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To: Cllr Hilary McGuill (Chair)

Councillors: Mike Allport, Paul Cunningham, Jean Davies, Rob Davies, Andy Dunbobbin, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Ian Smith, Martin White, David Williams and David Wisinger

27 September 2019

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 10.00 am on Thursday, 3rd October, 2019 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items

A G E N D A

1 APOLOGIES

Purpose: To receive any apologies.

2 DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Purpose: To receive any Declarations and advise Members accordingly.

3 MINUTES (Pages 5 - 22)

Purpose: To confirm as a correct record the minutes of the meeting held on 18 July 2019 and the minutes of the Joint meeting of Education & Youth and Social & Health Care Overview & Scrutiny meeting held on 25 July 2019.

4 FORWARD WORK PROGRAMME AND ACTION TRACKING (Pages 23 - 34)

Report of Overview & Scrutiny Facilitator

Purpose: To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.

5 **PROGRESS FOR PROVIDERS UPDATE** (Pages 35 - 46)

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

Purpose: To provide an update on the Progress for Provider Programme

6 **CHILDCARE OFFER FOR WALES, FLINTSHIRE** (Pages 47 - 54)

Report of Chief Officer (Social Services), Chief Officer (Education and Youth) - Cabinet Member for Social Services, Leader of the Council and Cabinet Member for Education

Purpose: To outline how more families can be supported to access the 30 hours Childcare Offer and proposals for capital investment to support this work.

7 **AROSFA REFURBISHMENT: UPDATE** (Pages 55 - 58)

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

Purpose: To provide information on an additional service to provide increased accommodation for young people with complex needs as an alternative to out of county placement. ICF Revenue funding will be used to staff 2 additional bedrooms on a short and longer term basis and this report will provide an update on progress.

8 **REGIONAL LEARNING DISABILITY SERVICE REPORT ON PROGRESS**
(Pages 59 - 136)

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

Purpose: To provide an update to the Regional Project Board in relation to the "Seamless Services for People with Learning Disabilities" project.

9 **YEAR-END COUNCIL PLAN MONITORING REPORT 2018/19** (Pages 137 - 158)

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

Purpose: To review the levels of progress in the achievement of activities, performance levels and current risk levels as identified in the Council Plan 2018/19

10 **ROTA VISITS**

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

Yours sincerely

A handwritten signature in black ink, appearing to read "Robert Robins", with a horizontal line extending to the right and a small dot at the end.

Robert Robins
Democratic Services Manager

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **18 JULY 2019**

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, 18 July 2019

PRESENT: Councillor Hilary McGuill (Chair)

Councillors: Mike Allport , Paul Cunningham, Jean Davies, Rob Davies Andy Dunbobbin, Carol Ellis, Gladys Healey, Mike Lowe, Ian Smith, and David Wisinger

SUBSTITUTES: Councillors: Geoff Collett (for Cindy Hinds), Veronica Gay (for Dave Mackie) and David Healey (for Martin White)

APOLOGY: Chief Officer (Social Services)

CONTRIBUTORS: Councillor Christine Jones, Cabinet Member for Social Services; Senior Manager, Safeguarding and Commissioning, Senior Manager, Integrated Services Lead Adults, Service Manager Disability Services, Complaints Officer - Social Services, and Planning and Development Officer – Social Services.

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

11. **DECLARATIONS OF INTEREST**

Councillor Ian Smith declared a personal interest in agenda item 5: Integrated Autism Service, due to the close association of a family member.

12. **MINUTES**

The minutes of the meeting on 6 June 2019 were received.

RESOLVED:

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

13. **FORWARD WORK PROGRAMME AND ACTION TRACKING**

The Overview & Scrutiny Facilitator presented the progress report on actions arising from previous meetings. She explained that actions still to be determined would remain on the action tracking report until resolved and be reported back to the next meeting.

The Facilitator presented the Forward Work Programme and drew attention to the items to be considered at the next meeting of the Committee to be held on 3 October. She advised that an additional item on the Foster Care Adoption Strategy would also be included on the agenda for the next meeting.

Referring to the items scheduled for the meeting to be held on 12 December, the Facilitator advised that an additional item on the Regional Learning Disability Strategy would be included on the agenda for the meeting.

The Facilitator reported that an item on the Review of Prevention Strategies for Out of County Placements would be included on the FWP for consideration at a future meeting of the Committee with consideration given to a task and finish group or workshop if required following the meeting.

RESOLVED:

- (a) That the draft Forward Work programme as submitted be approved; and
- (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.

14. NORTH WALES INTEGRATED AUTISM SERVICE

The Senior Manager – Safeguarding and Commissioning, introduced a report to update on progress of the local implementation of the Integrated Autism Service (IAS).

The Service Manager Disability Services provided background information and referred to the Welsh Government (WG) initiative to develop an Integrated Autism Service (IAS) across Wales. She advised that the North Wales region had an annual budget of £615,800 to develop IAS which in the main covered staffing costs for the Service, including social care and health staff. The Service Manager Disability Services reported on the main considerations, as detailed in the report, and referred to how the service operated, performance data, resource implications, and risk management.

The Service Manager Disability Services introduced a service user to the meeting and invited her to provide information on her personal experience of the Integrated Autism Service. The service user spoke of the support and benefits she had received from IAS and the difference it had made to her life. She also spoke of her aspirations for the future and where she felt further improvements could be made to the Service. The Chair thanked the service user for her attendance and her responses to Members' questions.

Councillor Carol Ellis queried the waiting time for assessment of people who present with Autism Spectrum Disorder (ASD). The Service Manager Disability Services advised that the current waiting time for assessment was 26 weeks, however, the Service was not complacent and was arranging for other health professionals, citing nurses, language and speech therapists, to

undertake training to also enable them to carry out assessments. She explained that individuals did not need to wait for diagnosis prior to being given support.

Councillor Ellis commented on the annual allocation of £615,800 for the North Wales Region to develop IAS and expressed the view that this would be insufficient to meet the demands of the Service. She commented on the additional role and responsibility placed on local authorities by the WG to fill the gap in service provision for ASD, without the funding for resources. Councillor Ellis proposed that an additional recommendation be included in the report to record that the Committee were concerned that the amount of resources allocated to the Integrated Autism Service were insufficient to meet the demands on the service. This was seconded by Councillor Paul Cunningham.

RESOLVED:

- (a) That the update on the North Wales integrated autism service be noted;
- (b) That the Committee is content that progress has been made during the year to meet the duties on behalf of the region;
- (c) That the Committee are concerned that the amount of resources allocated to the Integrated Autism Service is insufficient to meet the demands on the Service; and
- (d) That the difference the Integrated Autism Service has made to people with Autism be noted.

15. COMMENTS, COMPLIMENTS AND COMPLAINTS

The Complaints Officer, Social Services, introduced a report on the number of complaints received by Social Services during the period 18-19 including broad themes, outcomes, and lessons learned.

The Complaints Officer provided background information. He advised that complaints about Adult Social Care were down compared to previous years and said there had been a positive increase in the number of complaints responded to within timescale. Of the 3695 adults who received care and support from Adult Social Care during 2018-19, about 1% had made a complaint about the service received. He said there had been an increase in the number of compliments received. The Complaints Officer reported that of the 2188 children and families who received care and support from Children's Social Services, 2.5% had complained about the service received which was comparable year on year.

The Complaints Officer reported on the main considerations, as detailed in the report, concerning the number of complaints received, the issues raised

and their outcomes. He advised that all complaints were scrutinised and used to improve both Services as part of a 'lessons learned' process.

The Chair commented on the cost of investigating Stage 2 complaints for 2018/19. Officers advised that the number of Stage 2 complaints had risen and explained that Regulations stated that all Stage 2 complaints involving both Adult and Children's Social Services were commissioned to Independent Investigators. Officers commented on the benefits of independent investigation which ensured impartiality and could prevent cases escalating and further additional costs.

Councillor Carol Ellis referred to the complaints made about the quality of care from a home or carer and sought clarification on the Authority's statutory position in terms of care provision. The Senior Manager, Integrated Services, Lead Adults, referred to the Social Services and Well Being Act (Wales) 2014 which required the Authority to undertake an assessment. She explained the work being undertaken around recruitment and retention of staff. She also referred to the direct payment scheme which enabled individuals to have choice around their care provision and 'buy in' support services. The Senior Manager also commented on the work being undertaken with the independent sector and private care home providers, and referred to reablement packages, step-down arrangements, and micro-care projects, to support individuals to return home or to a residential care home following discharge from hospital.

RESOLVED

- (a) That the Committee is content that there is a robust complaints procedure in place; and
- (b) That the Committee continues to receive future annual reports.

16. CONTINUING NHS HEALTH CARE (CHC) IN WALES – CONSULTATION

The Senior Manager, Safeguarding and Commissioning, introduced a report to provide information on the Council's proposed response to the Welsh Government (WG) CHC consultation. She provided background information and referred to the main considerations, as detailed in the report, around Continuing Healthcare in Flintshire, Flintshire's initial response to the Adult CHC consultation, and Flintshire's initial response to the Children and Young People's CHC consultation.

The Senior Manager, Safeguarding and Commissioning, invited Gareth Jones, Planning and Development Officer – Social Services, to give a

presentation on the National Framework Continuing NHS Healthcare Consultation. The presentation covered the following key points:

- what is Continuing Health Care (CHC)
- Adults CHC Consultation – summary of changes (WG)
- initial thoughts from Flintshire’s workforce (Adults)
- how the different care domains are divided into levels of need
- additional thoughts and feedback
- disparity between Direct Payment ethos
- additional personal contributions
- initial thoughts from Flintshire’s workforce (Children and Young People)
- next steps
- recommendations

The Chair thanked Mr Jones for his presentation and invited Members to raise questions.

Councillor Paul Cunningham commented on the outstanding amount owed to the Authority by Betsi Cadwaladr University Health Board where the agreed split of care costs for CHC had been disputed by Social Services. The Senior Manager, Safeguarding and Commissioning, explained that significant progress had been made with BCUHB and payment would be received when a decision had been reached on any outstanding cases.

In response to the comments and concerns raised by the Committee it was agreed that Members would raise awareness of the consultation through professional and personal networks and that a collective response to the consultation be sent on behalf of the Committee.

RESOLUTION:

- (a) That Members are aware of the Flintshire position and are adequately informed to respond to the consultations as individuals;
- (b) That Members raise awareness of the consultation with professional and personal networks; and
- (c) That a collective response be sent on behalf of the Committee.

17. ROTA VISITS

The Social & Health Care Overview & Scrutiny Facilitator advised that it was a requirement of the Committee that all Members undertook Rota Visits and would arrange for the circulation of new dates for visits to be undertaken

in the near future. A training session would also be provided for new members of the Committee rota visits.

18. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

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

(The meeting started at 2.00 pm and ended at 4.15 pm)

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Chair

**JOINT EDUCATION AND YOUTH and SOCIAL AND HEALTH CARE
OVERVIEW & SCRUTINY COMMITTEE
25 JULY 2019**

Minutes of the meeting of the Joint Education and Youth and Social and Health Care Overview & Scrutiny Committees of Flintshire County Council held in the Council Chamber, County Hall, Mold on Thursday, 25th July, 2019

PRESENT: Councillor Hilary McGuill (Chairman)

Councillors: Mike Allport, Geoff Collett, Bob Connah, Paul Cunningham, Jean Davies, Rob Davies, David Healey, Gladys Healey, Cindy Hinds, Kevin Hughes, Tudor Jones, Mike Lowe, Dave Mackie, Martin White, David Williams and David Wisinger

CO-OPTED MEMBER: Lynn Bartlett and David Hytch

ALSO PRESENT: Councillor Veronica Gay attended as an observer

APOLOGIES: Councillors: Janet Axworthy, Andy Dunbobbin, Carol Ellis, Ian Smith and Mr. Shaun Hingston

CONTRIBUTORS: Councillor Ian Roberts, Leader of the Council and Cabinet Member for Education; Councillor Christine Jones, Cabinet Member for Social Services; Chief Officer (Education & Youth); Chief Officer (Social Services), Senior Manager (Children and Workforce) and Senior Manager (Inclusion & Progression)

IN ATTENDANCE: Education and Youth Overview & Scrutiny Facilitator and Democratic Services Support Officer

1. APPOINTMENT OF CHAIR

The Education & Youth Overview & Scrutiny Facilitator sought nominations for a Chair for the meeting.

RESOLVED:

That Councillor Hilary McGuill be appointed Chair for the meeting.

2. DECLARATIONS OF INTEREST

None were received

3. CORPORATE PARENTING STRATEGY

The Chief Officer (Social Services) introduced the report stating that Corporate Parenting was one of the most important functions of the Council and that it currently supported between 240 to 250 young people. He referred Members to the Corporate Parenting Strategy Action Plan Summary within the report which outlined the work

required to strengthen and nurture the lives of young people. He provided information on action plans for the following:-

- Home
- Education and Learning
- Health & Well Being
- Leisure
- Employment Opportunities
- Leaving Care
- Voice of Looked After Children

The Chair asked if all young people were able to access the support of a Personal Advisor and were these officers now all in post. The Chair then referred to Aura and the offer of a junior membership card for £22 per month which enabled children to access all of their facilities and asked if this was something that could be considered.

In response the Senior Manager (Children and Workforce) confirmed if a child had been looked after for more than 13 weeks then they would be eligible for the Personal Advisor support from the age of 18 to 25 years and that currently 75 care leavers were being supported. There had been vacancies and he provided information on how the children were supported during that time but confirmed that all 4 posts had now been filled. The Chief Officer (Social Services) referred to the Junior Membership card proposal which he agreed was a good idea confirming he would have a discussion with the young people on this.

In response to questions from Councillor Tudor Jones around employment opportunities, the Chief Officer (Social Services) explained that the strategies set out within the report enabled looked after children before the age of 18 to be prepared for future employment opportunities. The Senior Manager (Children and Workforce) provided clarification on the Boost Scheme which was a scheme available for some care leavers from 16 to 25 years who may not be ready to apply for jobs. Support with practical skills to support a young person for interview and working life such as preparing a CV, work dress code, answering the telephone and work place etiquette for example this was carried out prior to connecting them with businesses.

The Senior Manager (Inclusion & Progression) referred to another service ADTRAC (European Social Funded Service) which provided support and training for those young people who needed extra support including mental health with tailored packages for that individual from the age of 16 to 24 years. This service enhanced the Boost Scheme offer.

Councillor Dave Mackie proposed that the recommendation detailed within the report, be supported. This was seconded by Councillor Kevin Hughes.

RESOLVED:

That the summary of actions to be taken in 2019/20 to deliver the Corporate Parenting Strategy be endorsed.

4. IMPROVING THE IN-HOUSE OFFER FOR OUT OF COUNTY PLACEMENTS FOR CHILDREN

The Chief Officer (Social Services) introduced the report explaining that out of county placements was one of the most dominant issues for all Local Authorities across the country. He explained locating good quality looked after support in Flintshire was a real issue and a challenge for the Council with insufficient resources available to meet the statutory demand. The Council was fully supportive but it was the actual money which came into the Council that was the real issue. He referred Members to page 37 of the report which outlined the costs of placement and explained how this impacted on budgets within Social Services. There was a lot of work being carried out within the portfolio, in Flintshire, the North Wales Region and wider to tackle these challenges.

The Senior Manager (Children and Workforce) added this was a national challenge with no single answer with a number of strands of work required to enable different solutions and offers to be provided to an increasing number of children with complex needs. He provided examples of how support was provided in the home, to family members, fostering and residential care. The report outlined the range of initiatives that were required to re-shape the offer provided to children and families with early support a priority to enable families to stay together, even if in some cases that was not always possible. He then referred Members page 12 of the report and provided information on the work being undertaken to support the three core ambitions:-

- To safely reduce the number of children who need to be looked after
- To support looked after children in local high quality placements
- To improve outcomes for looked after children.

Councillor Mackie sought clarification at 1.10 in the report on the term side skill. He also referred to the number of 16 year olds with lack of education or education refusers and said when a young person stopped being in education this added pressure on the foster carers and then put a strain on the whole system. He felt that there should be a scheme introduced for these young people which would provide something for them to do if not in education which would give them hope for the future.

The Senior Manager (Children and Workforce) provided a response on how side skilling employees would work with youth workers, for example, who were well placed to develop a relationship and gain trust with these young people early and identify when things deteriorate. These officers were already part of Flintshire's workforce, working with children but side skilling enabled them to identify and offer therapeutic support and signpost children when needed. This would be in addition to their existing role. He agreed with Councillor Mackie's comments on young people disengaging with education and said that working with schools to minimise exclusions was key but the issues were wide ranging.

The Senior Manager (Inclusion and Progression) reported that there were a number of children at Year 10 who were disengaging from education. Officers were looking at a range of schemes to connect with these young people and she provided

an example of a group of young people working with a plumber to encourage them back into training and education.

The Chair asked if mindfulness and anger management could be accessed by these young people simply and easily. The Senior Manager (Inclusion and Progression) responded saying that there were a number of officers trained to deliver mindfulness who visit schools to train staff or offer courses to young people but she was unaware if that was offered through the health service. Anger Management training had been offered in partnership with GwE in order to assist teachers in de-escalating situations in schools.

Councillor Hinds referred to page 37 of the report with the figures increasing from £3m to £5m within 3 years and asked the following questions:-

- Where there insufficient placements in county to meet demand
- Are the individual's needs more complex
- Had the funding from Welsh Government reduced

She also asked what Members could do to assist officers.

The Chief Officer answered yes to all three questions. The actual number of individuals had increased over the last three years but Flintshire was still below average in Wales with the last figures at 247, historically the figures were between 180 and 200. The reasons why was complex with austerity and universal credit being factors together with a large number of adoptions which had broken down. Costs of placements had increased and the Council was having to compete to get placements which was why Flintshire was working to increase the supply of care through foster carers and with care and repair. There had been some support from Welsh Government (WG) but not sufficient for the demand being faced. Members support in raising awareness of the pressures faced by the Council with out of county placements would be much appreciated.

Councillor Hinds proposed that a letter be written to the WG Minister for Health and Social Services outlining the Committee's concerns around the need for adequate resources to meet the challenges of Out of County placements. This proposal was seconded and supported by the Committee.

Councillor Geoff Collett referred to the increase since 2016 of 50% in the cost of providing care and felt this was spiralling out of control and asked if it was predicted that costs would continue to rise. Also he referred to previous schemes such as Sure Start and Women's Refuges and wondered by losing these schemes were more children being placed into care because of this.

In response to the first question the Senior Manager (Children and Workforce) clarified when the term out of county was used it included a range of services including children in residential care in Flintshire. Out of county meant services being bought outside of the Council's provision. He could not guarantee that this figures would not continue to increase. The Chief Officer (Social Services) said there were still some schemes such as Flying Start which were successful and by retaining these services provided the Council with an advantage over other authorities. Having good services

for communities under pressure and targeting families at risk do work and key to that was reducing children on the edge of care coming into care.

Mr David Hytch referred to the report and said there was a high correlation between looked after children and additional learning needs and it had always been thought mainstream school was the best place for them if they could manage and there was the level of support in that school. He referred to the Pupil Referral Unit and sought assurance that schools across Flintshire were doing everything they could to retain pupils in mainstream schools and asked how much support was being provided to schools

In response the Senior Manager (Inclusion & Progression) confirmed the amount of outreach was limited at present but that staff had been able to identify appropriate strategies and ways of working which do work. Advice and support was provided to schools and it had been the interpretation of that advice which had been successful. –There was also short term provision offered to secondary schools accessed via PRU for a number of sessions per week over a 12 week period. She referred to progress with Plas Derwen which would provide more resources and outreach. The ability of schools to retain these children depends on the resources they had but schools could make requests to the Moderation Panel to get that addition resources to assist that child. Encouraging schools to take up training and collaborate with each other was key.

Councillor Kevin Hughes asked how closely Children's Services worked with Wrexham, Denbighshire and Conwy Children's Services and whether it was possible to share resources. In response the Senior Manager (Children and Workforce) confirmed Flintshire worked very closely with the region with specific projects such as the Multi-Disciplinary Team (a Wrexham and Flintshire collaboration) and that the Regional Market Position Statement looked at services that were needed locally, sub regional and regional. He provided examples to committee. He added these were not pooling budgets but joint working.

Councillor Gladys Healey referred to youth workers and asked how well were they trained and do they visit primary schools to speak to children before they reach secondary school. In response the Chief Officer (Education & Youth) stated the age range supported by the youth workers was 11 to 25 years. Flintshire had an extremely skilful and well qualified team who engaged with young people across a whole range of situations and interacted in a way teachers could not. If a young person came to them for support if they could not help then they would sign post them to the help they needed. She outlined the expertise of the team which was continually being developed and placed in schools building relationships with pupils and provided information on the positive affect this was having on the pupils and schools She then referred to the question of teaching assistants and felt there was a risk that the learner became dependent on that individual and that ALN support could be provided by the teacher as well as teaching assistant. She referred to the research by the Sutton Trust which concluded it was not beneficial to the child's development. Teachers were working extremely hard to improve literacy skills of their children. The Senior Manager agreed saying schools had to be mindful of this situation and creating a dependency. Teaching Assistants prove useful in lots of areas of the school but having specialist support for the child was key.

The Leader of the Council and Cabinet Member for Education & Youth agreed fully and referred to his working life as a head teacher. The relationship between the child and the class room assistant could be complex and there was a need for the child to grow in independence as much as they could as they could be singled out as always being with an adult which did become an issue in secondary school. It was fully acceptable for the classroom assistant to be engaged in other parts of the school provided they were available if that child needed assistance.

Councillor Hinds asked when a child needed statementing support did the school budget cover the costs. In response the Leader of the Council said that there was evidence from the end of year school balances suggesting that schools had sufficient resources for this. The Senior Manager (Inclusion and Progression) added the process of statementing was to identify significant areas of need and invariably there would be additional resources attached to that individual which the statement would draw upon. All schools in Flintshire were able to put forward a case to Moderation Panel which would then allocate additional resources. School budgets are also generated using a formula which includes information on the level of special educational needs across the school to ensure an appropriate level of funding is available to support pupil needs.

Councillor David Williams was mindful of the performance and financial constraints on schools and asked were any of our schools able to modify their curriculum to keep these children in their school, with a curriculum for individuals or small groups of people. In response the Chief Officer (Education & Youth) confirmed that they could and it was the Head Teacher's responsibility to look at the pupils needs within their schools and there was some creative work being carried out to meet the needs of each child. The introduction of the new curriculum was designed around the core principles but schools had greater autonomy to develop and meet the needs of their particular school. There was greater flexibility within the schools now. The Senior Manager added pupils had access to a range of courses and there was scope to develop a package to support individuals within the schools

RESOLVED:

- (a) That the draft Support and Placement Strategy 2019-2022 be endorsed; and
- (b) That a letter be written, on behalf of the Committee, to the Welsh Government Minister for Health and Social Services outlining the Committee's concerns around the need for adequate resources to meet the challenges of Out of County placements.

5. CHILDCARE SUFFICIENCY ASSESSMENT

The Chief Officer (Social Services) introduced the report stating there was a statutory responsibility to refresh the Childcare Sufficient Assessment every year and to develop a new Assessment every 5 years under the Childcare Act which was explained at point 1.02 in the report. The outcome had been summarised at point 1.08 of the report with some positive messages but there were also challenges with areas that needed improvement. He paid credit to Gail Bennett and Keith Wynne saying

Flintshire had a very active early intervention team at Children's Services which other authorities did not have, with 12 schemes across the county which had attracted £5m capital one off funding which had been invested in infrastructure in schools together with money for capital grants. The Assessment form was included as an Appendix.

The Chair said it was a very comprehensive report and thanks should be given to those who prepared it. She asked if there was a list of companies who actually provided crèche facilities within their own companies. The Chief Officer (Social Services) agreed to provide this information following the meeting.

The Chair then referred to the reference to one free breakfast club in the whole of Buckley with none in Hawarden or Aston and asked why. In response the Chief Officer (Social Services) said that affordability of child care was an issue and was expensive but this report assessed the quality and efficiency of the childcare facilities that Flintshire provided and the findings were shown at point 1.08 in the report. He added that maybe affordability could be built into this for future relevance as this was a real issue for parents. The Chief Officer (Education & Youth) added it was the schools choice whether they wished to take up the breakfast club initiative from Welsh Government which was for 30 minutes for the delivery of breakfast. The dilemma schools had was with parents using that facility as child care. Some schools offered the last 30 minutes when the breakfast was delivered as the free element and if parents needed childcare before that time then that was chargeable. She was sure that schools and providers would want to make it as affordable as possible but it had to be sustainable with the correct ratio of staff and together with adhering to standards etc. The Chief Officer (Social Services) said the success of the free childcare offer in Flintshire had helped enormously with regard to the affordability and planning of childcare and the scheme had been more successful than envisaged with other councils following our model.

Councillor Kevin Hughes asked that the Chairs of both the Education & Youth and Social & Health Care Overview & Scrutiny Committees write a joint letter to Gail Bennett, Early Years Family Support Manager, thanking her for the report.

RESOLVED:

- (a) That the Council's strategic response to securing sufficient, sustainable and high quality childcare, within the County that was responsive to the needs of children and their families be supported;
- (b) That the on-going work and commitment to the delivery of the Childcare Sufficiency Assessment, every five years and the annual Progress Report be supported; and
- (c) That the Chairs of both the Education & Youth and Social & Health Care Overview & Scrutiny Committees write a joint letter to Gail Bennett, Early Years Family Support Manager, thanking her for the report.

6. EDUCATIONAL ATTAINMENT OF LOOKED AFTER CHILDREN IN FLINTSHIRE

The Senior Manager (Inclusion & Progression) introduced the report and referred to the executive summary which detailed information on the outcomes. The

definition was provided by Welsh Government and the cut-off date was the 16th January, 2019. If a young person was LAC by this date then these outcomes related to them. She then referred Members to point 1.02 in the report which provided a breakdown of where pupils were placed (keeping as many as possible in mainstream schools with 110 out of the 140 pupils in secondary education). She then gave information on the outcomes, attendance rates and exclusion rates together with the allocation of the pupil development grant allocated for the children with schools able to draw funding for bursaries or to collaborate to benefit more children.

The Chair referred to page 198 where 5 of the looked after children did not achieve key stage 2 qualifications and asked what had been put in place to assist these children. In response the Senior Manager (Inclusion & Progression) confirmed there was a range of support provided such literacy and therapeutic for example.

Councillor Dave Mackie commented that the results were better than in previous years and hoped this continued. He thought it had been agreed that this would be looked at on a "Value Added" basis as he felt having a broader explanation of why the results were not so good would provide a better explanation. In response the Senior Manager (Inclusion & Progression) confirmed this was the same format as last year but it could be reported with "value added" going forward. The Chief Officer (Social Services) understood Councillor Mackie's point and suggested going forward providing overall figures and maybe with some case studies which highlighted a start and finish point to provide information on the value added.

Councillor Dave Healey informed the Committee that he had been asked by Shaun Hingston, a co-opted member of the Education and Youth Overview & Scrutiny Committee representing the Flintshire Youth Council, to make the following statement in his absence:-

"The following statement outlines his beliefs on the agenda items concerning Looked After Children and their educational attainment. He states the following: 'It is my firm belief that the Draft Support and Placement Strategy 2019-2020 is a strategy that clearly outlines what this Local Authority must put in place in order to maintain their excellent track record of ensuring the safety, and academic attainment, of looked after children. The figures throughout this agenda reflect the ability of this Council to meet the high standards that it sets for itself, and is made to follow under legislation.

'I am particularly impressed with the level of youth focused consultation that had been carried out and the clear emphasis that the Authority had expressed in caring for these young people and ensuring that they be given the same opportunities as those more fortunate. 'The one question that I would ask is whether or not it would be possible for the consultation data relating to young people, with regards to Appendix One, be circulated to Members of both Committees. I would also like this statement to be minuted.

It was agreed that the Chief Officer (Social Services) and Senior Manager (Inclusion & Progression) would provide a response to Shaun Hingston following the meeting.

Mr David Hytch commented on year on year comparisons which he felt did not provide the information on whether the children had been enabled to achieve their full potential which would equate to 30 children a year at key stage level. In response the Senior Manager (Inclusion & Progression) confirmed this had been considered with, for example, how many children achieved key stage 2 and 3 to see how their journey through education with indicators of when they came into care had impacted their education. She suggested putting something along these lines in next year's report

Councillor Tudor Jones referred to the glossary and in particular the pupil development grant which included the eligibility of free school meals and in the glossary it says eFSM schools meals and asked for clarification of this. The Chief Officer (Education & Youth) confirmed it was based on eligibility with the funding going into the school on a per pupil basis. She confirmed that was eligible rather than on a take up basis. There was also an additional amount for looked after children. It was agreed to check this with the information handled through benefits data. Councillor Jones was concerned that there were children who would qualify but the parents were unaware of this.

Councillor Mackie asked for clarification on whether through Universal Credit, Free School Meals would be stopped. The Chief Officer (Education & Youth) confirmed if the family met the criteria on a number of benefits of which Universal Credit was one of them, then they would still be entitled to Free School Meals. She explained that the Revenues and Benefits team were trying to make it as easy as possible for families to be signed up if entitled.

RESOLVED:

- (a) For Members to actively engage as Corporate Parents for LAC, promoting awareness and challenging provision within Flintshire educational settings; and
- (b) For Members to actively encourage all educational staff to promote the educational welfare of LAC within Flintshire establishments at a 'whole school level'

7. PRESENTATION BY YOUNG PEOPLE

The Chair welcomed members of the Participation Group (Young Voices Speak Out) who gave a presentation, attached at Appendix 1 of the minutes.

The Chair, on behalf of Members, thanked the young people for their presentation. Lynn Bartlett congratulated the young people on the way in which they delivered the presentation and said that they should be very proud of their accomplishments.

Members applauded the children for their presentation

Councillor Kevin Hughes asked the young people what they felt the Council could do better. In response the young people said if they should be listened too more.

RESOLVED:

That the content of the presentation be noted.

8. SAFEGUARDING IN EDUCATION SELF EVALUATION REPORT

The Chief Officer (Education & Youth) presented the report and referred to the recent Estyn Inspection of the Local Government Services. As part of this process Flintshire presented a self-evaluation of our education services and a separate self-evaluation on how we undertake our responsibilities for safeguarding. That report was attached and Estyn would be publishing their report on the 9th August. The Chief Officer wanted to re-assure Members that there were robust procedures in place for delivering safeguarding. She provided information on the reports received by Committee and the training programme and policies for schools. Social Services in Conwy had reviewed our Self Evaluation Policy as an extra pair of eyes and we were pleased with the feedback received that it met all the statutory requirements.

The Chair referred to non-attenders saying it was the responsibility of Flintshire to monitor this and asked if someone had concerns could you confirm the pathway to enable this to be flagged up with schools and social services. In response the Chief Officer (Education & Youth) confirmed that attendance was an integral part of the school and if a child failed to attend then the school should take responsibility to find out why. The Education Welfare Service provided support to schools and each school had an Education Welfare Officer who worked with them checking the registers and may already be aware of that child. Schools should contact the parents and have a first day notification policy in place where the parents should let the school know if that child would not be in school. Through the schools and officers supporting them if they had concerns they would automatically be raised with Children's Services.

Councillors Gladys Healey asked what had been put in place for mental health in schools and how many child psychologists there were in Flintshire. In response the Senior Manager (Inclusion and Progression) reported on the steering group which oversees mental health and had a wide range of partners and representations from CAMHS. Every secondary school had a designated CAMHS officer to meet and provide advice on individual pupils. A Self Harm Prevention package was put in place to help teaching Staff to support pupils at crisis point and direct them to a contact at CAMHS. She provided information on the 5 ways to well-being programme and explained how this was being rolled out across Flintshire. She said with regard to Educational Psychologist we have 5.5 full time equivalent child psychologist. These were not clinical psychologists as that support would be provided by the Health Board

RESOLVED:

That the report be noted

8 ADDITIONAL LEARNING NEEDS AND EDUCATION TRIBUNAL (WALES) ACT 2018

The report was present by the Senior Manager (Inclusion & Progression) who provided an update on the progress of the Additional Learning Needs and Education

Tribunal (Wales) Act 2018) (ALNET) which was given Royal assent in January 2018 with the implementation taking place in September 2020. She explained a lot of work was required to ensure schools and partners were ready and provided information on the overall aims of the Act. A draft Code which outlines the operational duties of the Act has been published and subject to consultation earlier this year. A Council response was generated and included input from a range of partners including the Youth Council. Welsh Government are considering the consultation responses and the final Code is to be presented to the Assembly in the autumn with a view to this being published by the end of December 2019. She explained that because of the timescale involved extra resources had been put into the team to ensure there was seamless support for the young people on implementation. A transformation plan for the Council has been generated however, the timescales are extremely tight given the proposed publication date of the final Code.

There was concern as this Act had been described by Welsh Government (WG) as cost neutral but it has serious resource implications for the Council.

The Senior Manager then listed the implications on the Council because of these changes:-

- There was a need for example, to have an Additional Learning Needs Officer for early years to identify those with additional learning needs and put provision into all settings which was something we do not do at present.
- Requirement for an Additional Learning Needs co-ordinator in every school; where this is the head teacher at present, it is likely that the role will need to be completed by someone else given the additional responsibilities placed on schools by the Act.
- Age range increase to 25 including support for young people in further education, currently services support young people up to the age of 19 who attend a school.
- The duty to commission specialist provision for 16-25 year olds, this is currently undertaken by WG. Information on the Working Group which would be looking at the mechanism for funding for this provision was provided. This duty will commence from 2021.
- LAC Officer to write the Individual Development Plans – currently the Statement of Special Education Needs is written by the authority where the looked after child resides however, under the new Act this will become the responsibility of Flintshire officers.
- Could have responsibility for identifying additional learning needs for those in custody – the provision would be put in place for when they were released.
- Elective home education – funding for additional learning provision could fall on the Council if a child has additional learning needs - We don't draw down any funding for this at present and this was being looked at by WG.
- Additional specialist legal advice to support the Council in tribunal cases.

- An additional IT system to facilitate the new process. A regional group has been looking at the system requirements and a feasibility study has been completed. WG has recognised the benefits of a national IT system and have been liaising with the regional group around building on the work undertaken to date.

The Leader of the Council and Cabinet Member for Education recalled a meeting he had attended with the Chief Officer (Education & Youth) where the Education Minister said the introduction of the Act would be cost neutral but, in reality, the costs was expected to be around £500,000 for the Council. WG want to legislate passing the responsibility on local authorities but with the responsibility had to come the resources to pay for it.

Councillor David Healey thanked the Senior Manager (Inclusion & Progression) for her report and highlighting the financial implications. He agreed with recommendation of the report that financial implications be raised with the Council's Cross Party Working Group but said that the Council was still in a situation of over-arching austerity which was likely to continue indefinitely and therefore representations needed to be made to WG.

The Chair suggested that, together with the Chair of the Education & Youth Overview & Scrutiny Committee, she write a letter to the WG Minister for Education outlining the Committee's concerns around the resource implications of the Act for both the Local Authority and schools.

RESOLVED:

- (a) That the report be noted;
- (b) That Members raise awareness with the Council's Cross Party Working Group with regard to the potential funding pressures as a result of the legislation; and
- (c) That a letter be written, on behalf of the Committee, to the Welsh Government Minister for Education outlining the Committee's concerns around the resource implications of the Act for both the Local Authority and schools.

9. ATTENDANCE BY MEMBERS OF THE PRESS AND PUBLIC

There was one member of the press in attendance.

(The meeting started at 2.00 pm and ended at 4.16 pm)

.....
Chairman



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	3 rd October 2019
Report Subject	Forward Work Programme and Action Tracking
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.

The report also shows actions arising from previous meetings of the Social & Health Care Overview & Scrutiny Committee and the progress made in completing them. Any outstanding actions will be continued to be reported to the Committee as shown in Appendix 2.

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.
3	That the Committee notes the progress made in completing the outstanding actions.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME AND ACTION TRACKING
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	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: <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?
1.03	In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following a meeting of the Corporate Resources Overview & Scrutiny Committee in July 2018, it was recognised that there was a need to formalise such reporting back to Overview & Scrutiny Committees, as 'Matters Arising' was not an item which can feature on an agenda.
1.04	It was suggested that the 'Action tracking' approach be trialled for the Corporate Resources Overview & Scrutiny Committee. Following a successful trial, it was agreed to extend the approach to all Overview & Scrutiny Committees.
1.05	The Action Tracking details including an update on progress is attached at Appendix 2.

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In some cases, action owners have been contacted to provide an update on their actions.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme Appendix 2 – Action Tracking for the Social & Health Care OSC.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Minutes of previous meetings of the Committee as identified in Appendix 2. Contact Officer: Margaret Parry-Jones Overview & Scrutiny Facilitator Telephone: 01352 702427 E-mail: Margaret.parry-jones@flintshire.gov.uk

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
14 November 2pm	<p>Hospital avoidance</p> <p>Support building resilient communities by developing social prescriber role within Single Point of Access.</p> <p>Engagement and consultation on in-house provision</p> <p>Out of County Placements report</p>	<p>To receive an update on work being undertaken to avoid hospital admittance</p> <p>To receive an update</p> <p>To consider the draft consultation.</p> <p>To consider the latest position</p>	<p>Assurance</p> <p>Assurance</p> <p>Consultation</p> <p>Assurance</p>	<p>Chief Officer – Social Services</p>	
12 December	<p>Safeguarding</p> <p>North Wales Adoption Service Annual Report</p>	<p>To provide Members with statistical information in relation to Safeguarding - & Adults & Children.</p> <p>To provide an overview of the performance and quality of the work of North Wales Adoption Service in 2018-19.</p>	<p>Performance monitoring/assurance</p> <p>Assurance</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	

	Extra care Strategy including update on Holywell.	To receive a progress report.			
30 January	Presentation on equipment store	To provide members with an update of the work undertaken at the equipment store.	Awareness raising	Chief Officer Social Services	
26 March					
21 May	Comments, Compliments and Complaints	To consider the Annual Report.	Assurance	Chief Officer Social Services	
16 July					

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)

May	Comments, Compliments and Complaints	To consider the Annual Report	Chief Officer (Social Services)
June	Betsi Cadwaladr University Health Board Update	BCUHB are invited to attend on an annual basis – partnership working.	Facilitator

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ACTION TRACKING FOR THE SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Meeting Date	Agenda Item	Action Required	Action Officer(s)	Action taken	Timescale
18.07.19	CHC Consultation	Suggested wording for Consultation responses to be provided to members.	Gareth Jones	Suggested wording shared with the Committee	Completed.
		Consultation response on behalf of the Committee to be submitted for both Adults & Children	Margaret Parry-Jones	Responses submitted to Welsh Government.	Completed.
18.7.19	Rota Visits	Training session to be provided in the Autumn	Margaret Parry-Jones	Training session arranged on 16 th Sept.	Completed

ACTION TRACKING FOR THE JOINT EDUCATION & YOUTH AND SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Meeting Date	Agenda item	Action Required	Action Officer(s)	Action taken	Timescale
25.07.2019	4. Corporate Parenting Strategy	In response to a question from Cllr Hilary McGuill, Craig McLeod said that, following the meeting, he would check to ensure all Care Leavers between the ages 18-25 had been allocated a Personal Assistant.	Craig Macleod	Information e-mailed to Members of the Committees on 19.09.2019	Completed
25.07.2019	5. Improving the in-house offer for Out of County Placements for Children	That a letter be written to the Welsh Government Minister for Health and Social Services outlining the Committee's concerns around the need for adequate resources to meet the challenges of Out of County placements.	Neil Ayling / Craig Macleod	A meeting has taken place between the Chief Executive, the Council's Leader and Deputy Minister for Social Services about our looked after population. A report has also been presented to CROSC on the issue (19/919). The culmination of this work will now inform a letter setting out our business case, and ask, for funding to help meet the demand of high cost placements as well as 'invest to save' funding for creative local solutions.	To be completed by 27.09.2019

25.07.2019	6. Childcare Sufficiency Assessment	That a letter be written to Gail Bennett thanking her for the report.	Ceri Shotton	Letter sent to Gail Bennett on 11.09.2019	Completed
25.07.2019	6. Childcare Sufficiency Assessment	Cllr Hilary McGuill asked how many companies in Flintshire provided crèche facilities. Neil Ayling agreed to provide this information following the meeting.	Neil Ayling	Information e-mailed to Members of the Committees on 19.09.2019	Completed
25.07.2019	7. Educational Attainment of Looked After Children in Flintshire	<p>Cllr Dave Mackie asked if information to show how individual children had progressed could be included in future reports.</p> <p>David Hytch asked if details of when an individual child went into care could be provided in future reports in order to show their journey through education and the impact this had on their education.</p> <p>Claire Homard agreed to look at including anonymous case studies and also information on each individual's progression in a meaningful way in future reports.</p>	Claire Homard / Jeanette Rock		To be completed in 18.06.2020 report
25.07.2019	7. Educational Attainment of Looked After Children in Flintshire	That officers respond to the question raised by Shaun Hingston regarding the consultation data relating to young people shown in Appendix 1 of the report, following the meeting.	Craig Macleod	Information is currently being collated.	To be completed before 27.09.2019

25.07.2019	Additional Learning Needs and Education Tribunal (Wales) Act 2018	That a letter be written to the Welsh Government Minister for Education outlining the Committee's concerns around the resource implications of the Act for both the Local Authority and Schools.	Claire Homard / Jeanette Rock	Letter sent to WG on 09.09.2019	Completed



SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY

Date of Meeting	Thursday 3 rd October, 2019
Report Subject	Progress for Providers Update
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

This report provides members with an update on 'Progress for Providers – Creating a Place Called Home ... Delivering What Matters' including the roll-out of the programme to domiciliary care providers.

The report also provides an opportunity to raise awareness of the project and its outcomes.

RECOMMENDATIONS

1	To advise of the impact of 'Progress for Providers – Creating a Place Called Home ... Delivering What Matters'.
2	To provide details of ongoing actions and initiatives underway to further develop the programme.

REPORT DETAILS

1.00	EXPLAINING PROGRESS FOR PROVIDERS
1.01	Background
1.02	In Flintshire we have 26 Nursing and Residential Care Homes which support over 800 older people to live well. The majority of these homes are owned and managed by local business men and women who face significant challenges to ensure their businesses and the care sector are successful.
1.03	One of the recent key changes in the care sector has been the introduction of the Social Services and Well-being (Wales) Act 2014 which required the sector to move away from commissioning task based services and instead move towards ensuring providers support people to achieve their own personal outcomes and to promote well-being.
1.04	Flintshire County Council appreciated that we had important assets to draw on when facing these challenges. We are proud of the positive relationship we have with our providers and their willingness to engage in creating and developing new approaches and solutions to address these new ways of working.
1.05	The importance of resident's lived experience has also been apparent for some time and Flintshire recognised the importance of enabling people to make choices about the things that matter most to them giving them more control over the services that support them to live their lives.
1.06	To take the concept forward Flintshire engaged with Helen Sanderson Associates and a leadership steering group was formed. An open invitation was extended to all residential care homes in Flintshire and 16 of the 26 committed to be part of the initial phase of the programme.
1.07	These homes have embarked on a journey alongside the Council's own in-house provider services, social work teams, OTs, management teams and many more to implement person centred practice including 'One Page Profile', 'Good Days and Bad Days', 'Working/not working' and more.
1.08	In order to recognised the milestones the care homes were making in achieving on their journey of implementing person centred care practices, Flintshire developed its own 'Progress for Providers' a self-assessment toolkit. The toolkit clearly sets out Flintshire's expectation around the delivery of individualised care and it supports Responsible Individuals and Managers and leaders within homes by providing a range of person centred tools which help staff teams change the way they support people and how they engage with family and friends. The 'Progress for Providers' toolkit also helps providers promote greater choice and control for those who receive care which allows providers to really focus on what matters most to each person.
1.09	To show the progression, Flintshire introduced 3 levels of accreditation which are validated by the Flintshire Contract and Commissioning Team in partnership with the Care Home Managers. The Bronze, Silver and Gold accreditation help manager check their own progress of time and

	demonstrate publicly that they are making continued progress along the road to truly person centred care.
1.10	In September 2018 the project was publicly recognised, winning the Social Care Wales Accolades Awards for 'Excellent outcomes for people of all ages by investing in the learning and development of staff'. The project was also a finalist in the Association for Public Service Excellence (APSE) Awards - 'Celebrating outstanding achievement and innovation within UK local government service delivery', also held in September 2018.
1.11	Progress to Date
1.12	Currently 15 Residential Care Homes in Flintshire have achieved Bronze accreditation. Flintshire's Contract Monitoring Officers have carried out a short review of 14 of these homes to ensure that person centred practice is sustained and embedded.
1.13	Work has been completed to develop guidance and paperwork for Silver accreditation and 6 of the homes who achieved Bronze are now working towards Silver accreditation. The remaining 9 homes are completing their review process before also moving forward to Silver.
1.14	Work has been underway to develop Progress for Providers for Domiciliary Care by creating a secondment opportunity for an individual with a domiciliary care background to come and work with the team to develop and pilot the programme in this sector. Domiciliary Care providers will start at Silver accreditation, due to the nature of their work.
1.15	The work in Domiciliary Care is nearing completion and 2 Domiciliary Care agencies have started their Silver Accreditation with 2 more about to start in the Autumn.
1.16	To support the achievement of Silver accreditation, a year-long learning and development programme has been designed and is being delivered to support the delivery of Outcome Focused Care Planning – Appendix 1 is a flyer providing details of the programme.
1.17	The Progress for Providers programme has also lead us to realise the importance of recruitment in the care sector and that individual's values are as important a consideration as their qualifications. We have again engaged with Helen Sanderson Associates to develop a Values Based Recruitment programme which has been delivered to both our own in-house Provider Services and HR as well as the Independent Sector Care Providers. Appendix 2 is a flyer detailing the programme.
1.18	Next Steps
1.19	The Social Services Contracts and Commissioning team are continuing to work with the remaining care homes to move them towards Bronze accreditation. 2 homes have started their Bronze accreditation and 3 more are starting in the Autumn. The remaining homes are currently being monitored through quality monitoring processes and we will review their appropriateness for the programme over time.

1.20	To support the 6 homes who are working on Silver to complete their accreditation and to enrol the remaining 9 homes on Silver over the next nine months.
1.21	To support the 2 domiciliary providers to complete their Silver accreditation and work with the next cohort to achieve the same.
1.22	To design a deliver training course for all Social Services staff on how to utilise the 'Progress for Provider Tools' to support them in their work.

2.00	RESOURCE IMPLICATIONS
2.01	Continued development through the Commissioning and Contract Monitoring team with one individual to be seconded to the team on a short term basis to adapt the programme for Domiciliary Care.
3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	During the initial design and implementation phase, consultation events and activities were held with all stakeholders.
3.02	With the development of the programme into Domiciliary Care further consultation and collaboration work has been undertaken with representatives from the sector to ensure the tools and guidance is fit for purpose.

4.00	RISK MANAGEMENT
4.01	None

5.00	APPENDICES
5.01	Appendix 1 – Outcome Focused Care Planning Flyer
5.02	Appendix 2 - Flyer for Value Based Recruitment

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. Contact Officer: Jane Davies – Senior Manager Safeguarding and Commissioning Telephone: 01352 702503 E-mail: jane.m.davies@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	<p>Social Care Wales A Welsh Government created national body created to leave and support service improvement in Wales by building a confident workforce in social care.</p> <p>Social Care Wales Accolades The Accolades are the biennial awards that recognise, celebrate and share excellent practice by organisations, groups or teams in social work, social care across Wales.</p>

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PROGRESS FOR PROVIDERS (SILVER & GOLD)

Outcome Focused Care Planning for Social Workers and Care Managers

The purpose of this training programme is to support the delivery of Outcome Focused Care Planning for care homes who have achieved Bronze accreditation through Progress for Providers and are now moving towards Silver and Gold accreditation.

The training will be delivered as three classroom training sessions (1 day each) interspersed with three Action Learning Sets.

Training Sessions

Day 1: What is an Outcome Based Approach?

The session aims to support participants to:

- identify how legislation changes the relationship between providers and individuals receiving services
- increase awareness and understanding of outcomes based approaches
- build on views, values and experiences of taking an outcome focused approach.

Day 2: Outcome Based Approaches in Practice

The session aims to support participants to:

- increase awareness and understanding of an outcome focussed approach to practice
- increase confidence for practising an outcome focused approach.

Day 3: Embedding Outcome Based Approaches

The session aims to support participants to:

- reflect on changes to thinking and practice in relation to outcome based approaches
- identify the impact of an outcome based approach on wellbeing and outcomes for citizens
- identify strategies that will be used to ensure outcome based practice is continually embedded.

Action Learning Sets

Three Action Learning Set Sessions will take place in between the training sessions. These will provide participants with the opportunity to bring real scenarios to the group to discuss how an outcome based approach can be put into practice.

1:1 Coaching

Finally, 1:1 coaching sessions will be held with each social care and provider manager. These dates will be arranged separately with the managers.

Target Audience

- All Bronze Accredited Independent Care Sector Residential Care Home Managers
- All FCC Older People's Services Social Workers
- All FCC Older People's CCOs
- All FCC Older People's Team Managers
- All FCC Residential Care Home Manager
- All FCC Extra Care Managers
- All FCC Home Care Managers

A separate training session will be available for FCC Reviewing Officers, details to follow.

A separate Responsible Individual Planning Session will also be available, details to follow.

Course Information:

This training programme is being run in three Cohorts to allow as many people as possible to take advantage of the programme. You can attend any Cohort, but you must remain with your cohort group throughout the 6 sessions (the 3 training sessions and the 3 action learning sets)

Please ensure you are available to attend all the dates for your cohort.

Trainer: Vicky Allen – Welv Consulting

Cohort 1

Training Sessions: 10th May, 8th July and 5th November
9:30am – 4:30pm
Venue to be confirmed

Action Learning Sets: 6th June, 4th September and 21st January '20
These will be half day sessions, times to be confirmed
Venue to be confirmed

Cohort 2

Training Sessions: 13th May, 17th July and 11th November
9:30am – 4:30pm
Venue to be confirmed

Action Learning Sets: 10th June, 5th September and 28th January '20
These will be half day sessions, times to be confirmed
Venue to be confirmed

Cohort 3

Training Sessions: 17th May, 18th July and 19th November
9:30am – 4:30pm
Venue to be confirmed

Action Learning Sets: 18th June, 10th September and 4th February '20
These will be half day sessions, times to be confirmed
Venue to be confirmed

Booking Information:

To book your place on this FREE Training Programme please contact:

Yvonne Gelder on (01352) 702536 or yvonne.gelder@flintshire.gov.uk

At time of booking, please confirm which Cohort you will be attending.

Training is FREE & Priority will be given to Managers who have achieved BRONZE ACCREDITATION IN PROGRESS FOR PROVIDERS and are looking to progress to SILVER & GOLD AWARD.

Values-Based Recruitment Programme

Our step-by-step programme will help you transform the way you find great staff



Are you looking to learn how to improve the way you find and recruit great colleagues?

WE OFFER:

- An awarding winning training programme, which offers care and support providers and selected staff groups the opportunity to design a bespoke values based recruitment process for your organisation.
- The programme is delivered via a flexible online format of learning and development, plus face-to-face sessions for larger groups.
- This programme is delivered by Helen Sanderson Associates an acclaimed training provider.

TO APPLY FOR THIS TRAINING PLEASE COMPLETE THE APPLICATION FORM ATTACHED FOR MORE INFORMATION CONTACT NICKI KENEALY ON 01352 704207 OR NICKI.J.KENEALY@FLINTSHIRE.GOV.UK



What you will learn

- How recruiting to values can transform your workforce and their performance.
- How to move from traditional specifications to describe the roles in ways that reflect values.
- Radically different approaches to workshops and interviews.
- How to use social media to run Values-Based Recruitment campaigns.
- How to design a Values-Based Recruitment process that works for your organisation.
- Co-production in Values Based Recruitment.
- How to overcome challenges in implementation, with our support.

How you will learn

Learn: Take part in seven online weekly 2 hour sessions, each focusing on a specialist area.

Design: Session to design your organisation's Values-Based Recruitment process.

Implement: participate in three 1-hour problem-solving sessions with a member of our team, effectively implementing what you've learnt.

ONLINE SESSION:

SESSIONS RUN FROM 3PM TO 5PM

If you are not able to attend any of them we will send you the recording of the session so that you can catch up at your own pace.

DATES OF ONLINE SESSIONS:

1. 6TH MARCH 2019
2. 13TH March 2019
3. 20th March 2019
4. 27th March 2019
5. 3rd April 2019
6. 10th April 2019
7. 17th April 2019

FACE TO FACE SESSIONS WILL BE CONFIRMED ONCE YOUR APPLICATION HAS BEEN RECEIVED.

TO APPLY FOR THIS TRAINING PLEASE COMPLETE THE APPLICATION FORM ATTACHED

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 3 rd October, 2019
Report Subject	Childcare Offer for Wales, Flintshire
Cabinet Member	Cabinet Member for Social Services; and Leader of the Council and Cabinet Member for Education
Report Author	Chief Officer (Social Services); and Chief Officer (Education and Youth)
Type of Report	Operational

EXECUTIVE SUMMARY

The report provides an update to Members on the 3-4 Year Old Funded Childcare Offer and the work undertaken to support families to access the Offer.

The aim of the Offer is to support families with quality, flexible and affordable care. It also supports economic regeneration and reduces pressures on family income helping parents to participate in work and reducing a family's risk of poverty. It is also helping to sustain and remodel the childcare sector.

The Childcare Offer has been successful in Flintshire, benefitting families, the childcare sector and our communities.

The number of children who have accessed the Offer since September 2017 is over 2300. The following has been paid to childcare providers, with the positive impact on children, families and household and sector income.

Year	Childcare Providers Grant	Additional Support Grant
2017-18	£622 134	£29 576
2018-19	£2 592 204	£43 884
April – June 2019	£984 948	£17 782

Addition to original report:

Due to the success of the uptake for the Childcare Offer additional funding was requested from WG. This has been approved and award variation letter was received on 17 September 2019 as follows.

County Name	Childcare Costs Grant 2019-2020	Additional funding variation	Total Funding 2019-2020
Flintshire	£1,969,000	£1,100,000	£3,069,000
Wrexham	£1,929,000	£450,000	£2,379,000
Denbighshire	£1,278,000	£600,000	£1,878,000

RECOMMENDATION

1	Members receive the report, and acknowledge the work being undertaken to support families to access the Offer.
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REPORT DETAILS

1.0	BACKGROUND
1.01	<p>Twelve months ahead of schedule the Welsh Government has achieved its undertaking to provide working parents with up to 30 hours of government-funded childcare and early education for 3 and 4 year olds by the end of the current Welsh Assembly in 2021. This has been a collaborative approach between local authorities and government.</p> <p>Applications from eligible parents were processed in Flintshire June 2017, for children to access the Offer from September 2017. The Offer enables eligible parents and guardians of children ages 3 and 4 to apply for up to 30 hours combined childcare and education during term time, and up to 9 weeks of childcare during school holidays. Flintshire was one of the Early Implementer Authorities; and is a Delivery Authority for Wrexham Borough Council and Denbighshire County Council. Flintshire have built a bespoke IT system to administer the Offer.</p>
1.02	<p>The Offer supports the wellbeing of children through positive and enriching childhood experiences. An additional Grant is available to support parents of children with an additional need. This is 3% of the Settings Award. Payments are made for extra hands, resources and training.</p>
1.03	<p>In 2018 Welsh Government made £60M capital available across Wales under the Childcare Offer Capital Grant Programme. The primary purpose of the capital programme is to facilitate and support the co-location of the Foundation Phase education and childcare provision to create a wraparound childcare provision wherever possible to support working parents. Flintshire has been awarded £6.46 million (14 schemes). This also includes £500,000 for small grants, from which childcare providers can apply, based upon Welsh Government Guidance.</p> <p>This is in line with the Welsh Government's Prosperity for All commitment to introduce Community Learning Centre's which provide extended services with childcare, parenting support, family learning and community</p>

	access to facilities built around the school day.
1.04	Financially the Offer can make a real difference to a family, of up to £5,535 per annum. Many parents have confirmed a return to work or an increase in working hours as a result of being in receipt of the Offer. Some parents have fed back that they have had less financial hardship as a result of the offer.
1.05	<p><u>Progress in Developing and Delivering the Childcare Offer for Wales, Flintshire</u></p> <p>Flintshire submitted a bid to Welsh Government in the Autumn of 2016 and was selected as one of seven authorities to become an early adopter of the Offer in June 2017. The Offer was fully implemented across all of Flintshire by May 2018. Parents were supported in accessing the Offer through a variety of media and communication channels and from 4 September 2017 to September 2018 over 1100 children had accessed the Offer. And by August 2019 1200 children are accessing the Offer.</p> <p>A new model of delivery was proposed by Welsh Government effective September 2018. Flintshire were asked to become the Delivery Authority for Wrexham and Denbighshire. Wrexham implementation began in July 2018 with full implementation by December 2018. Denbighshire implementation began January 2019, with full roll out of the Offer. There is a Collaborative Agreement between the Delivery Authority and Engagement Authorities, developed by Flintshire and Agreements have been signed by Wrexham and Denbighshire. The Agreement expiry date is 31 March 2020, with an option to extend for 1 year plus 1 further year with no further extensions; although it is possible for a new Agreement to be put in place.</p> <p>As at April 2019 the Offer was available in all 22 Local Authority areas, with 10,112 children accessing the Offer. Of the 10,112 children, 2603 children have applied and been accepted through Flintshire, which equates to 25.74%. Also there were 1714 childcare providers nationally of which 641 were processed by Flintshire, which equates to 37.40% of the national figure.</p> <p>As of the August 2019, the number of applications processed for all 3 counties was 3934; the eligible application in Flintshire was 1678. Also, 642 childcare providers are delivering childcare through the Childcare Offer, of which 306 are registered as providing the Offer to Flintshire children (this includes childcare providers out of County including Wrexham, Denbighshire and Cheshire). The Offer in Wales follows the child, and provides parents with flexibility.</p> <p>Recently, Welsh Government requested a review of the national Guidance due to the experience of staff within the Authority, and their input into national meetings and developments. The aim is to assist parents further in their ability to more easily access the Offer.</p>

1.06	<p>Information and Engagement Communication Plan</p> <p>In line with the Social Services and Wellbeing Act 2014, information, advice and assistance is available to parents in relation to the Offer.</p> <p>During the early implementation consultations were held with parents regarding the system development, design and processes. Any feedback received is considered to further develop the system and processes, in line with the Welsh Government Guidance for the Offer.</p> <p>With the implementation of the Engagement and Delivery model, funding was received to employ additional capacity to promote the Offer, through the role of an Information and Engagement Officer. The role has oversight for promotional materials and media, working closely with the Family Information Service and promoting the Offer through a variety of Outreach events, stakeholder meetings, and social media including the FISF Facebook page. There is a dedicated website accessed via the Flintshire County Council's website where parents can read about the Offer and make an application.</p> <p>FISF staff are experienced in responding to general enquires on the Offer. Complex enquiries are passed to the Early Years Support team, who deal with both childcare and education enquiries.</p> <p>Information, advice and assistance is also available to parents and childcare providers through working with the childcare sector CWLWM partners including Early Years Wales (playgroups); PACEY (childminders); NDNA (day nurseries) and Mudiad Meithrin.</p>
1.07	<p>Capital</p> <p>In February 2019 Flintshire was awarded with £5.96 million from the Welsh Government for Childcare Offer Capital Grants for 14 sites, to be able to increase the wraparound care in Flintshire. Feasibility studies are currently being undertaken, and the new builds have to be completed by 31 March 2021. This is a big undertaking.</p> <p>In addition to the large grants Flintshire has also been awarded a further £500,000 for small capital grants in which Childcare Offer settings can apply for up to 10k each year for two years, based upon eligibility criteria. Applications will be open from September 2019.</p> <p>The aim of the Capital Grants is to introduce Community Learning Centre's to extend current services to include wraparound childcare on one location, with the opportunity for extending to parenting support, family learning and community access to facilities.</p> <p>Any new building or refurbishment will create an indoor and outdoor environment for children ages 3-4, other children, parents, staff and other community users which will be calm, uplifting, safe and attractive but will also be efficient, tough and flexible and represent good value for money for the lifetime of the building. Head teachers are involved with ongoing</p>

	development.
1.08	<p>Flintshire Childcare Offer Software Licence Agreement</p> <p>Cardiff County Council and Rhondda Cynon Taf County Borough Council have bought licences to use Flintshire's Childcare Offer System. This system will be used until September 2021, subject to implementation of a national system. This has made a significant difference to their ability to provide the Offer to families.</p>
1.09	<p>National System</p> <p>Delivery Authorities are working in partnership with Welsh Government on the design of the new digital platform. Engagement Authorities are being asked for their views on the current effectiveness of the model and arrangements post September 2021.</p>
1.10	<p>Early Entitlement pilot of £4.50 per hour</p> <p>Flintshire were asked to pilot an equal rate per hour for childcare provision and education provision. The expectation of the funding was to ensure FPN1 places in non-maintained settings were put on equal funding basis as child care offer places.</p> <p>This provided an extra £1.59 per hour, per child, to non-maintained childcare providers for Spring and Summer 2019 terms. Welsh Government have visited a number of the childcare providers to assess the impact, and the outcome of the pilot should be known late October 2019.</p>

3.00	RESOURCE IMPLICATIONS
3.01	<p>There are no financial implications for Flintshire County Council resulting from the Childcare Offer as this is a fully grant funded programme by the Welsh Government. The Childcare Offer Capital Grant is also fully funded by WG, so consequently requires no capital intervention from the Council. The grants are administered by the local authority as the accountable body.</p> <p>Should in the future Welsh Government decide to end the scheme, as in all such cases there may be some redundancy costs or reallocation of grants to cover posts.</p>
3.02	<p>The Welsh Government continue to provide a budget for the administration of the offer. Flintshire now have a full quota of staff to administer the offer for all 3 counties. There is also a separate grant for SEN for the offer that is funded by Welsh Government.</p>

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	Locally, the Childcare Sufficiency Assessment continues to be completed annually, the results of which are used to plan to ensure sufficient childcare is available in all parts of Flintshire to meet demand for childcare and Foundation Phase education. Family Information Service are actively working towards increased consultation and feedback from parents.
4.02	Regular provider events and 'surgeries' continue to be held by the Childcare Offer Team to ensure existing and new providers are kept up-to-date with the latest developments of the Offer and to ensure providers have an opportunity to feedback their experiences of the Offer to the Childcare Offer Team.
4.03	The Welsh Government has commissioned Arad Research who is commissioned by Welsh Government to gather the views of settings who provide the offer and parents who receive the Offer. In June 2019 an email containing a survey link and unique access code was sent to settings inviting them to complete a short 15 minute online survey. The information collected will help to improve early education and childcare in Wales.

5.00	RISK MANAGEMENT
5.01	<p>Risks to the project:</p> <p>Not having sufficient registered childcare settings to provide places for all eligible children in Flintshire and to meet the demand for other programmes including Flying Start and Foundation Phase education.</p> <p>There was originally concern that there would be a shortage of childcare provision during school holidays. To date, this concern has not been realised, although it will be continually monitored.</p> <p>Both situations are monitored.</p>

6.00	APPENDICES
6.01	None.

7.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
7.01	<p>None.</p> <p>Contact Officer: Gail Bennett, Early Years and Family Support Manager Telephone: 01352 703953 E-mail: gail.bennett@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>The Offer: 30 hours of funded childcare and early education for 3 and 4 year olds, in working families for up to 48 weeks a year; as well as up to 9 weeks, of up to 30 hours funded childcare within the school holiday period (pro rata).</p> <p>Working parents: both parents are working (or the sole parent is working in a lone parent family), with each parent earning, on average, a weekly minimum equivalent to 16 hours at national minimum wage (NMW) or national living wage (NLW) and no more than £100k per parent. Some of this is still to be defined as the work develops.</p> <p>Foundation Phase: the statutory curriculum for all 3 to 7 year olds in Wales, in both maintained and non-maintained settings.</p> <p>Delivery Authority (Flintshire): responsible for processing applications from parents, determining eligibility and informing them of the outcome. They also process and make payments to childcare providers delivering the Offer. And provide monitoring to Welsh Government.</p> <p>Engagement Authority (Flintshire; Wrexham; Denbighshire): responsible for promoting the Offer to parents and childcare providers within their areas, training their Family Information Service (FIS) to deal with enquiries on the Offer and provide delivery Authorities with any information they require to process applications and administer the Offer.</p> <p>Childcare Sufficiency Assessments: A report that brings together a range of different data and information to develop a picture of the current childcare market and to identify whether there are any gaps in supply.</p> <p>Cwlwm: 'Cwlwm' is made up of five organisations with Mudiad Meithrin as the lead organisation. 'Cwlwm' organisations are Clybiau Plant Cymru Kids' Clubs, Mudiad Meithrin, National Day Nurseries Association (NDNA Cymru), PACEY Cymru and Early Years Wales.</p>

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 3 rd October, 2019
Report Subject	Arosfa Refurbishment: Update
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

'Arosfa' is a well-established service providing short term breaks / respite for children with disabilities. There are plans to refurbish an unused wing of the building to provide two additional bed spaces at the facility. These beds bring capacity to accommodate two permanent long-term residents, and provide a quality local services as an alternative to out of county placements. This would be in addition to the current short break, respite provision for up to three children. Together the plans would enable us support a maximum of five children at any one time.

ICF (Integrated Care Fund) money has been identified for the additional revenue costs for the extended service.

RECOMMENDATIONS

1	Scrutiny consider the plans and support the refurbishment plan
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REPORT DETAILS

1.00	EXTENDING PROVISION AT AROSFA
1.01	Arosfa is a registered Children's Homes situated in Mold. It provides a short break facility for children and young people (5-19) with disabilities/their parents. The facilities provide overnight stays for those who require specialist care. Action for Children have successfully operated the project on behalf of Flintshire County Council for many years in its current and previous locations.
1.02	The facility underwent significant refurbishments during 2011/2012 with the disused wing remaining unused since the opening in 2012.
1.03	In August 2017 a comprehensive physical assessment was undertaken to determine the potential refurbishment of the wing to offer additional care arrangements.
1.04	On completion of the assessment comprehensive work was undertaken on the model of support that could be offered through an extended provision, and the associated revenue arrangements.
1.05	A model of provision for the additional two beds has been agreed with Health, alongside revenue funding secured through the ICF. The beds bring capacity to accommodate two permanent long-term residents. This would be in addition to the current short break, respite provision for up to three children. Together the plans would enable us support a maximum of five children at any one time.
1.06	The Service model would be provided for two additional highly dependent young people who will require support throughout the night. This will require a high staff ratio to support the young people in placement and enable them to undertake individual or group activities according to their specific needs and abilities.
1.07	Both wings will have their own living room, and this will allow a quiet sitting area and or separate games room. The existing Sensory room would be accessible to both groups of children as would the garden. The refurbished wing would also have its own separate external access to the grounds, allowing children and staff to come and go without disturbing others in the main building.
1.08	Discussions have taken place with the registering body CIW. The initial guidance has been that as provider we must demonstrate that a mixed provision wont impact negatively upon the needs of any of the children and that there are suitable facilities and staffing arrangements in place to meet the needs of the children cared for, which must be clearly reflected within the statement of purpose.

2.00	RESOURCE IMPLICATIONS
2.01	A capital allocation of £150k has been allocated to fund the work. A recently refreshed assessment for the refurbishment work has identified an anticipated build cost of £177,162.43. A requested has been submitted for regional ICF capital funding to be redirected to fund the £27,162.43. If this funding is not forthcoming there is a Corporate commitment to realigning funding to enable the completion of the work. The revenue implications is £200k per annum, and that will be completely funded by the ICF.
2.02	The current management arrangements would continue, the present Registered Manager would remain in post with extended responsibility across both elements of the service. A larger staff team would be recruited with all staff being required to work across both units but with staff identified as having a primary link to each child. We are proposing as a minimum that staff would occupy accommodation in both wings overnight therefore ensuring staff are on hand close to the young people.
2.03	The new model proposes the use of two waking night staff and is considered a safer option in terms of safeguarding the young people and staff and will provide adequate emergency cover when needed this will be supported by an Action for Children on call manager. We believe that the needs of children returning from out of County will be complex and they are likely to require additional support.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	At the time of the original refurbishments, extensive local neighbourhood events were conducted. Work will be needed to ensure the community is advised of the plans but it is not expected that extensive consultation will be required given no additional demands will be placed on local amenities or parking demands.

4.00	RISK MANAGEMENT
4.01	<p>Potential additional costs not included within the budget estimate could emerge as work progresses. Areas identified as potential additional cost risks include:</p> <ul style="list-style-type: none"> i) costs to remove additional (unknown) asbestos ii) an assumption that the existing fire alarm system within the building can be altered to suit the proposed layout iii) Boiler <p>This areas will be reviewed at the detailed design stage.</p>
4.02	The provision of an additional 2 beds for long term residents forms part of our strategic intent to reduce reliance on expensive out of county placements, and to support children and young people within County.

	Failure to undertake the work and to offer more respite and care provision with impact on our strategic ambition.
4.03	Educational arrangements for two long term residents will need to be identified before placements are agreed

5.00	APPENDICES
5.01	None.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. Contact Officer: Peter Robson Telephone: 01824 701028 E-mail: peter.robson@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	Short break respite: This is the provision of overnight care and support and is determined by the needs of the child. Integrated Care Fund (ICF): A regional grant allocated by Welsh Government which is administered by a regional partnership board. Local authorities, Health and other partner agencies work in partnership to support older people, people with a learning disability and children with complex needs.



SOCIAL AND HEALTH OVERVIEW AND SCRUTINY

Date of Meeting	Thursday 3 rd October, 2019
Report Subject	Regional Learning Disability Service Report on Progress
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

This report gives an overview of the work of the “North Wales Together; Seamless Services for people with Learning Disabilities” programme which is being funded by Welsh Government (WG) via the Regional Partnership Board (RPB) and hosted by Flintshire. Neil Ayling and Lesley Singleton Director Partnerships Mental Health and Learning Disability.

The programme is coproduced with the individuals with a learning disability and their families, the 6 Local Authority areas, the Betsy Cadwaladr University Health Board, (BCUHB) and the third sector.

The aim of the programme is to seek out and share best practice, developing models of support for Learning Disabilities Services in North Wales that can be trialled during the course of the project and adopted and taken forward alongside the North Wales Learning Disability Strategy (2018-2023) following the end of the programme in December 2020.

The Institute of Public Care (IPC) at Oxford Brooks University have the contract for evaluation of the programme.

RECOMMENDATIONS

1	That the actions identified below are supported by Scrutiny.
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REPORT DETAILS

1.00	NORTH WALES TOGETHER; SEAMLESS SERVICES FOR PEOPLE WITH LEARNING DISABILITIES
1.01	The purpose of the project is identified below; People with learning disabilities will have a better quality of life; living locally where they feel 'safe and well', where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control.
1.02	Background The project is funded via a bid made for monies linked to "A Healthier Wales". It is one of 4 complementary bid made by the RPB against monies made available to fund transformations in services advocated by that guidance.
1.03	Phasing The work falls into three phases though it is acknowledged there will be some fluidity between the three. They are; Mapping what's happening across the region; June 19 to September 19. Adoption of models; Sept 19 to Dec 19. Facilitation of models. Jan 20 to Dec 20.
1.04	Work Streams Five work streams are identified in the LD Strategy with a planning and development officer linked to each. In addition there are post attached to each of the three North Wales sub-regions. <ul style="list-style-type: none">• Integrated Systems• Technology• Workforce development• Community and Culture Change• Commissioning and Procurement. Flintshire lead on the Community and Culture change work stream and are involved, amongst other things, in projects around the opportunity to think differently about the use of Direct Payments, Project Search, relationships and dating, and the stay up late campaign.
1.05	Emerging themes from the first phase There is a good deal of innovative practice to be found in North Wales, and this can be shared and roll out across the region, however, <ul style="list-style-type: none">• The general profile and rights of people with Learning Disabilities needs to be raised within the wider community.• The general workforce remains a disadvantage to individuals with fewer than 2% of people with a LD in paid employment in Wales. The National Average UK average is 17%.• Pooled budget should be supported as there is evidence that the money is in the health and social care system that could deliver better outcomes for people, this work stream is being driven forward by the LD programme and will trialled in Ynys Mon. The issue is being identified as fundamentally important to breaking down the barriers to integrated working, particularly in Adults services.

1.06	<p>Themes in relation to the strategy work-streams</p> <p>Having the right support.</p> <ul style="list-style-type: none"> • People need to be better supported to be able to access 'mainstream' and more casual opportunities e.g. gig buddies but also general access to community resources. The project will be working on facilitating adoption of Gig buddie, stay up late campaign, and friendship groups. • A care provider event has been arranged to consider and address how we improve outcomes for people. There is a general view that care providers would like to modernise and move away from Traditional support but require clear guidance and support to do so from commissioners in relation to funding and positive risk taking. • Direct Payment support for families is required, not to access contractual and financial support as that exists, but to work out how they can meet their outcomes in person centred, imaginative and inclusive ways. Wider than just service solutions. We are working on a brokerage model for DPs which takes it wider than just employment and payroll support. To encourage the market to provide. We are also investigating development of protocols to ensure Direct Payments are accessible to those who are jointly funded with Health. • Active Support and Positive Behaviour Support training is required more widely for care and support staff across the sector. This would ensure the community support market is able to support those with more complex needs. To this end we are setting up a Community of Practice to provide support to trainers and care providers and support the rollout of Active Support in North Wales. • Gap in services for those with Profound and Multiple Learning Disabilities (PMLD). We will investigate advocacy models for this group of people and to ensure all work streams, models and pilots have a PMLD offer.
1.07	<p>Friendships and relationships</p> <ul style="list-style-type: none"> • Citizens cite this area as being extremely important to them, and is therefore one the project is prioritising. We will re-establish a currently dormant regional co-production group focused on relationships. • Risk assessment and positive risk taking work will be undertaken, alongside working with families and care providers enable this.
1.08	<p>Something meaningful to do</p> <ul style="list-style-type: none"> • People with LD want to work and volunteer. • Options around recruitment of people with LD is being mapped. Myth busting is required around permitted work and therapeutic earnings and partially, temporary and fully supported work options need to be investigated. • DP and pooling of DPs may help with this. Project to look at developing models and approaches that enable this. • Project Search. To investigate wider roll out.

1.09	<p>Having a good place to live. Accommodation</p> <ul style="list-style-type: none"> • Intermediate services are not in place or sufficiently robust. Step up step down/Intermediate level of care to support for those with complex needs in a crisis to be investigated. • The only accommodation options available at present in an emergency situation are residential placements, these are often out of county. There may be opportunities on a Sub-regional (East) to work together on providing 24hr needs temporarily whilst alternative long term placements are sought, or enablement and progression approaches to be applied to assess and skill up individuals in daily living tasks. • Sub regional tenancy based models to be investigated and developed jointly for complex needs and potentially for grouping of people from different counties who want or need to live together. • Parents with LD require services that allow them to be supported alongside their children, whilst the number across the regional are low, working across the region, could reduce the likelihood of those children them being taken into care. Shared lives being pursued as a model. • Pathways to be developed supported by agreement which allow the funding of an individual placed in another county where that is appropriate and agreed.
1.10	<p>Being healthy</p> <ul style="list-style-type: none"> • There is low uptake of health checks. Health checks to have some impetuous in Ynys Mon with the purpose of developing better processes across the region (potentially supported electronically). • Information accessibility is an issue. Pathways and publicity to be developed in different formats to sustain checks and screening following project. • Inpatient settings will also need to adapt to transformation. Review of inpatient services required to ensure transformation to community services is reflected in what is being offered in the inpatient setting (point made in relation to Bryn Y Neuadd hospital). Working group to be set up.
1.11	<p>Being safe.</p> <p>Technology. Rolling out and developing new approaches. Specialist input to be sought to ensure accessible, centrally located information. Website blueprints to be explored.</p> <p>Safe places scheme. Project supporting North Wales roll out.</p>
1.12	<p>Children's</p> <ul style="list-style-type: none"> • Progression and enablement in transition to be investigated. • New legislation to be introduced. Preparation for Additional Learning Needs (ALN) including improving transition experiences. Project to incorporate within models.

1.13	<p>Carers</p> <ul style="list-style-type: none"> • Developments in line with NW Carers strategy. • Planning for the future of concern to parents and current approaches are not acceptable/accessible. • Parents, carers and individuals have to battle for diagnosis and support. Consultation happening to identify what can be done to address this.
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2.00	RESOURCE IMPLICATIONS
2.01	<p>Total budget allocated is 1.69 million. This is drawn down in arrears at the end of each quarter. The last drawdown will be Dec 2020. The programme can allocate money for “pump priming” of specific strategy and work stream related projects (related to the emerging themes above) which will trial models adopted in various locations during September and October 2019 to be rolled out in 2020.</p> <p>Allocations will be made in agreement from the project board and will be identified in collaboration with lead areas for each work stream.</p>

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	<p>Strategy consultation undertaken prior to development of strategy. This programme of work is coproduced with individual with a Learning Disability.</p> <p>IPC will evaluate and provide an outcome report.</p>

4.00	RISK MANAGEMENT
4.01	<p>Equality impact assessments in development.</p> <p>Risk log available on Camms, the Flintshire project management system.</p>

5.00	APPENDICES
5.01	Appendix 1 – North Wales Learning Disability Strategy 2018 – 2023

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>None.</p> <p>Contact Officer: Kathryn Whitfield, Programme Manager. North Wales Together, Seamless Services for people with Learning Disabilities.</p> <p>Telephone: 07770598073</p> <p>E-mail: Kathryn.whitfield@flintshire.co.uk</p>

7.00	GLOSSARY OF TERMS
7.01	<p>Learning Disability (LD). A Learning Disability is a reduced intellectual ability and difficulty with everyday activities. (Mencap definition).</p> <p>Direct Payments are a payment made by a local authority social services department to an individual who has been assessed as having care and support needs who wish to arrange their own care and support services.</p> <p>Active support is a method of enabling people with Learning Disabilities to engage more in their daily lives. (British institute of Learning Disabilities).</p> <p>Positive Behaviour Support (PBS) is a way of supporting people who display behaviours that challenge those around them.</p> <p>Community of practice. A group of individuals with a shared interest that comes together to share learning and support the development of those interests, in this case a shared commitment to supporting people with behaviours that challenge.</p> <p>Challenging Behaviour or behaviours that challenge can include hitting and kicking other people, throwing things or self-harming behaviour. Behaviour is challenging if it is harmful to the person and others around them, and if it stops the person achieving things in their daily life (Mencap).</p> <p>Profound and multiple Learning Disabilities. PMLD. People with severe and profound disabilities. This term covers those who have learning disabilities and physical disabilities where their issues compound to cause increased barriers to care and support and within the community and care environments.</p> <p>Intermediate care. Support which breaches the gap between care in one's own home and within your own community and hospital, residential or nursing homes and could prevent an individual from having to step up to that level of care, hence potentially losing their home.</p> <p>Shared lives is a support model which enables individuals to live with and receive support from a paid carer with whom that individual shares a home.</p> <p>Health Checks is a reference to the system of paying GP surgeries to provide a structured health check to people with a diagnosed Learning Disability.</p> <p>ALN. Additional Learning needs is a piece of legislation due to be enacted in 2020 which lays out responsibilities for Local authorities and partners in relation to the learning needs of people with additional requirements up to the age of 25.</p> <p>Safe places is a scheme that works with communities and individuals to identify designated places within that community to which a person can go if they feel unsafe whilst out and about in that community.</p>

Integrated Care Fund (ICF) is a time limited fund which was set up to fund set term projects enabling innovation and integration within Health and Social Care.

Coproduction refers to a way of working where citizens and service providers and commissioners work together to produce services and arrangements that meet their outcomes.

Bryn Y Neuadd was the North Wales specialist hospital for people with Learning Disabilities based in Llanfairfechan. Its use has now been broadened out to accommodate other BCUHB services but it still houses the offices for the LD Senior Management team, consultants and the Assessment and Treatment unit alongside some residential services for people with complex needs.

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Learning Disability Strategy 2018 to 2023

An Easy-Read version is available



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



**GIG
CYMRU
NHS
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COUNTY COUNCIL**



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Contents

Our vision for North Wales	4
Introduction	4
Governance.....	15
What we know about the population.....	17
What people have told us	19
What we know about current services and what needs to change	26
Early years.....	27
Having a good place to live.....	30
Having something meaningful to do.....	33
Friends, family and relationships	37
Being safe.....	37
Being healthy	40
Having the right support.....	45
Putting the strategy into action	52
Integrated structures.....	53
Workforce development.....	53
Commissioning and procurement	54
Community and culture change	55
Assistive technology	56
References.....	57
Appendix 1: Baseline data.....	60

Our vision for North Wales

People with learning disabilities will have a better quality of life; living locally where they feel 'safe and well', where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control.

The strategy promotes the principles of the Social Services and Well-being (Wales) Act 2014.

- **Voice and control:** putting the individual and their needs at the centre of their care and giving them a voice in and control over reaching the outcomes that help them achieve well-being.
- **Prevention and early intervention:** increasing preventative services within the community to minimise the escalation of critical need.
- **Well-being:** supporting people to achieve their own well-being and measuring the success of care and support.
- **Co-production:** encouraging individuals to become more involved in the design and delivery of services.

In the strategy we focus on how health and social care services can work better together and look at the areas people have told us matters to them:

- having a good place to live
- having something meaningful to do
- friends, family and relationships
- being safe
- being healthy
- having the right support

Within each of these areas we include:

- the needs of people with profound and multiple learning disabilities; and,
- support through changes in life from early years to ageing well, including the needs of older carers and the transition from children's to adult's services.

We are committed to strengthening Welsh language services and providing an active offer through the Mwy na geiriau/More than just words framework.

To achieve our vision and provide services based on what matters to people we have planned the five work packages below that will set out how we will change things in order to achieve good lives for people with learning disabilities. These will be developed jointly with people with learning disabilities.

- **Integrated structures:** Making sure health and social services work together better to support people with learning disabilities. As a long term aim to provide the best quality services to everyone in North Wales we aim to integrate services across the region over the next 10 years.
- **Workforce development:** Making sure staff know how to communicate well with people with learning disabilities and change services to make them easier to use. This will help people get the health care they need. Make sure people who want support in Welsh can get it without having to ask.
- **Commissioning and procurement:** Work with other organisations to make sure we have the types of housing and support people need.
- **Community and culture change:** Work with the local community to make sure people with learning disabilities can access lots of different activities and meet new people if they want to. Help more people with learning disabilities to get paid jobs.
- **Assistive technology:** Find ways to use technology like alarms and mobile phones to support people to be more independent.

Introduction

Support for people with learning disabilities is a priority in the [North Wales Regional Plan \(Area Plan\)](#) based on what people told us was important to them as part of the [population assessment](#) produced by the [Regional Partnership Board](#).

The Social Services and Well-being (Wales) Act 2014 includes a legal duty for Regional Partnership Boards to prioritise the integration of services in relation to people with learning disabilities (Welsh Government, 2015).

This strategy sets out how we will work towards integrated learning disability services in North Wales. It has been developed jointly by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales.

About the strategy

The strategy focusses on the needs of children, young people and adults with learning disabilities in North Wales. It also includes the needs of autistic people who also have a learning disability. The strategy sits alongside other strategies and programmes including:

- The [North Wales Together for Mental Health Strategy](#)
- The [North Wales Integrated Autism Service](#)
- The [North Wales Carers Strategy](#)
- The work of the Children's Transformation Group as part of the Regional Partnership Board's children and young people's work-stream. This includes a priority for children and young people with [complex needs](#).
- Additional Learning Needs strategies and plans and implementing the Additional Learning Needs Act.
- Local Housing Strategies

What do we mean by the term *learning disability*?

- a) The term *learning disability* is used to describe an individual who has:
- a significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or
 - a reduced ability to cope independently (impaired adaptive functioning);
- which started before adult-hood and has a lasting effect on development (Department of Health, 2001).

Please note, the term learning disability should not be confused with the term *learning difficulty* which is used in education as a broader term which includes people with specific learning difficulties such as dyslexia (Emerson and Heslop, 2010). This strategy is about people with learning disabilities.

What do we mean by the term *profound and multiple learning disabilities* (PMLD)?

The term *profound and multiple learning disabilities* (PMLD) is used to describe people with more than one impairment including a profound intellectual impairment (Doukas et al., 2017). It is a description rather than a clinical diagnosis of individuals who have great difficulty communicating and who often need those who know them well to interpret their responses and intent. The term refers to a diverse group of people who often have other conditions including physical and sensory impairments or complex health needs.

What do we mean by the term *autism*?

The term *autism* is used to describe a lifelong developmental condition that affects how a person communicates with, and relates to, other people. Autism also affects how a person makes sense of the world around them. It is a spectrum condition which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. About 50% of autistic people also have a learning disability.

What do we mean by the terms *parents and carers*?

We use the term *parents* to mean those who bring up children including mothers and fathers, foster carers and adoptive parents, step-parents and grandparents.

We use the term *carers* to mean unpaid carers of all ages who look after family members, friends, neighbours or others because of a learning disability.

A *parent carer* is a parent or guardian who has additional duties and responsibilities towards their child because their child has an illness or disability. Parent carers will often see themselves as parents rather than carers, but they may need additional services to meet the needs of their child.

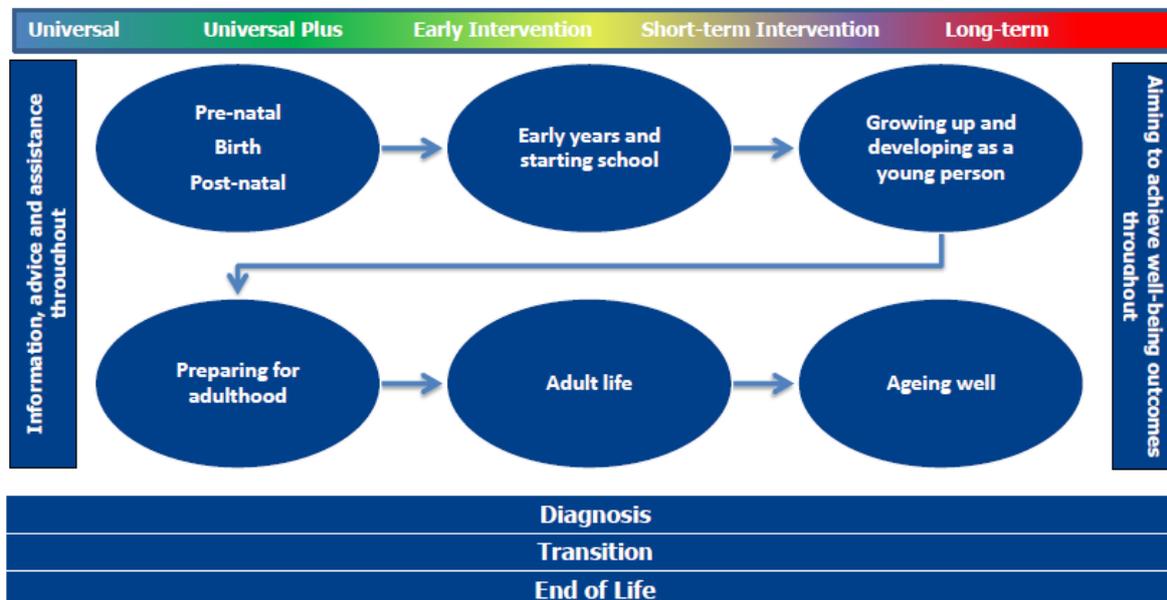
The social model of disability

The strategy is based on the social model of disability, which recognises that disabled people are people with impairments who are disabled by their environment. We use the term *learning disability* in this strategy as it was the preferred term of the people with learning disabilities that we spoke to and it is widely recognised and used. We acknowledge that this language may not reflect fully the principles of the social model and that people have different opinions about the language they prefer to describe themselves that can change over time. The debate will be welcome and hopefully helps us towards a common understanding about the use of language.

Whole system, lifespan pathway for producing good lives

The strategy takes a life span approach to Learning Disability Services based on the model below (National Commissioning Board, 2017). The model highlights the

importance of pathways that move people from universal services to interventions and back again as well as the need to achieve well-being outcomes and provide information, advice and assistance throughout the pathway. Issues around diagnosis, transition and end of life care can occur at any point in the pathway.



How we wrote the strategy

The strategy is based on the findings of the population assessment and regional plan produced by the Regional Partnership Board which both involved consultation with a wide range of people. The [Learning Disability Partnership](#) used this information to develop a set of themes for the strategy which we agreed with the [Learning Disability Regional Participation Group](#) before going out to a wider consultation about the themes, what works well at the moment and what needs to be improved. The consultation involved children, young people and adults with learning disabilities and their parents/carers, local council and health staff in children’s and adults’ services, third and independent sector providers, members of the North Wales Citizen’s Panel and others.

Alongside the consultation we collated baseline data and research to inform the strategy and worked with a wide range of services to make sure the main messages in the strategy reflect the needs of the region and complement related strategies and plans. Throughout the process we worked closely with the [Learning Disability Regional Participation Group](#).

The consultation generated a lot of useful information which has been included in the strategy. All the reports produced have been made publically available so that they can be used to inform other work. The main consultation report brings together information

about the consultation process, methods, promotion, response and findings. The reports are available on [our website](#).

- [North Wales Learning Disability Strategy Consultation Report](#)
- [North Wales Strategy: Local authority and health staff event 18 July 2018](#)
- [North Wales Provider Forum Event 9 April 2018](#)

The strategy is based on the principle of co-production, which is:

“An asset-based approach that enables people providing and people receiving services to **share power and responsibility**, and work together in equal, reciprocal and caring relationships” (Co-production Network for Wales).

We want to see co-production embedded at all stages of this strategy from the planning and commissioning to design, delivery and evaluation. While co-production is the aim that we are working towards it is likely to be an ongoing process of learning and experimentation. For example, while we involved a wide range of people in writing this strategy, the size and scale of the project meant we used more traditional methods of consultation such as questionnaires and workshops. There are likely to be better opportunities to truly co-produce service design, delivery and evaluation as we put the strategy into action at a local level. This will mean focussing on co-production where it will make the greatest difference to people’s lives.

Background

There is a long history of successful and innovative partnership working between learning disability services in North Wales arising from the All Wales Learning Disability Strategy in the 1980s. This provided dedicated funding for community care as the staged process of closing hospitals began. It was based on the rights of people with a learning disability to an ordinary pattern of life within the community; be treated as an individual; and, have additional help and support in developing their maximum potential.

In 2008 Mobius UK were commissioned by the North Wales Social Care and Well-being Services Improvement Collaborative to suggest how services should develop so that people with learning disabilities can enjoy life as citizens in their community rather than as less than fully engaged recipients of services (Mobius UK, 2008). This work developed a [vision for learning disability services](#) in North Wales with service users and carers and made recommendations under two strands. The first was about making the most of opportunities in council strategies for communities and citizens to ensure inclusion of people with learning disabilities. The second strand relates to the joint development of services between the six local authorities and health in ways which support greater independence and choice, including joint commissioning. It included a review of good practice in the six local authorities.

One of the outcomes of the Mobius report was the creation of the North Wales Commissioning Hub in 2012 as a partnership between the six local authorities and BCUHB. The hub built on the work of a Regional Learning Disability Manager, a jointly funded post which resulted in improved procurement and service delivery for North Wales Adult Services. The original scope for the hub was to commission care home placements (including with nursing) and residential school services for all children, young people and adults with complex needs. Regional commissioning arrangements were reviewed in 2015 and it was agreed to transfer some commissioning activities back to local authorities and focus the regional commissioning function on strategic commissioning activities.

Currently, the North Wales Commissioning Board oversee the regional commissioning work supported by a Regional Business Manager and a Commissioning/Procurement Officer based within the North Wales Social Care and Well-being Improvement Collaborative.

North Wales Learning Disability Partnership

The North Wales Learning Disability Partnership was set up to drive forward improved services based on mutual understanding across the six councils and health.

The group includes representation from:

- North Wales Head of Adult Services
- Head of Strategy Learning Disability & Mental Health Division (BCUHB)
- Six Local Authority Service Managers
- Senior Learning Disability Community Nurse (BCUHB)
- Senior Learning Disability In Patient Services Nurse (BCUHB)
- Regional Project Manager
- Psychology Clinical Lead (BCUHB)
- Psychiatry Clinical Lead (BCUHB)
- Therapy services (SALT, OT and/or Physio BCUHB)

Participation

The Learning Disability Partnership recognise the vital contribution that the learning disability community across the region can make to shape and influence the services that they receive. This means working together; informing, listening, feeding back, acting, reviewing, and making ourselves accountable to the people we are working for and with.

The Regional Participation Strategy sets out a framework for ensuring that the work of the partnership is effective and citizen-focussed and that it meets the needs of the people with learning disabilities and their families (North Wales Learning Disability

Partnership, 2015b). The strategy sets out a framework for how people with learning disabilities are involved in the work of the partnership.

Learning disability participation is coordinated across the six councils and each county has its own local participation network/forum supported by advocacy. The Learning Disability Regional Participation Group (LDRPG) was been supported by a Regional Participation Officer for two years, jointly funded by the six local authorities and health. The LDRPG reviewed the model of support during 2018 and agreed to employ a person with learning disabilities with support to co-ordinate the group. The co-ordinator will be based in a third/voluntary sector organisation.

Legislation, policy and guidance

Social Services and Well-being (Wales) Act 2014

The act aims to improve the well-being of people who need care and support, and carers who need support. The act has changed the way people's needs are assessed and the way services are delivered so that people have more of a say in the care and support they receive. The act also promotes a range of help available within the community to reduce the need for formal, planned support.

The act replaces parts of the Children Act 1989. There is a new definition of a 'child at risk' and a duty to report a child at risk for all relevant partners of a local council. When a child has been reported as at risk the follow up action by the local council will be the same as that required by section 47 of the Children Act 1989. Disabled children were classified as 'children in need' under the Children Act 1989. The concept of a 'child in need' is not replicated in the new act which refers to children and young people who have a need for care and support defined around ability to achieve the well-being outcomes outlined in the act around education, health and so on.

This strategy is based on the principles of the Social Services and Well-being (Wales) Act and it forms part of the Regional Partnership Boards approach to meeting its legal duty to prioritise the integration of services in relation to people with learning disabilities

A Healthier Wales: our Plan for Health and Social Care

Welsh Government (2018a) have produce *A Healthier Wales* in response to the Parliamentary Review report (Welsh Government, 2018d). The plan sets out a long term vision of a 'whole system approach to health and social care', which is focussed on health and well-being. It is based around a Quadruple aim:

- Improved population health and well-being.
- Better quality and more accessible health and social care services.
- Higher value health and social care.
- A motivated and sustainable health and social care workforce.

There are ten national design principles to drive this change and transformation which are: prevention and early intervention, safety, independence, voice, personalised, seamless, higher value, evidence driven, scalable and transformative services.

The quadruple aim and design principles have informed the development of this strategy and the action plans.

Learning Disability Improving Lives Programme

The Welsh Government Improving Lives programme has developed recommendations in the areas of early years, housing, social care, health and well-being and education, employment and skills for people with learning disabilities. The review took a lifespan approach from pregnancy to end of life. The three key priorities are:

1. To reduce health inequalities – through reasonable adjustments to mainstream services and access to specialist services when needed.
2. To improve community integration, including increasing housing options closer to home; integrated social care, health and education; and, increased employment and skills opportunities.
3. To enable improved strategic and operational planning and access to services through streamlined funding, better data collection, partnership working and more training and awareness.

The programme reflects the priority areas in Prosperity for All (Welsh Government, 2017b). The Improving Lives priorities have been incorporated into this strategy.

Additional Learning Needs and Education Tribunal (Wales) Act 2018

The act will introduce the following changes.

- Introduce the term Additional Learning Needs (ALN) to replace the terms ‘special educational needs’ (SEN) and ‘learning difficulties and/or disabilities’ (LDD).
- Legislation that covers the age range 0 to 25. This will replace the two separate SEN systems covering children and young people of compulsory school age and young people in post-16 education.
- A single individual development plan (IDP) to replace the existing variety of plans for learners in schools and further education.
- Increased participation of children and young people in the planning process, so planning is something done with them rather than to them.
- High aspirations and improved outcomes. This will be the focus of the IDPs.
- A simpler and less adversarial system. The process of producing and revising an IDP should be much simpler than is currently the case with statements of SEN and should avoid the adversarial nature of the existing approach.
- Increased collaboration and information sharing between agencies. New roles are created to support this – Additional Learning Needs Coordinators in education

settings; Designated Educational Clinical Lead Officers in health boards; and Early Years ALN Lead officers in local authorities.

- Avoiding disagreements and earlier disagreement resolution about the IDP or the provision it contains.
- Clear and consistent rights of appeal including a right of appeal to a tribunal where disagreements about the contents of an IDP cannot be resolved at the local level.
- A statutory ALN code to set out the duties of local authorities and other organisations responsible for the delivery of services to children and young people with ALN.
- A bilingual system where services must consider whether provision is needed in Welsh and take all reasonable steps to secure it.

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 requires us to think about the long-term impact of our decisions, work better with people, communities and each other and to prevent persistent problems such as poverty, health inequalities and climate change.

There are four Public Services Boards (PSBs) in North Wales established by the Well-being of Future Generations (Wales) Act 2015. The purpose of the PSBs is to improve the economic, social, environmental and cultural well-being in their area by strengthening joint working across all public services in North Wales. Each PSB has a well-being assessment and a well-being plan which set out how the needs of the area and how they plan to work together to address them.

We have produced a Well-being Impact Assessment to help us consider the long-term impact of the strategy on the social, economic, environment and cultural well-being of the region, Wales and the world.

Equality and human rights

The Equality Act 2010 introduced a public sector equality duty which requires all public bodies including the council to tackle discrimination, advance equality of opportunity and promote good relations. An Equality Impact Assessment has been undertaken to identify any potential inequalities arising from the development and delivery of this strategy.

A key part of the Equality Impact Assessment is consulting with people who may be affected by the strategy and in particular people with protected characteristics. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership

- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation
- Welsh language

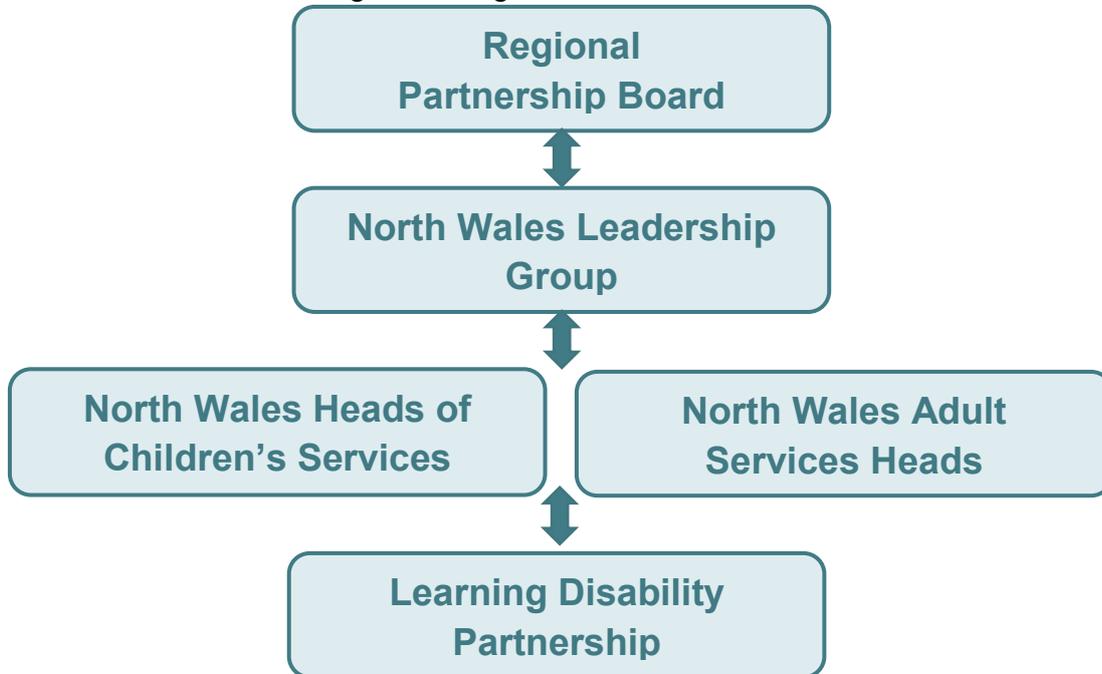
More information about the consultation and engagement that took place to develop the strategy is available in the [consultation report](#).

The strategy aims to tackle discrimination, advance equality of opportunity and promote good relations for people with learning disabilities. People with learning disabilities may have other protected characteristics and experience additional disadvantage because of these which we need to take account of. For example, older people with learning disabilities and people with profound and multiple disabilities and the use of the Welsh language.

The Human Rights Act 1998 sets out the basic rights we all have because we are human. They help protect people by giving public services, including health and social care services, a legal duty to treat people with fairness, equality, dignity, respect and autonomy. Services developed in response to this strategy also need to be based on the UN Convention on the Rights of the Child (UNCRC), the UN Principles for Older Persons (UNPOP) and the UN Convention on the Rights of Persons with Disabilities (CRPD).

Governance

The [North Wales Learning Disability Partnership](#) will put the strategy into action in partnership with people with learning disabilities, parents, carers and organisations who provide care and support. Governance is being provided through the groups below and we will review and strengthen the governance as needed.



Regional Partnership Board

The Regional Partnership Board was established to meet Part 9 of the Social Services and Well-being (Wales) Act 2014. Membership includes:

- Lead members for Social Services from the six local authorities
- Directors of Social Services from the six local authorities
- Third sector representatives
- A service user and carers representative
- Health board representative
- Co-opted members from North Wales Police, North Wales Fire and Rescue Services, North Wales Ambulance Service, Local Authority Chief Finance Officer (section 151), and the Executive Director of Public Health (BCUHB)
- Head of Regional Collaboration – Business Management Support

More information about the board including a full membership list is [available online](#).

North Wales Leadership Group

The North Wales Leadership Group meets during Partnership Friday, a series of regional meetings that take place once a month. Membership includes the six Directors of Social Services and the three Area Directors from BCUHB.

North Wales Adult Services Heads (NWASH)

NWASH also meet during Partnership Friday. Membership includes the heads of Adult Services from each of the six local authorities in North Wales.

North Wales Heads of Children's Services (NWHoCS)

NWHoCs also meet during Partnership Friday. Membership includes the heads of Children's Services from each of the six local authorities in North Wales.

What we know about the population

Population assessment: what we found out

- There are around 810 children with a severe or profound learning difficulty and 2,900 adults with learning disabilities receiving services in North Wales. The actual number of people with learning disabilities may be higher.
- The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These trends are likely to continue. There are also an increasing number of older carers (including parents and family) providing care and support for people with learning disabilities.
- People with learning disabilities tend to experience worse health, have greater need of health care and are more at risk of dying early compared to the general population.
- There are likely to be more young people with complex needs needing support.

The full population assessment including an easy-read and audio-visual version is available [online](#). The figures have been updated for this strategy and updated charts and tables are available on request.

Children and young people

There are around 102,000 pupils in North Wales, the total school-age population but there is a lack of reliable data available about the number of children and young people who have a learning disability ([see appendix 1](#)).

In place of data about the number of children who have a learning disability we have used data about the number of children who have a [learning difficulty](#), which is a broader term which includes people with specific learning difficulties such as dyslexia. We have also used data about the total number of disabled children which includes children who have a physical disability but not a learning disability.

Estimates suggest there are around 5,000 children in North Wales with a moderate learning difficulty, 650 with a severe learning difficulty and 160 with a profound learning difficulty. Councils in North Wales currently support around 700 disabled children and young people assessed as in need of care and support. Around 5,200 children aged under 16 are in receipt of Disability Living Allowance in North Wales.

Projections based on trends in the overall population show that the number of children with learning disabilities is likely to increase slightly over the next 5 to 10 years and then decrease slightly by 2035 ([see appendix 1](#)) as the overall number of children and young people decreases.

The improved survival rates of pre-term babies and increased life expectancy for children with complex disabilities are likely to lead to an increase in the number of

children in need of care and support and in the number of adults with more complex needs (Doukas et al., 2017)

Adults

Table 1 below shows the number of adults with learning disabilities living in each local authority by age group in North Wales. These figures are based on the learning disability registers maintained by local councils, which only include those known to services and who wish to be registered. The actual number of people with a learning disability may be higher.

Table 1: Number of adults with learning disabilities by age, 2016-17

County	Age 16-65	Age 65+	Total
Anglesey	270	40	310
Gwynedd	530	65	590
Conwy	440	55	500
Denbighshire	420	55	470
Flintshire	480	40	530
Wrexham	420	50	470
North Wales	2,600	300	2,900

Source: StatsWales, Disability Registers

Note: Data has been rounded and may not sum. The Disability Register also includes data for children under 16 but this hasn't been included here due to problems with data collection.

Since 2012-13 the number of adults aged 16 to 65 with learning disabilities has remained similar each year. The number of adults aged over 65 with learning disabilities has risen over the last five years by 23% across North Wales from around 230 in 2011-12 to 300 in 2016-17.

Projections suggest that the number of adults 18 and over with moderate learning disability is likely to increase in North Wales by around 6% by 2035 and the number of people with a moderate or severe learning disability is expected to increase by around 3% by 2035 ([appendix 1](#)). The number of adults aged 18 to 64 is expected to decline slightly so this increase is due to an increase the number of people aged 65 and over. Due to increased life expectancy it is predicted that the number of people with learning disabilities aged 65 and over will increase by between 20% and 30% by 2035.

Parents with a learning disability

There is no data currently available on how many parents have a learning disability although this is something Welsh Government are planning to research further (Welsh Government, 2018b). A survey in England found that 7% of people with learning disabilities interviewed had children (Emerson et al., 2005). Using this figure estimates there could be around 200 parents with learning disabilities in North Wales. Just over half the parents in the survey looked after their children and other estimates suggest

that between 40 and 60% of parents with a learning disability have their children taken into care (Stewart and McIntyre, 2017).

There are around 1,100 children looked after and the number is increasing year on year with a 13% increase in North Wales over the last five years compared with a 3% increase across Wales as a whole. [Improving support for parents with learning disabilities](#) may help to reduce the numbers becoming looked after.

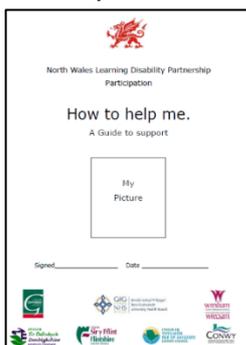
What people have told us

This section is a summary of what people have told us matters to them. The strategy has been based on the findings of the consultation and much more detail is available in the full [consultation report](#). This summary may not cover every issue that matters to people and it is very important that people can continue to have their say as we put the strategy into action.

Regional participation group

Learning disability participation is coordinated across the six councils and each county has its own local participation network/forum supported by advocacy. The regional participation group have been working on the topics below (North Wales Learning Disability Partnership, 2015a).

- 1. Leisure.** People with learning disabilities said they can struggle to attend social events in the evening or have to leave early because of staff handovers or transport issues. Staff attending from the region are working on ideas to enable people to 'stay up late'. This may include local councils re-writing contracts with providers. The participation group chose to promote a 'Friendship group' currently being run in Conwy by a person with learning disabilities to be replicated across the counties
- 2. Places people live.** On the whole, people with learning disabilities in North Wales are happy with where they live. The problems they experience tend to be with the way support is provided, particularly when it is inflexible. For example one person said they had to give 24 hours' notice to access money which meant they missed out on buying the dress they wanted at the market. To help with this the group have written a book called 'How to help me' which people with learning disabilities can keep with them, to have their say and to help support staff understand how they would prefer to be supported.



3. Health. There are a number of initiatives in North Wales to help improve the health of people with learning disabilities. The group have been working on how well people are aware of these and how the take-up can be improved. These include:

- Annual health checks.
- Learning disability nurse based in hospitals who can help people with learning disabilities communication and to complete a traffic light assessment.
- Public health leaflets about health checks designed to be easier to read
- Opportunities for physical exercise and healthy eating.

The group are also looking at the quality of mental health services for people with learning disabilities.

Other issues identified by the group include employment and pay for employment; keeping safe when out and about and when using the internet; and hate crime. A group aiming to reduce stigma have produced a poster and video encouraging people to report incidents of disability hate crime (Conwy Connect, 2014).

In March 2017 the group held a regional event on the theme of relationships. The purpose of the event was for people with learning disabilities to have their say about matters that are important to them. The group chose subjects that they would like to lead on which included: Lesbian, Gay, Bisexual and Transgender (LGBT); marriage; living with your partner; communication; confidence and relationships in a self-advocacy group; and, a speed dating event. The group also invited people to talk about keeping safe in general and keeping safe online. The event highlighted that attendees wanted help to meet new people, including making friends and dating, and to know more about relationships including sex, sexual health and keeping safe.

Discussion groups held to inform the population assessment highlighted the need for paid work to give people a feeling of self-worth and acknowledge their worthwhile contribution to society. People with learning disabilities also said they would like more opportunities to join in socially with groups from all areas of society, not just those arranged for those with disabilities only. Another theme was the need for good transport to access services (a particular problem in rural areas) and a number of people expressed the desire to learn to drive.

A review of person centred plans found people with learning disabilities said that the things that work well are their homes (the people they live with and the things they do at home) and leisure (getting out and about and being a part of their community). New things mentioned that work well are having access to technology, such as Wi-Fi and a laptop, and well managed medication. Whereas the things that were not working well were mobility and health (particularly aging, getting around or the increasing effects or chronic health problems) and coping with anxieties and managing behaviours. New things mentioned include problems with the housing environment (often these were

little things but they were having a big impact), friendships, relationships and loneliness - people said they wanted more friendships (Denbighshire County Council, 2016).

Feedback from parents of disabled children

Feedback from engagement sessions with parents for the population assessment highlighted the following common themes:

- The time taken for assessments to take place and delays in accessing support was considered to be too lengthy. Need to “be quicker when a cry for help is given”. Support while waiting for assessments or confirmation of diagnosis was also cited as important.
- Concern about the lack of available help to care for their children, particularly for those who are full time carers and single parents, if they are ill and in the school holidays.
- Felt they needed more support to maintain their own emotional wellbeing – including extra help, respite/short-breaks, learning more coping strategies, baby sitters and support for emotional wellbeing. This was a concern when juggling work and caring for a disabled child and professionals who listen was suggested as being important. The physical and emotional impact of managing behaviour problems on parents was also significant. Including; temper, difficulties communicating and safety concerns.
- The impact of social isolation and support to get out of the home for both children and parents. Including direct payments for family outings, suitable afterschool clubs or day care was needed.
- Parents reported that it would help them to cope if there was better understanding from the wider community regarding disabilities and more acceptance of disabilities that you can't see.
- Better facilities for families of disabled children.
- More support from voluntary and charity sector.
- Issues managing their children's anxiety when in public or not in their care.

In depth interviews carried out with parents of disabled children in North Wales identified the importance of good support and information during the process of diagnosis, including the need for emotional support (Conwy County Borough Council, 2013). The study also highlighted the need for consistent, accessible support and efficient systems, for example to provide specialist equipment. Most of the families mentioned the need for carer breaks including frustrations with getting the kind of flexible breaks they need and the benefits to the whole family when it works well. Families mentioned the impact of caring on their finances and employment opportunities and the impact on siblings. They also spoke about their fears and anxieties including fears for their children's future, supporting them to be independent and what would happen when they were no longer there to care for them. Many of the

families also spoke about the stigma associated with disability including their own reactions and reluctance to ask for help as well as the need to improve awareness and support from the wider society.

Feedback from disabled children

- The children talked about the difficulties that they have meeting with friends outside school time. When you are younger there are special needs play scheme, they are not suitable if you are older. The children said they would like a club where they can meet their friends.
- Some children said they found noisy environments difficult such as going into large shops, swimming pools or sports centres.
- Some children would like to go out alone but parents are worried about other children bullying or taking advantage of them.
- The children said how difficult it was for them to make decisions.
- One child said because their mobility was not good they had difficulty getting around especially going downhill. This inhibits his social and leisure activities.
- The children said that they rely on their parents to help them with the things that they find difficult and one child had a social worker who took him out.
- The children would like a greater range of activities to do outside school such as art workshops, outdoor activities, trips to activity parks and somewhere to have fun, meet friends, to do cycling music and dance.
- The teachers said that they would like more information about what is available for children now that some of the play schemes have closed down.

Feedback from staff and partner organisations

Feedback from staff highlighted the complexity and interdependency of issues facing disabled children and young people and their families, including difficulties around transition from children's services to adult's services. They also highlighted an increase in the number of disabled children with very complex needs.

A questionnaire circulated for the population assessment highlighted that people want to be treated as equal to the rest of the population, they needed help to feel part of the community and to express themselves (Isle of Anglesey County Council et al., 2016). In particular, organisations feel that there is not enough support or opportunities for people with learning difficulties to work and not enough support or opportunities for them to develop new relationships.

They also identified a lack of long term low level support for people who have learning difficulties but do not reach the threshold for a learning disability diagnosis and who are unlikely to be ever fully able to maintain a housing tenancy independently.

National consultation

When asked about their needs most people spoke about their relationship with their care manager and other staff (CSSIW, 2016). Concerns were largely about reliability (turning up on time); dependability (doing what is promised); and availability (having a care manager in the first place).

The findings about providing effective care and support were:

- We need to improve the quality of information about the help that might be available. Concerns about the format of information – for example, too many words, small size of fonts and not enough pictures.
- Concerns about feelings of vulnerability and risk in the community.

They also identified three cross-cutting issues:

1. The quality and reliability of the relationship with staff (including care managers) is crucial to the achievement of positive outcomes for many people with learning disabilities.
2. The ‘helping’ relationship should focus on promoting and supporting the rights of people with learning disabilities including their right to express and exercise choice.
3. The expression of choice should be underpinned by sound risk assessment and risk management so that people feel as safe as possible as they grasp new opportunities.

Learning Disability Strategy Consultation

In January 2017 a meeting ‘Going Forward Together’ was held with staff and partners, facilitated by BCUHB, to inform the development of this strategy. The discussions looked at current strengths and challenges and what needed to change. The guiding principles discussed were:

- Shared responsibility to implement the legislation.
- Person first, learning disability second.
- Right support at the right time to the right people in the right place.
- No-one to experience delays in support due to disagreements between services. Shared responsibility to ‘fix it’.

In addition to the consultation findings above we asked a wide range of people for their views about what needed to be included in the strategy. Many of the findings have been incorporated within the strategy and a [full report](#) is available.

Some of the main messages from the consultation were as follows.

- Need for real choice and control with a focus on rights and equality for people with learning disabilities. The importance of taking a person-centred approach.

- More inclusion and integration of people with learning disabilities into the wider community. Including the need for staff training about specific learning difficulties and an awareness that not all disabilities are visible. There was a lot of support for the idea that we should 'help each other' but there were also some concerns about the pressures this could put on people.
- The support people receive from family and providers often works well and there was praise for dedicated and committed staff. Specific services were mentioned as working well including carer breaks, social services, health services, charities, third sector and independent organisations including advocacy services.
- Joint working between social care and health was highlighted as something that works well in some areas and something that needs to be improved in others including better information sharing systems and issues around funding.
- There were also mixed views about how well direct payments and support budgets worked for people. Some said they worked well for them and other commented that they need much more support to use them and shared difficulties of finding a direct payment worker.

The consultation also highlighted issues that can prevent people from experiencing good outcomes including:

- **Support for carers:** Carer breaks was mentioned by many people in the consultation. Some of the specific issues include a lack of short breaks for families, provision for people with more complex needs such as challenging behaviour and autism and regular and predictable provision that is open all year round. People mentioned the importance of considering the impact on families, including the needs of siblings of children with learning disabilities. Also the importance of listening to parents and supporting parents/carers to building resilience and develop coping mechanisms. People also mentioned the needs of older carers and planning for the future when they may be no longer able to provide care.
- **Funding:** There was concern about having enough funding available for services. A few people mentioned the need to work together and consider merging budgets to try and address these issues and the need to make better use of technology.
- **Transport:** People mentioned how important transport was to them for inclusion in activities including having someone who can drive them, bus passes and subsidised transport. People also mentioned the orange wallet system that helps people with using public transport.
- **Access to information:** A few people mentioned the need for more information about the services that are available, details of who is able to access support from them and availability of services in Welsh. The staff consultation highlighted the importance of promoting and developing [Dewis Cymru](#) as a source of information about the services and support available in local communities.

- **Workforce development:** People talked about the importance of training and support for staff, particularly support workers. Also the importance of training the wider workforce, such as training for GPs about the needs of people with learning disabilities and how to access community teams.

What we know about current services and what needs to change

People with learning disabilities often need support with many aspects of their lives. This support can come from their friends and families or their local community as well as from local councils, health services and/or the third sector and can include help with:

- having a good place to live
- having something meaningful to do
- friends, family and relationships
- being safe
- being healthy
- having the right support

Within each of these areas we include:

- the needs of people with profound and multiple learning disabilities; and,
- support through changes in life from early years to ageing well, including the needs of older carers and the transition from children's to adult's services.

The current spend by social services and health directly on learning disability services in North Wales is around £130 million. This does not include additional services which provide support such as housing, leisure, third and voluntary sector support and so on.

Table 2: Revenue expenditure, adults aged under 65 with learning disabilities, 2016-17

	£ thousands	£ thousands
<i>Social services expenditure</i>		
Supported living / community living	36,000	
Residential care placements	20,000	
Day care	13,000	
Direct payments	8,200	
Home care	6,400	
Assessment and care management	5,800	
Other services to adults aged under 65 with learning disabilities	5,200	
Nursing placements	1,000	
Total Social Services		96,000
<i>BCUHB expenditure</i>		
Mental health and learning disabilities division (including continuing health care)	32,000	
Primary care and other contracts	370	
Total BCUHB		32,000
Total spend learning disability services		130,000

Please note this information is taken from Welsh Government returns and does not include spending on children and older people with learning disabilities because of the way the data is collected.

Local authorities also spend around £220 million of capital each year in North Wales for personal social services. This includes spending on buildings and housing related to all kinds of personal social services, not just for people with learning disabilities.

Early years

Support for parents with a learning disability is included in [the right support section](#).

We want every child with a learning disability to have the best start in life.

Diagnosis and assessments

In the consultation parents mentioned challenges around waiting for assessments, the time taken and issues around needing to wait for a certain age for an assessment. Parents also said they needed better support and understanding from professionals while waiting for an assessment. Support is also needed following a diagnosis of learning disability, which may include counselling for parents if a specific condition or syndrome is identified.

Support for parents

Support should begin before birth for children identified of being at risk of a learning disability with good information and support available from midwives and health visitors.

It's important that parents have access to parenting courses that are specifically geared towards parents of young children with learning disabilities.

Parents told us there was a need for good information and advice. This information should be joined-up so health, social care and education staff are giving the same messages. It should also be accessible and available to people early on. At one of the strategy workshops the following guide was recommended: '[A Parent's Guide: Improving the well-being of young children with learning disabilities](#)' produced in collaboration between the University of Warwick, Cerebra, Mencap, the Challenging Behaviour Foundation and parents of children with learning disabilities. There is also information available and through Family Information Services and on [Dewis Cymru](#).

Childcare and short breaks

Each local council in North Wales produced a Childcare Sufficiency Assessment in 2017, which includes an assessment of the provision for disabled children. These highlight that in all areas there is a need for childcare for children with additional needs and the action plans set out how this will be addressed. Initiatives to support childcare for disabled children include pre-school referral or pre-school support schemes to support children with additional needs in pre-school settings; a Childcare Brokerage

officer post which supports parents / carers of children with a disability to access suitable childcare and play provision; using the Welsh Government Out of School Childcare Grant to fund assisted places or 'helping hands' scheme; and, providing training for childcare staff.

Short breaks are activities for children and young people, usually occurring away from the home, that allow them to have a good time with others – peers and adults, while also giving a break to parents/carers from their caring role.

The short breaks can range from an hour or more planned activity to overnight stays with alternative carers. Some short breaks can involve the whole family having quality time together, by having assistance for trips out or leisure activities.

A report by the Children's Commissioner for Wales (2014) highlighted the importance of appropriate, accessible and good quality short breaks. The report found that the provision of short breaks is a complex matter due to different eligibility criteria and range of provision in each council and because each family has a different set of circumstances and needs. Some of the issues identified include issues around transition and support for children and young people aged 18 to 25 such as young people wanting to continue using the residential facility they were used to after they turn 18 and suggest continuing until they finish education. Other barriers included the accessibility of universal services, transport and awareness of the support available. The report also highlights the importance of the language used around short breaks, the perception and understanding of it among children and young people and the importance of independent advocacy. They found that some children and young people believe the main purpose of a short break is for parents/carers to have a break from them, whereas it should be for mutual benefit.

Childcare and short breaks also a priority in the Welsh Government (2018c) Improving Lives Programme:

'To ensure there is adequate childcare and short break solutions for children with a learning disability to enable families to live an ordinary life including going to work where possible.'

Early intervention

Family-focussed support is available in some areas from Flying Start and across North Wales from Families First and Team Around the Family (TAF), known as Together Achieving Change (TAC) in Wrexham. Interventions available from child learning disability teams include PACT, Musical Interaction Therapy, Incredible Years ASD programmes, Earlybird programmes, Child Development Centres, Preschool Development Teams and school age learning disability health teams.

Early intervention is also a priority in the Welsh Government (2018c) Improving Lives Programme:

- To improve life chances by building on the team around the family approach to reduce the number and impact of Adverse Childhood Experiences (ACEs) experienced by children with a learning disability.
- To reduce inappropriate use of medication and restraint through increasing the use of a range of evidence based interventions for example Positive Behavioural Support and active support to ensure early intervention of challenging behaviour and prevention where possible

Speech, language and communication needs

People with learning disabilities will often have communication difficulties, either because of the learning disability itself, or due to an associated physical or sensory impairment. Between 50% and 90% of people with learning disabilities have communication difficulties and many people with profound and multiple learning disabilities (PMLD) have extremely limited communication ability which may be restricted to eye gaze and changes in facial expression (Royal College of Speech and Language Therapists, 2017). While communication difficulties vary greatly from person to person, the following areas are commonly found to be of difficulty with this group (Kelly, 2002):

- understanding speech, writing and symbols, and interpreting environmental sounds,
- having a sufficient vocabulary to express a range of needs, ideas or emotions
- being able to construct a sentence
- maintaining focus and concentration in order to communicate
- fluency, for example, stammering
- being able to articulate clearly which may be due to related physical factors
- social skills, a lack of which may prevent positive interactions with people

Dysphagia (swallowing disorder) is also a common associated condition for people with learning disabilities. It is difficult to know how many people with learning disabilities have dysphagia due to the way it is reported as part of other health conditions but it is estimated that around 15% of people with learning disabilities need support to eat and drink and 8% of people known to learning disability services have dysphagia (Public Health England, 2016). Speech and language therapists support individuals with dysphagia by playing a key role in diagnosing dysphagia and supporting people to eat and drink safely. Early intervention by speech and language therapy can help prevent hospital admissions for people with dysphagia.

Children with complex needs

There are different ways of defining children with complex needs. Children may have complex needs due to:

- chronic health conditions, including life-limiting conditions;
- sensory impairment;
- physical disability;
- displaying risky, challenging and/or harmful behaviours;
- mental ill health;
- learning disability and / or autism; and / or,
- context, for example, abuse, neglect, growing up with domestic violence or growing up as a refugee/asylum seeker. The circumstances of some young people will become complex because in addition to their original needs they have also become involved in the youth justice system.

The definition agreed by the National Commissioning Board (2018) highlighted that not all children with one or more of the needs listed above will have complex needs. The key message is that:

‘Complex is not a label we should give a child. We should recognise that it is a description of the complex service response needed to meet their needs. The service response is complex in nature because it requires collaboration from at least two, if not three or four services and often cross-border provision’.

Children with complex needs are a priority for the Children’s Transformation Group as part of the Regional Partnership Board’s children and young people’s work-stream so we have not duplicated this work in this strategy.

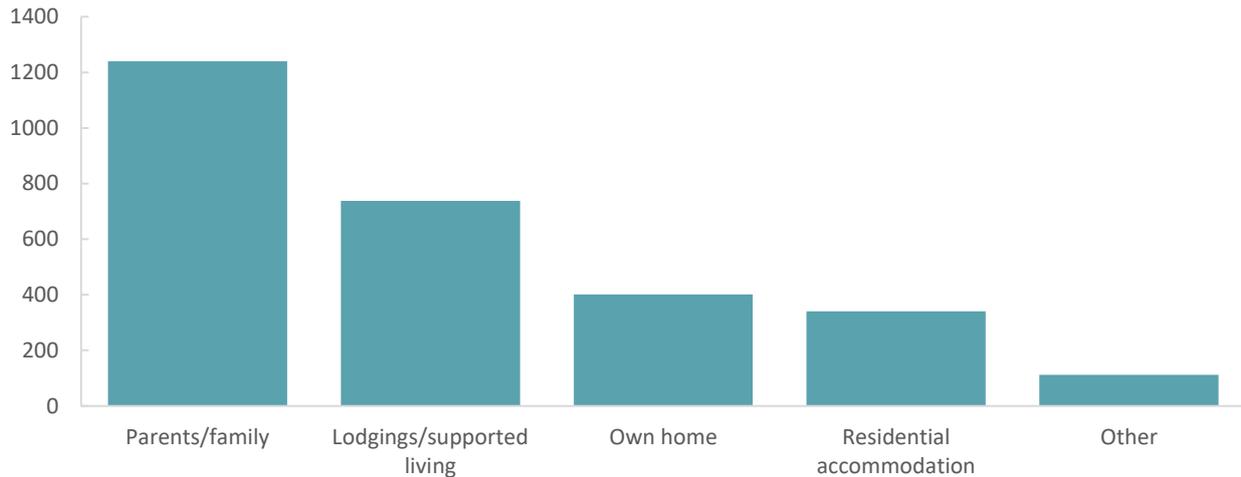
Early years: the change we want to see

- Fewer people will fall between the gaps in services.
- Carers will have access to a range of flexible carer breaks.
- People with learning disabilities and their parents/carers will have access to good, consistent and accessible information and advice.

Having a good place to live

Most children and young people with learning disabilities live with their parents/family. There is no data available showing how many children with learning disabilities live in foster placements but in total there are around 120 disabled children looked after in North Wales ([see appendix 1](#)). Children with learning disabilities may need adaptations to their home or to move to a more adaptable home. There can be long waits for the adaptations or for suitable housing, which needs addressing through housing strategies and other multi-agency responses. Unsuitable housing increases stress on the whole family.

Figure 1 shows that the most frequent living arrangement for adults with learning disabilities is in community placements with their parents/family.

Figure 1: Community, residential and other accommodation placements, 2016

Source: Adults receiving services at the 31st March 2016 and range of services during the year, Welsh Government

(a) The 'Other' category includes health placements and foster placements

Welsh Government is currently developing guidance in the commissioning of supported living services and a regional procurement exercise is taking place for supported living providers in North Wales.

Housing for people with profound and multiple learning disabilities (PMLD)

The Raising our Sights guide to housing (Mencap and PMLD Network, 2013) says that people with PMLD have very complex housing needs including:

- **The physical environment** including adaptations, equipment and the space needed to meet the person's needs
- **The location** of the housing to allow people to remain close to family, friends and their communities
- Wherever they are living, the person will need **individualised and skilled support** for their health, social and well-being needs from appropriately trained staff.

There should be a range of options and a person-centred approach to planning to find the model of housing and care that is right for the individual. This may include supported housing, extra care housing, shared lives, residential care, home ownership and different types of tenancies.

Community based, residential services and nursing care

In North Wales there are around 1,900 adults with learning disabilities who receive community-based services, around 280 who receive residential services and around 26 who receive nursing care within a care home ([see appendix 1](#)).

The North Wales Adult Services Heads (NASH) have agreed to explore the use of the national Integrated Health and Social Care Collaborative Commissioning Programme framework agreement for younger adults (18-64 years) with mental health and learning disabilities in residential and nursing care homes.

Deprivation of Liberty Safeguards

Under the Human Rights Act everyone has a right to liberty unless a legal process has been followed. The aim of the Deprivation of Liberty Safeguards (DoLS) is to provide legal protection for vulnerable people who are deprived of their liberty, to prevent arbitrary decisions and to give rights to appeal. The safeguards apply to people who lack capacity to consent to care or treatment and are living in residential or nursing homes or hospital in-patients. There were 160 DoLS referrals made by each local authority for people with learning disabilities during 2016-17 ([see appendix 1](#)).

Out of area placements

Data collected for the strategy found that there were around 20 children and young people aged under 18 who were placed out of county or region. Fewer than five of these were placed out of county by choice, for example, because they are closer to family or because have been placed with family (Connected Person) out of county for safeguarding reasons.

For adults there were around 160 people placed out of county or region, with around 20 of these placed out of county by choice, for example to be closer to family.

We want to reduce the number of people placed out of their area because of a lack of suitable placements locally. We have collected more detailed data for the strategy (a summary is included in [appendix 1](#)) to help us address this as we put the strategy into action.

Supporting People

The Supporting People programme is a Welsh Government programme providing housing-related support to help vulnerable people to live as independently as possible. The total budget for Supporting People in North Wales for 2018-19 is around £30 million of which £8.2 million has been allocated to supporting people with learning disabilities.

There is a North Wales Regional Collaborative Committee (RCC) to drive forward effective and efficient delivery of the programme at a regional and local level and is linked to the Regional Partnership Board. Learning disabilities is a priority area for the RCC in the 2017-20 strategic plan.

Planning for future accommodation needs

The Wales Audit Office (2018) estimate that local councils in Wales will need to 'increase investment by £365 million in accommodation in the next twenty years to address both a growth in the number of people with learning disabilities who will need housing, and the increase in the number with moderate or severe needs'. This figure includes increases in costs due to inflation.

For North Wales, this will mean we need to plan for between 80 and 190 additional placements by 2035. The increase is estimated to be greatest in Wrexham followed by Gwynedd and then Denbighshire. Anglesey are estimated to see a decline in the number of placements needed. Conwy and Flintshire are estimated to either have a small increase or small decrease.

The cost of these additional placements at current prices is estimated to be between £2.4 million and £7.3 million by 2035 and would be around 10 times as much if estimated inflation is included.

Having a good place to live: the change we want to see

- There will be fewer out of area placements.
- More people with learning disabilities will have choice and control over where they live and how they are supported.

Having something meaningful to do

This section is about having something to do that's meaningful and is chosen by the individual. It includes play, leisure and sport; education and training; day opportunities, work opportunities and paid employment.

Play

Play is a fundamental part of a healthy childhood and it is every child's right to be able to play. Play is defined in the Welsh Government Play Policy as freely chosen and personally directed. The right to play is enshrined within article 31 of the United Nations Convention on the Rights of the Child (UNCRC) and further defined within General Comment 17. The comment on article 23 about the rights of disabled children states:

"Play has been recognised as the best source of learning various skills, including social skills. The attainment of full inclusion of children with disabilities in the society is realised when children are given the opportunity, places and time to play with each other (children with disabilities and no disabilities)"

Children with learning disabilities can face additional barriers to accessing play opportunities, the Bevan Foundation found:

“Disabled children and young people face barriers from lack of provision, lack of support, poor access to buildings and negative attitudes which, notwithstanding legislation and policies, prevent them from participating like non-disabled children and young people”

Each local council in North Wales has produced a play sufficiency assessment as part of their play sufficiency duty. A survey undertaken for one of the assessments found that 46% of disabled children said that they were satisfied with their play opportunities compared to 70% overall. Another found that parents of children with complex needs were particularly concerned about the attitude and actions of others and people’s understanding of ‘hidden’ impairments like autism and attention deficit hyperactivity disorder (ADHD).

The assessments show that a lot of work has taken place to understand and provide for the needs of disabled children and to make sure play projects and providers have access to a range of resources to support inclusion. For example, delivering inclusive play training to providers, activity programmes for disabled children, providing one to one support workers in mainstream provision, providing small grants for equipment training or resources and buddy schemes.

The play sufficiency assessments also set out each areas’ plans to improve play opportunities for disabled children including better partnership working, providing disability inclusion training, sharing resources and mentoring mainstream clubs who want to become more inclusive. Challenges to providing inclusive play opportunities include lack of accessible transport, particularly in rural areas and funding for services.

A list of resources available to support inclusive play is available from [Play Wales](#).

Sport and leisure

People with learning disabilities often face barriers to accessing socialising or leisure opportunities, for example they may not drive or may need support to use public transport. If local councils did not provide this support then some people would not be able to have a social life.

In the consultation people told us that they were involved in many different kinds of sport and leisure activities including:

“volunteering, snooker, tennis, wheelchair basketball, ten pin bowling, playing pool, Men’s Sheds, magazines, star wars figures, art and art classes, cinema, shopping, watching TV and films, swimming, colouring, computer games, newspapers, ironing, watching and playing football, music, theatre, dancing, going out every night, sports clubs, buzz club, curry night, going out for meals, walking and holidays.”

People said that there needs to be more leisure activities and opportunities for people with learning disabilities, more integrated community-based activities and mixed groups.

Many of the solutions are low-cost and each county has a different way of funding these services. Some are funded as part of other provision, for example, a provider running disco nights. Others use small grants (either from the council or other funders) or informal arrangements. The provision varies depending on demand and geography. There are opportunities to make sure these services are more user led. For example, the 'Friendship group' currently being run in Conwy by a person with learning disabilities.

[Disability Sport Wales](#) provides an online database of disability-specific or disability-inclusive sport opportunities.

Education and training

There are nine special schools in North Wales with a total of 1,300 pupils. However, most children and young people with learning disabilities attend mainstream schools ([appendix 1](#)). Children and young people with additional learning needs are supported within mainstream schools and support is also available from specialist Additional Learning Needs and Inclusion Teams with advice, modelling and training. Support can include educational psychology, specialist teachers and specialist teaching assistance.

Young people with learning disabilities can access support with options when leaving school from Careers Wales and local authorities. They can also currently access support from grant funded programmes such as TRAC and ADTRAC.

For more information about support for pupils with Additional Learning Needs in North Wales please see each council's strategies and plans.

Day opportunities and work opportunities

By *day opportunities* we mean formal support for people during the working week which is provided away from their home – this includes work opportunities which tend to have a vocational focus or are based in a business setting. Each county has a mix of direct payments, in-house, independent sector and social enterprises, with a range of services and work based activities in each local council.

A *social enterprise* is a business with profits re-invested back into its services or the community. A *cooperative* is a group acting together voluntarily to meet economic and social need. Local councils have a new duty to promote social enterprises and co-operatives which involve people who needs care and support. Day opportunities are an area we would like to encourage social enterprises and co-operatives to provide.

Paid employment

We would like to see more people with learning disabilities in paid jobs. We don't know how many people with learning disabilities in North Wales currently have paid jobs but estimates suggest they are far less likely to have a job than the general population. Estimates from England suggest around 6% of adults with learning disabilities known to their local authority have a paid job. In the consultation many of the people who had jobs said that they were important to them although some people said they were concerned that they would struggle to find work. There is some support available at the moment, for example from:

- Disability Advisers in the Jobcentre
- Careers Wales
- [Supported employment agencies](#)

Active support for people with profound and multiple learning disabilities

Active support is an approach for people with very profound needs who are not able to do typical activities independently and has three components:

1. Interacting to promote participation. People who support the individual learn how to give him or her the right level of assistance so that he or she can do all the typical daily activities that arise in life.

2. Activity Support Plans. These provide a way to organise household tasks, personal self-care, hobbies, social arrangements and other activities which individuals need or want to do each day, and to work out the availability of support so that activities can be accomplished successfully.

3. Keeping track. A way of simply recording the opportunities people have each day that enables the quality of what is being arranged to be monitored and improvements to be made on the basis of evidence.

Each component has a system for keeping track of progress, which gives feedback to the staff team and informs regular reviews (Jones et al., 2014).

Five ways to well-being

Having something meaningful to do is an important part of the 'Five Ways to Wellbeing', which is a set of evidence based public health messages aimed at improving the mental health and well-being of the whole population. The five actions people can take to improve their well-being are: *connect, be active, take notice, keep learning and give*. All of the themes in the strategy about supporting people to have good lives will also contribute to these.

Having something meaningful to do: the change we want to see

- More people with learning disabilities will be involved in their local community.
- More people with learning disabilities will have paid jobs.
- Increased take-up of support budgets / direct payments.

Friends, family and relationships

The [what people have told us](#) section highlights the need for more opportunities for people to develop friendships and relationships. This includes opportunities to join in socially with groups from all parts of the community, not just events arranged for people with learning disabilities.

The right support is important to help facilitate friendships and relationships for people with learning disabilities and needs to include positive risk taking. This includes the recognition of people's rights to a sexual relationship as long as they have the capacity to consent to one. More information is available about the [relationships event](#) held by the Learning Disability Participation Group. There is also potential for short breaks to support people with learning disabilities to develop friendships and relationships.

Friends, family and relationships: the change we want to see

- More people with learning disabilities will be involved in their local community.
- The rights of people with learning disability to engage in relationships are recognised.
- Support workers and carers are supported to facilitate relationships and positive risk taking.

Being safe

Often as a result of their disability, disabled children are more vulnerable to abuse and neglect in ways than other children and the early indicators of abuse or neglect can be more complicated than with non-disabled children (HM Government, 2006).

Young people with learning disabilities may be more vulnerable to county lines drug gangs and child sexual exploitation.

County lines drug gangs are those where an urban criminal gang travels to smaller locations to sell heroin/crack cocaine. The gangs tend to use a local property, generally belonging to a vulnerable person, as a base for their activities. This is often taken over by force or coercion (cuckooing). They pose a significant threat to vulnerable adults and children who they use to conduct and/or facilitate this criminality. People with

learning disabilities may also be at risk of being victims of other crimes, such as modern slavery.

The Sexual Exploitation Risk Assessment Framework (SERAF) tool includes learning disability as a vulnerability factor for child sexual exploitation.

Each year there are on average around 210 safeguarding concerns raised in North Wales concerning adults with learning disabilities ([appendix 1](#)). In the last five years there have been around 50 crimes in North Wales where the victim had a learning disability, including people with Down's syndrome, ADHD and Autism ([appendix 1](#)).

Children and adults with learning disabilities may be at risk of financial abuse. This is any theft or misuse of a person's money, property or resources by a person in a position of, or expectation of, trust to a vulnerable person. Common forms of financial abuse are misuse by other of a vulnerable adult's state benefits or undue pressure to change wills.

Forced marriage statistics show that there was a year on year rise in the number of people with learning disabilities being reported who may be at risk or subject to a forced marriage from 2010 to 16 (North Wales Safeguarding Board, 2017). Forced marriage is where one or both people do not consent or lack the capacity to consent to the marriage and pressure or abuse is used.

North Wales Safeguarding Boards

The [North Wales Children's and Adults' Safeguarding Boards](#) are in place to make sure the citizens of North Wales are adequately prevented and protected from experiencing abuse, neglect and other kinds of harm. They have produced 7 minute briefings for professionals about the issues described above including warning signs and advice about what to do in response.

Positive risk taking

Safeguarding children, young people and adults from the risks described above also needs to be balanced against the risk of overprotecting people which can affect their well-being (Community Care, 2015).

The importance of positive risk taking was highlighted in the consultation. People spoke about how other elements of this strategy can support safeguarding in a way that promotes independence. This can include people with learning disabilities being involved in their community so that there are people around who know them and can look out for them and the potential uses of technology.

The [Safe Places scheme](#) is now running in some parts of North Wales. A safe place helps vulnerable if they feel scared or at risk while they are out and about in the community and need support right away.

Criminal justice system

An estimated 20 to 30% of offenders have [learning disabilities or difficulties](#) that interfere with their ability to cope within the criminal justice system (Talbot, 2008). This group is at increased risk of reoffending where support services and programmes don't meet their needs and can be targeted by other prisoners when in custody (Talbot, 2008). At least 60% of young people in the youth justice system have communication needs (Bryan and Mackenzie, 2008).

A multi-agency task and finish group in Wales have developed a guidebook called 'Access to Justice' (2013) to support the 'responsive and appropriate management of adults with a learning disability in the criminal justice system in Wales. This work aims to take forward the recommendations of the Prison Reform Trust No One Knows programme. Resources available to support professionals working with young people in the youth justice system include Sentence Trouble (The Communication Trust, 2010) and [The Box learning journey](#) developed by the Royal College of Speech and Language Therapists.

The North Wales Police and Crime Commissioner (2017) is working with the health board to improve the response to vulnerable people that present to criminal justice agencies and target services and support to help people in crisis.

Being safe summary: the change we want to see

- More people with learning disabilities will be involved in their local community.
- More people with learning disabilities will use technology safely to help them be more independent.

Being healthy

People with a learning disability are living longer. This is something to celebrate as a success of improvements in health and social care. For example, there has been a dramatic change in life expectancy for people with Down's Syndrome since the 1930s rising from age 10 to around age 50 over the course of 70 years (Holland, 2000).

However, people with learning disabilities are still at more risk of dying early compared to the general population and are more likely to die from causes that could have been prevented (Mencap, 2012, Hosking et al., 2016). The causes of health inequalities include:

- social factors such as poverty and poor housing;
- an increased risk of health problems associated with specific conditions;
- difficulties with communication and understanding of health issues;
- individual lifestyles such as poor diet and lack of exercise; and,
- the way healthcare is delivered (Learning Disabilities Observatory, 2011).

Annual health check

Annual health checks help people with learning disabilities to stay well by finding any problems early so they can get the right care. In North Wales 2,900 people with learning disabilities aged 18 and over are eligible for an annual health check and around 1,700 people (57%) had the health check in the last year.

There are 116 GP practices in North Wales, of which 71 are signed up to delivering the learning disability annual health check.

Screening programmes

National screening programmes available in Wales include specific cancer, non-cancer and maternal and child screening programmes ([appendix 1](#)). Data collected by the North Wales Health Liaison Team suggests that people with learning disabilities are less likely to engage with the national screening programmes when invited. For example, data from annual health checks suggests around 10% of eligible women with learning disabilities took up the offer for breast screening during 2017-18. The take-up rate for all eligible women in North Wales for 2016-17 was 73%.

Healthy lifestyles

There is evidence that people with learning disabilities are less physically active than the general population and that their diet is often unbalanced and does not include enough fruit and vegetables (Learning Disabilities Observatory, 2011). In addition,

people with learning disabilities often find it hard to understand the consequences of their lifestyle on their health.

Figures suggest around 39% of the population of people with learning disabilities in North Wales have a Body Mass Index (BMI) in the obese range ([appendix 1](#)). In the population as a whole, around 20% of people in North Wales have a BMI in the obese range (Welsh Health Survey, 2015). This suggests that we need to do more to make sure that people with learning disabilities have opportunities for physical activity and healthy eating.

Although rates of tobacco smoking and drinking alcohol are lower for adults who use services compared with the general population, rates of smoking among young people with a mild learning disability are higher than among their peers (Learning Disabilities Observatory, 2011).

People with learning disabilities may also be more likely to have problems with their oral health, such as tooth decay (Naseem et al., 2016). Many oral health problems are preventable. Recommendations include:

- Promoting healthy eating
- Good oral hygiene with the use of fluoride toothpaste and regular visits to the dentist
- Practical information about oral health care available for people with learning disabilities, parents and carers
- Good commissioning of oral health care services for people with a learning disability focussing on prevention
- Training for health care professionals and carers about how to provide oral health care for people with learning disabilities
- Working together with voluntary organisations who support people with learning disabilities
- Following national policy and guidelines around consent and clinical holding (British Society for Disability and Oral Health, 2012).

Transition from children's to adults' health services

Children's and adults' health services are structured in different ways. Children with learning disabilities may receive most of their health care from an acute paediatrician, community paediatrician or school nurse rather than their GP. This has implications for young people's transition between children's and adults' services.

Other issues can include young people aged 16 to 18 being treated as adults in hospital. Children's health liaison is available in some parts of North Wales which can help address this.

Mental health and well-being

Children with learning disabilities are more likely to have mental health needs than the general population and these can start early in life (Toms et al., 2015). An estimated 30% to 50% of children who have a learning disability will also have mental health needs (National Institute for Health and Care Excellence, 2016). Research suggests that there's a high level of unmet need for mental health services for children with learning disabilities (Toms et al., 2015). This was highlighted in the consultation where people commented that access to mental health needed to be quicker for children with learning disabilities and also that more support is needed for parents.

Research suggests that the prevalence of mental health needs in adults with learning disabilities was 41% or 28% when behaviours that challenge were excluded (Cooper et al., 2007). There is a risk that mental health needs in people with learning disabilities may not be identified due to assumptions that behaviour and symptoms are because of their learning disability (National Institute for Health and Care Excellence, 2016).

The Children's Commissioner for Wales (2018) identified a persistent and serious gap in mental health provision for young people with a learning disabilities. They found that continuity of care issues are often address by child services continuing to work with young adults, although this creates issues around suitability of services and costs. They also found that joint clinics between children's and adult health care providers were perceived as positive by young people and their families.

The Together for Mental Health in North Wales strategy sets out how we plan to improve mental health services in North Wales (Betsi Cadwaladr University Health Board, 2017). This includes improving public mental health, such as making sure that individuals build the ['Five Ways to Well-being'](#) into their lives.

Dementia

People with learning disabilities are more at risk of developing dementia as they get older (Ward, 2012). The prevalence of dementia among people with a learning disability is estimated at 13% of people over 50 years old and 22% of those over 65 compared with 6% in the general older adult population (Kerr, 2007). The Learning Disability Health Liaison Service in North Wales report that people with learning disabilities are four times more likely to have early onset dementia. People with Down's Syndrome are particularly at risk and can develop dementia 30-40 years earlier than the general population with rates of 40% at around age 50 (Holland and others, 1998).

Chronic conditions

Children, young people and adults with learning disabilities may also have a chronic condition such as coronary heart disease; diabetes; asthma; dysphagia (swallowing problems) or epilepsy. The data we have about the number of people who have a chronic condition and a learning disability in North Wales is incomplete. A study of GP records of adults with learning disability in England found that people with learning disabilities had higher prevalence of epilepsy, severe mental illness and dementia as well as moderately increased rates of underactive thyroid and heart failure (Carey et al., 2016). They found that the prevalence of chronic heart disease and cancer were approximately 30% lower than in the population as a whole. This is surprising as people with learning disabilities have a higher prevalence of risk factors for chronic heart disease, so researchers think it may be that these conditions aren't being identified as well. They also suggest that lower rates of smoking and alcohol use among people with learning disabilities may contribute although there isn't any evidence to confirm this at the moment.

Sensory impairments

Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population and nearly 1 in 10 adults with learning disabilities are blind or partially sighted (RNIB, 2010). People with severe or profound learning disabilities are most likely to have sight problems. Nearly 6 out of 10 people with learning disabilities need glasses (RNIB, 2010).

People with learning disabilities are more likely to have a hearing loss than the general population but are less likely to have their hearing problem diagnosed or managed. Hearing loss is estimated to be present in around 40% of adults with learning disabilities but much of this is undiagnosed (McShea, 2014).

The consultation highlighted that sensory loss in people with a learning disability can often be often overlooked. This may be due to the accessibility of the tests that are performed or because a carer may not notice the sensory loss and put issues with communication down to the person's learning disability. We need to make sure that more people are able to access tests for sensory loss, to make sure that the tests are explained fully and that carers are made aware of the signs of a sensory loss and the prevalence within the learning disability community.

Admissions to an Acute Hospital

Hospital passports (traffic lights) include information about a person and their health needs including their interests, likes, dislikes and preferred method of communication. These are available to be used across North Wales to help staff meet the needs of people with learning disabilities in the Emergency Department or when admitted to hospital.

There is a North Wales shared care agreement for carers supporting patients with a learning disability in hospital for use when the ward has identified that there is a need for additional support. Some people with learning disabilities will benefit from having their own familiar support while in hospital which can reduce anxiety, prevent diagnostic overshadowing and help support the hospital to make reasonable adjustments.

Communication standards

The Royal College of Speech and Language Therapists (2013) have produced five good communication standards, which are reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings. The document includes links to useful resources. The standards are:

- **Standard 1:** There is a detailed description of how best to communicate with individuals.
- **Standard 2:** Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.
- **Standard 3:** Staff value and use competently the best approaches to communication with each individual they support.
- **Standard 4:** Services create opportunities, relationships and environments that make individuals want to communicate.
- **Standard 5:** Individuals are supported to understand and express their needs in relation to their health and well-being.

Being healthy: the change we want to see

- People with a learning disability will engage more in healthy lifestyle behaviours such as healthy eating and mental well-being interventions such as the five ways to well-being.
- It will be easier for people with learning disabilities to take up health screening opportunities.
- All GP surgeries will be signed up to the delivering the learning disability annual health check and change their services to make them easier to use. These changes are called 'reasonable adjustments'.
- It will be easier for people with learning disabilities to have an annual health check.
- Reduced demand on specialist learning disability services.
- Any health inequalities are reduced.
- Fewer people will fall between the gaps in services.

Having the right support

We want to provide the right support at the right time to the right people in the right place. To provide support that helps people to do what they want, gives them choice and control over their own lives and promotes positive risk taking.

Having the right support with changes and transitions

The services people need will change throughout their lives. These changes, or times of transition, can include:

- support for parents as their child begins pre-school;
- moving through school from pre-school to primary to secondary;
- moving from school to college;
- moving from school or college into work; or,
- moving from living with parents into their own place;

The services available to support people may also change at specific times, for example, moving from children's services to adult services at age 18. Some services in North Wales co-produce transition plans to support young people age 14 to 17 with this change and others have a lifetime disability service so they don't use formal transition plans. In this case the outcomes (what matters to people) in relation to the transition are recorded in the statutory care and support plans. The changes being introduced with the Additional Learning Needs and Education Tribunal (Wales) Act 2018 may help improve some transitions.

Transitions also provide an opportunity to support people to achieve the maximum level of independence to which they aspire and provide the least intensive support model possible. It is important to match the services response to current need but also to work to reduce them over time, helping individuals gain confidence and skills, and so reduce long term needs. This is known as a 'progression model'.

The Children's Commissioner for Wales (2018) has spoken to young people, parents and carers and professionals throughout Wales about their experiences and views about transitions to adulthood for young people with learning disabilities. The key messages from young people and their families were:

- Young people's participation in planning and decision-making appears to be very low – this means that their different priorities and specific interests can get missed.
- Parents play a crucial role and are relied upon to do so, but often feel overwhelmed and anxious about the future – they need support and recognition.

- Some young people face a considerable change in how much support they receive after the age of 18 due to different thresholds rather than a sudden change in need – contrary to the Social Services and Well-being (Wales) Act 2014.
- Every service has different ways of transferring to over-18s services. Having a key worker or transition service is very valuable.
- Social isolation is a problem for many – even though friendships are rated as young people’s top priority.
- There are very limited opportunities for work and apprenticeships, with no supported employment opportunities – despite evidence suggesting this is particularly effective.
- Young people, parents and professionals all agree that young people with learning disabilities are still expected to slot into services that already exist, with limited options if that doesn’t fit their needs.
- Where young people and their families reported good experiences, they had been involved, they were clear about the process, they felt well supported by a keyworker, lead professional or dedicated transitions service and they often had access to a youth-centred provision that helped young people prepare for adulthood and expand their social and community networks.

Having the right support when moving area

The Social Services and Well-being (Wales) Act says that people should have portable assessments so if people move from one part of Wales to another they will not require their needs to be re-assessed if these haven’t changed.

A recent report about the needs of children in Armed Forces families highlights the impact that frequent moves can have on children with additional learning needs (Llewellyn et al., 2018). All six local authorities have signed an Armed Forces Community Covenant to support in service and ex-service personnel and their families and take part in the North Wales Armed Forces Forum.

Carer breaks

Each county has respite services which give families a break. The arrangements vary from county to county but include respite ‘beds’ in Care Homes, Adult Placements for respite, short breaks and use of Direct Payments.

There is a [North Wales Carers’ Strategy](#) and carers journey mapping carried out to inform the strategy highlighted how important it was to have the right support in place for the person cared for in order to support the carers. We have reviewed the provision of respite/short-term break resources for individuals with a learning disability or complex needs and their carers in North Wales (Hay, 2017) and developed a set of recommendations which we will implement as part of the strategy.

Carer breaks have traditionally been referred to as 'respite' although the term has also been associated with respite from something that is a burden so we are starting to use the term 'carer breaks' in preference.

See the [early years section](#) for more information about short breaks for children with learning disabilities.

Crisis response

Where possible we want to provide early intervention and prevention services and avoid the need for a crisis response. Where a crisis response is needed we want to see a joined up response for children and adults with learning disabilities.

Crisis intervention may be needed because of a mental health crisis, challenging behaviour or other needs that might lead to family/service breakdown; admission to an inpatient setting; or an out of area placement. It's important to understand the reasons behind challenging behaviour. It may be a way for a person to control what is going on around them and to get their needs met or they may be ill or in pain.

The consultation highlighted the need to review the challenging behaviour and crisis pathways for children and adults.

There is not currently an assessment and treatment facility for children and young people in North Wales. We want to make sure the right facilities are in place for North Wales, linking in with fostering and residential commissioning strategies.

The inpatient learning disabilities services at Bryn y Neuadd within Mental Health and Learning Disabilities Division provides highly specialised person centred care for adults with learning disabilities within a safe environment. They provide a range of specialist services, inclusive of assessment and treatment; rehabilitation; assessment and treatment for people with profound and multiple needs and therapeutic support services in a specialist learning disability hospital setting. There are currently three wards within the Learning Disability Inpatient Service at Bryn y Neuadd hospital. During 2016-17 there were around 50 admissions to these units due to mental health needs, challenging behaviour and/or physical health needs.

Support for people with profound and multiple learning disabilities (PMLD)

People with profound and multiple learning disabilities (PMLD) need a high level of support to lead good lives as described in this strategy. A group of family members, education, health and social care professionals have developed a set of Service Standards to be used by commissioners and providers of services for people with PMLD (Doukas et al., 2017). The standards have been developed to be used as an internal auditing tool and they recommend that they are used as part of an annual self-assessment process with action plans developed to address areas that need

improving. They include standards for organisations around leadership, quality, staff development (skills and confidence), physical environment, communication, health and well-being, social, community and family life.

Additional resources on how to improve services for adults with PMLD are available in the [Raising Our Sights guides](#).

End of life care

The [lifespan pathway](#) included at the start of the report highlights how end of life care may be needed at any point in the pathway.

A report by the Care Quality Commission (2016) identified inequalities in end of life care for people with learning disabilities. This included a lack of understanding of people's individual needs; not identifying people who are approaching the end of life at an early enough stage because of poor access to physical healthcare; poor communication, for example, health and social care staff making assumptions about people's ability to 'cope' with discussions about end of life. The Welsh Government (2017a) has published their Palliative and End of Life Care Delivery Plan which sets out how they plan to improve the delivery of all aspects of palliative and end of life care including support for people of all ages and the needs of those experiencing bereavement.

The service standard for people with PMLD is that 'The organisation ensures each person has an End of Life Plan in place, in consultation with the person, their family and other appropriate members of the circle of support' (Doukas et al., 2017).

Advocacy

The Welsh Government describes advocacy as having two main themes:

“speaking up for and with individuals who are not being heard, helping them to express their views and make their own informed decisions and contributions, and, safeguarding individuals who are at risk”.

There are different forms of advocacy which include:

- **Self-advocacy** when individuals represent and speak up for themselves.
- **Informal advocacy** when family, friends or neighbours support an individual to have their wishes and feelings heard, which may include speaking on their behalf.
- **Independent volunteer advocacy** involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals.

- **Formal advocacy**, which can refer to the advocacy role of staff in health, social care and other settings where professionals as part of their role consider the wishes and feelings of an individual and help make sure they are addressed properly.
- **Independent professional advocacy** involves an independent professional advocate who is trained and paid to undertake the role. They must make sure individuals' views are accurately conveyed irrespective of the view of the advocate or others as to what is in the best interests of the individuals.

The Part 10 Code of Practice sets out the access to advocacy that local authorities must provide under the Social Services and Well-being (Wales) Act 2014. Local authorities may also identify a duty to provide an Independent Mental Capacity Advocate (IMCA) under the Mental Capacity Act 2005, for example when a decision needs to be taken about the person's long-term accommodation.

There are self-advocacy groups for people with learning disabilities in each county in North Wales.

It is important to involve and 'listen to' people with profound and multiple learning disabilities (PMLD). Advocacy for people with PMLD may involve 'representational advocacy' where an independent advocate speaks on their behalf and families are also important advocates for people with PMLD. When commissioning advocacy services for people with PMLD we need to take into account the observational and listening skills of the advocate and ability to communicate in a variety of ways with the individual and family members, a good understanding of human rights as well as giving the right amount of time (Mencap and PMLD Network, 2013).

It is also important to recognise what the individual wants and to support them. Sometimes this may be against the wishes of their parents/carers. We need to take make sure that children and adults with learning disabilities have access to their rights as set out in UN Convention on the Rights of the Child (UNCRC), the UN Principles for Older Persons (UNPOP) and the UN Convention on the Rights of Persons with Disabilities (CRPD).

Support for parents with a learning disability

The research suggests that best practice for supporting parents with a learning disability should include the following (Stewart and McIntyre, 2017).

- Early identification of parents with learning disabilities so that appropriate support can be put in place. This will need to address concerns parents may have about discrimination and assumptions about their ability to parent.
- Good partnership working to make sure parents with learning disabilities don't fall between services. For example, a person may not have been eligible for learning disability services before having parental responsibility. Also need to make sure

staff are aware of the needs of people with learning disabilities, how to support them and make reasonable adjustments. This includes GPs, midwives and health visitors, social workers working in child protection and family support services and advocates and others working in family courts.

- Early assessment of parenting skills that identifies strengths as well as support needs and gives people time to develop their skills. For example, by using the Parents Assessment Manual (PAMS). Multi-disciplinary support should be available to help people address any issues identified.
- Make sure information is accessible including information about pregnancy and childcare and especially any information about child protection proceedings.
- Support should be family focussed, adapted to the family's needs and take a strengths-based approach. Some families will need on-going or long-term support.
- Promote the use of independent advocacy and self-advocacy. In child protection proceedings generic advocacy may not be sufficient as advocates will need knowledge of child protection law and the needs of people with learning disabilities. In our consultation parents with a learning disability said it was important that they get to have their say too.

One of the childcare sufficiency assessments mentioned the importance of access to childcare for parents with learning disabilities.

As part of the Improving Outcomes for Children Ministerial Advisory Group phase 2 work programme (Welsh Government, 2018b), *Workstream 2: Assessment of Risk and Edge of Care Services* includes actions to:

- Undertake research to identify the number of children who have parents with a learning disability who no longer live at home and the reasons behind their change of status.
- Develop guidance for reducing the number of looked after children taken from parents with a learning disability.

Looked after children are also a priority in the Welsh Government (2018c) Improving Lives Programme which aims to 'improve the outcomes of parents with a learning disability and their children to ensure a good quality of life'.

There is a network for parents with a learning disability in North Wales supported by [Learning Disability Wales](#). It is open to parents whether their child lives with them or not and provides an opportunity to share experiences and stories with each other with each other and also with social services and Welsh Government.

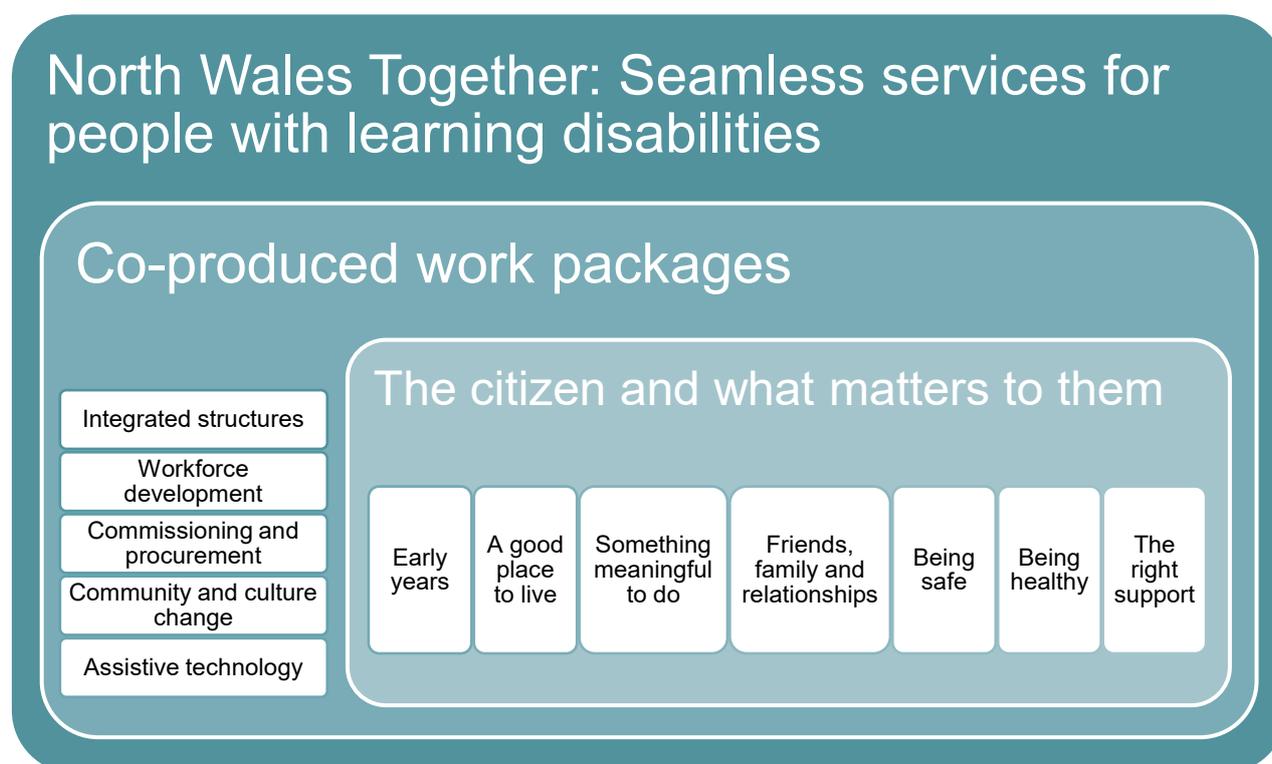
The right support: the change we want to see

- Fewer people will fall between the gaps in services.
- No-one will experience delays in support due to disagreements between services.
- Increased take-up of support budgets / direct payments.
- People with learning disabilities and their parents/carers will have access to good, consistent and accessible information and advice.

Putting the strategy into action

To achieve our vision and provide services based on what matters to people (a good place to live, something meaningful to do and so on) we have planned five work packages that will set out *how* we will change things in order to achieve good lives for people with learning disabilities. The work packages will include actions to improve support throughout people’s lives and meet the needs of people with profound and multiple learning disabilities. They will take an asset-based approach to build on the skills, networks and community resources that people with learning disabilities already have. The diagram below shows how the different parts of the project will fit together.

Putting the strategy into action will include not just people who provide specific learning disability services. To achieve our vision we need to co-produce services with people with learning disabilities and their parents/carers and share power and responsibility for making these changes. We also need to work closely with staff in the six local authorities and health services outside of specific learning disability services to improve communication and understanding of the reasonable adjustments that people with learning disabilities may need to access health care and other public services. The key to achieving our vision will be to work with local communities to make sure people with learning disabilities are truly valued and included in their communities.



Integrated structures

Making sure health and social services work together better to support people with learning disabilities.

We want an integrated service where no citizens fall between the gaps in services with seamless transitions through changes in life. We will build on current good practice across North Wales with integrated health and social care teams and lifespan approaches to disability services to develop models and structures that provide seamless care to the individual.

Actions

- Review current models of integration and share best practice across the region.
- Reduce any duplication of record systems so people only have to 'say it once'.
- Make sure there is sufficient support for the health issues of older people with learning disabilities, including people with dementia.
- Review the systems and the support available for individual and their families around diagnosis and assessment.

How we will know if we've made a difference

- New integrated structures will be in place.
- Fewer people will fall between the gaps in services (identified through consultation and engagement, feedback and complaints).
- No-one will experience delays in support due to disagreements between services.

Workforce development

Making sure staff know how to communicate well with people with learning disabilities and change services to make them easier to use. This will help people get the health care they need. Make sure people who want support in Welsh can get it without having to ask.

We want to see more awareness of disability issues among the wider public sector workforce including the reasonable adjustments that can be made to provide people with learning disabilities fair and equitable access to services and other community resources.

Actions

- Bring different parts of the workforce together to share best practice.
- Develop a consistent value-based skill set for staff across the region.
- Provide support for the wider workforce, including GPs and healthcare assistants about reasonable adjustments and preventative measures.

- Work in partnership with people with learning disabilities, health professionals, carers and screening programmes to make it easier for people with learning disabilities to take up screening when invited.
- Raise awareness of healthy lifestyles and mental well-being with people who have learning disabilities, their families and support workers in an accessible way.
- Tackle health inequalities.

How will we know if we've made a difference

- People with a learning disability will engage more in healthy lifestyle behaviours such as healthy eating and mental well-being interventions such as the five ways to well-being.
- It will be easier for people with learning disabilities to take up health screening opportunities.
- All GP surgeries will be signed up to the delivering the learning disability annual health check and change their services to make them easier to use. These changes are called 'reasonable adjustments'.
- It will be easier for people with learning disabilities to have an annual health check
- Reduced demand on specialist learning disability services.
- Any health inequalities are reduced.
- People with learning disabilities and their parents/carers will have access to good, consistent and accessible information and advice.

Commissioning and procurement

Work with other organisations to make sure we have the types of housing and support people need.

We want to move towards person-centred, outcome models of commissioning where the process is led by the person to deliver services that develop self-reliance, improve quality of care, reduce demand and re-invest in new forms of care.

Actions

- Explore and pilot pooled budgets between health and social care in a locality.
- Provide sustainable models of support jointly by health and social care to meet the needs of individuals with complex needs. This should include addressing the unmet need for high end jointly funded nursing placements for adults with severe learning disabilities who have health related needs.
- Continue to explore and develop housing options to meet the needs of people with learning disabilities in partnership with other organisations.

- Improve the use of and support available for support budgets / direct payments.
- Support older carers and make sure they have the support and carer break (respite) services they need. This should include 'planning ahead' services for families which includes work to identify hidden carers and assess their needs for support.
- Implement the recommendations of the *Development of Respite/ Short-term Break Resources across North Wales for Individuals with a Learning Disability or Complex Needs and their Carers* report (Hay, 2017)

How will we know if we've made a difference

- There will be fewer out of area placements.
- More people with learning disabilities will have choice and control over where they live and how they are supported.
- Increased take-up of support budgets / direct payments.
- Carers will have access to a range of flexible carer breaks.
- Any health inequalities are reduced.

Community and culture change

Work with the local community to make sure people with learning disabilities can access lots of different activities and meet new people if they want to. Help more people with learning disabilities to get paid jobs.

We want to raise awareness and build friendships and relationships within an inclusive community to make the most of the assets, resources and skills available.

Actions

- Work with local employers to develop employment opportunities for people with learning disabilities as well as other day opportunities.
- Work with community navigators, local area coordinators and social prescribing models to help people find out about the community groups and activities available in their area and support them to get involved.
- Work with support workers to facilitate friendships and relationships for people with learning disabilities and promote positive risk taking.

How will we know if we've made a difference

- More people with learning disabilities will be involved in their local community.
- More people with learning disabilities will have paid jobs.
- The rights of people with learning disability to engage in relationships are recognised.

- Support workers and carers are supported to facilitate relationships and positive risk taking.
- People with a learning disability will engage more in healthy lifestyle behaviours such as healthy eating and mental well-being interventions such as the five ways to well-being.

Assistive technology

Find ways to use technology like alarms and mobile phones to support people to be more independent.

Actions

- Developing skills, knowledge and training about the potential of existing technologies (such as mobile phones and voice controlled personal assistants like Alexa) to support people with learning disabilities.
- Develop the provision of assistive technology and communication aids for people with learning disabilities.
- Provide more support for people with staying safe when using the internet.

How will we know if we've made a difference

- More people with learning disabilities will use technology safely to help them be more independent.

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Appendix 1: Baseline data

This appendix includes the baseline data gathered to inform the strategy.

Children and young people

There are reliability issues with much of the data collected about children with learning disabilities due to differences in the definitions used and the way data is collected. In place of data about the number of children who have a learning disability we have used data about the number of children who have a [learning difficulty](#), which is a broader term which includes people with specific learning difficulties such as dyslexia. We have also used data about the total number of disabled children which includes children who have a physical impairment but not a learning disability as a proxy in places.

There are around 102,000 pupils in North Wales, the total school-age population. Table 2 below shows the number of pupils who have a learning difficulty. The way education services define learning difficulties as moderate, severe or profound is different to the way social services assess whether someone needs support from learning disability services. These figures can't therefore be used to tell how many young people are likely to need support from learning disability services as adults.

Table 1: Number of pupils with a learning difficulty, 2016-17

	Moderate	Severe	Profound	ASD
Anglesey	335	135	20	125
Gwynedd	820	130	50	115
Conwy	360	45	30	325
Denbighshire	250	85	30	375
Flintshire	885	95	40	245
Wrexham	695	115	30	295
North Wales	3,345	605	200	1,480

Source: PLASC, Welsh Government, [Stats Wales](#)

Numbers have been rounded to the nearest 5.

Table 2: Estimated number of children aged 0-17 with a learning difficulty

	Moderate	Severe	Profound
Anglesey	777	100	25
Gwynedd	700	91	22
Conwy	1143	148	36
Denbighshire	818	106	26
Flintshire	494	64	16
Wrexham	1,095	142	35
North Wales	5,027	651	160

Source: Daffodil, estimates based on prevalence in the population

Table 3 shows the number of children receiving care and support who have a disability or Statement of Special Educational needs.

Table 3: Number of children receiving care and support with a disability or Statement of Special Educational Needs (SEN) (2017)

	Children with a disability	Children with a Statement of SEN
Anglesey	75	65
Gwynedd	245	175
Conwy	155	120
Denbighshire	90	35
Flintshire	65	40
Wrexham	65	75
North Wales	695	505

Source: Children Receiving Care and Support Census, Welsh Government, StatsWales

Numbers have been rounded to the nearest 5.

Table 4: Number of children aged 0-17 with a moderate learning difficulty, 2017 to 2035

	2017	2020	2025	2030	2035	Predicted change between 2017 and 2035
Anglesey	490	505	505	480	450	-46
Gwynedd	820	820	830	840	860	38
Conwy	780	790	780	750	700	-76
Denbighshire	700	720	730	710	690	-15
Flintshire	1,140	1,150	1,140	1,080	1,030	-120
Wrexham	1,100	1,130	1,150	1,130	1,120	29
North Wales	5,030	5,100	5,130	4,980	4,840	-190

Source: Daffodil, estimates based on prevalence in the population

Numbers have been rounded so may not sum.

Table 5: Number of children under 16 in receipt of Disability Living Allowance (DLA) February 2018

	Age under 5	Aged 5 to under 11	Aged 11 to under 16	Total
Anglesey	50	190	180	420
Gwynedd	70	300	290	660
Conwy	80	410	410	900
Denbighshire	100	380	480	960
Flintshire	120	490	490	1,100
Wrexham	100	510	620	1,230
North Wales	510	2,270	2,460	5,240

Source: ONS (from Nomis)

Numbers have been rounded so may not sum.

There is no consistent data available about the number of children with a learning disability in foster placements. The number of children in North Wales on the learning disability register in foster placements is 23 in 2016-17 which seems like an undercount. The table below shows the total number of looked after disabled children.

Table 6: Number of disabled children looked after at 31 March 2017

	2014-15
Anglesey	15
Gwynedd	25
Conwy	15
Denbighshire	30
Flintshire	30
Wrexham	<5
North Wales	120

Source: Children receiving care and support census, StatsWales.

Numbers have been rounded to the nearest 5

Table 7: Number of special schools and pupils in North Wales, 2017-18

	Number of schools	Number of pupils
Anglesey	1	92
Gwynedd	2	215
Conwy	1	221
Denbighshire	2	277
Flintshire	2	209
Wrexham	1	295
North Wales	9	1,309

Source: Pupil Level Annual School Census (PLASC), Welsh Government, Stats Wales

Adults

Table 8: Number of adults aged 18 and over predicted to have a learning disability, 2017 to 2035

	2017	2020	2025	2030	2035	Predicted change between 2017 and 2035
Anglesey	1,300	1,300	1,300	1,300	1,300	-20
Gwynedd	2,400	2,400	2,400	2,500	2,500	170
Conwy	2,200	2,200	2,200	2,200	2,200	20
Denbighshire	1,800	1,800	1,800	1,900	1,900	120
Flintshire	2,900	2,900	2,900	2,900	2,900	60
Wrexham	2,600	2,700	2,800	3,000	3,100	440
North Wales	13,100	13,300	13,400	13,700	13,900	780

Source: Daffodil

Table 9: Number of adults aged 18 and over predicted to have a moderate or severe learning disability, 2017 to 2035

	2017	2020	2025	2030	2035	Predicted change between 2017 and 2035
Anglesey	260	260	250	250	250	-20
Gwynedd	480	490	490	500	510	30
Conwy	430	430	420	420	420	-10
Denbighshire	360	360	360	370	370	10
Flintshire	590	590	580	580	580	-10
Wrexham	550	560	580	610	630	80
North Wales	2,680	2,680	2,690	2,730	2,750	80

Source: Daffodil, estimates based on prevalence in the population

Note: The number of adults aged 18-64 is predicted to decline by around 25 people, which is why the increase in the total adults aged 18 and over is lower than the increase in the total adults aged 65 and over.

Table 10: Number of adults aged 65 and over predicted to have a learning disability, 2017 to 2035

	2017	2020	2025	2030	2035	Predicted change between 2017 and 2035
Anglesey	370	390	420	440	460	90
Gwynedd	580	590	620	660	690	120
Conwy	660	680	730	790	840	190
Denbighshire	480	500	540	590	630	150
Flintshire	680	720	770	850	920	240
Wrexham	570	600	660	730	800	230
North Wales	3,330	3,490	3,730	4,060	4,350	1,010

Source: Daffodil, estimates based on prevalence in the population

Table 11: Number of adults aged 65 and over predicted to have a moderate or severe learning disability, 2017 to 2035

	2017	2020	2025	2030	2035	Predicted change between 2017 and 2035
Anglesey	50	50	50	60	60	10
Gwynedd	80	80	80	90	90	10
Conwy	90	90	90	100	110	20
Denbighshire	60	70	70	80	80	20
Flintshire	90	100	100	110	120	30
Wrexham	80	80	90	90	100	30
North Wales	450	470	490	520	550	110

Source: Daffodil, estimates based on prevalence in the population

Expenditure on services

Local authorities had spent around £85 million a year in North Wales on services for people with learning disabilities as shown in table 4 and 5 below. This increased to £96 million in 2016-17 due to transfers to meet the cost of providing support to former Independent Living Fund (ILF) recipients.

Table 12: Social services revenue expenditure, adults aged under 65 with learning disabilities

	£ thousands					
	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Anglesey	8,134	6,936	6,812	7,180	7,763	8,373
Gwynedd	12,733	12,223	13,105	13,386	14,931	15,911
Conwy	16,791	16,095	16,401	16,362	16,729	18,676
Denbighshire	11,685	12,001	12,045	12,781	9,993	14,230
Flintshire	18,676	17,650	17,697	17,959	20,194	21,814
Wrexham	16,368	16,096	15,811	15,163	14,440	17,122
North Wales	84,387	81,001	81,871	82,831	84,050	96,126

Source: Revenue outturn data collection, Welsh Government, StatsWales

Table 13: Social services capital expenditure on personal social services

	£ thousands					
	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Anglesey	21,619	25,428	24,105	21,288	43,976	36,640
Gwynedd	35,752	42,470	41,461	32,417	35,534	29,309
Conwy	28,009	28,704	38,630	27,966	19,426	30,478
Denbighshire	39,733	38,345	42,003	35,662	88,562	42,964
Flintshire	43,026	39,821	38,058	40,401	140,301	63,493
Wrexham	56,042	42,250	45,144	54,847	219,453	84,208
North Wales	224,182	217,018	229,401	212,581	547,252	287,092

Source: Capital outturn (COR) data collection, Welsh Government, StatsWales

Continuing health care

There are 280 people with learning disabilities in receipt of continuing health care funding in North Wales. Of these, 224 are jointly funded between health and social services and 56 are fully funded by health.

Compliments and complaints

Overall during 2016-17 local council and health services received around 40 formal complaints about learning disability services. Most complaints are resolved informally. The numbers are too few to identify any trends or issues developing across North Wales.

The number of formal complaints received by local authority learning disability services is listed in the table below. The numbers can't be compared against each other or year

to year as they are counted differently. For example, some services include children and adults while others include adults only and some figures are for a whole disability service rather than the learning disability service. The data shows how the number of complaints increases when services change or are reduced.

Table 14: Number of formal complaints received, Learning Disability, 2016-17

	2014-15	2015-16	2016-17
Anglesey	<5	<5	<5
Gwynedd	10	<5	<5
Conwy	5	5	10
Denbighshire	5	5	5
Flintshire	20	60	10
Wrexham	30	10	10
BCUHB	<5	10	<5
North Wales	80	90	40

Source: Local authority data collection

Numbers have been rounded to the nearest 5.

Local authorities and health services also receive compliments about the work they are doing well.

Community based, residential services and nursing care

Please note, the data is not available for 2015-16 due to reduced data collection.

Table 15: Number of adults (over 18) with a learning disability who receive community-based services

	2010-11	2011-12	2012-13	2013-14	2014-15
Anglesey	170	126	154	172	174
Gwynedd	246	255	275	203	332
Conwy	324	358	393	398	381
Denbighshire	222	256	277	288	295
Flintshire	422	368	398	418	424
Wrexham	281	271	268	285	276
North Wales	1,665	1,634	1,765	1,764	1,882

Source: StatsWales

Table 16: Number of adults (over 18) with a learning disability who receive residential services

	2010-11	2011-12	2012-13	2013-14	2014-15
Anglesey	37	37	29	34	28
Gwynedd	15	23	34	41	49
Conwy	73	83	74	75	69
Denbighshire	55	50	49	49	52
Flintshire	44	42	46	42	52
Wrexham	43	39	40	36	34
North Wales	267	274	272	277	284

Source: StatsWales

Table 17: Number of adults (over 18) receiving nursing care (Independent sector care homes)

	2010-11	2011-12	2012-13	2013-14	2014-15
Anglesey	2	2	3	4	3
Gwynedd	0	0	0	2	2
Conwy	10	15	16	17	15
Denbighshire	0	0	0	0	1
Flintshire	1	3	4	7	4
Wrexham	16	4	2	1	1
North Wales	29	24	25	31	26

Source: Stats Wales

Deprivation of Liberty Safeguards

The table below shows the number of DoLS referrals made by each local authority for people with learning disabilities during 2016-17.

Table 18: Number of Deprivation of Liberty Safeguards (DoLS) referrals, 2016-17

	2016-17
Anglesey	14
Gwynedd	25
Conwy	65
Denbighshire	27
Flintshire	21
Wrexham	8
North Wales	160

Source: Local authority data collection

Safeguarding

The table below shows the numbers of crimes in each county although the numbers are not large enough to show any trend over time or significant differences between counties.

Table 19: Number of crimes linked to victims with learning disabilities

2012-2016		North Wales	
Anglesey	5	2012	5
Gwynedd	5	2013	10
Conwy	10	2014	15
Denbighshire	10	2015	5
Flintshire	10	2016	20
Wrexham	10		
North Wales	50	Total	50

Source: North Wales Police

Numbers have been rounded so may not sum.

The table below shows the number of safeguarding concerns in each county in North Wales.

Table 20: Number of adult safeguarding concerns concerning adults with learning disabilities

	2012-13	2013-14	2014-15	2015-16
Anglesey	20	30	20	25
Gwynedd	20	35	15	30
Conwy	55	60	60	50
Denbighshire	20	30	15	40
Flintshire	30	55	50	35
Wrexham	30	30	30	50
North Wales	180	240	190	230

Source: StatsWales

Numbers have been rounded so may not sum.

Out of area placements

Data collected for the strategy found that there were around 20 children and young people aged under 18 who were placed out of county or region. Fewer than five of these were placed out of county by choice, for example, because they are closer to family or because have been placed with family (connected person) out of county for safeguarding reasons. Ten of the children had a severe learning disability. The most common need was around challenging behaviour followed by autism, physical disability and hearing impairment. Most of the out of county placements were in foster placements or specialist residential schools. The most common placement length was for between 2 to 4 years with fewer than 5 placements for over 10 years.

For adults there were around 160 people placed out of county or region, with 20 of these placed out of county by choice, for example to be closer to family. Around 60 of the people placed out of county have severe learning disability, 50 have a moderate learning disability and 35 have a mild learning disability. Around half of the people placed out of county had needs around challenging behaviour. The next most common need was autism followed by mental health (dual diagnosis), forensic and physical disability. Fewer than 5 people were placed out of county with needs relating to visual and hearing impairments and dementia in each category. The majority of placements

(115) were residential and around 30 were in hospital. Around 10 of the placements were tenancy based with fewer than 5 placements in each of shared lives and specialist residential school. There were a range of placement lengths with no real differences in placement lengths between people in placements by choice and others. There were around 30 people who had been in a placement out of county for 10 years or more.

Screening programmes

The Screening Division of Public Health Wales invites the eligible screening population to take part in screening programmes operating in Wales. Eligibility for programmes is based on age, gender and residence. The Division does not currently capture information on whether a person has a learning disability or any other protected characteristic however programmes are continually striving to improve programme performance through working collaboratively with partners.

Current Programmes in Wales include:

- Breast Test Wales
- Cervical Screening Wales
- Bowel Screening Wales
- Wales Abdominal Aortic Aneurysm Screening Programme
- Diabetic Eye Screening Wales
- Antenatal Screening Wales
- Newborn Hearing Screening Wales
- Newborn Bloodspot Screening Wales

For more information about the screening programmes in Wales visit [Screening for Life](#).

Each year, Screening Division produces, by programme, a series of annual statistical reports which give an overview of screening performance in Wales. These reports include a variety of national statistics including information on the number of people who take part in screening, what the results are, and how many people need to go on for further investigation. At a local level, the Division also produces GP Cluster, Health Board and Local authority data.

For more information in relation to national and local statistical reports visit:

- [Annual Statistical Reports](#)
- [Uptake and Coverage by health Board and Local Authority](#)
- [GP Cluster](#)

Data collected by the North Wales Health Liaison Team suggests that people with learning disabilities are less likely to engage with the national screening programmes when invited. Screening questions form part of the annual health check. The data on screening take-up from the health check data is included in the table below. Please

note this only includes information available to the health liaison team and may be an undercount as this section is not always filled in.

Table 21: Number of screening opportunities taken up, 2017-18

	Number eligible	Number who took up the opportunity	Percentage take up
Breast screening	100	10	10%
Bowel screening	65	5	9%
Cervical screening	305	20	6%

Source: North Wales Health Liaison Team

Numbers have been rounded so may not sum.

Healthy lifestyles

There is a record of Body Mass Index (BMI) for 454 adults with learning disabilities in North Wales (excluding Conwy) and 178 of those had a BMI in the obese range (30 or higher). No adults had a BMI in the underweight range. The data was not available from Conwy GPs.

In-patient units at Bryn y Neuadd

- Mesan Fach Assessment and Treatment Unit
- Tan y Coed rehabilitation provision
- Foelas assessment and treatment unit for people with PMLD.

The number of admissions of people with learning disabilities who were admitted to in-patient units in Bryn y Neuadd in 2016-17 were as follows.

- 16 admissions to Mesen Fach due to challenging behaviour.
- 22 admissions to Mesen Fach due to mental health needs.
- Less than 5 admissions to Mesen Fach with additional physical health needs and 5 admissions to Foelas with physical health needs.
- 5 people were admitted once or more to both in-patient and mental health and learning disability care for management of challenging behaviour during the year.

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 3 rd October, 2019
Report Subject	Year-end Council Plan 2018/19 Monitoring Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Council Plan 2018/19 was adopted by the Council in June 2018. This report presents a summary of the monitoring of progress at the end of 2018/19 for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.

This monitoring report for the 2018/19 Council Plan is a positive report, with 92% of activities being assessed as having made good progress, and 89% on track to achieve the desired outcome. Performance indicators show good progress with 70% on target, 20% are being monitored and 10% off track. Risks are also being successfully managed with the majority being assessed as moderate (64%), minor (14%) or insignificant (11%).

This report is an exception based report and therefore detail focuses on the areas of under-performance.

RECOMMENDATIONS

1	That the Committee consider the Year-end Council Plan Monitoring Report 2018/19 to monitor under performance and request further information as appropriate.
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REPORT DETAILS

1.00	EXPLAINING THE COUNCIL PLAN 2018/19 MONITORING REPORT						
1.01	The Council Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2018/19 Council Plan. The narrative is supported by performance indicators and / or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are being controlled.						
1.02	This is an exception based report and detail therefore focuses on the areas of under-performance.						
1.03	<p>Monitoring our Activities <u>ACTIVITIES PROGRESS</u> Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: -</p> <ul style="list-style-type: none"> • RED: Limited Progress – delay in scheduled activity; not on track • AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track • GREEN: Good Progress – activities completed on schedule, on track <p><u>ACTIVITIES OUTCOME</u> A RAG status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Outcome has been categorised as: -</p> <ul style="list-style-type: none"> • RED: Low – lower level of confidence in the achievement of the outcome(s) • AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) • GREEN: High – full confidence in the achievement of the outcome(s) 						
1.04	<p>In summary our overall progress against the high level activities is: -</p> <p>ACTIVITIES PROGRESS:</p> <p style="text-align: center;">Action Progress RAG Status</p> <p>The pie chart displays the distribution of RAG status for action progress. The 'On Track' category is represented by a large green slice, accounting for 92% of the total. The 'Monitor' category is represented by a smaller yellow slice, accounting for 8% of the total. A legend to the right of the chart identifies the colors: green for 'On Track' and yellow for 'Monitor'.</p> <table border="1"> <thead> <tr> <th>RAG Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>On Track</td> <td>92%</td> </tr> <tr> <td>Monitor</td> <td>8%</td> </tr> </tbody> </table>	RAG Status	Percentage	On Track	92%	Monitor	8%
RAG Status	Percentage						
On Track	92%						
Monitor	8%						

	<p>ACTIVITIES OUTCOME:</p> <p style="text-align: center;">Action Outcome RAG Status</p> <p style="text-align: center;">No activities have been assessed as 'red' for progress or outcome.</p>
1.05	<p>Monitoring our Performance</p> <p>Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG (Red, Amber Green) status. This is defined as follows: -</p> <ul style="list-style-type: none"> • RED equates to a position of under-performance against target. • AMBER equates to a mid-position where improvement may have been made but performance has missed the target. • GREEN equates to a position of positive performance against target.
1.06	<p>Analysis of current levels of performance against the end of year target shows the following: -</p> <p style="text-align: center;">Performance RAG Status</p>
1.07	<p>The performance indicators (PI) which show a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee are: -</p> <p>The number of care homes that have achieved bronze standard who have also achieved silver standard for Progress for Providers Target: 5 care homes; end of year performance: 0</p>

14 Care homes have achieved Bronze standard. Following a 6 month consolidation period, all 14 homes are now working towards silver standard, and the first are expected to achieve by March 2020.

Number of people kept in hospital while waiting for social care per 1,000 population aged 75+

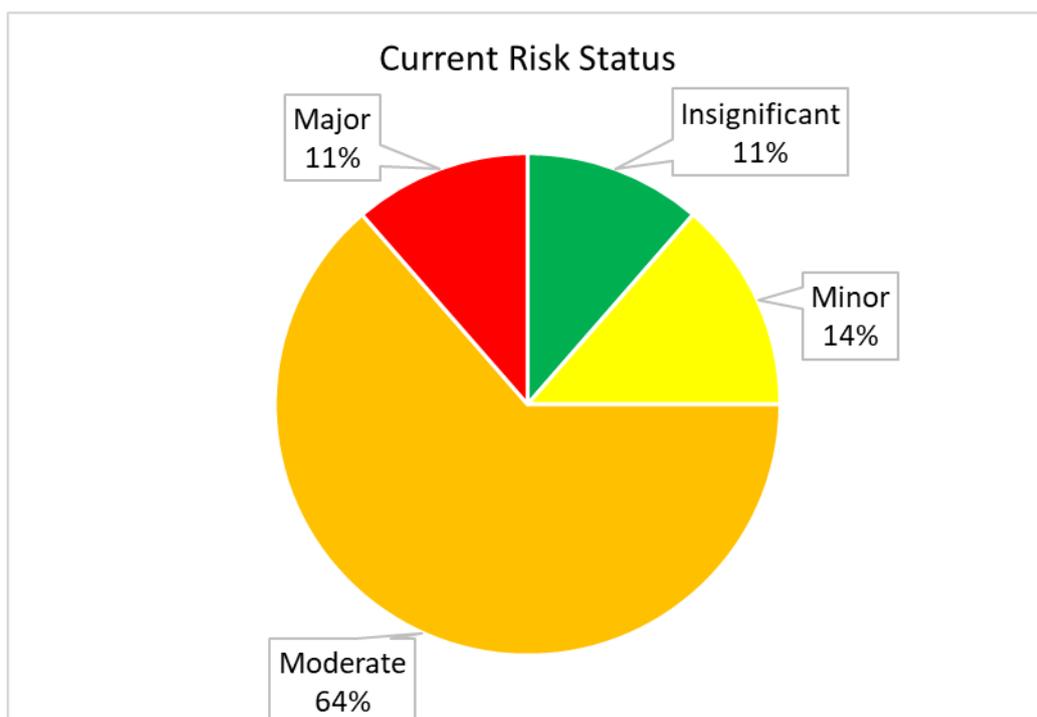
Target: 1.89 per thousand people; end of year performance: 2.94

Although performance has dipped this year, the rate of delays is still better than the All Wales average of 3.5. The Council and Betsi Cadwaladr University Health Board (BCUHB) continue to work together on a case by case basis to ensure prompt discharge.

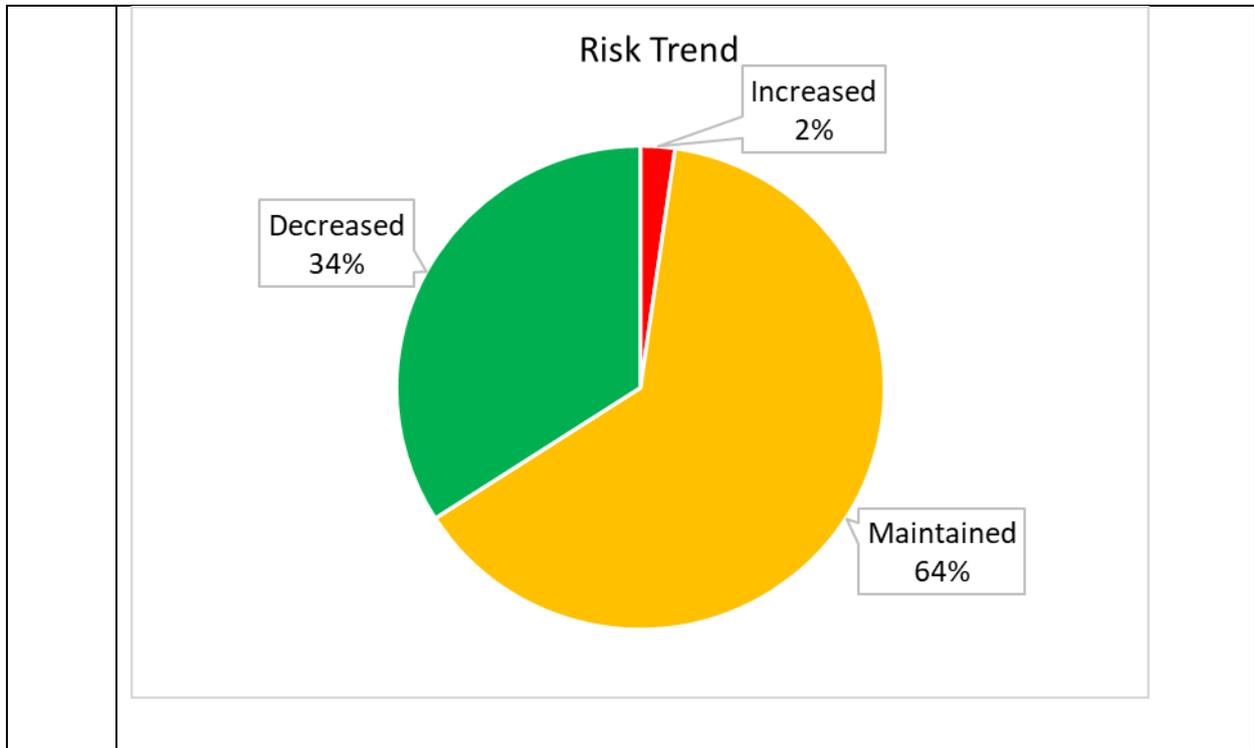
1.08 All performance indicators which show a red RAG status against target will continue to be monitored in-year. Similarly those with a downward trend will be reviewed to ascertain if performance can be improved in-year.

1.09 Monitoring our Risks

Analysis of the current risk levels for the strategic risks identified in the Council Plan is as follows:



Analysis of the current direction of travel in significance of the strategic risks identified in the Council Plan is as follows:



1.10 The major (red) risk identified for the Social & Health Care Overview & Scrutiny Committee is: -

Risk: Demand outstrips supply for residential and nursing home care bed availability.

The expansion of Marleyfield House Care Home in Buckley to support the medium term development of the nursing sector continues. The re-phasing of Integrated Care Fund (ICF) capital to fit in with the Council's capital programme has been agreed by Welsh Government. Recommendations from Social & Health Care Overview and Scrutiny Committee were that the Committee support the ICF programme and the initiatives of utilising short term funding streams to deliver against strategic and operational priorities for the council and key partners. Workstreams from the Strategic Opportunity Review are continuing.

2.00	RESOURCE IMPLICATIONS
2.01	There are no specific resource implications for this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The Council Plan Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest.
3.02	Chief Officers have contributed towards reporting of relevant information.

4.00	RISK MANAGEMENT
4.01	Progress against the risks identified in the Council Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.07 and 1.10 above.

5.00	APPENDICES
5.01	Appendix 1 – Year-end Council Plan 2018/19 Monitoring Report – Supportive Council.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Council Plan 2017/18: http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx</p> <p>Contact Officer: Margaret Parry-Jones Telephone: 01352 702324 E-mail: Margaret.parry-jones@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS																																													
7.01	Council 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 a Council Plan.																																													
7.02	Risks: These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time.																																													
7.03	<p>Risk Likelihood and Impact Matrix</p> <table border="1"> <tr> <td rowspan="4">Impact Severity</td> <td>Catastrophic</td> <td>Y</td> <td>A</td> <td>R</td> <td>R</td> <td>B</td> <td>B</td> </tr> <tr> <td>Critical</td> <td>Y</td> <td>A</td> <td>A</td> <td>R</td> <td>R</td> <td>R</td> </tr> <tr> <td>Marginal</td> <td>G</td> <td>Y</td> <td>A</td> <td>A</td> <td>A</td> <td>R</td> </tr> <tr> <td>Negligible</td> <td>G</td> <td>G</td> <td>Y</td> <td>Y</td> <td>A</td> <td>A</td> </tr> <tr> <td></td> <td></td> <td>Unlikely (5%)</td> <td>Very Low (15%)</td> <td>Low (30%)</td> <td>Significant (50%)</td> <td>Very High (65%)</td> <td>Extremely High (80%)</td> </tr> <tr> <td></td> <td></td> <td colspan="6">Likelihood & Percentage of risk happening</td> </tr> </table>	Impact Severity	Catastrophic	Y	A	R	R	B	B	Critical	Y	A	A	R	R	R	Marginal	G	Y	A	A	A	R	Negligible	G	G	Y	Y	A	A			Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)			Likelihood & Percentage of risk happening					
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		Likelihood & Percentage of risk happening																																												

	The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit.
7.04	CAMMS – An explanation of the report headings
	<p>Actions</p> <p><u>Action</u> – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority.</p> <p><u>Lead Officer</u> – The person responsible for updating the data on the action.</p> <p><u>Status</u> – This will either be ‘In progress’ if the action has a start and finish date or ‘Ongoing’ if it is an action that is longer term than the reporting year.</p> <p><u>Start date</u> – When the action started (usually the start of the financial year).</p> <p><u>End date</u> – When the action is expected to be completed.</p> <p><u>% complete</u> - The % that the action is complete at the time of the report. This only applies to actions that are ‘in progress’. An action that is ‘ongoing’ will not produce a % complete due to the longer-term nature of the action.</p> <p><u>Progress RAG</u> – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green).</p> <p><u>Outcome RAG</u> – Shows the level of confidence in achieving the outcomes for each action.</p> <p>Measures (Key Performance Indicators - KPIs)</p> <p><u>Pre. Year Period Actual</u> – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as ‘no data’.</p> <p><u>Period Actual</u> – The data for this quarter.</p> <p><u>Period Target</u> – The target for this quarter as set at the beginning of the year.</p> <p><u>Perf. RAG</u> – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.</p> <p><u>Perf. Indicator Trend</u> – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year:</p> <ul style="list-style-type: none"> • A ‘downward arrow’ always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire). • Similarly an ‘upward arrow’ always indicates improved performance. <p><u>YTD Actual</u> – The data for the year so far including previous quarters.</p> <p><u>YTD Target</u> – The target for the year so far including the targets of previous quarters.</p> <p><u>Outcome RAG</u> – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), Medium – uncertain level of confidence in the achievement of the target (Amber) and High - full confidence in the achievement of the target (Green).</p> <p>Risks</p> <p><u>Risk Title</u> – Gives a description of the risk.</p>

<p><u>Lead Officer</u> – The person responsible for managing the risk.</p> <p><u>Supporting Officer</u> – The person responsible for updating the risk.</p> <p><u>Initial Risk Rating</u> – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).</p> <p><u>Current Risk Rating</u> – The level of the risk at this quarter.</p> <p><u>Trend Arrow</u> – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow).</p> <p><u>Risk Status</u> – This will either show as ‘open’ or ‘closed’. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.</p>



Annual Performance Progress Report

Flintshire County Council
Page 145



Print Date: 11-Jul-2019

1 Supportive Council

Action

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.1 Expand and support the care sector to enable people to live well and have a good quality of life	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN
<p>ACTION PROGRESS COMMENTS:</p> <p>The 32 bed expansion of Marleyfield Care Home is in the design phase, with a planned operational date of mid-2021.</p> <p>Hwb Cylfe, the replacement for Glanrafon Day Centre for people with a learning disability, is now open.</p> <p>The third Extra Care facility, Llys Raddington in Flint, opened and is fully occupied, while the Holywell new build is in the construction phase, with an expected operational date of 2021.</p> <p>In September 2018 the Progress for Providers project was publicly recognised, winning the Social Care Wales Accolades Awards for ‘Excellent outcomes for people of all ages by investing in the learning and development of staff’. The project was also a finalist in the Association for Public Service Excellence (APSE) Awards - ‘Celebrating outstanding achievement and innovation within UK local government service delivery’..</p> <p>We are developing support materials and training for residential providers who are working towards silver and gold accreditation, and progressing the roll out for domiciliary and nursing care.</p> <p>The regional framework for Domiciliary Care is now in place; some new providers have come on board, and we are working regionally to reopen the framework to increase numbers further. A review of the domiciliary care sector in Flintshire for recruitment and retention has been completed, and we have developed a strategy to support this. Alongside this, we are in the initial phases of reviewing demand management, particularly with regard to domiciliary care.</p> <p>Last Updated: 15-Apr-2019</p>							

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.2 Support greater independence for individuals with a frailty and/or disability, including those at risk of isolation.	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN
<p>ACTION PROGRESS COMMENTS:</p> <p>We completed a review of double handed care (2 staff attending each call), and have been finding creative solutions as an alternative to traditional domiciliary care; these solutions are efficient and cost effective, and support a culture of control & self-determination, whilst freeing up domiciliary care hours to be utilised for people in critical need.</p> <p>A new 37 hour post in partnership with Flintshire Local Voluntary Council (FLVC) was recruited in the Single Point of Access to support social prescribing, linking to GPs in the community. The business case for Glan y Morfa was agreed and Welsh Government are supporting with funding from the Integrated Care Fund. The refurbishment programme has commenced. This facility will provide a step-down for people with a physical disability, who are ready for discharge but not ready to go home.</p> <p>We are setting up a Trio project, to provide small scale day time support for people who have dementia and/or feel isolated in their community. The intention is to bring together "home companions" to support each other and reduce the need for formal day or respite care.</p> <p>Last Updated: 15-Apr-2019</p>							

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.3 Improve outcomes for Looked After children	Craig Macleod - Senior Manager, Children's Services & Workforce	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN
<p>ACTION PROGRESS COMMENTS:</p> <p>Flintshire's Corporate Parenting Strategy: 'Looking After You' has been published. The Strategy sets out our commitments to children and young people for 2018-2023. The Strategy was supported by a Workshop in September 2018 for elected members setting out their responsibilities, and role, as a Corporate Parent. Significant progress has taken place culminating in an initial draft of our local Placement Strategy for enhancing local placements. This builds on successful local market facilitation with independent and 3rd sector providers.</p> <p>A regional 'Meet the Provider' event took place to share local and regional placement needs.</p> <p>Last Updated: 09-Apr-2019</p>							

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.1 Develop and integrate services for carers with our commissioned providers	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

Carers' Services continue to progress and develop, adapting to the changing needs of carers when they present. Flintshire has continued to work closely and proactively with our Carers' Services reviewing our working practices and partnerships regularly via the Carers' Strategy Group. The North Wales Strategy for Carers' Services is now in place, and all North Wales Local Authorities and the Health Board are currently completing their first self-assessment. The Strategy aims to further embed the Social Services and Wellbeing (Wales) Act and create more consistency in service provision across the regions and across health and social services. Flintshire works with a number of organisations that provide a wide range of services to support carers. Our contract with Barnardos for Young Carers Services has been extended to fall into line with the other carer contracts, and all will be due for review in 2019/20.

Last Updated: 15-Apr-2019

Page 148

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.2 Embed the long term use of Integrated Care Fund (ICF) to meet local needs and demands	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

Partners in Flintshire have continued to maximise the use of the extended Integrated Care Fund (ICF) programme to meet the priorities of Flintshire residents. The re-phasing of agreed ICF capital funding has been agreed to fit with our capital programme, and Welsh Government have confirmed the ongoing use of ICF revenue funding for existing projects. Examples of the work funded by ICF to support people with dementia include increasing support offered to care homes to continue through the Progress for Providers Framework and extending that work into the domiciliary care sector, and reviewing the support offered to people with early onset dementia. A percentage of the ICF revenue budget (£100K) has been allocated to the Flintshire Local Voluntary Council for supporting projects.

Last Updated: 15-Apr-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.3 Embed the Early Help Hub into everyday practice by working with statutory partners and the third sector	Craig Macleod - Senior Manager, Children's Services & Workforce	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

The Early Help Hub is fully functioning, with commitment from all agencies. Enhanced consortia arrangements for support through Families First projects are ensuring responsive access to help for families. During the year, 1,246 families accessed the Hub and were provided with information and / or support, well above our target for the year of 800 families.

Last Updated: 15-Apr-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.4 Working with the new Wales Programme to recognise Adverse Childhood Experiences (ACE's)	Craig Macleod - Senior Manager, Children's Services & Workforce	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

The police are developing a joint agency project to deliver an Adverse Childhood Experiences (ACE) informed approach to community policing. The EAT (Early Action Together) project focuses on the role of the police in navigating families to community and social support to address their needs. Flintshire is working with the EAT project to bring a co-ordinated approach to responding to ACEs and developing the awareness, skills and competencies of public sector staff.

A substantial training programme commenced in December 2018 to train front line police on ACE's, what this means for their work and the families they interact with. This training is aimed at ensuring a more holistic approach to policing vulnerability and ensuring that families in need of help are identified and supported to access this.

Last Updated: 09-Apr-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.1 All Council portfolios to understand and act on their responsibilities to address safeguarding	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Completed	01-Apr-2017	31-Mar-2019	100.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

The Corporate e-learning safeguarding package has been updated and is now available through Learning Pool. Representatives of Corporate Safeguarding Panel are in discussions with AFTA Thought (Drama Company) to develop a drama based learning programme which will be delivered to all portfolio areas in 2019/20. Corporate Safeguarding Panel now has representation from the North Wales Modern Slavery Group who attend regularly and provide a link to the activity.

Last Updated: 15-Apr-2019

Performance Indicators

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.2.3.2M02 The number of Flint Extra Care (Llys Raddington) units created	0	73	↑	73	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Llys Raddington opened in Spring 2018, providing 73 Extra Care units in Flint.</p> <p>Last Updated: 18-Jun-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.2.3.3M03 The number of Extra Care units provided across Flintshire	111	184	↑	184	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: 184 units currently available and in use. A further 59 units will be created with the opening of Holywell Extra Care facility</p> <p>Last Updated: 18-Jun-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.1M01 Number of in house locality teams working towards Bronze standard in Progress for Providers of domiciliary care	N/A	3	N/A	0.75	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: We have three in house domiciliary care providers working on the bronze standard for Progress for Providers</p> <p>Last Updated: 16-Apr-2019</p>					



KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.2M02 Number of independent sector providers working towards Bronze standard in Progress for Providers of domiciliary care	N/A	4	N/A	3	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Four independent sector providers are currently working towards Bronze accreditation.</p> <p>Last Updated: 16-Apr-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.3M03 The number of care homes that have achieved bronze standard who have also achieved silver standard for Progress for Providers	0	0	↔	5	 RED
<p>Lead Officer: Jacque Slee - Team Manager Performance Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: 14 Care homes have achieved Bronze standard. Following a 6 month consolidation period, all 14 homes are now working towards silver standard, and the first are expected to achieve by March 2020.</p> <p>Last Updated: 16-Apr-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.4M04 Sustaining existing care homes within Flintshire	26	27	↑	26	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: The number of care homes in Flintshire remains static since quarter two when one independent provider reopened a home offering residential care in Flintshire.</p> <p>Last Updated: 16-Apr-2019</p>					



KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.1.5M05 The percentage occupancy within Flintshire care homes	95.3	95	↔	95	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Care home occupancy remains high and static.</p> <p>Last Updated: 16-Apr-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.2.2M02 The percentage of the relevant workforce to have received training on Regulation and Inspection of Social Care (Wales) Act (RISCA)	N/A	100	N/A	100	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: RISCA training roll out has been completed to all relevant employees.</p> <p>Last Updated: 16-Apr-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.3.1M01 (PAM/028) Percentage of child assessments completed in time	92.8	94.87	↑	84	 GREEN
<p>Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Yearly performance shows an improvement since last year and above the All Wales Average of 88%.</p> <p>Last Updated: 24-May-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.3.2M02 (PAM/029) Percentage of children in care who had to move 2 or more times	20.89	9.54	↑	10	 GREEN
<p>Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: 9.5% of children looked after have moved more than twice. This included planned placement moves in accordance with the child's Care and Support Plan. This is a significant improvement on last year's performance.</p> <p>Last Updated: 24-May-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.4.3.3M03 Percentage of looked after children with a timely health assessment	54	70.57	↑	81	 AMBER
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Significant improvement has been made by Betsi Cadwaladr University Health Board (BCUHB) since last year, with the looked after nurse regularly attending team meetings and managing the assessment appointments.</p> <p>Last Updated: 24-May-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.1.1M01 Number of adult carers identified.	1,185	1,370	↑	900	 GREEN
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Many people who need care and support prefer to be cared for by someone close to them, rather than a paid carer. It is critical that we support unpaid carers, without whom many people would be unable to remain in their own homes. Carers identified are offered an assessment of their needs in their own right, as distinct from the needs of the person they care for, either with ourselves or with one of our commissioned services, according to their preference.</p> <p>Last Updated: 18-Jun-2019</p>					



KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.2.1M01 (PAM/025) Number of people kept in hospital while waiting for social care per 1,000 population aged 75+	1.89	2.94	↓	1.89	 RED
<p>Lead Officer: Neil Ayling - Chief Officer - Social Services Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Although performance has dipped this year, the rate of delays in Flintshire is still better than the All Wales average of 3.5. The Council and Betsi Cadwaladr University Health Board (BCUHB) continue to work together on a case by case basis to ensure prompt discharge.</p> <p>Last Updated: 18-Jun-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.3.1M01 Percentage of child protection referrals that result in "no further action".	30	18.1	↑	30	 GREEN
<p>Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: Reasons for no further action include a change in need or circumstances, Child Protection threshold not met, or case signposted to other services.</p> <p>Last Updated: 10-Apr-2019</p>					

KPI Title	Previous Year Actual	Actual	Performance Indicator Trend	Target	Performance RAG
IP1.5.3.2M02 The number of families receiving information and support through the Early Help Hub	684	1,286	↑	800	 GREEN
<p>Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce Reporting Officer: Jacque Slee - Team Manager Performance Progress Comment: The throughput of the Early Help Hub continues to be above target.</p> <p>Last Updated: 10-Apr-2019</p>					

Risks

Strategic Risks

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Delivery of social care is insufficient to meet increasing demand	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Team Manager Performance	Amber	Green	↓	Closed
<p>Potential Effect: People would be likely to experience increased waiting times or be unable to access services, with a resulting negative impact on the reputation of the Council.</p> <p>Management Controls: Developing the market for residential and nursing care Extending the opening hours for single point of access Implementing Community Resource Team Developing community resilience Implementing an Early Help Hub for children and families</p> <p>Progress Comment: Recommendations have been approved to explore the extension of Marleyfield (32 beds for intermediate care and discharge to assess). This expansion will also help to support the medium term development of the nursing sector. The Single Point of Access has already extended the time the service is available from in the mornings and work is near completion to extend the closing time and introduce weekend working. The multi-agency Early Help Hub for children and families is in operation. The risk has been mitigated to green and is now closed 12/07/2018.</p> <p>Last Updated: 12-Jul-2018</p>						

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Demand outstrips supply for residential and nursing home care bed availability	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Team Manager Performance	Red	Red	↔	Open

Potential Effect: Increase in hospital admissions and delayed transfers from hospital. Increased pressure on primary care services leading to deteriorating relationship with local partners.

- Management Controls:**
- i) Working with corporate colleagues to use capital investment to support the development of our in-house provision.
 - ii) Outcomes from the 'Invest to Save' Project Manager made available together with a short, medium and long term plan to support the care sector.
 - iii) Quick wins from the 'Invest to Save' Project Manager are being implemented.
 - iv) Increase bed and extra care capacity for dementia/ learning disabilities.
 - v) Develop specialist respite for Early Onset Dementia.
 - vi) Identify and create market change and dynamics, generate more competition, new providers for all ages including children and those with a learning disability..
 - vii) Assist with local housing (potentially subsidised) for specified employees in social care i.e. direct care staff.
 - viii) Joint marketing and recruitment campaign, including portals, sharing of candidates, shared approach.

Progress Comment: The expansion of Marleyfield House Care Home in Buckley to support the medium term development of the nursing sector continues. The re-phasing of Integrated Care Fund (ICF) capital to fit in with the Council's capital programme has been agreed by Welsh Government. Recommendations from Social & Health Care Overview and Scrutiny Committee were that the Committee support the ICF programme and the initiatives of utilising short term funding streams to deliver against strategic and operational priorities for the Council and key partners. Workstreams from the Strategic Opportunity Review are continuing.

Last Updated: 15-Apr-2019

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Annual allocation of the Integrated Care Fund (ICF) - Short term funding may undermine medium term service delivery	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	Jacque Slee - Team Manager Performance	Red	Green	↓	Closed

Potential Effect: Insufficient funding to sustain medium term service delivery.

Management Controls: Seeking agreement from partners on allocation of funds to deliver medium term services

Progress Comment: The re-phasing of agreed ICF capital funding has been agreed to fit with our capital programme.

Welsh Government have confirmed the ongoing use of ICF revenue funding for existing projects.

The Chair of the North Wales Regional Partnership Board and the Chief Executive of BCUHB have created an agreement from partners on the allocation of funds to support delivery of medium term services. Confirmation in principle has been received for allocation of capital funds for Marleyfield House. Following receipt of detailed correspondence from Welsh Government, the level of risk has reduced to Green and the risk will be closed.

Last Updated: 15-Apr-2019



RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Early Help Hub cannot deliver effective outcomes	Craig Macleod - Senior Manager, Children's Services & Workforce	Jacque Slee - Team Manager Performance	Green	Green	↔	Closed
<p>Potential Effect: Children and families who do not meet the threshold for a statutory services will not be appropriately directed to alternative services.</p> <p>Management Controls: Agreed information sharing protocol in place Activity data in place and scrutinised Steering body to meet regularly to ensure that resources are being appropriately deployed</p> <p>Progress Comment: The Early Help Hub is fully functioning, with commitment from all agencies. Enhanced consortia arrangements for support through Families First projects are ensuring responsive access to help for families. 1,246 families were supported by the Hub this financial year. This risk is now closed.</p> <p>Last Updated: 18-Jun-2019</p>						

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Rate of increase of adult safeguarding referrals will outstrip current resources	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Team Manager Performance	Red	Green	↓	Closed
<p>Potential Effect: National timescales for processing safeguarding enquiries will not be met, resulting in potential delays for people requiring safeguarding interventions and impact on reputation of the Council.</p> <p>Management Controls: Realign response to front door referrals by utilising resources within First Contact and Intake, in order to free up time to allow the Safeguarding Managers to effectively delegate tasks.</p> <p>Progress Comment: Responsibilities within Adult Safeguarding and First Contact and Intake have been realigned, with no additional resource. Safeguarding Managers are able to effectively delegate tasks for high priority cases; this ensures that those enquiries that do not meet timescales are of a lower priority. Quarterly data is showing an increase in Safeguarding reports, and these are being addressed within timescales. Internal Audit completed a review of the service in November; this confirmed that processes are in place for the screening and triage of safeguarding referrals. The report concluded that strategy meetings are being undertaken in a timely manner. This risk has been closed.</p> <p>Last Updated: 17-May-2019</p>						

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Knowledge and awareness of safeguarding not sufficiently developed in all portfolios	Fiona Mocko - Strategic Policies Advisor	Jane M Davies - Senior Manager, Safeguarding & Commissioning				Open
<p>Potential Effect: Employees will not recognise when adults and children are at risk and will not take appropriate action.</p> <p>Management Controls: All portfolios contribute towards a Corporate Safeguarding training budget which will be used to fund training opportunities across the Council. Safeguarding workshops are being developed in conjunction with Theatr Clwyd. Safeguarding is also included as part of the induction process. Opportunities to deliver training through e-learning are being developed. In addition, regular safeguarding news items are posted on the intranet alongside a safeguarding bulletin.</p> <p>Progress Comment: Safeguarding is included within the corporate induction procedures, ensuring new employees can recognise the signs and know how to make a report. A Safeguarding e-learning module is under development to be promoted for take-up during 2019. Additional training has been made available to the Safeguarding panel, including Child Sexual Abuse awareness delivered by Stop it Now. Periodic safeguarding bulletins are published alongside regular workforce news items reminding employees to look out for the signs and how to make a report.</p> <p>Last Updated: 02-Apr-2019</p>						

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Failure to implement safeguarding training may impact on cases not being recognised at an early stage.	Fiona Mocko - Strategic Policies Advisor					Open
<p>Potential Effect: Employees will not identify potential safeguarding issues. Referrals will not be made through the right channels which may delay investigation or result in evidence being contaminated.</p> <p>Management Controls: Safeguarding training is included in induction programme ensuring all new employees receive training. Attendance on safeguarding training is a standing agenda item on the Corporate Safeguarding Panel.</p> <p>Progress Comment: Safeguarding is included in the corporate induction ensuring all new employees have a basic understanding of safeguarding. Safeguarding e-learning modules are under development and will be implemented during 2019. All Portfolios contribute to the corporate safeguarding training budget which will fund a drama style workshop being developed by Theatr Clwyd. Additional awareness raising is made through the periodic safeguarding bulletins and workforce news items.</p> <p>Last Updated: 02-Apr-2019</p>						