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Pennaeth Gwasanaethau Cyfreithiol a Democraataidd



To: Cllr Carol Ellis (Chair)

CS/NG

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

26 June 2012

Tracy Waters 01352 702331
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Dear Sir / Madam

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **DELYN COMMITTEE ROOM, COUNTY HALL, MOLD CH7 6NA** on **MONDAY, 2ND JULY, 2012** at **2.00 PM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

AGENDA

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
- 3 **MINUTES** (Pages 1 - 6)
To confirm as a correct record the minutes of the meeting held on 24 May 2012.
- 4 **COMMENTS, COMPLIMENTS AND COMPLAINTS** (Pages 7 - 20)
Report of Director of Community Services

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

- 5 **SOCIAL SERVICES BILL** (Pages 21 - 66)
Report of Director of Community Services
- 6 **QUARTER 4 AND YEAR END SERVICE PERFORMANCE REPORTS**
(Pages 67 - 110)
Report of Learning and Social Care Overview & Scrutiny Facilitator
- 7 **ROTA VISITS**
To receive a verbal report from Members of the Committee.
- 8 **FORWARD WORK PROGRAMME** (Pages 111 - 116)
Report of Learning and Social Care Overview & Scrutiny Facilitator

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE **24 MAY 2012**

Minutes of the meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held at County Hall, Mold on Thursday 24 May 2012

PRESENT: Councillor C.A. Ellis (Chair)

Councillors: A. Davies-Cooke, I. Dunbar, V. Gay, C. Hinds, B. Lloyd, M. Lowe, H.J. McGuill, D.I. Mackie, P. Shotton, I. Smith and D.E. Wisinger

SUBSTITUTION:

Councillor M. Reece for P. Curtis

ALSO PRESENT:

Councillors: R.G. Hampson and P.G. Heesom

APOLOGY:

Councillor M. Bateman

CONTRIBUTORS:

Deputy Leader and Cabinet Member for Environment, Cabinet Member for Social Services, Director of Community Services, Head of Social Services for Children, Head of Development and Resources and Provider Services Manager

IN ATTENDANCE:

Learning and Social Care Overview and Scrutiny Facilitator and Committee Officer

1. DECLARATIONS OF INTEREST

Councillors C.M. Jones (Cabinet Member for Social Services), A. Davies-Cooke, H.J. McGuill, and D.E. Wisinger declared an interest as they were Members of the Children's Forum. Councillor McGuill also indicated that she was on the Stakeholder Group for Betsi Cadwaladr University Health Board.

2. APPOINTMENT OF VICE-CHAIR

The Chair sought nominations for the appointment of Vice-Chair for the Committee. Councillor D.E. Wisinger nominated Councillor C. Hinds and Councillor A. Davies-Cooke nominated Councillor H.J. McGuill. Both nominations were seconded. On being put to the vote, the nomination of Councillor C. Hinds for Vice-Chair was carried.

RESOLVED:

That Councillor C. Hinds be Vice-Chair for the Committee.

3. MINUTES

The minutes of the meetings of the Committee held on 8 March 2012 and 29 March 2012 had been circulated to Members with the agenda.

Matters Arising – 8 March 2012

Councillor H.J. McGuill referred to page 4 and asked whether the information requested by Members on Looked After Children had been issued. The Learning and Social Care Overview and Scrutiny Facilitator advised that the information on Looked After Children was still being worked on and would be circulated to Members shortly.

Matters Arising – 29 March 2012

Councillor D.I. Mackie referred to the first paragraph on page 10 and said that he recalled that the issue of a problem with recruiting midwives had also been raised. Councillor V. Gay confirmed that this had been discussed.

Councillor P. Shotton referred to the first paragraph on page 12 and sought assurance that cross border working would continue. The Chair said that the issue had been raised at the previous Committee meeting but that the Health Board had not provided an answer. She suggested that a representative from Countess of Chester Hospital be asked to attend a future meeting of the Committee.

On minute number 94 on rota visits, Councillor McGuill asked if a new list would be sent to Members. Following a discussion, it was confirmed that new lists would be prepared and a suggestion put forward by Councillor McGuill that new Members work with an experienced Member for rota visits was agreed. The Director of Community Services referred to the visit by Councillor D. MacFarlane detailed on page 14 and explained that a follow up visit had been undertaken and that the issues raised had been addressed. It was agreed that an update would be provided and circulated to the Members on the Committee.

RESOLVED:

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

4. OVERVIEW AND SCRUTINY COMMITTEES' TERMS OF REFERENCE

The Learning and Social Care Overview and Scrutiny Facilitator introduced a report to inform the Committee of its Terms of Reference, set in the context of Terms of Reference of all the Overview & Scrutiny Committees.

Members were advised that a similar report was being submitted to all six functional Overview and Scrutiny Committees to inform them of the remit of each Committee. The Terms of Reference were attached as Appendix 1 to the report and paragraph 2.02 identified the role and functions of the

Committees. Specific Overview & Scrutiny training sessions had been arranged for 22 May, 6 and 7 June 2012 to which all Members of the Council were invited.

The Facilitator invited the Director of Community Services to provide a brief presentation of the services provided by the Community Services Directorate.

RESOLVED:

That the report be noted.

5. FORWARD WORK PROGRAMME

The Learning and Social Care Overview and Scrutiny Facilitator introduced the report to consider the Forward Work Programme for the Committee.

The Facilitator referred to paragraph 3.02 where the outstanding items from the previous meeting were detailed. She suggested that items be identified for consideration at the June and July 2012 meetings of the Committee and that a workshop be arranged to determine the issues for future consideration. Following discussion with the Chair and Cabinet Member, it had been suggested that the meeting scheduled for 28 June 2012 be rearranged and be held on 2 July 2012.

Councillor H.J. McGuill requested that the Charging for Adult Social Care Transport Policy be revisited as soon as possible. The Director of Community Services indicated that a report on the issue could be submitted to Committee which would provide a detailed update on the progress made and the implications on the service user and further information of what needed to be undertaken. Councillor McGuill said that the issue should be revisited and that providing an update was not sufficient. The Chair advised that an update report could provide the basis for the issue to be reviewed. The Deputy Leader said that the policy was a Cabinet function and that following concerns that had been raised, it would be revisited by Cabinet once they had the appropriate details. The Director of Community Services said that the issue of consistency over charging would also be considered. The Cabinet Member for Social Services confirmed that the issue would be re-looked at and an update would be brought back to Committee. It was requested that the Executive report on the Adult Social Care Transport Policy be sent to the new Members of the Committee.

Following a discussion, the Facilitator provided details of the items for consideration at the 2 July and 26 July 2012 meetings:-

2 July 2012

1. Update on the Adult Social Care Transport Policy
2. Mental Health Measure
3. Social Services Bill

4. Quarter 4 and Year End Performance Report

26 July 2012

1. North Wales Adoption Service
2. Short Break Provision at Arosfa
3. Children's Integrated Disability Service/Direct Payments
4. Children's Services Inspection report

The Facilitator asked whether Members wanted on a Forward Work Programme workshop and it was suggested that one be arranged for after 26 July 2012 which was duly seconded. It was further proposed that a workshop be held in early September 2012.

RESOLVED:

- (i) That the Forward Work Programme for 2 July and 26 July 2012 be amended to reflect the above suggestions; and
- (ii) That a Forward Work Programme workshop be scheduled for after 26 July 2012 to decide the items for consideration at future meetings.

6. **DURATION OF MEETING**

The meeting commenced at 2.00 p.m. and ended at 2.51 p.m.

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

There were 2 members of the public or press in attendance.

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Chair

SUMMARY OF DECLARATIONS MADE BY MEMBERS
IN ACCORDANCE WITH FLINTSHIRE COUNTY COUNCIL'S
CODE OF CONDUCT

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE	DATE: 24 MAY 2012
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MEMBER	ITEM	MIN. NO. REFERS
Councillors: A. Davies-Cooke, H.J. McGill, C.M. Jones and D.E. Wisinger	Overview and Scrutiny Committees' Terms of Reference	4

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY
COMMITTEE
DATE: MONDAY, 2 JULY 2012
REPORT BY: DIRECTOR OF COMMUNITY SERVICES
SUBJECT: COMMENTS, COMPLIMENTS AND COMPLAINTS

1.00 PURPOSE OF REPORT

- 1.01 To inform members about the compliments, representations and complaints received by Social Services for Adults and Children for the year April 2011 to March 2012.

2.00 BACKGROUND

- 2.01 The NHS and Community Care Act (1990), Children Act (1989 Part III) and the National Minimum Standards and Regulations (2002) for Fostering Services require local authorities to maintain a representations and complaints procedure for social services functions. The Welsh Government (WG) expects each local authority to report annually on its operation of the procedure.
- 2.02 Feedback in the form of compliments and complaints from service users, their parents or carers can highlight where services are working well or where services need changing. Flintshire County Council wants to learn from this feedback and to improve services for everyone who uses them.
- 2.03 The annual report contains information about the number and type of compliments and complaints received and also provides details of the activities undertaken by the Complaints Officer to develop the service.

3.00 CONSIDERATIONS

Review of Complaints and Compliments – Social Services for Adults

Complaints – Social Services for Adults

- 3.1 Eighty nine complaints were received in the year. An increase compared to previous years (76 during 2010-11 and 51 during 2009-10). Ten complaints in the year progressed to Stage 2 of the procedure (four in 2010-11). These statistics should be considered against the number of service users receiving a service: 5,047 during

2011-12 (4,561 during 2010-11).

3.2 Services complained about:

Older People Care Management	11
Older People Day Services	1
Financial Assessment	3
Flintshire Sounds	1
Homecare	24
Hospital Social Work	2
Independent Sector	8
Learning Disability	11
Mental Health and Substance Misuse	6
Occupational Therapy	6
Re-focus Services	3
Physical Disability and Sensory Impairment	8
Residential	5

Older People Care Management

3.3 Eleven complaints about care management issues were considered in the year. Where appropriate complaints were resolved by a re-assessment of needs and resolving communication issues with families.

3.4 Three complaints were dealt with at Stage 2 of the procedure. One complaint concerned care management issues and the provision of services in extra care housing. Parts of the complaint were upheld about provision of information to families and sharing information between Provider Teams and Social Work teams, an action plan was implemented and monitored.

3.5 The second stage 2 investigation centred on the Protection of Vulnerable Adult procedure issues and communication with the family. The complaint was upheld and an action plan is in place to address these issues.

3.6 The third investigation was about support to self funding service users and their families. The action plan is based on developing good practice guidelines.

Older People Day Services

3.7 There was one complaint about access to the Day Centre for a shower; adjustments were made to the equipment and risk assessment completed.

Financial Assessment

3.8 Three complaints were investigated at Stage 1. One a data protection matter but this was not upheld. One person complained about bills

being issued too close together and another about lack of communication. Explanations were provided to both complainants

3.9 Flintshire Sounds

A taxi was late after a session at Flintshire Sounds and the family could not make contact with the Directorate. Office cover arrangements have been strengthened and transport protocols tightened up.

3.10 Homecare

Of the twenty four complaints made about Homecare, twelve related to missed visits. Other complaints included service users having a different expectation as to the service they would receive following discharge, miscommunication about medication which the family were responsible for, a catheter not being fitted properly and a care plan not being followed.

3.11 Improvements to procedures and protocols have been issued and, where relevant, risk assessments revised.

3.12 Hospital Social Work

One complaint was about the information recorded in the Unified Assessment and practice issues were addressed with the social worker. One family were concerned about the discharge arrangements and a plan of action was strengthened to ensure a safe discharge home.

3.13 Independent Sector

Complaints about the provision of homecare by independent agencies included problems with the timing of visits. These were addressed directly by the Agency.

3.14 In residential homes, there was a complaint that raised concerns about staffing levels, but this was not upheld.

3.15 A stage 2 investigation was jointly conducted by Social Services and Health Services. The complaint was about the communication with a family and the recording of health information. The complaint was upheld and the Contracts Monitoring Team monitor the recommendations made.

3.16 Learning Disability

Complaints raised directly by service users included concerns about staff moving to other projects, communication issues with social workers and issues at day placements. All concerns have been addressed and resolved with full explanations given for any necessary changes to services.

3.17 Complaints raised by families included problems with the taxi service provided for a person to attend their workplace. The Transport

Manager addressed the issue with the taxi firm and the matter is now resolved.

- 3.18 One family complained that information about finances was shared with members of the support team. On investigation, it was concluded that it was appropriate for this information to be shared in order to help staff provide the right help.
- 3.19 After an incident in work, a family were unhappy that another service user was attending the same work place. This complaint was not upheld and protocols were put in place to minimise future risks.
- 3.20 A Stage 2 investigation related to concerns about a 24 hour placement and care management issues. An action plan has been developed and will be monitored via quarterly senior management meetings.
- 3.21 **Mental Health**
Complaints about mental health services included problems with the mileage allowance for a personal assistant for a client. This was not upheld.
- 3.22 One person had a complaint about the length of time to wait for a referral. This was investigated and an appointment arranged.
- 3.23 The mother of a service user had issues about some of the care provided to her son in an independent setting. The communication issues were addressed in an action plan and monitored under contract monitoring procedures.
- 3.24 Two people complained about incidents when being referred to support services. The problems were discussed and resolution and apology agreed.
- 3.25 **Occupational Therapy (OT)**
Two complaints were made about the length of time on the OT waiting list.
- 3.26 A complaint about information on the Unified Assessment form was upheld and the form corrected. Two complaints about the outcome of an OT assessment were not upheld, the services provided were deemed to meet needs.
- 3.27 **Re-focus Services**
Social Services for Adults commenced a programme of refocusing services in the year with a focus on reablement and the transfer of packages of homecare to the independent sector. Four people complained about the changes to their services. These were not

upheld but protocols were put in place to ensure a smooth transition.

3.28 Physical Disability and Sensory Impairment

A Stage 2 investigation was undertaken in the year. The complainant on behalf of her son complained about a decision made using criteria set by the transport policy. This complaint was not upheld.

3.29 Other complaints at Stage 1 were about access to services and policy interpretation.

3.30 A variety of methods are used to resolve a complaint. These include:

- A meeting with the complainant to discuss the concerns
- A written explanation as to the reasons for a decision
- An apology where appropriate
- Action taken to review a decision
- Independent investigation

Timescales

3.31 The legislation prescribes specific timescales. In 2011/12 at Stage 1 89% of complaints were addressed within 10 working days. All Stage 2 complaints investigations that have been completed in the year were within the prescribed timescale.

3.32 Categorisation of complaints

Using Annual Council Reporting Framework (ACRF) Model

Access to services	14
Care Management and Review	10
Range of services	0
Quality of Service	65

3.33 Compliments - Social Services for Adults

Social Services for Adults received 213 compliments in the year 2011/12. This figure, when compared with 89 received complaints, shows that the service received 140% more compliments than complaints. The number of compliments recorded within each area of work is shown in the table below:

Older People Care Management	23
Older People Day Services	7
Financial Assessment	9
Appointeeship	3
Flintshire Sounds	3
Homecare	13
Hospital Social Work	7

Independent Sector	3
Learning Disability	38
Mental Health and Substance Misuse	24
Occupational Therapy	38
Re-focus Services	17
Physical Disability and Sensory Impairment	16
Residential	12

3.34 Below there are a few examples of compliments provided within each of the service areas. They illustrate the diverse spectrum of services provided, the variety of people's needs and their deep appreciation of the help and guidance provided by Flintshire Community Services.

Older People Care Management

3.35 23 compliments were received for the work of Older People Care Management Teams. Service users and their families also expressed their appreciation of the high quality care provision through schemes such as Living Well and Direct Payments.

'The changes '50+ Forum' has made to my nana are incredible. It has done everything we have tried to do for years.'

Older People Day Services

3.36 Service users and their families expressed 7 compliments about the quality of service provided at day centres such as Llys Gwenffwrdd, Croes Atti and Marleyfield Day Centre.

'The input, attention and stimulation contributed to father's quality of life and attending the day centre became the main focus of his life.'

Financial Assessment

3.37 There were 9 compliments which related to the provision of financial assessments and welfare benefits. Service users and their families expressed their gratitude for professional assistance with necessary procedures and filling in forms.

'Thanks for helping our family sort through the muddle of processes for placement and finances.'

Appointeeship

3.38 There were 3 compliments which related to support and guidance with appointeeship and receivership which provides support to people who are unable to manage their own financial affairs.

'Thanks for the help you gave me. I don't know what I would have done without your guidance.'

Flintshire Sounds

3.39 3 compliments were recorded for Flintshire Sounds which gives

service users with dementia an opportunity to enjoy music and talk to people with similar interests.

'The sessions make the world of difference to my mother. She thinks the world of the coordinator and always speaks of Flintshire Sounds Team in the highest of glowing terms.'

3.40 **Homecare**

3 compliments praised the work of the Homecare Team which provides assistance and promotes independence for service users living at home.

'We wouldn't be able to keep Mum independent without the support of the Holywell Living Well Team. We can't thank them enough for their patience and understanding.'

3.41 **Hospital Social Work**

7 compliments were recorded which related to hospital social work teams who assess the need of people in hospital care and devise appropriate care packages to support them when they leave hospital.

'I would like to express my utmost appreciation of an impressive team effort that has treated my father with utmost care and professionalism and produced a positive outcome in a relatively short time frame.'

3.42 **Independent Sector**

3 compliments were received praising the contributions of independent service providers such as Greencroft Nursing Home and Rhiwlas.

'Rhiwlas Centre can pride itself for having very caring staff, provision of clean environment and professionalism of their nurses.'

3.43 **Learning Disability**

Service users and their families expressed 38 compliments for the Learning Disability Teams. These related to care management and provision of other services such as Supported Living, Day Opportunities, Learning Disability Work Options etc. Others praised care provision in care centres such as Rowleys Pantry, Castle Connections and Orchard Way.

'We can't thank Castle Connections enough for the care and love they have consistently given to our daughter over the years. She adores her work and is so well supported there.'

3.44 **Mental Health and Substance Misuse**

24 compliments related to Mental Health & Substance Misuse care as well as the services provided by Next Steps and Social Links projects.

'On behalf of my family and especially myself, I would like to thank you from the bottom of my heart for your dedication and support through

some very challenging experiences and helping me overcome many obstacles.'

3.45 Occupational Therapy

Service users expressed 38 compliments for the professionalism and dedication of Occupational Therapy Teams often praising the benefits of new adaptations in their home environment.

'Thanks for aids and adaptations that made care for my son at home possible and made our lives more comfortable.'

3.46 Re-focus Services

There were 17 compliments which expressed service users' satisfaction with Reablement and Telecare services.

'Thanks for professional skill and warm human support in the last weeks of my father's life. You gave him back a degree of independence he had lost in hospital.'

3.47 Physical Disability and Sensory Impairment

16 compliments were received for work with service users with Physical Disabilities and Sensory Impairment and the Blue Badge Scheme.

'I really enjoyed working with members of your team who were friendly, helpful and unfailingly cheerful. I would like to express my huge appreciation of your team's approach to equality and diversity in practice. In particular, on a personal note, I was delighted not to have to justify my need to use the accessible lift. My disability is hidden, so I am accustomed to having to explain myself when using accessible facilities.'

3.48 Residential

There were 12 compliments which related to the quality of residential care in care homes such as Llys Gwenffwrdd, Croes Atti and Marleyfield.

'Just a note to thank you all for the wonderful way you all looked after Mum during her stay at Croes Atti. It was very reassuring to know that she was in such capable hands especially in the later days of her life when everyone showed such compassion and kindness towards her. We cannot thank you enough. You are all very special people and we will always be grateful.'

3.49 Review of Complaints and Compliments – Social Services for Children

Complaints – Social Services for Children

54 complaints were received in the year, an increase compared to

previous years (42 in 2010 -11 and 52 2009-10). This is against a backdrop of 821 referrals received during the year (there were 606 referrals for 2010-11).

3.50 Three complaints progressed to Stage 2 of the complaints procedure (independent investigation), the lowest number since the procedure was revised in April 2006. This reflects the time and effort spent to try and resolve issues at Stage 1. One Stage 2 complaint about the Department's handling of a family's case was either mostly or partly upheld. The other two Stage 2 complaints were made late in the period and their outcomes are not yet known.

3.51 Three Stage 3 Panel Hearings were also held this year, though the issues considered were from complaints made late in 2010 – 11 (i.e. the previous year).
Two complaints at Stage 3 were partly upheld and action plan has been implemented to meet the recommendations made. The other Stage 3 complaint was not upheld.

3.52 Services complained about:

Childcare Fieldwork	38
Resources (Family Placement and Family Adolescent Support Team)	4
Children's Integrated Disability Service (C.I.D.S.)	7
Private Care Provider	2
Child Care Panel	2
Safeguarding Unit	1

3.53 **Childcare Fieldwork**

Thirty eight complaints were considered in the year. Their themes included: a lack of communication, disputes between parents, a lack of support for grandparents and complaints about the professionalism of social workers.

3.54 Resolutions included face to face meetings with the relevant Team Manager or Service Manager, and ensuring service users were fully aware of where matters were up to with regard to their particular case and understood what was happening in future. Apologies were made where the quality or level of service fell below expectation.

3.55 **Resources**

The four complaints related to the content of an assessment, carers not properly washing disabled child's feeding tubes and a lack of communication. These issues were resolved by revising existing training and commissioning an independent review of a case.

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

The seven complaints ranged from issues around assessment, lack of support and driveway access issues. These were resolved by

explaining the Department's eligibility criteria, assessments were ongoing and options were still being explored.

3.57 Private Care Provider

Two complaints were received from two sets of parents who didn't believe foster placements were meeting their respective sons' needs. It was explained work was ongoing to find another placement and recent review confirmed existing placements were meeting their needs.

3.58 Child Care Panel

Two complaints were made by families of a child with a disability complaining against decisions made by child care panel. Both cases were reviewed and explained alternative in-house short break provision was to be explored before considering out of county alternatives.

3.59 Safeguarding Unit

A complaint was made by the parents of a looked after young person that their son had expressed concerns and nothing was done about it. However the young person concerned had not made any complaints nor raised any issues at their review – an advocate had also been appointed to help speak on their behalf.

3.60 Methods Used to Resolve Complaints

A variety of methods are used to resolve a complaint. These include:

- Meeting with the complainant to discuss their concerns and resolve them there and then, face to face.
- Providing a written explanation as to the reasons for a decision taken.
- Taking action in light of any decision reached.
- Referring the complainant for an independent Stage 2 investigation.

3.61 All complainants receive an apology where the quality or level of service has fallen below expectation.

Outcomes

3.62 Learning from complaints is important and we use the findings and outcomes to inform policy and practice in delivering services. Examples of action taken on issues raised as a result of complaints to Social Services for Children include:

- Reviewing existing processes in relation to social work visits at schools and discussing courses of action with Police if no further action following a child protection investigation
- Revising training for staff in the areas of managing difficult situations and feeding children with a disability via Mic-key tubes.

3.63 **Timescales**

There has been an improvement with regard to responding to complaints within a ten day timescale. 70% were responded to compared with 57% last year. Some of the delays in responding were unavoidable (e.g. staff availability etc.), but continued improvement is needed in this particular area.

3.64 **Categorisation of Complaints**

Using the ACRF model, complaints can be categorised into the following areas:

Access to services	4
Assessment	3
Care management and review	29
Quality of services	18

3.65 **Compliments – Social Services for Children**

Social Services for Children recorded 69 compliments in the year 2011/12 from families and the Courts and additional 15 compliments relating to the work contributions to the Youth Justice Service. They were in the form of cards and letters or praise expressed during Court proceedings. This figure, when compared with 54 received complaints, shows that the service received 55% more compliments than complaints. The number of compliments recorded within each area of work is shown in the table below:

Childcare Fieldwork	31
Resources (Family Placement and Family Adolescent Support Team)	30
Children's Integrated Disability Service (C.I.D.S.)	6
Safeguarding Unit	2

3.66 Below there are a few examples of compliments provided with each of the service areas. They illustrate people's deep gratitude for the tireless work of staff as well as appreciation of their professional advice and support.

3.67 **Childcare Fieldwork**

31 compliments were received for the work of Childcare Fieldwork Teams and their professional engagement with families and young people.

'I never got the chance to thank you for helping me escape my past. I will never forget what you did for me and my children... I am now living the life I always dreamed of and the children are all thriving. None of this would have happened if it was not for you and your team. From

the bottom of my heart, thanks for giving us back our lives.'

3.68 Resources

Service users and their families expressed 30 compliments about the quality of service provided by Resources Teams who deal with issues of fostering and family interventions.

'Your support kept my four grandchildren together, which in my opinion was the best thing for them. I just want to say a big thank you. As God only knows where the children would be now...'

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

There were 6 compliments which related to the support provided by Children's Integrated Disability Service.

'I do not have any time for people who disregard social services and have negative views about their work. I have always found Social Services extremely helpful. I cannot fault the services I have received from Children's and Adult's since I was born in 1981.'

3.70 Safeguarding Unit

2 compliments praised the professionalism and dedication of Safeguarding Unit Team who work in the area of child protection and provision of independent reviews.

A Councillor paid tribute to a member of the Safeguarding Unit Team, saying that 'She displayed exemplary skills in dealing with this matter...'

3.71 Other Developments

Both Complaints Officers represent the Authority as part of the All Wales Complaints Officers Group and the North Wales Complaints Officers Group. The latter group has adopted a broad, common framework across the region to ensure better consistency and improve existing processes, e.g. recruiting and the payment rates for independent investigators, and a central database to hold their records.

3.72 The Welsh Government has produced a consultation paper: 'Making Things Better'. The paper explores proposed changes to managing complaints about Social Services in Wales, including the removal of Stage 3 (Independent Review Panel) and the role of the Care and Social Services Inspectorate for Wales (C.S.S.I.W.) in dealing with complaints about residential homes and people who self-fund. Officers responded to the consultation paper. Officers will draft a further paper to Scrutiny once it is confirmed by Welsh Government what these changes will be.

- 3.73 Following a service review within the Planning, Performance and Partnerships Team, the complaints service has been revised. One Complaints Officer and one Complaints Assistant will oversee complaints across Social Services for Adults and Children. There were previously two Complaints Officers across Social Services for Adults and Children respectively, though these two officers also covered other duties. It is anticipated that the dedicated service will provide greater consistency, be more responsive to service users and provide a better advisory service for managers.

4.00 RECOMMENDATIONS

- 4.01 That Members note the contents of the annual report

5.00 FINANCIAL IMPLICATIONS

- 5.01 The total cost of investigations for the year for Social Services for Adults was £12,602. The total cost of the three independent stage two investigations for Social Services for Children is not known at the time of writing as two are currently ongoing.
- 5.02 Complaints involving Social Services for Children are commissioned to independent Investigating Officers and an Independent Person, as set out in the Children Act, 1989. Social Services for Adults have used staff from other parts of their Service to investigate complaints, though there has been a recent shift to commission the services of independent investigators.

6.00 ANTI POVERTY IMPACT

- 6.01 No direct impact

7.00 ENVIRONMENTAL IMPACT

- 7.01 No direct impact.

8.00 EQUALITIES IMPACT

- 8.01 The Directorate uses complaints to inform its ongoing programme of equality impact assessments.

9.00 PERSONNEL IMPLICATIONS

- 9.01 No direct impact.

10.00 CONSULTATION REQUIRED

- 10.01 None required

11.00 CONSULTATION UNDERTAKEN

12.00 APPENDICES

12.01 None

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS

Background Documents: 'Listening and Learning'
Welsh Assembly Government
April 2006

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY
COMMITTEE
DATE: MONDAY, 2 JULY 2012
REPORT BY: DIRECTOR OF COMMUNITY SERVICES
SUBJECT: SOCIAL SERVICES (WALES) BILL CONSULTATION

1.00 PURPOSE OF REPORT

1.01 To provide an update on the draft Social Services (Wales) Bill and Flintshire County Council's response to the recent consultation paper.

2.00 BACKGROUND

2.01 In February 2011 the Deputy Minister for Social Services published the White Paper "Sustainable Social Services for Wales: A Framework for Action." The paper outlined how high quality, responsive, citizen centred social services are essential to a successful Wales. Recognising that Wales is building from a position of strength, the paper identifies the need for social services to reshape and refocus in response to the changing social and financial context.

2.02 The proposed Social Services (Wales) Bill is intended to provide the Welsh Government with the legislative framework to take forward "Sustainable Social Services for Wales." The Bill will become the first Social Services Act of the Assembly using the National Assembly's newly extended powers.

2.03 The Welsh Government state that the Bill will:

- Simplify the diverse legislative framework that currently regulates social care in Wales;
- Make access to services much easier and more understandable to those who need them; and
- Give people a strong voice and real control.

2.04 The Bill will cover social care services for both children and adults and, *"as far as it is possible and appropriate, integrate the arrangements for both of these groups so that social care services are provided on the basis of need and not of age"*.

2.05 A consultation paper on the proposed Bill was published by the Welsh Government on March 12th and closed on June 1st 2012. This set out the Welsh Government's legislative proposals in the following areas:

- Maintaining and enhancing the wellbeing of people in need;
- Giving citizens a stronger voice and real control;
- Strong national direction and local accountability for delivery;
- Safeguarding and protection;
- Regulation and inspection; and
- Adoption and transitions for disabled children and young people.

The paper attached at Appendix 1 provides a summary of each section of the draft Bill.

2.06 Senior Managers across the County Council were involved in compiling numerous responses to the consultation. These include the North Wales Social Services Improvement Collaborative response, the Association of Directors for Social Services Cymru response and the Carers Officers Learning and Improvement Network response. The County Council also submitted an individual response that focused on areas of specific importance to the staff in Flintshire and this response is set out at Appendix 2 (copies are also available from the Members' Library). This response was submitted to the Welsh Local Government Association and to Welsh Government.

3.00 CONSIDERATIONS

3.01 The Bill is a fundamental development for the Welsh public sector. Flintshire's consultation response is positive in its acknowledgment that the Bill has the potential to assist in transforming services. However, our response also highlights some key considerations for Welsh Government.

3.02 The Bill repeatedly states that Welsh Government do not see the need for any additional resources. Flintshire's response raises concerns about whether there will be sufficient resources available to meet increased commitments and expectations in the face of growing demand for services, especially when the proposed changes could considerably increase entitlement to assessment and the provision of social care services.

3.03 Flintshire's considered response also advocates for flexibility in how local authorities deliver services in order to be responsive to local need and protect local democracy.

3.04 The response highlights that the proposals in the Bill cannot be achieved by Social Services alone. Commitment by all statutory partners will be required to fully take forward and implement the change programme.

3.05 As noted earlier in this report, the consultation period has now closed. The next step is for the Welsh Government to publish a summary of the representations and the action that it will take in response. A final version of the Bill is expected to be introduced to the National Assembly in October 2012.

4.00 RECOMMENDATIONS

4.01 Informal Cabinet receives this report for information and notes the consultation response.

5.00 FINANCIAL IMPLICATIONS

5.01 There are no resource implications as a direct consequence of this report.

6.00 ANTI POVERTY IMPACT

6.01 None.

7.00 ENVIRONMENTAL IMPACT

7.01 None.

8.00 EQUALITIES IMPACT

8.01 None.

9.00 PERSONNEL IMPLICATIONS

9.01 None.

10.00 CONSULTATION REQUIRED

10.01 See 11.01.

11.00 CONSULTATION UNDERTAKEN

11.01 Targeted consultation was undertaken with relevant staff across the Council, the Corporate Management Team, Social Services for Children and Social Services for Adults to compile the response. Input was also received from the Corporate Equalities team.

12.00 APPENDICES

12.01 Appendix 1- Social Services Bill Summary
Appendix 2- Social Services Bill FCC Consultation Response

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985

BACKGROUND DOCUMENTS

- Welsh Government White Paper, “*Sustainable Social Services for Wales: A Framework for Action*,” 2008
- Welsh Government Consultation Paper, “*Social Services (Wales) Bill*,” 2012

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Appendix 1

Social Services (Wales) Bill – Summary

The message from Welsh Government is clear - this **is not a Social Services Bill**. It is intended to be a transformation of services to maintain and enhance the wellbeing of people in need involving the whole Council and the NHS.

The proposed Social Services (Wales) Bill provides the legislative framework to take forward the change programme set out in *Sustainable Social Services for Wales: A Framework for Action*.

The Bill repeatedly states that Welsh Government do not see the need for any additional resources - it is about doing things differently. Initial thoughts are that this will be a challenge and this has been raised with the Deputy Minister by the Association of Directors for Social Services Cymru.

The Bill is split into 6 areas. The key points are summarised below:

1. Maintaining and enhancing the wellbeing of people in need

The Bill will support the delivery of services in an integrated way to people of all ages; not separately to children and adults. It will enable an approach that sees people as members of their families, networks and communities along with a focus on the development of early intervention & preventative services.

A new definition, “people in need,” has been devised to cover children and adults. The Bill will bring in a duty to maintain and enhance the wellbeing of people in need.

The Bill will require **local authorities** to understand the characteristics of the population in need in their areas, to make this public and to have powers to make arrangements to provide a range of services to meet need.

2. A stronger voice and real control

The Bill will give people a right to accessible information, advice and assistance in finding out about services. Aim – greater clarity for users.

The proposals give individuals a statutory right to have their needs assessed regardless of age and will require those assessments to be undertaken in a way that focuses on the outcomes people are seeking. If people move within Wales their assessment moves with them. This is intended to give more control and power to service users - the assessment belongs to them not to any agency. This will require improved IT systems and has risks in that we have not always been happy with the quality of assessments undertaken by other local authorities.

Welsh Ministers will have the powers to establish a national eligibility framework to create more consistency in access to / delivery of services - though potentially a threat to local democracy.

The Bill will extend the range of services for which people have the right to a direct payment thus promoting user control and choice. All existing legislation

on direct payments is to be brought together in the Bill. Also, the proposal is to draw together the legislation relating to carers rights and duties on local authorities and partners. It will also create a single definition of “carer.”

The Bill will strengthen the complaints procedure and extend the Public Services Ombudsman’s powers to consider complaints about care home providers, domiciliary care agencies and palliative care services. It will extend the duty on social services and the NHS to collaborate in the delivery of integrated services, including the use of pooled budgets and other flexibilities.

3. Strong national direction and local accountability for delivery

The Bill will include powers to establish a National Outcomes Framework supported by high level, measurable indicators. Aim – greater transparency.

It will require Welsh Ministers to prepare and consult on a Code of Practice which would provide guidance for social services authorities on the exercise of their functions.

The Bill will include a duty on local authorities to appoint a Director of Social Services to lead and manage family-focused social services. Ministers will have powers to specify the competences that a Director must have. The Bill will include provisions to allow authorities to share a Director.

The Bill will introduce powers for Ministers to make regulations to strengthen partnership working (between local authorities and across local authority functions) and pooled budgets to create more integrated models of service provision. A belief that the potential savings from local authority / NHS integrated working far exceed those from regional collaboration.

4. Safeguarding and Protection

The Bill will establish a National Independent Safeguarding Board which will have: a national remit; expert membership; cover protection of adults and children. Its precise structure and remit will be developed during 2012. The purpose of the board will be to improve standards, strengthen existing policy / guidance and provide strong national direction.

The proposal is to replace LSCBs with 6 x Safeguarding Children Boards which will run in parallel to Adult Protection Boards. In time, these will merge together. Arrangements for adult protection to be on equitable footing to those for safeguarding children. Professionals remain unconvinced that this will enhance safeguarding.

Implement a new legal framework for adult protection. Definition of ‘adult at risk’ and ‘harm’ to be included in Bill based on ‘In Safe Hands’. The Bill will ensure that key statutory agencies accept equal responsibility to protect adults at risk. This may bring other agencies to the table which would be an improvement on current arrangements.

5. Regulation and Inspection

Continued commitment to the regulation and inspection of services and the workforce which will contribute to the core objective of maintaining and enhancing the well being of “people in need.” Existing workforce regulations with the Care Council to be extended to new categories of social care workers to reflect new models of services. Current voluntary registers to cease.

Existing regulatory functions remain but more emphasis on organisational governance and quality assurance processes leading to continuous improvement. Streamline the existing registration process taking into account growing number of providers with more than one care setting / service.

Social Services will be required to register its social work services with the Care and Social Services Inspectorate Wales (CSSIW) and operate to prescribed standards. Enforcement action could be taken if a social work service was not performing.

The Bill proposes that Ministers should have regulation-making powers which require registered providers to produce public reports against a common set of factors and common format.

The proposal is to remove the word ‘minimum’ from National Minimum Standards.

6. Services

The Bill will simplify arrangements in relation to adoption by establishing a duty on the 22 local authorities to establish a National Adoption Service to discharge certain functions. The Bill identifies the need to prevent unnecessary delays and duplication in the adoption process. Heads of Children’s Services remain to be convinced that a national agency will achieve the intended outcome.

In terms of transition arrangements, the proposal is to make regulations to specify categories of disabled children within the new “people in need” definition and specify the transitional services and assistance that must be provided for higher categories of need up to 21 years - this could be a potential threat to local determinism.

A consultation process is being undertaken on the proposed Bill. It will close on the 1st June 2012. Once the consultation has closed, WG will publish a summary of the responses and arising actions. It is then anticipated that the Bill will be introduced into the National Assembly for Wales in October 2012.

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Appendix 2

Social Services (Wales) Bill – Consultation Response Form

Your Name:	Neil Ayling, Director of Community Services
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Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here:

If you are responding on behalf of your organisation, please tick here:



This consultation runs from 12 March until 1 June 2012. Please send your responses to us by the deadline of the **1 June 2012**.

You can send your completed response forms to us by e-mail, to socialservicesbill@wales.gsi.gov.uk, or by post, to Social Services Bill Team, Social Services Directorate, 4 Floor, Cathays Park, Cardiff, CF10 3NQ.

Responses can come from individuals or groups. The form is set out in the order of the consultation document and the questions are grouped into sections. You do not have to answer **all** of the questions if you do not wish to; you are welcome to only answer the questions that are relevant to you, and to continue your answers on additional sheets if required. There is however, a final question, (number 98), where you can feed back any other views you have on the Social Services (Wales) Bill, that are not covered by the other questions asked in the consultation document.

Flintshire County Council welcomes the opportunity to contribute to the consultation on the Social Services (Wales) Bill.

We are aware that numerous responses are being submitted in relation to this consultation and that our individual Local Authority response will form part of a wider perspective.

This Flintshire County Council response is a corporate response from a service strategy, delivery, commissioner and partner perspective combined as a Council with multi-roles. The focus is on areas of specific importance to Flintshire, in the context that senior managers are involved in many other responses being prepared in other arenas.

Thank you for the opportunity to contribute to this important piece of legislation.

1. Maintaining and enhancing the wellbeing of people in need

1.1 Wellbeing of people in need

Question 1 – Do you agree with our proposals to base this legislation on the concept of maintaining and enhancing the wellbeing of people in need?

Question 2 – Do you agree with our working definitions of “wellbeing” and “people in need”? Do you wish to suggest alternatives?

Question 3 – What are your views on the proposed general duty on local authorities and their partners to maintain and enhance the wellbeing of people in need in their local areas?

Question 4 – What are your views on the proposals to provide guidance on this area through the Code of Practice?

Response:

Question 1 - Maintaining and enhancing the well being of the population, with a focus on those currently experiencing poorest health and/or additional barriers to maintaining a health promoting lifestyle, is an ongoing commitment of Flintshire County Council and our partners, as demonstrated through strategic priorities within statutory plans including the Health, Social Care and Well being Strategy and the Children and Young People’s Plan.

In the Local Government Act 2000 there is a requirement already placed on local authorities to promote and protect the well being of its population. As an alternative to developing further legislation, one option would be to seek ways to ensure that existing legal requirements are met and opportunities within local authorities to enhance the well being of residents are maximised.

Question 2 – The working definition of “wellbeing” contains a number of key components but some of the bullet points relate to things that need to be in place (as wider determinants of health) e.g. education, training and recreation.

The definition of “people in need” should be more aspirational. Rather than:

*“a person is considered to be in need if they are **unlikely to achieve or maintain**a reasonable standard of health or wellbeing”* it could be rephrased: *“a person is considered to be in need if they **require support to achieve or maintain** their potential independence”.*

The definition of people in need should be phrased positively and refer to both physical and mental health. The working definition also uses the wording “reasonable standard of health or wellbeing.” It is not clear what this would mean in practice. Clearly, with such a broad definition there would be significant financial implications.

A further point to highlight is that the draft definition of people in need (1.1.9 - section iii) only refers to disabled children. Consideration should be given to rephrasing this to cover children, young people and adults or removing the reference completely as those with a disability may fall within the definition outlined in sections i & ii.

Guidance will also be needed on how to identify, make links and track people in need who are often listed as hard to reach and who are not known to mainstream services, for example:

- New arrivals from other countries
- People who may be trafficked
- Gypsy Travellers

Question 3 - It is not clear how the definition of “people in need” would be compatible with current eligibility criteria for social services. Could this definition be tested in law?

As previously noted, with such a broad definition there would be significant financial implications.

Paragraph 1.1.11 (ii)

“The proposed duty on local authorities and their partners would require them to:

(ii) encourage the provision of what appears to them to be a suitable range of services in their area.”

This sentence is ambiguous and open to a significant level of subjective interpretation. For example, who would define suitable?

Question 4 – Guidance is welcomed via a Code of Practice.

1.2 Defining social care services

Question 5 – What are your views on the proposed broad power for local authorities in Wales to provide or make arrangements for the provision of social care services?

Question 6 – What are your views on our proposed definition of “social care services”?

Response:

Question 5 – The proposal to clarify services and who can receive them is welcomed, alongside the proposal to define Social Care Services. However, with these raised expectations would be additional demand which would require additional financial resources to support quality service provision.

Question 6 – A clear definition has the potential to offer service users clarity about what help and support is available. The principle of defining ‘social care services’ is a sensible one. However, any definition must be viable and deliverable; there could be a risk that the remit of social services will be significantly extended which will have significant implications on resources.

2. A stronger voice and real control

2.1 Information, advice and assistance

Question 7 – Do you agree that we need to make a significant step forward in making information, advice and assistance accessible?

Question 8 – Do you think that the legislation should specify any particular organisational form for this, such as an information hub?

Question 9 – Do you think that the legislation should specify more clearly how local government and the NHS should work more closely together in the provision of information, advice and assistance?

Response:

Question 7 – We support the view that information, advice and assistance is fundamental for existing and potential service users. Although Flintshire has been praised by inspectors for good practice in provision of public information on social services we recognise that there is always room for improvement. At this point we are unclear from the proposals what the “significant” step forward will involve. It is important that information is available in appropriate formats and languages.

Question 8 - It is appropriate for the Welsh Government to state what is needed. However, each area, jointly with health and other partners should be in a position to identify how to do this.

One point to note is that it is unclear from the proposals what the concept of an ‘information hub’ will entail.

From our involvement with Social Care Communicators Wales (supported by SSIA) we recognise that the practice of providing an information service varies across Wales. Some Councils have specialist communication staff dedicated to producing public information whilst others utilise non-designated roles to deliver on this. This would need to be taken into account in any future prescribed model to set up an ‘information hub’ as there will be different implications for different authorities. One potential advantage of specifying an organisational structure model for information provision is that it could be a way to secure the resources, including specialist staff, to deliver a consistent service across Wales. Giving Local Authorities the flexibility to deliver the hub in the most appropriate manner for their area will be important to their success. For example, in some areas the hub may need to be located in one central geographic area whilst other local authorities may find it proves more effective to have a several hubs to offer equality of access to all service users.

In establishing an information hub, consideration should be given to ensuring that potential service users (who’s first language is not English or Welsh) know where / how to access information.

To deliver a high standard public information service and to publicise / market the availability of services requires adequate funding.

Question 9 - Legislation should specify more clearly that local government and the NHS should work closely together (but not how). The value of a legislative directive to work more closely with the NHS could ensure prioritisation is given to the production of jointly produced information.

2.2 Assessment of need

Question 10 – Do you agree there should be a single right of assessment?

Question 11 – Do you agree the new system will benefit service users and their carers, as well as professionals in understanding their duties of assessment? If not, why?

Question 12 – Do you agree that law and policy should provide for proportionate assessments i.e. a formal prescribed assessment for people who have social care needs?

Question 13 – Is it helpful to prescribe the assessment process and who should be involved?

Question 14 – What information do you think should be included within the “common core” of a new integrated assessment?

Question 15 – Will the new system be more efficient and provide local authorities with greater flexibility?

Question 16 – Do you see a role for self assessment and if so, how would this work?

Response:

Question 10 – We support the view that everyone should have the right to an assessment. There is little evidence to suggest that those in need cannot access an assessment currently. There could be risks in that the proposed reforms may divert resources from services, into providing an assessment. This point links to the definition of ‘people in need.’

Question 11 – Yes, but recognising the issues raised in questions 12 – 15.

Question 12 - There is a need to avoid bureaucracy and provide an assessment appropriate to the need. Therefore it is welcomed that proportionate assessments could be implemented. The principle of UA is good, but in reality the assessments are often too complicated for the need.

Question 13 – There is concern that if the assessment process is too prescriptive it will be unrealistic in operational terms, divert resources and cause delays if the assessment process is overly complex.

A risk is that if it is too prescriptive in terms of who should be involved and what has to be covered it could lead to waiting times for an assessment. Empirical evidence and professional best practice will change over time so if an assessment process is too prescriptive there is a risk it may become outdated; allowing some flexibility will enable Local Authorities to make any appropriate changes in service response over time.

Consideration should be given to allowing the organisation to determine the most appropriate person to undertake the assessment. Any new process will require a review of the UAP and IT systems which support the assessment. Hence, there is likely to be a significant cost to this proposal.

Question 14 - The common core of the integrated assessment should cover basic information as well as outcome focused recommendations and a service user agreement to demonstrate their understanding of the assessment outcomes. It is suggested that people developing the new assessment processes should have systems thinking and front line operational knowledge across the range of assessments.

2.3 Portability of assessments

Question 17 – Should the Bill impose a general duty on local authorities and their partners to provide social care services to a person in need who resides in their area?

Question 18 – Do you agree that portability of assessment will bring greater consistency of care for services users? Do you agree that it will lead to savings?

Question 19 – When someone moves into a new local authority area, what do you think is an acceptable period for which to require that the new authority must maintain the assessment of a service user before it reviews the case?

Question 20 – Do you agree with our proposals for notification and transfer of information?

Response:

Question 17 & 18 – Whilst portable assessments may reduce the ‘postcode lottery’ of services, Local Authorities must be able to retain sufficient flexibility and autonomy over the planning and delivery of services. Portable assessments would benefit some groups such as gypsy travellers or migrant workers.

Question 19 – Once Local Authorities have had the opportunity and support to invest in infrastructure to support portable assessments, 3 months would seem a reasonable timeframe.

Question 20 – We agree with the proposals for the notification and transfer of information.

2.4 Management and review of care plans

Question 21 – Do you agree that the statutory duty changes we have outlined above are the right ones to improve care and support plan and review systems?

Question 22 – Do you agree that it will be important to prescribe, in the regulations and guidance, the different arrangements for the different needs?

Response:

Question 21 – The development of a common approach to unified care and support planning would be welcomed. A point to highlight is that latterly care and assessment processes, such as UA, have involved overly bureaucratic processes that do not promote outcomes. For any new prescribed common approach efforts should concentrate on outcomes as opposed to processes.

Question 22 – The definition of ‘people in need’ is diverse so care and support plans will need to apply to different categories of people (e.g. adults and children) in different ways. Legislation which sets out the arrangements for care and support plans and their review should focus on outcomes as opposed to process.

2.5 National eligibility framework

Question 23 – Do you think that a new national eligibility framework will be beneficial?

Question 24 – What do you see as the local authority's role in setting criteria for eligibility and what do you see as the Welsh Government's responsibilities?

Question 25 – Do you believe that the current four-level definition of eligibility: "critical, substantial, moderate and low" is a helpful way of categorising eligible needs?

Question 26 – Do you agree the new framework should extend to all categories of people in need – both children and adults?

Question 27 – Do you envisage any particular barriers in operating a single eligibility threshold? How would you overcome these barriers?

Question 28 – Should people be able to self assess for access to services? If so, how would you see this working?

Response:

Question 23 – The proposal for a national eligibility criteria would take away the discretion that Local Authorities currently have in setting their criteria and may have significant cost / resource impact. It is fundamental that local authorities have discretion on setting priorities in response to variable local need. We would want core national eligibility rights for an assessment with local decision making powers.

The reference in 2.5.3 to the development of Families First and the Integrated Family Support Service, for example, does not clarify whether these services sit outside the assessment process for social services, as a preventative service or whether they are within. The broad definition of 'people in need' draws more people into entitlement which will have serious implications for staffing and resources. Like other Councils in Wales we are dealing with finite and reducing budgets alongside increasing demand as a result of changing demographics. Any extension of the definition of 'people in need' and therefore those deemed eligible for a service will place an additional pressure on limited resources.

Question 24 - It seems appropriate for Welsh Government to develop the criteria for eligibility, the local authority should have the flexibility of service design. The balance of a prescribed eligibility criteria against a flexible eligibility criteria is a difficult one.

Question 26 - Welsh Government needs to take account of budget implications in the broadening of the definition

2.6 Rights of carers

Question 29 – Do you agree that the proposed definition of a carer should be based on the one referred to in paragraph 2.6.8?

Question 30 – Should we allow local authorities to include some carers who receive payments or have a contract for the care they provide within the definition of a carer, where the relationship is not a commercial or ordinary volunteering one? (In order that carers can receive an assessment and benefit from other support provided to unpaid carers.)

Question 31 – Are there other groups of carers that are not covered but should be included?

Question 32 – Should local authorities be allowed discretion to consider requests from Foster Carers or Adult Placement / Shared Lives Carers to be classified as a 'carer' and be entitled to request a carers' needs assessment?

Question 33 – Do you agree that there should be a duty placed on local authorities to publish information on carers' rights and the services offered to carers in their local areas?

Question 34 – Do you agree that local authorities should be required to offer a carer's assessment to anyone who appears to the authority to be a carer with substantial caring responsibilities?

Response:

Relating to all responses is the need to fully consult with all carers groups and the carers' organisations that support them.

Question 29 - No objection to the definition proposed, but question whether it really gets across both the physical and/ or the emotional 'nature' the caring role can take. There is a tendency to associate caring with the more physical tasks, such as washing and lifting etc, whereas for some groups of carers such as people caring for someone with a mental health problem / drug and alcohol problems the role is more emotional in nature and can fluctuate. Therefore to conclude would the carer groups alluded to or identify themselves with the proposed definition? Feedback will hopefully be forthcoming from carers via this consultation process.

Question 30 – We do not feel it is advisable to include carers who receive payment or who are contracted to deliver a service e.g. foster carers and adult placement/ shared lives carers, for a number of reasons:

- Unpaid carers have campaigned for years to have their role recognised, such a step would dilute the definition and confuse the public yet again with the difference between the role of paid and unpaid

carers. How in essence would this aid self-identification?

- Unique to unpaid carers is the financial penalty they face, having to give up work or reduce hours, and a problem that can get worse if caring continues / intensifies and a further penalty is experienced when they draw their pension. Therefore priority of limited services / support needs to be allocated to this group. Unless of course this proposal was going hand in hand with increased funding.
- Paid / contracted individuals have been assessed as capable of delivering a service and offered a network of support around them as part of a contractual arrangement. They have a legal recourse if there are complaints and must satisfy agreed performance measures. These groups are fundamentally different from individual informal carers where there is no contractual obligation, service standard or mechanism for redress. Arguably if the potential penalties formal carers face in relation to their health, their social inclusion and their finances become too much they can opt out (not negating the emotional attachments formed, just considering the issues on the face of it and working on the assumption that in the main an unpaid carer is a family member).

Question 31 – The definition does appear broad so as to capture everyone. A point to highlight is to ensure that those family relatives who care and are in receipt of a direct payment (i.e. where the person they are caring for has employed them as a personal assistant) are not excluded from the definition.

Question 32 - Flintshire County Council believe that some discretion should be available to Local Authorities to consider requests from some foster parents of long term placements / shared lives carers. This will enable those carers to request a carers need assessment in the same way as any other carer of a disabled child or adult. Experience shows after many years of placement the formal network of support fades yet the parenting responsibilities remain or indeed increase. However, this would increase demand on already finite resources i.e. the staff who undertake carers assessments and the carer support services

The census in 2001 identified 148, 594 unpaid carers in Flintshire (this number has increased and is set to increase further. By 2014 it is projected that we will have 1,117 more people over 65 who will be unable to manage one self care activity). Note our local authorities carers grant settlement for 2010-2011 was £434,813. Despite the development of a robust carers commissioning strategy and the subsequent allocation of funding to a number of carer support organisations in Flintshire only 2,567 unpaid carers benefited. This should help to demonstrate that with the available funding we are currently allocated we are only reaching a fraction of the unpaid carers in Flintshire, so therefore there would be increased demand if Foster Carers etc requests to be classified as 'carers' are accepted.

Question 33 & 34 – Yes to both, Flintshire County Council agree promoting information on rights and available services and offering assessments should be standard practice in all Local Authorities. We agree that there must be access to published information and are happy that this will be strengthened. However, this needs to be in the context of the Carers Measure for which the NHS has the lead.

2.7 Direct Payments

Question 35 – Do you agree with the proposal to use this Bill to bring together legislation regarding the provision of Direct Payments in Wales?

Question 36 – Do you agree with the proposals to allow Welsh Ministers broad powers to extend the existing Direct Payments arrangements so that they can introduce an effective model of self-directed support and control that also encourages a greater uptake of Direct Payments arrangements in Wales?

Question 37 – Do you have views on other ways in which Direct Payments could be extended beyond the current scheme? For example, should they be extended to allow the purchase of residential accommodation or to allow a local authority or independent organisation to be an agent or a broker for services and hold a budget on the service user's behalf?

Response:

We support the response made by the North Wales Social Services Improvement Collaborative in this area.

Questions 35 – 37 – When considering direct payments, thought must be given to any changes there may be in eligibility criteria. Whilst supportive of direct payments and citizen directed support, Local Authorities must identify that this is viable in terms of budget and such arrangements do in fact lead to better outcomes and greater control for individuals.

2.8 Complaints and the Public Services Ombudsman

Question 38 – Do you agree with the proposal that people funding their own social care should have their complaints considered by the Public Services Ombudsman for Wales (PSOW)?

Question 39 – Do you agree that the PSOW’s remit should be extended to care homes and domiciliary care agencies only, or that a wider extension to his remit should be considered?

Question 40 – Do you agree that the PSOW’s remit should be extended to independent palliative care services?

Question 41 – Do you agree with the proposal to allow the PSOW to consider complaints about matters arising, prior to the PSOW’s powers being extended?

Question 42 – We are not proposing that “information sharing powers” between CSSIW and the PSOW be included in the proposal, and expect that a protocol between the two bodies will be established. Do you agree that this is sufficient, or should information sharing powers be considered?

Question 43 – Do you agree that individuals who have complaints about independent palliative care services should also be able to access advocacy services?

Response:

Question 38 – People funding their own social care should have equitable rights with those who have services directly commissioned or provided for them by the Local Authority. We believe it is important that for those funding their own care they have an opportunity to have their complaint considered by the Public Services Ombudsman for Wales if they remain dissatisfied with the response from the Provider. It is important that the provider should have the opportunity to respond in the first instance.

Question 39 – We agree with this proposal and agree that the Public Services Ombudsman for Wales’ remit be extended. There are a group of providers, usually in the voluntary sector, that are often funded through a variety of income sources including local authority grants, lottery monies etc. If a service user has a complaint about this provider the arrangements are not clear. Through contract monitoring we stipulate the provider must have a complaints procedure but there is nowhere independent to take this complaint after investigation at Stage 1.

Question 40 – We agree with the proposal that the Public Services Ombudsman for Wales’ remit should be extended to independent palliative care services.

Question 41 – We agree with the proposal to allow the Public Services Ombudsman for Wales to consider complaints about matters arising, prior to his / her powers being extended.

Question 42 – We agree with the proposal that a protocol between CSSIW and PSOW re: information sharing is sufficient. This protocol would sit outside the Social Services Bill.

Question 43 – We agree with the proposal that individuals who have complaints about independent palliative care services should also be able to access advocacy services. One query raised is that independent palliative care services would predominantly be commissioned through Health so would they be part of this legislation.

3. Strong national direction and local accountability for delivery

3.1 National Outcomes Framework and Standards for Social Services

Question 44 – Do you agree that there should be a duty on Welsh Ministers to encourage improvement in social services and social care services (as defined in this Bill) in Wales?

Question 45 – Do you agree that Welsh Ministers should have a duty to publish (from time to time) and review (periodically) a statement of national outcomes for social services and social care services?

Question 46 – Should there be a power to specify performance standards to be met by local authorities and social care service providers to sit beneath the national outcomes framework?

Question 47 – Should the standards be measured through performance indicators?

Response:

General

Any proposal that reduces the burden of providing information and reporting is welcomed. To reiterate a point made elsewhere in our response, a move to an outcome focus rather than a process driven approach is a real positive and must be applied in practice.

A point to highlight is that prescribing a set of standards should be carefully considered alongside the regulatory requirements already in place via CSSIW. We should seek to avoid another layer but seek a clear alignment with existing PIs and regulatory requirements already in existence.

Question 46 – We would welcome a consistent framework with the move to an outcomes focus and the need to identify performance standards that will measure progress. Local Authorities need to be involved in the development of these.

Question 47 - It is essential that the new measurements replace the existing PI's and are not an additional requirement.

3.2 Code of Practice

Question 48 – Should there be a duty on Welsh Ministers to prepare a Code of Practice to bring together statutory guidance on social services matters?

Question 49 – Should Welsh Ministers be required to consult on the contents of the Code of Practice before it is introduced?

Question 50 – Should Welsh Minister be required to consult in advance on any substantial amendments that they propose to make to the Code of Practice?

Question 51 – Should the Bill specify that the Code of Practice must be followed by authorities acting under the legislation and can only be deviated from where there are good reasons to do so (although this proviso would not give the freedom to take a substantially different course)?

Question 52 – In addition to the Code of Practice, should Welsh Ministers retain their existing power to issue directions on certain matters, such as policy or practice guidance?

Response:

Question 48 – We support the proposal for a Code of Practice to bring together statutory guidance on social services matters.

Question 49 – We agree that Welsh Ministers should consult on a draft Code of Practice before it is introduced. Budget implications would need to be taken into account

Question 50 – We agree that consultation would be necessary in the future prior to any substantial amendments to the Code of Practice.

3.3 Directors of Social Services

Question 53 – Do you agree that we should place the requirement to appoint a Director of Social Services on the face of the Bill and have powers to specify the competencies that a Director of Social Services should have?

Question 54 – Do you agree that the local authorities should be able to share a Director of Social Services?

Response:

Question 53 – We support this proposal.

Question 54 - At the present time there are example of local authorities taking forward the option to share a Director of Social Services. Such approaches have developed from careful planning and partnership working between local authorities. We are not convinced that this arrangement would require a legislative change.

3.4 Collaboration in integrated Social Services

Question 55 – Do you agree with the proposal to introduce a single consistent set of powers relating to the creation of formal partnerships in Wales, for the purpose of delivering integrated services?

Question 56 – Do you agree with our proposal to introduce powers to define in Regulations and guidance the parameters for developing formal partnerships and pooled budgets and to set out how and when these will be used?

Response:

Question 55 & 56 – We are supportive of partnership working and the associated benefits. A key point we wish to highlight is that Local Authorities should not be tied to a prescriptive format but the legislation should support practice led improvement and development.

It would be helpful to have a range of templates (with full governance arrangements) that organisations can use to develop partnership arrangements that are not as complicated as the current section 33 agreements.

Consideration on how Wales measure the existence of partnership arrangements outside the formal section 33 agreements should be developed. It is the quality of partnership agreements that make a difference not the formality of them.

One reservation is how will increased powers for Ministers resolve the practical issues and challenges in achieving successful collaboration?

4. Safeguarding and protection

4.1 A National Independent Safeguarding Board

Question 57 – Do you agree with the view of the Welsh Safeguarding Children Forum on the role and function of the National Independent Safeguarding Board?

Question 58 – What type of organisation do you think the Board should be? How would the relationship and accountabilities with Welsh Ministers and Safeguarding and Protection Boards be constructed (see section 4.2 – Safeguarding and Protection Boards)?

Question 59 – How should the Welsh Government achieve service user representation on the Board?

Response:

We support the North Wales Social Services Improvement Collaborative response in this area.

4.2 – Safeguarding and Protection Boards

Question 60 – What do you think the functions of the Adult Protection Boards and Safeguarding Children Boards should be?

Question 61 – Do you agree that a funding formula is needed? What approach should be taken to devising this formula?

Question 62 – Do you think that the existing statutory membership of LSCBs is sufficient for Safeguarding Children Boards? What additional members should be included within the membership of Adult Protection Boards?

Question 63 – Should there be a requirement that all Safeguarding and Protection Boards have independent Chairs? Please explain your rationale.

Response:

We support the North Wales Social Services Improvement Collaborative response in this area.

4.3 Adult Protection – a new legal framework

Question 64 – Is the scope of what would constitute an ‘adult at risk’ reasonable?

Question 65 – Should the duties on agencies to protect adults at risk be based on someone being the victim, or potentially the victim of ‘harm’?

Question 66 – Should the definition of an ‘adult at risk’ also take account of where, or in what circumstances, the abuse has taken place and whether someone is unable to safeguard themselves as a result of their health and social care needs (paragraph 4.3.9)?

Question 67 – Is the range of agencies that the Bill will place duties on appropriate? Are there any other agencies that should be considered for inclusion in this framework, and if so why?

Question 68 – Should a duty to report apply to all the agencies encompassed by other duties? If not, why not? Who should the duty apply to?

Question 69 – Should the legislation include powers of intervention? If so, what should be the nature of these powers?

Response:

We support the North Wales Social Services Improvement Collaborative response in this area.

5. Regulation and Inspection

5.1 Workforce registration

Question 70 – Do you believe that the current definitions of social care workers in the Care Standards Act 2000 are broad enough to capture workers in new models of service delivery?

Question 71 – Do you agree that the Care Council should have powers to regulate the training of all social care workers, not only social workers?

Question 72 – Do you agree that Welsh Ministers should have powers to make regulations that reserve certain activities to staff with certain specified qualifications?

Question 73 – Do you have views about what activities should be reserved to staff with certain specified qualifications?

Response:

Question 70: It is unclear which new models of service delivery the Bill refers to, but any clarification of definitions would be welcomed.

One issue raised during our consultation process is that it would be helpful for the Care Council for Wales to give a directive about whether domiciliary care workers need to be registered as opposed to the current practice of voluntary registration.

The consultation document refers to 'social care services' as: residential, non residential care services, information, advice, counselling / advocacy services, financial or other assistance, social work. These categories are broad enough to cover all social care staff. The risk is that not everyone will necessarily see themselves included in these lists e.g. personal assistants, support workers, reablement staff, other professional staff (e.g. OT, physio)

Question 71: Agree, but any additional requirements on local authorities and the independent sector would need to be supported financially. Also, there would need to be a period from the first date of employment in which the worker would have time to achieve the qualifications - possibly 3/6 months.

Question 72: Agree, provided that the activities are very clearly defined and that further consultation is undertaken with local authorities and the professional organisations representing social workers. Please note the creation of more specialist role will increase pressure on training budgets and capacity. Workforce implications should be considered when specifying a qualification – any decision made in relation to this should contain some

flexibility to allow for appropriate training and career development.

Question 73: Activities that could be explored are safeguarding roles for children and vulnerable adults (including DOLS). Also statutory and specialist roles in mental health, learning disabilities, substance misuse and for looked after children.

5.2 Service Regulation

5.2a Extending regulation to new service categories

Question 74 – Do you agree that Welsh Ministers should be able to bring appropriate new service delivery models into the scope of the regulator?

Question 75 – Do you agree that social work services should become a regulated service?

Question 76 – Do you agree that the registered manager of the service must be registered in the social work register of the Care Council for Wales?

Response:

Question 74 – Yes this would be welcomed as more innovative and modern service delivery models are implemented.

Question 75 – Yes this would be welcomed.

Question 76 – Yes, agree registered managers of a social work service should be registered in the social work register of the Care Council for Wales. However, often registered managers in other areas (e.g. care homes) take a vocational and management route to managing services in social care and not the social work route.

5.2b Revising the registration model for social care services

Question 77 – Do you agree that there should be powers to make registration time limited? If so, should this be introduced in a staged way?

Question 78 – Should certain services, as a matter of principle, be exempt from this provision? If so, why?

Question 79 – What sectors/services do you believe would be particularly suited to this model?

Question 80 – What issues do you think this model would raise?

Response:

Question 77 – Time limited registration would be welcomed. This will ensure that providers are compliant with particular standards. There would need to be a staged approach, otherwise we may destabilise an already fragile market.

Question 79 – The Residential and Nursing home sector would be particularly suited to this model.

Question 80 – Issues we feel this model would raise:

- (a) The timescale for registration / how long would an application to register last for?
- (b) Agreement and consensus that Standards have been breached to a level which may result in not being registered in the future.
- (c) Service users and families already placed with a failing provider would be anxious.
- (d) Commissioners may have to have robust contingency plans – for example if there were a lack of local EMH nursing placements.

5.2c The Register

Question 81 – Do you agree that the register should contain specified information?

Question 82 – Do you think that this approach will enable service users and their carers to make decisions about services they use or may wish to use?

Question 83 – Do you agree that there should be information sharing powers afforded to the regulator?

Question 84 – Do you agree that this approach will drive up improvement?

Response:

Question 81 – Yes this would drive up standards and would assist in transparent information sharing with the public.

Question 82 - We agree that this proposal will enable service users and carers to make decisions about services they use.

Question 83 - We agree that information sharing powers should be afforded to the regulator.

Question 84 - We agree that this approach will drive up improvement.

5.2d Organisational governance and quality assurance mechanisms

Question 85 – Do you agree that these reports should be publically available?

Question 86 – Do you agree that we should specify matters for public reporting?

Response:

Question 85 & 86 – We support the proposal that all regulated services should be required to publish a report which is publically available. However, this may not be cost neutral and there may be an associated cost to these reports. If the reports are similar to what regulated services already produce there should be no cost implication for those purchasing the service.

5.2e National Minimum Standards

Question 87 – Do you agree that we should remove the word ‘minimum’ from sections 23 and 49 of the Care Standards Act 2000

Response:

Question 87 - We agree with this proposal.

6. Services

6.1 Adoption

Question 88 – Do you agree the functions that a National Adoption Service will be responsible for, as set out in paragraph bb?

Question 89 – Do you suggest any additional functions that should be included?

Question 90 – Are there any other barriers to the current arrangements that should be considered in the development of the Social Services (Wales) Bill?

Question 91 – Do you have any other comments that you wish to make about our proposals for a National Adoption Service?

Response:

Questions 88 – 91 – We recognise the objective for a national adoption service in Wales is well established and has potential benefits. The North Wales region took the initiative in terms of developing the North Wales Adoption Service. We support the need to build on the strengths of this strong regional service in terms of any national adoption service.

6.2 Transitions for disabled children and young people

Question 92 – Are there any key, identifiable entitlements that disabled children receive that would be of continued benefit beyond age 18 for those with the most complex needs? Please provide details and rationale.

Question 93 – Do you have any suggestions for how we might define “complex needs”?

Response:

General - One of the recommendations in the NSF for Children, Young People and Maternity Services is the development of a Single Plan for disabled young people going through transition into adulthood, across a range of service areas. Whilst this plan is complex to develop due to the vast number of plans that currently exist for these young people, and is much broader than would be contained within a Social Services bill, it is a model for care planning to aspire to.

Question 92 - Local research undertaken with users and families in Flintshire demonstrate their needs include:-

- Information on services, options, pathways and support available.
- Services during college breaks / holidays. This is currently provided in Flintshire by Social Services for Adults and can continue up to leaving college.
- Key Worker - In Flintshire, transition support is being reconfigured (resources from Social Services for Children and Social Services for Adults are being consolidated) to provide a consistent key worker from the age of 16 - 25 to cover all aspects of transition.
- Transitional support up to the age or point where the service user returns from school / residential college and needs meaningful work and somewhere supported to live.
- Continuation of funding to meet needs which are static.
- Continued Health input / funding. People on their 18th birthday risk reduction, even where needs have not changed.

The "transfer / transition," regardless of what age it comes, needs to be managed carefully. Delaying the age from 18 to 21 goes some way to ensuring stability as many changes are taking place at this time in a young person's life. It will be important to ensure all agencies are working to this principle not just social care (eg health agencies / funding agreements).

For those with the most complex needs, their needs will not change in many instances from 18 to 21 to later in adulthood - how far do you extend the benefits they may have attracted as a child, but not as an adult?

Question 93 - It works in Flintshire to use a broad 'assessment' of needs to determine complexity rather than single agency, single process.

Assessment of complex needs is undertaken over time (for most people) with multi agency contribution (Education and Health and Social Services for Children) and is added to over a period to determine eligibility nearer 18 years. This process commences at annual identification panel, attended by Health Consultants, Specialists and Nurses, Education Co-ordinators, Social Services for Children and Social Services for Adults. This forms the basis of a referral which is added to, toward making a decision on eligibility / complexity after multi agency consideration and updates.

Whilst supporting a social model definition of complex needs, we need to be aware that this would increase the numbers of young people eligible in this increasing demographic cohort with subsequent financial implications

7. Implementation of proposed legislation

7. Implementation of proposed legislation

Question 94 – Throughout this document we have identified the impacts of the proposals we would like to include in the Bill. Do you have any comments on the impacts that we have identified?

Question 95 – Do you agree with our analysis of the impacts? If not, why?

Question 96 – What do you think the potential cost implications are for the new proposals? Could the new duties be met through minor changes to current arrangements etc?

Question 97 – Are there other areas of impacts we should be considering?

Response:

Question 94 & 95 – It is essential that local authorities have a reasonable degree of local discretion to deliver services. There are financial risks and concerns that creativity would be limited as a result of legislative prescription.

The impact statements have not fully considered the funding of transformational change or the possible increase in demand on services that changing the definition of 'people in need' and setting a national eligibility criteria could have. There is genuine concern about how Local Authorities will fund this transformational change.

Question 96 – There are clear new duties in the proposed legislation, most notably the extension of the definition of people in need, the portability of assessments and regulatory changes. It is argued that these will have additional resource implications and not be met by minor changes to current arrangements.

Question 97 – IT infrastructure costs for any new assessments and information services. There must be some recognition of joint responsibility within the Bill that this is not just social services' responsibility. Local authorities must have the autonomy to plan and deliver local services that meet local needs.

Final Consultation Question

Question 98 – We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please let us know.

Response:

- We wish to highlight a general query as to whether the introduction of this Social Services (Wales) Bill will involve the repeal of any other acts.
- As a local authority we would like a degree of flexibility in how we deliver on the Bill to be responsive to local need.
- Whilst supportive and pleased that a Social Services (Wales) Bill is being developed the proposals in this Bill cannot be achieved by Social Services alone. Commitment by all statutory partners will be needed to fully take forward and implement the change programme.
- The Welsh Government has recently consulted local authorities on the proposals to remove the duty to produce a range of statutory plans, and to encompass those duties into one "single plan". There would be a benefit to ensuring that these developments are appropriately linked.
- Clearly the Social Services (Wales) Bill is a fundamental development for the Welsh public sector but it does not exist in isolation from other key major strategies. We would argue that the connections with the similar paper on Youth Justice are very strong and a single integrated approach concerning both policy directions is needed.

FLINTSHIRE COUNTY COUNCIL

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

DATE: **MONDAY, 2 JULY 2012**

REPORT BY: **LEARNING & SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR**

SUBJECT: **QUARTER 4 AND YEAR END SERVICE PERFORMANCE REPORTS**

1.00 PURPOSE OF REPORT

1.01 To note and consider the 2011/12 Quarter 4/Year End service performance reports produced at the Head of Service / Divisional level under the adopted business model of the Council. The reports cover the Quarter 4 period (January to March 2012).

1.02 To note the draft year end position of the Strategic Assessment of Risks and Challenges (SARC) contained within the performance reports.

1.03 To note the progress made against the Improvement Targets contained within the performance reports.

2.00 BACKGROUND

2.01 The quarterly performance/year end reports seek to provide the reader with the 'narrative' of quarterly performance, which gives the context for overall performance. These reports are a quarterly review of service plans.

3.00 CONSIDERATIONS

3.01 Copies of the detailed Quarter 4/Year End (January to March 2012) performance reports are attached at Appendix 1.1 – Social Services for Children Appendix 1.2 - Development and Resources, Appendix 1.3 - Social Services for Adults.

3.02 Strategic Assessment of Risks and Challenges

Each quarterly performance report contains an update of each of the relevant strategic risks and challenges. This update has been provided by each of the lead responsible officers and is available for comment and review.

3.03 A draft revised SARC summary position of the present Red (high risk),

Amber (medium risk) and Green (low risk) status for all of the reported strategic risks and challenges is provided at Appendix 4.

4.00 RECOMMENDATIONS

4.01 That Members consider the 2011/12 Quarter 4/Year End performance reports produced by the Heads of Service, highlight and monitor poor performance and feedback details of any challenge to Corporate Resources O&S Committee who are responsible for the overview and monitoring of improvement targets.

5.00 FINANCIAL IMPLICATIONS

None as a result of this report.

6.00 ANTI POVERTY IMPACT

None as a result of this report.

7.00 ENVIRONMENTAL IMPACT

None as a result of this report.

8.00 EQUALITIES IMPACT

None as a result of this report.

9.00 PERSONNEL IMPLICATIONS

None as a result of this report.

10.00 CONSULTATION REQUIRED

Not applicable.

11.00 CONSULTATION UNDERTAKEN

Not applicable

12.00 APPENDICES

Appendix 1.1 – Social Services for Children
Appendix 1.2 – Development and Resources
Appendix 1.3 – Social Services for Adults
Appendix 2 - Q4 SARC Summary

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

None

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**QUARTERLY PERFORMANCE REPORT
SOCIAL SERVICES FOR CHILDREN
COMMUNITY SERVICES DIRECTORATE**

REPORT AUTHOR: HEAD OF SOCIAL SERVICES FOR CHILDREN

REPORT DATE: 28 JUNE 2012

REPORT PERIOD: QUARTER 4 JANUARY – MARCH 2012

Introduction

The report is produced on a quarterly basis and provided to Executive members for review and assurance and will be available for Overview and Scrutiny Committees as part of their Forward Work Programmes.

The report consists of an overview of the key messages to highlight across all work streams in Social Services for Children, which is followed by highlights from each service area. Parts 2 and 3 of the report include an assessment of performance in the quarter from the following sources:

- Improvement Plan Monitoring
- Strategic Assessment of Risks and Challenges
- Performance Indicators and Outcome Measures
- Improvement Target Action Plan Monitoring
- Key Actions from Service Plan Monitoring
- Internal and external regulatory reports
- Customer satisfaction and feedback
- Awards and accreditations
- Resource Management (HR, ICT, Finance, Assets)

1. Foreword

Report highlights for this quarter are the following items: -

<p>Performance</p>	<p>Of the 13 improvement targets, 5 of these met the target this quarter. However, the RAG status in this report reflects the full year outturn. A detailed analysis of the amber and red targets is presented in Section 3.0 of this report.</p> <p>Performance highlights for Quarter 4 include planning for permanence for looked after children (SCC/001b) which remains at 100%, timeliness of statutory visits (SCC/025) at 86.3%, timeliness of Assessment & Progress Records at 100%, and the average number of calendar days taken to deliver a Disabled Facilities Grant (PSR/009a) for children, which has continued to improved since Quarter 2.</p>
<p>Independent Sector</p>	<p>The refurbishment of Arosfa is largely completed. Work is ongoing round the transferring of children, and reregistering with the Inspectorate. It is expected the new Residential Service will become operational May / June 12.</p>
<p>Advocacy tender</p>	<p>The tendering process is complete, and National Youth Advisory Service (NYAS) are the successful applicant.</p>
<p>Young Carers and Looked after children</p>	<p>The launch of the ID card has been postponed to June; event to be attended by the Children's Commissioner and County Councillors. The Young Carers Strategy went live in Quarter 4 and has now moved into the implementation stage.</p>
<p>Supervised contact arrangements</p>	<p>The external evaluation of Supervised Contact Arrangements has been completed, and an action plan is in place.</p>
<p>Transition</p>	<p>A senior practitioner has been appointed and we are in the process of recruiting to the other posts.</p>
<p>Integrated Family Support Services</p>	<p>The Heads of Service in North Wales are meeting to formulate a project plan to support the rollout of Integrated Family Support Services (IFSS).</p>

Other highlights by service area are as follows: -

<p>Youth Justice Service</p>	<p>Research has highlighted the link between offending behaviour and the lack of education or employment, and improving this provision is one of the most important factors in reducing offending amongst young people in Flintshire.</p> <p>Youth Justice Service Pupil Referral Unit ("Links") continues to provide education opportunities to young people excluded from mainstream education and other Pupil Referral Units. Links is currently offering young people a variety of mainstream subjects to GCSE level, vocational subjects, and programmes focussed on offending behaviour such as the</p>
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	<p>Choose to Change programme that looks at violence within familial or intimate relationships.</p> <p>Open College Network (OCN) qualifications now available to young people involved with the service and with direct support from a dedicated OCN assessor. Areas covered include "Preparation for Work", "Personal Budgeting and Money Management", "Basic Nutrition, Hygiene and Food Skills", "Problem Solving Skills", "First Aid" and other subjects that help young people broaden their skills and prepare for their future.</p> <p>Links Plus provides a transition for those young people leaving school and have been unable to secure education, training or employment through mainstream pathways. Areas covered include Curriculum Vitae development, interview skills and working relationships being forged with local businesses.</p>
<p>Families First</p>	<p>During Quarter 4:</p> <ul style="list-style-type: none"> • Quest continued to offer services to parents to assist in the development of their confidence and to enable them to start the journey towards training/employment. <p>In Flintshire, up to 31 March 2012, the QUEST Project has 46 registered participants.</p> <p>The project continues to build on existing relationships with referring and supporting agencies including JobCentrePlus, Careers Wales, Citizens Advice Bureaux and Barnardo's.</p> <ul style="list-style-type: none"> • Team Around the Family (TAF) are now fully operational. The Team are accepting referrals and they started working with families in March. All referrals made to TAF were accepted, and they are working with 12 children with 6 families; no outcomes have as yet been recorded. • Citizens Advice Bureau (CAB) and Welfare Benefits Unit continue to provide advice to families who have financial issues such as debt, need access to housing, finance etc. 26 children from 15 families have been raised over the 60% poverty line during the year. • The service continues to receive referrals for community conferencing from Flintshire, Wrexham and Denbighshire. Early indicators suggest very good outcomes reducing complaints, police call outs and anti-social behaviour. During the year 29 families reported a positive impact as a result of a community conference from 31 families.
<p>Complaints & Compliments</p>	<ul style="list-style-type: none"> • 16 complaints were received this quarter and 14 responded to (2 were made late in the quarter).

	<ul style="list-style-type: none"> • Of the 14 complaints responded to, 12 were responded to within the statutory 10 day timescale (85%) • 2 requests were received for independent Stage 2 investigations and they will commence next quarter • 1 Stage 2 complaint was responded to. Of the 3 elements to the complaint, 1 element was upheld and 2 elements were partly upheld. • 9 compliments were received about the work of staff. Comments included: <i>"The social worker has clearly put a lot of effort into this case which is reflected in the outcome. The Local Authority is also to be commended..."</i> <i>"Thank you so much for being kind, helpful, patient and understanding with our family. We won't forget you".</i> <i>"Thank you very, very much for your help. I have said it before but I mean it, we would have been lost without you and we were before you came along."</i>
Care & Social Services Inspectorate Wales Inspection	<p>Frontline Fieldwork services were inspected over a period of two weeks in March. Early indications are that we will receive a positive report from the Inspectorate.</p>

2. Performance Summary

2.1 Improvement Plan Monitoring

KEYS

Progress RAG – Complete the RAG status using the following key: -

R	Limited Progress - delay in scheduled activity; not on track
A	Satisfactory Progress - some delay in scheduled activity, but broadly on track
G	Good Progress - activities completed on schedule, on track

Outcome RAG – Complete the RAG status using the following key: -

R	Low - lower level of confidence in the achievement of outcome(s)
A	Medium - uncertain level of confidence in the achievement of the outcome(s)
G	High - full confidence in the achievement of the outcome(s)

Council Priority	Target Date	Progress RAG	Outcome RAG	Commentary
5.0 To make our communities safe and to safeguard the vulnerable, with children and older people being priority groups.				
5.1.1 Develop robust commissioning arrangements for out of county placements.	Sept 2012	A	G	See Section 3.1
5.2 Ensure that the whole Council works positively as a Corporate Parent to support looked after children and care leavers to achieve positive outcomes in life.	Ongoing	G	G	
5.3 Further raise awareness and monitor safeguarding activity through the joint (with Wrexham) LSCB.	Dec 2012	G	G	See Section 3.1.
5.5 Implement the Integrated Family Support Services initiative (also 7).	June 2013	G	G	See Section 3.1.
6.0 To protect and grow the local and regional economy, to be a prosperous County and to provide help and support for those vulnerable to poverty.				
6.9 Implement the Families First initiative (also 5).	30/09/2012	G	G	See Section 3.1.
7.0 To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services.				
7.3 Develop a range of temporary accommodation and independent living options for care leavers (also 8).	Mar 2013	G	G	

2.2 Strategic Assessment of Risks and Challenges (SARC)



The table below summarises the position of SARCs at the end of the reporting period.

KEY

R	High Risk
A	Medium Risk
G	Low Risk

Commentary is included in section 3 for those SARCS: -

- that are showing a Red RAG status
- where the RAG status has changed since the last reporting period
- where the Green Predictive Date has changed since the last reporting period
- where there has been considerable change or additions of secondary risks and activity

SARC – CD23 Procurement of Independent Sector Placements for Looked After Children	Previous RAG Status	Current RAG Status	Green Predictive
Budget pressures created by the cost of procuring independent sector placements that provide specialist care or education to meet the unpredictable needs of looked after children.			TBC

2.3.1 Performance Indicators and Outcome Measures


Key







R	Target missed
A	Target missed but within an acceptable level
G	Target achieved or exceeded



The RAG status of the indicators for the year are summarised as follows:





Graphs and commentary are included section 3 for those indicators shown with a RAG status of either Amber or Red. An asterisk (*) indicates that the indicator is an *improvement target*.

Indicator	Current Quarter Target (Q4)	Current Quarter Outturn (Q4)	Previous Annual Outturn (2010/11)	Annual Target (2011/12)	Annual Outturn (2011/ 12)	RAG	Annual Change (Trend) e.g. Improved / Downturned
*SCC/030a The percentage of young carers known to social	80%	100%	72.73%	80%	100%		Improved

services who were assessed.							
*SCC/030b The percentage of young carers known to social services who were provided with a service.	80%	100%	84.85%	80%	100%		Improved
*SCC/016 The percentage of reviews of child plans for children in need carried out in accordance with the statutory timetable.	70%	83.3%	62.85%	70%	85.9%		Improved
*SCC/042a The percentage of initial assessments completed within 7 working days.	89%	88.4%	88.36%	89%	90.2%		Improved
*SCC/042b The average time taken to complete initial assessments that took longer than 7 working days.	Below 10.5 days	19.4 days	15.26 days	Below 10.5 Days	16.4 Days		Downturned
*SCC/028 The percentage of Looked After Children who had a fully completed and updated Assessment and Progress Record at their third review.	70%	100%	40.54%	70%	66.7%		Improved
*SCC/039 The percentage of health assessments for Looked after Children due in the year that have been undertaken.	75%	54.1%	51.49%	75%	61.2%		Improved
HTH/001 The percentage of Health Assessments appointments	Not set	65.6%	N/A	N/A	80.8%	N/A	Not Applicable

requested within timescales.							
*SCC/025 The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations.	93%	86.3%	87.01%	93%	80%		Downturned
*SCC/001b For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence in place.	100%	100%	100%	100%	91.2%		Downturned
*SCC/024 The percentage of children looked after during the year with a Personal Education Plan within 20 school days of entering care or joining a new school.	80%	71.4%	41.67%	80%	73.3%		Improved
*SCC/033c The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.	75%	71.4%	61.54%	75%	71.4%		Improved
*PSR/009a The average number of calendar days taken to deliver a Disabled Facilities Grant	350 days	283 days	297.6 days	350 days	307 days		Downturned

(DFG).							
*PSR/006 Timing of low cost adaptations not funded by a Disabled Facilities Grant (Children's cases only).	88 days	75 days	171.77 days	88 days	102 days		Improved
SCY/001a The percentage change in the average number of hours of suitable education, training or employment children and young people receive while within the youth justice system by children and young people of statutory school age	6%	7.9%	5.05%	6%	7.9%		Improved

2.3.2 Improvement Target Action Plan Monitoring

Key - ✓ on track, ✗ behind schedule, C completed

Ref	Action & Planned Completion date	Progress
*SCC/030a	Monitor progress against the Young Carers Strategy Action Plan.	✓
	Joint protocol to be strengthened using ADASS / ADCS report.	✗ (see Section 3.3)
	Young carers Professionals Pack to include 'Think Family' focus.	✗ (see Section 3.3)
	Paris to include the revised young carers assessment fields to record the reasons for assessments being declined and actions taken, eg. signposting to other agencies.	✓
*SCC/030b	Actions as above.	✓

*SCC/016	Develop a flagging system in Paris to remind social worker when reviews are becoming due (Performance Manager, by September 2012).	✓
*SCC/042a	It has been agreed and implemented that Social Workers will now sign off their own assessments, with managerial oversight provided at the point of transfer or closure. The Performance Team will continue to flag up unauthorised assessments.	C
*SCC/042b	It has been agreed and implemented that Social Workers will now sign off their own assessments, with managerial oversight provided at the point of transfer or closure. The Performance Team will continue to flag up unauthorised assessments.	C
*SCC/028	This indicator is no longer collected nationally or regionally, and members agreed for it to be deleted for 2012/13.	C
*SCC/039	A process of continuous scrutiny and overview remain central to our internal activities. As noted in previous action plans we remain limited in our response to Health activities and deadlines. We continue to have a dialogue with Health Representatives both in the North Wales area and other Health colleagues when children are placed out of county about time frames and standards.	C
	Notifications of new placements are being sent by the Performance Team to the Looked After Children (LAC) Nurse to speed up the booking process.	C
	Development of a new local PI to capture appointments requested within timescales.	C
*SCC/025	Continue to measure the impact of increasing capacity within CYAST and the flagging system for due dates of forthcoming visits on a quarterly basis, and raise at Social Services for Children Senior Management Team if remedial action is required.	✓
*SCC/001b	Discussions have taken place with other authorities around the definition of a plan for permanence and a Flintshire definition has been agreed.	C
*SCC/024	Adoption of the All Wales Personal Education Plan (being developed through the revision of the Education of LAC guidance).	✓
	Amend the Care Procedures Manual to the effect that when a child comes into care or changes school, a notification is sent from the social worker to the IRO and the Performance Team so that the need for a Personal Education Plan (PEP) can be logged and chased.	C
	LACE coordinator to contact staff in Permanency Team (CYAST) to ensure that they are aware of their responsibilities around meeting with school staff and completing the PEP within the timescales.	C
*SCC/033c	We have a group looking at access to Ordinary National	✓

	Certificate qualifications for care leavers.	
	Possible work placement opportunity for a care leaver with Flintshire County Council.	✓
*PSR009a	Actions are included in the Social Services for Adults Quarterly Performance Report.	
*PSR006	Actions are included in the Social Services for Adults Quarterly Performance Report.	

2.4 Key Actions from Service Plan Monitoring and ACRF

The following table shows the progress made against key areas of improvement/actions identified in the Planning service plan. A ✘ indicates those areas which have incurred slippage or have been subject to a revised timetable and references the page number where commentary can be found to further explain the slippage/revised timescales: -

Key - ✓ on track, ✘ behind schedule, C completed

Improvement Area	On-track?	Commentary
Major and minor adaptations	✓	
Transition Service	✓	
Identifying and supporting young carers.	✘	See Section 3.3
Supporting looked after children and care leavers	✓	
Regional collaboration	✓	
Regional integration	✘	See Section 3.3
Improve safeguarding arrangements	✓	
Develop Integrated Family Support Service	✓	
Apply LEAN principles	✓	
Welsh Language compliance	✓	
Monitor and reduce staff absence	✓	Robust monitoring processes are in place across service areas.
Service user and carer involvement	✓	
Reduce dependency on the independent sector and improve commissioning process	✓	
Develop the Families First Initiative	✓	
Prevent offending by children and young people	✓	

2.5 Internal & External Regulatory Reports

Frontline Fieldwork services were inspected over a period of two weeks in March. Early indications are that we will receive a positive report from the Inspectorate.

3. Exception Reporting

3.1 Improvement Plan

5.1.1 Develop robust commissioning arrangements for out of county placements.

Robust mechanisms for procuring and managing independent sector placements will ensure that looked after children are appropriately placed and best value is achieved. In order to achieve this, changes have been made to existing processes and guidance issued regarding the new Options Appraisal forms for all future submissions to the Out of County Placement Panel.

In addition, we have signalled our intention regarding the purchasing of bedspaces at the Bryn Awel unit in Denbighshire. The respective Heads of Service are due to meet in May to discuss the detail of costs.

Changes to the target dates for the Council Priorities

Timescales for the completion of a number of the Council Priorities reported against in section 2.1 have been revised to take account of further actions to be completed which will support the deliver of the outcomes.

3.2 Improvement Targets

The following indicators have a RAG of either red or amber when the annual performance is compared against the annual improvement target. A detailed commentary is provided on each indicator below.



SCC/042b

The average time taken to complete initial assessments that took longer than 7 working days.



SCC/028

The percentage of Looked After Children who had a fully completed and updated Assessment and Progress Record at their third review.



SCC/039

The percentage of health assessments for Looked after Children due in the year that have been undertaken.



SCC/025

The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations.



SCC/001b

For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence in place.



SCC/024

The percentage of children looked after during the year with

a Personal Education Plan within 20 school days of entering care or joining a new school.



***SCC/033c**

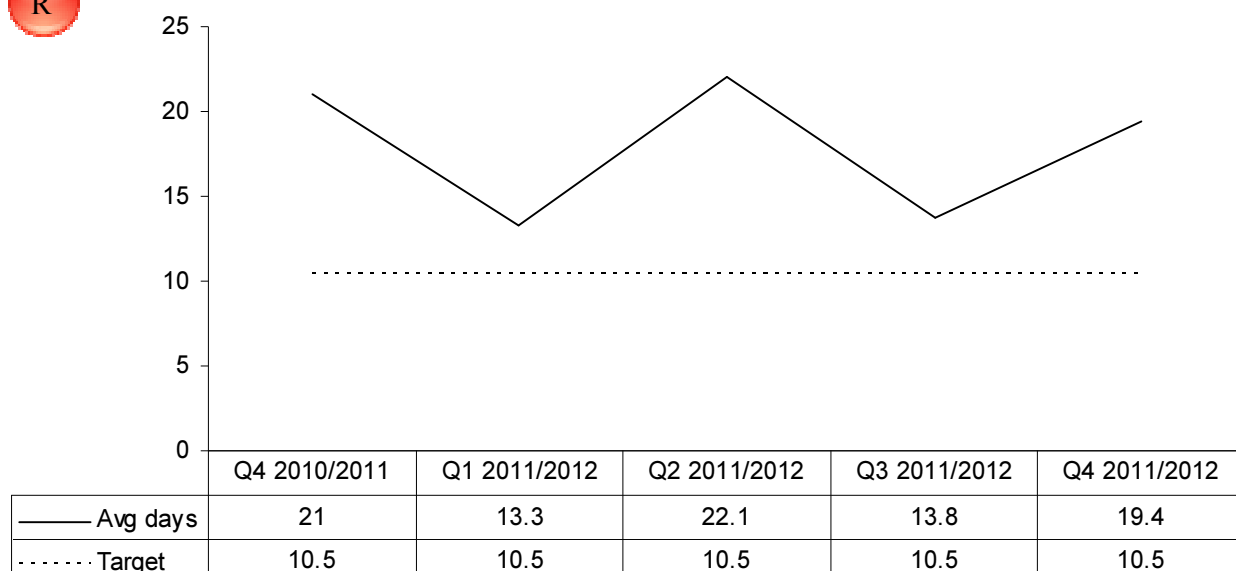
The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.



PSR/006

Timing of low cost adaptations not funded by a Disabled Facilities Grant (Childrens cases only).

SCC/042b The average time taken to complete initial assessments that took longer than 7 working days.



A downward direction of travel in this graph represents an improvement.

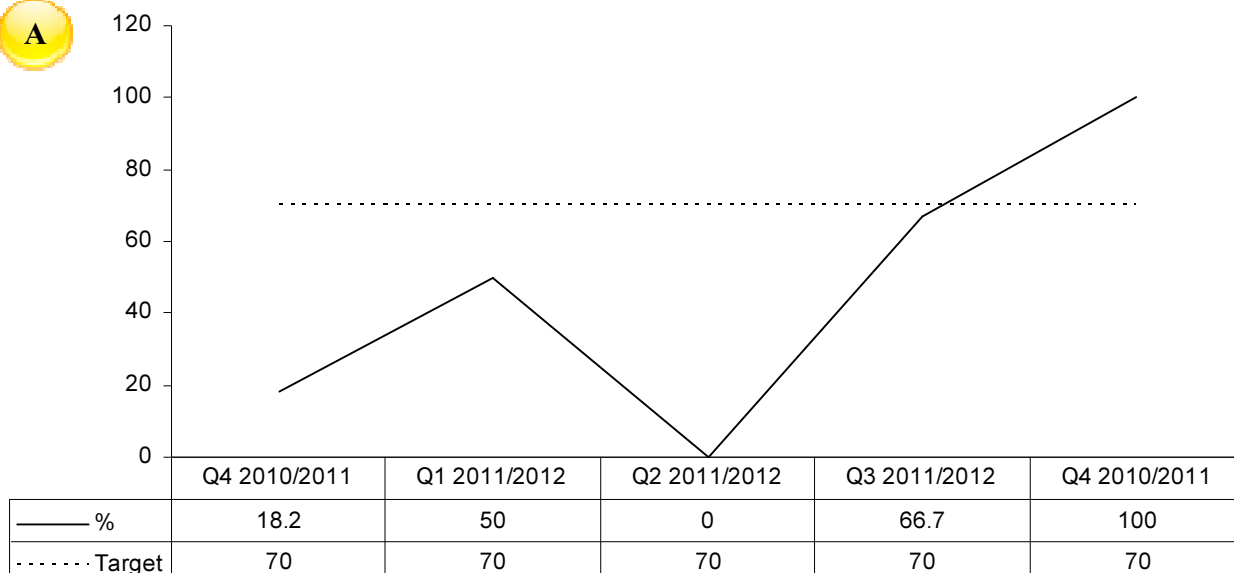
In Quarter 4, 13 initial assessments were completed outside the statutory timescale of 7 working days. 10 of these were allocated late because of insufficient capacity in the Duty & Assessment Team to carry out the assessment. Where there is a capacity issue, referrals are prioritised according to need. Low level referrals that cannot be allocated immediately are recorded as “unmet need”, and are regularly reviewed until such time as they can be allocated or closed. The rise this indicator in Quarter 4 reflects the level of unmet need in the Duty & Assessment Team between January and March, prior to additional capacity being created.

Two assessments were conducted at the service user’s pace, the longest taking 12 days, and one was delayed in the best interests of the child, to enable the Health Visitor to attend the assessment visit.

Overall this year, we have succeeded in completing 90% of our initial assessments within the statutory timescales, but we still have a few which take longer than our ambitious target

of 10.5 days. However, we are performing consistently better than the All Wales average in both parts of this indicator.

SCC/028 – The percentage of Looked After Children who had a fully completed and updated Assessment and Progress Record at their third review.

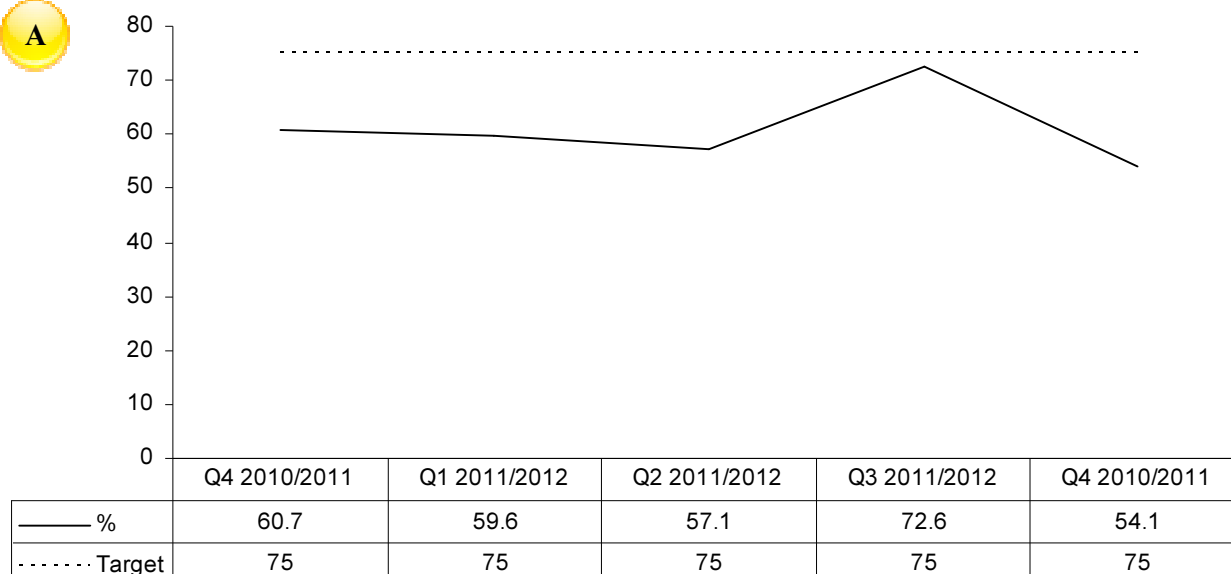


A upward direction of travel in this graph represents an improvement.

In Quarter 4, all Assessment and Progress Records (APRs) that were due were completed within the statutory timescales. Overall for the year, performance was 66.7%, against a target of 70%. The All Wales average, however, was 24.8% for this indicator.

We have recently implemented an electronic report that can be run by social workers at any time to identify which APRs are becoming due, and this is working well so far. We will continue to monitor the timely provision of Assessment and Progress Records through the independent reviewing process for looked after children.

SCC/039 – The percentage of health assessments for Looked after Children due in the year that have been undertaken.



A upward direction of travel in this graph represents an improvement.

A process of continuous overview and scrutiny remain central to our internal activities. As noted in previous action plans we remain limited in our response to Health activities and deadlines. We continue to have a dialogue with Health Representatives both in the North Wales area and other Health colleagues when children are placed out of county about time frames and standards.

There has been a increase in the number of children becoming looked after in Quarter 4. All children require their first health assessment within a month of becoming looked after and this has had a significant impact on the outturn this quarter. 13 health assessments were out of timescales due to the Health nurse's capacity.

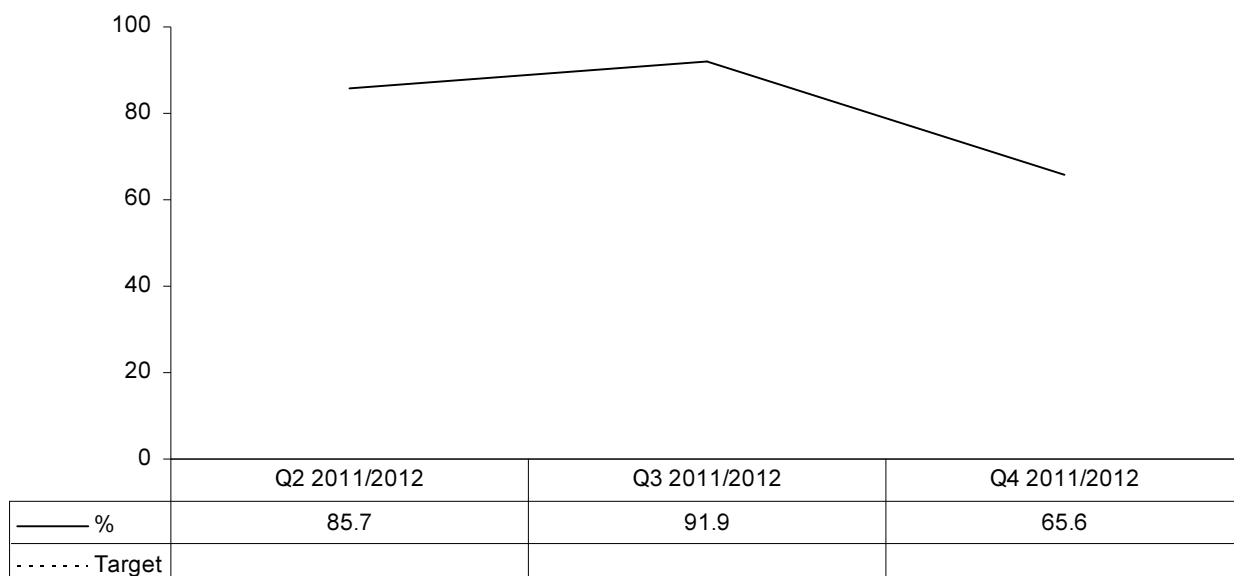
The actions to notify the LAC nurse of new placements, and to develop a new local performance indicator to capture appointments which were requested to Health within timescales, have both been completed. We were seeing an improvement in Quarter 3, but the large number of children coming into care in Quarter 4 has had an impact on the final year outturn, which is below target, but better than last year.

All reasons for late health assessments are given below, together with the age bands of the children.

Reason Health Assessment did not take place within timescales					
	Under 1	1-4	5-9	10-15	Over 16
Appointment provided within timescales but family failed to attend		1	3	4	2
Appointment provided within timescales but foster carer couldn't make date					1
Awaiting out of county information			1	2	
Health Visitor diary commitment		1			
Late due to LAC nurse capacity	3	4	2	2	
Requested late to Health	1	1			
Total	4	7	6	8	3

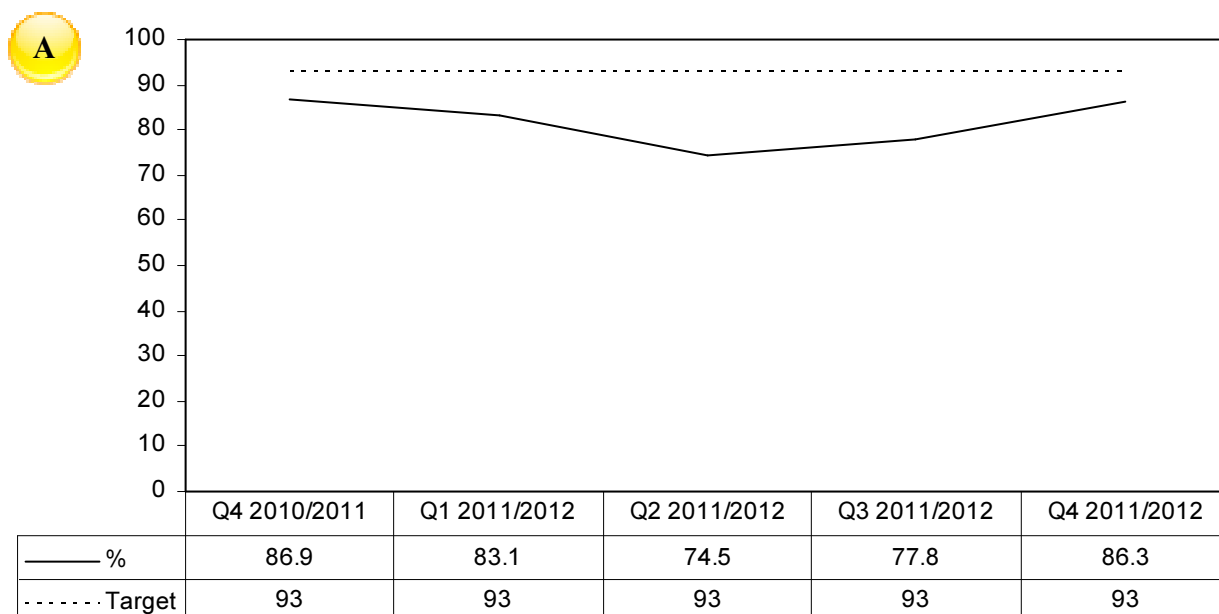
The local indicator measures the percentage of Health Assessments which were requested within timescales:

NEW LOCAL PI HTH/001 – The percentage of Health Assessments appointments requested within timescales.



In Quarter 4, performance was down to 65.6%, from 90% earlier in the year. This was due to the unusually large number of children coming into care at the end of the year.

SCC/025 – The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations.



A upward direction of travel in this graph represents an improvement.

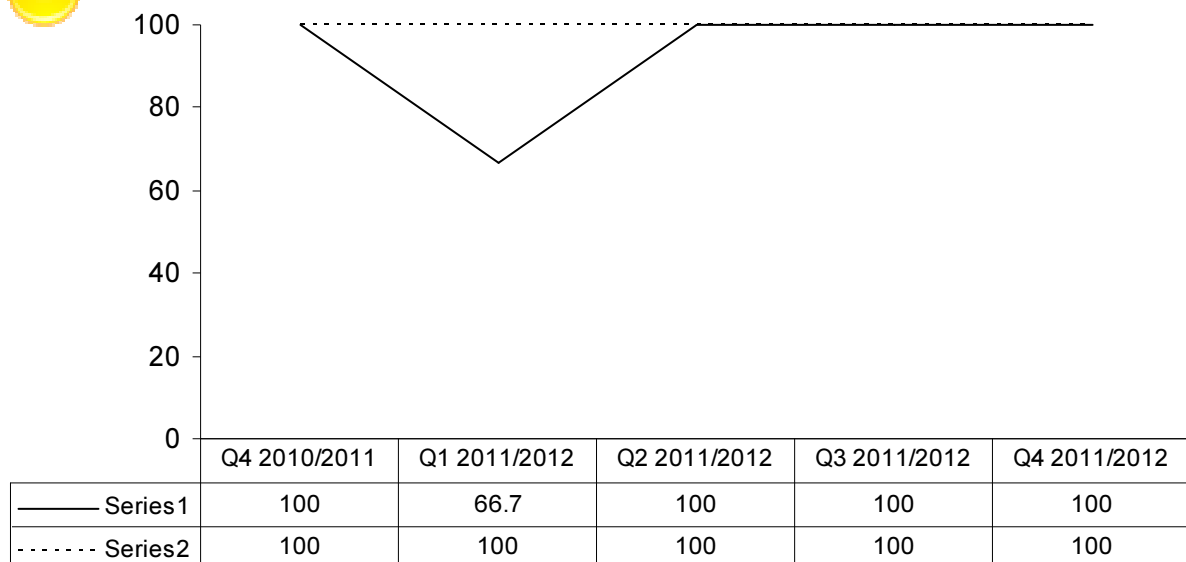
This year, all Statutory visits have had to be recorded on Paris in order to be counted in the Performance Indicator. This has meant that the outturn for the year has been slightly lower

than that recorded last year. Furthermore, capacity problems due to sickness in the Permanency Team (CYAST) have impacted on the recording of statutory visits to looked after children. Additional capacity was provided on the team towards the end of the year, and this is illustrated by the improved performance in this Indicator in Quarter 4.

This improvement target is set well above the national average, because we recognise the important role that the statutory visit process plays in care management for looked after children, and we will continue to work to improve the timeliness of visits in the forthcoming year. We have recently implemented an electronic report that can be run by social workers at any time to identify which visits are becoming due, and this is working well so far.

SCC/001b

For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence in place.



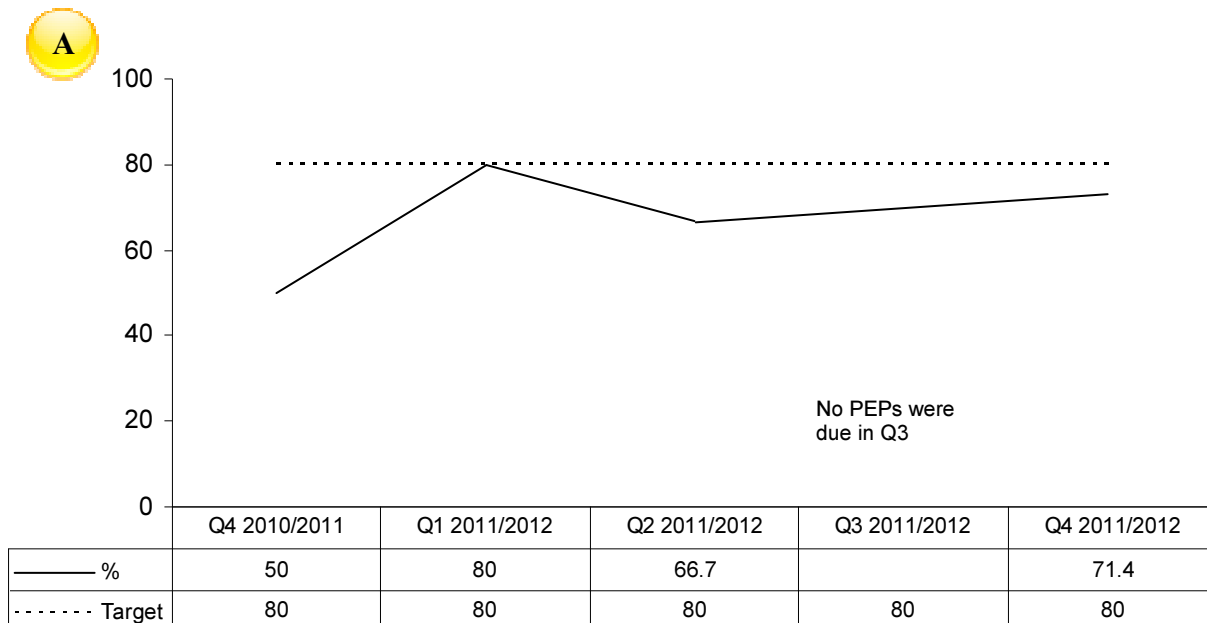
A upward direction of travel in this graph represents an improvement.

In Quarter 1, three children did not have plan for permanency by the time of their second review, because their cases were subject to ongoing court proceedings and the plans could not be agreed until the judge had made a decision. This meant that we were not able to meet the 100% target for the year, although all other permanency plans were agreed within timescales.

Planning for permanence is monitored through the independent reviewing process for looked after children, and the Independent Reviewing Officers are aware of the reasons for any child not having a permanency plan after 4 months of being looked after.

SCC/024

The percentage of children looked after during the year with a Personal Education Plan within 20 school days of entering care or joining a new school.



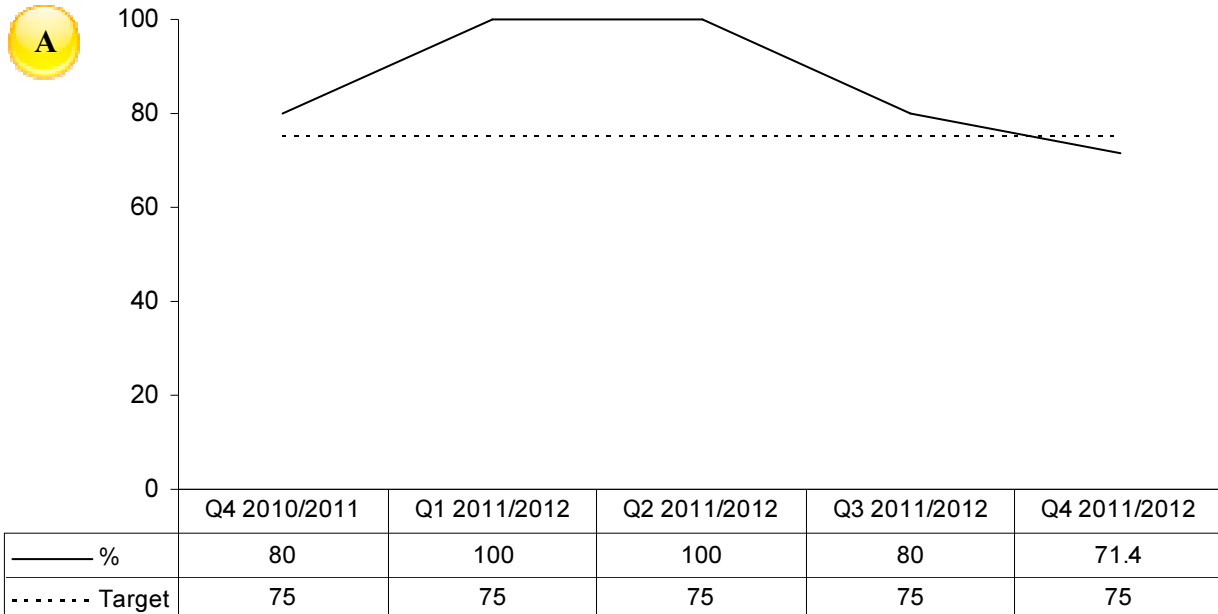
A upward direction of travel in this graph represents an improvement.

15 looked after children entered care or started a new school in the year, and 11 of them had a Personal Education Plan (PEP) agreed within 20 days (73.3%). This was an improvement on last year's outturn, but missed the target of 80%. The provision of a Personal Education Plan is monitored through the independent reviewing process for looked after children, and the Independent Reviewing Officers will make recommendations at the first review for outstanding plans to be completed, but this is often too late to meet the timescale of the PI.

We have recently implemented an electronic report that can be run by social workers at any time to identify which PEPs are becoming due, and this is working well so far.

SCC/033c

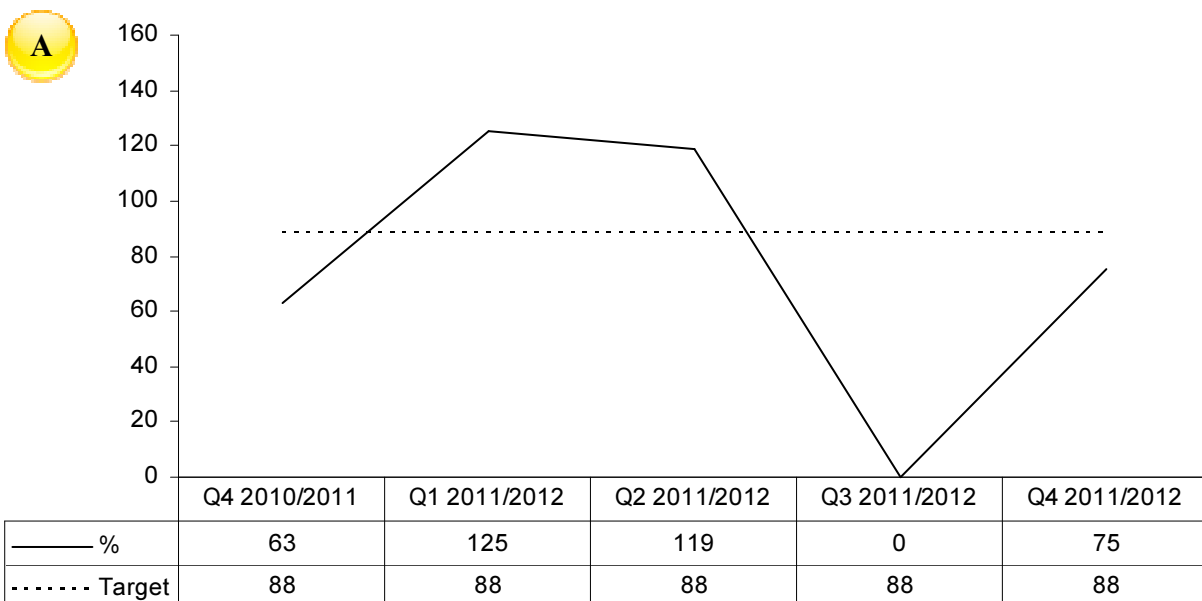
The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.



A downward direction of travel in this graph represents an improvement.

PSR006

Timing of low cost adaptations not funded by a Disabled Facilities Grant (Children’s cases only).



A downward direction of travel in this graph represents an improvement.

Although we have reported 102 days which was over target for year end, there has been an improvement in performance this quarter. All minors were completed within timescales. The

closure process has been strengthened to identify when a low cost/minor adaptation has been completed on site and cases are being closed in a more timely manner.

3.3 Head of Service Plan

Improve our methods for identifying and supporting young carers

Young Carers Strategy implemented. Subgroup to review progress and report to Carers Strategy Group and Social Services for Children Senior Management Team (SSCSMT). The ID card launch has been re-scheduled for June 2012; plans are underway and the Children's Commissioner for Wales is attending.

We have identified the need to amend the Young Carers Professionals pack to include a 'think family' focus and this action will be included in the 2012/13 Head of Service Plan. In order to improve the identification and support given to young carers we will be exploring the feasibility of a consistent young carers assessment for SSA / SSC / Barnardos during 2012 / 13.

Regional Collaboration - Work with Wrexham to integrate respective Children's Integrated Disability Services (C.I.D.S.), enabling a more efficient and effective use of resources to improve service delivery for disabled children and their families

The issue of collaboration with Wrexham is now on hold although both Flintshire and Wrexham are working together regionally on the Families First and Integrated Family Support Services projects.

**Quarterly Performance Report
DEVELOPMENT & RESOURCES
(COMMUNITY SERVICES DIRECTORATE)**

REPORT AUTHOR: HEAD OF DEVELOPMENT AND RESOURCES
REPORT DATE: APRIL 2012
REPORT PERIOD: QUARTER 4 (JANUARY – MARCH 2012)

1. Foreword

Report highlights for this quarter are the following items:

Supporting People	Considerable time was spent in working the WG and other stakeholders to implement the recommendations of the national review of SP services.
	The Regional Planning Group agreed to commission a regional pilot service for people with HIV or AIDS. Flintshire has taken the lead for the procurement and management of this service.
Business Services	Preparations were made throughout the year for the introduction of the new Blue Badge scheme in April 2012.
	Paris was upgraded to version 4.4 in December.
Partnerships, Planning & Performance	The new supporting structure for the implementation of the Strategy for Older People was put into place, with a streamlined Flintshire Older People's Partnership Management Group; a 50+ Action Group and an Executive Group.
	The service was restructured following a downsizing of the team due to the loss of specific grant.
	A new Carers' Commissioning Strategy was agreed.
Workforce	Workforce Development Plans for Social Services and Housing Services completed and SCWDP grant application submitted to WG. Completed Annual SCWDP monitoring Report and submitted to WG. Annual PLOF (Practice Learning Opportunities Funding) report completed and submitted to Care Council for Wales.
Accountancy & Finance	Community Services have developed an approach for forecasting some of the key challenges that will shape the way in which we deliver services within our restricted resources in the future. To do this, we identified major external challenges such as Demography and Welfare Reforms and used assumptions based on intelligence both local and national. These assumptions provided us with a basis to look at scenarios to assess what the impact of best or worst case may mean in financial terms.

2. Performance Summary

2.1 Improvement Plan Monitoring











The table below summarises the Progress and Outcome RAG status' for each of the secondary improvement priorities for the current quarter. A RAG status of 'R' or 'A' is discussed in more detail in section 3.

Progress RAG – Complete the RAG status using the following key: -

R	Limited Progress - delay in scheduled activity; not on track
A	Satisfactory Progress - some delay in scheduled activity, but broadly on track
G	Good Progress - activities completed on schedule, on track

Outcome RAG – Complete the RAG status using the following key: -

R	Low - lower level of confidence in the achievement of outcome(s)
A	Medium - uncertain level of confidence in the achievement of the outcome(s)
G	High - full confidence in the achievement of the outcome(s)



Council Priority	Target Date	Progress RAG	Outcome RAG	Commentary
6. To protect and grow the local and regional economy, to be a prosperous county and to provide help and support for those vulnerable to poverty.				
6.10 Work on a North Wales approach to develop a shared methodology to determine Care Fees in the future	March 2012			
7. To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services				
7.2 Expand the Council's extra care housing provision by April 2013	April 2013			The Mold Extra Care Scheme should complete in early 2013
7.4 Develop new Supporting People services to strengthen homeless prevention	March 2012			
7.5 Review the Charging Policy for social services and housing related support (as part of the corporate fees and charging project)	October 2012			See 3.1
7.7 To introduce locality working with Betsi Cadwaldr University Health Board in support of enhanced primary health care services	1 st Team July 2012			See 3.2

2.2 Strategic Assessment of Risks and Challenges (SARC)

The table below summarises the position of SARCs at the end of the reporting period.

Commentary is included in section 3 for those SARCS: -

- that are showing a Red RAG status
- where the RAG status has changed since the last reporting period
- where the Green Predictive Date has changed since the last reporting period
- where there has been considerable change or additions of secondary risks and activity

SARC	Previous RAG Status	Current RAG Status	Green Predictive
CL07 RELATIONSHIP WITH LOCAL HEALTH BOARD AND IMPACTS ON PUBLIC & PRIMARY HEALTH			April 2013

2.3.1 Performance Indicators and Outcome Measures

There are no statutory performance indicators in these services.

2.3.2 Improvement Target Action Plan Monitoring

There are no Improvement Targets in these services.

2.4 Key Actions from Service Plan Monitoring

The following table shows which areas have incurred slippage or have been subject to a revised timetable and references the page number where commentary can be found to further explain the slippage/revised timescales: -

KEY - ✓ on track, ✗ behind schedule, C completed

Improvement Area	On-track?	Commentary
Key Improvement Priorities from the ACRF		
We will implement the Commissioning Framework Guidance and Good Practice across all Service areas. (1)	✗	See 3.3
Introducing a system across the directorate to undertake Equality Impact Assessments. (2)	✓	
We will continue opportunities for efficiency savings, both locally and through collaboration with corporate and regional colleagues. (4)	✓	
We will closely monitor staff absence and set targets for reduction. (5)	✗	See 3.4

We will work in partnership with the BCU Health Board to ensure joined up service planning and delivery of health and social care services. (8)	✓	
We will build on Service User and Carer involvement across both Adult and Children's Services. (18)	✓	
Areas for Improvement from Service Plan: -		
1 - Supporting People 1a – Regional Collaboration 1b – SPRG Handover 1c – Outcome Based Commissioning 1d – Service User Involvement 1e – Young Peoples Accommodation Strategy	✓	
2 - Business Services 2a – Business Systems 2b – Business Continuity Planning 2e – Asset Management	✓	
3 - Workforce Development 3a – Qualification & Credit Framework 3b – Social Worker Training & Development 3c – Communication with Care Sector Providers 3d – Evaluation Strategy 3e – Coaching and Mentoring	✓	
4 - Performance & Planning 4a – Performance Management 4b – Strategy Implementation 4c – Service Planning	✓	
5 - Finance 5a – Building a New Team 5b – Performance of Financial Management 5c – Budget Realignment 5d – Building Maintenance Trading Account 5e – Prompt Payment of Suppliers	✓	
6 - People 6a – Customer Focused Services 6b – Organisational Change 6c – Resource Management & Collective Working 6d – Performance Management and Learning & Development 6e – People Management Practice & Working in Partnership 6f – Corporate Projects / Programmes	✓	
7 - Project Management	✓	

7a – Supporting Housing 7b – Care Fees 7c – Charging Policy 7d – TSSA 7e – Review Family Placement Service		
8 - Equalities	✓	

2.5 Internal & External Regulatory Reports

The following internal or external audit/regulatory work has been completed during the quarter and the outcome of the work can be summarised as follows. Negative outcomes should be discussed in more detail in section 3 and page numbers are referenced in the table below.

Undertaken By	Title & Date Report Received	Overall Report Status
		None received in the quarter

3. Exception Reporting

3.1 Review the Charging Policy for social services and housing related support (as part of the corporate fees and charging project)

The existing Charging Policy has been reviewed and a comparison with other local authorities has been undertaken. Options for change have been identified and the impact of changes on individuals has been assessed. Members considered the proposals as part of the corporate fees and charging project, but deferred a decision until 12/13. The target completion date has been revised to take account of this.

3.2 To introduce locality working with Betsi Cadwaldr University Health Board in support of enhanced primary health care services

Social Services for Adults is restructuring into three long-term locality teams and a first locality office is planned for Connah's Quay in Summer 2012, though there remains some practical issues to resolve.

The Locality Leadership Teams have been set up and are working on agreed local plans. However, we do not have full confidence in achieving the intended outcome of "a more consistent, coordinated local service for service users in primary health in the 3 county localities".

3.3 We will implement the Commissioning Framework Guidance and Good Practice across all Service areas.

As part of the TSSA project, a Commissioning Manager post has been created to lead on the implementation of the guidance. It is anticipated that the post will be filled by April 2012.

We have used the Framework Guidance to develop and implement a robust Carers Commissioning Strategy for 2012-2015.

A NE Wales model for calculating care home fees has been agreed with WCBC and DCC and with Care Forum Wales. Consultation has taken place with local care home owners and local data has been collected and validated. Care homes have been informed of the new rates for 12/13, which are within the Directorate's allocated budget.

Work has also commenced to develop a Commissioning Plan for Learning Disability Services with anticipated completion in April 2012. The target date for the completion of remaining commissioning plans is December 2012.

3.4 We will closely monitor staff absence and set targets for reduction.

Unfortunately, staff absence has increased in the division due a small number of staff with long-term health problems. These are being dealt with in line with the Council's policy.

Quarterly Performance Report Social Services for Adults (Community Services Directorate)

REPORT AUTHOR: HEAD OF SOCIAL SERVICES FOR ADULTS

REPORT DATE: APRIL 2012

REPORT PERIOD: QUARTER 4 JANUARY -MARCH 2012

Introduction

The report is produced on a quarterly basis and provided to Executive members for review and assurance and will be available for Overview and Scrutiny Committees as part of their Forward Work Programmes.

The report consists of an overview of the key messages to highlight across all work streams in Social Services for Adults, which is followed by highlights from each service area. Parts 2 and 3 of the report include an assessment of performance in the quarter from the following sources:

- Improvement Plan Monitoring
- Strategic Assessment of Risks and Challenges
- Performance Indicators and Outcome Measures
- Improvement Target Action Plan Monitoring
- Key Actions from Service Plan Monitoring
- Internal and external regulatory reports
- Customer satisfaction and feedback
- Awards and accreditations
- Resource Management (HR, ICT, Finance, Assets)

1. Foreword

In the final quarter for 2011/12 we have worked hard to achieve our efficiency targets by fully implementing the Reablement Model across services and other initiatives within Phase 1 of the Transformation of Social Services for Adults. (TSSA)

We are now in a favourable position that provides a stable platform for moving Transforming Social Services for Adults forward into the next phase. This has been in a climate where we have seen a steady rise in both volume and complexity of presenting need, particularly within the Occupational Therapy service where both palliative care and moving and positioning referrals have increased.

Report highlights for this quarter are the following items:

<p>Focus on reablement</p>	<p>Reablement is an intense, short term approach to social care where individuals are supported to gain or regain the skills and confidence to live as independently as possible. This service is provided through our trained reablement team.</p> <p>This redesign of service structures has already begun to facilitate the shift towards promoting independence, with our latest figures for 2011/12 evidencing that 61% of those people receiving a reablement service no longer required a home care package at the end of Reablement, and a further 2% requiring a reduced home care package.</p>
<p>Disabled Facilities Grants (DFG's)</p>	<p>We have reduced the number of days taken to complete a DFG and have increased the number of DFG's completed over the year i.e.</p> <p>226 completed DFG's 10/11 in 446 days 307 completed DFG's 11/12 in 410 days</p>
<p>Performance</p>	<p>There has been good progress on all the improvement targets, all have shown improved performance for the year when compared with the performance for 2010/11. However we have not met the 2011/12 target for completion time for DFGs. The overall improvement in time taken to complete a minor adaptation over the year has been significant although there has been a slight increase in quarter 4.</p>
<p>Budget Monitoring</p>	<p>Transforming Social Services for Adults (TSSA) is a large rolling programme of continuous redesign, refocus and improvement that will deliver an efficient and sustainable service through a variety of work streams. Financial Plans are being finalised to support the redesign and refocus of services alongside robust budget monitoring processes that will continue to realise targeted efficiencies.</p>
<p>Complaints Handling</p>	<p>Within 2011/12 we received 218 compliments and 89 complaints - there being an increase in the number of complaints compared to previous years (51 in 2009/10 and 76 in 2010/11). 89% of complaints were addressed within 10 working days.</p> <p>In quarter 4 we received 50 compliments and 11 complaints</p>

	(a reduction of 13 complaints on the previous quarter)
CSSIW Inspections	Flintshire County Council Supported Living Service Marleyfield Residential Home Llys Gwenffrwd Residential Home Home Care which have all been positive
Overall Context	There were 6236 referrals to Social Services for Adults in the year of which 1856 (30%) were for occupational therapy. In quarter 4 there were 1750 referrals to Social Services for Adults for assessments of which 466 (26.5%) referrals were for occupational therapy

2. Performance Summary

Improvement Plan Monitoring





The table below summarises the Progress and Outcome RAG status' for each of the secondary improvement priorities for the current quarter. A RAG status of 'R' or 'A' is discussed in more detail in section 3.

Progress RAG – Complete the RAG status using the following key: -

R	Limited Progress - delay in scheduled activity; not on track
A	Satisfactory Progress - some delay in scheduled activity, but broadly on track
G	Good Progress - activities completed on schedule, on track

Outcome RAG – Complete the RAG status using the following key: -

R	Low - lower level of confidence in the achievement of outcome(s)
A	Medium - uncertain level of confidence in the achievement of the outcome(s)
G	High - full confidence in the achievement of the outcome(s)

Council Priority	Target Date	Progress RAG	Outcome RAG	Commentary
5. To make our communities safe and to safeguard the vulnerable, with children and older people being priority groups				
5.5 Implement the Integrated Family Support Services initiative (Jointly led with Carol Salmon)	June 2011 Revised to June 2013			
7. To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services				
7.1 Transform Social Services for Adults to promote independence and build community capacity	March 2013			See section 3.1 for further detail

2.2 SARC

The table below summarises the position of SARCs at the end of the reporting period.





KEY

R	High Risk
A	Medium Risk
G	Low Risk

Commentary is included in section 3 for those SARCS: -

- that are showing a Red RAG status
- where the RAG status has changed since the last reporting period
- where the Green Predictive Date has changed since the last reporting period
- where there has been considerable change or additions of secondary risks and activity

Strategic Assessment of Risks and Challenges (SARC)

SARC	Previous RAG Status	Current RAG Status	Green Predictive
CL05 Democratic Factors Demographic factors showing increased numbers of older people and an increased proportion of older people with dementia; increased pressures on the range of public and voluntary services which provide for them.			TBC
CD 26 – DISABLED FACILITIES GRANTS – DFG's require improved process time to meet customer needs. (See section 3.2 for detail about the change to the Green Predictive Date)			March 2013

2.3.1 Performance Indicators / Outcome Measures

Performance Indicators and Outcome Measures


Key



R	Target missed
A	Target missed but within an acceptable level
G	Target achieved or exceeded

The status of the indicators are summarised for the year end below:

 0
  2
  4

Graphs and commentary are included section 3 for those indicators shown with a RAG status of either Amber or Red. An asterisk (*) indicates that the indicator is an *improvement target*.

Indicator	Current Quarter Target (Q4)	Current Quarter Outturn (Q4)	Previous Annual Outturn	Annual Target (2011/12)	Annual Outturn (2011/ 12)	RAG	Annual Change (Trend) e.g. Improved / Downturned
SCA007* The percentage of clients with a care plan at 30th September whose care plans should have been reviewed that were reviewed during the year	80%	84.1%	82.7%	80%	84.1%		Improved
SCA/018a* The percentage of identified carers of adult service users who were offered an assessment or review of their needs in their own right during the year	87%	93.2%	79.8%	87%	93.2%		Improved
SCA/018c* The percentage of identified carers of adult service users who were assessed or reassessed in their own right during the year who were provided with a service	52%	78.9%	75.2%	52%	78.9%		Improved
PSR/006* The average number of calendar days taken to deliver low cost adaptation works in private dwellings where the Disabled Facilities Grant process is not used.	88 days	94 days	172 days	88 days	107 Days		Improved See Section 3.3 for further detail

PSR/009b* The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults	350 days	374 days	446 days	350 days	410 days		Improved See Section 3.3 for further detail
IA1.1L4* Number of adults receiving a personal budget for services via either a direct payment or Citizen Directed Support	170	177	135	170	177		Improved

2.3.2 Improvement Target Action Plan

Key - ✓ on track, ✗ behind schedule, C completed

Ref	Action & Planned Completion date	Progress
*SCA/007	Improved out turn evidences priority placed on undertaking reviews. However vacancy savings have been taken out of this area	✓
* SCA018a	Promotion of offer of carers assessments within teams and improve recording on PARIS	✓
*SCA/018c	All actions complete and out turn remains above both Wales Average and our own target	✓
*IA1.1L4	All actions in place to promote the use of Direct Payments. The numbers are increasing and target achieved	✓
*PSR/006	Progress in positive when comparing with 2010/11 (see details in section 3)	✓
	Work with Care & Repair to transfer work from private sector to voluntary sector.	
	Use additional resources to increase assessor capacity	
	Continue to progress performance through Disabled Facilities Grant operational performance group and strengthen this arrangement during the transition to localities	
	Implement action plan arising from members work shop	
*PSR/009b See further details in section 3.3	1. Continue to progress improvements and performance, through Disabled Facilities Grant operations performance group, and strengthen this arrangement during the transition to localities.	✓
	2. Implement OT DFG data spreadsheet to monitor, track and review DFG cases more robustly.	
	3. Improve information sharing between housing and social care IT systems to provide accurate data recording.	
	4. Implement action plan arising from members workshop.	
	5. Recruit Occupational Therapist to Housing	
	6. From April 2011 information on the length of time taken to complete the OT and housing components of the PI will be provided	

	separately as contextual information	
	7. Under take a Lean review of the DFG process – outcome awaited	

2.4 Key Actions from Service Plan Monitoring

The following table shows the progress made against key areas of improvement/actions identified in the Planning service plan. A ✖ indicates those areas which have incurred slippage or have been subject to a revised timetable and references the page number where commentary can be found to further explain the slippage/revised timescales: -


Key - ✓ on track, ✖ behind schedule, C completed

Improvement Area	Progress	Commentary
Focus on Reablement	✓	
Transport	✓	
Housing Options – Mold Extra Care	✓	On target for completion Spring 2013
Transition service by June 2012	✓	Recruitment process nearing completion.
Service Redesign	✓	
Small aids and adaptations	✓	
Social Enterprise – begin negotiations and scope opportunities by December 2012	✓	On target.
Citizen Directed Support /Direct Payments	✓	
LD Work Opportunities – have plans for review in place by June 2012	✓	
Regional Collaboration and Integration	✓	
Supporting Families with complex needs	✓	In partnership with Children's Services
Ensure our safeguarding service remains fit for purpose	✓	Plans to strengthen this service will come on stream in November

Key Actions from Annual Council Reporting Framework (ACRF)

Key Priorities	Progress	Commentary
Implement the new all Wales adult protection procedures	✓	
We will closely monitor staff absence and set targets for reduction	✓	Robust monitoring processes are in place across service areas and this has been evidenced by an audit of the system
Promotion of reablement / recovery/	✓	
Development of Older People's Services that which includes more flexible and person centred services for people with dementia and the develop the second extra care scheme with a dementia unit.	✓	
Work in partnership with the BCU Health Board to ensure joined up service planning and delivery of health and social care services.	✓	Across localities and through the implementation of the Mental Health Measure
Integrate with the BCU Health Board (via Section 33 agreements) for Community Mental Health Teams and Community Substance Misuse Teams.	x	As explained in detail in quarter 2, this action is no longer progressing
Contribute to the North Wales Collaboration across Social Services for Adults, in particular	✓	
Minimise the time taken to deliver major and minor adaptations	✓	
Apply Lean Principles to specific service areas and measure the benefits.	✓	
Improve our methods for identifying and supporting young carers	✓	
Develop a Transition Team for young disabled people moving into Social Services for Adults	✓	
Build on Service User and Carer involvement across both Adult and Children's Services	✓	

2.5 Internal & External Regulatory Reports

Undertaken By	Title & Date Report Received	Overall Report Status
CSSIW	Flintshire County Council Supported Living Service Marleyfield Residential Home Llys Gwenffrwyd Residential Home Home Care	 for all

3. Exception Reporting

Improvement Plan Monitoring

Council Priority 7. To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services



Secondary Council Priority	Progress
7.1 Transform Social Services for Adults to promote independence and build community capacity	There are 13 work streams within this project. Whilst all work streams are agreed and action plans in progress or on target, this project will take 2 years to complete

3.2 SARC

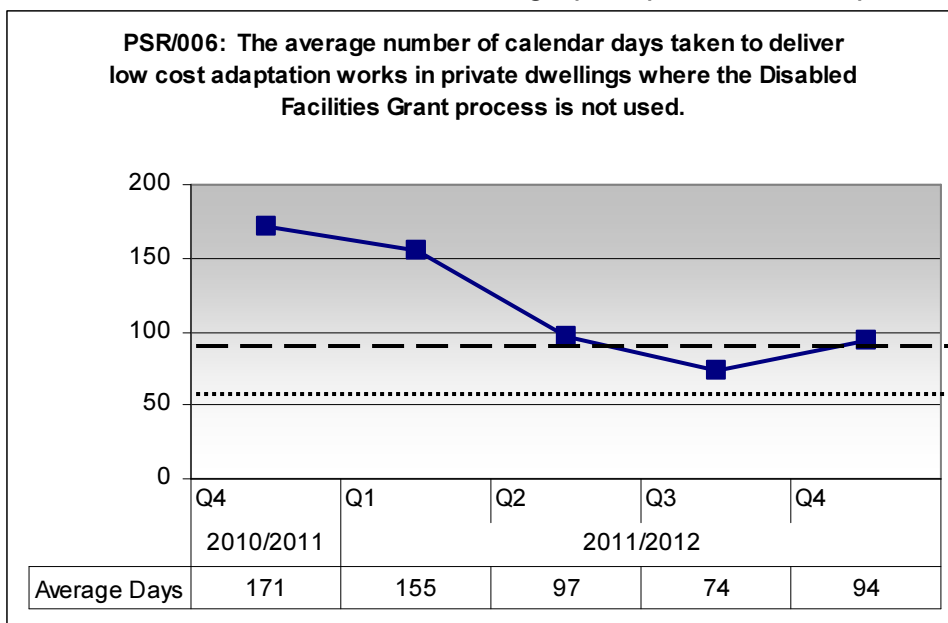
CD26 Disabled Facilities Grants

An action plan was agreed at the Elected Members Workshop and work is in progress to complete actions identified, with a Green Predictive date of March 2013.

3.3 Improvement Targets

PSR/006

A downward direction of travel in this graph represents an improvement.



Flintshire target 2011/2012 · — — — 88

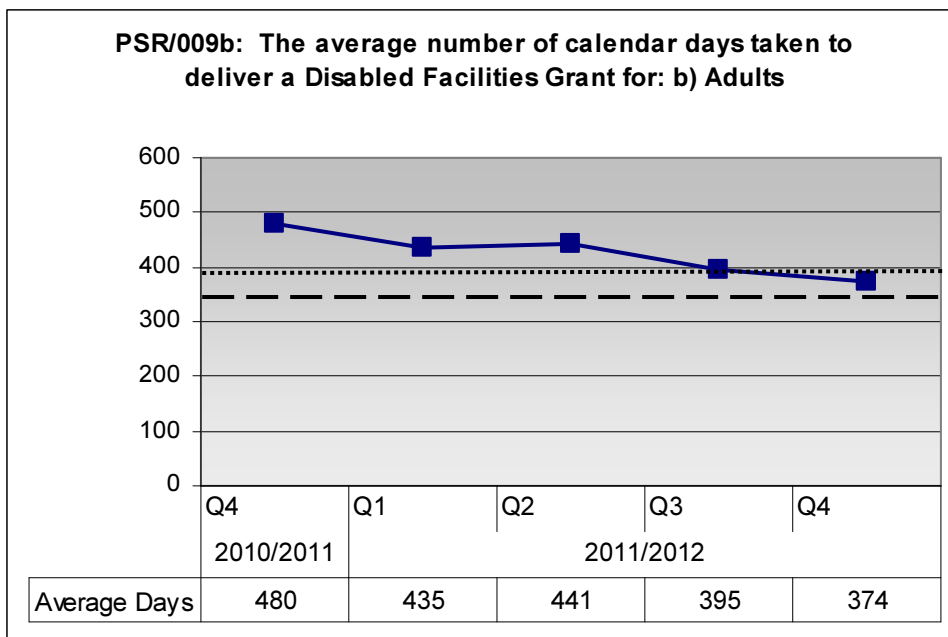
All Wales average 2009/2010 57

This PI includes minor private sector adaptations for adults and children.

It is no longer returned to the Welsh Government but is retained as an improvement target for Flintshire County Council. The out turn for 2011/2012 for this performance indicator was 107 average days to complete a minor private sector adaptation, with 477 minor adaptations completed in the year. Although we have not met our ambitious target of 88 days, this is a substantial improvement on 2010/2011 performance when we averaged 172 days and completed 277 minor private sector adaptations, taking less time to complete more minor adaptations.

PSR/009b

A downward direction of travel in this graph represents an improvement.



Flintshire target 2011/2012 - - - - 350 days
 All Wales average 2010/2011 386.48 days

The average number of days taken to deliver a Disabled Facilities Grant (DFG) for Adults in 2011/2012 was 410 days with 307 DFGs completed. This is a noticeable improvement on 2010/2011 performance when we averaged 446 days and completed 226 DFGs, taking less time to complete more DFGs.

There has been, as we have identified in previous years, an increase in Occupational Therapy referrals in the summer. This impacts further into the year as capacity to assess also changes. A budget pressure bid has been successful to increase assessment capacity in imaginative ways. This will be reported later in the year.

	Average time taken for a Occupational Therapy assessment to be carried out including time spent on waiting lists for this set of completed DFG's	Average time taken in Housing/Care & Repair for this set of completed DFG's
Q1	222 days	213 days
Q2	197 days	244 days
Q3	175 days	220 days
Q4	169 days	220 days

This performance equates to continuous improvement:

- 226 completed DFGs in 10/11 in 446 days
- 307 completed DFGs in 11/12 in 410 days

The 171 days identified below reflects the complexity of need and the subsequent increase in waiting time for lower level needs, as attention is focussed on those with higher level needs.

	Average time taken for an Occupational Therapy assessment to be carried out including waiting time <i>on the last day of the quarter</i>
Q1	138 days
Q2	136 days
Q3	157 days
Q4	171 days

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Strategic Assessment of Risks & Challenges' RAG Summary (Refresh)

Risk Reference	Risk Title	2011-2012					Predictive Green/Amber
		Q4	Q1	Q2	Q3	Q4	
	Community Leadership	Mar 11	June 11	Sept 11	Dec 11	Mar 12	
CL04	Affordable Housing	A	A	A	A	A	SEP 2012
CL05	Social Care For Older People	A	A	A	A	A	TBC
CL07	Relationship with Local Health Board & Public & Primary Health	A	A	A	A	A	APR 2013
CL08	Climate Change & Flood Risk Management	A	A		A	A	TBC
CL09	Economic Regeneration	A	A	A	A	A	TBC
CL10	County Town Network Regeneration & Protection	G	G	G	G	G	FEB 2011
CL11	Integrated and Public Transport Infrastructure (External)	G	A	A	A	A	FEB 2011
CL12	Skills Needs of Employers	A	A	A	G	G	OCT 2011
CL14	North Wales Regional Waste Treatment Partnership	A	A		A	A	2016/17
CL15	Clwyd Theatr Cymru (CTC)	A	A	A	A	A	TBC
	Council Delivery	Mar 11	June 11	Sept 11	Dec 11	Mar 12	Predictive Green/Amber
CD02	Streetscene	A	A	A	A	A	JUN 2012
CD03	Transition from UDP to LDP	A	A	A	G	G	DEC 2011
CD04	Planning Protocol	A	G	G	G	A	SEP 2011
CD05	Highways Infrastructure	A	A	A	A	A	TBC
CD06	Transport Arrangments For Service Users	A	A	A	A	A	DEC 2013
CD07	Depot Provision	A	A	A	A	A	DEC 2013
CD08	Connah's Quay, Shotton & Deeside Housing Renewal Area	A	A	A	A	A	MAR 2020
CD10a	Leisure - Revenue Funding			R	R	R	TBC
CD10b	Leisure - Capital Projects			A	A	A	SEP 2012
CD10c	Leisure - Play Strategy			A	A	A	DEC 2012
CD12a	Housing Strategy	A	A	A	A	A	APR 2012
CD12b	Housing Management	A	A	A	A	A	TBC
CD12c	Housing Repairs and Maintenance Services	A	A	A	A	A	APR 2012
CD12d	Homelessness	A	A	A	A	A	TBC
CD12e	Sheltered Housing	A	A	A	A	A	NOV 2013
CD14	Housing Ballot	A	A	A	A	G	TBC
CD19	Gypsies and Travellers	A	A	A	A	A	TBC
CD20	School Buildings/School modernisation	R	R		R		2018
CD22	School Improvement - Regional Project			A	A	A	TBC
CD23	Procurement of Independent Sector placements for looked after children	R	A	A	A	A	TBC
CD26	Disabled Facilities Grants	A	A	A	A	A	TBC
CD27a	Waste Management Targets/Food Waste Treatment Project	A	A	A	A	A	2016/17
CD27c	Waste Management Operations	A	A	A	A	A	2016/17
CD27d	Waste Management (AD Waste)	G	G	G		G	SEP 2010
CD34	Severe Winter Weather	A	A	A	A	A	TBC
CD37	Food Waste Treatment Project					A	2016/2017
CD38	Welfare Reform					R	TBC
	Council Governance	Mar 11	June 11	Sept 11	Dec 11	Mar 12	Predictive Green/Amber
CG05a	Asset Management - Strategic	A	A	A	A	A	2015/16
CG05b	Asset Rationalisation			A	A	A	2015/16
CG06	Medium Term Financial Strategy	A	A	A	A	A	TBC
CG07	Financial Management and Control	A	A	A	A	A	TBC
CG08	ICT Strategy	A	A	A	G	G	DEC 2011
CG09	Information Governance	A	A	A	A	A	TBC
CG10	Human Resources and Management	A	A	A	A	A	NOV 2012
CG11	Single Status and Terms and Conditions of Employment	A	A	A	A	A	NOV 2012
CG13	Customer Focus	A	G	G	G	A	JUN 2011
CG16	Workforce and Succession Planning	A	A	A	A	A	NOV 2012
CG18	Procurement	A	A		A	A	TBC
CG19	Business Continuity (including Winter Disruption)	A	A	A	A	A	APR 2012
CG22	Flintshire Futures			A	A	A	TBC
CG23	Data Protection					R	

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

DATE: MONDAY, 2 JULY 2012

REPORT BY: LEARNING AND SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR

SUBJECT: FORWARD WORK PROGRAMME

1.00 PURPOSE OF REPORT

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

2.00 BACKGROUND

2.01 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 Executive for consultation purposes, or by County Council, or from Directors. Other possible items are identified from the Executive Work Programme and the Strategic Assessment of Risks and Challenges.

2.02 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:

1. Will the review contribute to the Council's priorities and/or objectives?
2. Are there issues of weak or poor performance?
3. How, where and why were the issues identified?
4. Do local communities think the issues are important and is there any evidence of this? Is there evidence of public dissatisfaction?
5. Is there new Government guidance or legislation?
6. Have inspections been carried out?
7. Is this area already the subject of an ongoing review?

3.00 CONSIDERATIONS

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work Programme of the committees 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.

4.00 RECOMMENDATIONS

That the Committee considers its Forward Work Programme (attached as Appendix 1).

5.00 FINANCIAL IMPLICATIONS

None arising directly from this report.

6.00 ANTI POVERTY IMPACT

None arising directly from this report.

7.00 ENVIRONMENTAL IMPACT

None arising directly from this report.

8.00 EQUALITIES IMPACT

None arising directly from this report.

9.00 PERSONNEL IMPLICATIONS

None arising directly from this report.

10.00 CONSULTATION REQUIRED

Not applicable

11.00 CONSULTATION UNDERTAKEN

.Publication of this report constitutes consultation.

12.00 APPENDICES

Current Forward Work Programme

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

Minutes of previous meetings of the committee.

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SOCIAL & HEALTH OVERVIEW & SCRUTINY FORWARD WORK PROGRAMME

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Date of meeting	Item	Purpose of Report/Session	Responsible / Contact Officer	Submission Deadline
26 July 2012	Children Services Inspection	To inform the Social and Health Care Overview and Scrutiny Committee of the outcome of the CSSIW Inspection of Children's Assessment and Care Management	Director of Community Services	18 July
	North Wales Adoption Service	To provide Members of the Social and Health Care Overview and Scrutiny with an update on the North Wales Adoption Service.	Director of Community Services	
	Children's Integrated Disability Service/ Direct Payments	To receive an update report on the Children's Integrated Disability Service and Direct Payments	Director of Community Services	
	Short break provision at Arosfa	To receive a progress report on the development of short break provision for children and young people with disabilities.	Director of Community Services	
Early September	Forward Work Programme planning session			
4 October 2012	To be determined	Performance Reporting		
1 November 2012	To be determined			

SOCIAL & HEALTH OVERVIEW & SCRUTINY FORWARD WORK PROGRAMME

17 December 2012	To be determined	Performance Reporting		
24 January 2013	To be determined			
28 February 2013	To be determined			
11 April 2013	To be determined	Performance Reporting		
9 May 2013	To be determined			
20 June 2013	To be determined	Performance Reporting		
25 July 2013	To be determined			

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ITEMS TO BE SCHEDULED

Report on the work of the Drug & Alcohol Team

Climbie Visits

Report to include:- Update on the Implementation of the Public Law Outline;

Evaluation of Supervised Contact Arrangements and update on Restructure of Frontline Fieldwork

Foster Services Inspection

Families First update in January 2013

Age Concern

Galw Gofal presentation – joint with housing?

Rota Visits – verbal updates

Rota Visits activity & outcomes report

Update on the Adult Social Care Transport Policy – deferred

SOCIAL & HEALTH OVERVIEW & SCRUTINY FORWARD WORK PROGRAMME

Regular Items

Month	Item	Purpose of Report	Responsible / Contact Officer
Quarterly	Performance Information	To consider quarterly performance outturns against directorate indicators	Director of Community Services
January	Safeguarding & Child Protection	To provide Members with statistical information in relation to Child Protection and Safeguarding	Director of Community Services
March	Educational Attainment of Looked After Children	Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee	Director of Lifelong Learning
March	Corporate Parenting	Report to Social & Health and Lifelong Learning Overview & Scrutiny	Director of Community Services
June	Health, Social Care & Wellbeing Strategy	Update report	Director of Community Services
June/ December	Betsi Cadwaladr University Health Board Update	To maintain 6 monthly meetings – partnership working	Chief Executive/ Sheila Wentworth/ Facilitator
June/July	Foster Care	To receive an update on the recruitment and retention of Flintshire's Foster Carers.	Director of Community Services
May	Comments, Compliments and Complaints	To consider the Annual Report.	Director of Community Services
September	Protecting Vulnerable Adults & Inspection Action Plan Update	To inform Members of the annual adult protection monitoring report submitted to the Welsh Assembly and to monitor progress of CSSIW Inspection Action Plan	Director of Community Services

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