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Head of Legal and Democratic Services
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

10 December 2012

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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, 17TH DECEMBER, 2012** at **2.00 PM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

A G E N D A

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

- 3 **MINUTES** (Pages 1 - 24)

To confirm as a correct record the minutes of the meetings held on 19th September, 4th October and 1st November 2012.

- 4 **FOSTERING INSPECTION 2012** (Pages 25 - 54)
Report of Director of Community Services enclosed

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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 **CSSIW ANNUAL LETTER** (Pages 55 - 58)
Report of Director of Community Services enclosed
- 6 **UPDATE ON ADULT SOCIAL CARE TRANSPORT POLICY** (Pages 59 - 62)
Report of Director of Community Services enclosed
- 7 **QUARTER 2 SERVICE PERFORMANCE REPORTS** (Pages 63 - 106)
Report of Learning and Social Care Overview & Scrutiny Facilitator enclosed
- 8 **FORWARD WORK PROGRAMME** (Pages 107 - 114)
Report of Learning and Social Care Overview & Scrutiny Facilitator enclosed

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE **19 SEPTEMBER 2012**

Minutes of the special meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held at County Hall, Mold on Wednesday 19 September, 2012

PRESENT: Councillor C.A. Ellis (Chair)

Councillors: M. Bateman, A. Davies-Cooke, V. Gay, C. Hinds, S. Jones, B. Lloyd, D.I. Mackie, H.J. McGuill and D.E. Wisinger

ALSO ATTENDING:

Councillors: J.B. Attridge, G. Banks, G.H. Bateman, R.C. Bithell, H. Brown, C.S. Carver, D.L. Cox, C.J. Dolphin, I. Dunbar, B. Dunn, J.E. Falshaw, R.G. Hampson, H.T. Isherwood, J. Johnson, R. Johnson, C.M. Jones, R.B. Jones, R.K. Jones, C. Legg, R. Lloyd, A. Minshull, M.J. Peers, M.A. Reece, I.B. Roberts, L.A. Sharps, A.P. Shotton, P. Shotton, N. Steele-Mortimer, C.A. Thomas and A. Woolley

APOLOGIES:

Councillors: D. Evans, G. Hardcastle, W. Mullin, H.G. Roberts and I. Smith

CONTRIBUTORS:

Chief Executive and Director of Community Services
Betsi Cadwaladr University Health Board Representatives - Mr. Geoff Lang, Executive Director of Primary Care, Community and Mental Health Services and Mrs. Jill Galvani, Executive Director of Nursing, Midwifery and Patient Services

IN ATTENDANCE:

Member Engagement Manager, Learning and Social Care Overview and Scrutiny Facilitator and Committee Officer

26. DECLARATIONS OF INTEREST

No declarations of interest were made.

27. HEALTHCARE IN NORTH WALES IS CHANGING

The Chair welcomed Members, the Betsi Cadwaladr University Health Board (BCUHB) representatives and members of the public to the meeting. She explained that some questions had been prepared in advance, copies of which were circulated before the start of the meeting. Members would be given the opportunity to ask supplementary questions during the meeting.

The Chair invited the Chief Executive, Director of Community Services and Councillor C.M. Jones, Cabinet Member for Social Services to speak before the BCUHB representatives gave their presentation.

The Chief Executive reported that he had requested that the presentation to be given by the BCUHB representatives be extended to include specific information on the proposals for Flintshire and the following particular areas of concern:-

- Home Enhanced Care Service;
- The Deeside Mold Hub
- The Future of Flint Community Hospital and plans for a primary care centre;
- Cross-border services, notwithstanding the reference to this in page 15 of the consultation document; and
- Transport

A special County Council meeting would be arranged prior to the deadline for responses to the consultation document to allow the Council to submit its formal response.

The Director of Community Services outlined the actions taken together with the Cabinet Member for Social Services following publication of the consultation document. He said that there was a need to ensure that the proposals contained within the document would not create an additional financial burden to the Council whilst still supporting residents within the context of the Social and Health Care Wellbeing Strategy. He commented on the need for further detailed information on future budgets and said that if the proposals were agreed these should be in place before the decommissioning of other services.

Councillor C.M. Jones, Cabinet Member for Social Services, said that Members wanted to ensure that the proposals would be safe for all residents in Flintshire and said that she shared the concerns outlined by the Director of Community Services on preventing an additional financial burden to the Council in the future.

Mr. Geoff Lang, Executive Director of Primary Care, Community and Mental Health Services gave a presentation which covered the following areas:-

- Why change?
- More Care closer to home
- What isn't changing
- Our proposals for change
- Neonatal Intensive Care Service – our proposals
- Vascular Services – our proposals
- Older persons Mental Health – our proposals
- Enhancing Care in the Community
- Hospital Hubs
- Enhanced Care at home
- What the proposals mean for your local area – Flint
- Cross border issues

Members raised a number of concerns around the proposals for the Neonatal Intensive Care Service, the proposals for Mold Community Hospital and Flint Community Hospital, the current shortage of hospital beds at Glan Clwyd Hospital, the level of funding allocated to meet future transport needs, enhanced care at home, that the proposals would be safe for the residents of Flintshire, cross-border issues and dementia care.

Councillor I.B. Roberts highlighted a recent local press article from Dr. Eamon Jessup who had raised concerns around the shortage of beds at Glan Clwyd Hospital following the loss of beds at the Royal Alexandra Hospital in Rhyl and asked whether the closure of Flint Community Hospital would add additional pressures to Glan Clwyd Hospital in the future. He also quoted Dr. Jessup's comments on the Enhanced Care at Home Scheme (HECS), which he said offered poor value for money, cost a small fortune and would not fill the gap left by shutting Community Hospitals. He commented on past reviews of Flint Community Hospital which were similar to the proposals outlined during the presentation which had been rejected by the former Health Minister. He sought assurance that the BCHUB representatives were listening to the concerns of residents in Flint.

Councillor R.C. Bithell raised concerns on the proposals to close the minor injuries and x-ray departments at Mold Community Hospital and asked whether it was financially viable to remove this established facility to Deeside Community Hospital where this service currently did not exist. He also raised concerns around future transport links and the possible increase in cost to residents having to travel to Deeside. Councillor M. Bateman raised similar concerns on the proposals and asked if the removal of these facilities was due to the need to update the equipment. She commented that the Mold League of Friends should be contacted to assist with funding the upgrade of such equipment if necessary.

Councillor S. Jones asked for clarification on the care assessments and costs to residents when leaving hospital and what were the proposals to deal with patients who need continued care after the 14 day care package ends. She also asked what measures would be taken to address the current shortage of staff within the NHS.

Councillor M.J. Peers sought assurance that residents in Flintshire would continue to access health services at Hospitals in England and asked if an update on the proposed primary health care centre in Buckley could be provided.

Councillor A.P. Shotton, Leader of the Council said that there were clear concerns around the proposed enhanced care at home. He said that there was a lack of detailed information around funding at this stage and asked why a detailed business plan had not been shared with the Council. He asked whether GPs were supportive of the proposals and whether the BCHUB were confident that Deeside Community Hospital would have the capacity to meet future need. Councillor H.J. McGuill asked how much it

would cost to create minor injuries and x-ray departments at Deeside Community Hospital and whether the current site was big enough.

Councillor L.A. Sharps asked how many x-rays and blood test were carried out annually at both Mold and Flint Community Hospitals and what affect the expected increase in population in the future would have on the proposals for Deeside Community Hospital and could it cope with the increased housing projections.

Councillor R.B. Jones raised concerns that the proposed savings to the NHS would result in additional costs to vulnerable people across Flintshire. He asked for detailed information around the rationale for closing the minor injuries and X-ray departments at Mold Community Hospital and whether the future demographic of the County, transport links and the affect the proposals would have on the vulnerable had been taken into account.

Councillor C.A. Ellis vacated the Chair while she raised a number of concerns around the lack of clarity on the proposals and the consultation process commenting that a public meeting has not been held for residents of Buckley.

The Chief Executive summed up the concerns and questions raised by Members and suggested that there be a 10 minute adjournment before responses were given to the questions.

Following the 10 minute adjournment, the BCHUB representatives responded to the questions raised by Members.

Enhanced Care at home

Mr. Geoff Lang reported that there was evidence elsewhere that enhanced care at home with the support of GPs would benefit residents. Extensive consultation had been carried out with GPs who were supportive of the proposals and this would reduce the demand for beds in hospital

Carers

Mrs. Jill Galvani explained that the BCUHB were driven by the Welsh Government Carers Measure Legislation and that she was the lead in developing a Carer Strategy which would identify future resources. The Carer Strategy would impact health and work was continuing around developing this Strategy.

Neonatal and Intensive Care

Mr. Geoff Lang reported that Clinicians had undertaken work on the proposed changes to Neonatal and Intensive Care Services. To continue this service at Glan Clwyd and Wrexham Hospitals would not be viable for the future, therefore it was proposed that this service be delivered from Arrow Park to ensure that future health standards were met.

Capacity in Hospitals

Mrs. Jill Galvani explained that work was on-going to address the concerns around people waiting in ambulances to go into Glan Clwyd Hospital with the Welsh Ambulance Service. Consideration was also being given to improving the Accident and Emergency area at Glan Clwyd Hospital. Work was also being undertaken to improve access to GPs which should reduce the amount of people visiting hospital unnecessarily. An update on this could be provided to Members in due course.

Cross border relationships

Mr. Geoff Lang explained that residents in Flintshire would continue to be able to access services at the Countess of Chester Hospital together with specialist services available at a number of hospitals across England.

Transport

Mrs. Jill Galvani said that the concerns raised by Members on the allocated funding for future transport links would be taken back to the BCUHB. She said that more work could be done with voluntary sectors to ensure that there would be heavy investment in future transport.

Flint and Buckley Primary Health Care Centres

Mr. Geoff Lang reported that the BCUHB had been engaged in discussions around the Flint Masterplan as a stakeholder. A site for the proposed primary health care centre in Flint had not been identified but the BCUHB were committed to providing this centre. Work was on-going around providing the primary health care centre in Buckley with the planning application being submitted shortly. This work should be completed in the next 15 months.

Population change and demand

Mr. Geoff Lang explained that a great deal of work had been carried out to identify future population projections and demand with further work still to be completed. Experience elsewhere had also been considered together with expected spells in hospital. He said that he was confident that the proposals would address future population change and demand.

Financing

Mr. Geoff Lang reported that the proposals would generate resources but would also enhance care across North Wales and the additional resources would allow the BCUHB to invest further in Flintshire in the future.

Care assessment and cost

Mr. Geoff Lang reported that the enhanced care service would be funded by the health service until a patient was well enough to leave enhanced care. Work would continue with social services to develop a care package once a patient had been released from hospital.

Mold Community Hospital

Mr. Geoff Lang explained that when considering the proposals for Mold Community Hospital, a number of factors had been taken into account, including, clinical benefit, efficiency and community transport. The concerns raised by Members would be taken back the BCUHB.

Following the responses to the questions, Members were given the opportunity to ask a supplementary question. It was agreed that a written response to the questions would be provided by the BCHUB representatives prior to the special County Council meeting on 24 October, 2012 to enable the Council to prepare a formal response before the end of the consultation process on 28 October, 2012.

A copy of the supplementary questions raised by Members is attached at Appendix 1 of the minutes.

The Chair thanked Mr. Geoff Lang and Mrs. Jill Galvani for their attendance and for answering the questions from Members.

RESOLVED:

- (a) That the presentation be noted; and
- (b) That the BCUHB submit written responses to the questions attached at Appendix 1 of the minutes prior to a formal response being considered at a special meeting of the County Council on 24 October, 2012.

28. DURATION OF MEETING

The meeting commenced at 10.00 a.m. and ended at 12.57 p.m.

29. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There were several members of the public and press in attendance.

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Chair

**Special Meeting of the
Social & Health Overview & Scrutiny Committee
19 September, 2012**

Questions raised by Members during the meeting

1. Members sought further assurances that residents in Flintshire would continue to access specialised treatments at hospitals in England and asked for further information around cross border working in the future.
2. Members asked for detailed information around the rationale for closing the minor injuries and x-ray departments at Mold Community Hospital. If this is due to the equipment being outdated Mold League of Friends could provide funding to replace the current x-ray equipment.
3. What is the cost of creating a minor injuries and x-ray department at Deeside Community Hospital?
4. Is the current site at Deeside Hospital big enough to accommodate a minor injuries and x-ray department?
5. How many x-rays and blood tests are carried out annually at both Mold and Flint Community Hospitals?
6. Could Mold Community Hospital be expanded with the assistance of voluntary sector funding and could GPs be encouraged to transfer patients to Community Hospitals for blood tests and x-rays.
7. Are GPs supportive of the proposed changes?
8. Member sought detailed information on future transport provisions including future costs to residents and the NHS and plans to ensure transport links in rural areas of Flintshire and the south of Flintshire to Deeside and Holywell. Concerns were raised around the £80,000 budget to address transport provision which Members felt needed to be reviewed. Also there is no direct bus service from Flint to Glan Clwyd Hospital. Would this be addressed when considering future transport provisions.
9. What measures were currently being taken to address the current shortage of beds at Glan Clwyd Hospital? Members also asked for further information and assurances that the shortage of beds would not increase following the closure of Flint Community Hospital.

10. What measures would be taken to address the current shortage of staff within the NHS.
11. If Flint Community Hospital closed, what are the proposals for the building and piece of land in the future?
12. Concerns were raised around patients leaving hospital and having to visit their GPs to access after care. How would this be addressed within the proposals. Also what proposals were there to address the current difficulties with making an appointment to see a GP?
13. Members asked for detailed information on transition arrangements if the proposals were to be implemented.
14. Members asked for detailed information on the financial sustainability of the proposals, including whether there would be additional funding pressures on the Council.
15. What would the impact of the 14 day support package be to carers?
16. What are the proposals to deal with patients who need continued care after the 14 day care package ends.
17. Was there a detailed business plan that could be shared with Members.
18. What affect is the expected increase in population in the future going to have on the proposals and can Deeside Community Hospital cope with the increased housing projections.
19. Will representatives of BCUHB attend another public meeting at Flint to address the concerns of residents?
20. How many doctors/managers who have left the health profession are still being paid by the NHS as part of their original contractual arrangements.
21. Who would monitor GP's providing HECS?
22. Dementia care – more information required. Concerns expressed regarding untrained staff working with dementia patients – what plans are in place to address this?
23. Cross border issues for patients from Wales who are registered with a GP in England – please advise how prescription charges can be reimbursed?

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE
4 OCTOBER 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, 4 October 2012

PRESENT: Councillor C.A. Ellis (Chair)

Councillors: M. Bateman, V. Gay, C. Hinds, S. Jones, R.B. Lloyd, M. Lowe, H.J. McGuill, D.I. Mackie, H.G. Roberts, I. Smith and D.E. Wisinger

APOLOGY:

Councillor P.J. Curtis

CONTRIBUTORS:

Cabinet Member for Social Services, Director of Community Services, Head of Social Services for Children

For minute number 33 - Mrs. Somerton-Edwards, Head of the Corporate Parenting Service at Wrexham County Borough Council

For minute number 34 – Children’s Partnership Co-ordinator

For minute number 35 - Head of Social Services for Adults, Head of Development and Resources and Partnership Manager Health Social Care and Wellbeing Strategy

IN ATTENDANCE:

Learning and Social Care Overview and Scrutiny Facilitator and Committee Officer

30. DECLARATIONS OF INTEREST

Councillor H.J. McGuill declared a personal interest due to her being on Betsi Cadwaladr University Health Board Community Health Council.

31. START TIME OF MEETINGS

Prior to the consideration of the minutes, a discussion ensued about whether the meeting could be started earlier than 2pm as some Members had to leave early due to other commitments. It was suggested that the Learning and Social Care Overview and Scrutiny Facilitator look at the options available which could include holding the meeting in the morning instead of the afternoon, or starting at 1pm instead of 2pm.

RESOLVED:

That the Learning and Social Care Overview and Scrutiny Facilitator look at the options available which could include holding the meeting in the morning instead of the afternoon, or starting at 1pm instead of 2pm.

32. MINUTES

The minutes of the meeting of the Committee held on 2 July 2012 and 26 July 2012 had been circulated to Members with the agenda.

Matters Arising – 2 July 2012

Members were advised of the following:-

- That an email had been sent on the figures for compliments and complaints in the previous year but would be re-sent
- That a breakdown of sickness figures for the workforce had been provided to Members as requested
- That the Looked After Children Nurse was funded by Betsi Cadwaladr University Health Board

Matters Arising – 26 July 2012

The Head of Social Services for Children advised that Arosfa was opening on Saturday, 6 October 2012 and that Members would be invited to an official launch at a later date.

RESOLVED:

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

33. NORTH WALES ADOPTION SERVICE

The Head of Social Services for Children introduced a report to provide Members with details of the current operational activity for the North Wales Adoption Service (NWAS).

The background to the report was detailed and the Head of Social Services for Children explained that the project was currently hosted by Wrexham County Borough Council but overseen by the six North Wales Heads of Children's Services who met quarterly as the NWAS Board. She also provided details of the challenges for the service which included the use of ex-consortium placements for certain circumstances such as for children with special needs or where there were threats from the birth parents. There were plans to establish a National Adoption Service in Wales and she commented on the possibility of hosting an All Wales register. The Head of Social Services for Children introduced Mrs. Somerton-Edwards who was the Head of the Corporate Parenting Service at Wrexham County Borough Council and Peter Robson who was the Service Manager link for the NWAS and a member of the NWAS Operational Management Group (OMG).

Councillor D.I. Mackie explained that the draft version of the NWAS Partnership Agreement had been submitted to Executive in March 2010 and to Social and Health Overview & Scrutiny Committee in October 2010.

However, he queried whether the final version of the Partnership Agreement had ever been scrutinised. The Head of Social Services for Children said that the agreement had been seen by the Legal Department and that copies of the final version had been circulated to Members following the Overview and Scrutiny meeting in October 2010. Councillor Mackie raised concern that Members were not aware of the standards that the NWAS was working to. He was also disappointed to see that a number of comparisons had been made with the first year of the service which he did not feel was valid and said that he would have preferred to see comparisons against the standards which had been set which the Committee had not seen.

The Chair asked if the NWAS was as good as the service that had been provided by the Flintshire Adoption Service. She said that the Committee was concerned that standards dropped when collaborations took place and referred to the percentage figures reported in the performance indicators, which were poor. The Head of Social Services for Children said that the standards were the national minimum for adoption and that robust discussions about performance indicators had taken place with the NWAS Board to ensure that the service had not worsened in the first few months of the new arrangements. Mrs. Somerton-Edwards said that in future, the service planned to report on national minimum standards and local indicators. The Head of Social Services for Children said that a report comparing the last year of Flintshire's Adoption Service with the first year of NWAS could be provided for Members.

Councillor H.J. McGuill queried whether the £30,000 to place a child outside the consortium was reciprocated if a child came into Flintshire from another area; the Head of Social Services for Children confirmed that this was the case. In response to a question from Councillor McGuill, Mrs. Somerton-Edwards said that in some cases it could take 12 months to place a child depending on the availability of suitable adopters. The length of time that the 30 children who were currently on the waiting list had been waiting to be adopted varied but for some it would have been a long time; Councillor McGuill felt that this was unacceptable. The Head of Social Services for Children detailed the review arrangements which were in place and spoke of the nationally recognised challenges to place sibling groups or older children.

Councillor S. Jones said that the staffing structure showed that Wrexham office had a large number of staff but that there were only three staff for Flintshire which she felt was unfair. The figure for approved adopters for Flintshire was also lower than Wrexham and Councillor Jones asked if this was due to a lack of staff. Mrs. Somerton-Edwards reassured Members that the staff were used across the region to undertake assessments as required. The Head of Social Services for Children added that the social workers were all part of the North Wales team and that assessments would be allocated to whoever had the capacity to undertake them. Following comments from Members, Mrs. Somerton-Edwards agreed that the composition of the report needed to be reviewed and that further detail on the budget could be provided.

The Director of Community Services said that it was important to ensure that the quality of the adoption service was as good as it could be and that Flintshire got value for its contribution to the service. He added that the final partnership agreement could be circulated to Members.

Following a question from Councillor C. Hinds about whether a medical condition could prevent someone from adopting, Mrs. Somerton-Edwards said that it depended on the condition. She added, in response to a question from Councillor McGuill, that she hoped that those who had used the service would give negative feedback if they felt that it was appropriate as it could lead to improvements in the service.

Councillor D.E. Wisinger queried details reported on the budget for the service and it was agreed that Mrs. Somerton-Edwards would provide a written response which would also give details of travel expenses. The Chair also requested a copy of the Improvement Action Plan for the Adoption Service in relation to the recent inspection.

RESOLVED:

- (a) That the report be received;
- (b) That the composition of the report be reviewed; and
- (c) That the following further information be provided to Members:
 - i. a report comparing the last year of Flintshire's Adoption Service with the first year of North Wales Adoption Service
 - ii. a copy of the improvement action plan
 - iii. further information on travel expenses
 - iv. a detailed breakdown of the budget
 - v. a copy of the final version of the Partnership Agreement.

34. FLYING START STRATEGIC PLAN 2013 – 2015

The Children's Partnership Co-ordinator introduced a report to provide Members with details of the proposed expansion of the Flying Start Programme in Flintshire.

The Co-ordinator provided a detailed background for Members of the Flying Start Programme and explained that it was a prescriptive programme which was targeted at 0-3 year olds in the most disadvantaged communities in Wales. The programme had four key elements which were detailed, and was previously based on free school meals targets. It had now been proposed by Welsh Government (WG) that the programme should be expanded into new areas which had the highest concentration of 0-3 year olds living in income benefit households. Information had been provided by WG as the basis for selecting the new areas for expansion but further work was required to define the exact number of 0-3 year olds living in the identified areas. The proposed expansion areas were detailed in the report for 2013-2014 and 2014-2015.

The Co-ordinator explained that a detailed plan was attached to the report and that there was an expectation that it would continue to evolve.

Councillor M. Bateman raised concern about areas within the Broncoed Ward that were not included in the areas for expansion and Councillor S. Jones commented on deprived areas within her ward which had also been omitted. The Head of Social Services for Children concurred with the comments and said that the work which had recently been undertaken by Cordis Bright could also be considered as part of the further work to be carried out on the calculation of numbers affected. The Chair suggested that a letter be sent from the Committee to WG to express the concerns about how the areas for expansion had been determined.

In response to a question from Councillor H.G. Roberts on the criteria used to identify the areas, the Director of Community Services said that the criteria had been determined by WG and that WG had provided the maps to use; this meant that local circumstances were not always reflected. The Head of Social Services for Children said that it appeared that deprivation areas which butted the county boundary may not have been considered as a possible collaborative project.

RESOLVED:

- (a) That the proposals for the expansion of the Flying Start Programme in Flintshire be recommended to Cabinet for adoption; and
- (b) That a letter be sent from the Committee to Welsh Government to express their concerns about how the areas for expansion had been determined.

35. QUARTER 1 SERVICE PERFORMANCE REPORTS

The Director of Community Services introduced a report to request that the Committee consider the 2012/13 Quarter 1 service performance reports, note the update on the Strategic Assessment of Risks and Challenges (SARC) contained within the performance reports and note progress made against the Improvement Target Action Plans contained within the performance reports.

The Partnership Manager Health Social Care and Wellbeing Strategy explained that following a previous meeting of the Committee where the format of the reports had been criticised, a meeting had taken place with the Chair and the Business Performance Officer and an introduction had now been included in each of the performance reports.

Social Services for Adults

The Head of Social Services for Adults gave a short presentation on the performance within Social Services for Adults, outlining work which had

been undertaken to improve performance and areas where improvement was needed, as outlined within the report.

The Chair thanked the Head of Social Services for Adults for the excellent report which she welcomed and asked that her thanks be passed on to all of the staff within the team.

Councillor S. Jones felt that the reorganisation of the National Health Service should be included within the Risk and Challenges section of the report. The Director of Community Services agreed and explained that the Chief Executive was also looking at the corporate risk for the Authority. The Director agreed to a request from the Chair for a report of the Council's views on the proposed changes by Betsi Cadwaladr University Health Board before the Special meeting of Flintshire County Council.

In response to a question from Councillor D.I. Mackie about Disabled Facilities Grants (DFG), the Partnership Manager Health Social Care and Wellbeing Strategy explained that a criterion to calculate the number of days had to be followed, but that work was continuing to reduce the number of days to complete a DFG. The Head of Social Services for Adults said that it was important to have a sustainable solution which could be managed on an ongoing basis. He added that this was one of his main priorities as the new Head of Adult Services.

On the issue of Social Enterprise, Councillor V. Gay asked if a catalogue of equipment had been developed. The Partnership Manager Health Social Care and Wellbeing Strategy said that it had been signed off and she would make enquiries and report back to Members. Councillor Gay also sought assurance that customer service training would be provided to those undertaking the DFG adaptations.

Social Services for Children

The Head of Social Services for Children gave a short presentation on the performance within Social Services for Children, outlining work which had been undertaken to improve performance and areas where improvement was needed, as outlined within the report.

The Chair asked that her congratulations for an excellent report be passed on and said that she felt that it contained several areas of good news such as the opening of Arosfa and the launch of the Access to Action card.

Following a question from Councillor M. Bateman on work with the Youth Justice Service, the Head of Social Services for Children said that she would provide an update report to Members in due course.

Development and Resources

The Head of Development and Resources gave a short presentation on the performance within Development and Resources, outlining work which

had been undertaken to improve performance and areas where improvement was needed, as outlined within the report.

The Chair also asked that her congratulations for the report be passed on to the staff in the team. Following a question from the Chair about how the service would be affected by the reduction to two localities areas by Betsi Cadwaladr University Health Board, the Director of Community Services said that the three teams were now located within two hubs. The Partnership Manager Health Social Care and Wellbeing Strategy confirmed that there were still three localities leadership teams.

RESOLVED:

That the report be received.

36. FORWARD WORK PROGRAMME

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

She explained that a Forward Work Programme planning session had been held on 10 September 2012 and the suggested items had been included in the Programme for future meetings of the Committee. The Facilitator provided details of the issues to be considered at each meeting.

In referring to the 1 November 2012 meeting, the Head of Social Services for Children advised that questions and responses on the Children & Adolescent Mental Health Service, which were considered at a meeting of the Children's Services Forum, could be circulated to Members.

The Facilitator also advised that the Care and Social Services Inspectorate Wales (CSSIW) annual letter was due to be received shortly and would need to be considered at a future meeting of the Committee.

Following a discussion, it was suggested that the item on 'Third Sector' be considered at a showcase session rather than at a Committee meeting; the Facilitator explained that she would make enquiries with the Flintshire Local Voluntary Council and would report back to Members.

The Chair referred to the Rota Visits training sessions which had taken place earlier in the week; the training provided had been excellent but the sessions had not been very well attended. Members were reminded that there was an expectation that Members of the Committee undertake Rota Visits and that further training sessions could be undertaken and a 'buddy' scheme set up so that Members who were more experienced in Rota Visits could accompany those who were new to Rota Visits.

The Facilitator advised Members that an All Member Welfare Reform workshop had been arranged for 31 October 2012. The items to be

scheduled included an update on the Restructure of Frontline Fieldwork, which the Facilitator indicated could be included at the 24 January 2013 meeting.

RESOLVED:

That the Forward Work Programme be received and amended to reflect the above suggestions.

37. DURATION OF MEETING

The meeting commenced at 2.00 p.m. and ended at 4.33 p.m.

38. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

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

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Chair

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE
1 NOVEMBER 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, 1 November 2012

PRESENT: Councillor C.A. Ellis (Chair)

Councillors: M. Bateman, P.J. Curtis, D. Evans, V. Gay, C. Hinds, S. Jones, R.B. Lloyd, M. Lowe, H.J. McGuill, D.I. Mackie, H.G. Roberts, I. Smith and D.E. Wisinger

APOLOGIES:

Councillor A. Davies-Cooke
Gill Gilvani, Director of Nursing, Midwifery and Patient Services

CONTRIBUTORS:

Cabinet Member for Social Services, Director of Community Services, Head of Social Services for Children

For minute number 40: Representatives from Betsi Cadwaladr University Health Board:

Andrew Jones - Executive Director of Public Health, Janet Ellis – Primary and Community Services Programmes Manager, John Darlington – Assistant Director for Planning and Contracting, Yvonne Harding – Associate Chief of Staff for Nursing, Jackie Jones - Principal Public Health Development Specialist,

For minute number 41: Dawn Cooper – Head of Service Users Experience, Partnership Manager Health, Social Care and Well being Strategy.

For minute number 42: Head of Social Services for Adults

IN ATTENDANCE:

Learning and Social Care Overview and Scrutiny Facilitator and Committee Officer

39. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Councillor H.J. McGuill declared a personal interest due to her being on Betsi Cadwaladr University Health Board Community Health Council.

40. BETSI CADWALADR UNIVERSITY HEALTH BOARD

Mr J. Darlington gave an update report on the services reviews and public consultation. The Public Consultation concluded at the end of October 2012 and a written response had been received from the Council. The next stage was to analyse the responses received, look at any new evidence and any counter proposals. It was envisaged that the Board would come to a conclusion by 31 December 2012.

Councillor H.J. McGuill gave thanks for the update and asked if a date had been set for the Board meeting and when feedback would be given to the public about the consultation. Mr J. Darlington said that the date for the Board Meeting

was yet to be confirmed. He added that the Health Board had responded to comments as they were received, including those from the Council. Some key issues had emerged and that analysis would be shared with the public when available. Councillor H. McGuill said that lots of suggestions had been made as to how to maintain services. Mr J. Darlington responded that evidence was a key issue and that every comment would be analysed and figures, such as population trends checked. The Chair said that not everyone had received a response. Mr J. Darlington said that every question would be answered personally by one of the team.

Councillor S. Jones asked if a business plan outlining time frame and costs involved had been produced. Mr J. Darlington said that the process would not be rushed and comments would be taken onboard. Details of costs have been collated and shared.

Councillor P.J. Curtis said that he wanted to see dialogue and negotiation built into the consultation process, so that people felt listened to and that everyone wanted to see a good National Health Service.

Councillor D.I. Mackie gave thanks for the update and asked how the Health Board would tackle differing issues across North Wales. Mr J. Darlington said that the Health Board wanted to do the best for all North Wales, and to drive quality for all in a fair way.

Councillor D. Wisinger said that he was concerned about transport issues. Mr J. Darlington said that transport was one of the big themes that came out of the consultation and that the Health Board would look at options to deliver healthcare in the home.

Councillor C. Hinds asked if the Health Board would report back decisions to the council in advance of public announcements. Mr J. Darlington said that there was open dialogue between Betsi Cadwaladr University Hospital Board and the Council. Mr A. Jones said that they wanted to work in partnership with the Council and that they would take back this request to the board.

Councillor M. Bateman asked if the decisions to be taken in December would be final decisions and asked if the Board Members had local knowledge of Flintshire. Mr A. Jones said that there was a GP from Flintshire on the board. Councillor Bateman asked if they had a local knowledge of transport issues in Mold. Mr J. Darlington said that he had seen responses from Mold and would take these into account. Mr A. Jones said that transport was a major, recurring issue.

Councillor V. Gay expressed concerns about cross-border services with England and had not been aware of any research into cross border provision and the need for residents to access health care close to where they lived in Chester instead of having to travel further into North Wales. Mr J. Darlington said that it was the Health Board's job to manage the differences between the two countries and to ensure better integration and improved GP services. He confirmed that the £27 million Saltney/Dee contract would remain, whilst they wanted to provide

services where clinically appropriate in North Wales and keep resources in North Wales. More services would be provided in Deeside, with GPs accessing hospital care for patients. It was not the intention to stop cross border patients and the Health Board would continue to use English hospitals for special services. Councillor Gay said that there were no large PCT practices in Saltney or Broughton.

The Chair referred to a report about beds in Glan Clwyd Hospital being 94% full in the summer and she said she was concerned about potential loss of local beds in community hospitals and the effects of winter illnesses. Mr J. Darlington said that the Health Board was aware of and plans for all year round pressures anywhere in the NHS and worked well with English counterparts. The Chair asked how enhanced care at home could replace 24 hour hospital care. Mr A. Jones said that modern healthcare was delivered in different ways and did not always equate to hospital beds and that the theme would be further addressed in the presentation about locality working.

Councillor McGuill asked if negotiations had started to secure land for a PCT centre in Flint. Mr A. Jones said that he would take this back to the Health Board.

Ms J Ellis gave a presentation to update Members on Locality Working in Flintshire. The report outlined a shift in services towards those that were community based and based on prevention and self care. She reported that joint working with Health and Social care in the local authority would improve services. Whilst there had been reductions in emergency admissions to hospital in North West Flintshire, this was not repeated in South Flintshire and North East Flintshire and this would be investigated. The average length of stay in hospital had decreased for North West and South Flintshire, but not North East Flintshire and this would also be investigated. Admissions resulting in discharge to usual place of residence had decreased slightly in North West Flintshire and would be investigated. There was work in progress concerning maximising the use of x-ray facilities and getting maximum number of patients at each session.

The Chair thanked Ms J. Ellis for her presentation.

Councillor McGuill said that the 3 localities or "hubs" for Flintshire had been referred to during the consultation process, but now there appeared to be only 2, based in Deeside and West Flintshire. Councillor McGuill also expressed concern that local x-ray facilities were not widely publicised or used by GPs as they had to be booked in advance. Ms J. Ellis replied that the Health Board recognised that they have not got x-ray services right and that GPs should be better informed about x-ray facilities at minor injuries units. Councillor McGuill asked how 2 hubs in Flintshire would work when there were 3 centres of population. Ms J. Ellis said that across North Wales there was not a hub planned in each locality.

The Chair said that she understood at the Consultation meetings that there would be 3 hubs and wanted to know when this changed to two given that

South Flintshire was the largest populated area in the county. Mr J. Darlington said that this was all part of the Consultation.

Councillor Curtis said that he understood from the Consultation that there would be 3 hubs in Flintshire and that it should have been explained to people when taking part in the consultation. Ms J. Ellis said that she could not respond to this question, but would take it back to the Health Board.

Councillor Jones asked if the Health Board were confident that all of the GPs would be onboard with the proposals. Mr J. Darlington said that the experience in Denbighshire showed that at first GPs were not sure, but after becoming involved, they saw the benefits and got behind it.

Councillor Mackie gave thanks for the presentation and asked about the performance of re-enablement programmes. Ms J. Ellis said that she did not have information about this and would get back to him about this. The Director of Social Services said that 60% of service users in Social Services Re-enablement Services did not require long term support. Councillor V. Gay asked how far partnership working had progressed with the third sector. The Director of Community Services said that locality teams would be set up with the Local Authority, Health and Third Sector. He said that the local authority service was being developed and that they were now looking at partners. The Head of Children's Services said that locality teams did not presently include Children's Services. However the 3 locality leads had been invited to a forthcoming Children's Services Senior Management Team meeting to discuss this issue.

Councillor Bateman asked if the decisions were final. Mr A. Jones said that the Board would make decisions that would be taken forward.

The Chair asked if after reviewing the consultations, if some areas needed to change, would they go out to consultation. Mr J. Darlington said that new evidence would be responded to accordingly, possibly with amendments but nothing could be confirmed at the moment.

Councillor Jones asked who would scrutinise the Health Board's decisions. Mr A. Jones said that the Chair of the Board reported to the Welsh Government.

Mr A. Jones then introduced a report into Partnership approaches to Prevention and Early Intervention, The Importance of the Early Years. He said that it was vital that investment was made in early years development in order that children reached their full potential in later life. The Health Board had a number of priorities to improve child health. In Wales, a third of pregnant women smoked throughout their pregnancy. All midwives were now trained in smoking cessation and carbon monoxide monitoring had been introduced. Other health staff work with schools to prevent young people start smoking.

The Head of Children's Services said that substance misuse did not feature in the list of priorities. She said that Foetal Alcohol Syndrome was a huge issue of concern and had resulted in numerous adoption breakdowns and

that it was equally important to put the message across about the dangers of drinking in pregnancy. Ms Y. Harding said that because of the lower numbers of Foetal Alcohol Syndrome babies, this was not a priority project. She said that specially trained midwives could offer support to pregnant women with alcohol issues, who were sometimes difficult to spot. There numbers were low but the intensity and impact of their behaviour was high.

Councillor Bateman asked about availability of emergency contraception for young people should minor injuries units close. Ms Y. Harding said all school nurses were trained to provide emergency contraception and that there had been good success rates at schools. The King Street Clinic, Mold had a sexual health service all day on a Monday.

Ms Y. Harding then gave an update in Children's Services and CAMHS. She said that Neonatal services had formed part of the review into Children's Services. The proposal to close North Wales facilities and contract out to Arrowe Park, Wirral was based on evidence and standards. Currently the hospitals in North Wales did not meet British Association of Perinatal Medicine standards. Ms Harding advised that:-

- The three North Wales hospitals would retain Acute 24 hour children's wards.
- Issues around staffing and management would be resolved. There would be more work in the community around accident prevention.
- Additional health visitors were being trained.
- Families First partnership would replace Cymorth.
- Child and Adolescent Mental Health Service Flintshire, no breaches recorded on the waiting list target with children seen and assessed within 16 weeks of referral.

The Head of Children's Services expressed the difficulty for some clients in accessing Community Mental Health Services, as conditions of referral were that the young person was in a steady placement. This did not take into account young people in and out of residential mental health units such as Tier 4. Ms Y. Harding said she would take this question back to the Health Board.

Councillor D. Evans asked if the Children's Community Mental Health Teams worked with parents. Ms Y. Harding replied that it depended on the consent of the young person and said that the Health Board had undertaken an assessment of the levels of involvement with parents. She said that she would take back the comments to the Health Board.

The Chair thanked the contributors from Betsi Cadwaladr University Health Board for their presentation on behalf of the members of the committee.

RESOLVED:

That the presentation be noted.

41. **NORTH WALES (DRAFT) INFORMATION AND CONSULTATION CARERS STRATEGY**

Ms D. Cooper presented the draft Information and Consultation Carers Strategy which outlined how Betsi Cadwaladr University Health Board had worked together with Local Authorities across North Wales and the 3rd sector to develop the above strategy, as required by the Carers Strategy (Wales) Measure. This Measure, for the first time, placed a duty on Health Services to meet the needs of carers. The strategy would assist in identifying, informing, recognising the needs of, and signposting carers to appropriate services. Flintshire already had a commissioning strategy in place for carers services. Money allocated to North Wales for the implementation of the Measure was £97,000 in the first instance with a further £97,000 once the strategy was approved by Welsh Government.

The Director of Community Services welcomed the strategy and the funding which would enable partnership working to heighten the profile of carers. He said the cost of the anticipated increase in carer assessments would need to be addressed in future years. In 2011-12, Flintshire undertook 673 carer assessments. If this increased, the council would need additional funding and would work in partnership. The Director of Community Services said that the third sector played a central role in providing services for Carers and Flintshire commissioned services in excess of £400,000.

Councillor D. Wisinger welcomed the news and asked how carers accessed information about support. Ms D. Cooper said that the role of the strategy would be to sign post carers to relevant third sector services. The Partnership Development and Performance manager said that NEWCIS provided information and newsletters to carers and that she could be contacted if information was required.

Councillor S. Jones asked if the £97,000 was for Flintshire or North Wales. Ms D. Cooper confirmed that it was for North Wales and for training purposes, not new services. After the first year of operation statistics would be submitted to the Welsh Assembly to inform them on decisions for funding years 2 and 3.

RESOLVED: -

(a) That the Social and Health Care Overview and Scrutiny Committee support the submission of the strategy for approval to the Welsh Government and the ongoing work of the partnership.

(b) That the Social and Health Care Overview and Scrutiny Committee be updated once the Welsh Assembly have made their findings known.

42. **ADULT PROTECTION REPORT APRIL 2011 – MARCH 2012**

The Head of Social Services for Adults presented a report to inform Members about the activity and developments within Adult Safeguarding over the year, specifically Adult Protection and Deprivation of Liberty Safeguards. In

2011-12, 250 Adult Protection referrals were received by Flintshire, of these 186 progressed to a full investigation and 64 referrals were screened and were dealt with by the relevant Team Manager. The annual increase in referrals was due to increased awareness and training. The new Social Services Bill would affect the coordination of and priority given to Adult Safeguarding at a strategic level across the country. A pressure bid had been agreed by the Council for an additional £45k for 2012-13 with full year effect of £90k for future years.

Councillor D.I. Mackie asked if individual cases were looked at in isolation or if a name did appear on several occasions, was this linked? The Head of Social Services for Adults said that checks were made to see if any alleged perpetrators had previous records and if any evidence was found this would be discussed. He added that trend analysis of cases also identified cases of a similar nature.

Councillor D. Evans expressed concern at the majority of alleged abuses occurring in the home, (96 cases) and in care homes and residential places (31 cases), and the highest number of persons alleged to be responsible for abuse were independent sector staff (61 persons). He said that more information was needed about independent sector staff alleged abuses in the home and care home setting.

Councillor M. Bateman asked if there was a reason why the majority of cases involved women over 65 years of age in their own homes. The Head of Social Services for Adults said that many women were carers and were vulnerable to abuse from people at home. Staff such as district nurses and care staff who went in to people's homes had received training in abuse and were also likely to identify more new cases.

RESOLVED:-

That Members consider Flintshire's Annual Adult Protection Monitoring Report for the period April 2011-March 2012.

43. FORWARD WORK PROGRAMME

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

She proposed that the Integrated Family Support Service be deferred to the New Year. The next meeting in December would include Transport Policy, Fostering Inspection, CCSSIW Annual Letter and performance reporting to include update on Llys Jasmine. The Mental Health Measure update would be deferred.

RESOLVED:

That the Forward Work Programme be received and amended to reflect the above suggestions.

44. DURATION OF MEETING

The meeting commenced at 2.00 p.m. and ended at 4.48 p.m.

45. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was one member of the press in attendance.

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Chair

FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

DATE: MONDAY, 17 DECEMBER 2012

REPORT BY: DIRECTOR OF COMMUNITY SERVICES

SUBJECT: FOSTERING INSPECTION 2012

1.00 PURPOSE OF REPORT

1.01 To advise members of the inspection report and outcomes from the CSSIW inspection conducted for the period 2011/12.

2.00 BACKGROUND

2.01 In accordance with the Care Standards Act (2006) the CSSIW have undertaken an annual review of Flintshire County Council's Fostering Service. The primary focus of the inspection and subsequent report was to explore and investigate the quality of life and quality of care experienced by service users (foster carers and children in placement) with particular focus upon kinship carers.

3.00 CONSIDERATIONS

3.01 The inspection was conducted over a 4½ day period in November 2011 and used a range of information, sources, documents and meetings with social services / health / education and a number of kinship carers. The main findings of the report are set out on page 3 of the attached document. The focus of the inspection was kinship care, but covered a full examination of the fostering services – as a whole. The final draft report was published in April this year.

3.02 The outcomes were as follows: What the fostering service does well.

- Accessible and attractive information is provided.
- Consistent and effective leadership by the manager.
- A staff group which is regarded as skilled and knowledgeable.
- Kinship carers who receive good levels of support from designated workers.
- An effective Fostering Panel which provides a good level of scrutiny.
- Good practice recorded in some case files.

3.03 The inspection then considered the areas of improvement which were identified in the previous inspection in 2011, these included:

- Improved website development.

- Fully staffed service.
- Additional support for kinship care placements.
- Improved quality in supervision to staff and foster care group.
- Development of a foster care training and use of online training to supplement this.
- Foster care reviews are conducted in a more systematic manner.

3.04 At the conclusion of each section of the report the inspector identifies priorities and areas for improvement. This inspection resulted in no priorities for improvement and a number of good practice recommendations. The resultant action plan (see Appendix 2) the outcomes and actions taken. These included:

- The monitoring and controlling of activities meet statutory regulations.
- A case management strategy is to be applied in responding to complex cases.
- Protocol to be implemented for a change to supervising social workers.
- Timeliness of foster care agreements.
- Effective Panel minutes which clearly denote outcomes.
- Monitoring and auditing of case records are signed and completed in a timely manner.

4.00 RECOMMENDATIONS

4.01 The inspection provided a thorough overview of the fostering service. Its particular emphasis on kinship care demonstrated that the Local Authority offered an effective and efficient service to this group of carers.

4.02 This reflects upon the service in general which is noted as providing good quality of supervision and care to all our foster carers.

4.03 We ask that the committee accept this report and subsequent action plan as significant and independent evidence of a well managed and organised service.

5.00 FINANCIAL IMPLICATIONS

5.01 None arising from this report.

6.00 ANTI POVERTY IMPACT

6.01 None arising from this report.

7.00 ENVIRONMENTAL IMPACT

7.01 None arising from this report.

8.00 EQUALITIES IMPACT

8.01 None arising from this report.

9.00 PERSONNEL IMPLICATIONS

9.01 None arising from this report.

10.00 CONSULTATION REQUIRED

10.01 These were conducted in accordance with the CSSIW inspection process.

11.00 CONSULTATION UNDERTAKEN

11.01 CSSIW undertook a range of consultation activities with children / young people / social workers / health / education and performance management staff to inform the outcomes of this inspection.

12.00 APPENDICES

(1) Inspection Report

(2) Action Plan Outcomes

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

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ACTION PLAN FOSTER CARE SERVICES INSPECTION 2011/12

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<u>Action Under Review</u>	<u>Action Required</u>	<u>By Whom</u>	<u>Date of Completion</u>	<u>Outcome</u>
To have in place a robust monitoring system which ensures the fostering service is fully compliant with the regulations.	<p>Ensure that the tasks identified in this action plan are completed.</p> <p>Fully implement the Paris monitoring and reporting facilities.</p>	<p>Service Manager (Resources)</p> <p>Service Manager (Fieldwork)</p> <p>Family Placement Team Manager</p> <p>Family Placement Senior Practitioner</p> <p>Business Systems Team</p>	May 2012	All tasks were completed and embedded into relevant documents and agreements.
Protocol to be devised for dealing with requests from foster carers for a change of supervising social/support worker.	<p>Protocol to be established which sets out:</p> <ul style="list-style-type: none"> • Purpose • Rationale • Attempts at resolution • Procedure for transfer 	<p>Family Placement Team Manager</p> <p>Family Placement Senior Practitioner</p>	July 2012	This was integrated into the supervisory process, to enable any issues and subsequent actions to be taken (including transfer) if appropriate.

<u>Action Under Review</u>	<u>Action Required</u>	<u>By Whom</u>	<u>Date of Completion</u>	<u>Outcome</u>
Foster Carer Agreements to be completed promptly following approval.	Family Placement Team procedures to be updated to ensure compliance. Compliance to be monitored via supervision and file audits.	Family Placement Team Manager Family Placement Senior Practitioner	April 2012	This was taken up with immediate effect, with necessary procedural changes and the file auditing documentation being altered to capture this.
Foster Placement Agreements to be completed prior to placement or within seven days of placement.	Joint visit proposal to be implemented. Child Care Manual to be updated to reflect joint visits requirements.	Family Placement Team Manager Field work Team Managers Ian Maclaren	May 2012	This was addressed with immediacy. Fostering and Fieldwork colleagues were reminded of the due process and timeliness of completing said agreements.
Panel Minutes to consistently record the reasons for panel recommendations.	Review current recording practice and update accordingly to ensure panel minutes always reflect the reasons for the recommendations .	Family Placement Team Manager Panel Administrator Panel Chair	May 2012	Panel minute format and information have been amended to ensure compliance with good practice recommendation.

<u>Action Under Review</u>	<u>Action Required</u>	<u>By Whom</u>	<u>Date of Completion</u>	<u>Outcome</u>
All formal agreements and reports are signed, dated and completed in a timely manner.	<p>Viability assessments are to be signed and dated by the author and counter signed by a manager.</p> <p>Protocol to be put in place where unsigned documents are submitted to family placement.</p> <p>Parents signatures must be obtained when children are accommodated under Section 20 or the reasons why there is no signature is clearly recorded on the case file.</p> <p>Monitoring and auditing of case records to ensure compliance.</p>	<p>Family Placement Team Manager</p> <p>Field work Team Managers</p>	May 2012	<p>This was undertaken with immediacy. All Field and Foster Care Social Workers were informed and reminded of the signatory process and time requirements.</p> <p>Auditing of this activity is ongoing / timelines are recorded as meeting the requirement.</p>

<u>Action Under Review</u>	<u>Action Required</u>	<u>By Whom</u>	<u>Date of Completion</u>	<u>Outcome</u>
Where there are complexities in the management of a case, a clear strategy is put in place and timescales set to ensure difficulties are resolved in a timely manner.	Develop a strategy to deal with management of such cases.	Family Placement Team Manager Field work Team Managers	July 2012	Joint working protocol has been confirmed to ensure due processes are adhered to and timeframes are set to ensure clear outcomes.

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Fostering services**

Flintshire Fostering Services

County Hall
Mold
CH7 6NN

Date of publication – 11 April 2012

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Care and Social Services Inspectorate Wales

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LL31 9RZ

03000625609
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Name of fostering service:	Flintshire Fostering Services
Address of service:	County Hall, Mold, CH7 6NN
Contact telephone number:	01352 701000
Registered Provider / Director of Community Services	Flintshire County Council / Neil Ayling
Responsible Individual / Head of Service	Carol Salmon
Manager:	Liz Byrne
Dates of this inspection episode:	24 November 2011 - 31 March 2012
Dates of other relevant contact since last report:	N/A
Date of previous report publication:	29 April 2011
Inspected by:	Denise Stickels
Other regions contributing to this report:	N/A

Introduction

Flintshire County Council's fostering service provides a range of placements: long and short term, respite, short break and kinship care. The inspection for this year has focussed primarily on the provision of kinship care.

Information recorded in the Annual Data Collection form (ADC) confirmed that the fostering service has a total of 91 approved foster carers, including 16 kinship carers, providing a total of 149 places. 101 children are being looked after in Flintshire County Council placements and 18 children are placed with other fostering providers, making a total of 119 children in placement. 25 children are being looked after in kinship care placements.

The fostering service is managed by Liz Byrne; the Head of Service is Carol Salmon.

Summary of inspection findings:

What does the fostering service do well?

- The agency provides accessible and attractive information on the service in both paper and electronic formats.
- The manager provides consistent and effective leadership of the fostering service.
- Staff turnover is low and there is a good range of knowledge, skills and experience within the family placement team.
- Kinship carers receive very good levels of support from two designated kinship care workers.
- The fostering panel is operating effectively and provides a good level of scrutiny.
- Evidence of good practice was seen in the quality of information recorded in some case records.

What has improved since the last inspection?

- Further development of the Flintshire County Council website.
- The fostering service is fully staffed.
- The appointment of an additional post to support kinship carers.
- The quality of supervision for staff and carers.
- The development of the foster carer training programme.
- The introduction of 'on-line' training for foster carers.
- There is a more effective system in operation for carrying out foster carers reviews.

What needs to be done to improve the service?

a.) priorities

There are no priorities for action.

b.) other areas for improvement

- To adopt a more robust approach to monitoring and controlling the activities of the fostering service, to ensure regulatory compliance.
- Where there are complexities in the management of a case, a clear strategy to be put in place and timescales set, to ensure that any difficulties are resolved in a timely way and with some sense of urgency.
- A protocol to be devised for dealing with requests from foster carers for a change of supervising social worker.

- Foster carer agreements to be completed promptly following approval.
- Panel minutes to consistently record the reasons for panel recommendations.
- The monitoring and auditing of case records to ensure that formal agreements and reports are signed and dated and are completed in a timely manner.

Inspection methods

The inspection took place over 4 ½ days and involved one inspector. The inspection was conducted using the following:

- Written information contained in the Self Assessment of Service (SAS) and Annual Data Collection (ADC) forms.
- Information contained in the provider's annual Quality Assurance Report on the fostering service and the 2011-2012 Business Plan.
- Responses to CSSIW questionnaires: family placement staff (10) child care social workers (2). (No responses were received from kinship carers or the children placed with them).
- Visits to three households providing kinship care.
- Discussions with the Service Manager – Resources, Team Manager, Senior Practitioner, Kinship Care support workers, Marketing and Recruitment Officer, a child care social worker and the Chair of the fostering panel.
- Examination of case records for three children in kinship care placements and their carers.
- Observation of a fostering panel.
- Examination of panel minutes.

Section one: Policies and procedures / information

Inspector's findings:

The statement of purpose for the fostering service contains the information required by The Fostering Services (Wales) Regulations 2003. The document has been reviewed and updated since the last inspection and identifies the aims and objectives of the service, the

staffing arrangements and the services provided. Information on fostering allowances, the complaints procedure and independent advocacy is also included.

The service has produced a range of accessible and attractive information booklets on fostering for children and young people in placement and their parents, and for potential foster carers. There is a booklet entitled 'Becoming a Kinship Carer' and a BAAF publication 'Options for Kinship Carers' provides additional advice and explains the legal options available to family members. The manager has identified the need to review and update the information in relation to short break care, following the decision to provide the majority of service users with this provision under Section 17 of the Children Act 1989. All information is available in Welsh and can be made available in other languages on request.

Since the last inspection there has been further development of the Flintshire County Council website which provides information of fostering and there is a link to make an enquiry or request further information. There is also a dedicated phone line for fostering enquiries. The agency has plans to upgrade the website over the next 12 months to include a secure site for approved foster carers.

The fostering service's policies and procedures and the Foster Carer Handbook were not examined at this inspection.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

NMS or other source

Section two: Management and staffing of the services, (including premises and finance)

Inspector's findings:

The manager of the fostering service has the appropriate qualifications and experience for the role and has been in her current post since August 2005; she has provided consistent and effective leadership to the family placement team during this period. The manager shares some of the management tasks with the senior practitioner, who has almost 8

years experience within the field of fostering. Since coming into post, the manager and senior practitioner have attained post-graduate diplomas in the 'Art of Leadership'. From discussions with staff and responses to the CSSIW questionnaire it is evident that staff in the family placement team receive good levels of support and regular supervision from the management team. Staff confirm that staffing levels are adequate, there are clear lines of communication and accountability and, when the manager is absent, there are satisfactory cover arrangements in place.

At the time of the inspection the team was fully staffed and it was reported that caseloads were well within the allocated points system. The manager advised that caseload management would be reviewed in March. There are 13 team members, comprising of nine qualified social workers, three Children's Services Assistants and a Marketing and Recruitment Officer. Some staff having designated roles, for example in supporting fee paid carers and / or short break and kinship carers. One member of the team specialises in private fostering. The team is stable and experienced and continues to have a low staff turnover. The arrangements for the recruitment and selection of staff were not examined on this occasion.

In accordance with the focus of this inspection, the views of child care social workers who had children in kinship care placements were sought by questionnaire; unfortunately only two were returned. The inspector also had a discussion with one of the respondents. Regarding the staffing and management of the service, social workers confirmed that the team was adequately staffed to support foster carers and felt that staff had the necessary skills and responsibilities to carry out their responsibilities. However, they both gave a negative response to the question regarding effective lines of communication between the team and themselves. One person also commented that some members of the team often react defensively when issues about foster carers are raised with them. The inspector is aware that the authority is facilitating joint team meetings in an attempt to improve communication and the effectiveness of this will be assessed at the next inspection.

The manager reported that, since the last inspection, there has been a focus on improving the quality of staff and carer supervision, developing a more appropriate framework for the assessment of kinship and private fostering applications and implementing BAAF good practice guidance in relation to foster carer reviews. A Business Plan for 2011 -2012 was provided at inspection, which evidenced the progress being made in achieving these and a number of other service objectives. It has been evident at this and previous inspections that there is a management ethos of wanting to improve and develop the service; however, this inspection has found that regulatory compliance is not consistently being achieved in a number of areas and a more robust approach to monitoring the activities of the service is therefore necessary to ensure quality performance. (Further detail will be found in later sections of this report).

A Quality Assurance Report for the period ending April 2011 was provided, which provided statistical information, commentary and some analysis on the activities of the service for the preceding 12 months. The report includes evidence of consultation with service users and other interested parties, as required.

The fostering service is based at County Hall in Mold and the manager and staff confirmed that the accommodation is appropriate for meeting the needs of the team and the service. Each member of staff has their own desk and computer and there are laptops available for working at home. There are secure arrangements in place for the storage of

paper and electronic records. Since the last inspection the service has acquired access to premises where equipment can be stored.

The agency’s financial systems and processes were not examined in any detail at this inspection. However, the service manger confirmed that payments to foster carers with children in the 0-5 age range had increased, in line with the Welsh Government National Standards. In the 5-18 age range, payments were already above the National Standards. The service has been given an increase in budget to meet demands for two years, until 2014.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

- To adopt a more robust approach to monitoring and controlling the activities of the fostering service to ensure regulatory compliance.

NMS or other source

Section three: Provision of foster carers (including panel information)

Inspector's findings:

Information recorded in the SAS confirmed that the service has a total of 91 approved foster carers, providing a total of 149 places, which includes short break and kinship care placements. 101 children are being looked after in Flintshire County Council placements, 18 children are placed with independent fostering agencies (reduced from 26 last year). 12 fostering applicants were undergoing assessment and there were no cases waiting to be allocated. The total number of approved carers has increased by four since last year. It was reported that there was a significant reduction in the number of initial enquiries from prospective foster carers during the period when the Marketing and Recruitment Officer was on maternity leave, but has shown a marked improvement since her return to work. Currently, the focus is on recruiting fee paid carers to the short break care scheme and increasing the number of places available for children aged 10-15 years.

The assessment and approval process and the quality of support and training to carers have been assessed only in relation to kinship carers at this inspection. Evidence was gained through examination of three kinship carers' files and the case records of the children placed with them. The inspector visited three kinship carer households to talk to them about their experience of fostering. Questionnaires were sent to all kinship carers and some of the children in placement, but none were returned. At the time of the inspection there were 16 approved households providing kinship care; the majority of these were grandparents.

The local authority operates a policy of retaining children within their birth families whenever possible and provided it is in their best interests. Where necessary, family group meetings are convened in order to identify family members who might be willing to care for the child. Family placement workers attend these meetings and verbal and written information is provided on what kinship care involves. 'Viability Assessments' are carried out on potential carers and two formats have been devised, one for immediate or emergency placements and one for planned placements. The assessments are carried out by child care social workers and, current practice is that referrals are only made to the family placement team for a full kinship care assessment once the viability assessment has been completed. It was reported that there is a working group, comprising of representatives from the North Wales local authorities, which is looking at developing common policies and procedures in relation to kinship care. One anticipated outcome of this is that there will be changes to the way kinship assessments are carried out in future, with the family placement team becoming involved at a much earlier stage, thereby eliminating some of the delay which can occur in the process.

Data provided at inspection, which gave dates of when children were placed and when the kinship carers were approved, showed that 5 sets of carers were approved before placement and 3 were approved within 3 months. In the remaining 8 cases, approval took 5 months (2), 7 months (2), 9 months (1), 10 months (1) and 14 months (2). Delays in the family placement team receiving referrals, complex family situations, a lack of clarity over the legal status of some placements and confusion caused by children moving counties were cited as reasons for some of the delay, but evidence in case records indicates that much of the delay could have been prevented by more robust oversight and monitoring of

the cases concerned. The inspector would strongly recommend, where there are complexities in the management of a case, that a clear strategy is put in place and timescales set, to ensure that any difficulties are resolved in a timely way and with some sense of urgency.

The fostering service has two designated full-time posts for supporting kinship carers after their approval. Kinship carer assessments are allocated across the wider team because these designated posts are for unqualified Children's Services Assistants. From discussion with the members of staff concerned it is evident that they are very committed to their work and believe that they have developed positive, open relationships with their carers. This view was supported by the carers who were visited during the inspection who made very positive comments regarding the support they received from their supervising social worker and from the wider department. Carers spoke about being able to contact their 'link worker' at any time for advice, guidance and support and mentioned receiving some financial help (for example, to extend their premises) and practical help in the form of the equipment they needed to care for young children. The support provided by an independent therapist in relation to behaviour management was seen as particularly valuable. Carers said that they received their payments promptly. Although finding it difficult at times, they generally had positive experiences of the assessment process and of attending panel. The introduction of 'on-line' training was viewed very positively by carers, because it enabled them to learn at their own pace and could be fitted around their caring responsibilities.

Case records provided additional evidence of very good support being offered to kinship carers following approval. However, in one case, where carers were requesting a change of 'link worker' (following a particular incident), it was 6 months before a new worker was assigned to them and the carers were unwilling to receive any visits from their existing supervising social worker during the intervening period. In addition, the carers' annual review had not been carried out at the appropriate time and was three months overdue. In the context of significant concerns about the parenting capacity of these carers, the inspector would have expected a swifter response. It is therefore recommended that a protocol is devised for dealing with requests of this nature, to ensure that the agency maintains its oversight of and support to foster carers.

Kinship carers are encouraged to attend the foster carer support group but it was reported that few choose to do so. Kinship carers are not required to attend the pre-approval 'Skills to Foster' training course, but have the same opportunities to attend post-approval training as general foster carers and to progress through the 'payment for skills' scheme, although this scheme is currently being reviewed.

Since the last inspection, and in partnership with the Welsh Government, the Care Council for Wales has introduced the Induction Framework for Foster Carers and Short Break Carers. The manager said that a team meeting has been put aside to look at how supervising social workers could incorporate the induction standards into the process of supporting and supervising carers. The manager has also met with the Children's Services Training Officer to see how the framework can be incorporated into the foster carers' training programme. It was reported that it is only in the last 6 months, with the appointment of a new training officer, that training has become available for foster carers. The new training programme has been designed to meet the carers' identified needs and the response so far has been very positive, with carers finding the courses to be more relevant than before. All fee paid carers are required to undertake a level 3 Diploma in

Health and Social Care (Children and Young People) and other foster carers are eligible and encouraged to apply once they have achieved Level 2 status (payment for skills). 28 fostering households have attained NVQ level 3.

Foster carer agreements were seen on all files viewed and these had been updated following foster carers' reviews. A regulatory breach was noted in relation to one case, however, with the foster carer agreement not being signed until eight months after the kinship carers' approval. It is imperative that foster carer agreements are completed as soon as possible after approval to ensure that foster carers are aware of the agency's expectations of them and to enable them to carry out their function as a foster carer effectively. A requirement is not made on this occasion because the matter has already been addressed.

The agency operates its own fostering panel which has an independent panel chair. Information gathered through observation of panel, examination of panel minutes and discussions at this inspection indicate that the panel is operating effectively and provides a good level of scrutiny. The decision making process is clear in panel minutes and panel discussions are well evidenced, however, the reasons for panel recommendations are not being recorded consistently. Panel business on the day consisted primarily of changes of approval and reviews; there were no new approvals for consideration. An issue of non-compliance in the approval status of one foster carer (operating outside their terms of approval) was noted by one panel member and it was agreed that this would be dealt with at the next panel meeting. A concern was raised by two panel members, and the panel chair, at the poor response from child care social workers and some child care team managers in providing reports for foster carers' reviews. Panel questioned whether enough time was given for them to prepare the reports. In discussion with the inspector, the panel chair confirmed that the matter has been brought to the attention of the Head of Service and subsequent inspections will monitor the outcome.

The inspector was concerned at the quality of information provided to panel for one review, where there were significant concerns about the carers. The information was several months old and did not present a clear, up to date picture of the current situation or provide panel with sufficient information on which to base their decision. Panel acted appropriately in deciding to postpone their decision and requested that the agency's expectations were made clear to the carers, that a robust, structured programme be put in place, with an update at the next panel meeting, and the matter brought back for discussion in June.

Panel has been carrying two vacancies in recent months, following the departure of two independent members, however, these posts have now been filled and the members are undertaking their induction. Information supplied on panel membership confirmed that panel was appropriately constituted, with membership reflecting the requirements of Regulation 24 of The Fostering Services (Wales) Regulations 2003. Panel business meetings are held once a year and the panel chair has regular meetings with the Head of Service. It was reported that the Head of Service is pushing for greater efficiency in relation to assessments. Panel members have recently attended training regarding their roles and responsibilities, best practice in relation to foster carer reviews, kinship care, permanency and matching. Panel members' files were not examined on this occasion.

Previous inspections of the service have identified non-compliance in the frequency of foster carers' annual reviews being carried out and, since the last inspection, the agency

has been following the BAAF good practice guidance. From the documentation provided and case records viewed, whilst there are still some reviews which are falling outside the timescale, an overall improvement is noted and it is evident that there is now a more effective system in operation. The frequency of visits to foster carers during their review period was generally in line with agency expectations.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

- A protocol to be devised for dealing with requests from foster carers for a change of supervising social worker.
- Foster carer agreements to be completed promptly following approval.
- Panel minutes to consistently record the reasons for panel recommendations.

NMS or other source

Section four: Quality of care and safety for children placed

Inspector`s findings:

The focus of this inspection was on assessing children's placements with kinship carers, therefore only the case files of children who were in these placements were assessed.

The individual needs of children who are 'looked after' and how these needs are to be met (whether accommodated with kinship carers or general foster carers) should be identified in the foster placement agreement. Regulations require that the agreement is entered into before a child is placed. Agency procedures state that, if this is not possible, the agreement must be in place within 7 days. In the case records viewed, one foster placement had not been completed until 18 months after the child was placed; another was completed 4 years after placement. In the third case an agreement was completed for the first period that the child was looked after, before briefly returning home, but an updated agreement was not signed until over a year later. In discussion, the manager said that she was aware that the agency was not achieving compliance in this matter and had taken a proposal to the Senior Management Team, which had been agreed, for the first visit prior to, or immediately after placement, to be a joint visit by family placement and child care social workers, at which time the foster placement agreement would be drawn up and signed by all parties. In view of this action a requirement has not been made on this occasion, but compliance will be monitored at future inspections of the service.

There was limited information available in relation to children's health needs on the records viewed. LAC medicals had taken place in two out of three cases, but one was after a significant delay, having been highlighted by the Independent Reviewing Officer at a statutory review. The inspector was advised at inspection that 'significant progress' was being made in relation to LAC health assessments, following information published by the Welsh Government that placed Flintshire as the worst performing authority in Wales in this matter. Compliance will be monitored at future inspections of the service.

In keeping with the nature of most kinship placements, contact between children and immediate family members will usually have been established during care proceedings. Managing family contact and complex family relationships was mentioned as a significant issue by staff supporting kinship carers. In discussion with carers and in case records there was evidence of support being provided and contact being facilitated by staff within Children's Services. Where it is considered appropriate, some kinship carers will supervise family contact.

Kinship carers who were visited were well informed about the children's health, education and developmental needs and confirmed that, in most cases, they and the children were receiving the advice, help and support that they needed. One carer described how effectively all the agencies were working together to help their grandchild with their behaviour in school and at home, and the child care social worker and child care team manager were liaising with the local CAMHS service to obtain further help. Children were present at two of the three visits made by the inspector and they were evidently attached to their carers. One child was very keen to show their bedroom off and was clearly very pleased with it. Carers spoke about their experience of parenting again in later life and the impact this had had on their lives, but they all expressed a strong commitment to continue

caring for the children.

Although not specifically in relation to young people in kinship care placements, child care social workers who contributed to this inspection commented that many young people leaving care do not have the range of skills that they need to make a successful transition into independence and highlighted the need for additional training, advice and support for foster carers in this area. The manager confirmed that some training had been provided and additional relevant training would form part of the new training programme.

Information provided in the Quality Assurance report confirmed that there had been two complaints made by or against foster carers in the reviewing period and two cases where allegations were made against a foster carer. The complaints were taken to Stage 2 of the complaints procedure, one was partially upheld and the other was mainly upheld. Actions and outcomes arising from the complaints are monitored by the local authority Complaints Officer. Regarding the two allegations, one foster carer's approval was terminated at the conclusion of the investigation and one allegation was withdrawn. Seven children were reported as 'missing from care' and it was reported that the new 'All Wales Protocol for Children Missing from Care' was followed. The records in relation to these matters were not examined at this inspection.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

NMS or other source

Section five: Placement of children parts v & vi of the regulations

N.B. Use of this section of the report will apply primarily to inspections of local authority fostering services and the duties and responsibilities covered in Parts 5 and 6 of the Fostering Services (Wales) Regulations 2003 only. It may need to be used for inspections of independent agencies where a local authority delegates certain duties to them under Regulation 40.

Inspector`s findings:

Evidence gathered at this inspection in relation to kinship care placements, has shown that the authority is carrying out its general duty in accordance with Regulation 33 of the Fostering Services (Wales) Regulations 2003, that a placement with a particular carer (or relative) is the most suitable placement, having regard to all the circumstances.

Examination of case records where children were accommodated in kinship placements in accordance with Regulation 38, showed compliance in one of the two relevant cases. In the case where no Regulation 38 agreement was seen, a number of other regulatory breaches also occurred because there was confusion over the legal status of the child and which local authority was responsible for supervising the placement. For a period of time the case was being worked as a 'child in need' in a neighbouring authority when the child was still 'looked after' by Flintshire. Therefore, statutory reviews had not taken place as required and visits to the child were not compliant with Regulation 35. Requirements has not been made in relation to this case because the matter has subsequently been resolved, nevertheless, it is important that lessons are learned to ensure that this situation does not occur again.

As mentioned in Section 4 of this report, several breaches of regulation 34 (3) have occurred because foster placement agreements have not been completed at the appropriate time.

With the exception of the case mentioned above, statutory visits to children in placement were generally compliant with Regulation 35. Examples of good practice were seen in capturing the views of children in placement and, where they were too young to express a view, in the observations and descriptions of their general demeanour. There was evidence of children being seen alone and of their bedrooms being checked.

The arrangements regarding the termination of placements (Regulation 36), placements outside Wales (Regulation 39) and the discharge of local authority functions to independent fostering agencies (Regulation 40) were not examined at this inspection.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

NMS or other source

Section six: Records

Inspector`s findings:

Guidance on the authority’s expectations regarding safe and secure storage of electronic and paper records is set out in the recording policy, copies of which are given to all staff. It was noted at the inspection that satisfactory storage arrangements continue to be in place for the fostering service: current files are stored in locked cabinets in the team room and closed cases are stored under archiving arrangements.

Following a decision made by the Head of Service, as from November 2010 children’s case records ceased to be maintained in paper format and are now kept electronically. However, some documents are still produced in both paper and electronic formats (such as copies of formal reports and agreements where signatures are required). The manager explained that paper files are still being maintained alongside electronic records for foster carers, until family placement activity is fully integrated into the PARIS electronic system. A PARIS users’ group meets once a fortnight to iron out any anomalies and contributes to the development of the system; the senior practitioner represents the family placement team and it was reported that this is working quite well.

The inspector reviewed paper files and had access to the relevant electronic records for the duration of the inspection. Generally the information was up to date, paper files were easy to navigate and, with some assistance, the inspector was able to locate information held electronically. Case recording was found to be positive in style and nature. Evidence of good practice was seen in the quality of information recorded in some files. Unfortunately, a lack of attention to detail makes it difficult to be entirely positive about the standard of record keeping within Children’s Services. Too many documents are not signed and / or dated and the author of reports is not always clear. Viability assessments were unsigned and unauthorised by a line manager and the inspector could not find any evidence of parents’ signatures being obtained when children were accommodated under Section 20 of the Children Act 1989. This report has already mentioned the unacceptable delays that have occurred in drawing up and signing foster placement agreements and some foster carer agreements. It is therefore recommended that the monitoring and auditing of case records ensures that formal agreements and reports are signed and dated and are completed in a timely manner.

The register of foster carers and records of disrupted placements were not examined at this inspection.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

- The monitoring and auditing of case records ensures that formal agreements and reports are signed and dated and are completed in a timely manner.

NMS or other source

Section seven: Short term placements

Inspector`s findings:

An assessment of the short break care service was undertaken at the previous inspection and was not included as part of this inspection.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

NMS or other source

Section eight: Family and friends as carers

Inspector`s findings:

Kinship care was the focus of this inspection; therefore the findings are contained within the body of this report.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

NMS or other source

A note on CSSIW's inspection and report process:

This report has been compiled following an inspection of the fostering service undertaken by Care and Social Services Inspectorate Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users (foster carers and children in placement).

The report contains information on how we inspect and what we find. The report is divided into nine sections reflecting the broad areas covered by the inspection.

This inspection focuses specifically on the Fostering Services (Wales) Regulations 2003 but also takes into account the National Minimum Standards for Fostering Services.

CSSIW inspectors are authorised to enter and inspect fostering services at any time. Inspection enables CSSIW to satisfy itself that the service should continue to operate, and for IFAs this will include satisfaction that continued registration is justified. It also ensures that all fostering services are compliant with:

- The Care Standards Act 2000 and The Fostering Services (Wales) Regulations 2003, whilst taking into account the National Minimum Standards for Fostering Services.
- The service's own statement of purpose.

Fostering services are inspected annually by CSSIW. At each inspection episode there are visits to the service during which CSSIW may adopt a range of different methods in its attempt to capture service user's and their relatives' /representatives' experiences. Such methods may for example include self-assessment, discussion groups, case tracking, visits to carers' homes, observation, interviews, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered/responsible person/s is/are responsible for ensuring that the fostering service operates in a way which complies with the service specific regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 42B, (Compliance Notification), to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. This report is a public document and will be available on the CSSIW website: www.cssiw.org.uk

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

DATE: MONDAY, 17 DECEMBER 2012

REPORT BY: DIRECTOR OF COMMUNITY SERVICES

SUBJECT: THE ANNUAL COUNCIL PERFORMANCE EVALUATION OF SOCIAL SERVICES BY THE CARE AND SOCIAL SERVICES INSPECTORATE WALES (CSSIW)

1.00 PURPOSE OF REPORT

1.01 To present the Annual Council Performance Evaluation by the Care and Social Services Inspectorate Wales (CSSIW), on the performance of Social Services for 2011-12.

2.00 BACKGROUND

2.01 The evaluation is in response to the Director of Community Services' Annual Performance report for Social Services 2011, and sets out the areas of progress and areas for development for Flintshire Social Services, for the year 2011-12.

2.02 As well as responding to the Director's Annual Report, the evaluation also draws on various evidence including improvement plans, audit reports and inspection reports, and the regulatory work of CSSIW completed during the year.

2.03 The evaluation sets out areas of progress made in the year, and highlights good practice, as well as the key risks facing Social Services.

2.04 The 2011-12 evaluation was presented to the Director by the Inspectors in October, where there was an opportunity for issues arising from the evaluation to be raised and discussed.

3.00 CONSIDERATIONS

3.01 The overall tone of the report is very positive. In summary, the council has made solid progress over the past year, and has a promising programme of modernisation in place in both Children's and Adults' services. There has been positive improvement against a range of national performance indicators.

- 3.02 For Adults, there is praise for Transforming Social Services for Adults, supported by increasing investment in assistive technology, Citizen Directed Support and direct payments, resulting in more people being supported in their own homes and fewer needing long term residential care.
- 3.03 In Social Services for Children, the evaluation notes the shift towards prevention and early intervention with a whole family focus. Fewer children need care, and those requiring protection benefit from an increased investment in resources. The evaluation also refers to two recent positive inspections of frontline children's services and fostering services.
- 3.04 Across both services there is effective partnership working and a clear focus on delivering value for money, while retaining the flexibility to address future risks and demands.
- 3.05 There are a number of areas that CSSIW have suggested for follow up with the Directorate with site visits in the forthcoming year. These are:
- Further identification and support for carers.
 - Short break provision for children with a disability.
 - Recording of adult protection risk management.
 - Statutory visits and reviews for looked after children.
 - Waiting times for an adaptation.
- 3.06 There are a small number of improvement priorities identified in the evaluation, and the action we have taken to address these will be set out in the Director's Annual Report for 2012, which is currently being produced.

4.00 RECOMMENDATIONS

- 4.01 Social & Health Overview and Scrutiny Committee receives this report for information.

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 reported.

10.00 CONSULTATION REQUIRED

10.01 None.

11.00 CONSULTATION UNDERTAKEN

11.01 None

12.00 APPENDICES

12.01 None.

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

- Annual Performance Report for Social Services 2011 (Director's Overview)
- Annual Council Performance Evaluation for 2011-12 by the Care and Social Services Inspectorate Wales.

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY
COMMITTEE

DATE: MONDAY, 17 DECEMBER 2012

REPORT BY: DIRECTOR OF COMMUNITY SERVICES

SUBJECT: UPDATE ON ADULT SOCIAL CARE TRANSPORT
POLICY

1.00 PURPOSE OF REPORT

1.01 To provide a final update report on the outcome of the transport policy

2.00 BACKGROUND

2.01 In October 2011 Flintshire County Council introduced a fair and equitable Transport Policy for Social Services for Adults.

2.02 The policy recognised that some service users were in receipt of benefits to support transport costs.

2.03 Adult Social Care Transport was overspent in 2010/11 by over £75,000. This overspend had been increasing year on year.

2.04 The introduction of eligibility criteria for transporting adults was in keeping with neighbouring authorities and was also recommended by the Regional Transport Project.

2.05 Consultation on the policy was undertaken with stakeholders over a 12 week period between June and September 2011.

2.06 A workshop was held with elected members, and a number of update reports and frequently asked questions information sheets provided.

2.07 Following the consultation a number of amendments were made to the policy, and it was given final approval in October 2011.

2.08 A Social Worker was appointed in October 2011 to undertake individual transport assessments for 420 people.

2.09 Robust processes were put in place to agree assessment outcomes, to hear appeals and complaints and consider issues of hardship and waiver requests.

3.00 CONSIDERATIONS

- 3.01 All individual service user assessments have been completed. The total number of transport assessments completed was 416.
- 3.02 All appeals have been heard and outcomes agreed.
- 3.03 One case is being considered by the public services ombudsman.
- 3.04 Overall 47% of individuals assessed remain eligible for funded transport, 17% of people have joint funded transport arrangements in place and 36% of individuals are no longer eligible for funded transport.
- 3.05 All new service users have been assessed under the policy since its implementation in October 2011 and no issues have been raised. The transport panel processes remain in place to consider all new cases.
- 3.06 The hired transport contracts has recently been retendered in line with OJUE regulations and in conjunction with procurement guidance. The outcome of this exercise is pending
- 3.07 A lessons learned session has been undertaken and messages shared with the Community Services Directorate Senior Managers.

4.00 RECOMMENDATIONS

- 4.01 Members to note this report as a final summary of the implementation of the transport policy.

5.00 FINANCIAL IMPLICATIONS

- 5.01 The Implementation of the policy accrued £269,000 efficiency saving for 2011/12, with an estimated further £50,000 saving expected for 2012/13.
- 5.02 The transport tender exercise may lead to further efficiencies.

6.00 ANTI POVERTY IMPACT

- 6.01 None reported

7.00 ENVIRONMENTAL IMPACT

- 7.01 None reported

8.00 EQUALITIES IMPACT

- 8.01 None reported

9.00 PERSONNEL IMPLICATIONS

9.01 None reported

10.00 CONSULTATION REQUIRED

10.01 None reported

11.00 CONSULTATION UNDERTAKEN

11.01 None reported

12.00 APPENDICES

12.01 None

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

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
DATE: THURSDAY, 12TH DECEMBER 2012
REPORT BY: LEARNING AND SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR
SUBJECT: QUARTER 2 SERVICE PERFORMANCE REPORTS

1.00 PURPOSE OF REPORT

To note and consider the 2012/13 Quarter 2 service performance reports produced at the Head of Service/Divisional level under the adopted business model of the Council. The reports cover the Quarter 1 period (July to September 2012).

1.02 To note the 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.

1.04 To provide information to the Social & Health Overview & Scrutiny Committee regarding budget variances highlighted by the Corporate Resources Overview and Scrutiny Committee.

2.00 BACKGROUND

2.01 The quarterly performance 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 2 (July to September 2012) performance reports are attached at Appendix 1.1 – Social Services for Adults, Appendix 1.2 - Social Services for Children and 1.3 - Development and Resources.

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 2.
- 3.04 Appendix 3 provides information regarding the budget variances highlighted by the Corporate Resources Overview & Scrutiny Committee.

4.00 RECOMMENDATIONS

That the Committee consider the 2012/13 Quarter 2 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 Adults
Appendix 1.2 - Social Services for Children
Appendix 1.3 – Development and Resources
Appendix 2 – SARC Summary
Appendix 3 -

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS

None.

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Quarterly Performance Report

Social Services for Adults (Community Services Directorate)

REPORT AUTHOR: **HEAD OF SOCIAL SERVICES FOR ADULTS**

REPORT DATE: **NOVEMBER 2012**

REPORT PERIOD: **QUARTER 2 JULY - SEPTEMBER 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 new approach is based on exception reporting and splits the reports into 3 distinct sections: -

1. **Foreword** – to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues should also be highlighted in this section e.g. a new SARC identified (as agreed by CMT).
2. **Performance Summary** – This section contains an ‘at a glance’ summary of performance for the quarter against the following, in a tabular format for each: -
 - **Corporate Improvement Plan** – giving a summary of both RAG statuses for the progress and outcome.
 - **Strategic Assessment of Risks and Challenges (SARC)** – a summary of the risk RAG status at the end of the quarter
 - **Performance Indicators/ Outcome Measures** – as a minimum this section will include all (PIs) classified as Improvement Targets and those which are aligned to the Improvement Priorities for the purpose of measuring outcomes. The summary will show target and outturn performance with a RAG status and trend.
 - **Improvement Target Action Plan** – this section summarises whether actions to support the achievement of Improvement Targets are ‘on track’ or ‘behind schedule’.
 - **Key Actions from the Head of Service Plan (and the Annual Council Reporting Framework)** – summarises whether key actions / areas for improvement as identified in the service plan are ‘on track’ or ‘behind schedule’.
 - **Internal & External Regulatory Reports** – summarises regulatory work reported in the quarter and its outcomes and intended actions.
3. **Exception Reporting** – This section gives further detail of the emerging issues and exceptionally good or poor performance identified in Section 1 and also any exceptionally good or poorer performance identified in Section 2 e.g. items which have an amber or red RAG status or are ‘behind schedule’. The detail will include the reason for the issue / poor performance arising and what is to be done to rectify the situation.

1. Foreword

This report has been prepared by Alwyn Jones, Head of Social Services for Adults.

In the first quarter for 2012/13 we have continued to work hard to achieve our efficiency targets and have met the £1.2m efficiency savings for 12/13.

As part of Transforming Social Services for Adults (TSSA), staff are moving into the new team structure and this is likely to have a positive impact on demand management in the medium term. An update on TSSA is provided as an appendix to this report.

Positive progress has been made in this Quarter in the number of people managing their own care by a direct payment, reflecting this Service's ambition to enable people to remain independent and manage their own support. Positive movement has been made in managing the risks for vulnerable people.

We acknowledge the challenges associated with minor adaptation and Disabled Facilities Grant (DFG) waits. Working with our partners in Housing, we are progressing work to assess the level of demand in these services, and will be exploring options for managing this and delivering sustainable improvements against these targets.

Report highlights for this quarter are the following items:

Focus on reablement	<p>We continue to increase the numbers of people going through the reablement service and this increases the number of people that are able to remain independent in their own homes.</p> <p>Definition - 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 multi disciplinary reablement and community support teams.</p>
Disabled Facilities Grants (DFG's) for Adults	<p>54 DFGs were completed this Quarter, compared with 61 in Quarter 1, with a slightly longer average completion time.</p> <p>As Occupational Therapy Services move to locality working, new systems are being developed that will contribute to stream lining existing processes.</p>
Extra Care	<p>An Executive Members visit to the site is planned for October. The build project is going well, and we have every reason to believe that the facility will open in July 2013. We are considering options to progress further extra care facilities.</p>
Performance	<p>Performance management reporting and QA systems are now embedded into management processes with the establishment of both Social Services for Adults Management Team (SSAMT) and Social Services for Children Management Team (SSCMT) performance meetings, and quarterly strategic monitoring forum chaired by the Director. Meetings have been in place for 6 months.</p> <p>Quarterly performance reports to Health & Social Care Overview and Scrutiny committee include complaints, audits &</p>

	inspections and case file audits.
Budget Monitoring	Financially we are well on our way to addressing the £1.2 million budget efficiencies that came out of our budget on the 1 st April, and I am grateful to all our staff for their sterling work in supporting the changes that needed to take place to make this happen. We cannot however, lose focus on this and need to be mindful that we need to continue to provide services for a greater number of people within a clear definitive envelope of resources.
Complaints Handling	<p>59 compliments about services were received during the Quarter.</p> <p>18 new complaints were received. Of these:</p> <ul style="list-style-type: none"> • 14 were complaints were made at Stage 1. • 1 complaint progressed straight to Stage 2. • 1 complaint went straight to Ombudsman. • 1 complaint is to be investigated as per POVA procedures. • 1 complaint was withdrawn but a review visit is planned for November as a follow up. <p>There were no Stage 1 complaints carried forward from the previous quarter as they were all responded to in that quarter. One Stage 2 complaint was carried forward from the previous quarter and responded to in this quarter.</p> <p>88% of complaints were responded to within timescale. This reflects the positive effort the Department puts into responding to complaints promptly.</p>
File Audit Reporting	155 file audits have been carried out in the period; 59 in Care Management and 96 in Day Opportunities. From the small sample of file audits, assessments were generally found to be timely and comprehensive, and the outcomes the service user wanted were recorded.
Mental Health Measure	<p>Implementation of Part 1 of the Measure progresses, through the refocussing of our First Access Team into the Primary Care Mental Health Service - delivering mental health assessments and short term interventions as well as guiding and supporting GP's and primary care staff in the management and signposting of people with mild or moderate mental health problems.</p> <p>The implementation of Part 2 of the Measure has included a range of training programmes for all staff and the redesign of documentation for Tier 2 services.</p>
Integrated Family Support Services	Two meetings have been convened by the North Wales Heads of Children's Services to discuss the rollout across North Wales, and a further workshop expanding the group

	membership to finalise these discussions is scheduled for 26 November.
Care & Social Services Inspectorate Wales Inspection	Our Annual Performance Report for Social Services (ACRF) received a positive response from CSSIW, and this was followed up with a visit from the Inspectors to discuss future plans. A few areas for improvement were identified, and progress on these will be reported in Q3 in Section 2.4 of this report.
Awards and qualifications	<p>The 10th Annual Community Services Awards ceremony was held on the 14th September, where 94 members of Social Services for Adults staff received recognition for their academic achievement during the past 12 months. These qualifications ranged from Level 2 qualifications in Health and Social Care to BSC 1st Class Hons degrees.</p> <p>In addition, to this, 27 members of staff from the Independent Sector were also awarded and 24 from Social Services for Children.</p>
Overall Context	In quarter 2 there were 1507 referrals to Social Services for Adults for assessments of which 476 (32%) 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 2013			Progress is on track but target date changed to reflect WG arrangements for implementation.
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			

2.2 SARC

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





KEY

	High Risk
	Medium Risk
	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 Demographic 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.			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 quarter 1 below:



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.

Community Support Services						
Indicator	Annual Target	Previous Quarter Outturn	Current Quarter Target	Current Quarter Outturn	RAG	Improved / Downturned
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	60%	81%	60%	68%		Downturned
SCA/019* The percentage of adult protection referrals completed where the risk has been managed	86%	88.72% (annual outturn 2011 / 2012)	86%	88.9% (mid year)		Improved
PSR/006L* 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. **	Not Set	29 days	Not Set	37 days	N/A	Downturned
** Note - This Improvement Target uses a new local definition hence a baseline will be established this year.						

<p>PSR/009b* The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults</p>	400 days	393 days	400 days	422 days		Downturned
<p>IA1.1L4* Number of adults receiving a personal budget for services via either a direct payment or Citizen Directed Support</p>	170	211	170	232		Improved

2.3.2 Improvement Target Action Plan

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

Ref	Action & Planned Completion date	Progress
*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	1.Applied revised mechanism for collecting data as agreed at target setting workshop	✓
	2.Work with Care & Repair to transfer work from private sector to voluntary sector has been achieved. Further work required to improve efficiency aspects of the partnership.	
	3.Additional resources identified through budget pressures will come into play in quarter 3	
	4.Continue to progress performance through Disabled Facilities Grant operational performance group and strengthen this arrangement during the transition to localities	
	5. Members briefing has taken place.	
*PSR/009b	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. Housing IT systems now installed within OT service to allow OT staff to monitor progress.	
	4. OT has been recruited within Housing as a pilot initiative	
	5. Implement changes to service as identified in the TSSA action plan (and the Lean Review)	

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	✓	
Localities	✓	
Transition service	✓	
Review Balance of care and intelligent commissioning	✓	
Mental Health Support Services	✓	
Minor Adaptations Service	✓	

Social Enterprise – begin negotiations and scope opportunities by December 2012	✓	
Citizen Directed Support /Direct Payments	✓	
LD Work Opportunities	✓	
Performance Management	✓	
Supporting Families with complex needs	✓	
Ensure our safeguarding service remains fit for purpose	✓	
Mental Health Measure	✓	
Extra Care Strategy	✓	

Key Actions from Annual Council Reporting Framework (ACRF) not identified in Head of Service Plan

Key Priorities	Progress	Commentary
Increase the number of carers and young carers we identify and support.	✓	
Review workforce absence and set targets for reduction	✓	

2.5 Internal & External Regulatory Reports

Our Annual Performance Report for Social Services (ACRF) received a positive response from CSSIW, and this was followed up with a visit from the Inspectors to discuss future plans. A few areas for improvement were identified, and progress on these will be reported in Q3 in Section 2.4 of this report.

3. Exception Reporting

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.



Downturned

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

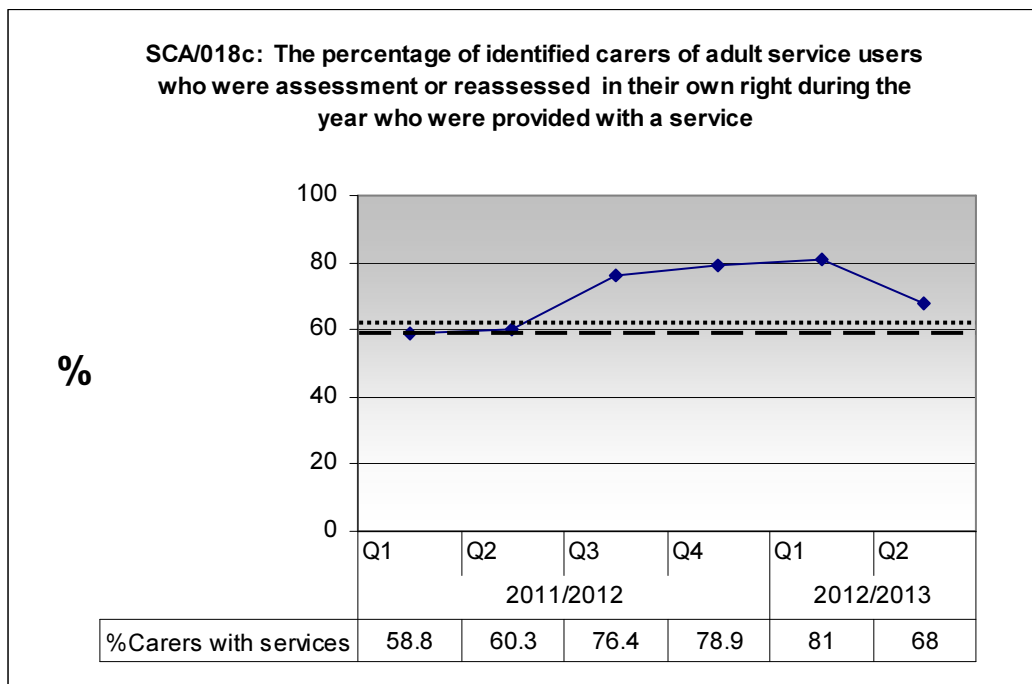


Downturned

PSR/006L*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. **

PSR/009b*
The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults.

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.



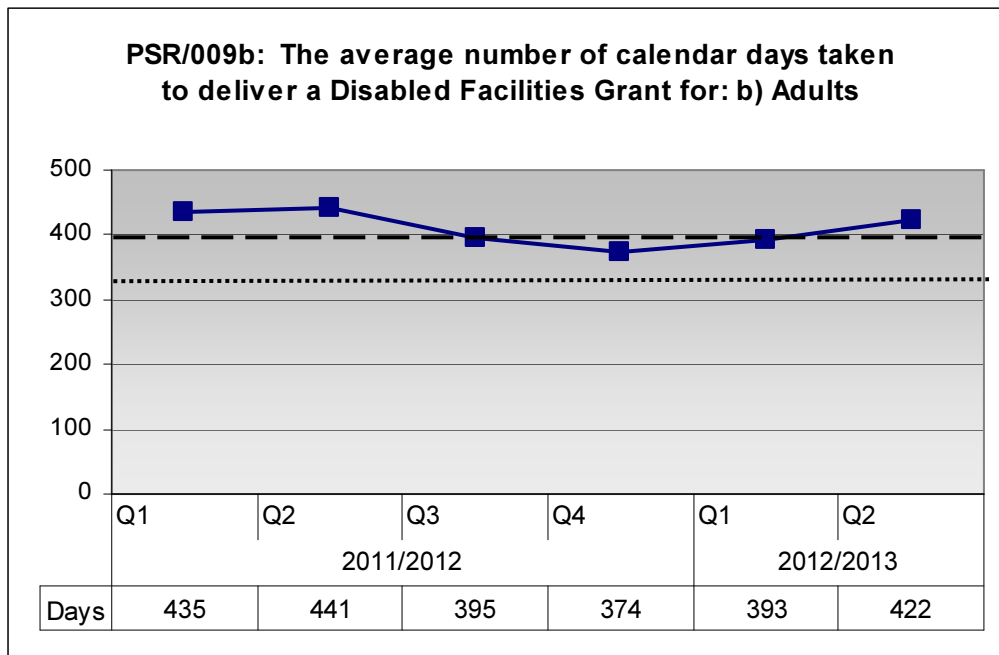
Flintshire target 2012/2013 **60%** - - - - -
 All Wales average 2011/2012 **61.6%** ··········

Although the provision of services to carers is still above the improvement target, it has downturned since last Quarter. We have new arrangements in place with NEWCIS around the collection and recording of data, and remain confident of continued achievement of the improvement target. Small changes in achievement can be expected between quarters as carers identified require different support depending on their circumstances.

PSR/006L*The average number of calendar days taken to deliver low cost adaptation works (under 500 days) in private dwellings where the Disabled Facilities Grant process is not used.

The time taken to deliver minor adaptations has increased from 29 to 37 days. We are completing more, but these are taking longer to complete. This is not unusual in the summer months, because people are more likely to ask for minor adaptations to enable them to get out and about from their homes. We will continue to monitor this over the second half of the year. We have also been preparing to take forward a Man & Van pilot with Bushmede, which should have a positive impact on the delivery of minor adaptations.

PSR/009b* The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults.



Flintshire target 2012/2013 **400 days** — — —
 All Wales average 2011/2012 **322 days**

The average number of days for delivering a DFG for Adults has risen from 393 to 422. This outturn is a direct result of the reduction in locum expenditure over the course of the last 15 months, consistent with the changes in staffing resulting from Transforming Social Services for Adults. Steps to address this improvement target will be taken over the course of the next six months. A budget pressure has been submitted for 2013/14 to increase the capacity in the Occupational Therapy team in the longterm.

Transforming Social Services for Adults (TSSA) - October 2012

1. Overall Progress

A comprehensive redesign of adult social care operational teams has successfully been undertaken. The changes and improvements made have been done without the need for redundancies and with a saving of £1.2 million made in ongoing costs.

Jobs at a senior grade (Team Manager and above) have all been through the Job Evaluation process in the initial phase of the programme and those at lower grades are all currently going through this process.

A core focus of the programme has been the ongoing development of technology to support agile and mobile working. This includes the development of programmes which allow for the input of assessments on hand held devices, which will transmit information back to Flintshire's Paris system as staff go about their work. Policies and procedures are currently being reviewed to ensure they are fit to support this.

The overall TSSA programme has been subject to a High Level Lean Review, and the recommendations have been incorporated into service development plans.

2. Workstream Updates

Focus on Reablement

The Reablement and First Contact (Duty) teams are now fully established with the Reablement model embedded across Social Services for Adults. Streamlined processes are in place to support provision of assistive technology equipment.

Recent statistics (Sept 2012) show that Reablement are taking over 70% of new referrals from Older People and 20% of all Social Service for Adults activity. This figure continues to increase.

The Home Care Domiciliary Team has been remodelled and is now called the Community Support Service focussing on those who require specialist support in accordance with the Reablement ethos.

A review of all public information to reflect service redesign and the reablement ethos has been completed consistent with this altered focus.

Transport

Transport Policy implemented, all transport assessments completed.
See separate scrutiny report for detail in this area.

Localities

Previous Social Work and Occupational Therapy teams have been disbanded and re-assimilated into "virtual" Locality Teams established within County Hall in preparation for moves to locality bases alongside Health Service colleagues.

To support mobile working a trial of new agile working technology commences during November 2012.

Discussion is underway with health colleagues to progress the co-location of social care and health staff within local communities.

Transition

The Transitions Team are now fully operational with staff appointed to the team from Social Services for Children and Social Services for Adults. The team are work with young disabled people from age 16 – 24.

All staff have been trained in Child and Adult Protection procedures.

Balance of Care

The department are working closely with the Regional Hub to obtain best value high cost low volume placements.

Outcome focussed monitoring tools have been developed and the development of commissioning plans is well underway reflecting Welsh Government guidance and best practice.

Mental Health Support Services

An options appraisal of Mental Health Support Services has been completed and submitted to Social Services for Adults Management Teams, Human Resources and Unions.

Small Aids and Adaptations

A pilot “man in a van” programme is underway as part of an options appraisal of the commissioning of small aids & adaptations. This aims to support the achievement of budget efficiencies.

A self assessment for aids and adaptations project has been scoped. Our intention is to trial this in early 13.

An action plan to address the Occupational Therapy waiting list has been developed and remains under review.

Social Enterprise

A Social Enterprise consultant has undertaken a viability study on selected Mental Health support services. Proposals to progress the model will be taken for approval to the Social Services for Adults Management Team in November.

Further options to progress the model are being considered within Learning Disability and across the directorate.

Citizen Directed Support and Direct Payments

A Citizen Directed Support pilot in Disability Services has been completed and recommendations for a wider roll out submitted. The lessons learned will be applied in Older Peoples Service to increase uptake in this area.

Learning Disability Day & Work Opportunities

The core purpose of Learning Disability Day Services has been clarified and work is underway to consolidate staffing structures. Job Evaluation Questionnaires have been completed for phase 1 of service redesign, with staffing structures realigned and staff assimilated into new teams.

Performance Management

Performance Management data collection has greatly improved and Paris Reports are now available to managers to run as required. This information is used on an operational basis to manage overall workload and performance of teams.

Head of Service quarterly performance forums in place. The performance information presented is based on performance in the core areas of reablement and recovery.

Recent electronic file audits have shown positive results.

Supporting Families with Complex Needs

Funding has been made available through the Revenue Support Grant to develop an Integrated Family Support team. A joint team across Flintshire and Wrexham is expected to be in place by April 2013.

Safeguarding

A Safeguarding Unit has now been agreed and appointments to core posts are now underway. Work is underway to support improvements in the way risks are managed in the event of Safeguarding cases, and to embed data collection within the overall safeguarding process

Mental Health Measure

A Mental Health Measure Action Plan has been agreed with Health colleagues to address national recommendations.

Extra Care Strategy

As part of the programme an Extra Care strategy has been completed. Consistent with our aims a second Extra Care scheme (including dementia apartments) is currently under construction in Mold, and will be complete by July 2013.

Consideration of options for further schemes is underway.

Further specialist builds for service users with a learning disability have been identified in the Strategic Housing Plan 2012 / 13.

Support to Infrastructure

An I.T. Development Plan has been completed and a move towards agile working and electronic document management is well underway. It is expected that operational teams will be able to work flexibly in the community using electronic tablets within 6 months

3. Risk to completion of TSSA

Two Critical Risks to the delivery of the entire programme exist namely:-

- Availability of project team / staff capacity required across the Local Authority to complete Phase 2 TSSA i.e. from HR and JEQ Teams;
- Availability of shared accommodation with Health partners in all localities.

These remain well managed at present but require ongoing monitoring.

All other risks are categorised as moderate or minor and are currently well managed.

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Quarterly Performance Report

Social Services for Children (Community Services Directorate)

REPORT AUTHOR: **HEAD OF SOCIAL SERVICES FOR CHILDREN**

REPORT DATE: **NOVEMBER 2012**

REPORT PERIOD: **QUARTER 2 JULY - SEPTEMBER 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 new approach is based on exception reporting and splits the reports into 3 distinct sections: -

1. **Foreword** – to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues should also be highlighted in this section e.g. a new SARC identified (as agreed by CMT).
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1. Foreword

Report highlights for this quarter are the following items: -

<p>Performance</p>	<p>Seven improvement targets were set for 2012/13; all these met the target this quarter.</p> <p>Performance highlights for Quarter 2 include timeliness of reviews of looked after children (SCC/021) at 96.3% and young carers who were assessed or were receiving a service (SCC/030 a and SCC/030b), both at 100%. In addition, 14 new young carers were identified this quarter, an outcome of the improved joint working between Social Services for Children and Barnardos.</p>
<p>Independent Sector</p>	<p>The refurbishment of Arosfa Residential Unit is complete, and the facility is due to open in October. This will provide three beds for children and young people with disabilities. Action for Children are in the process of arranging visits to Arosfa for parents, professionals and neighbours and will be involving young people in renaming Arosfa.</p>
<p>Young Carers and Looked after children</p>	<p>Staff from Social Services for Children & Barnardo's were invited to Cardiff during October to share information on the 'Access to Action' card for young carers, looked after children and care leavers to a group of Assembly Members and the Children's Commissioner for Wales.</p> <p>Negotiations have taken place with Barnardos for them to undertake young carers assessments on our behalf, as young carers themselves have previously indicated that they do not want involvement with Social Services, but prefer to refer themselves to the voluntary sector.</p>
<p>Transition</p>	<p>The new Transition Team became operational in July. The Project Board and Heads of Service are overseeing the implementation. An interim Senior Practitioner and an additional Social Worker have been appointed to the team, and training on Children's Services systems and procedures is ongoing, to ensure that the staff are fully skilled.</p>
<p>Integrated Family Support Services</p>	<p>Two meetings have been convened by the North Wales Heads of Children's Services to discuss the rollout across North Wales, and a further workshop expanding the group membership to finalise these discussions is scheduled for 26 November.</p>

Other highlights by service area are as follows: -

<p>Youth Justice Service</p>	<p>Activities over the summer holidays included the "World of Work" project which allowed young people to try a variety of careers-based activities such as painting and decorating, cooking as a career, sports coaching and health and beauty skills.</p>
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	<p>The Demonstrating Success framework of evaluation is now being implemented with regard to Restorative Justice activities, which assesses the progress of young people taking part in court ordered unpaid work activities.</p> <p>Young people undertaking unpaid work ('community service') are now able to complete an Open College Network qualification, nationally recognised, in Health & Safety, as part of their induction. Other vocational OCN qualifications are available to young people throughout their time with the Youth Justice Service, such as 'Self and Social Being', 'Anger / Conflict Management' and 'Cannabis Awareness'.</p> <p>Funding has been secured and a successful appointment has been made for the post of Substance Misuse counsellor, enabling schools to access specific support for young people with substance misuse related issues.</p>
<p>Flying Start</p>	<p>The proposal for the expansion of the Flying Start Programme for 2012-2015 has been drafted for consideration by Committee in October. The proposal is for expansion of those areas of Flintshire identified as having the areas identified as having the highest concentration of 0-3 year olds living in income benefit households.</p> <p>Flying Start is targeted at 0-3 year olds in the most disadvantaged communities in Wales. The expansion of Flying Start is one of the top 'Five for a Fairer Future' manifesto commitments to be delivered over the next four years. The manifesto commitment states that the Welsh Government will: "Double the number of those gaining from Flying Start to 36,000 children in Wales."</p>
<p>Families First</p>	<p>The Families First Board have now commissioned seven strategic project areas via a full tender process. The projects will all be effective from October 2012 to March 2014, with possible continuation funding for a further three years. This includes several collaborative projects which will deliver bespoke, family focussed services in all areas of Flintshire. This evidenced based commissioning process has completed the transition from Cymorth to Families first funding.</p> <p>The Quest project, Family Information Service and Welfare Rights service continue to be funded by Families First to support families to be raised out of poverty and to increase access and opportunities for Flintshire's most vulnerable families.</p>
<p>Complaints & Compliments</p>	<p>18 compliments were received about the work of Social Services for Children. 39 compliments were received about services provided via the Children and Young People's Partnership and 2 were made about the Youth Offending</p>

	<p>Service.</p> <p>Comments included:</p> <p><i>“She has been marvellous and she helped me realise that social workers are not scary.”</i></p> <p><i>“I sometimes give criticism when social workers fall short, but I feel that I can also commend social workers when work is of a high standard, which it is in this case. If not for this work I am not convinced that the children would have the outcome that they do have. I would be grateful if my comments could be passed on within the Local Authority.” (from a Judge)</i></p> <p><i>“The sessions have been great fun and our young people have gained valuable knowledge and understanding of the issues. The children enjoyed the lessons and benefited from your visits.” (from a Head Teacher)</i></p> <p>18 complaints were received by the Department during this period, 17 of which have been responded to.</p> <ul style="list-style-type: none"> • 14 of the 17 complaints responded to were within the statutory ten day timescale. • 1 complaint was placed on hold until care proceedings are completed. • 2 complaints progressed to Stage 2. • 1 of these Stage 2 complaints has been investigated and responded to; the other Stage 2 request was made late in the quarter and will be reported on in the next quarterly report. • 1 complaint deferred from October 2011 due to care proceedings will be investigated at Stage 2 during quarter 3. • In addition to the 18 complaints re. Social Services, 1 complaint was received regarding the Youth Justice Service and 1 complaint was received regarding Team Around the Family. <p>Of the 17 complaints responded to in this quarter, 14 were responded to within the ten day timescale (82%), as compared with 58% in Q1.</p>
<p>Care & Social Services Inspectorate Wales Inspection</p>	<p>The annual inspection of the North Wales Adoption Service received a positive report.</p> <p>Our Annual Performance Report for Social Services (ACRF) received a positive response from CSSIW, and this was followed up with a visit from the Inspectors to discuss future plans. A few areas for improvement were identified, and progress on these will be reported in Q3 in Section 2.4 of this report.</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.	Dec 2012	G	G	
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 Review our internal and joint arrangements for safeguarding both vulnerable adults and children	Dec 2012	G	G	
5.5 Implement the Integrated Family Support Services initiative (also 7).	Apr 2013	G	G	
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).	Oct 2012	G	G	
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	Annual Target	Previous Quarter Outturn	Current Quarter Target	Current Quarter Outturn	RAG	Change e.g. Improved / Downturned
IP 5.3.4 *SCC/034 The number of reviews of children on the Child Protection Register due in	97%	96.3%	97%	100%		Improved

Indicator	Annual Target	Previous Quarter Outturn	Current Quarter Target	Current Quarter Outturn	RAG	Change e.g. Improved / Downturned
the year that were carried out within the statutory timescales.						
*SCC/021 The percentage of looked after children reviews to be carried out within statutory timescales.	92%	90.8%	92%	96.3%		Improved
IP5.1.2 *SCC/025 The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations	93%	94.6%	93%	95.7%		Improved
*SCC/030a The percentage of young carers known to social services who were assessed.	75%	100%	75%	100%		Maintained
*SCC/030b The percentage of young carers known to social services who were provided with a service.	85%	100%	85%	100%		Maintained
IP 5.1.1 SCC/004 The percentage of children looked after on 31st March who have had three or more placements during the year	5%	N/A	N/A	N/A	N/A	N/A Reported Annually

Indicator	Annual Target	Previous Quarter Outturn	Current Quarter Target	Current Quarter Outturn	RAG	Change e.g. Improved / Downturned
*PSR/009a The average number of calendar days taken to deliver a Disabled Facilities Grant (DFG).	350 days	345 days	350 days	314 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.	8%	17.9%	8%	7.4%		Downturned

2.3.2 Improvement Target Action Plan Monitoring

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

Ref	Action & Planned Completion date	Progress
*SCC/034	The Safeguarding Unit have: 1. Tightened their monitoring processes such that there is prior warning when reviews are going out of timescale; 2. Built a "buffer" in the diary so that there is as far as possible room to reschedule within timescales in the event that a review has to be cancelled (eg. because the family does not attend).	✓
*SCC/021	The Safeguarding Unit have: 1. Tightened their monitoring processes such that there is prior warning when reviews are going out of timescale; 2. Built a "buffer" in the diary so that there is as far as possible room to reschedule within timescales in the event that a review has to be cancelled (eg. because the family does not attend).	✓
*SCC/025	1. 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	✓

Ref	Action & Planned Completion date	Progress
	Services for Children Senior Management Team if remedial action is required. 2. Provide capacity from the Performance Team to work with Transition Team to ensure that staff are aware of forthcoming visit deadlines for all cases in transition.	
*SCC/030a	Monitor progress against the Young Carers Strategy Action Plan.	✓
	Joint protocol for the assessment of young carers to be strengthened.	✓
	Young carers Professionals Pack to include 'Think Family' focus.	✓
*SCC/030b	Actions as above.	✓
*PSR009a	Actions are included in the Social Services for Adults Quarterly Performance Report.	✓
SCY/001a	To continue to liaise closely with schools to ensure that young people within the criminal justice system maintain or improve educational opportunities.	✓

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
Support development of accommodation & independent living options for care leavers.	✓	
Major and minor adaptations	✓	
Transition Service	✓	
Identifying and supporting young carers	✓	
Measure effectiveness of Volunteer Mentoring interventions	✓	
Hours of education, training and employment whilst within YJS	✓	
Maximise the benefits of the Safeguarding Unit	✓	
Raise awareness & monitor safeguarding activity via LSCB	✓	
Develop Integrated Family Support Service	✓	
Timeliness of statutory visits and reviews for all young people	✘	See commentary in Section 3
Develop the Families First Initiative	✓	
Full implementation of Flying Start	✓	

Improvement Area	On-track?	Commentary
Implementation of Strategic Equality Plan	✓	
Short break provision	✓	
Reduce dependency on the independent sector and improve commissioning process	✓	
Implement Inspection action plan	✓	
Service user and carer involvement	✓	
Ensure interventions are outcome focused	✓	

2.5 Internal & External Regulatory Reports

The annual inspection of the North Wales Adoption Service received a positive report.

Our Annual Performance Report for Social Services (ACRF) received a positive response from CSSIW, and this was followed up with a visit from the Inspectors to discuss future plans. A few areas for improvement were identified, and progress on these will be reported in Q3 in Section 2.4 of this report.

3. Exception Reporting

3.1 Improvement Plan

No exceptions are reported. Activities are on track and we have full confidence in the achievement of the outcomes.

3.2 Improvement Targets

All improvement targets had a green RAG status in Quarter 2.

3.3 Head of Service Plan

Timeliness of statutory visits and reviews for all young people

We have continued to perform well this Quarter on timeliness of reviews for children on the child protection register (100%) and for children looked after (96.3%). Performance in the timeliness of statutory visits for looked after children is slightly below that of last Quarter, as is the performance in the timeliness of Child in Need reviews. We can attribute this to the impact of the implementation of the Transition team; the transfer of cases from the Children's Integrated Disability Service to Transition has led to some delays in reviews and visits being completed. The full complement of staff has now been appointed to the Transition team, and ongoing training on Childrens Services systems and processes have ensured that reviews and visits are now back on track.

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

REPORT AUTHOR: HEAD OF DEVELOPMENT AND RESOURCES
REPORT DATE: OCTOBER 2012
REPORT PERIOD: QUARTER 2 (JULY - SEPTEMBER 2012)

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 new approach is based on exception reporting and splits the reports into 3 distinct sections: -

1. **Foreword** – to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues should also be highlighted in this section e.g. a new SARC identified (as agreed by CMT).
2. **Performance Summary** – This section contains an ‘at a glance’ summary of performance for the quarter against the following, in a tabular format for each: -
 - **Corporate Improvement Plan** – giving a summary of both RAG statuses for the progress and outcome.
 - **Strategic Assessment of Risks and Challenges (SARC)** – a summary of the risk RAG status at the end of the quarter
 - **Performance Indicators/ Outcome Measures** – as a minimum this section will include all (PIs) classified as Improvement Targets and those which are aligned to the Improvement Priorities for the purpose of measuring outcomes. The summary will show target and outturn performance with a RAG status and trend.
 - **Improvement Target Action Plan** – this section summarises whether actions to support the achievement of Improvement Targets are ‘on track’ or ‘behind schedule’.
 - **Key Actions from the Head of Service Plan** – summarises whether key actions / areas for improvement as identified in the service plan are ‘on track’ or ‘behind schedule’.
 - **Internal & External Regulatory Reports** – summarises regulatory work reported in the quarter and its outcomes and intended actions.
3. **Exception Reporting** – This section gives further detail of the emerging issues and exceptionally good or poor performance identified in Section 1 and also any exceptionally good or poorer performance identified in Section 2 e.g. items which have an amber or red RAG status or are ‘behind schedule’. The detail will include the reason for the issue / poor performance arising and what is to be done to rectify the situation.

1. Foreword

Report highlights for this quarter are the following items:

<p>Supporting People</p>	<p>The handover of Supporting People Regional Group (SPRG) from Welsh Government to the Local Authority has been delayed until 1st August, 2012. Work is on-going with Legal and Finance sections in order to prepare for the transition.</p> <p>Mandatory Outcome Reporting was introduced to all SP projects from 1st April. SP officers have been working closely with providers to ensure that the new procedure is implemented correctly.</p> <p>Further work has been undertaken in relation to regional collaboration. Flintshire has identified a number of contracts that could be commissioned on a sub-regional basis, and together with neighbouring authorities, further work is being undertaken to develop a business case.</p>
<p>Business Services</p>	<p>The Business Systems Team has successfully supported staff in Social Services for Adults in working in their new Teams.</p> <p>The General Office have organised all the office moves for Social Services for Adults so that they can sit in their new teams with minimum disruption</p> <p>All public information leaflets have been reviewed and once translated will be available both in paper and electronic format.</p>
<p>Workforce</p>	<p>We have appointed a new Housing Services Staff Training and Development Officer. Lee Wright currently works for West Cheshire College and will be starting with the team in December.</p> <p>We've also had a very successful 2 day visit from Care Council for Wales who were very impressed with the innovation and working practices in Flintshire.</p> <p>Finally, we held the 10th Annual Community Services Award Ceremony at the Holiday Inn, Chester West on the 14th September. 178 awards were recognised at the event and 78 of those were issued to our colleagues in the Independent Sector.</p>
<p>Partnerships, Planning & Performance</p>	<p>CSSIW Annual Council Performance Evaluation – Positive report received</p> <p>Smoking cessation – through localities we are aiming to provide consistent and easily accessible services to help people who want to give up smoking</p> <p>Falls prevention – improved communication between ourselves and key health colleagues is resulting in focussed tasks being undertaken by Localities to improve falls</p>

	<p>prevention</p> <p>Health Social Care and Well Being priorities are informing the emerging priorities in the Single Plan</p> <p>Betsi Cadwaladr University Health Board (BCUHB) review “Health Care in North Wales is changing” – gathered additional information from BCUHB to inform the FCC response</p> <p>Project initiated to ensure staff in care homes involved in menu preparation will be trained in meeting nutritional needs (through a two day accredited course)</p>
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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 2013			
7. To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services				
7.2 Expand the Council's extra care housing provision by April 2013	April 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)	Dec 2012			See 3.1
7.7 To introduce locality working with Betsi Cadwaladr University Health Board in support of enhanced primary health care services	Mar 13			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 See 3.3 <i>Still awaiting CL07 SARC Template</i>			Uncertain

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 Become smarter Commissioners and have	✓	

<p>commissioning plans for all services by April 2013</p> <p>Take up opportunities for collaboration where money will be saved</p> <p>Implement our Involvement Action Plan to improve involvement for all people who use our services and their carers, delivering on the overall outcome of the provision of better services.</p> <p>A revised Complaints management system and training programme, which will lead to a more robust 'lessons learnt' process and improved services.</p> <p>Strengthen the performance team by the recruitment of a Team Manager and additional performance assistant.</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>Ongoing</p> <p>Training plan developed for implementation in Q3</p> <p>Completed</p>
Areas for Improvement from Service Plan: -		
<p>1 Supporting People:</p> <p>a. Regional Collaboration</p> <p>b. Service User Involvement</p> <p>c. Efficiency Savings</p> <p>d. Strategic Review of Service Provision</p>	<p>✓</p> <p>X</p> <p>✓</p> <p>✓</p>	<p>See 3.4</p>
<p>2 Business Services</p> <p>a. Business Systems</p> <p>b. Business continuity planning</p> <p>c. Asset management</p> <p>d. Data Protection</p> <p>e. Health and Safety</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	
<p>3 Workforce</p> <p>a. Collaborative working around implementation of CPEL</p> <p>b. Implement Mental Health Measure Training</p> <p>c. Essential Skills for Housing Staff</p> <p>d. Reablement Training</p> <p>e. Service User / Carer Involvement in Training</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	
<p>4 Partnership Planning & Performance</p> <p>a. Performance Management</p> <p>b. Strategy implementation</p> <p>c. Service Planning</p> <p>d. Complaints</p> <p>e. Locality Working</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	

5 Commissioning & Contracting a. Care home fees b. Domiciliary care fees c. Commissioning plans d. Regional Commissioning Hub	✓ ✓ ✓ ✓	
6 Finance & Accountancy a. Building a New Team b. Improvement in Financial Reporting c. Implement TSSA realignment of Budget d. Repairs and Maintenance Performance Monitoring	✓ ✓ ✓ ✓	
7 Financial Assessment & Charging a. Lean Review	✓	
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 Cadwaladr University Health Board in support of enhanced primary health care services

Social Services for Adults has restructured into three long-term locality teams and there remains a plan to co-locate with health although there are 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 SARC CL07 Relationship with the Local Health Board and impacts on public & primary health

This SARC has been amended to Red and the Green Predictive marked “uncertain” until the outcome of the Betsi Cadwaladr University consultation on the changes to community services is known.

3.4 Supporting People: Service User Involvement

Progress has been slower than anticipated due to the unforeseen ending of a contract

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

Risk Reference	Risk Title	2012-2013					Predictive Green/Amber
		Q2	Q3	Q4	Q1	Q2	
	Community Leadership	Sept 11	Dec 11	Mar 12	June 12	Sept 12	
CL04	Affordable Housing	A	A	A	A		
CL05	Social Care For Older People	A	A	A	A	A	TBC
CL07	Relationship with Local Health Board & Public & Primary Health	A	A	A	R	R	TBC
CL08	Climate Change & Flood Risk Management		A	A	A	A	SEPT 2017
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)	A	A	A	A	A	2015/16
CL12	Skills Needs of Employers	A	G	G	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	G	SEPT 2012
	Council Delivery	Sept 11	Dec 11	Mar 12	June 12		Predictive Green/Amber
CD02	Streetscene	A	A	A	A	A	TBC
CD03	Transition from UDP to LDP	A	G	G	G	A	SEPT 2017
CD04	Planning Protocol	G	G	G	G	G	MAR 2012
CD05	Highways Infrastructure	A	A	A	A	A	TBC
CD06	Transport Arrangements 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	R	R	TBC
CD10b	Leisure - Capital Projects	A	A	A	A	A	TBC
CD10c	Leisure - Play Strategy	A	A	A	A	R	TBC
CD12a	Housing Strategy	A	A	A	A		
CD12b	Housing Management	A	A	A	A	A	TBC
CD12c	Housing Repairs and Maintenance Services	A	A	A	A	A	APR 2013
CD12d	Homelessness	A	A	A	A		
CD12e	Sheltered Housing	A	A	A	A	A	NOV 2013
CD19	Gypsies and Travellers	A	A	A	A		
CD20	School Buildings/School modernisation		R	R	R	R	2018
CD22	School Improvement - Regional Project	A	A	A	A	A	APR 2013
CD23	Procurement of Independent Sector placements for looked after children	A	A	A	A	A	TBC
CD26	Disabled Facilities Grants	A	A	A	A	A	MAR 2013
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	G	SEPT 2011
CD34	Severe Winter Weather	A	A	A	A	A	TBC
CD37	Food Waste Treatment Project		A	A		G	SEPT 2012
CD38	Welfare Reform			R	R	R	TBC
	Council Governance	Sept 11	Dec 11	Mar 12	June 12	Sept 12	Predictive Green/Amber
CG05a	Asset Management - Strategic	A	A	A	A	A	2015/16
CG05b	Asset Rationalisation	A	A	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	G	G	G	G	DEC 2011
CG09	Information Governance	A	A	A	A	A	TBC
CG10	Human Resources and Management	A	A	A	A	A	MAR 2013
CG11	Single Status and Terms and Conditions of Employment	A	A	A	A	A	JUN 2013
CG13	Customer Focus	G	G	G	G	G	JUN 2011
CG16	Workforce and Succession Planning	A	A	A	A	A	MAR 2013
CG18	Procurement		A	A	A	A	MAR 2013
CG19	Business Continuity (including Winter Disruption)	A	A	A	A	G	SEPT 2012
CG22	Flintshire Futures	A	A	A	A		MAR 2013
CG23	Data Protection			R	R	R	TBC

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Appendix 3

Information provided following referral to Social & Health Scrutiny Committee from Corporate Resources Overview & Scrutiny concerning budget variances.

Referral to Social & Health Scrutiny Cttee - Budget Monitoring Pd 6				
		£m		
A	Locality Teams (Localities)	0.206	See localities report below	
B	Vacancy Management (Development & Resources)	0.100		
C	Family Placement (Children's Services)	0.320		
D	Professional Support (Children's Services)	0.158		
<u>Comments</u>				
B	This is the standard position as at the start of a financial year. During the year savings from vacancies will be allocated against this amount by means of a budget transfer which progressively reduces this amount to nil. This process is reversed as part of the budget setting process for the new year so that all posts are budgeted and that this amount is once again £0.100m. This is part of the Vacancy Management Initiative implemented Corporately in 2009/10. Reallocated in month 7 and will show within Development & Resources as zero.			
C	<p>Family Placement comprises of General Family Placements (o/s £5k), Adoptions (u/s £5k) and Boarded Out payments (o/s £320k). Boarded Out Payments comprises a number of significant sub categories:</p> <p>a) General Allowances - an allowance to support carers and reward them for the care they provide.</p> <p>b) Payment for skills (to Foster Carers) - additional allowances paid dependant on training undertaken by foster carers</p> <p>c) Adoption Orders - Made by Court</p> <p>d) Special Guardianship Orders - provide an alternative legal status for children that offers greater security than long term fostering but without the absolute legal severance from the birth family that stems from an adoption order.</p> <p>e) Residence Orders - an order providing where a child should live</p> <p>Costs have increased greatly since 2010/11 when the Service was £74k overspent with increases as follow:</p> <p>a) General Allowances - +13%</p> <p>b) Payment for skills (to Foster Carers) - +21%</p> <p>c) Adoption Orders - +80%</p> <p>d) Special Guardianship Orders - +152%</p> <p>e) Residence Orders - +99%</p>			

D	Professional Support accounts for around 60% of Children Services by budget and comprises three main areas (Fieldwork, Resources and CIDS - Childrens Integrated Disability Service) with the balance being made up of various areas under the direct control of the Head of Service. The major budget variances are:
	a) Fieldwork - Within this service Duty and Assessments are projected as overspending by £45k due to the need to use agency staff to cover for sickness and maternity leave thus ensuring continuity of the Service. This is a reduction from the £89k referred to at month 3 due to reduced agency costs (£16k) and additional budget (£28k) which addressed some budget shortfalls on pay. The Family Intervention Team is projected to underspend by £46k as a result of savings within pay costs. Additionally the Children and Young Adolescents Team are expected to overspend by £332k. Of this amount, £100k relates to staff costs and the need to cover posts due to sick leave and £48k relates to staff travelling. However, £180k relates to the leaving care costs of service users.
	b) Other - Within General it is projected that legal/ court costs will underspend by £55k with associated travelling underspending by £23k. This is a very volatile budget area. Local Safeguarding Children Board - following changes to the administration of this area an underspend of £25k is projected. The Corporate Parenting area is underspending by £21k. The Safeguarding Service is overspending by £47k.

Report on Localities Teams Budget and Projections

Period 6 Monitoring (To 30th September 2012)

Background

As part of the Transforming Social Services for Adults (TSSA) program, Adult Social Services have changed the traditional way of delivering services. These changes deliver a stronger focus on reablement and locality working

These changes are aimed at delivering improved outcomes for social care clients.

Within Adult Services the main service blocks are:

- Intake and Reablement
- Localities
- Disability Services
- Mental Health Service and Substance Misuse Service
- Ringfenced budgets

Localities

Within Localities services are broken down into professional and administrative functions, safeguarding and reviewing. The remainder and majority of the services being delivered are within the **Locality Teams** Heading.

At the outset of the TSSA programme, the Head of Service had anticipated that the following functions should sit within the **Locality Teams**:

- PDSI Independent Sector Homecare
- PSSI Day Care
- PDSI Independent Sector Residential Care
- PDSI Minor Adaptations

- PDSI Supported Living
- PDSI Professional Support
- Older People Day Services
- Older People Professional Support
- Older People Independent Sector Homecare
- Older People Independent Sector Residential Care
- Older People Intermediate Care Beds
- Older People Reablement

It is therefore these functions that make up the locality team budget and expenditure which is currently being reported in accordance with the budget book and monitored for 2012/13 under the following three locality teams, North East, North West and South.

Following phase 1 of TSSA and during the detailed organisation of services, it has since been decided that the PDSI elements listed above will not form part of the locality team budgets. The majority of the services within the former PDSI services will form a separate line under the Disability Services Heading, with only the Occupational Therapy service remaining as part of the locality teams.

This will require a realignment of the budget and expenditure associated with this service from 1st April 2013 by which time, the TSSA programme will have been completed.

Locality Teams Period 6 Monitoring Position

Due to the complex nature of the locality team budget there are a number of services which contribute to the figures. As part of the narrative to Executive we report on the most significant variances with the aim of maintaining a balance between informing on the major factors and not giving every single detail.

Period 6 monitoring is projecting an overspend of £206k within Locality Teams which is made up of the following:

Service	Projected (U/S)/OS
	£'000
PDSI Independent Sector Homecare	148
PDSI Day Care	4
PDSI Independent Sector Residential Care	(257)
PDSI Minor Adaptations	77
PDSI Supported Living Service	13
PDSI Professional Support	(17)
Older People Day Services	(76)
Older People Professional Support	38
Older People Independent Sector Homecare	205
Older People Independent Sector Residential Care	58
Older People Intermediate Care Beds	(33)
Older People Reablement	46
Total Variance Locality Teams	206

The main variances above are explained in more detail below:

1. PDSI Independent Sector Homecare £148k O/S.

This overspend is mostly due to service users that were expected to require residential care but on assessment determined to require homecare. It is planned to transfer budget from the Residential Care budget line to offset this overspend.

2. PDSI Independent Sector Residential Care (£257k) U/S.

This reflects the needs of the current cohort of service users together with work undertaken within the service to review care packages to minimise, where possible, the use of residential services. There is also budget within this service that needs to be transferred to the PDSI Homecare service (1 above).

3. PDSI Minor Adaptations £77k O/S.

This reflects ongoing and increasing demand for the service. Additional budget (£15k) is to be transferred into this area which will reduce the overspend. A review of the service is also being undertaken to ensure that value for money is being obtained.

4. Older People Day Services (£76k) U/S.

This reflects a reduced demand for independent sector day services due to the positive effects of TSSA on people's ability to live independently.

5. Older People Independent Sector Homecare £205k O/S.

The review of service provision through TSSA has placed an increasing demand on the provision of homecare by the independent sector rather than through the in-house team which are increasingly being used to provide reablement services (the in house team are included within Intake and Reablement). However, this will require the movement of budget released by reducing the size of the in-house homecare team to fund the increased independent sector costs. This budget movement has not yet occurred.

The Way Forward

Clearly, the complex nature of the TSSA review has led to a great deal of change in the way services within Social Services for Adults has been delivered and reported. The next step will be to make changes which reflect the detailed work that has been undertaken as part of phase 2, which will result in changes to budget lines as outlined above.

This will be undertaken as part of the budget build up for 13/14 and be effective from 1st April 2013.

FLINTSHIRE COUNTY COUNCIL

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

DATE: **17 DECEMBER 2012**

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

SUBJECT: **FORWARD WORK PROGRAMME**

1.00 PURPOSE OF REPORT

1.01 To consider the Forward Work Programme of the Social and 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 Directors. Other possible items are identified from the Executive Work Programme and the Strategic Assessment of Risks & Challenges.

2.02 In identifying topics for future consideration, it is useful or 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

3.01 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 which has been updated following the last meeting.

4.00 RECOMMENDATIONS

4.01 That the Committee considers the draft Forward Work Programme attached as Appendix 1 and approve/amend as necessary.

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

N/A

11.00 CONSULTATION UNDERTAKEN

Publication of this report constitutes consultation.

12.00 APPENDICES

Appendix 1 – Forward Work Programme

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

None.

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DRAFT

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
24 January 2013	Integrated Family Support Service	To receive a report on the draft proposals.	Pre-decision scrutiny Awareness raising	Director of Community Services	10 January
	Young Persons Drug & Alcohol Team	To receive a report on the work of the Drug & Alcohol Team	Progress monitoring	Director of Community Services	
	CSSIW Inspection Action Plan	To receive a progress report	Monitoring Report	Director of Community Services	
	Safeguarding and Child protection	To receive a report from the Safeguarding unit	Monitoring report	Director of Community Services	
	Family Placement Team Review	To inform Members of the outcomes of the review.	Service development	Director of Community Services	
28 January	Budget meeting			Member Engagement Manager	

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
28 February 2013	Annual Council Reporting Framework	To consider the final draft of the Annual report.	Pre-decision scrutiny	Director of Community Services	14 February
	Directorate and Service Plans	To consider the Community Service Directorate and Service Plans	Service development	Director of Community Services	
	Public Law Outline, Supervised Contact Arrangements and update on Restructure of Frontline Fieldwork	To receive an update on the implementation of the public Law Outline, Evaluation of Supervised Contact arrangements and update on restructure of frontline fieldwork.	Progress monitoring	Director of Community Services	
	Mental Health Measure update	To receive an update on the measure	Progress Monitoring	Director of Community Services	

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
21 March 2013 Joint Meeting With Lifelong Learning	Educational attainment of Looked After Children	To receive the annual educational attainment report.	Performance Monitoring	Director of Lifelong Learning	7 March
	Children and Young People Partnership	To provide Members with the annual Update	Progress report	Director of Lifelong Learning/Director of Community Services	
	Local Safeguarding Children's Board	To receive an update report on the work of the Board	Progress report	Director of CS Director of LL	
	Corporate Parenting Activity Update including Access to Action Card update	To provide an update to Members on the progress in implementing the Corporate Parenting Action Plan.	Monitoring report	Director of CS	
	Families First	To provide an update to Members as agreed at Committee on 5 January 2012	Progress report	Director of CS Director of LL	
	Young Carers	To inform Members of the work being undertaken with young carers across Flintshire directorates.	Information report	Director of CS Director of LL	

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
11 April	Q3 Performance Reporting	To enable Members to fulfil their scrutiny role in relation to performance monitoring	Performance Monitoring	Director of Community Services	28 March
	Emergency Duty Team Update	To receive an update on the joint Wrexham, Flintshire & Denbighshire Emergency Duty Team based in Wrexham	Performance Monitoring	Director of Community Services	
	Third Sector	To be agreed following discussions with Flintshire Local Voluntary Council	Partnership Working	Facilitator	
9 May	Comments, Compliments and Complaints	To receive the Annual report	Performance Monitoring		25 April
	Transition update	To update Members on the work of the Transition team.			
20 June	BCUHB	Half-yearly meeting with Betsi Cadwaladr University Health Board representatives.	Partnership working	Facilitator	6 June
	Q4/Year end performance reporting	To enable Members to fulfil their scrutiny role in relation to performance monitoring	Performance Monitoring	Facilitator	

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
25 July	Rota Visits activity and outcomes	To receive a report outlining rota visit activity and outcomes during the last municipal year.	Monitoring	Director of Community Services	11 July

ITEMS TO BE SCHEDULED

Youth Justice Service update report

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

Month	Item	Purpose of Report	Responsible / Contact Officer
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