration costs and improve efficiency to support infrastructure for the Third Sector in Wales. The funding ensure that individuals or organisations wishing to make use of advice, support and guidance across Wales receive a uniform service.</p>
7.04	<p>Co-production - A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it.</p>

7.05	Operation Pallial - the independent National Crime Agency investigation into allegations of past abuse in the care system of North Wales, began in November 2012 at the request of Mark Polin, the Chief Constable of North Wales Police.
7.06	DoLS - The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
7.07	IMCA stands for Independent Mental Capacity Advocate - IMCA is a new type of statutory advocacy introduced by the Mental Capacity Act 2005 (the Act). The Act gives some people who lack capacity a right to receive support from an IMCA.
7.08	Independent Mental Health Advocacy (IMHA) - If you are being detained under the Mental Health Act, you are legally entitled to help and support from an Independent Mental Health Advocate.

FLINTSHIRE'S REVIEW OF CARERS SERVICES - 2017-18

INITIAL FINDINGS – JANUARY 2018

Content

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1. Summary of our statutory duties under the SSWB Act, including reporting
 2. Scope and purpose of the Review of Carers Services 2017-18
 3. Carers feedback and 'what matters' to them
 4. Current provision in Flintshire, including structure and funding of services
 5. Opportunities for the future
 6. Next Steps
 7. Appendices:
 - o Appendix 1 - Carer Needs / Gap Analysis Matrix
 - o Appendix 2 - Contract summaries for all carer services

1. Summary of our statutory duties under the SSWB Act

The Act has significantly changed the definition of a carer in recognition of the value of unpaid carers. The Act also places duties upon us as a Local Authority in terms of supporting carers, which are as follows:

- To **identify carers** that provide or intend to provide care for an adult or disabled child.
- A **duty to assess** a carer where there appears to be a need for support, regardless of the level of needs or resources.
- A carer is entitled to a **joint assessment** with the cared for if it is considered beneficial and there is consent from both
- A duty to **meet the needs of the carer** following an assessment, depending on eligibility
- The **carer's assessment should be reviewed annually** or when there is a significant change in circumstances
- Provide **advocacy** support for carers

Our Reporting Requirements

There are no outcomes or indicators under the National Outcomes Framework that Flintshire must report on specifically for carers.

The Welsh Government Annual Questionnaire does include two questions, as below, which we must report on; based on the feedback received from carers. (*This Questionnaire is subject to change*).

- Carers reporting they felt **supported to continue in their caring role**
- Carers reporting they felt **involved in designing the care and support plan** for the person they care for.

In addition, Commissioners would like to explore introducing a more effective and proportionate way of reporting on the outcomes of carers being achieved by services and would like to introduce an agreed set of service delivery outcomes for any future contracts. NEWCIS has recently (November 2017) adopted a set of service outcomes as a pilot.

2. Scope and purpose of the Review of Carers Services

Flintshire Social Services delivers a range of services for carers, both in-house and commissioned through external third sector providers. Each service has a defined specification with a set amount of funding to deliver services to specific groups of carers within Flintshire.

The contracts for all externally commissioned services ends on the 31st March 2018 so Flintshire Social Services has been undertaking a review of carers services, in collaboration with partners and carers, in order to inform its commissioning strategy for carers services going forward, post April 2018.

In order to ensure services are truly reflective of what is needed by our local population a method of co-production will be adopted for the design of future services for carers.

In moving forward it is vitally important that Flintshire Social Services and its partners, ensure that services are sustainable and accessible to carers in Flintshire, including younger carers, working carers and carers that are not currently involved with social services.

By undertaking a detailed and multi-stakeholder review of carers services Flintshire Social Services aims to establish how the current provision is meeting the needs of carers now and whether it is fit for purpose in the future as well as explore opportunities and areas for development.

Following the identification of local carers needs, the Carers Strategy Group will be able to highlight what gaps there are in the existing provision and how we should develop our provision to meet carers needs in the future.

The outcome of the review will inform and support the development of the Flintshire Commissioning Strategy for Carers 2018 with a view to commissioning services in 2018/19 and beyond.

What's in Scope...

- Adult carer services and support only (young carers out of scope)
- To include the following services:
 - NEWCIS – Bridging the Gap
 - NEWCIS – Carer Grants
 - NEWCIS – Carer Training
 - NEWCIS – COPE
 - NEWCIS – Coordination/ Lead Body
 - NEWCIS – Carers Needs Assessments
 - NEWCIS – Core Funding
 - NEWCIS – Primary Care Facilitator
 - NEWCIS - CHC
 - Daffodils – Support for parent carers
 - Neuro Therapy Centre – Support for carers of people with neurological conditions
 - Hafal – Support for carers of people with mental health conditions
 - Redcross – Carers Emergency Card
 - Crossroads – Respite services
 - Flintshire – Carers Needs Assessments
 - Flintshire – Grants
 - Flintshire – SPoA IAA for Carers
 - Flintshire – Marleyfield Saturday Dementia Respite
- The progress and performance of carer services over the last couple of years (2016/17 and 2017/18) will be reviewed
- Carer Advocacy services will be out of scope in this review but will form part of the Regional Advocacy Commissioning exercise.

3. Carers feedback and ‘What Matters’ to them

In 2015-16 Flintshire and other North Wales local authorities took part in the development of a Population Needs Assessment, which gave carers the opportunity to tell us ‘what matters’ to them and what support and services are important to them in helping them in their caring roles.

Checklist of carer needs (in no particular order):

- Accessible **information and advice** (preferably in one place)
- Local** information surgeries, hubs, talking points and drop-ins
- Advocacy** for the carer
- One to one support** for the carer, such as a listening ear and telephone support 24 hours a day
- Socialising** and carer groups in local community, with some where the cared for can attend too
- Access to **leisure activities**
- Volunteering** opportunities
- Education, skills and employment**
- Recognition** and respect, consultation as partners in care, being valued as a carer
- Better **communication** between all parties
- Carers really value the range of support provided by the **3rd sector**
- Support for the carer when their **caring role comes to an end**
- A good range, availability and flexibility of **respite and grants** for carers

Carer’s Priorities (ranked)

1. Information and Advice
2. Access to an assessment
3. Equipment and Adaptations
4. Advocacy
5. One to One Support
6. Respite
7. Socialising and Groups
8. Access to Leisure Activities
9. Volunteering Opportunities
10. Education, skills and employment

Caring is a journey and all of these services could become the most important to someone depending on where they are at on their journey.

The consultation also identified the following gaps in services generally:

- Lack of **transport** in rural areas
- Lack of services in rural areas**, including paid home carers
- Difficulty in getting **appointments** with the same GP, particularly for people with mental health needs or dementia
- Lack of **awareness among primary care** staff about carers
- Insufficient **counselling services** for carers whose mental health is affected by their caring role
- Gap in support for carers of people with **substance misuse** issues
- Lack of services for **parent carers**

Please refer to Appendix 1 which cross checks the above identified carers needs against existing provision and highlights Flintshire’s gaps.

4. Current provision in Flintshire

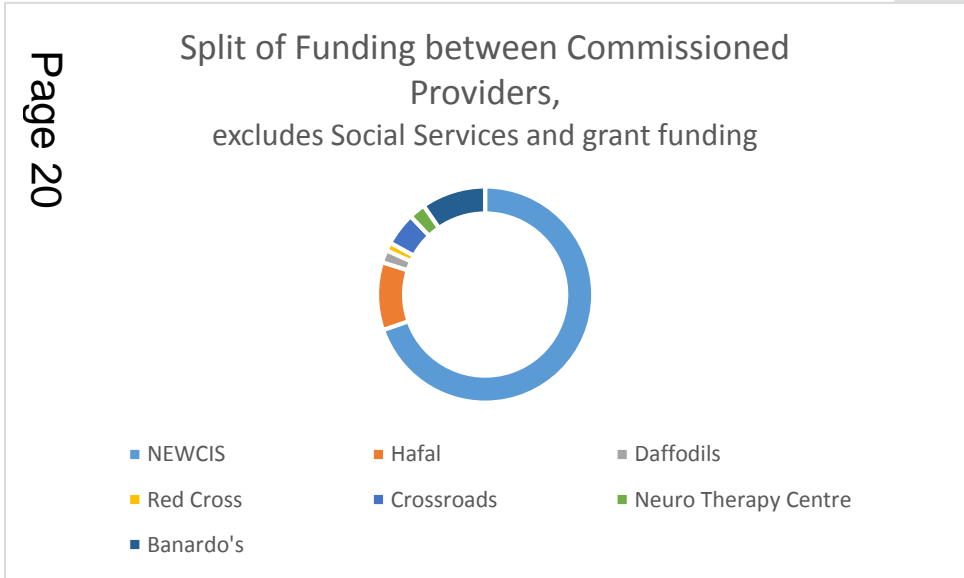
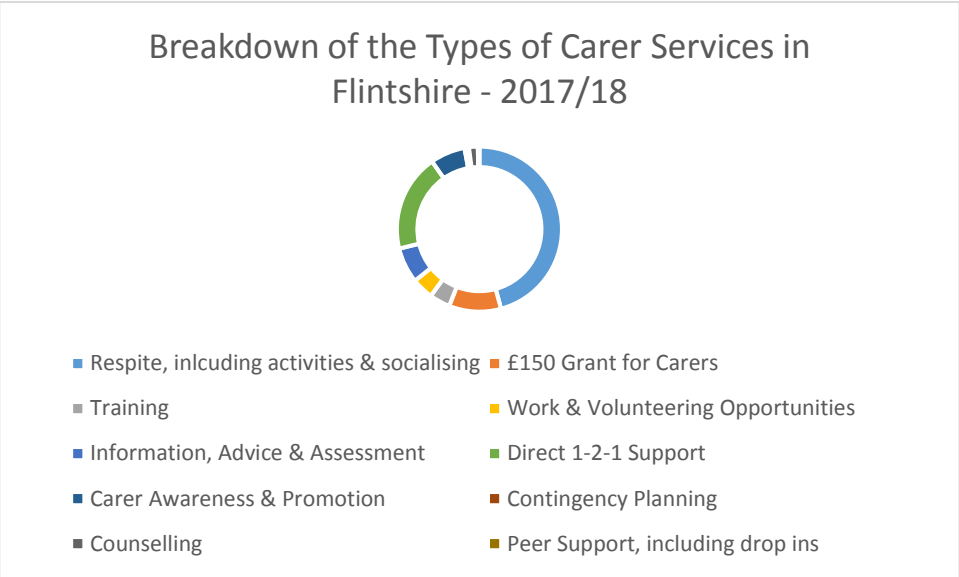
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Summary of Current Funding for Carers Services in Flintshire

The total committed budget for carer services in Flintshire is in excess of **£508,139.80**, excluding the support provided for carers by Social Services (which includes information, advice, support and respite).

Carer services in Flintshire are primarily funded by the local authority's social services base budget, but also includes funding from Betsi Cadwaladr University Health Board and any grant funding that it receives.



5. Opportunities for the future

Following a review of each service, the following opportunities have been collectively identified for further consideration by the Carers Strategy Group:

General Services

- To ensure all generic and specialist services are compliant with the SSWB Act in terms of eligibility and access to services for carers; all contracts to be updated to reflect the Act.
- To ensure all information and advice provided to carers from any of our services is proportionate and empowers them whilst balancing being the point of contact for carers so that they know where to go when they need more help.
- The referral process between Social Services and the generic carer service has been streamlined by using a shared information system, PARIS. Explore the benefit of replicating this with specialist providers.

Bridging the Gap – Respite Broker Service

- To explore a more person centred approach for the allocation of respite to enable carers who support individuals with very complex needs or carers that support more than one individual to have an equal amount of respite as other carers; shifting from a value allocation model to an hours allocation model dependent on need.
- Expand the respite provider options that are available to carers, to include local facilities and support groups as well as a wider range of providers (particularly for certain carers, i.e. autism).

Carer Grants & Counselling

- To create a single grant funding system in Flintshire for all carers, which is more efficient, cost effective and provides greater oversight of grant demand and spend. Currently there are 3 pots administered

by 3 different providers: Flintshire Social Services, Hafal and NEWCIS all with similar criteria and grant allocation.

- To explore a centralised counselling service which could achieve better value for money, maximise resources, pilot new models and manage growing demand. An increase in demand from carers for counselling services has been evidence over the last couple of years.
- There is a clear demand for crisis grants but currently no explicit criteria or funding allocation; consideration to be given for a crisis grant fund to be developed within the single grant funding system which is accessible to all carers.

Training

- Continue to and expand on maximising what resources and opportunities are available within the community and link with existing initiatives, for example Arts groups and Dementia training.
- The service should include all generic and specialised training for all carers.
- Explore providing training for both the cared for and carer, where there is a demand and it is feasible to do so.

Carer Opportunities, Participation and Employment (COPE)

- Continue to create strong links with private, public and 3rd sector organisations to maximise the employment/education/training opportunities for carers.
- Explore community developments and community participation as a method of building new and flexible opportunities for carers, such as SPICE.

Coordination/ Lead Body

- Develop a new monitoring approach for services which focuses more on the carer and service outcomes, whilst ensuring it is proportionate to the contract value.

- The 'lead body' function is to be reviewed and updated to reflect new legislation, new approaches and priorities.
- Lead, in partnership with Social Services, on the Welsh Government's Strategy and Strategic Action plans for carers in Flintshire.
- To promote and encourage uptake of the new e-learning carer awareness tool being developed by Social Care Wales.
- Introduce a new multi-disciplinary carers group, with staff in Social Services, NEWCIS and specialist providers, to collectively support carers in a crisis or where there are complexities/ challenges in care planning.

Carers Needs Assessments

- The new what matters assessment was adopted on the 1st December 2017 offering a consistent assessment for carers receiving support through Social Services and NEWCIS.
- New service outcomes were agreed and adopted as of the 1st November 2017, with the proposal that these are rolled out across all carer services.
- Review and promote social services' duties to carers via a refreshed programme of training, commencing in April 2018.
- Review and consider the scope of the contract in terms of a centralised service for carer assessments, inclusion of annual reviews and updating the staff time required for each assessment.
- The sustainability of this contract in terms of demand and proportionate assessment needs to be monitored going forward (several variables will impact on capacity to meet growing demand).

Core Funding

- Lead on a new programme of carer training to be delivered from April 2018 onwards, to promote the identification, access to assessment and support available for carers amongst health and social care staff

Respite Support for Carers

- Explore how we can increase the capacity within the area to provide more regular and planned respite provision and manage demand.

Specialist Services

- All specialist services should include a Care Needs Assessment where relevant, which incorporates the 'what matters' approach to ensure that carers have more timely access to services and don't have to tell their story twice.

Primary Care Facilitator

- To work with health professionals (both community and acute) to encourage greater carer involvement in the care planning process.
- To increase awareness of assistive technology amongst carers, particularly for those who are not accessing services.
- To ensure carers have easy access to GPs, particularly for those supporting individuals with a mental health condition or dementia.

CHC Support

- The service is to be reviewed by Social Services and the Health Board over the next 12 months.

Support for parent carers

- Explore whether the Bridging the Gap scheme can offer more respite choices for parent carers.

Support for carers who supports someone with a neurological condition

- Explore whether GPs can make a direct referral into the centre via the Clinical Gateway which will reduce delays in the referral process.
- Continue to develop a carer resilience programme, looking at national models such as 'attend anywhere'.

- Continue to explore and maximise carer/community groups already available in the local community or via NEWCIS.

Support for carers who supports someone with a mental health condition

- Ensure all information leaflets and carer packs contain information on the rights of carers, including an offer of assessment.
- To work with health professionals (community and acute) to encourage greater carer involvement in the care planning process.
- To maximise social opportunities, working with NEWCIS and what's available within the local community, ensuring that working carers have access too.
- Explore a more cost effective approach to providing counselling to carers – see above.
- Explore a centralised carer grant and crisis grant system in Flintshire – see above.

Support for carers who supports someone with substance misuse

This is currently a gap in Flintshire's provision. However, these carers do have access to information, advice and assistance through Flintshire Social Services, Betsi Cadwaladr University Health Board and NEWCIS currently but uptake is minimal.

Carers Emergency Card

- The current Galw Gofal contract is coming to an end in March 2018 and the new call monitoring service for Flintshire does not include the call monitoring for the Carers Emergency Card so a new model for the service is needed, if it's to continue.
- A proposal for a new service model, which looks to make the service more sustainable and carer led, is to be considered – see proposal.

Marleyfield Saturday Dementia Respite

- To continue to review the current service and explore more person centred respite solutions for individuals with a memory loss and dementia to enable greater choice and flexibility.

- Explore good practice models which identify and support these carers.

Flintshire Carers Needs Assessments

- The level of carer needs assessment being undertaken in Flintshire is minimal. The service provided by NEWCIS is seen to be the expertise and best place for carers to seek IAA and assessment.
- Promote the entitlements of carers and ensure carers are being offered an assessment/ joint assessment.
- Review and consider whether a centralised service for carer assessments should be taken forward, which includes annual reviews.

Flintshire Grants

- The demand for carer grants in Flintshire has been minimal and the cost of administering a grant scheme is not cost effective, so another solution is recommended.
- Explore a centralised carer grant and crisis grant system in Flintshire – see above.

Flintshire SPoA IAA for Carers

- Continue to develop the staff's knowledge of carers and the range of information and support that is available to carers.
- In partnership with NEWCIS, introduce a new multi-disciplinary carers group, with staff in Social Services, NEWCIS and specialist providers, to collectively support carers in a crisis or where there are complexities/ challenges in care planning.

6. Next Steps

In consultation with the Carers Strategy Group and working with service providers directly, it has been agreed that the following opportunities will be taken forward in Flintshire from 2018/19:

Bridging the Gap – Respite Broker Service

- A fairer, more equitable and flexible system for Bridging the Gap respite will be adopted.
- The model will include: exploring others avenues for individuals (whether the respite is for the carer or part of the support plan for the individual), review requests for respite on a case by case basis and explore opportunities through the new autism service.
- Continue to expand the respite provider options available to carers.
- Update the Bridging the Gap criteria and process in consultation with the Carers Strategy Group.

Central Carer Grant Scheme

- A central grant scheme will be developed with a total value of £45,000 for all carers, which will include a ring-fenced pot of £5,000 for crisis grants. Grant awards will be up to a maximum of £150 per carer per year.
- A new criteria, prioritisation tool and process will be developed, in partnership with providers, to ensure the new system is efficient, responsive and equitable to all carers.

Central Counselling Service

- Develop a centralised counselling service which will be more flexible in meeting carer's needs and can test new approaches.

Coordination/ Lead Body

- Develop a new monitoring tool for carer services which focuses more on the carer and service outcomes, whilst ensuring it is proportionate to the contract value.
- Roll-out the new carer service outcomes in order to improve our reporting of carers and the difference the provision is making to their lives.

Carers Needs Assessments

- Specialist providers, who currently undertake an assessment, will offer this assessment as the formal Carers Needs Assessment. Commissioners and providers will work together on the requirements of C.N.As, the 'what matters' approach, recording and reporting.
- A central service for undertaking C.N.A's will continue, which will now include annual reviews. This service will offer IAA and C.N.A's to the following carers: carers unknown to Social Services, carers open to OTs, low level MH, dementia, PD/LD, parent carers and neurological carers.
- Other services will continue to offer C.N.As such as Hafal: high level MH and crisis MH, CHC: for complex and terminal conditions, Social Services: parent carers and carers known to SWs, community health: carer known to services.

In addition, the following services will be subject to review over the next 12 months:

- Marleyfield Saturday Dementia Respite
- Support for carers who are supporting individuals with drug and alcohol problems
- New opportunities, such as SPICE
- CHC service for carers, funded by BCU

Appendix 1 - Carer Needs / Gap Matrix

Here is a carer's needs / gap analysis matrix to help identify how the current provision is meeting local carer's needs and where there are gaps in provision to meet the future needs of carers. In our consultation with carers, they ranked the support and services they valued the most – the top 10 are indicated in the table below:

There is one area that is a current gap in our existing provision (highlighted in red); generic services are available to carers who support people with substance misuse, however there is currently very low engagement and support being delivered to these carers. It is recommended that models of support need to be explored further.

In addition, there are several areas that Flintshire should consider strengthening to maximise our offer to carers (highlighted in amber).

		Current Provision																		
Carer Needs Identified		Bridging the Gap	Carer Grants	Training	COPE	Coordination	Carers Emergency Card	Support for Young Carers	Marleyfield Respite	Support for Parent Carers	Support for Neurological Carers	Support for MH Carers	CHC Support	Primary Care Facilitator	Carers Needs Assessments	FCC Grants	NEWCIS Core Funding	Crossroads Respite	Creative use of Direct Payments	FCC IAA
		Accessible information and advice (1)				✓	✓		✓		✓	✓	✓	✓	✓	✓		✓		
	Access to an assessment (2)							✓		✓	✓	✓	✓	✓	✓		✓			✓
	Local information			✓	✓	✓		✓		✓	✓	✓	✓	✓	✓		✓			✓
	Advocacy for the carer (4)							✓			✓	✓	✓				✓			✓
	Access to equipment and adaptations (3)									✓	✓	✓	✓	✓	✓					✓
	One to one direct support (5)				✓			✓		✓	✓	✓	✓	✓	✓		✓			✓
	Socialising and carer groups in the local community (7)		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
	Access to leisure activities (8)	✓	✓			✓		✓		✓	✓	✓		✓	✓	✓		✓	✓	✓
	Volunteering opportunities (9)				✓															
	Education, skills and employment (10)			✓	✓			✓			✓	✓	✓							✓
	Recognition and value for the carer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Better communication between professionals				✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓			
	3 rd Sector support	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓		
	Support when the caring role ends			✓	✓										✓					✓
	Access to respite and grants (6)	✓	✓					✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	
	Access to transport		✓									✓				✓				
	Services in rural areas	✓						✓		✓				✓	✓					✓
	Easy access to GPs and GP consistency					✓								✓						
	Carer awareness in primary and acute care					✓	✓				✓	✓	✓	✓			✓			
	Access to counselling services		✓					✓			✓	✓								
	Support for substance misuse carers	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓			✓
	Support for parent carers	✓	✓	✓	✓		✓			✓		✓			✓				✓	✓
	Contingency planning for the carer						✓			✓	✓				✓					✓

Appendix 2 - Contract Summaries

Over the last couple of months each commissioned service and in-house service has been subject to a review of its performance and outcomes; the contract summaries can be found below:

Service/ Contract	Contract Summary Included	Status	Page No:
NEWCIS – Bridging the Gap	✓	Completed	11
NEWCIS – Carer Grants	✓	Completed	13
NEWCIS – Carer Training	✓	Completed	15
NEWCIS – COPE	✓	Completed	17
NEWCIS – Coordination/ Lead Body	✓	Completed	19
NEWCIS – Carers Needs Assessments	✓	Completed	21
NEWCIS – Core Funding	✓	Completed	23
NEWCIS – Primary Care Facilitator	✓	Completed	25
NEWCIS – CHC Support	✓	In progress	27
Daffodils – Support for parent carers	✓	Completed	29
Neuro Therapy Centre – Support for carers of people with neurological conditions	✓	Completed	31
Hafal – Support for carers of people with mental health conditions	✓	Completed	33
Redcross – Carers Emergency Card	✓	Completed	35
Crossroads – Respite services	✓	In progress	37
Flintshire – Carers Needs Assessments	✓	Completed	39
Flintshire – Grants	✓	Completed	41
Flintshire – SPoA IAA for Carers	✓	Completed	42
Flintshire – Marleyfield Saturday Dementia Respite	✓	In progress	44

REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Bridging the Gap – Respite brokerage service	
Provider: NEWCIS	Main Contact: Claire Sullivan

Aims of the Service: <ul style="list-style-type: none">To approve, manage and broker short term and emergency respite for carers in Flintshire.
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What the contract funding supports: <ul style="list-style-type: none">Promotion, coordination and administering of the brokerage service, including x1 FTE postRespite vouchers for carers to use with a provider of their choice	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">Carers have access to a range of quality, flexible, imaginative and responsive support, including in times of crisis /emergencyRespite that offers a more person centred approach which can be taken as and when required, rather than always having to be planned90% of carers felt the scheme had improved their quality of life.86% of the carers felt the Respite support had avoided unnecessary visits to their GP.86% felt the scheme gave them flexibility when they needed a break
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Summary of carers supported from April 2016 to date <u>2016/17:</u> <ul style="list-style-type: none">➤ 226 carers accessed respite (some have received multiple allocations)➤ 334 respite voucher codes approved and allocated (£200/ 14 hours) <u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ 153 carers accessed respite (some have received multiple allocations)➤ 153 respite voucher codes approved and allocated (£300/ 20 hours)

Opportunities identified: <ul style="list-style-type: none">○ Eligibility criteria must be updated to be in line with the Act i.e. removal of carers hours	Areas for Consideration: <ul style="list-style-type: none">○ Popular and valued service
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<ul style="list-style-type: none"> ○ To explore being more person centred in the allocation of codes/ value of respite to enable carers who support individuals with complex need or carers that support multiple individuals to have an equal amount of respite as other carers ○ Explore and broaden the respite provider options, to include local facilities and support groups as well as a wider range of providers 	<ul style="list-style-type: none"> ○ Accessed by specialist services such as Hafal, Daffodils, Neuro Therapy Centre.
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Flexible and person centred respite 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ○ Carers would like to be able to access x2 vouchers if caring for more than one individual/ child.
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Grants, including holistic services, counselling and group support	
Provider: NEWCIS	Main Contact: Claire Sullivan

Aims of the Service: <ul style="list-style-type: none">To administer and fund the carers grant scheme and continue to develop the range of carer support networks available to carers, including counselling and peer support.

What the contract funding supports: <ul style="list-style-type: none">Project Officer – x0.8 FTE to administer and manage the activities under the remit of this contract, including:GrantsCounsellingHolistic servicesGroup support and carer events	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">Carers have access to a range of quality, flexible, imaginative and responsive support, including in times of crisis /emergencyCarers are acknowledged, recognized and fully informed,100% of carers felt the grant helped them achieve what they would otherwise have found a difficult task40% of carers accessing the grant scheme use their grant towards a holiday
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Summary of carers supported from April 2016 to date <u>2016/17:</u> <ul style="list-style-type: none">➤ 143 carers have received a grant➤ 223 hours of counseling was provided to carers➤ 526 carers attended 57 carer groups held during the year➤ 639 carers attended the 52 NEWCIS drop in sessions during the year <u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ 65 carers have received a grant➤ 208 carers received counseling support➤ 56 holistic appointments held so far➤ 354 carers attended 65 carer groups held so far➤ 350 carers attended the 26 NEWCIS drop in sessions so far

<p>Opportunities identified:</p> <ul style="list-style-type: none"> ○ Opportunity to centralise the grant fund to make a clear single route for all carer grants, which is more efficient and provides greater oversight of grant spend ○ The criteria for grants needs to be updated to be compliant with the Act ○ Opportunities to achieve better value for money for a counselling service should be explored, such as centralised service, maximising resources and piloting new models 	<p>Areas for Consideration:</p> <ul style="list-style-type: none"> ○ There is clearly a demand for crisis and emergency grants, approximately £7k per annum, which is currently funded by NEWCIS, should this form part of the grant scheme? ○ Unable to support carers with utility bills, unless via the crisis grant funded by NEWCIS.
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Flexible and person centred support ○ Grants ○ Carers valued 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ○ Crisis grants
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Training for carers	
Provider: NEWCIS	Main Contact: Claire Sullivan

Aims of the Service: <ul style="list-style-type: none">To arrange and deliver a range of carer led training.

What the contract funding supports: <ul style="list-style-type: none">Project Officer – x0.8 FTE to arrange and manage the training and also including:Training facilitator and equipmentVenueRefreshmentsTransport and respite available via Bridging the GapPromotion and evaluation	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">Carers are informed and skilled to undertake their caring role90% of carers who made changes to their lives in a named specific area88% of carers who confirm that they have had options & influence over their lives
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Summary of carers supported from April 2016 to date
<u>2016/17:</u> <ul style="list-style-type: none">➤ 30 training courses delivered over approximately 130 days➤ 223 carers accessed training
<u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ 16 training courses delivered over approximately 57 days➤ 106 carers accessed training

Opportunities identified: <ul style="list-style-type: none">○ Continue to and expand on maximising what resources and opportunities are available within the community and link with existing initiatives, for example Arts groups and Dementia training○ Explore providing or facilitating training for both the cared for and carer to be explored, based on demand and what is feasible	Areas for Consideration: <ul style="list-style-type: none">○ This service should include specialised and condition specific training for all carers to avoid duplication of effort and resources.
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Meeting local need: <ul style="list-style-type: none">○ Training for carers○ Increasing carers knowledge and skills	Unmet/ growing need:
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: COPE	
Provider: NEWCIS	Main Contact: Claire Sullivan

<p>Aims of the Service:</p> <ul style="list-style-type: none"> • Deliver a supports service for to help carers to access outside interests, such as access to learning opportunities, work and volunteering which serve to maximize their potential.
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<p>What the contract funding supports:</p> <ul style="list-style-type: none"> • X1 FTE COPE Officer • Costs associated with the delivery of the service, such as promotional material 	<p>Headline impacts/ outcomes achieved for carers:</p> <ul style="list-style-type: none"> • 15 employers/trainers are more Carer aware • Organisations are more aware of NEWCIS services • 30 Carers supported around balancing employment and their caring role • 17 past carers or present carers gained employment, lifelong learning or are now volunteer
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<p>Summary of carers supported from April 2016 to date</p> <p><u>2016/17:</u></p> <ul style="list-style-type: none"> ➤ 192 carers given information, advice and signposting ➤ 9 carers assisted to gain employment ➤ Helped 33 working carers balance caring and employment <p><u>2017/18 (March to September):</u></p> <ul style="list-style-type: none"> ➤ 198 carers given information, advice and signposting ➤ 6 carers supported to access an interview at Toyota, 3 now employed at Toyota ➤ 1 carer supported to access the apprentice scheme at Theatre Clwyd ➤ 1 carer supported to access CITB ➤ 2 carers supported to Business Wales Meetings, ➤ 7 drop in sessions held at the Job Centre, Shotton ➤ 11 awareness raising events attended

<p>Opportunities identified:</p> <ul style="list-style-type: none"> ○ By creating more links with other organisations will give carers more employment/education/training options. 	<p>Areas for Consideration:</p> <ul style="list-style-type: none"> ○ In the new proportionate assessment, the concern is that this area will not be raised as a priority for carers.
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<ul style="list-style-type: none"> ○ Opportunities for community development and participation should be explore and maximised, such as SPICE 	<ul style="list-style-type: none"> ○ The biggest area for development is raising the priority and commitment of employers to support carers
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Support to access learning, volunteering and employment opportunities 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ○
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Lead Body/ Coordination	
Provider: NEWCIS	Main Contact: Claire Sullivan

Aims of the Service: <ul style="list-style-type: none">• To promote and support the development of carers services in Flintshire with the involvement of partners and carers, including:• Facilitate the Marleyfield Dementia Respite service• Bi-annual monitoring of all commissioned carer contracts• Support and facilitate the Carers Strategy Group• Deliver training about carers• Support Flintshire Social Services with service planning and recommendations
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What the contract funding supports: <ul style="list-style-type: none">• X0.9 FTE post	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">• Bi-annual monitoring completed for all commissioned carer services• Carers Strategy Group well establish, meeting every quarter• Strong working relationships with carers and carer service providers• Strong partnership working with private, public and 3rd sector organisations• Specialist knowledge in service development for carers• 96% of carers valued the information they were provided• 99% of carers felt that they have increased skills and knowledge
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Summary of carers supported from April 2016 to date
<u>2016/17:</u> <ul style="list-style-type: none">➤ 57 carer groups facilitated, with 526 carers attending➤ 604 carers attended the weekly drop-in meetings hosted by NEWCIS➤ Carers Rights Event was attended by over 100 carers➤ Over 100 volunteers registered with NEWCIS➤ 807 carers offered an assessment➤ Annual reports and bi-annual monitoring submitted on time to Commissioners
<u>2017/18 (March to September):</u>

- 7,400 carers registered with NEWCIS
- 2706 carers offered an assessment
- Preparation for Carers Rights Day event has been planned in this period and an open day with sessions for carers on the Act, LPA, Welfare Rights and Advocacy where held.
- Bi-annual monitoring submitted on time to Commissioners

Opportunities identified:

- New programme of carer training to be delivered from April 2018 onwards, to promote identification support for carers amongst health and social care staff
- Lasting Power of Attorney course and a 2 day break for carers have been introduced following the annual carer feedback survey.

Areas for Consideration:

- The monitoring form needs to be redesigned to focus more on the carer service outcomes and outcomes achieved by carers as a result of the support, which is proportionate
- To review 'lead body' function in terms of the monitoring and lead role for carers services in Flintshire, in line with the new legislation and processes
- The big lottery funding secured by NEWCIS delivers enhanced services in Flintshire and adds value to the provision funded by the Carers Strategy funding.

Meeting local need:

- Carers are given a voice in the service planning and commissioning process
- Promote carers so that they are acknowledged, recognized and valued by professionals
- Carers have access to a range of support
- Working in partnership to deliver the best carer services in Flintshire

Unmet/ growing need:

- Benefit checks, advice and form filling.
- Social needs of cared-for.
- Groups that carer and cared-for can attend together.
- Transport issues.
- Lack of support/groups/activity in certain areas of the County – e.g. Buckley, Wrexham border.
- Dementia related activities and services.

NB – Many of these unmet needs are now being addressed by our new Carer Wellbeing project.

REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Carers Needs Assessment	
Provider: NEWCIS	Main Contact: Claire Sullivan

Aims of the Service: <ul style="list-style-type: none">To provide a statutory assessment service for carers in Flintshire to support them in their caring role.
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What the contract funding supports: <ul style="list-style-type: none">Funds 35 hours per week of wellbeing officers time to undertake carer needs assessments	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">Carers have easy access to information, advice, signposting and assessmentCarers are empowered to seek the support to enhance their wellbeing80% of Carers rated the 1 to 1 support they received as Excellent.
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Summary of carers supported from April 2016 to date
<u>2016/17:</u> <ul style="list-style-type: none">➤ 807 assessments offered and 585 referrals received with 298 carers assessments completed➤ This included 640 home visits and 192 one to one meeting made by staff➤ A proportionate assessment is now undertaken so carers are triaged based on their needs and carers received the following support in addition to the carer needs assessments:<ol style="list-style-type: none">1. Level 1 (information provided) (3.5%)2. Level 2 (Telephone support) (35.5%)3. Level 3 (Face to face support) (49%)4. Level 4 (Carer breakdown) (6%)5. Unknown (6%) <p>Note - 49% of referrals were level 3.</p>
<u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ 208 referrals received and 173 carers assessments completed so far➤ This included 684 home visits and 178 one to one meeting made by staff➤ A proportionate assessment is now undertaken so carers are triaged based on their needs and carers received the following support in addition to the carer needs assessments:<ul style="list-style-type: none">○ Level 1 (information provided) 456 (21%)○ Level 2 (Telephone support) 1103 (50%)○ Level 3 (Face to face support) 295 (13.5%)

○ Level 4 (Carer breakdown)	49 (2%)
○ Unknown –	296 (13.5%)

<p>Opportunities identified:</p> <ul style="list-style-type: none"> ○ Eligibility criteria for assessments must be updated to be compliant with the Act. ○ The new what matters assessment was adopted on the 1st December 2017 offering a consistent C.N.A for carers ○ New carer service outcomes agreed and adopted 1st November 2017 – to be expanded across all carer services ○ Multi-disciplinary carers group, with staff from Social Services, NEWCIS and specialist providers to collectively support carers in a crisis or experiencing challenges in care planning for the cared for ○ Exercise to be completed to quantify the time and tasks involved in undertaking an assessment as the current time allowance is out of date, due to recent changes in process and legislation. 	<p>Areas for Consideration:</p> <ul style="list-style-type: none"> ○ NEWCIS is currently utilising 42 hours of staff time to meet the demand for carer needs assessments. This is an additional 7 hours per week being funded by the Coordination/ Lead Body contract. ○ The contract will also need to include the additional duty to review assessment on an annual basis. ○ Additional administration has been incurred by adopting the ‘what matters’ approach and using a single information system PARIS. ○ Moving forward we must ensure that the service is sustainable and can manage the growing demand and the following needs to be considered: <ul style="list-style-type: none"> ➢ Proportionate assessments ➢ LA Carers Needs Assessments increased ➢ Joint assessments ➢ Balancing empowerment and support to prevent crisis ➢ Annual reviews ○ Consideration should be given as to whether there should be a central service for carer assessments, in terms of Social Services undertaking assessments.
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Offering and providing carers needs assessments to carers who have a support need, ○ Work in partnership with Social Services to provide joint assessments 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ○ Carer needs assessments for Substance misuse carers
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Core Funding	
Provider: NEWCIS	Main Contact: Claire Sullivan

Aims of the Service: <ul style="list-style-type: none">• Provision of timely, well publicized and accessible information to carers• Identifying hidden carers• Ensuring that carers are recognized and valued.• Promoting the health, well-being and social inclusion of carers through the provision of flexible and timely services.• Promoting and increasing awareness of carers issues within communities and within appropriate statutory, voluntary and private sector environments.• Ensuring that carers have a voice, and supporting their involvement in the planning of services for carers

What the contract funding supports: <ul style="list-style-type: none">• See above, to support the primary functions of the NEWCIS Carers Centre	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">• Management of volunteers (now 100) to assist the county and NEWCIS with services• Provision of a carers centre for use for training and groups and social activity for carers• Carers newsletter produced• Carers Rights/ Carers Week – annual events held
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Summary of carers supported from April 2016 to date <u>2016/17:</u> <ul style="list-style-type: none">➤ 806 referrals received by NEWCIS <u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ Over 18,000 newsletters produced and circulated➤ Social media reach, 3,500 on facebook and 1,400 on twitter.➤ Attendance at key strategic carers events/ meetings across Wales/ North Wales.➤ 10,766 carers registered with NEWCIS➤ 1,345 referrals received by NEWCIS so far this year, 66% increase on last year
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<p>Opportunities identified:</p> <ul style="list-style-type: none"> ○ New programme of carer training to be delivered from April 2018 onwards, to promote identification support for carers amongst health and social care staff 	<p>Areas for Consideration:</p> <ul style="list-style-type: none"> ○ Growing demand upon the service and time limited funding is a concern
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Carers are given a voice in the service planning and commissioning process ○ Promote carers so that they are acknowledged, recognised and valued by professionals ○ Carers have access to a range of support ○ Working in partnership to deliver the best carer services in Flintshire 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ○ Respite for carers continues to be a high priority ○ Travel and transport costs of carers living in rural areas continues to be a problems, which NEWCIS supports as much as they can.
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Primary Care Facilitator	
Provider: NEWCIS	Main Contact: Claire Sullivan

Aims of the Service: <ul style="list-style-type: none">○ Main Provision of Carer info at NHS contractor sites through carer information stands & visits to practice staff and Key Workers.○ Maintain support to GP Practices to identify Carers.
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What the contract funding supports: <ul style="list-style-type: none">● X3 Facilitator Posts (x0.3 FTE)	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">● Greater GP, Pharmacy and Community Hospital awareness of carers● All 23 GP practices in Flintshire have carer information stands/points and these continue to be updated on a regular basis● Carers lead identified in all GP Practices in Flintshire
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Summary of carers supported from April 2016 to date
<u>2016/17:</u> <ul style="list-style-type: none">➤ Engaged with 22 GP surgeries➤ 5 GP Practices have up to date Carer Register➤ 2,241 carers identified by GPs and placed on the carers register➤ 60 carer needs assessments completed➤ Facilitated 6 carer support groups
<u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ Engaged with 23 GP surgeries➤ 19 GP Practices have up to date Carer Register➤ 3,153 carers identified by GPs and placed on the carers register➤ 206 referrals received by NEWCIS from primary care

Opportunities identified: <ul style="list-style-type: none">○ Explore opportunities for promoting assistive technology as an early intervention for carers	Areas for Consideration: <ul style="list-style-type: none">○ Continue to work closely with GP practices and community hospitals to maximise support for carers
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<ul style="list-style-type: none"> ○ Greater promotion of care planning including the carer with professionals 	
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Information, advice and signposting for carers ○ Early intervention and prevention 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ○ Access to assistive technology
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: CHC Support	
Provider: NEWCIS	Main Contact: Claire Sullivan

<p>Aims of the Service:</p> <p>To provide a highly responsive service to carers who have a significant caring responsibility for an individual with dementia or a complex long term or life-limiting condition. Support is aimed at preventing carer breakdown and reducing emergency hospital admission by ensuring the carer has appropriate support and services in place, particularly when palliative care at home is the choice of the cared for at the end of their life.</p> <p>* This contract is solely funded by BCUHB.</p>

<p>What the contract funding supports:</p> <ul style="list-style-type: none">• X1 FTE Facilitator• Grant fund, including counselling support	<p>Headline impacts/ outcomes achieved for carers:</p> <ul style="list-style-type: none">• Carers are more informed by receiving information, advice and signposting• Carers well-being is enhanced through the one to one support, peer support and access to respite.• Carers are being supported to avoid carer breakdowns• Carers and the cared for are supported to avoid hospital admission, when it looks likely
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<p>Summary of carers supported from April 2016 to date</p> <p><i>This contract has not been formally monitored by BCUHB, since it has become a mainstream service.</i></p> <p><i>NEWCIS reports on the achievements of the service, like all other contracts, in their Annual NEWCIS report, against the original KPIs and identified outcomes for the service. Here are the achievements of the service from last year:</i></p> <p><u>2016/17:</u></p> <ul style="list-style-type: none">➤ 168 referrals received in addition to 80 carers who are supported by the service ongoing➤ 177 home visits made to carers➤ 18 carers have received bereavement support for up to a period of 8 weeks +➤ 50 carers have accessed the CHC carer grant fund➤ Facilitate a carers group, with on average 12-18 carers in attendance➤ Support carers to access specific condition information, advice and support.
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Opportunities identified: <ul style="list-style-type: none">○ To be explored further.	Areas for Consideration: <ul style="list-style-type: none">○ To be explored further.
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Meeting local need: <ul style="list-style-type: none">○ Information, advice and signposting for carers○ Access to carers needs assessments○ Point of contact for carers needing more support○ Prevention of carer breakdown and hospital admissions○ Greater joined up working between the professionals supporting the cared for and carer.	Unmet/ growing need: <ul style="list-style-type: none">○
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Support for parent carers of children with a disability	
Provider: Daffodils	Main Contact: Anita Jones

Aims of the Service: <ul style="list-style-type: none">• Provide services that enable parent carers to take regular and planned breaks, through activities organised for the whole family• Provide recreation or other leisure time activities for children and young people with physical or mental disabilities and their carers and families, with a view to integrating them into society

What the contract funding supports: <ul style="list-style-type: none">• X0.5 FTE post to provide information, engage with families following referral, coordination of activities, sourcing funding, raising awareness of the work of Daffodils and how carers can access it.	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">• Carers are more informed and skilled to take on their caring role• Carers have a support network to help support them in their caring role• Carers have access to a range of quality, flexible and responsive respite, activities or social support – equates to 60,000 hours pa• Carers can enjoy activities for the entire family, which works for their circumstances and life
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Summary of carers supported from April 2016 to date <u>2016/17:</u> <ul style="list-style-type: none">➤ 11 new referrals received➤ 850 carers given information, advice and signposted➤ 850 carers receiving support➤ 850 carers accessed respite/ activities/ groups support <u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ 45 new referrals received➤ 910 carers given information, advice and signposted➤ 910 carers receiving support➤ 910 carers accessed respite/ activities/ group support (185 activities so far)
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Opportunities identified: <ul style="list-style-type: none">○ Explore whether Bridging the Gap scheme can become more person	Areas for Consideration: <ul style="list-style-type: none">• Continuously low numbers (approximately 20%) of parent carers
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centred so that the system is fairer and doesn't disadvantage carers in these situation.	access respite outside of this service, even though Bridging the Gap is regularly promoted.
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Information, advice and signposting ○ Point of contact ○ One to one and peer support ○ Access to flexible family respite ○ Opportunities to socialise and learn for the whole family 	<p>Unmet/ growing need:</p>
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Support and respite for carers of people with neurological conditions	
Provider: Neuro Therapy Centre	Main Contact: Katie Roebuck

<p>Aims of the Service:</p> <ul style="list-style-type: none"> • Provide focused range of training to meet requirements for Carers • Provide services that enable carers to take regular and planned breaks targeted at specific needs • Explore a collaborative initiative to provide emergency /short notice replacement care • Continue and develop the range of care support networks through groups and drop ins:

<p>What the contract funding supports:</p> <ul style="list-style-type: none"> • Employs staff to support carers • Funds specialist activities, training and group facilitation 	<p>Headline impacts/ outcomes achieved for carers:</p> <ul style="list-style-type: none"> • Carers are more informed and skilled to take on their caring role • Carers have access to a range of quality, flexible and responsive respite, activities or social support • Carers have access to a dedicated point of contact who can support them through their journey
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<p>Summary of carers supported from April 2016 to date</p> <p><u>2016/17:</u></p> <ul style="list-style-type: none"> ➤ 32 new referrals received ➤ 206 carers given information, advice and signposted ➤ 37 carers receiving support ➤ 169 carers accessed respite/ activities/ group support <p><u>2017/18 (March to September):</u></p> <ul style="list-style-type: none"> ➤ 7 new referrals received ➤ 213 carers given information, advice and signposted ➤ 38 carers receiving support ➤ 175 carers accessed respite/ activities/ group support

<p>Opportunities identified:</p> <ul style="list-style-type: none"> ○ Enable GPs to make a direct referral into the centre via the Clinical 	<p>Areas for Consideration:</p>
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<p>Gateway which will reduce delays in the referral process as information can often be missing.</p> <ul style="list-style-type: none"> ○ Developing a carers resilience programme ○ Continue to explore and maximise carer and community groups and activities based in the carer's local community or via NEWCIS 	<ul style="list-style-type: none"> ● Transport can be a burden on carers, getting to the centre on a regular basis and the costs associated.
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Information, advice and signposting ○ Access to therapies ○ One to one support, including emotional support ○ Access to flexible respite ○ Opportunities to socialise and learn 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ● Transport
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Crisis support and respite/ grants for carers of people with mental health conditions	
Provider: Hafal	Main Contact: Janet Fletcher

Aims of the Service: <ul style="list-style-type: none">• Provide a short period of intensive support during times of crisis including first contact with acute services, which includes one-to-one support for carers, support with discharge and informal advocacy• Provide access to a range of effective and appropriate short break opportunities through the respite grant• Provide access to a programme of social and group activities and well-being therapies

What the contract funding supports: <ul style="list-style-type: none">• X1 FTE post to support carers and arrange/coordinate activities and grants• Grant/ respite fund	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">• Carers are more informed and skilled to take on their caring role• Carers have access to a range of quality, flexible and responsive respite, activities or social support• Carers have access to a dedicated point of contact who can support them through initial diagnosis or crisis
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Summary of carers supported from April 2016 to date
<u>2016/17:</u> <ul style="list-style-type: none">➤ 133 new referrals received➤ 133 carers given information, advice and signposted➤ 45 carers receiving crisis support (6 week period)➤ 110 carers accessed respite/ activities/ groups support
<u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ 50 new referrals received➤ 50 carers given information, advice and signposted➤ 17 carers receiving crisis support (6 week period)➤ 45 carers accessed respite/ activities/ group support (9 crisis respite)

Opportunities identified: <ul style="list-style-type: none">• Must ensure all information leaflets and carers packs contain information	Areas for Consideration:
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<p>on the rights of carers, including an offer of assessment.</p> <ul style="list-style-type: none"> • Hafal could offer and provide Carers Needs Assessments, for those who are referred from the GP and do not have an open practitioner, to streamline the support, using the What Matters approach • Greater awareness amongst professionals in promoting the carer involvement in the care planning process for the cared for • Maximise social opportunities, working with NEWCIS and what's available within the carer's local community, ensuring working carers have access too. • More cost effective approach to providing counselling to carers – possibility centralising this service to achieve economies of scale? 	<ul style="list-style-type: none"> • The respite fund has been underspent for the last 3 years, ranging from between £108 - £1,500. • There are currently multiple grant pots within Flintshire that have a similar criteria. • Increase in referrals to the services, which is resulting in an increase of information and advice being provided. • Decrease in carers receiving crisis support due to carer engagement and proportionate approach to support.
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Information, advice and signposting ○ Point of contact, giving reassurance ○ One to one support ○ Access to flexible respite and grants ○ Opportunities to socialise and learn 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> • Identification of and support for carers of people with substance misuse • Counselling support for carers • Transport can sometimes be a barrier
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Carers Emergency Card	
Provider: Red Cross	Main Contact: Wayne Brown

<p>Aims of the Service:</p> <ul style="list-style-type: none"> Promote, administer, manage and deliver the Carers Emergency Card, in partnership with Galw Gofal
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<p>What the contract funding supports:</p> <ul style="list-style-type: none"> Covers the management, coordination and administration in delivering the service. Provision of appropriate material to ensure promotion and update of the cards 	<p>Headline impacts/ outcomes achieved for carers:</p> <ul style="list-style-type: none"> Creates a sense of wellbeing in the carer that there is someone available to act on their behalf should they be unable to do so and communicate that a cared for is at risk 624 carers are registered with the service Provides an element of emergency planning for the carer and cared for
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<p>Summary of carers supported from April 2016 to date</p> <p><u>2016/17:</u></p> <ul style="list-style-type: none"> ➤ 70 new referrals received ➤ 112 no longer using the service ➤ 556 carers registered with the service <p><u>2017/18 (April to September):</u></p> <ul style="list-style-type: none"> ➤ 70 new referrals received ➤ 2 no longer using the service ➤ 624 carers registered with the service
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<p>Opportunities identified:</p> <ul style="list-style-type: none"> New proposal identified to make the service more sustainable and carer led – see proposal 	<p>Areas for Consideration:</p> <ul style="list-style-type: none"> The actual activation of the cards since the service was established is nil.
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<p>Meeting local need:</p> <ul style="list-style-type: none"> Basic emergency planning 	<p>Unmet/ growing need:</p>
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| ○ Reassurance that plans are in place should an emergency/ crisis arise | |
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REVIEW OF FLINTSHIRE CARER SERVICES

CONTRACT SUMMARY

Contract: Respite support for carers	
Provider: Crossroads North Wales	Main Contact: Alison Jones

<p>Aims of the Service:</p> <p>To give carers the opportunity to have a respite break from their caring role and to minimise the risk of carer breakdown by providing flexible, responsive, and outcome focussed respite of up to 20 hours over a 6 month period for:</p> <ul style="list-style-type: none"> • Carers of adults with a mental or physical disability. • Parent Carers of children with disabilities, long term illness or a mental health related condition. <p>The service also encourages informal carers to undertake a Carers Need Assessment to access services that may support them in their caring role.</p> <p>NB – This service provides a longer more regular respite break to those carers who care 24/7 and are unable to leave the cared for alone, something the replacement care vouchers do not allow for.</p>
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<p>What the Contract funding supports:</p> <ul style="list-style-type: none"> ○ To provide advice and information ○ To raise awareness of the needs of Carers and ensure their voice is heard both in strategic planning forums as well as individual circumstances. ○ Partnership working through membership of key groups ○ Fundraising ○ Promote the use of the Welsh Language. ○ To provide respite support to Carers directly as well as through the flexible short break scheme (voucher scheme 'Bridging the gap') ○ Work with Carers to assess needs and encourage take up of Carers assessments. 	<p>Headline impacts/ outcomes achieved for carers:</p> <ul style="list-style-type: none"> ○ Carers are physically and emotionally supported in their caring role ○ Carers have access to valued respite ○ Carers are informed of their rights and support available to them ○ Supports the well-being of both the carer and cared for
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<p>Summary of carers supported in from April 2016 to date:</p> <p><u>2016/17:</u></p> <ul style="list-style-type: none"> ➤ 35 carers accessed respite support ➤ A further 66 carers accessed respite via Bridging the Gap
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2017/18 (March to September):

- xx carers accessed respite support
- A further xx carers accessed respite via Bridging the Gap

Opportunities identified:

- Explore how we can increase the capacity within the area to provide more respite provision and manage demand.

Areas for Consideration:

- Continues to experience staff recruitment and retention issues
- Currently there are 6 staff who cover the Flintshire area and this can often mean that there is capacity issues in providing respite, resulting in respite waiting lists.

Meeting local need:

- Information and advice
- Access to carers assessment
- Access to respite
- Supported carers and the cared for to access community facilities and activities

Unmet/ growing need:

- To manage the growing demand for respite services

REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Flintshire - Carers Needs Assessment	
Provider: Flintshire Social Services	Main Contact: Janet Bellis/ Jo Taylor

Aims of the Service: <ul style="list-style-type: none">To provide statutory assessments for carers in Flintshire to support them in their caring role.

What the contract funding supports: <ul style="list-style-type: none">Staff time to undertake the assessments	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">Carers have easy access to information, advice, signposting and assessmentCarers are empowered to seek the support to enhance their wellbeing
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Summary of carers supported from April 2016 to date <u>2016/17:</u> <ul style="list-style-type: none">➤ 19 carers assessments completed <u>2017/18 (March to September):</u> <ul style="list-style-type: none">➤ Awaiting performance outturn for 2017/18
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Opportunities identified: <ul style="list-style-type: none">Promote and encourage the entitlement of carers amongst staff in Social ServicesEnsure carers are being offered an assessment, including a joint assessmentThe new what matters assessment was adopted on the 1st December 2017 offering a consistent C.N.A for carersNew carer service outcomes agreed and adopted 1st November 2017 – to be expanded across all carer servicesMulti-disciplinary carers group, with staff from Social Services, NEWCIS and specialist providers to collectively support carers in a crisis or	Areas for Consideration: <ul style="list-style-type: none">There is a new duty to review assessments on an annual basis, this needs to be part of the assessment process.Consideration should be given as to whether there should be a central service for carer assessments, in terms of Social Services undertaking assessments.
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<p>experiencing challenges in care planning for the cared for</p>	
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Offering and providing carers needs assessments to carers who have a support need, ○ Work in partnership with Social Services to provide joint assessments 	<p>Unmet/ growing need:</p> <ul style="list-style-type: none"> ○ Carer needs assessments for Substance misuse carers
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: Carer Grants	
Provider: Social Services	Main Contact: Janet Bellis / Jo Taylor

Aims of the Service: <ul style="list-style-type: none">To administer and fund grants for carers known to social services

What the contract funding supports: <ul style="list-style-type: none">Grants	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none">Carers have access to a financial support
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Summary of carers supported from April 2016 to date <u>2016/17:</u> <ul style="list-style-type: none">7 carers have received a grant, totaling a grant spend of approximately £1,000 <u>2017/18 (March to September):</u> <ul style="list-style-type: none">0 carers have received a grant to date

Opportunities identified: <ul style="list-style-type: none">Opportunity to centralise the grant fund to make a clear single route for all carer grants, which is more efficient and provides greater oversight of grant spend	Areas for Consideration: <ul style="list-style-type: none">There is a clearly a lack of grants being administered by social services, this is down to NEWCIS provided majority of the grants to carers.It isn't cost effective for Flintshire to administer the grant scheme.
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Meeting local need: <ul style="list-style-type: none">GrantsCarers valued	Unmet/ growing need:
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REVIEW OF FLINTSHIRE CARER SERVICES 2017/18

CONTRACT SUMMARY

Contract: SPoA IAA for Carers	
Provider: Social Services	Main Contact: Sara Thelwell

<p>Aims of the Service: The Flintshire SPoA service provides a bilingual advice, information, assessment, referral and co-ordination for adults (over 18 years of age, including their family/ carers or professional representatives) in relation to physical/ mental health, social care, voluntary sector provision and other appropriate services.</p>

<p>What the contract funding supports:</p> <ul style="list-style-type: none"> • Staff time 	<p>Headline impacts/ outcomes achieved for carers:</p> <ul style="list-style-type: none"> ○ More informed and self-caring carers ○ Fast, easily accessible and up to date information and advice available to support the citizens of Flintshire. ○ A more streamlined and integrated approach to providing information, advice and assessment to carers
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<p>Summary of carers supported from April 2016 to date</p> <p><u>2016/17:</u></p> <ul style="list-style-type: none"> ➤ No specific KPIs for carers <p><u>2017/18 (March to September):</u></p> <ul style="list-style-type: none"> ➤ Awaiting performance outturn for 2017/18 following the introduction of the new process introduced in October 2017.

<p>Opportunities identified:</p> <ul style="list-style-type: none"> ○ Continue to develop the knowledge of the staff on carers needs and what support is available to carers. ○ A new process for IAA and referral was introduced in October 2017, enabling a direct referral from SPoA into NEWCIS. 	<p>Areas for Consideration:</p>
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<p>Meeting local need:</p> <ul style="list-style-type: none"> ○ Accessible information and advice 	<p>Unmet/ growing need:</p>
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| ○ Signposting to appropriate services | |
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REVIEW OF FLINTSHIRE CARER SERVICES

CONTRACT SUMMARY

Contract: Marleyfield Dementia Saturday Respite	
Provider: NEWCIS & Flintshire Social Services	Main Contact: Claire Sullivan, NEWCIS – Facilitation Margaret Lovell, Marleyfield - Delivery Mark Holt, Social Service - Management

Aims of the Service: To deliver carer respite for a cared for that is living with dementia within Marleyfield Day Service on a Saturday for a period 10 weeks.
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What the Contract funding supports: <ul style="list-style-type: none"> The contract funding supports administration of the services via NEWCIS and the delivery cost of care within Marleyfield Day Service. 	Headline impacts/ outcomes achieved for carers: <ul style="list-style-type: none"> Unknown data to be collected
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<p>Summary of carers supported in from April 2016 to date</p> <p><i>Feedback has been received which indicates that the service is not receiving many new referrals, the same carers are benefitting from the service and that more choice and options are requested by carers and the cared for.</i></p> <p><i>Therefore, further exploration is required to ascertain the respite needs of carers, the performance of the current provision and what opportunities there are to develop the service.</i></p> <ul style="list-style-type: none"> Unknown data to be collected
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Opportunities identified: <ul style="list-style-type: none"> It has been identified that the resource could be widened to include more options for carers with regards to days, locations and hours the respite can be used. A new model of delivery could be looked at that is similar to Bridging the Gap or alternative models such as shared lives. 	Areas for consideration: <ul style="list-style-type: none"> Further data collection is needed on the use of the service to analysis its current cost effectiveness The current service does not fully comply with the Social Services and Wellbeing Act 2014 in terms of being personal centred and offering choice. The current service does not comply the Older Peoples Commissioners requirements for action within the More than just Memory report 2015
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Meeting local need: <ul style="list-style-type: none">○ There has been identified need from professional within social care for specialist support and care for people living with dementia. To ensure their carers have sufficient respite and support to continue their caring role.○ The change within social care has seen increased use of alternative models of respite within Flintshire as traditional models do not always cater for or benefit the cared for or carer.○ Potentially this service is not meeting the local needs of carers and a wider robust respite option needs to be considered.	Unmet/ growing need: <ul style="list-style-type: none">○ Early on-set dementia respite
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SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 10 th May 2018
Report Subject	Annual report on the Social Services Complaints and Compliments Procedure 2017-18
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	

EXECUTIVE SUMMARY

The Social Services and Wellbeing Act (Wales) 2014 and Social Services Complaints Procedure Regulations 2014, requires Local Authorities to maintain a representations and complaints procedure for social services functions (referred to as the “procedure” from now on). The Welsh Government expects each Local Authority to report annually on its operation of the procedure.

Of the 4,099 adults who received care and support during 2017-18 from Social Services for Adults, 80 individuals complained about the service they received, 2% compared to 2.4% in 2016/17. Of the 1,926 children and families who received care and support from Social Services for Children, 49 individuals complained about the service they received (2.5%), compared to 2.5% in 2016/17.

All complaints are scrutinised and used to improve both services as part of a ‘lessons learned’ process.

RECOMMENDATIONS

1	That Members scrutinise the effectiveness of the complaints procedure with lessons being learnt to improve service provision.
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REPORT DETAILS

1.00	<u>EXPLAINING THE NUMBER OF COMPLAINTS RECEIVED, THE ISSUES RAISED AND THEIR OUTCOMES</u>
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1.01	Feedback in the form of compliments and complaints from service users, their family or carers can highlight where services are working well or where services need changing. Flintshire County Council wants to learn from this feedback and use the experiences to improve services for everyone who uses them.
1.02	As part of our day to day business staff deal with questions, concerns, problems, dissatisfaction, and general feedback which frequently includes praise. We encourage staff to listen to people, to explain decisions, to clarify where misunderstandings have arisen and to take action to put things right where they can. This approach enables us to provide a responsive and effective service. However, we recognise that there will also be complaints that we need to listen to, address and learn from.
1.03	Our assessment is that Social Services has a robust complaints procedure in place. We welcome complaints and want to ensure service users, carers and families are listened to, their views acted upon, and that receive a timely and open response. Staff and Managers work hard to resolve problems as soon as they arise, and advocacy is actively promoted. As part of our wider approach to quality assurance all complaints are reviewed to bring together information about the overall quality of services, to identify trends, and action required including any lessons learned to avoid similar issues arising again.
1.04	<u>Overview of complaints: Social Services for Adults</u>
1.05	80 complaints were received in the year, a higher number compared to previous years, but in percentage terms a smaller proportion of the 4,099 adults who received care and support from the Service during the year. There was an increase in complaints relating to Older People Locality Teams. A review of these complaints can partly be attributed to the implementation of the new Act and families challenging our decision making and the services we offer. We need to work with families to manage their expectations
1.06	All complaints received across the Service are scrutinised to see if anything further could have been done to alleviate a complaint being made in the first place: broadly speaking there were no such instances where a complaint could have been avoided. Every effort is made by social work staff and Managers to resolve issues/concerns quickly with service users and families. See appendix 1 for a summary of complaints made across each service area.
1.07	This year saw an increase in the number of complaints received about registered providers. Complaints about registered providers are shared with the Contracts Monitoring Team who visit on a regular basis to ensure their contractual obligations are being fulfilled. A multi-agency information sharing meeting takes place between the Department, Health and the Care Inspectorate for Wales (C.I.W.) where complaints information is shared and considered together with other information collated by agencies.

1.08 Four complaints related to dignity issues. See appendix 1 for further details.

Service	2017-18	2016-17	2015-16
Older People – Localities	21	14	11
Older People – Provider	7	4	4
Learning Disability Community Team	8	* 10	** 58
Learning Disability Provider	10		
Mental Health and Substance Misuse	7	1	0
Physical Disability and Sensory Impairment	4	5	7
Safeguarding	3	3	0
Emergency Duty Team	0	2	0
Other (inc. Business Support etc.)	3	3	3
Private Care Homes	10	5	5
Private Domiciliary Providers	7	8	11
Total number of complaints	80	55	99

** Note the Learning Disability Services' Community Team and Provider element were combined in previous years.*

	<p><i>**43 of 58 complaints made about the Learning Disability Service in 2015-16 related to the planned changes to the allocation of respite care nights, the changes to supported living arrangements and the planned cessation of the day opportunities payment.</i></p>
1.09	<p>The parts of Social Services for Adults that saw a modest increase in complaints, their themes broadly speaking were:</p> <ul style="list-style-type: none"> • Older People Locality Teams saw an increase in terms of challenging our decision making around assessments and care packages, and lack of advice or support. • Older People Provider Services saw an increase in terms of timeliness of actions and issues with the home or support being provided. • Learning Disability Community Team also saw an increase in terms of challenging our decision making around assessments and care packages. • Learning Disability Provider Services saw an increase in complaints but no general theme emerging. • Mental Health and Substance Misuse saw an increase in terms of communication. • Private care homes saw an increase in terms the quality of care provided, processes and their communication with families. It should be borne in mind that with the increase in final levels, in proportion terms, there was a decrease in the percentage of complaints in Adult Services.
1.10	<p>A range of methods are used to resolve complaints including:</p> <ol style="list-style-type: none"> a. A meeting or conversation with the complainant to discuss their concerns b. Involving Advocates and self-advocacy groups c. A written explanation as to the reasons for a decision d. An apology where appropriate e. Action taken to review a decision f. Independent investigation (Stage 2 of the procedure)

1.11	<p>The Regulations place a duty to discuss and resolve any complaint within 10 working days and write formally to the complainant confirming the outcomes. There is a 25 working day timescale for Stage 2 complaints.</p> <table border="1" data-bbox="304 253 1369 499"> <thead> <tr> <th data-bbox="304 253 584 353">Social Services for Adults</th> <th data-bbox="584 253 844 353">2017-18</th> <th data-bbox="844 253 1106 353">2016-17</th> <th data-bbox="1106 253 1369 353">2015-16</th> </tr> </thead> <tbody> <tr> <td data-bbox="304 353 584 499">Within timescale at Stage 1</td> <td data-bbox="584 353 844 499">86%</td> <td data-bbox="844 353 1106 499">95%</td> <td data-bbox="1106 353 1369 499">97%</td> </tr> </tbody> </table>	Social Services for Adults	2017-18	2016-17	2015-16	Within timescale at Stage 1	86%	95%	97%
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1.12	<p>There was a drop in response times by the Service, but overall the Service responds on a consistent basis. Against the backdrop of busy workloads and competing demands, Team Managers have been reminded of the importance to respond to complaints in a timely manner. Complainants are kept informed during the course of any complaint. Eleven complaints were resolved just outside of the timescale.</p>								
1.13	<p><u>Stage 2 (Independent Investigation)</u></p>								
1.14	<p>Three complaints were investigated at Stage 2 of the complaints procedure (independent investigation). This compares to 7 complaints investigated independently last year (2016-17) and 4 complaints investigated independently during 2015-16. All complaints that progress to Stage 2 are scrutinised to see if anything further could have been done to resolve the complaint formally at Stage 1: there was no option but to progress these 3 complaints to Stage 2 due to their nature or complexity. The significant drop in the number of Stage 2 complaints reflects the time and effort that Managers put into reviewing what has happened and effectively responding.</p> <p>See appendix 3 for a summary of the Stage 2 investigations and their outcomes.</p>								
1.15	<p><u>Ombudsman</u></p>								
1.16	<p>No (zero) new complaints were opened by the Ombudsman's office about the Service during the year.</p>								
1.17	<p>Two complaints opened and upheld by the Ombudsman last year (2016-17) were closed this year after the recommendations were met. They both related to how we had decided that the supported living home where their loved ones lived was transferred from the Council to being run by an independent provider. The Ombudsman upheld both complaints on the basis that the criteria it used to underpin the process was flawed. Upon reflection we acknowledged the 'Move On' criteria used was not 'perfect' but having researched and sourced a range of information, we maintained our belief that it was robust and fit for purpose. We accepted the recommendations made and have apologised formally to both complainants.</p>								

1.18	A further complaint opened by the Ombudsman last year (2016-17), about how a registered domiciliary provider believed they had been targeted by us in terms of the standard of care they were providing, remains open. The Ombudsman has produced two draft reports during this time.												
1.19	One complaint opened by the Ombudsman's office during 2015-16 and upheld, was closed this year with all recommendations met. The complaint, which involved both the Council and Betsi Cadwaladr University Health Board, has seen both agencies adopt a procedure setting out how to record and deal with allegations of inappropriate behaviour by service users against staff working in Social Services, Health and registered providers.												
1.20	<u>Lessons Learned</u>												
1.21	<p>Learning from complaints is important and we use the findings and outcomes to inform policy and practice in delivering services (known as the 'lessons learned' process). Examples of action taken on issues raised as a result of complaints to Adult Social Services include:</p> <ul style="list-style-type: none"> • We have adopted a joint policy between the Council and Betsi Cadwaladr University Health Board setting out how to record and deal with allegations of inappropriate behaviour by service users against staff working in Social Services, Health and registered providers. • We have reviewed the accommodation waiting list procedure to ensure families are written to if service users, for whatever reason, are under consideration for removal from the list. • We have revamped inventory processes within the Learning Disability Provider Service so that staff are empowered and now take ownership of the problem if service users' personal possessions (e.g. clothing) go missing and they maintain regular contact with family. 												
1.22	<u>Compliments</u>												
1.23	<p>It is pleasing to report that Adult Social Services received 204 compliments during the year, an increase in last year. The increase in overall final activity should also be borne in mind with compliments. Compliments are received in the form of cards, letters or emails from service users or their families when they recognise staff have done "over and above" what is expected. See appendix 4 for a summary of some of the compliments received. The number of compliments recorded within each area of work is shown in the following table:</p> <table border="1" data-bbox="379 1861 1294 2110"> <thead> <tr> <th data-bbox="379 1861 608 1921">Service</th> <th data-bbox="608 1861 855 1921">2017 - 18</th> <th data-bbox="855 1861 1102 1921">2016 - 17</th> <th data-bbox="1102 1861 1294 1921">2015 - 16</th> </tr> </thead> <tbody> <tr> <td data-bbox="379 1921 608 2018">Older People Localities</td> <td data-bbox="608 1921 855 2018">78</td> <td data-bbox="855 1921 1102 2018">50</td> <td data-bbox="1102 1921 1294 2018">36</td> </tr> <tr> <td data-bbox="379 2018 608 2110">Older People Provider</td> <td data-bbox="608 2018 855 2110">46</td> <td data-bbox="855 2018 1102 2110">72</td> <td data-bbox="1102 2018 1294 2110">71</td> </tr> </tbody> </table>	Service	2017 - 18	2016 - 17	2015 - 16	Older People Localities	78	50	36	Older People Provider	46	72	71
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Learning Disability Community Team	12	*7	13
Learning Disability Provider	15		
Mental Health and Substance Misuse	28	21	13
Physical Disability and Sensory Impairment	11	5	2
Safeguarding and others (inc. Business Support etc.)	11	10	8
Private Care Homes and Domiciliary Providers	3	3	3
Total Number of Compliments	204	168	146

** Note the Learning Disability Services' Community Team and Provider element were combined in previous years.*

1.24 **Overview of Complaints: Social Services for Children**

1.25 During 2017-18, 49 complaints were received and 1,926 children and families received care and support from the Service. The number of complaints relating to Social Services for Children is consistent with previous years. Again, all complaints received are scrutinised to see if anything further could have been done to alleviate a complaint being made in the first place. Every effort is made by social work staff and Managers to resolve issues/concerns quickly with service users and families.

1.26 Five young people complained during the year. Two were supported by their Advocate, the other three were offered but did not want the services of an Advocate. See appendix 2 for further details about these complaints.

Service	2017-18	2016-17	2015-16
First Contact, FIT, PACT and TAF	39	42	42

	Fostering Service	3	7	6								
	C.I.D.S. (Children's Integrated Disability Service)	2	3	2								
	Safeguarding Unit	2	1	4								
	Emergency Duty Team	3	0	0								
	Total Number of Complaints	49	46	49								
	<p>See appendix 2 for a summary of complaints made across each service area.</p> <p>As explained earlier, a range of methods are used to resolve complaints. These include:</p> <ol style="list-style-type: none"> A meeting or conversation with the complainant to discuss their concerns Involving Advocates and self-advocacy groups A written explanation as to the reasons for a decision An apology where appropriate Action taken to review a decision Independent investigation (Stage 2 of the procedure) 											
1.27	<p>Of the Stage1 complaints received, 39 out of the 49 complaints were responded to within timescale (80%). The 10 late complaints were responded shortly outside timescale. However, Managers within the Service have been reminded again of the importance of responding in a timely manner.</p> <table border="1"> <thead> <tr> <th>Social Services for Children</th> <th>2017-18</th> <th>2016-17</th> <th>2015-16</th> </tr> </thead> <tbody> <tr> <td>Within timescale at Stage 1</td> <td>80%</td> <td>91%</td> <td>85%</td> </tr> </tbody> </table>				Social Services for Children	2017-18	2016-17	2015-16	Within timescale at Stage 1	80%	91%	85%
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1.28	<u>Stage 2 (Independent Investigation)</u>											

1.29	One complaint proceeded to Stage 2 and independent investigation during the year. The number of Stage 2 complaints continues to fall in the Service and this is the lowest number since the Regulations were first revised in 2006, reflecting the effort Managers and Senior Practitioners put into resolving complaints. A summary of this Stage 2 complaint is described in appendix 3.								
1.30	<u>Ombudsman</u>								
1.31	It is pleasing to note that no (zero) complaints were opened by the Ombudsman during this year.								
1.32	<u>Lessons Learned</u>								
1.33	<p>Given the low number of complaints and there being only 1 independent investigation completed in the year, the few lessons learned and discussed at team meetings as 'practice developments' included:</p> <ul style="list-style-type: none"> • Reminder to adhere to the All Wales Child Protection Procedures and that all children must be seen in their current placement regardless of whether it is a private family arrangement and regardless whether there is parental engagement or not. • Revisions made to the schedule of expectations families are expected to adhere to in relation to the care of their children and what they can expect from us in return to support them. • Reminder to ensure access by young people to their foster placements in terms of owning house keys are discussed with both foster carers and young people as part of their plan toward independence. 								
1.34	<u>Compliments</u>								
1.35	<p>Children's Social Services recorded 82 compliments during the year from families and the Courts. They were in the form of cards, emails, texts or letters. See appendix 4 for a summary of some of the messages received.</p> <table border="1"> <thead> <tr> <th></th> <th>2017-18</th> <th>2016-17</th> <th>2015-16</th> </tr> </thead> <tbody> <tr> <td>Social Services for Children</td> <td>82</td> <td>61</td> <td>77</td> </tr> </tbody> </table>		2017-18	2016-17	2015-16	Social Services for Children	82	61	77
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2.00	RESOURCE IMPLICATIONS
2.01	The Regulations state all Stage 2 complaints involving both Adult and Children's Social Services are commissioned to Independent Investigators (and an Independent Person for Children's Social Services as set out in the Children Act, 1989). The cost for Stage 2 complaints for the period 2017-18 was £4,148.75 (the previous year amounted to £8,671.50).

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
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3.01	None undertaken.

4.00	RISK MANAGEMENT
4.01	No risks identified.

5.00	APPENDICES
5.01	Appendix 1: Summary of complaints across service areas (Adult Social Services)
5.02	Appendix 2: Summary of complaints across service areas (Children's Social Services)
5.03	Appendix 3: Summary of Stage 2 independent complaint investigations and their outcomes (both Children and Adult Social Services)
5.04	Appendix 4: Summary of compliments received across service areas (both Children and Adult Social Services).

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>'A guide to handling complaints and representations by Local Authority Social Services', August 2014 (Welsh Government).</p> <p>Contact Officer: Ian Maclaren, Complaints Officer for Social Services</p> <p>Telephone: 01352 702623</p> <p>E-mail: ian.maclaren@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	Stage 2 complaint: the Regulations stipulate that where a complainant remains dissatisfied with their response from the Council, consideration must be given to progressing the complaint further in the statutory procedure, i.e. to Stage 2. An independent investigation is commissioned using a shared North Wales 'pool' of retired social care Officers.

Adult Social Services

Summary of complaints received across service areas 2017-18

Older People Localities

21 complaints were received during the year, an increase compared to previous years.

X objected to being in a home and wished to return home. Clarity was also needed as to whether the Mental Capacity Act had been followed. We spoke with the Manager of the Discharge Support Nurse Team who confirmed a Mental Capacity Assessment and Best Interest decision was made and documented by the Discharge Support Nurse. Family were directed to Health if they had further issues about the process.

X complained we were acting against their father's views and wishes by not allowing him to come home from a residential home. We explained their father had capacity and an Advocate, and that he was seeking his own legal advice about his estate. As such, we would not take their complaint further, but they should seek their own legal advice.

X complained that her late husband was inappropriately placed in two placements we had identified for him, as well as the processes in the lead up these placements. We explained the reason for placing X's husband in a local residential home was in his best interests at the time, but it sadly didn't work out. We explained Health placed him in the hospital. We also explained the role of an Adult Mental Health Practitioner and reassured her that process was followed. The residential provider where X's husband spent his last few months responded with their observations about the cleanliness of his room and these will be taken forward by Wrexham's Contracts Monitoring Team.

X complained their mother's Social Worker was dismissive of their concerns around a planned return home on a trial basis. It was originally planned that she required permanent care but there had been a change of mind which concerned family. We met with family and advised that since the original decision was taken that X's mother required permanent care, her situation had improved somewhat and such a trial was worth a try. Family now understand this. There was an issue as to how the Social Worker communicated with family and this has been taken forward with them.

Older People Provider

7 complaints were received in the year, an increase upon previous years.

X complained carers had left their father's sling on causing him an accident and that they left a key code on full display in the window. Carers did indeed leave X's father arm sling on and this will be dealt with under a capability enquiry. The manual handling plan was amended and further assessment arranged. The key

code will be hidden away in future. We apologised for these oversights which family accepted.

X complained of a lack of communication and progress in terms of completing an assessment for their father to return from hospital to his residential home.

We sought to reassure that X's father's wishes were always foremost in our minds. Father had been admitted to hospital and became quite poorly soon after. We were in regular contact with the hospital. Father was not mobile and was confused, and received a diagnosis of dementia. Instead of discharge back to the residential home where his room was unsuitable, arrangements were made for physiotherapy at Holywell hospital. We couldn't assess until his medication was completed. After a period of time to see how father would recover, it was decided his current home couldn't meet his needs. This was a decision not taken lightly.

X raised a concern as to what happened to their father on the day of his fall and why he was in a resus section when instructions were DNAR (Do Not Attempt Resuscitation). We explained that on the day itself, the sensors were triggered and staff found X's father on the floor. Staff checked him over and found no indicators of injury and he was not complaining of any pain. He was able to move and rotate his leg, indicators of a hip fracture. Staff checked on him a short while later and he complained of pain. Staff called paramedics who confirmed we had followed procedure as had they examined him initially and they too would have reached the same conclusion. Hospital staff subsequently put X's father in the Resus section due to his age rather than a busy A and E Department.

Learning Disability Community Team

8 complaints were received in the year.

X complained about our decision in turning them down for a carer's direct payment so they can have overnight respite away from the family home once a month. Advocates added this was against the spirit of the new Act. We reviewed our decision as further information was provided to support the family's case. The original decision was overturned. A carer's direct payment is now agreed to fund overnight respite for X.

X complained about a lack of action in exploring options about their son's placement as he is unhappy with one individual he lives with. We explained X has an Advocate whom he speaks with and he has told his Social Worker he does not want to leave his home, which we respect. All gentlemen living together have an equal right to remain living in their home. However, plans are underway to change the existing living arrangements but given the dynamics of the house, each individuals' needs and the relationship between the three means this is going to take time to resolve. In the meantime, no incidences have been reported by staff and a senior support worker has been recruited to further improve the living environment there.

X complained their daughter had been removed from the accommodation waiting list without their knowledge. We apologised for any distress this matter may have caused. We had reviewed the list earlier in the year as there were people who had been on it for some time, they were not immediately looking for a property and scored low on the criteria. There was an administrative oversight on our behalf. X's daughter's name has since been reinstated and the procedure revised.

Learning Disability Provider

10 complaints were received during the year.

X complained about the length of time it was taking (several months) to resolve the out of hours support at their sister's home, which she shared with three other people. We resolved the out of hours cover for the home via our own in-house Learning Disability Provider Service. Their telephone number will be registered with Telecare as the main responder. We apologised for the length of time it had taken to resolve this situation.

X complained about personal possessions going missing, family not having calls returned and their son eating out a few times a week as carers can't cook/prepare food. We apologised for personal possessions going missing and arranged for items that hadn't been recovered to be replaced. The inventory process has been revamped so staff now take ownership if items go missing and maintain regular contact with the family. In terms of eating out, Sunday dinners are to be provided at the respite home, takeaways restricted to once with anymore needing agreement from family. Service users can eat out if on a trip out.

Some parents of service users at Estuary Crafts had expressed their dissatisfaction in the lead up to the transfer of learning disability day services and work opportunities services to Hft. After the transfer had taken place, we met with them to listen to their views. After an open discussion in which we answered some outstanding questions, some actions were identified which will be taken forward with Hft and NEWCIS.

Mental Health and Substance Misuse

7 complaints were made during the year, an increase in previous years.

X complained about the conduct of a Social Worker following a home visit during a stressful situation prior to their son being taken to hospital by an ambulance and the Police. We apologised if the Social Worker appeared unprofessional. They did have to leave the property twice to take calls in an attempt to secure a hospital bed for X's son and speak in private with their Doctor, who was also present at the home.

X complained support was being changed without proper consultation or communication, which was causing them some anxiety. We explained our conversations with X were to gradually move their support to Social Links who were best placed to meet his needs. X does enjoy these drop in sessions. We also expressed our concern that X was becoming overly attached to his present support worker hence why they had been moved elsewhere.

Physical Disability and Sensory Impairment

4 complaints were made during the year.

X complained of a lack of support and empathy in relation to their circumstances and illness. We explained the role of the Promoting Independence Service (P.I.S.) and, given X's circumstances and their lack of engagement during the course of the year, the Team was not best placed to support her needs. Instead and with their permission, we referred them to the Mental Health Service (though X didn't engage with them either). X was offered to use the P.I.S again if they believe they can engage with us.

X complained their Social Worker does not liaise with other professionals so how can they meet their needs? X's Social Worker also told her she can afford the charge applied to her despite X not yet sharing financial information with the Waiver Panel. We reviewed our records and since the case was allocated to X's present Social Worker, there has been a review which both X and her agency support worker attended. Records also show a number of activity/actions from both the Social Worker and O.T., evidencing communication in terms of meeting her needs. The Social Worker is not a member of Waiver Panel and has no influence in their decision making.

Other (Business Support Services etc.)

Three complaints were received during the year.

X complained about a range of issues following our decision to cancel our contract with their privately registered home and move residents from there. In particular X complained how the moves were conducted and at such short notice. We reminded X of our concerns whilst their home was in escalating concerns. We gave a detailed background of events and staff involvement in the weeks leading up to moving residents out of their home.

X complained about the way in which we managed their mother's move from their existing privately registered home to their new registered home. We explained we did not close the home but did cancel the contract we had with them. This was because of our concerns and that no improvements had been made since the home was placed under escalating concerns. Issues regarding outstanding monies owed needed to be referred back to the home. There had been

communication with X's sister at the time of escalating concerns and prior to the day of the moves.

Safeguarding

3 complaints were received during the year, the same number as last year.

X complained that a referral made to the Safeguarding Unit by Health was not properly investigated. We reviewed whether our response was appropriate given that the referral made by Health was incomplete. The Safeguarding Manager believed due process had been followed and proper consideration given as to the information we had from Health. This was confirmed by an independent investigation at Stage 2.

X was dissatisfied with the outcome of a Safeguarding investigation and a lack of written information from the Team. Although X's family weren't invited to the safeguarding meeting, we had gone through the rationale behind the decision of "disproven" with the family. Reconvening a meeting would not change the outcome. We also shared a copy of the safeguarding meeting minutes and the investigation report with family.

X complained that we weren't listening to or acting upon their concerns about their adult son, whom X believed was being kept "prisoner" at home with their ex-wife. We explained that a Social Worker had been to visit X's son and met with him alone. Son has capacity and he confirmed he did not want to make any changes to his life. We sought to explain that X's son's view was paramount and he was not under any duress when spoken with.

Registered Provider (Residential)

10 complaints were received during the year, an increase upon previous years.

X complained about a range of issues following their mother's move from her existing registered home to her temporary registered home. Issues included the cleanliness of the room, problems with belongings and the professionalism of Managers at the new home. The home gave a differing account, adding that X's behaviour on the last visit had been deemed as threatening which has been reported separately. Neither the Service Manager nor Contracts Team Manager had anything further to add to the comprehensive response sent by the home complained about.

X complained about the state of their mother's feet (photographic evidence was provided) as well as issues about personal property. The home found X's mother had not been seen by a Chiropodist some few months prior. They apologised and immediately made arrangements for a Chiropodist to visit. They highlighted issues about the need for their own care staff to communicate with the Chiropodist rather than assuming a resident has been seen. This issue has been shared with Contracts Monitoring to inform future visits.

X complained about a range of issues relating to their mother's care whilst she was resident at the home. X also complained that we didn't act in her mother's best interests following her discharge from hospital back to the home where she had lived for a number of years to pass away peacefully. We reviewed meetings that took place and stood by our position that X's mother's best interests were respected. We and hospital staff believed it was in her best interests to pass away surrounded by her own personal items and with people she knew (she had lived in the home for a number of years). The home responded to the issues raised in some detail - we had no further observations to make about the standard of care and we believed she was well cared for by the home.

Registered Provider (Domiciliary)

7 complaints received during the year, down from previous years.

X complained that the registered provider had discharged their support provided to X's father whilst they were away on holiday. This was done without a satisfactory reason and leaving their father without support whilst they were away. The provider reassured X's father wasn't without support whilst they were away. The Homecare Team stepped in meaning the provider could withdraw. The provider communicated directly with X's father as to the reasons why their support was discontinued and this was a private matter between the provider and X's father.

X complained their provider had started turning up late for morning visits to administer medication for their mother and make her breakfast. The provider explained the carer was running late from an earlier call but accepted they should have called ahead to advise of the delay. The medication was administered and lunch made in preparation, albeit late. However, the provider was in breach of their contract for not informing mother/daughter and charges reimbursed.

X complained about the recent standard of care and the carer not disposing of waste appropriately. The agency failed to attend a mediation meeting we arranged. However we met with X who advised us the carer who didn't dispose of waste properly had now left. They also advised the standard of care had since improved. We shared the outcome with Contracts Monitoring to inform any future visit.

Complaints Relating to Dignity

4 complaints related to dignity. They related to older people and:

- The condition of their feet as X hadn't seen a chiropodist.
- Being hungry and wearing soiled nightwear in soiled bedding.
- Being turned away by a home when they arrived by ambulance to end their life there, but funding hadn't been agreed.

- Being left in an ambulance on a cold night whilst discussions took place about their admittance to the home.

In the above cases, an apology was made and each situation reviewed by the relevant team/provider to ensure nothing similar happened again.

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Children's Social Services

Summary of complaints received 2017-18

Fieldwork and Resources

X complained that she felt powerless in terms of promoting her religious and cultural beliefs with her daughter, whom is looked after. A number of actions were agreed at a planning meeting between X and her daughter including further mediation and keep safe work.

X complained that despite several referrals being made, we were not taking their concerns seriously about their grandchildren. A full investigation was promised but X doesn't know if one was held or what the outcome was. There was also a lack of consistency with social work advice and about future contact arrangements. We sought to reassure X that due process had been followed in terms of referrals received and that we had no ongoing concerns re. the wellbeing of their grandchildren. We explained that father had Parental Responsibility as well as Court Orders which superseded any rights X's daughter (the children's mother) had. We had no control over contact as this had been through Court and legal advice would need to be sought.

X complained that they have been waiting for a decision for an assessment to be completed on their daughter since November last year. They believe she has an attachment disorder. An assessment was agreed and commissioned independently. We apologised for the delay in reaching a decision to commission such work.

X complained of a range of issues including: not being listened to, the procedures not being adhered to following a S47 investigation, no evidence of planning and no boundaries in place at their daughter's foster placement. We explained X's views had been considered throughout the process as evidenced at a recent Looked After Children Review. X was advised of their rights regularly during our involvement in terms of the child protection process, the Section 76 voluntary placement that had been arranged and their right to complain. We apologised that the care plan had not been formally shared with parents (nor had the Review Chair's report). Both have subsequently been shared. Mum refused to attend a meeting with foster carers, but the meeting went ahead and boundaries were agreed. We reminded X again this was a voluntary placement and they can withdraw their consent.

X doesn't believe their concerns about domestic violence in their grand-daughter's household are being listened to or acted upon. X hasn't had any contact with their granddaughter for a few weeks. We sought to reassure X that we were listening to her and acting upon any concerns. We explained formally in writing why we couldn't share details and outcomes with X due to data protection, but again sought to reassure them. A face to face meeting did not resolve the matter to

X's satisfaction. They were directed to seek their own legal advice about contact with grand-daughter.

X complained we had decreased their contact with their children for no apparent reason. We reminded X they had breached their strict bail conditions and they had unsupervised contact with their son. Mother has stopped contact and X will need to seek legal advice. A separate and limited response was sent to the children's grandparents who complained about the same matter.

X complained they were prejudged and they were not able to get their views across during our assessment work. We explained that the referral by the Police following a domestic incident gave us serious cause for concern. Although Police are not taking the domestic assault further, our view is that X's behaviour is unpredictable and worrisome, and there is a potential risk to their daughter and if X becomes pregnant. The matter would proceed to case conference if daughter returned to the area.

Safeguarding

X complained a father was allowed to 'snatch' a child they looked after without intervention in Council offices, parents verbally attacking her at the Looked After Children Review without intervention by the Chair, and Chair not asking for their full account of the placement. We apologised our Social Worker wasn't in reception when X arrived for a the Review. It was explained at the start of the Review about father's assessed complex needs and his lack of social skills, hence why he was agitated. X had also told the Review they had finished sharing their information. We stated the meeting was highly complex with anxious parents being limited verbally, and our belief the meeting was chaired appropriately.

X didn't believe their views were taken into account in the lead up to conference and during conference itself. We reminded X they were spoken with twice both by phone and in person prior to the conference. The Social Worker recorded information shared, though Police had already made referrals to us. At conference, the Chair confirmed all family members were given the opportunity to share views and concerns but had to apportion time for everyone to have their say. X's views were considered.

C.I.D.S. (Children's Integrated Disability Service)

X complained that a Social Worker showed their former partner their criminal record without permission. We explained any conversation between a vulnerable young person and their Social Worker was private. If X believed we breached her privacy, we directed her to the Information Commissioner's Office where we would assist them with any enquiry.

X complained how their children's Social Worker had managed their children's case, their communication with X and the children, a lack of advice about finances, and how she handled child protection concerns. Other family members complained about the Social Worker's manner with them. We explained the child protection concerns were looked into and recorded appropriately with No Further Action. We had made numerous attempts to offer advice and signpost for legal advice. The children's mother has been asked to pass the benefits on but we have no legal power to enforce this. We have also provided many hours of support to the older child re. college and activities. An apology was made for the Social Worker's phone manner during a difficult conversation

North East Wales Emergency Duty Team

X had contacted NEWEDT to ask someone to remove their granddaughter from their home following allegations she had made. Police were also involved. Granddaughter has a history of making allegations and was possibly being influenced by her mother whom she had visited earlier that day. No one from NEWEDT called her back. All of NEWEDT's Social Workers were out the evening of the call. By the time Social Workers returned after 11.00pm, they believed it was too late to call. In the meantime, Police had already agreed with X that their granddaughter remain with them that evening but move into respite the following day. We apologised for not calling back but X was aware of the temporary arrangements put in place.

X complained that the visiting Social Workers from NEWEDT weren't thorough enough when they spoke with their son following allegations he made, that they used words he didn't understand and they didn't communicate with him in Welsh. X was also given little advice about what to do about future contact. The NEWEDT explained X's son was adamant he had no concerns in relation to the individual involved in the allegation. He also showed an understanding of what someone hurting him meant. No disclosures were made. Efforts were made to identify a Welsh speaker, but visiting Social Workers and Police were satisfied son understood the questions.

Complaints By Young People

5 young people complained during the year:

1. **X complained of a lack of timely advice and support from us.** We reminded X they have received a great deal of support in terms of accommodation (which they have refused), employment and benefit work.
2. **X complained about the staff he came into contact with.** Staff acted professionally and respectfully toward X. Telephone calls with X are often observed by other members of staff due to their abusive behaviour.
3. **X complained about her foster placement.** A Disruption Meeting was held. We also met with X and her Advocate separately and agreed to ensure house

keys are discussed with both foster carers and young people as part of their plan toward independence. The former carers no longer work for Flintshire.

4. **X complained via her advocate about our extending her secure placement.** A residential placement was being explored but it was difficult given their behaviour. If one wasn't identified, then a further Secure Order would have to be made to ensure they were looked after appropriately and safely.
5. **X complained that he hadn't been allocated a Personal Advisor on their 18th birthday.** We apologised: a P.A. was immediately allocated and has made contact with them.

Summary of independent investigations and their outcomes at Stage 2

Social Services for Adults

1. **X complained that a referral made to the Safeguarding Unit from Health was not properly investigated.** The complaint was not upheld with the investigation reporting that “Flintshire County Council acted appropriately and in accordance with procedures in this case.”
2. **X complained about what had been written about her in a formal record and our alluding to financial mismanagement. X wanted to clear her name.** The complaint was upheld. We apologised for our shortcomings in this matter and for comments made in our casenotes which caused anxiety and upset.
3. **X complained why their brother's care had changed and why family weren't involved in the process? X asked what was happening with out of hours cover.** The complaint was partially upheld in terms of implementing change without family being made sufficiently aware of how and when the provision of overnight care would change, for which we apologised for.

Social Services for Children

1. **X complained about a range of issues including: Social Services not providing adequate care and support for their son, not understanding the complex nature of the family, not following due process, poor communication and inaccuracy of information.** Overall, the independent investigation upheld the complaint. However, although we respected the independent investigation’s findings, we offered a different perspective in our formal response. Where there were service shortcomings, we apologised for these and agreed to meet some of the investigation’s recommendations.

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Examples of compliments received

Compliments received are shared with all staff via email and a selection are included in the staff bulletin.

Adult Social Services:

Older People Localities received a thank you card which said: “Thank you for your help and support to myself and my husband during this very difficult period. This has been the hardest thing I have done in my life. I know I had to do it for my own health and pray that it will also be the best thing for my husband in the long term.” Another read: “I really am not able to express my thanks with regard to the way in which you have handled this case. You were so kind and caring throughout...”

O.T. received a large bouquet of flowers following adaptations carried out: “I felt like a prisoner before and it has all made such a difference and it would not have happened without you and I am really grateful.”

Older People Provider Service was complimented: “Just wanted to say thank you both for all you’ve done, both professionally and personally. I couldn’t have chosen a happier place for Mum to have called home.” Another card with a personal poem read: “I’ve seen and met angels, wearing the disguise, of ordinary people, leading ordinary lives.”

Homecare were thanked: “Thank you for all your love, kindness and support you have given me over the past few years. I think it is now time to move on.”

Reablement were thanked: “I want to thank you all for the wonderful care you have given me. Without their help I wouldn’t have been able to look after myself without their special care”.

Learning Disability Community Team were baked a very nice coffee cake by a family member. The team was complimented: “Thank you for all your dedicated time and support in helping both X and ourselves especially during such a difficult transition period”. Another family said: “X and I would like to say, to you personally, that we feel you have been absolutely brilliant with X. You have gone way and above what was required of you.”

Learning Disability Provider Service were complimented about the support provided via **Woodlee, Castle Connections and Estuary Crafts**. They go “above and beyond of what would be expected of them and we are happy in the knowledge that X is safe when she is in your care”. Parents also feel they have helped both X and themselves to cope with the current service changes.

Mental Health and Substance received a touching letter from someone they had supported and who had clearly thought a lot about what to write. They described their experiences of “hitting rock bottom” through alcohol misuse and the positive

changes he had recently made to his life. “You have been amazing and given me hope... feel good for the first time in a long time about my future.

Homecare received a letter: “Thank you for your kindness and patience... Thank you to all the team who visited for the last few weeks.”

P.D.S.I. received a large bouquet of flowers and were thanked: “I’d just like to say a Big Thank you for all the help and support you have both given X not just over the last few months on getting the new move but also over the years. It’s so nice for her to have the freedom to be able to start living life more.”

Safeguarding were thanked: “I would just like to send this email as a thank you for all your support since March. I think we can all agree that it has been a challenge to say the least. Although it was an incredibly difficult situation to manage, I felt supported and understood by yourselves.”

Financial Assessment and Charging Team were thanked for their help with the caller saying he couldn’t find the words to express how much difference the help has made to his life.

Children’s Social Services:

CIDS/Transition were complimented: “During the summer holidays they supported young people with various activities. (Son) really enjoyed himself and I felt that staff were all lovely with the young people. You have been really helpful and supportive in helping X and getting her to engage.”

CIDS/Transition were thanked by parents: “I’d just like to say a Big Thank you for all the help and support you have both given X not just over the last few months on getting the new move but also over the years. It’s so nice for her to have the freedom to be able to start living life more.”



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 10 May 2018
Report Subject	Forward Work Programme
Cabinet Member	Not applicable
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 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 – Draft 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.

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CURRENT FWP

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
Thursday 14 th June 2018 2.00 pm	Betsi Cadwaladr University Health Board & Welsh Ambulance Service NHS Trust (to be confirmed) 2017/18 Year End Reporting Council Plan Monitoring Regional Mental Health Strategy	To maintain regular meetings and promote partnership working. To enable members to fulfil their scrutiny role in relation to performance monitoring To consider the regional Mental Health Strategy	Partnership working Performance monitoring/assurance Partnership working	Facilitator Facilitator Chief Officer Social Services	
Thursday 4 th October 10.00 am	Double Click Progression work for people with learning disabilities and new learning disabilities regional strategy Q1 & 2 Council Plan Monitoring Stage One Budget Consultation 2019/20	To receive a presentation from Double Click. To receive a report on Learning Disabilities services including the new learning disabilities regional strategy. To enable members to fulfil their scrutiny role in relation to performance monitoring To consider stage 1 proposals	Assurance Assurance Performance monitoring/assurance Consultation	Chief Officer Social Services Chief Officer Social Services Facilitator Chief Officer Social Services	

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
Thursday 15 th November 2pm	Safeguarding – Adults & Children	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Assurance	Chief Officer Social Services	
31 st January 10.00 am 2019					
28 th March 2pm 2019	Learning Disability Day Care and Work Opportunities Alternative Delivery Model Q3 Council Plan monitoring	To receive a progress report on the first year of operation as an alternative delivery model.		Chief Officer Social Services Facilitator	
23 May 2019 10.00 am	Third Sector update Annual Directors Report	Annual review of the social care activities undertaken by the third sector in Flintshire To consider the draft report.		Chief Officer Social Services Chief Officer Social Services	
18 July 2019	2018/19 Year End Reporting Council Plan Monitoring BCUHB & Welsh Ambulance Services NHS Trust	To enable members to fulfil their scrutiny role in relation to performance monitoring To maintain regular meetings and promote partnership working.		Facilitator Facilitator	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
Nov/Dec	Safeguarding	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)
May	Educational Attainment of Looked After Children	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
May	Corporate Parenting	Report to Social & Health Care and Education & Youth 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)

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