

# Public Document Pack

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Pennaeth Gwasanaethau Cyfreithiol a Democraataidd



To: Cllr Carol Ellis (Chair)

CS/NG

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

25 April 2014

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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 **THURSDAY, 1ST MAY, 2014** at **10.00 AM** 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 - 22)  
To confirm as a correct record the minutes of the last meeting.

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

- 4 **COMMENTS, COMPLIMENTS & COMPLAINTS** (Pages 23 - 38)  
Report of Director of Community Services
  
- 5 **CSSIW INSPECTION REPORT – COMMISSIONING DEMENTIA** (Pages 39 - 54)  
Report of Director of Community Services
  
- 6 **ANNUAL FOSTERING INSPECTION** (Pages 55 - 70)  
Report of Director of Community Services
  
- 7 **ANNUAL COUNCIL REPORTING FRAMEWORK** (Pages 71 - 132)  
Report of Director of Community Services
  
- 8 **SOCIAL & HEALTH CARE FORWARD WORK PROGRAMME** (Pages 133 - 138)  
Report of Member Engagement Manager

# Agenda Item 3

**JOINT HOUSING & SOCIAL & HEALTH CARE**  
**OVERVIEW & SCRUTINY COMMITTEE**  
**28 JANUARY 2014**

Minutes of the meeting of the Joint Housing and Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Council Chamber, County Hall, Mold on Tuesday, 28 January 2014

**PRESENT: Councillor Ron Hampson (Chairman)**

Councillors: Marion Bateman, David Cox, Adele Davies-Cooke, Rosetta Dolphin, Andy Dunbobbin, Carol Ellis, Jim Falshaw, Veronica Gay, George Hardcastle, Ray Hughes, Brian Lloyd, Mike Lowe, Dave Mackie, Hilary McGuill, Mike Reece, Gareth Roberts, Sharon Williams and David Wisinger

**SUBSTITUTES:**

Councillors: Robin Guest (for Amanda Bragg) and Clive Carver (for Hilary Isherwood)

**APOLOGIES:**

Councillors: Peter Curtis, Ron Davies and Alison Halford

**ALSO PRESENT:**

Deputy Leader of the Council and Cabinet Member for Environment, Cabinet Member for Housing, Cabinet Member for Social Services and Cabinet Member for Economic Development

Councillors: Dennis Hutchinson, Richard Jones, Mike Peers and Arnold Woolley

**CONTRIBUTORS:**

Leader and Cabinet Member for Finance, Chief Executive, Director of Community Services, Head of Finance, Head of Housing, Head of Adult Social Care, Corporate Finance Manager and Finance Manager

**IN ATTENDANCE:**

Member Engagement Manager and Overview & Scrutiny Support Officer

**1. APPOINTMENT OF CHAIRMAN**

Nominations were sought for a Chair for the meeting. A nomination for Councillor Ron Hampson was supported by the Committee.

**RESOLVED:**

That Councillor Ron Hampson be appointed as Chairman for the meeting.

**2. DECLARATIONS OF INTEREST**

No declarations of interest were made.

### **3. BUDGET CONSULTATION FOR 2014/15**

The Chairman welcomed the contributors to the meeting.

The Head of Finance explained that an overview of the budget would be provided for each Overview & Scrutiny Committee with the budget proposals for the specific area covered by each Committee detailed at the meetings. An information pack including background papers had been made available prior to the meeting.

The main features of the presentation were:-

- National Context and Local Impact
- Budget Overview
- How did the budget gap reduce?
- Organisational Redesign & Change
  - Organisational Redesign: Structure and Corporate Operating Model
  - Organisational Redesign: Workforce
- Corporate VFM & Functional VFM
- Detailed proposals for this joint Committee
- Housing Services
  - Inflation
  - Efficiencies
  - Prior Years Decisions
- Social Care
  - Inflation
  - Pressures / Investments
  - Efficiencies
  - Prior Years Decisions
- Ongoing Work to finalise budget
- Next Steps

**The comments and questions which were raised by Members of the Committee on the presentations, together with the responses given, are detailed in Appendix 1 (attached).**

#### **RESOLVED:**

That the presentation be noted.

### **4. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE**

There was one member of the press in attendance.

(The meeting started at 9.15am and ended at 10.48am)

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**Chairman**

**OVERVIEW & SCRUTINY**  
**Joint Housing & Social & Health - Initial Budget Proposals 2014/15**

No.	Comments and Questions:	Responses:
<b>1.0</b>	<b><u>Joint Housing &amp; Social &amp; Health Comments / Issues</u></b>	
<b>1.1</b>	<b><u>General Comments / Issues</u></b>	
1.1	Assurance sought about the systems in place to monitor risks particularly around Children's services. Is the system in place for monitoring these risks robust enough?	<ul style="list-style-type: none"> <li>At the close of the budget setting process, we highlight the risks that may impact in the year ahead and throughout the year, we have systems in place which enables us to address issues as they arise.</li> </ul>
1.2	No mention of collaborative ventures within this budget – why and does this mean we cannot make cuts to these?	<ul style="list-style-type: none"> <li>All collaborative ventures are constantly under review an example of this is the Telecare service.</li> </ul>
1.3	Mental Health costs have been discussed at a previous committee where a comparison was made of in house cost v external provision. Why is there no detail of that in the budget?	<ul style="list-style-type: none"> <li>In the future we will continue to look at all options and are doing so. In relation to how we provide and commission services, this will be one of the decisions for Members consideration going forward.</li> </ul>
1.4	Investment from Reserves of £3.7m contingency and £3.7m equal pay. Is there a specific purpose for it to be used for? Clarification sought on this.	<ul style="list-style-type: none"> <li>The contingency reserve is the amount over and above the required base level of reserves and is to meet one off costs including exit costs. The investment strategy is to utilise the equal pay capitalisation as part of a collective approach to total workforce costs. There is also a thorough review underway of all reserves to make sure we have an adequate level of investment to meet one off costs.</li> </ul>

**OVERVIEW & SCRUTINY**  
**Joint Housing & Social & Health - Initial Budget Proposals 2014/15**

No.	Comments and Questions:	Responses:	
<b>2.0</b>	<b><u>Pressures</u></b>		
2.1	With reference to the pressures for Foster Care and Children's Out of County Placements, are the amounts enough to meet the demand.	<ul style="list-style-type: none"> <li>▪ The Foster Care placements figure is based on current demand on the service. A risk based approach has had to be taken on the level of this and the Out of County Placements figure given the demand led nature of these services.</li> <li>▪ In 13/14 an additional £110k was approved for the Family Placement team to meet the increased costs of Foster Care and increased cost of court orders for residences and special guardianships. Within Children's Out of County Placements, an efficiency of £533k was realised as a result of a decrease in costs from improved procurement practice.</li> </ul>	
2.2	What was the increase in 13/14		
2.3	Pressures and Investments is not spit into categories as per previous years budget report – why is this?		<ul style="list-style-type: none"> <li>▪ These will be categorised for final budget report.</li> </ul>
<b>3.0</b>	<b><u>Efficiencies</u></b>		
3.1	VFM efficiency of £50k within the Youth Justice Service. If it has an adverse affect on the service, will it be able to be put back?	<ul style="list-style-type: none"> <li>▪ Members would need to decide if they wanted to put more money into the service. Flintshire are still providing a significant contribution to funding within the Youth Justice Service. The level of efficiency can be met without an impact and nothing can be exempt from the budget review.</li> </ul>	

**OVERVIEW & SCRUTINY**  
**Joint Housing & Social & Health - Initial Budget Proposals 2014/15**

No.	Comments and Questions:	Responses:
3.2	Can we guarantee level of efficiencies will not impact adversely on services?	<ul style="list-style-type: none"> <li>▪ The aim is to protect services but also to improve, where possible, to be more efficient and to improve outcomes for service users.</li> </ul>
3.3	In relation to the efficiency from moving Estuary Crafts to be co located with Tri Ffordd, this is a small efficiency of £24k but what about the cost of changing the building, and the transport costs for service users who will now need to go to a new location?	<ul style="list-style-type: none"> <li>▪ Capital investment to refurbish the building has been provided from funding within the service. The move provides a better and more appropriate environment for service users. The £24k is as a result of a reduction in management costs due to the co location. There may be an impact on transport costs but these will only be minor and service users will be supported.</li> </ul>
3.4	Agreement that Estuary Crafts needs to be moved, but why Tri Ffordd and not site in Flint near to Castle Connections?	Further information to be provided
3.5	Within the Learning Disability service, there are efficiencies of an unprecedented scale with reduction in Management. Is the efficiency "Structural Management" also to do with Short Term Care?	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
3.6	Will the efficiencies in the Short Term Care service have an impact on the number of service users receiving the service?	<ul style="list-style-type: none"> <li>• No, the efficiency is about changes to rotas and the way the service is managed.</li> </ul>
3.7	Can we be assured that the efficiency of £822k which is related to transitional services will have no impact on individuals moving from Children's to Adult Services?	<ul style="list-style-type: none"> <li>• The efficiency has already been achieved in 2013/14 by doing things differently. Future year's forecasts for transition clients are built into the next three years projections</li> </ul>

**OVERVIEW & SCRUTINY**  
**Joint Housing & Social & Health - Initial Budget Proposals 2014/15**

No.	Comments and Questions:	Responses:
3.8	Why is there no procurement efficiencies listed under Social Care?	<ul style="list-style-type: none"> <li>• Social Care does make savings on commissioning eg Learning Disability Services and Dementia and Mental Health approaches through the North Wales commissioning hub. In Social Care the main expenditure is on delivering services through the purchase of care.</li> </ul>
3.9	Is the efficiency linked to Connahs Quay offices for staffing or building costs?	<ul style="list-style-type: none"> <li>• Staffing costs only.</li> </ul>
3.10	There are many efficiencies that relate to management cuts with the blithe assumption that this means there is no disruption in service. How can that be the case?	<ul style="list-style-type: none"> <li>• There is a need to ensure adequate capacity but the efficiency enable us to gain some cross service benefits. There is a need to look at the spans of control and better use of I.T. to ensure we are being as efficient as possible.</li> </ul>
3.11	Need an explanation of “rightsizing”.	<ul style="list-style-type: none"> <li>• This involves a thorough review of outcomes for service users. A balance between ensuring independence for the person involving social workers and specialist nurses and utilising opportunities such as telecare to maintain their safety are taken as part of this process.</li> </ul>
3.12	Development and Resources income – Deputyships. Not clear what is being suggested here?	<ul style="list-style-type: none"> <li>• This relates to weekly charging of £5 per week for the service.</li> </ul>



**JOINT HOUSING AND SOCIAL AND HEALTH CARE  
OVERVIEW & SCRUTINY COMMITTEE  
6 FEBRUARY 2014**

Minutes of the meeting of the Joint Housing and Social and Health Care Overview & Scrutiny Committee of Flintshire County Council held at Llys Jasmine, Jasmine Crescent, Mold CH7 1TP on Thursday, 6th February, 2014

**PRESENT:**

Councillors: Marion Bateman, Amanda Bragg, David Cox, Adele Davies-Cooke, Rosetta Dolphin, Andy Dunbobbin, Carol Ellis, Jim Falshaw, Veronica Gay, Alison Halford, Ron Hampson, Ray Hughes, Hilary Isherwood, Mike Lowe, Dave Mackie, Hilary McGuill, Gareth Roberts, Ian Smith and David Wisinger

**APOLOGIES:**

Councillor Peter Curtis, Ron Davies, Glenys Diskin, George Hardcastle and Brian Lloyd.

**ALSO PRESENT:**

Councillor Haydn Bateman attended as an observer

**IN ATTENDANCE:**

Cabinet Member for Social Services, Cabinet Member for Housing, Director of Community Services, Head of Housing, Head of Adults Services, Intake and Reablement Service Manager, Community Support Services Manager, Supporting People Manager, Operations Manager and Housing Renewal Manager

**5. APPOINTMENT OF CHAIRMAN**

The Housing and Learning Overview & Scrutiny Facilitator sought nominations for a Chairman for the meeting. Councillor David Mackie proposed Councillor Carol Ellis which was duly seconded.

**RESOLVED:**

That Councillor Carol Ellis be Chair for the meeting.

**6. ANNOUNCEMENT BY THE CHAIR**

The Chair welcomed the opportunity for the Committee to be able to visit Llys Jasmine, which she felt was an excellent facility, and said that there was a need for more facilities in Flintshire.

She also referred to recent a recent press article in which Councillor Arnold Woolley had not been complimentary about Overview and Scrutiny Committees. She said that in her experience on the Social and Health Committee, Members had worked hard to scrutinise issues and she congratulated Members of both the Housing Overview & Scrutiny Committee and Social & Health Care Overview & Scrutiny Committee for their hard work.

**7. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

No declarations of interest were made.

8. **EXTRA CARE PROVISION IN FLINTSHIRE**

The Director of Community Services introduced a report to provide Members with a brief update regarding:-

- Current Extra Care provision within Flintshire
- Detail regarding the most recent development in Mold at Llys Jasmine
- Potential future developments

There were 61 apartments at Llys Jasmine which included 15 dementia units and the facility had proved popular since it opened in October 2013. The scheme had been nominated for a national UK award for the development of the year and a ceremony was due to be held in April 2014 in London. Llys Jasmine had been developed in partnership with Wales & West Housing Association and lessons had been learnt from the provision of the facility at Llys Eleanor in Shotton. The Director of Community Services explained a mix of needs was catered for and the definition of those needs was reported in appendix 1. It was proposed that two future schemes would be provided in Flint and Holywell but a business case would be required for the proposals due to the schemes costing approximately £7m each with no grant funding being provided. It was proposed that the future developments would include apartments for younger adults with a physical and/or learning disability in addition to provision for older people and older people with a diagnosis of dementia.

Councillor David Mackie suggested that the recommendation be altered to include congratulations to those involved in the scheme and that the thanks of the Committee be passed onto the Cabinet Member, the officers, the partners and the management for their involvement and hard work. Councillor Rosetta Dolphin welcomed the provision of the facility which she felt provided a greater level of care than if residents lived in their own homes. She also asked how the scheme could be extended to provide further provision in the county. Councillor Gareth Roberts suggested sites for the proposed facility in Holywell and referred to Flintshire County Council owned land in the town centre which would become available following the provision of a new high school.

Councillor Hilary McGuill referred to the cost of building the facility. She queried whether there was a waiting list and also asked for information on the costs of the scheme and the resident's costs. The Intake and Reablement Service Manager advised that residents were assessed and offered accommodation based on need and that she would provide details of the numbers on the waiting list to Members. The Director of Community Services confirmed that a one bedroom apartment cost £125 per week with a service charge of £59 and a two bedroom was £140 per week with a service charge of £60. The Intake and Reablement Service Manager explained that these costs included heating and water and one meal per day and that there would also be additional care costs depending on the care package chosen by the resident. She advised that information could be provided and forwarded to Members.

In response to a question from Councillor Hilary Isherwood, the Intake and Reablement Service Manager advised that the majority of residents were from the Mold and Buckley area. The Head of Housing advised that she would provide information on the number of tenancies that had been freed up because the tenants had moved to Llys Eleanor or Llys Jasmine.

Councillor Isherwood welcomed the provision of the facility but felt that it was important to have an infrastructure in place to provide transport, for family members who were unable to drive or did not have a car, to visit their relatives in the facilities.

The Intake and Reablement Service Manager advised that only those over the age of 60 could apply for an apartment but the Director of Community Services indicated that it was anticipated that age limits would be considered more flexibly in the development of future proposals.

Councillor McGuill asked what had been done to ensure that there was not an influx of older patients re-registering with local doctors to allow them greater access to the scheme as had happened when Llys Eleanor opened. The Intake and Reablement Service Manager said that the same issue had not occurred at Llys Jasmine.

The Director of Community Services acknowledged the comments made about the good value of the care provision and the need to provide further developments in the County and said that the Council had a priority to make it happen. It made a difference to people's lives and was an affordable way for the Council to provide the required services.

#### **RESOLVED:**

- (a) That the progress made in developing further extra care provision in Flintshire be noted;
- (b) That the Cabinet Member, the officers, the partners be congratulated on the excellent development and facilities provided at Llys Jasmine.

#### **9. TELECARE**

The Head of Adults Services introduced the report to provide Members with an update regarding the:-

- progress of the regional call monitoring arrangements (Galw Gofal)
- current level and nature of Telecare provision within Flintshire
- regional progress regarding the roll out of telehealth and current partnership working in the context of a call for bids towards national fund monies

He detailed the background to the report and referred to the Telecare roll out at Llwynegryn Lodge in 2006 and the temporary Telecare Officer post which had now become permanent. He provided details on Galw Gofal, which was hosted by Conwy County Borough Council, including the volume of calls for Flintshire and the numbers of compliments and complaints received. In 2013/14

Galw Gofal had piloted small projects in order for the partnership to consider the benefits of widening the remit from call monitoring. The partnership considered the cost benefit of any more permanent developments and how these linked with the regional priorities of the North Wales Regional Telecare Board. The Head of Adults Services also provided information on the number of telecare installations that had taken place across Flintshire and details of the regional telecare and telehealth working and the work which was ongoing in this area which included bids that were to be submitted.

Councillor Alison Halford asked for details on the cost of the service as this was not reported and comment on the concern raised when the service moved from Flint to Conwy. The Head of Adults Services confirmed that he would circulate information on the costs to Members.

Councillor Rosetta Dolphin said that a family member who used the service and not experienced any disruption and no difference to the service even though it had moved from Flint.

Councillor Hilary McGuill asked who funded the Telecare service for residents in Llys Jasmine and the Intake and Reablement Service Manager responded that it was funded partly by Supporting People and partly by base budget and health funding. Councillor McGuill also referred to the move of the service from Flint and the concerns raised when it initially moved and asked whether an electronic mapping service was used to identify where residents were when they contacted the service. The Intake and Reablement Service Manager said that difficulties had been experienced early in the transfer to Conwy but explained that the service had been exceeding the standards set. The Community Support Services Manager explained that the technology was in place but that she would ensure that it was being used. The Head of Housing said that there had been some initial problems but that she was not aware of any issues in the last 18 months.

In response to a question from Councillor Marion Bateman the Intake and Reablement Service Manager said that family members were contacted in the event of those using the service being deaf or blind. The Chair asked whether a risk assessment was undertaken prior to the telecare equipment being installed in user's homes. The Head of Adults Services confirmed that a risk assessment would be undertaken.

**RESOLVED:**

That the update of local and regional telecare and telehealth developments be noted.

**10. DELIVERING HOME ADAPTATIONS**

The Director of Community Services introduced a report to provide Members with an update on the delivery of home adaptations, including Disabled Facilities Grants (DFGs) and minor adaptations and to seek support for the Home Adaptations Action Plan and for a new policy to guide decision making for the provision of major adaptations in family houses and upper floor flats.

He detailed the background to the report and explained that the delivery of disabled adaptations was a challenge for the Council given the scale and complexity of demand. Flintshire's performance at September 2013 for DFGs against the national performance indicator was 207 days. This met the local improvement target and was a significant improvement on the 2012/13 performance for 391 days for all DFGs. However, guidance for the calculation of this performance indicator (PI) had been revised to allow for more accurate national benchmarking. The PI for 12/13 had also been recalculated using the new guidance which provided a figure of 283 days for 2012/13 against the current performance for 2013/14 of 207 days. The Director of Community Services welcomed the improvement of 76 days that could be seen from the last financial year. The waiting time for occupational therapy assessments had also significantly decreased and the figures for Flintshire were lower than the national average wait for an assessment. The Modernisation of Social Services Board, which the Director and Cabinet Member for Social Services were members of, had driven the development of reablement and preventative services and highlighted the need to develop locality teams to ensure that Social Services worked more closely with health colleagues.

The Chair congratulated the Members of both Committees for their work in the workshops in pursuing the issue of DFGs and home adaptations and gave thanks to the officers for their work.

The Housing Renewal Manager said that work had been undertaken to look at the Council's housing stock and identify the best solution to adaptations to properties. A new policy had been developed on the issue of adaptations of family houses and upper floor flats for people living with a disability. Since 1 April 2013, 111 requests for level access showers had been actioned by the in-house adaptations team. These remained the most common adaptation that took place but with the cost at approximately £6k to install the shower within a property, the total spend was £666k so far in 2013/14. Approximately 25% of these level access showers were in family houses and a further £150k was expended annually on stairlifts, with a straight stairlift costing £3.5k and up to £6k for a complex curved stairlift. Over £1m was spent on major adaptations to the Council's own housing stock and the proposals in the policy considered doing the right type of adaptation for the right property for current and successive tenants. Paragraph 3.05 listed the points to consider when assessing the needs of the tenant and whether relocating them to a different property was a better option. The Housing Renewal Manager also referred to the possible use of adapted pods which would reduce the number of major adaptations taking place in Council housing but could increase flexibility due to being able to retrieve and recycle when the pod was no longer required. The capital cost for the pods would not be any different to the costs for major adaptations but would be advantageous due to their flexible nature. The pods would also reduce costs of remedial works too in certain circumstances. The Housing Renewal Manager advised that he would submit reports to future meetings when further evidence on the use of the pods was available.

Councillor Marion Bateman welcomed the suggestion to use pods which would save the Council money in the longer term. She felt that it was an exciting opportunity and queried whether planning permission regulations could be

relaxed to speed up the process to permitting any such applications and asked whether the Planning Strategy Group could consider the suggestion.

Councillor Hilary Isherwood referred to independent living for those with disabilities and suggested that a facility such as Llys Jasmine could provide the assistance to enable those with disabilities to live independently. The Director of Community Services said that the proposals for the further enhanced care schemes would be more flexible to include people with disabilities to support them to live independently but added that there were currently a range of supported living schemes in place for people with disabilities. Councillor Isherwood felt that the cost of such a scheme should be considered as she felt that younger people with disabilities would benefit from a facility such as Llys Jasmine.

Councillor Rosetta Dolphin referred to the adaptations carried out in properties and queried whether all schemes were carried out by in-house teams as she felt that it was important to ensure that the best value for money was achieved. In referring to the in-house teams, the Operations Manager said that a robust interview process had taken place to identify the right people for the right jobs. He added that the work they undertook was outstanding and he had been proud to watch them collect a Team of the Year award. The Head of Housing advised that a report had been considered by the Housing Overview & Scrutiny Committee on evaluation of the work undertaken and the cost improvements and added that the timescales were reducing and value for money was being achieved. She indicated that she would re-send the information to the Members for their information.

Councillor Alison Halford thanked the officers for the progress made. She referred to the level access showers commented on by the Housing Renewal Manager and asked whether access to the adaptation was easily available to tenants and whether they were more cost effective than the bath/shower combination advertised in newspapers. The Housing Renewal Manager said that the aim of the policy was to try and address the issues identified. An occupational therapy assessment would be undertaken to establish the best solution and once the request for an adaptation had been received, a decision would need to be made about the best option for the tenant and potentially save installation and future removal costs. This may mean offering to move the tenant to an already adapted property instead of adapting their house or flat. The Head of Housing explained that help could be provided for removal costs and could result in a family sized home being freed up for other tenants but she added that each case would be looked at on its own merits to identify the best solution. Councillor Halford suggested that an update be provided to a future meeting of the Committee.

Councillor Hilary McGuill sought assurance that tenants would not be pressurised to move to another property. She also referred to the use of pods which were easy to install and remove and referred to the significant cost saving. The Housing Renewal Manager said that a range of companies nationally produced the pods which were an attractive option which provided flexibility. The Cabinet Member for Housing gave assurance that families would not be forced to move to another property.

In response to a query from Councillor Veronica Gay about lifts to upper levels in properties, the Housing Renewal Manager advised that any lifts would be provided on the inside of a property, not externally.

Councillor McGuill referred to property adaptations for children and young people and Councillor Gareth Roberts spoke of the facility at Llys Edward in Holywell which provided help to youngsters to assist them in independent living. The Cabinet Member for Social Services also referred to supported living schemes near Deeside Hospital and added that there were a number of other shared living facilities in Flintshire. Councillor Amanda Bragg felt that there was a gap locally for children with learning disabilities and referred to Cornerstone which was a project which was trying to fund a purpose built facility to allow children over 16 to live independently. In response to a question from Councillor Bragg about support for the parents of disabled children, the Cabinet Member for Social Services explained that the Transition Team worked closely with families with disabilities.

On the issue of pods, Councillor Marion Bateman suggested that a representative from a manufacturer of the pods provide a presentation to the Committee. The Director of Community Services confirmed that he would arrange for enquiries to be made.

Councillor Isherwood queried why it cost £6k to install the level access showers and then a further £6k to remove them when they were no longer needed. The Housing Renewal Manager explained that the £6k was not just for the shower but also provided a wet room for the tenant which would need to be returned to a normal bathroom when the shower was no longer required. The Head of Housing advised that details on the costs could be circulated to Members following the meeting.

In summing up, the Chair referred Members to the recommendations in the report, the circulation of information on the costs of installing/removing level access showers and the request from Councillor Halford for updates to future meetings on adaptations.

**RESOLVED:**

- (a) That the reduction in waiting times for Occupational Therapy assessment and improved timescales for the delivery of home adaptations be noted;
- (b) That the action plan and the workstreams contained within be supported;
- (c) That the proposed policy regarding the adaptation of family homes and upper floor flats within the Council's housing stock be supported;
- (d) That updates on adaptations be provided to a future meeting of the Committee; and
- (e) That a breakdown on the cost of installing and removing the level access showers be provided to Members.

## **11. SUPPORTING PEOPLE**

The Community Support Services Manager introduced a report to update the Committee on the Supporting People Programme in Flintshire and seek support for the Local Commissioning Plan.

It was reported that the Local Authority was required to develop a three year Commissioning Strategy that would inform the priorities within the Regional Commissioning Strategy. However, Local Authorities in North Wales had developed 12 month Commissioning Plans to cover the transition period and allow time for reviewing of existing services, new developments and appropriate targeting of reductions. Welsh Government had been supportive of this approach, recognising that the level of reductions in North Wales made longer term planning at this stage more of a challenge. The Programme was facing significant reductions in funding year on year and it had been indicated that funding would reduce by approximately 5% in 2014/15 and 2015/16. An approach was being considered of how to respond to the reduction in funding which could include remodelling projects or working with providers on leaner processes but it was important not to apply a blanket cut approach to services. The Community Support Services Manager advised that the Flintshire Supporting People Team had led on a number of successful local and sub regional developments over the last twelve months which included Flintshire 'Nightstop' Service, Body Positive and the Support Gateway and she provided further details on the schemes/projects. It was also reported that there were opportunities for some short term developments to make best use of funding that was available now but could not be committed long term which included a two year mental health low level floating support service and one year additional funding to Age Connects. Reductions from the service were also reported and included a reduction of £98,280 from Betsi Cadwaladr University Health Board (BCUHB) Learning Disability Services which were not eligible to be funded by Supporting People Programme Grant.

In response to a question from Councillor Carol Ellis about the total amount of the grant, the Supporting People Manager said that it had been indicated that the grant would be approximately £6.8m for 2013/14, £6.4m for 2014/15 and £6.1m for 2015/16. She also confirmed that the six North Wales authorities were also seeing reductions in their funding but that some Councils, including those in South Wales, would be receiving an increase in the grant.

Councillor Alison Halford referred to the opportunity for a two year mental health low level floating support service and said that as mental health could affect anyone whether they be young or old, that funding be treated as a priority. Following a question from Councillor Rosetta Dolphin about whether funding was being withdrawn from the Acquired Brain Injury project in Greenfield, the Community Support Services Manager advised that funding had been realigned but that this would not have an impact on the project. In referring to mental health issues, Councillor Hilary Isherwood said that mental health was the 'cinderella' of the health care service. She added that it was crucial that funding was provided and referred to rural locations which could be affected by transport



issues and said that it was important to ensure that those in rural locations were not forgotten.

The Cabinet Member for Social Services indicated that she was the Mental Health Champion for Flintshire County Council and that the Strategy and team that were in place would ensure that Mental Health was taken seriously. The Chair referred to the significant challenge facing the service due to the Flintshire Community Mental Health Teams reporting a 70% increase in the number of referrals from Care Coordinators requesting floating support for service users. The Chair also highlighted the two year pilot project which was being developed which would provide low-level floating support to those people who were not eligible for statutory mental health services, and/or those who were ready to move-on from statutory services and required some level of on-going support within the community.

Councillor Halford referred to the Cabinet Member for Social Services role as Mental Health Champion and asked for further information. The Director of Community Services responded that the Mental Health Commissioning Strategy had been considered by the Social and Health Care Overview & Scrutiny Committee and had been approved by Cabinet; he indicated that he would share this with the Members of the Housing Overview & Scrutiny Committee. He also acknowledged the work of the Social and Health Care Overview & Scrutiny Committee on the issue of Double Click and the proposals for it to become a social enterprise. He also referred to a report which had been submitted to Cabinet on the 'Time to Change' campaign in Wales about challenging mental health services and the provision of a Mental Health champion; the Director of Community Services indicated he would also share the report with the Committee.

Councillor Marion Bateman referred to section in the report on new investment where it was reported that BCUHB were withdrawing funding from a service from April 2014. She said that this would put additional pressure on the local authority and that it should be noted that this appeared to be a continuing and worrying trend by BCUHB.

Councillor Hilary McGuill raised concern about looked after children and asked what was in place for looked after children when they were moved out of foster care and moved on as the current system did not appear to be working. She said that there was concern that they would become homeless before being re-housed and could be put into a form of sheltered accommodation. Councillor McGuill also queried how the Support Gateway could be accessed by clients and requested further details on the project. In response, the Head of Housing spoke of the work undertaken by officers with people in care but said that there had been a gap in communication. The Community Support Services Manager said that meetings were set up with Housing Support and Housing Options officers at a very early stage to establish a plan and obtain a result that was suitable for the young person. The Supporting People Manager advised that she could circulate the policy on the Support Gateway to Members. She also commented on referrals and advised that if a young person presented as homeless, officers would be able to identify quickly where vacancies were depending on the needs of the young person to ensure the best outcome.

Councillor Veronica Gay asked whether stakeholders in England were consulted due to possible cross border issues as she was concerned that people may 'fall through the gap'. The Community Support Services Manager responded that they were not consulted and that Flintshire County Council's stakeholders were on an accredited partner list. The Supporting People Manager also spoke of work with hospitals in England and Wales which had been undertaken as part of the Body Positive project and said that lessons on consultation could be taken forward when developing future projects. The Director of Community Services acknowledged the comments and asked that Members notify him of any specific issues that they were aware of and that were causing them concern.

The Chair asked that figures be provided about the 5% reduction in funding each year and that the recommendation be amended to include regular updates to Members on the progress of the grant and the progression of the draft Flintshire Local Commissioning Plan to the final document.

**RESOLVED:**

- (a) That the reductions to the Supporting People Grant be noted and the proposed approach to managing reductions be supported;
- (b) That the progress of the Supporting People team in the last twelve months be noted;
- (c) That the Draft Flintshire Local Commissioning Plan be supported;
- (d) That regular updates on the progress of the grant be reported to Committee; and
- (e) That progression of the draft Flintshire Local Commissioning Plan to the final document be reported to Committee.

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

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

(The meeting started at 2.00 pm and ended at 4.08 pm)

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**Chair**

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**20 MARCH 2014**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at Delyn Committee Room, County Hall, Mold CH7 6NA on Thursday, 20 March 2014

**PRESENT: Councillor Cindy Hinds (Vice-Chair in the Chair)**

Councillors: Marion Bateman, Andy Dunbobbin, Veronica Gay, Stella Jones, Brian Lloyd, Mike Lowe, Hilary McGuill, Dave Mackie, Ian Smith and David Wisinger

**APOLOGIES:**

Councillors: Carol Ellis and Hilary Isherwood

**CONTRIBUTORS:**

Cabinet Member for Social Services, Director of Community Services, Head of Adults Services, Head of Children's Services, Senior Manager: Commissioning and Performance

**IN ATTENDANCE:**

Environment and Social Care Overview and Scrutiny Facilitator and Committee Officer

**56. ANNOUNCEMENT BY THE DIRECTOR OF COMMUNITY SERVICES**

The Director of Community Services congratulated Alwyn Jones, the Head of Adults Services on his recent appointment as Head of Adult Services and Business Services at Isle of Anglesey County Council from June 2014. He acknowledged the significant contribution that the Head of Adults Services had made to Flintshire County Council and welcomed the fact that he would be staying in the regional network.

**57. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Councillor Hilary McGuill declared a personal interest in the agenda item 3 (Minutes) due to a relative being in Deeside Hospital.

**58. MINUTES**

The minutes of the meeting of the Committee held on 13 February 2014 had been circulated to Members with the agenda.

Accuracy

The Chair advised that she had submitted an apology which had not been recorded.

Matters Arising

The Environment and Social Care Overview and Scrutiny Facilitator referred to minute 50 on Enhanced Care at Home and read out a statement from

Betsi Cadwaladr University Health Board (BCUHB) about the temporary closure of Gladstone Ward due to difficulties in staffing levels because of retirements, long-term sickness and some staff being on restricted duties, and the work that was being undertaken during this period. Councillor Stella Jones raised concern about other wards or facilities that had been temporarily closed by BCUHB that had never re-opened. Councillor Hilary McGuill provided assurance that BCUHB were undertaking the work that had been reported but said that her main concern was the level of staffing at the hospital. Councillor Marion Bateman felt that this was a concern in all hospitals.

The Facilitator also referred to minute 53 on Rota Visits and advised that an email had been sent to the Committee Members by Nicky Slater advising them that rota visits needed to be completed by 31 March 2014 and that they should advise her if this would be problem.

A Task Group to consider the Annual Council Reporting Framework, as referred to in the resolution to minute number 54, was due to meet on 14 April 2014 and the Environment and Social Care Overview and Scrutiny Facilitator advised that other Members could join the Group if they wished.

#### **RESOLVED:**

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

#### **59. IMPROVEMENT PLAN MONITORING REPORT**

The Director of Community Services introduced a report for the Committee to note and consider elements of the 2013/14 Mid Year Improvement Plan Monitoring Report relevant to this Committee for the period October to December 2013. The Director of Community Services invited the Head of Adults Services to report on the Improvement Plan sub-priority reports on Independent Living and Integrated Community Social and Health Services which were appended to the report.

Councillor Stella Jones referred to the target of 300 days for delivery of a Disabled Facilities Grant (DFG) and asked for a breakdown of how the figure was calculated. The Head of Adults Services advised that a breakdown could be provided but explained that the wait for an occupational therapy assessment would be no more than three months. Once a decision had been made, then discussions would begin with partners in Housing on the scoping and level of work required. In response to a further question from Councillor Jones about the short amount of time required to provide a stairlift if it was privately funded, the Head of Adults Services said that DFGs were generally for more significant changes to properties, some of which would require planning permission, and that the provision of a stairlift fell below the DFG boundary.

The Director of Community Services explained that the three steps in the process were:-

1. Waiting for an Occupational Therapist assessment
2. A decision on whether the adaptation was appropriate

### 3. Ordering the necessary equipment and implementing it.

The Director of Community Services advised that time for an occupational therapist assessment had reduced significantly and those with high priority would be assessed immediately, medium priority would be assessed within a month and the maximum wait for low priority was three months with the average waiting time being six weeks. Self assessment to identify the need for small pieces of equipment and minor adaptations was introduced in April 2013 and offered a fast track service for people who had low level needs which could be met without the need for a face to face assessment. He added that the Social and Health Care Overview & Scrutiny committee had been instrumental in the introduction of self-assessment. In the first six months, 97 referrals were received for self assessment and of those that resulted in an intervention, 72% were provided with equipment or a minor adaptation without the need for a home visit. In response to a query from Councillor Jones about the number of referrals to occupational therapy per month and following a question from Councillor Andy Dunbobbin about the number of children and adults who had applied for DFGs, the Director of Community Services and Head of Children's Services advised that they could provide the requested information following the meeting.

Following a question from Councillor McGuill about the provision of wellbeing services at Llys Eleanor for patients with dementia, the Head of Adults Services advised that work still needed to be undertaken in this area and that a bid had been submitted to allow the use of extra care units for provision of wellbeing services. The Cabinet Member for Social Services also spoke of the development of a dementia café in Llys Eleanor and the provision of dementia friendly communities. She added that Mold was hoping to become the first dementia friendly community in North Wales.

In referring to the section on the prevention of homelessness, Councillor McGuill referred to a recent meeting of the Children's Services Forum and the concerns that had been raised about the lack of provision of accommodation for young care leavers in areas outside of Flintshire. The Head of Children's Services advised that she had spoken with the Community Support Services Manager about the comments made but added that it was about a balance between appropriate accommodation and setting realistic expectations and also about ensuring that the appropriate support was in place.

Councillor McGuill asked whether the use of technology was being explored to allow for greater independence and in response the Head of Adults Services spoke of the work that was being undertaken about the greater use of Telecare. In response to a question from Councillor McGuill about whether all of the General Practitioners in Holywell were now referring patients into the Enhanced Care Service, the Head of Adults Services said that not all Holywell GPs were signed up yet but that the Locality Lead could be encouraged to consider the issue. Councillor McGuill also commented on the seamless links from the Staffordshire County Council website to Health, Police and other services. In response, the Director of Community Services said that a review of the Council's website was to be undertaken following a recent survey which had produced mixed results and he advised that he would pass on the details to the Head of ICT and Customer Services as an example of good practice.

In response to a question from Councillor David Wisinger about whether equipment such as wheelchairs and stairlifts were recycled once they were no longer needed, the Head of Adults Services said that every effort was made to recycle equipment where appropriate and explained that equipment provided through Flintshire County Council should include details of where it could be returned to when it was no longer needed. Councillor Wisinger also commented on agency staff and raised concern about possible gaps in training. The Head of Adults Services responded that all agency staff should be trained to a basic level of reading and communication and that Members should provide details if they felt that there was evidence that this was not being achieved.

Councillor Marion Bateman asked how many Occupational Therapists (OTs) the Council employed and how many were agency staff and she asked whether it was the intention to increase the numbers. The Head of Adults Services advised that OTs were based in each locality team and there was also some assistant OT capacity but there were currently no plans to increase the numbers, however the position would be monitored. He added that there had been a reliance on agency OT staff in the past but none were currently being used. Councillor Bateman raised concern about the length of waiting time for an OT assessment and the Head of Adults Services detailed the average times for assessments and the work that was undertaken once the assessment had been completed. He also spoke of the work which had been undertaken with partners to reduce the waiting times in the provision of DFGs but said that there was still more work to be done. The Chair asked whether funding was a problem and the Director of Community Services responded that there was a need to ensure that the appropriate level of capital funding and staffing were in place and he spoke of the self assessment service which reduced the need for a home visit for some users.

Councillor Jones requested that the heading on page 17 about homelessness be amended and asked what problems were encountered when re-housing drug or alcohol dependent people into communities. In referring to training of agency staff, Councillor Jones sought assurance that appropriate training was in place and said that it was important for the service to know what training had been undertaken by agency staff. The Director of Community Services advised that the wording in the heading could be reconsidered and spoke of the sensitivities around re-housing people into communities but added that there was a need to provide support. On the issue of agency staff, he said that there were standards which the service would expect agencies to follow when providing staff and asked the Committee to provide details of examples where they felt that this had not been achieved. The Head of Children's Services spoke of the regular monitoring which had been undertaken in Children's Services to ensure that issues which had occurred in the past did not reoccur.

The Environment and Social Care Overview and Scrutiny Facilitator asked a question on behalf of Councillor Hilary Isherwood who had not been able to attend this meeting on the decision to close the Hearing Aid Clinic at Deeside from April 2014. As other Members were not aware of the decision, the Facilitator stated that she would make enquiries and would advise the Committee of the response.

In response to a question from the Chair about the use of direct payments and Learning Disability Services, the Head of Adults Services said that direct payments would help to provide support for greater independence. Councillor McGuill queried whether users could use direct payments to purchase equipment for themselves. The Director of Community Services confirmed that they could and that he would provide information to the Committee following the meeting about what direct payments could or could not be used for.

Following a suggestion from Councillor Jones that an Improvement Plan Progress be reviewed in three months, the Environment and Social Care Overview and Scrutiny Facilitator suggested that the reporting remain at the current six monthly intervals with the usual performance reports being submitted to Committee every three months.

**RESOLVED:**

That the report be noted.

**60. FORWARD WORK PROGRAMME**

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

The Facilitator detailed the items scheduled to be considered at the meetings of the Committee on 1 May 2014, 12 June 2014 and 3 July 2014 and explained that it had been suggested by the Director of Community Services that an Update on the Social Services Bill also be submitted to the 12 June 2014 meeting. She added that an update on Rota Visits would also need to be considered at a future meeting.

Councillor Hilary McGuill suggested, following earlier discussions, that reports on the following also be considered at future meetings of the Committee:-

- Agency Staff training
- Seamless working with partner agencies from a client point of view
- Working with technologies to assist users

Councillor Marion Bateman requested further information on Occupational Therapist service and suggested that a General Practitioner Lead be invited to attend a future meeting. The Head of Children's Services advised that an inspection of Children's Services was due to be undertaken shortly and she suggested that a report following the inspection be considered by the Committee when it was available.

**RESOLVED:**

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

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

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

(The meeting started at 2.00 pm and ended at 3.18 pm)

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**Chairman**



## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **1<sup>ST</sup> MAY 2014**

**REPORT BY:** **DIRECTOR OF COMMUNITY SERVICES**

**SUBJECT:** **ANNUAL REPORT ON THE SOCIAL SERVICES REPRESENTATIONS AND COMPLAINTS PROCEDURE 2013-14**

### **1.00 PURPOSE OF REPORT**

1.01 To report on the compliments, representations and complaints received by Adult and Children Social Services for the year April 2013 to March 2014.

### **2.00 BACKGROUND**

2.01 The NHS and Community Care Act (1990), Children Act (1989 Part III) and the National Minimum Standards and Regulations (2002) for Fostering Services require local authorities to maintain a representations and complaints procedure for social services functions. The Welsh Government (W.G.) expects each local authority to report annually on its operation of the procedure.

2.02 Feedback in the form of compliments and complaints from service users, their parents or carers can highlight where services are working well or where services need changing. Flintshire County Council wants to learn from this feedback and use the experiences to improve services for everyone who uses them.

2.3 The annual report contains information about the number and type of complaints received and also provides details of the activities undertaken by the Complaints Officer to develop the service.

### **3.00 CONSIDERATIONS**

3.01 Our assessment is that Social Services has a robust representations and complaints procedure in place. Service users, carers and families are listened to and they receive a timely and open response. All complaints are reviewed to identify any lessons learned to avoid similar issues arising again.

#### **Review of Complaints and Compliments – Adult Social Services**

##### **Overview of Complaints**

3.02 62 complaints were received in the year, an increase compared to last year's 51. Despite the increase, this small number of should be considered against the number of service users receiving a service: 4,628.

4 complaints in the year progressed to Stage 2 of the procedure (independent investigation), the same number compared to last year. Complainants remained dissatisfied following meetings with a Team Manager and Service Manager, and requested an independent investigation into their complaint.

It is pleasing to report that no (zero) complaints progressed to Stage 3 of the procedure (Independent Panel Hearing convened on behalf of the Welsh Government). One complaint is currently being considered by the Ombudsman.

3.03 Services complained about:

<b>Service</b>	<b>2013-14</b>	<b>2012-13</b>	<b>2011-12</b>
Older People – Care Management	11	9	11
Older People – Intake and Reablement	7	5	32
Financial Assessment	5	1	3
Independent Sector	9	9	8
Learning Disability	15	15	11
Mental Health and Substance Misuse	4	4	6
Occupational Therapy	3	2	6
Physical Disability and Sensory Impairment	5	2	8
Other	3	4	0
<b>Total number of complaints</b>	<b>62</b>	<b>51</b>	<b>89</b>
<b>Total number of service users</b>	<b>4,628</b>	<b>7,722</b>	<b>5,047</b>

- 3.04 The period 2012-13 saw a significant fall in the number of complaints made compared to the previous year. However, this year's increase would appear to be a more consistent average compared to those of previous years.

Please see appendix 1 for a summary of complaints made across each service area.

Methods used to resolve a complaint.

- 3.05 A range of methods are reported in the examples above, but in broad terms, complaints are responded by:

- A meeting with the complainant to discuss the concerns
- A written explanation as to the reasons for a decision
- An apology where appropriate
- Action taken to review a decision
- Independent investigation (Stage 2 of the procedure).

Timescales

- 3.06 The legislation prescribes a 10 working day timescale for responding to Stage 1 complaints and a 25 working day timescale for Stage 2 complaints. During 2013-14, 92% of Stage 1 complaints were addressed within 10 working days, a further improvement to last year's 86%. However, the reasons for the majority of late responses were unavoidable, either due to the range and complexity of issues involved, or key staff being on leave. Where it is likely there may be a delay in responding, complainants are always kept informed with an explanation and an apology.

3 of the 4 Stage 2 complaint investigations were completed within the statutory timescale (one was late due to the complexity of the complaint).

Outcomes / Lessons Learned

- 3.07 Learning from complaints is important and we use the findings and outcomes to inform policy and practice in delivering services (known as the 'lessons learned' process). Examples of action taken on issues raised as a result of complaints to Adult Social Services include:

- We have made it clear who is eligible to use transport we provide to adults with a learning disability.
- We have reviewed our processes for providing support for people discharged from hospital.
- We have improved our information literature to make it clear how we calculate people's charges and the processes for assessments.

### **Compliments – Adult Social Services**

- 3.08 It is pleasing to report that Adult Social Services received 169 compliments in the year 2013-14. Compliments are received in the form of cards, letters or emails from service users or their families when they recognise staff have done “over and above” what is expected. The number of compliments recorded within each area of work is shown in the following table:

<b>Service</b>	<b>2013-14</b>	<b>2012-13</b>	<b>2011-12</b>
Older People – Care Management	12	18	30
Older People – Intake and Reablement	83	53	42
Independent Sector	3	2	3
Learning Disability	16	9	38
Mental Health and Substance Misuse	21	22	24
Occupational Therapy	14	16	38
Physical Disability and Sensory Impairment	4	7	16
Other	16	13	12
<b>Total</b>	<b>169</b>	<b>140</b>	<b>203</b>

Please see appendix 1 for a summary of compliments received across each service area.

### **Review of Complaints and Compliments – Children’s Social Services**

#### **Overview of Complaints – Children’s Social Services**

- 3.09 87 complaints were received in the year, an increase compared to previous years (57 in 2012-13 and 54 in 2011-12). This is against a backdrop of 1,220 referrals received during the year.
- 3.10 The increase in the number of complaints received year on year within Children’s Social Services reflects the proactive way in which information about making a complaint is shared with children, young people and their families. The increase can also be partly attributed where the Department is involved in Court proceedings with families at a time when Legal Aid has been withdrawn across England and Wales.
- 3.11 10 young people were supported by the National Youth Advocacy Service (N.Y.A.S.) with their complaints. This included one young person being supported by N.Y.A.S. at Stage 2.

- 3.12 7 complaints progressed to Stage 2 of the complaints procedure (compared to 5 in 2012-13). The Service did what it could to resolve the issues at Stage 1 at both a Team Manager and Service Manager level, but the complainants remained dissatisfied and requested their respective issues progress further.
- 3.13 3 Stage 3 Panel Hearings were held re. Children's Social Services during the year. The overall decision for two Panel Hearings was not upheld. One complaint was upheld following a third Panel Hearing and a package of care at an out of county residential school put in place as per recommendation. No (zero) complaints were considered by the Ombudsman.

Services complained about:

Service	2013-14	2012-13	2011-12
Childcare Fieldwork	67	36	38
Resources	8	9	4
Children's Integrated Disability Service (CIDS)	9	9	7
Commissioned Provider	0	1	2
Child Care Panel	2	0	2
Safeguarding Unit	1	1	1
Emergency Duty Team	0	1	0
<b>Total number of complaints</b>	<b>87</b>	<b>57</b>	<b>54</b>
<b>Total number of referral</b>	<b>1,220</b>	<b>709</b>	<b>821</b>

Please see appendix 2 for a summary of complaints made across each service area.

Stage 2 Investigations

- 3.14 Most of the 7 Stage 2 investigations included more than one part of the Service. 4 of the Stage 2 investigations were not upheld, but 3 were upheld. Of those 3 complaints upheld, one resulted in exploring different options for a young person to move in with their sister. Another upheld complaint resulted in a college placement being funded. A third upheld complaint resulted in the comprehensive review of a case and the Department reviewing its recording practices.

Methods Used to Resolve Complaints

- 3.15 As explained earlier, a variety of methods are used to resolve complaints. These include:

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

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

3.17 Outcomes / Lessons Learned

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

- Processes relating to voluntary accommodation, direct payments and children's safeguarding reviewed and further strengthened.
- Developing an appeals panel process for residential placement requests that are turned down. This may also assist in reducing the numbers of complaints regarding Children's Social Services.
- Training commissioned for staff in relation to obtaining children and young people's wishes and feelings.

Timescales

3.18 During 2013-14, 75% of Stage 1 complaints were addressed within the ten working day timescale, a slight fall compared to last year's 80%. Delays were a result of key staff being on leave or the level of complexity in some issues.

3.19 6 out of 7 of the Stage 2 complaint investigations were completed within the statutory timescale. One was late as a key member of staff was on leave.

**Compliments – Children's Social Services**

3.20 Children's Social Services recorded 74 compliments in the year 2013-14 from families and the Courts. They were in the form of cards and letters or praise expressed during Court proceedings. The number of compliments recorded within each area of work is shown in the table below:

<b>Service</b>	<b>2013-14</b>	<b>2012-13</b>	<b>2011-12</b>
Childcare Fieldwork	40	22	31
Resources	9	29	30
Children's Integrated Disability Service (CIDS)	5	5	6
Safeguarding Unit	2	1	2
Youth Justice Service	18	10	-
<b>Total number of compliments</b>	<b>74</b>	<b>67</b>	<b>69</b>

### Other Developments

- 3.21 Up until December 2013, the Complaints Officer was Chair of the All Wales Complaints Officers Group; he also represents the Local Authority on the North Wales Complaints Officers Group. The All Wales Group discusses new or revised policies, guidance and initiatives whilst the North Wales Group focuses more on developing the complaints process at a regional level. This includes the development of a shared framework to streamline processes across the region and ensure better consistency, e.g. recruiting independent people, negotiating a single hourly rate for investigations and maintaining a central database to hold independent people's records.
- 3.22 The Welsh Government is in the process of revising the Regulations for the Social Services complaints procedure. Key changes include the removal of Stage 3 Panel Hearings, mandatory advocacy for adults and exploring reciprocal investigation arrangements with neighbouring Local Authorities. These changes also link with the new Social Services Bill.
- 3.23 The Complaints Officer runs a series of half day training workshop aimed at Managers, Senior Practitioners and other key staff. The workshop goes through the complaints process and what is expected from them as Managers, as well as discussing different approaches to resolving complaints as quickly and effectively as possible at Stage 1. The workshop runs every quarter and feedback from participants indicate they value its content and the information given should help them respond effectively to complaints in future.

#### **4.00 RECOMMENDATIONS**

- 4.01 That Members accept this report as an overview of the administration and outcomes of the Social Services representations and complaints procedure.

#### **5.00 FINANCIAL IMPLICATIONS**

- 5.01 Complaints involving both Adult and Children's Social Services are commissioned to independent Investigating Officers (and an Independent Person for Children's Social Services as set out in the Children Act, 1989).
- 5.02 The total cost of the 4 Stage 2 investigations for the year for Adult Social Services was £2,870.75 (one investigation was conducted internally therefore there was no cost). The cost for 2012-13 was £3,969.20 (a total of four Stage 2 investigations).
- 5.03 The total cost of the 7 Stage two investigations for Children's Social Services was £9,642.74 (a small increase compared to last year's £8,964.45 when there were five Stage 2 investigations).
- 5.04 The revised Regulations (see 3.8) propose that all Stage 2 investigations are conducted independently in the future which could see a rise in the cost of future complaints investigations.

#### **6.00 ANTI POVERTY IMPACT**

- 6.01 No direct impact.

#### **7.00 ENVIRONMENTAL IMPACT**

- 7.01 No direct impact.

#### **8.00 EQUALITIES IMPACT**

- 8.01 No direct impact.

#### **9.00 PERSONNEL IMPLICATIONS**

- 9.01 No direct impact.

#### **10.00 CONSULTATION REQUIRED**

- 10.1 None required.

#### **11.00 CONSULTATION UNDERTAKEN**

- 11.01 None required.



**12.00 APPENDICES**

12.01 Appendix 1: Summary of complaints across service areas (Adult Social Services)

12.2 Appendix 2: Summary of complaints across service areas (Children's Social Services)

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

Background Documents:

'Listening and Learning', Welsh Assembly Government, April 2006

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## **Appendix 1** **Adult Social Services**

### **Summary of complaints received across service areas (2013-14)**

#### **Older People Care Management**

11 complaints were received at Stage 1 of the complaints procedure (compared to last year's 9), ranging from issues with individual packages of care to an individual's case management. Issues with packages of care meant individual cases being reviewed and, where appropriate, new arrangements put into place. Complaints regarding case management resulted in apologies being made where it was acknowledged that we could have done better and personal circumstances remedied where appropriate.

All complaints were resolved by Managers - no complaints progressed to Stage 2.

#### **Older People – Intake and Reablement**

7 complaints were received at Stage 1 (compared to last year's 5) that included Hospital Social Work, day centres, residential homes, Reablement and First Contact. Their themes included standard of care and issues around case management. Where appropriate, complainants received an apology if the quality or level of service fell below expectation.

All complaints were resolved by Managers - no complaints progressed to Stage 2.

#### **Financial Assessment**

5 complaints were received at Stage 1 regarding individual level of charges. One complaint resulted in charges being recalculated and an apology made. The outcome from the other 4 complaints found the charges were correct: further explanations were provided as to how each charge had been calculated and what they included.

One complainant remained dissatisfied and the matter progressed to an independent investigation at Stage 2 of the procedure. The complaint was not upheld, the charges were indeed correct and the complainant was advised how they should repay the outstanding debt over an agreed period of time. The complainant did approach the Ombudsman appealing the decision, but they turned the request down as they agreed with the Department's calculations and the investigation's finding.

### Independent Sector

9 complaints were received by the Department (the same number as last year) in relation to independent sector care providers (residential homes and domiciliary care agencies). They all related to the quality and standard of care provided by homes/agencies. Where relevant apologies were made by the home/agency if the standard of care had fallen short of acceptable standards, the service user's personal circumstances were redressed to their satisfaction and the home/agency's processes were reviewed to prevent similar situations happening again.

One complaint about the quality of service provided by a private residential home and their communication with family members was investigated independently at Stage 2. The complaint about the quality of service was not upheld; the complaint relating to communication with family members was upheld and an apology made by the home.

### Learning Disability

15 complaints were made (the same number as last year) about a range of issues with service user's places of work or where they live, or issues with departmental processes or the eligibility criteria for services. Workplace issues were resolved by holding meetings to remind service users and staff of the need for professionalism and workplace processes. Elsewhere clear explanations were provided to complainants about our processes/criteria. Where services fell short of what was expected, an apology was made and the situation redressed.

All complaints were resolved by Managers - no complaints progressed to Stage 2.

### Mental Health and Substance Misuse

4 complaints were received about the service at Stage 1 (the same number as last year). They related to the quality or level of support provided. One related to communication with family members. These were resolved either by explaining the reasons behind the service's actions with complainants or, where appropriate, making an apology and taking appropriate steps with staff.

One complaint about the management of a particular case progressed to Stage 2. The independent investigation found processes were followed and did not uphold the complaint

### Occupational Therapy

3 complaints were made about the service at Stage 1 (compared to 2 complaints last year) relating to equipment or assessments. 2 were resolved

by reviewing each individual's situation and providing equipment. The third complaint found the eligibility criteria had been correctly applied and the request for an adaptation turned down.

All complaints were resolved by Managers - no complaints progressed to Stage 2.

#### Physical Disability and Sensory Impairment

5 complaints were received at Stage 1 (compared to 2 last year) including issues about direct payments which were resolved by reviewing need and either adjusting the level of direct payments paid or explaining the existing care package met the need and would not be changed. Other complaints related to the management of individual cases, but it was found the service was following procedures and this was explained to complainants.

One complaint about the service's management of a case was investigated independently at Stage 2. The complaint was not upheld.

#### Other

2 complaints regarding P.O.V.A. (Protection of Vulnerable Adults) processes and one complaint about Blue Badges were received at Stage 1. Lessons were learned and an apology made following one P.O.V.A. investigation, but it was found processes were followed with regard to another investigation. An apology was made for any misunderstanding regarding a blue badge application.

### **Summary of complaints received across service areas (2013-14)**

#### Older People Care Management

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

#### Older People – Intake and Reablement

Service users and their families expressed 83 compliments about the quality of service provided at day centres, by the Hospital Social Work Team and Reablement.

#### Independent Sector

3 compliments were received praising the contributions of independent service providers.

### Learning Disability

Service users and their families expressed 16 compliments for the Learning Disability Teams. These related to care management and provision of other services such as Supported Living, Day Opportunities and Work Options etc. Others praised Rowley's Pantry and Castle Connections.

### Mental Health and Substance Misuse

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

### Physical Disability and Sensory Impairment

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

## **Appendix 2** **Children's Social Services**

### **Summary of complaints received across service areas (2013-14)**

#### **Childcare Fieldwork**

67 complaints were received during the year. The themes included: case management issues, disputes between parents, lack of support or information, perceived breaches in confidentiality, decisions/courses of action taken by the Service, and issues with Court reports.

Resolutions included face to face meetings with the relevant Team Managers and the Service Manager. Apologies were made where the quality or level of service fell below expectation, and matters put right in individual cases.

In cases where no fault was found with the Department, it was clearly explained to complainants the reasons for our courses of action and the decisions made.

#### **Resources Service**

The 8 complaints responded to at Stage 1 included issues about contact arrangements, issues raised by foster carers and kinship carer's assessments. These issues were resolved by reviewing contact venues or arrangements, or explaining how and why the Department had reached a particular decision.

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

The 9 complaints made at Stage 1 included case management issues and delays in providing a service. Where appropriate apologies were made for the lateness in providing a service or that a case could have been handled differently. Again, those complaints where the Department was not found to be at fault involved explaining to complainants how and why the Department had reached a particular decision.

#### **Safeguarding Unit**

One complaint was made about the chairing of a case conference. It was explained the relevant procedures were followed.

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## FLINTSHIRE COUNTY COUNCIL

**REPORT TO:** **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**DATE:** **1<sup>ST</sup> MAY 2014**  
**REPORT BY:** **DIRECTOR OF COMMUNITY SERVICES**  
**SUBJECT:** **CSSIW INSPECTION REPORT – COMMISSIONING DEMENTIA**

### **1.00 PURPOSE OF REPORT**

1.01 To inform members about the outcome of a national review of commissioning in adult social care. The review included an inspection of how well services for people with dementia and their carers are being commissioned in Flintshire.

### **2.00 BACKGROUND**

2.01 The Care and Social Services Inspectorate for Wales (CSSIW) conducted a national review of commissioning in adult social care between July 2013 and January 2014. The review was conducted in partnership with Healthcare Inspectorate Wales (HIW) and Auditor General for Wales (AGW).

2.02 The review was conducted in two phases. The first phase involved the completion of a self-assessment by local authorities, evaluating the quality of their overall commissioning with their partners in relation to their strategic priorities. This was followed by a meeting with CSSIW to verify the evidence contained within the self-assessment.

2.03 The second phase comprised field work which focused on the commissioning of services for people with dementia and their carers. The inspectorate visited five local authorities including Flintshire. Flintshire was the only authority in North Wales to be selected.

2.04 A site visit lasting three days was undertaken in early January 2014. Three inspectors, along with a representative from the Welsh Audit Office tracked five current cases of service users living with dementia. They visited the resources used by these service users, met support staff, their carers and family members. They interviewed the professionals involved from Health and Social Care and had access to all documentation.

2.05 The inspectors also held focus groups with large numbers of representatives from the voluntary sector, the independent sector, as well as our in-house care teams. They undertook a series of meetings at all levels of the organisation including elected members and met

with Strategic Managers from BCUHB.

- 2.06 The CSSIW report on commissioning arrangements in Flintshire is attached. The report forms part of the wider National Report entitled “National Review of Commissioning for Social Services in Wales 2014”. The national report can be found at:

<http://cssiw.org.uk/our-reports/national-thematic-report/2014/?lang=en>

### **3.00 CONSIDERATIONS**

- 3.01 Flintshire’s report was published on CSSIW website on 16<sup>th</sup> April 2014. Overall it is very positive about the services in place for people living with Dementia in this Authority. In relation to our Commissioning Strategy for people living with Dementia it states .....
- 3.02 “Flintshire County Council’s Commissioning Strategy for long term placements for older people with Dementia is a comprehensive document which considers current and future demand and links this to budget information and the state of the market place. The analysis and conclusion decisions are sophisticated and advanced and put the Local Authority in the position of making sound long term decisions and managing the market rather than working in a reactive way. They also have a very detailed strategy for concerns”.
- 3.03 The report goes on to identify a number of areas of “best practice” it found in Flintshire namely:-
- i. The “Living Well” domiciliary care team supporting people living with Dementia using in-house domiciliary care staff.
  - ii. The North East Wales Carers Information Service (NEWCIS) as a model of best practice in supporting carers and families, (indeed a follow up visit by Marya Shamte Head of CSSIW has been arranged for early May).
- 3.04 Flintshire’s Community Care Brokerage Service was described as proactive commended for brokering Continuing Health Care packages in order to ensure that CHC and palliative care is provided in a timely way and that processes work smoothly for Providers across Flintshire.
- 3.05 The report recognised Flintshire’s contribution to the development of a Regional approach to commissioning through its work with the North Wales Regional Commissioning Hub and the development of a Regional Framework for domiciliary providers. It highlighted Flintshire’s focus on ‘quality and responsiveness of services’, noting that the Authority does not commission 15 minute domiciliary care calls and describing relationships with providers as “very positive and very collaborative”.

- 3.06 The inspection report acknowledges the current lack of resources in terms of specialist EMI nursing home placements within Flintshire boundaries and the challenge this presents in the face of growing demand for the future.
- 3.07 The report states that “partnership arrangements with BCUHB for people with dementia are not as effective or developed as they should be.” Inspectors report that they were informed BCUHB were not in a position to commit to long term commissioning and partnership arrangements at the time of the inspection, recognising that the authority is already addressing the issue.
- 3.08 More positively the report goes on to recognise that “there is a commitment on both sides to further develop the partnership arrangements and build on initiatives already in place.” Discussions with senior staff in BCUHB have reaffirmed this commitment.
- 3.09 Service users and carers reported to inspectors that “it was often difficult to clear the first hurdle of their GP” recognising problems were linked to Dementia and refer on to a ‘Memory Clinic’. Inspectors also did not find evidence of the Dementia support workers, (joint funded posts) making a difference at a primary care level.
- 3.10 The report makes three recommendations to improve the services for people living with dementia in Flintshire.
1. The Local Authority and Local Health Board should accelerate an integrated outcome focused approach to supporting people with dementia and their carers. This should include co-location of operational teams and agreeing the Care Management arrangements and approach to risk.
  2. The Local Authority and Local Health Board should review the Dementia Support Worker Service to optimise access and availability, especially at the time of diagnosis.
  3. The Local Authority and its Partners should develop a joint approach and plan to commission locally based, high quality nursing home capacity.
- 3.11 There are a number of strands to how we will take the recommendations forward in Flintshire.
- 3.12 We have secured additional funding through the Intermediate Care Fund to bring additional capacity to:
- Develop a Market Position Statement for Dementia Services. This will set out the services we will ensure are in place to provide timely and effective social care support for people with dementia and their carers

- To extend the Living Well service into the independent sector to enhance the number of people with dementia that can be supported to live well at home.
  - To provide additional training and support for staff working in the independent sector on the delivery of good quality dementia care
  - To arrange training for carers and family members on dementia so they can better understand and support a family member with dementia
- 3.13 We recognise that responding to the recommendations requires a strong and committed partnership approach. BCUHB are critical partners in taking forward this agenda.
- 3.14 We have started the process of developing co-located Health and Social Care Teams with the first Team now in place. Our plans for co-location of the remaining two localities are reflected in the Authority's Improvement Plan and progress will be monitored through the associated performance management arrangements of the Plan.
- 3.15 We have started to discuss the development of a joint commissioning strategy with BCUHB. This strategy and associated action plans will include the development of a joint approach to commissioning locally based, high quality nursing home capacity.
- 3.16 Given that the footprint of BCUHB extends across the whole of North Wales we recognise that we will need to work towards this goal largely through a regional collaborative approach, involving Social Services colleagues in the other five Local Authorities.
- 3.17 We will develop a detailed action plan for developing and further strengthening dementia care by the end of June 2014. the development of the action plan will require effective consultation with partners.

#### **4.00 RECOMMENDATIONS**

- 4.01 Scrutiny are asked to consider the findings arising from the CSSIW report and support the development of an action plan detailing our response to the recommendations.
- 4.02 A strong, reciprocal, partnership approach between BCUHB and the local authority will be integral to developing the action plan and ensuring that good quality support and care is available to people with dementia and their carers. It is recommended that a progress report, and the final draft of the action plan, is brought to Scrutiny in July for review and consideration.

#### **5.00 FINANCIAL IMPLICATIONS**

- 5.01 Actions to take forward the recommendations arising from the report will need to be costed and developed within available resources.

**6.00 ANTI POVERTY IMPACT**

6.01 None

**7.00 ENVIRONMENTAL IMPACT**

7.01 None

**8.00 EQUALITIES IMPACT**

8.01 None

**9.00 PERSONNEL IMPLICATIONS**

9.01 None

**10.00 CONSULTATION REQUIRED**

10.01 None

**11.00 CONSULTATION UNDERTAKEN**

11.01 None

**12.00 APPENDICES**

12.01 CSSIW Flintshire Report

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

None

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# National Review of Commissioning for **Adult** Social Care in Wales 2013-2014

## Local Authority Feedback Flintshire County Council







## **Introduction**

This report provides an overview of the effectiveness of commissioning for adult social care in this local authority. The focus of the inspection was on the commissioning of care and support for people with dementia and their carers.

### **Commissioning Infrastructure for Dementia Services**

Flintshire County Council has in place a number of governance and partnership arrangements to oversee its strategic and commissioning plans for adult social services. The Modernising Social Services Programme Board leads on the work that is linked to the Social Services and Well-being Bill and there is commitment from members and the corporate centre to protect and develop social services.

There are a number of joint governance structures in place with health including the Local Service Board, one of whose priorities is that "people enjoy good health, well-being and independence". The local authority and Betsi Cadwalader University Health Board (BCUHB) also have a Well-being and Independence Board, Local Services Board. In addition, the Strategic Partnership Board is a forum based on the county footprint chaired by the Leader of the Council and has both CEOs represented.

The Local Service Board has started to deliver in a number of areas such as extra care housing, falls prevention, enhanced care at home and co-location of staff. There is the Flintshire Improvement Plan: Living Well, which is aimed at helping more people to live independently and well at home. The main actions are developing reablement services, commissioning plans and supporting social enterprises, the latter being an aspiration and not yet in place.

However, partnership arrangements with BCUHB for people with dementia are not as developed or effective as they should be. The BCUHB has withdrawn financial assistance to third sector services and they are not in a position to commit to long-term commissioning and partnership arrangements. They are currently focused on their own internal agenda of service improvement and have their own draft dementia strategy 2013 – 2015. This sets out a plan for improving the experiences of people with dementia in hospitals, addressing a shortfall, community psychiatric nursing (CPN) capacity and improving access to diagnosis. The BCUHB is in transition because of changes at senior level which are well documented. It is anticipated by the senior team at the local authority that this situation will continue for some time although there is a commitment on both sides to further develop the partnership arrangements and build on initiatives already in place.

Flintshire County Council's commissioning strategy for long-term placements for older people with dementia is a comprehensive document which considers current and future demand, and links this to budget information and the state of the market-place. The analysis and conclusions drawn are sophisticated and nuanced, and puts the local authority in the position of making sound long-term decisions and managing

the market rather than working in a reactive way. They also have a very detailed commissioning strategy for carers.

The local authority has developed a “Dementia Road” from early diagnosis to living in a care home which is intended to deliver an integrated approach in the future. However, joint commissioning between the BCUHB and local authority has not moved beyond statements of principles and intentions. In line with strategic documents they have commissioned one joint post with BCUHB to improve the patient experience on the dementia pathway.

Housing is in the same community directorate as social care which ensures that these are linked across policy areas and service developments. For example, they are planning to introduce “step down” beds in their sheltered housing schemes and there is no waiting list for housing adaptations.

The council has a budget shortfall which equates to £47m over four years and has had a 4% budget reduction. Adult services are currently managing within the available resources. There is an alignment between management and performance information and budgets, access to re-ablement services is targeted at people who have an identified need, and who would benefit, from the service.

The local authority has undertaken a needs analysis which has projected an increase of between 400 and 500 new referrals for adult services per year and that the numbers of people with dementia will also increase by 26% by 2020/2021. It is recognised that services will need to be reconfigured and, where possible, expanded to meet this demand. The authority has restructured its in-house domiciliary care services to provide re-ablement services and now commissions 80% of ongoing care and support from the independent sector. It has also used a corporate “empty houses” scheme to find a suitable building for a day centre for people with dementia. which provides a homely environment.

The North Wales commissioning hub started with high cost low volume activity and now has in place a set of contracts and frameworks which are used across the region. The head of procurement in Flintshire County Council is a shared appointment with Denbighshire County Council and this post manages a joint team across both organisations. They also provide advice to the North Wales regional commissioning hub and, whilst it has already contributed to efficiency savings, senior managers at Flintshire County Council told us that it has potential and that much more should have been achieved through this arrangement

Flintshire County Council has an extremely proactive approach to brokerage which is managed by a central team. The relationship with providers is very strong. When the service was piloted, the authority seconded someone from the independent sector to help inform how it could best work from their perspective. This team also provides brokerage for Continuing Health Care (CHC) packages at no cost to the local health board, but ensures that this take place in a timely way for service users and the payment process works smoothly for the providers.

## **Prevention and Early Intervention**

There have historically been some challenges with the infrastructure for voluntary services in Flintshire County Council and a lot of work has been done to improve this position. The aim is to avoid the need for specialist services for longer periods of time. An example of this is the Well Check service (initially jointly with BCUHB) which supports people through lunch clubs, eating well initiatives, safety checks in the home, avoiding falls etc. Originally set up by the authority and the health board, this important service is now underpinned by Supporting People funding (following the withdrawal of health finance) and is run by North East Wales Age Concern.

The council is looking at how it uses its warden service in the sheltered housing schemes, linking this up with the Well Check service and identifying three tiers of service based on the tenants need for support and oversight. Some people will not require any checking and others a care package funded by the authority. The Alzheimer's Society is supported through core funding and has a very strong local profile through its provision of dementia support workers. The Red Cross provides a home from hospital service. The health funding for this service is under threat and the council is considering alternative means to sustain it. The Voluntary Service Council leads for the council across all the third sector organisations in the county.

The local authority has researched a number of models for dementia cafes at Llys Jasmine Extra Housing Scheme. A number are already operating in a range of community based venues across the county run by the Alzheimer's Society.

The local authority has a number of Flintshire Connect Centres in development in local towns which will operate as one stop shops and will, where possible, be co-located with other agencies such as the Police and Job Centre Plus. Flintshire Connect will provide the universal first contact point for Flintshire residents and people who need a social services response are then passed through to Duty who screen people based on a set of questions linked to the Fair Access to Care's eligibility criteria. Where a person has an identified need, and it is clear that they would benefit from re-ablement, the re-ablement team can be deployed at this point. A project to set up an integrated single point of access with BCUHB is scheduled to begin shortly, and will be in place by 2016. People who do not meet the eligibility threshold can be signposted to services in the third sector such as the Age Concern Well Check service which can provide up to six weeks of support delivered by staff and volunteers.

Users and carers report that it was very difficult to clear the first hurdle of their GP recognising that their problems were linked to dementia and be referred to a memory clinic. One person described this stage in their journey as "shambolic" and felt that NHS staff did not care. No-one that we talked to had experience of the dementia support worker at primary care level and it was felt that support at this early point would have been invaluable in providing the guidance or information that they desperately needed.

## **Supporting People in the Community**

A range of services are in place to support people with dementia in the community who meet Flintshire County Council's eligibility threshold which is currently set at critical and substantial. The Living Well service is an in-house domiciliary care service which provides specialised support for people with dementia and their carers. The service is set up to work flexibly and staff are able to change the times and care plans without necessarily referring back to the social worker. It is targeted at people who are difficult to engage with, have complex needs, where carers are very stressed or those who have had a number of failed care packages which can be linked to challenging behaviour. Dementia support workers are based in the locality teams. There are a range of day opportunities such as Flintshire Sounds for people with dementia and their carers and a specialist social worker for people with early onset dementia.

The local authority is planning to shift towards a "frontloading" of services towards prevention and improving how people are supported in the community. Joint planning with BCUHB is under development. There are, for example, fledgling enhanced care teams in place – a first step toward the virtual ward approach. The authority is also committed to establishing locality teams and co-location of social services and health staff. There are currently no plans to share IT systems with the NHS.

The Older People's Mental Health team, however, operates county wide and, although there are good working relationships reported on an individual basis, they are working in parallel rather than in an integrated way. An example of which is the withdrawal of CPNs from Holywell health centre at the same point as which the local authority staff were moving in; the Head of Service was unaware of this development. The cases we tracked did not exhibit a wrap around approach to supporting people in the community across health and social care. In one very complex case, the considerable risks were managed solely by a social worker and there was no sense of joint ownership from the NHS.

Flintshire County Council commissions domiciliary care in collaboration with the North Wales commissioning hub. Those who take part in the hub work to a collective framework agreement and an approved provider process in place. The local authority does not commission 15 minute visits and there is focus on quality and responsiveness.

A joint project to modernise care services across North Wales is under way. The aim is to collect data, and to benchmark services and commissioning practice against models used across Wales and elsewhere. The project will also undertake a gap analysis between current and future models of commissioning services and develop a marker position statement.

Relationships with the independent sector are very positive and demands are monitored through a resource database which can flag up where there are stresses in the system and distribution of services. Three local authorities in North East Wales have worked together to produce the care fees methodology. This supports consistency and transparency in how care home fees are determined. The case

examples we tracked where people were receiving support in a care home were positive.

The council is looking at models of good commissioning practice such as the HTL@H model in Wiltshire, which commissions services by outcomes rather than time and tasks. It is also using leisure services to provide day opportunities for people with learning disabilities and older people, and developing dementia friendly communities. They are also keen to explore co-production with a range of stakeholders.

Llys Jasmine is an extra care housing scheme in Mold which includes 15 apartments for people with dementia which have been specifically designed for this purpose and has been delivered in partnership with Wales & West Housing Association. People were supported through the Living Well service to maximise their living skills before moving into Llys Jasmine including some people who moved from residential care homes. There is an ambition to build two further schemes but plans are not yet well advanced.

The Living Well service is an in-house domiciliary care service which supports people with dementia who are resistant to accepting support and/or have challenging behaviour. Staff delivering the service have the discretion to be flexible and, if necessary, they can extend their visits to respond to the needs of the person they are supporting and can also bank hours. During the inspection, we met a carer who felt that the staff now knew their mother “better than I do”.

Direct payments are actively promoted and the direct payments officer sits on the resource panel to make sure that this option is considered. Flintshire also has the option of a provider administered direct payment (managed account) and currently have 300 people with a direct payment.

People are supported to access telecare and Flintshire reports that it provided 556 telecare assessments for individuals last year, a large percentage of whom had a level of dementia. This can be linked to the Just Checking service which is a monitoring system that builds up a profile of a person’s daily routines such as if they are awake for long periods in the middle of the night.

The NEWICS service is highly valued by the carers we spoke to who benefit from the emotional and practical help they receive. They have a long-term group which continues to provide support after the person they are caring for has died and also have a group to support male carers. Carers told us about a number of different

ways they had been supported including receiving a carer’s grant for a holiday, and access to day opportunities and flexible respite care and sitting services.

However, the people we spoke to expressed concern about their experience of primary care and described how difficult it was to get support at this critical point, and get referred to the memory clinic and access to a diagnosis. These experiences are

confirmed by information provided to the Flintshire County Council scrutiny committee which notes a waiting time of up to 22 weeks in some parts of Flintshire.

Providers participate in a strategic planning group and in locality meetings. They describe Flintshire Social Services as “very collaborative” and say they treat providers as allies and co-workers. Dementia training is delivered across both organisations and to the independent and third sectors via a voucher system.

### **Supporting People with Complex Needs**

People who have a learning disability who develop dementia are supported to services appropriate to their individual needs. One individual with a learning disability and dementia has, for example, moved to the Llys Jasmine extra care housing scheme. The local authority had been working towards a Section 33 agreement with for learning disability services, but the BCUHB has withdrawn from negotiations. The commissioning plan for long-term care includes detailed scoping of the authority’s required capacity for care homes with nursing for people with dementia which is recognised as a shortfall. It only has one EMI nursing home within its boundary and 69 people who need this type of provision are placed out of county. The authority is in discussion with independent providers, but there are no immediate plans to build further provision in Flintshire and this has been highlighted as a risk for the local authority. Flintshire County Council has very low numbers of delayed transfers of care and people are only admitted to residential care from hospital if appropriate. However, 45% of the demand for residential beds is on behalf of people in hospital. There is access to step down facilities and community hospital beds via the BCUHB. This will continue to be an area of demand and cost pressure in the future.

### **Engaging Service Users and Carers**

Flintshire County Council has consulted extensively with users and carers about its commissioning plans for services. This included carrying out a survey and using Care Checker, a listening organisation, to meet with residents and families and gather feedback about their experiences. Inspectors also received positive feedback about the authority’s approach to engagement during the inspection, both face-to-face and in writing from people who could not be present but wished to make their views known.

Service users and carers have questionnaires to complete about the services they are using which are simple and easy to use. This information, as well as any complaints and compliments, is captured as part of the quality monitoring process. Examples of completed documents had comments that were positive about the services provided and the council also has a detailed process for managing services of concern and improving the quality of care.

Complaints and concerns are dealt with effectively and feedback given to providers and effective action taken. This was evidenced by a situation reported by a family carer where there had been issues with the new gas boiler that had been installed through the housing department. It had not been working correctly since installation and therefore her mother had been without hot water and heating for some days.

The complaint had been made and the issue resolved to the satisfaction of all concerned within a very short period of time. Flintshire has access to a number of agencies and services for people whose first language is Welsh. They are also able to support people who, for religious reasons, cannot be in the presence of men outside their family.

**GOOD PRACTICE: Living Well**

The Living Well service aims to support people with dementia living in their own home as safely as possible. It is person centred and is able to offer an individualised support plan which is based on their past life, personal strengths and wishes. Staff have the discretion to vary the plan according to the situation on the day and introduce telecare to help assure security and reduce risk. It is particularly helpful for people who are difficult to engage with and where carers are under significant stress.

**Recommendations**

- The local authority and the local health board should accelerate an integrated outcome focused approach to supporting people with dementia and their carers in the community. This should include the co-location of teams and agreeing the care management arrangements and approach to risk.
- The local authority and local health board should review the dementia support workers service to optimise access and availability for people with dementia and their carers, especially around the time of diagnosis.
- The local authority and its partners should develop a joint approach and plan to commission locally based, high quality nursing home capacity.

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **01 MAY 2014**

**REPORT BY:** **DIRECTOR OF COMMUNITY SERVICES**

**SUBJECT:** **ANNUAL FOSTERING INSPECTION**

### **1.00 PURPOSE OF REPORT**

1.01 To advise the Committee of the outcome of the annual inspection of the Flintshire Fostering Service (20<sup>th</sup> – 22<sup>nd</sup> and 28<sup>th</sup> January 2014) by the Care and Social Services Inspectorate Wales (CSSIW).

### **2.00 BACKGROUND**

2.01 In accordance with the Care Standards Act (2000) the CSSIW have undertaken an annual review of Flintshire County Council's Fostering Service. The CSSIW Inspection focussed on the quality of life of children and young people in general foster care. This involved a number of key lines of enquiries ranging from meeting with young people and carers, offices of Social Services and attendance at the participation group.

2.02 The Inspection identified the following strengths, areas of progress and areas for further improvement.

2.03 What does the Service do well?

- Foster carers value the support from the Fostering Service and appreciate the Team's stability and consistency. This is a consistent message which dates back over several inspections.
- Fostering Panel was well organised, facilitated and feedback from attendees was regarded as positive.
- Good evidence of the Agency Decision Maker's scrutiny, challenge and reflection in relation to the decisions and issues noted in the Panel.

2.04 What has improved since the last Inspection?

- Closer collaboration between Senior Practitioner (Fostering Services) and child care teams. This has assisted in more effective and timely decisions to be made about potential

assessments of carers.

- Foster carers have greater access to online training and joint training with child care staff. This has resulted in carers reporting on feeling more equipped to meet the challenges of care.
- Part-time therapist (via Action for Children) has been employed to work with foster carers. This has proven a success in that carers receive closer support in responding to more challenging and difficult placement encounters.

2.05 What needs to be done to improve the Service?

- The development of a Participation Strategy and greater dissemination of outcomes to be shared with the looked after children's population.

2.06 A new refreshed Corporate Parenting Policy will incorporate this outcome. This is to be presented to the next scheduled Children's Services Forum for consultation and overview and subsequent Health Committee Meeting.

- Improvements required to support potential kinship foster carers applying for special guardianship orders. In the past carers have been concerned that without requisite support (which is evident whilst they are carers) they would be reluctant to consider this next step. The appointment to this post will encourage more kin carers to actively choose this option for permanency outcomes.

2.07 A vacancy requisition process has been completed. A Special Guardianship service policy has been designed in advance of the postholder taking up the role from June 2014.

- Some foster carers missed the opportunity to participate in a CAMHS facilitated support group.

2.08 CAMHS are to offer a modular course for carers from the Summer of 2014. This will replace the more 'ad-hoc' support provision, providing learning, supervision and a recognised certification of attendance and completion of work. In parallel is the employment of the part-time therapist (as noted above) to offer one-to-one and family support intervention.

### **3.00 CONSIDERATIONS**

3.01 The Flintshire Fostering Service continues to provide an excellent service, with a stable and respected staff group, committed foster carers and children and young people who experience excellent care

support.

- 3.02 The Inspection of the Fostering Service since 2005 have repeatedly identified a maturing, well organised, well managed and effective service. This reflects upon the team and their management.

#### **4.00 RECOMMENDATIONS**

- 4.01 That the Committee accepts this report (with the attachment).

#### **5.00 FINANCIAL IMPLICATIONS**

- 5.01 No financial issues were identified as part of the Inspection.

#### **6.00 ANTI POVERTY IMPACT**

- 6.01 That the Local Authority ensures that looked after children are not disadvantaged by their status as looked after.

#### **7.00 ENVIRONMENTAL IMPACT**

- 7.01 None noted.

#### **8.00 EQUALITIES IMPACT**

- 8.01 None noted.

#### **9.00 PERSONNEL IMPLICATIONS**

- 9.01 None noted.

#### **10.00 CONSULTATION REQUIRED**

- 10.01 None noted.

#### **11.00 CONSULTATION UNDERTAKEN**

- 11.01 These were undertaken as part of the Inspection process.

#### **12.00 APPENDICES**

- 12.01 Annual Fostering Inspection Report

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

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## Care and Social Services Inspectorate Wales

### Care Standards Act 2000

#### Inspection Report

#### Flintshire Fostering Services

County Hall  
Mold  
CH7 6NN

#### Type of Inspection – Focussed

Date(s) of inspection – 20<sup>th</sup>, 21<sup>st</sup>, 22<sup>nd</sup> and 28<sup>th</sup> January 2014

Date of publication – 31<sup>st</sup> March 2014

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## Summary

### About the service

Flintshire County Council's fostering service provides a range of family based services to children and young people that are long term, short term, respite, short break and kinship care. The responsible individual is Carol Salmon, Head of Children's Services and the registered manager of the fostering service is Liz Byrne.

The data previously submitted showed there were 102 approved foster carers providing 165 placements (including respite care) and there were 142 children in placement, with 22 of these children with other fostering providers.

### What type of inspection was carried out?

This inspection focussed specifically on the quality of life of children and young people in general foster care. Information for this inspection was gathered from submitted data, the history of the service and the annual quality of care review of the service. We (CSSIW) examined 3 looked after children reviews and the associated chair's reports along with foster carers reviews. We visited two of the foster carers supporting two of the children whose reviews we looked at. We had discussions with the team manager, 2 child care social workers, 3 fostering officers, the participation officer, an independent reviewing officer, the fostering panel chair and the agency decision maker. We attended the fostering panel, two young people's participation groups and the authority's Children's Services Forum. We contacted 10 foster carers to seek their permission to send them questionnaires and elicit their support in assisting the children they were caring for to complete questionnaires. We sent questionnaires to child care social workers, fostering team staff and the fostering panel members and received 8 from foster carers, 2 from child care social workers, 5 from panel, 7 from fostering staff and 1 from a young person.

### What does the service do well?

- We heard from foster carers that they valued the support from the fostering service and they appreciated that the team was stable and consistent
- We found the fostering panel was well organised to address the business presented to them. We saw a very detailed analysis of a particularly complex case.
- We saw several entries in the fostering panel minutes where there was evidence of the Agency Decision Maker's scrutiny of cases.

### What has improved since the last inspection?

- The senior practitioner of the service spends one day a week with child care teams to participate in legal advice, permanence planning and matching meetings and provide advice on potential kinship carers.
- On-line training for foster carers has been introduced and training is open to foster carers who participate on courses alongside child care staff
- A part time therapist post with Action for Children (AFC) has been funded by the authority to provide support to foster carers caring for children and young people who would benefit from such a service.

### What needs to be done to improve the service?

- The newly appointed children's participation officer's plans to expand and develop participation by young people. Participation would benefit from a strategy to inform

other looked after children about the groups and the things they discussed.

- The ability of the fostering team to respond to the strong emphasis on placing children within their birth families by encouraging, developing and supporting the kinship carer role is limited by the financial constraints of the authority, the re-designation of one post and the loss of another post. However, the introduction of the connected person's assessment and the planned development of a support service for Special Guardians may lead to an improvement in this area. We were encouraged to learn that the fostering service had completed the vacancy requisition processes for this development and it had been submitted for consideration.
- We found that some foster carers missed the opportunity to participate in the CAMHS support group which no longer operates. Some foster carers would welcome the opportunity to determine the need for this type of support service and how best it could be delivered.



## Quality of life

Children and young people can be confident that the Fostering Service promotes and safeguards their physical and emotional welfare because the service has a robust recruitment and assessment process for foster carers. We saw a meeting of the fostering panel that considered requests for long term foster care for a specific child, a change of approval for a foster care couple and an assessment of the suitability of kinship carers. The meeting focussed on the needs of children and young people and used headings for analysing the strengths and weaknesses of the carers being presented. Each member of the panel had clearly studied the reports and was assisted by the chair to contribute to a structured analysis of the ability of the prospective carers to provide an environment that met the needs of the children both in the short and long term. The independent chair ensured that the panel remained child focussed, was evidence based and grounded in contemporary research. The chair confirmed the role of panel as being to ensure that prospective applicants had the potential to provide good quality care to children looked after with a focus on permanency early in the process. We saw evidence of the agency decision maker providing an objective oversight of panel deliberations and seeking further information as relevant before approving panel recommendations.

On the whole, children and young people can be confident that the foster carers who are caring for them are offered a comprehensive training programme both during recruitment and throughout their fostering. We saw that this training had been extended to include a wide ranging set of short courses available on-line to foster carers to provide more flexible training opportunities. The foster carers we spoke with told us they had been on courses which were open to all and enabled a sharing of knowledge between foster carers, social workers and other child care workers, which they valued. The foster carer review includes a section detailing the training undertaken by them during the review period and each foster carer has a training portfolio.

Children and young people can be confident that their physical and emotional needs will be met because the authority has a robust assessment of these through their looked after children processes. One young person recorded in their questionnaire that it was the right place for them because 'it is good and awesome', the foster carers 'listen to me read' and they 'were not allowed to eat 'too may sweets'. Foster carers are involved in the review of the arrangements to meet a looked after child's needs and their ability to meet those needs, and the support to do so, is considered. We saw an example of the need for training in autism being identified to support foster carers in supporting a young person. The authority has funded a part time therapist post with Action for Children to assist foster carers supporting young people with emotional difficulties and we saw reference to this source of support by the agency decision maker in the panel minutes. However, two foster carers told us in their questionnaires that they missed the CAMHS support group which no longer operated.

Overall children and young people can be confident that they will have a voice and be encouraged to express an opinion. We saw the voice of the child or young person recorded in all the LAC documentation we looked at and where a child was too young to express their views, the IRO assessed how settled and content they were in their placements and recorded this in their review, taking account of the views of carers and significant others. The IRO we spoke with expressed concern that the increasing numbers of children becoming looked after limited the time they were able to spend with children and young people outside of the actual review meeting. They told us how they

supported the participation groups and were addressing the issues raised by the groups in relation to the process of LAC reviews.

We talked with the newly appointed children's participation officer and heard from them about their plans to develop and expand participation by young people. We observed a meeting of a Speak Your Mind (SYM) group for younger people and a Care Leavers Support Group where children and young people met to discuss issues facing them as looked after children. There are six young people in each group and they received a small monetary incentive to attend. The young people in the groups told us that sharing what they discussed in their groups was limited to the annual 'Speak Out' events and we saw from reports that the last event was attended by 21 young people aged 11 to 16 years. We feel it would be helpful if information from these groups was routinely shared with the looked after child population.

Young people can be confident that they will have influence in the development of services to children looked after by the local authority because representatives of the participation groups attend the Children's Services Forum with support from the participation officer. It is an official committee of the County Council which may, in part, explain why the meeting we attended appeared as a committee to which young people were invited rather than it being led by young people. The young people present reinforced the feedback to the meeting about LAC language and housing issues by giving their views and describing their experience. The Forum heard that two of the IROs would be attending the participation groups in February 2014 to address the issues arising from the LAC mind maps.

## Quality of staffing

The inspection focussed on the quality of life of children and young people in general foster care and we did not consider it necessary to look at the quality of staffing on this occasion because previous inspections have found that staff turnover is low and there is a good range of skills, knowledge and experience within the team. We found that one post had been lost and one post had been re-designated as a kinship care support assistant which did not require a professional qualification. However we did not find this had affected the quality of life being provided to looked after children. Fostering staff expressed concern that they did not have the capacity to respond to the increasing emphasis on supporting children with special guardians because of the need to develop and support this role whilst also supporting the increasing numbers of kinship carers with a reduced staffing capacity. The proposals to recruit a new member of staff to develop and support the role of special guardians should strengthen this capacity and be beneficial to kinship carers and the service.

## Quality of leadership and management

The inspection focussed on the quality of life of children and young people in general foster care and we did not consider it necessary to look at the quality of leadership and management on this occasion because previous inspections have found the fostering service to be well managed and very responsive to issues raised by foster carers, children and inspections.

## Quality of Foster Carers

The inspection focussed on the quality of life of children and young people in general foster care and we did not consider it necessary to look at the quality of foster carers on this occasion because previous inspections have found that foster carers receive good assessment, regular training and are well supported by the fostering service. We found this to remain the case when we looked at how these areas affected the quality of life experienced by children and young people placed with foster carers.



**How we inspect and report on services** We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** 1 MAY 2014

**REPORT BY:** DIRECTOR OF COMMUNITY SERVICES

**SUBJECT:** ANNUAL COUNCIL REPORTING FRAMEWORK

### **1.00 PURPOSE OF REPORT**

1.01 To present the final draft of the Social Services Annual Report to the Scrutiny Committee and to seek any final views and comments before seeking approval by Cabinet.

### **2.00 BACKGROUND**

2.01 Every Director of Social Services in Wales is required to produce an annual report which summarises their view of the effectiveness of the authority's social care services and priorities for improvement.

2.02 The draft annual report for 2013/2014 is attached as Appendix 1. The report is intended to provide the public with an honest picture of services in Flintshire and to demonstrate a clear understanding of the strengths and challenges faced.

2.03 The report will form an integral part of the Care and Social Services Inspectorate Wales (CSSIW) performance evaluation of Flintshire Social Services. The evaluation also informs the Wales Audit Office assessment of Flintshire County Council as part of the annual improvement report.

### **3.00 CONSIDERATIONS**

3.01 The Annual Report has been prepared following an in-depth review of current performance by the Director, Heads of Service, Service Managers and Planning and Performance Officers.

3.02 A Member Task and Finish meeting reviewed an initial draft of the annual report and informed further analysis, the shaping of priorities and the style of the final draft. As a result of feedback from Members the final draft report, now presented to Scrutiny, is intended to be a more succinct, focused and user friendly document (having reduced from an initial 74 pages).

3.04 The report has been developed in sections that reflect the key themes contained within the Social Services and Well Being Bill.

3.05 The alignment of our assessment, and future priorities, to the Bill was

an approach that was received positively by CSSIW last year.

### **Key messages and priorities**

3.06 Our overall assessment is that Flintshire Community Services continue to drive forward service improvement and ensure we have an effective range of good quality services that support and protect vulnerable people. Through our assessment we can show that we have:

- supported families successfully at an early stage to help prevent problems escalating this includes supporting parents through Flying Start and the Integrated Family Support Service
- provided early support and helped people to regain their confidence and ability to care for themselves e.g. reablement after a fall
- supported people to live independently in the community by using more flexible and creative responses one example being the successful use of Direct Payments.
- delivered good outcomes for people with mental illness through a recovery model – we were awarded a Social Care Accolade in 2013
- supported an increasing number of looked after children with a strong, consistent, and stable fostering service
- safeguarded children and vulnerable adults effectively
- worked in partnership with other authorities and agencies including setting up a co-located team with Health at Holywell and the development of Llys Jasmine Extra Care
- a stable workforce who are supported with their professional development
- strong leadership driving forward our approach to modernise social care and support the development of alternative models of service delivery – for example securing agreement to develop Double Click as a Social Enterprise
- robust financial management which has delivered challenging efficiencies whilst sustaining the delivery of front line services

3.07 These achievements have been delivered within the context of some real strategic and operational challenges. For instance, we have seen an increasing number of vulnerable children, young people and adults with complex care needs requiring support. In response we have made good progress with our programme to modernise social care. However, we recognise that we need to continue to adapt and modernise. The report therefore sets out our priorities for service development and improvement in 2014/2015.

3.08 In summary the improvement priorities focus on:

- delivering the requirements of the Social Services and Well

#### Being Bill

- developing our systems to ensure that people are at the centre of our work, that they have a voice and control in what happens to them and that we have a comprehensive understanding of the quality of the services and people's experiences
- developing and delivering our commissioning intentions to ensure that the right services are in place which will include remodelling and modernising services
- ensuring that we have a strong and professional workforce across the whole social care sector
- making sure that we continue to safeguard vulnerable people and looking at the potential for bringing together approaches across Childrens and Adults safeguarding
- driving forward more integrated services particularly with Health

#### **4.00 RECOMMENDATIONS**

4.01 Members are asked to consider:

- the Director's self assessment of social care in Flintshire
- improvement priorities for 2014/2015
- whether the draft report provides a clear account of performance

4.02 Members are asked to endorse the final draft for consideration by Cabinet.

#### **5.00 FINANCIAL IMPLICATIONS**

5.01 The priorities identified within the report are aimed at delivering service improvements, improving outcomes and meeting local needs within the context of achieving challenging financial efficiencies and value for money.

5.02 Priority actions contained within the report have been identified for delivery within existing resources.

#### **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 directly from this report though the report contains an assessment of current performance against the equalities agenda and has associated improvement priorities.

## **9.00 PERSONNEL IMPLICATIONS**

- 9.01 None arising directly from this report, but some of the identified improvement priorities may have associated personnel implications which will be separately detailed as part of our plans relating to value for money reviews

## **10.00 CONSULTATION REQUIRED**

- 10.01 No further consultation is planned. However, we have sought peer review of the draft from another North Wales local authority prior to submission to Cabinet.

## **11.00 CONSULTATION UNDERTAKEN**

- 11.01 Consultation has taken place with key stakeholders including a Member Task and Finish Group.
- 11.02 An independent expert critical friend has provided objective comment on the draft report.

## **12.00 APPENDICES**

Appendix 1 - Overview Report

Appendix 2 - Draft design layouts for consideration (to follow)

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

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**Flintshire County Council Social Services  
Annual Performance Report 2013 – 2014**

***DRAFT 12***

- 1. Introduction**
- 2. Council Leadership**
- 3. A Stronger Voice and Real Control for People**
- 4. Smarter Commissioning**
- 5. A Strong and Professional Workforce**
- 6. Stronger Safeguarding**
- 7. Driving forward more Integrated and Preventative Services**
- 8. Evidencing our Improvement**
- 9. Glossary**

# 1. Introduction



**Welcome** As Chief Officer of Flintshire County Council Social Services I am pleased to share my third annual report on how well we are performing.

The services the Council delivers are vitally important. During the year I have spent valuable time listening and learning from people who use our services so that I can better understand how our performance impacts on peoples lives.

This year some examples have been attending the annual Pride of Flintshire event which celebrates the achievements of our Looked After Children and Care Leavers, visiting people at home who have received a service from our Occupational Therapists and at an event to launch Phase Three of the Older Peoples Strategy and mark the United Nation's International Day for Older people.

Our staff are central to the delivery of good quality services and our greatest asset and I take every opportunity to speak face to face with staff about the challenges we face and our shared vision for the future. I would like to remind you what we are all about.

**Our vision:** To work with people to achieve healthy independent, fulfilling lives, safeguarding vulnerable local people, and building strong communities.

## Our Values

Flintshire County Council aims to be a modern public body which has the philosophy of operating as a social business which:-

- is lean, modern, efficient and effective
- is designed, organised and operates to meet the needs of communities and the customer
- works with its partners to achieve the highest possible standards of public service for the well-being of Flintshire as a County

Within that context we will:

Do the simple things better  
Be accessible, listen and respond  
Act openly and fairly  
Be a learning organisation and have models of service delivery grounded in research  
Develop our workforce to ensure they have the skills and knowledge to meet customer need  
Challenge and be innovative in finding solutions  
Make best use of all our resources

This report explains how well we have done in meeting the priorities identified for 2013/2014 and what we see as our key aims for 2014/2015.

If you are reading this on the web then there are **links** (in bold) throughout the document if you want to read more about individual projects. For words underlined there is a glossary at the end of the document that may help explain unfamiliar words and terms.

## Context

We are providing services to 3,338 adults and 868 children with an anticipated expenditure of £55 million for 2013/2014. The number of people we support fluctuates throughout the year, we have seen:

- a 6% rise in the number of children we support from 2011/2012
- a 7% rise in the number of adults supported from 2012/2013.

We provide social care services to the people of Flintshire directly and in collaboration with partner agencies such as Betsi Cadwaladr University Health Board, independent sector care providers and voluntary and charitable organisations.

We support people of all ages, their carers and family members, often in times of illness and distress. We protect both adults and children from harm, abuse or neglect, and help them to succeed in their lives. Where possible we want to put people in control of the services they receive.

## Resources

During 2012/2013 Social Services saved £1.2 million. In 2013/2014 we have saved a further £1.5 million through the work of our Modernising Social Services Board which we will tell you more about later.

Our plans for the future delivery of services are again set against a backdrop of wanting to do better whilst meeting increasing demand from a larger population<sup>1</sup> with less money. Whilst we do not want to underestimate the challenges we face, we want you to know that we are confident of the real difference we are able to make to the lives of people across Flintshire. Our corporate commitment to protect frontline services remains as strong as ever.

## Modernisation

With colleagues I established our Modernising Social Services Board (MSSB) in May 2013. The MSSB drives service change, improving outcomes for people and maximising efficiency across Children's and Adult Social Services. The Board, includes representatives of Cabinet, corporate colleagues and senior managers from Children's and Adult Social Services.

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<sup>1</sup> Social Services Improvement Agency (SSIA) Service Profile Report 2012-2013

Our Modernisation programme responds to the Social Services and Well Being (Wales) Bill; as such we are ready for the Bills implementation in 2015/2016. Having been involved nationally in shaping the response to the Bill it is clear this will be a great opportunity for change which will benefit the people who use our services. We anticipate the Bill will simplify current legislation and place greater legal obligations on local authorities and their partners to enhance wellbeing, independence and safeguarding of people and their carers, including greater integration of Social Care and Health Services.

In line with the Bill we are making sound progress in developing more flexible and creative responses one example being the rise in the number of people in receipt of Direct Payments. We are continuing to develop our Intermediate Care approaches which build on our collaborative approaches with our partners including Housing and Betsi Cadwaladr University Health Board For Children's Social Services we are delivering our vision to develop services that are targeted at early intervention and prevention while focusing on support to the whole family. You will find the detail in this report.

In January 2014 plans were approved by Cabinet to take the Double Click Design social enterprise initiative forward (Section 4). This exciting initiative will give people with mental health problems increased opportunity for employment and valued roles in society.

**Llys Jasmine**, our second innovative extra care scheme opened to accommodate its first tenants in October 2013. Developed in partnership with Wales & West Housing, you can read more about extra care in section 7.

## Inspection

The senior management team and myself agree with our inspectors Care and Social Services Inspectorate Wales (CSSIW) that we are progressing well in a number of key areas, being able to demonstrate positive outcomes which have been delivered through our strategic change programme. CSSIW recognises that our Council benefits from strong leadership and clear vision, is forward looking and innovative.

CSSIW have recently completed their annual inspection of our Flintshire Fostering Service and reported that the service is strong, consistent, and stable and provides very positive support to our foster carers. It noted the effectiveness of our Fostering Panel and processes in place to scrutinise decision making as well as strong recognition of children's and young people's participation and engagement. As a Council we are delighted our ongoing commitment to being accomplished Corporate Parents is recognised.

In January 2014 CSSIW undertook an inspection of our commissioning approach for people with dementia. It was noted that we have very positive relationships with our provider partners and that we are in a strong position to develop services further. The report highlighted the need for a more integrated approach with Health and we are working with Betsi Cadwaladr University Health Board to ensure this happens.



**The Information Commissioner Officer (ICO)** undertook an inspection of the Council's arrangements for Data Protection and the way we safeguard, and handle personal information. The ICO team visited Social Services and reported positively on our performance.

In February 2014 the Director of Social Services in Welsh Government, Albert Heaney, visited several of our excellent services. I am pleased to report Albert left with a very positive impression of the range of quality of services in Flintshire.

## **Council Governance**

The Council has had a Labour led Cabinet since May 2012 with Councillor Christine Jones overseeing Social Services throughout this period. Our challenging service change programme has been supported by the whole Council and I have been fortunate to have had effective support from experienced councillors in full council and scrutiny committees. The whole Corporate Management Team continues to be personally involved with Corporate representatives sitting on the Modernisation Social Services Board. This joint approach across the wider council has firstly enabled me to lead on further improvements across our Services. Secondly it has created a sense of shared ownership over our successes which we celebrated at our annual Flintshire Excellence Awards. Some of the services and projects that received recognition during 2013 included our Mental Health Support Services and Arosfa, our short breaks service for children with disabilities, with a number of individual staff attaining Personal Achievement Awards.

## **Awards and success**

Our much celebrated Pride of Flintshire Awards Ceremony reflects the Council's role as corporate parent and the seventh annual ceremony celebrated the achievements and successes of our Looked After Children and care leavers (Section 3).

Two of our innovative projects were celebrated as finalists in the Social Care Accolades 2013 which celebrate best practice across Wales; our Mental Health Support Services were winners of the "Better Outcomes through Working Together" category, and our Citizen Directed Support Services were also highly commended in the Citizens Controlling Services category reflecting the major improvements in that service.

The inaugural Grandparents Association Local Authority Kinship Care Awards saw Flintshire Fostering and Family Group Meeting services runners up in UK wide national awards held in June 2013. This is a tremendous achievement and it is our intention to build on this success and challenge again for the title. I would like to add my congratulations to two Flintshire foster carers, Alice and David Oldfield, who were awarded M.B.E.s in recognition for their work supporting over 100 children and young people for 25 years richly deserved awards for their service and dedication.

## **This report**

Over this coming year we will continue to develop our action plans and benchmark ourselves against all the key areas of the new Bill which include leadership, commissioning, improvement, voice for citizens, safeguarding and integrating services. We have organised this annual report based on those key areas.

If you receive a service from us we would like to invite you to tell us if you think this report is a fair description of your experiences. Your views matter to us and are crucial if we are to improve what we do and deliver on the future Implementation Plan.

We also welcome your comments on the format of this report, particularly whether it includes information that is helpful and of interest to you in a suitable format.

You can write or email:

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## 2. Council Leadership

The delivery of social services is a core function of Flintshire County Council. The Council's Code of Corporate Governance sets out the governance arrangements for the work of Flintshire's Social Services. The Code sets out how the Council seeks to achieve six important objectives:-

- Being purposeful to achieve outcomes for the community and creating and achieving a vision for the local area
- Members and Officers working together to achieve a common purpose with clearly defined functions and roles
- Promoting values for the Authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour
- Taking informed and transparent decisions which are subject to effective scrutiny and managing risk
- Developing the capacity and capability of Members and Officers to be effective
- Engaging with local people and other stakeholders to ensure robust accountability

### Working with members

Effective working with elected members is an important part of delivering on the Code of Corporate Governance. Elected members have an integral and valuable role in shaping policy, setting the direction for the service and scrutinising progress. Good examples of joint working include the rigorous quarterly Improvement Plan monitoring and half yearly Head of Service performance reports presented for challenge and scrutiny to the Health and Social Care Overview and Scrutiny Committee. There is also Annual Budget Challenge and consultation on the setting of priorities and targets.

Flintshire County Council has an agreed set of Council Priorities for 2012-2017. **The Council's Improvement Plan** provides full details of the priorities with Social Services take a lead on two priorities; Independent Living and Integrated Community Social and Health Services.

### Delivering on Council priorities

Social Services have taken a key role in delivering on the wider improvement priorities for the Council. For example we are working hard to make the best use of the council's buildings. This will help us save money, while ensuring we focus on the needs of people, services and the wider Council. We are also challenging current ways of working by developing agile or mobile working to enable people to work from home or other council offices.

We are working to ensure that our offices are brought into local communities and will use our Flintshire Connects facilities to deliver a wide range of services. Our first Flintshire Connects hub opened in Holywell in 2013 and the Flint hub opened in March 2014, having a shared integrated reception with JobCentrePlus and North Wales Police. Our Flintshire Connects hubs in

Connah's Quay and Buckley will follow in 2014/2015. A further move will see Children's Service teams based in Connah's Quay move to Flint.

### **Working with our Partners**

We are well placed for partnership working having effective relationships within the local authority, with external organisations, neighbouring Councils and Betsi Cadwaladr University Health Board and the first of our co-located adult teams was established in December 2013 (section 7).

We take a leading role on a number of multi agency groups including the Locality Leadership Teams and the Local Service Board. This means we are well placed to support the alignment of priorities across partners to ensure that opportunities for vulnerable adults and children are improved and the people are supported to stay well and independent for longer. In a challenging economic climate we have seen an increase in referrals to both Children's and Adult Services and responding effectively continues to be a high priority for the whole council and the Local Service Board.

### **Resources**

The Council sets budgets within the context of medium and longer term financial challenges. The Council has succeeded in setting balanced budgets whilst investing in key priorities, meeting growth in service demands and absorbing the cost impacts of inflation. The Council has achieved this through developing internal programmes of change and reform to make efficiencies. As each year passes and efficiencies are found the challenge to the Council to find further efficiencies becomes greater. Across the Council £15m in efficiencies will need to be made in 2014/2015 and a similar figure again in 2015/2016. The restructuring of the Council's senior management team in 2014 will provide further efficiencies and streamline service functions. In this context the modernisation of social services reflects the need to make our resources stretch further whilst ensuring we continue to fulfil our promise to prioritise the front line services that people need to live independent lives in their communities.

### **The main ways in which Social Services will contribute to our Corporate Priorities in 2014/15 will be through:**

1. Improving quality of life through the promotion of independent living
2. Helping more people to live independently and well at home through integrated community Social and Health Services.
3. Improving the opportunities for the growing numbers of Looked After Children, with a focus on learning opportunities and educational attainment.

### 3. A Stronger Voice and Real Control for People

A reminder of our priorities for 2013/2014 for Adult and Children's Services:

- Implementation the Regional Carers Information Action Plan to keep carers better informed.
- Implement a model of support that will provide carers with flexible breaks and alternative care in 2013
- Further improve the take-up of Direct Payments or Citizen Directed Support to promote greater choice and control
- Evidence the impact of the Involvement Action Plan
- Roll out the Complaints training for managers leading to a more responsive service from which we more effectively learn the lessons.
- Set up a Social Enterprise as a sustainable model with added social value. (section 4)
- Deliver on Year 1 actions to strengthen welsh service provision, as set out in the 'More than just words' Strategic Framework for Welsh Language services in Health, Social Services and Social Care.

For Children's Social Services:

- Increase the number of young carers identified and supported in schools/ colleges
- Promote and develop the use of the A2A card with young carers and Looked After Children for prompting effective support in schools, in the council and community.

#### Carers and Young Carers

We recognise and value the vital role carers play in the delivery of social care. We know that the number of carers will continue to increase as the population who require social care increases and we are seeing the need for effective and timely support for carers:

- The number of carers registered with **NEWCIS** (North East Wales Carers Information Services) was 4609 (December 2013) an increase of 18% from September 2012 and a 28% increase from 2011.
- As of December 2013 1,825 carers in Flintshire are registered as a carer with their GP which is a 15% increase on the previous year and a 30% increase on 2011.
- From April to December 2013, 88% (1,143) of carers of adult service users were offered an assessment or review of their needs and of those taking up the offer 75% have been provided with a service.
- When compared to 2012 data, this shows that more carers have been assessed for their needs and a greater proportion of these are going on to receive carers' services. In 2012 the percentage of carers going onto receive services was 64%.

## A carers case study:

Mr Jones\* is a carer, living separately from his mother who has dementia. Mr Jones has his own health needs and work commitments, which he does not have flexibility to change. He was struggling to cope with his caring role and took up the offer of a Carers Needs Assessment. The following support and advice was provided:

- Carers grant provided to assist with problems with Mr Jones property and sign posted to Care and Repair.
- Carer support agency ongoing liaison with social worker to ensure services in place support both Mr Jones and his mother to prevent carer breakdown
- Carer signposted to laundry service and supported to arrange additional hours cleaning service both paid for privately to ease pressure
- Carer supported to speak to his mothers GP about concerns relating to her medication

**Outcome:** Mr Jones caring role has been reduced to a more manageable level and he feels he is coping better and more able to carry on caring. He feels more in control of the situation, that he has more choice and has not been forced into a caring role. His relationship with his mother has improved. Mr Jones feels he is now able to ask for more support should the need arise. Support has prevented his mother being readmitted to hospital.

(\*Names have been changed to ensure client confidentiality)

Our Modernisation of Social Services programme reaffirms our commitment to working in partnership with carers and we have continued to protect funding for carers through our multi-agency **Carers Commissioning Strategy 2012 - 2015**. In response to the **Carers Strategies (Wales) Measure 2010** a priority for 2013/2014 was to implement the regional Carers Information Action Plan to keep carers better informed. The Measures intention is to ensure carers are identified, informed of their rights to an assessment and receive the right information and advice when making decisions about the provision of services to the person they care for. Our Council has been part of a North Wales group which has developed the new **North Wales Carers Information and Consultation Strategy 2013 – 2016**. We are working with our local partners to ensure carers get the information and advice they need. We have commissioned a new local information booklet for carers which will be published in 2014.

We have delivered on our priority to implement a model of support that will provide carers with flexible breaks and alternative care. With an investment of £50k, the Bridging the Gap pilot scheme was launched in April 2013 to address the identified need that carers breaks and replacement care should be more flexible and sometimes available at short notice. Coordinated by **North East Wales Carers information Service (NEWCIS)** this has developed to include 8 providers across all client groups with further providers due to come on board. Between April 2013 and January 2014, 173 requests for breaks were received with 16 of these being for emergency breaks.

### **Bridging the Gap case study:**

A carer was admitted to hospital unexpectedly, and had a longer stay than was expected. The carer's partner had dementia and even though family members supported them, one daughter was on holiday abroad and the other worked and had a family of her own.

Bridging the Gap was put in place to support the carer and their family. A number of visits per day were arranged whilst the daughter was in work and until more family support was available. When the carer returned from hospital a home visit was arranged.

Bridging the Gap prevented an admission into care for the carer's partner, who had not used such services before and would have found this a daunting experience without their partner and other family members around them.

Last year we increased short break overnight provision for children and young people with disabilities by moving from Cornel Clyd to a larger adapted building Arosfa. This increased the available provision from 240 care nights to 350 (54%). In real terms this means that 23 children have been able to stay at Arosfa during April to December 2013, an increase of six families who are able to access the service with the short breaks offered also being more flexible. Children visiting Arosfa benefit from a new Sensory Room offering the opportunity to play in a stimulating and safe environment. Projects for 2014/2015 include updating digital technology available to the children during their visits. We know that the move to Arosfa has been positive because families have said:

- "I am very happy about the standard of care given. I think the building is well suited to the children's needs"
- "can't imagine how staff coped at Cornel Clyd"
- "The building is very smart, new and clean and purpose built. It looks very homely with photos of the children and decorations. The standard of care has been excellent, very much cater for the individual child and --- their needs taken into consideration"
- " have been very accommodating when it comes to requesting dates of care"
- "Communication is very good. A phone call the night before my child goes in and also communication book I write in and staff inform me of what my son has done"
- "X loves coming to Arosfa and participates in various activities but also allowed to chill out when she wants or needs to"

The summer Play Schemes afford families and carers of children with disabilities short break opportunities during the school summer holidays whilst the children benefit from structured play and individual activities. In 2013 83 children with a range of disabilities and health needs attended the sessions

held in local special schools. Of these 19 children (23%) were new attendees. Feedback reinforces the value families place on this service.

- "I chose the club because of its facilities for disabled children, access, trained staff, understanding and because my son loves it! Which is the most important reason!"
- "Staff are trained and experienced. Venue excellent. Good value for money. A great service, my son has loved it and it has helped Mummy keep her sanity!"
- "My child is safe and comfortable in the Holiday Club. I know her needs are being met (and more). She is understood on every level. She can play at her own pace and has the opportunity for lots of new experiences. She gets the chance to play with old friends and make new friends. I have complete trust in the staff, each and every child is their priority and it shows!"

### Young Carers

The Young Carers Strategy Group has a clear measurable multi-agency plan for action, for details read our **Young Carers Action Plan**. In 2013/2014 we have continued to work with our partners to reach young carers with a particular focus being in schools and colleges. During April to September 2013 Barnardo's input into schools included lunch time drop in sessions which 70 pupils accessed and Personal, Social and Health Education lessons being delivered looking at the role of the young carer.

We reported last year on our 'Access to Action Card' (A2A card) for young carers, Looked After Children and care leavers. It was requested and developed by young people who are part of Barnardo's Cymru Flintshire Young Carers or supported by Flintshire Children's Services and who find it difficult to explain their status in school to teachers and when they need instant access to Council services. We continue to promote and implement A2A cards with our partners and are pleased to report that all schools in Flintshire and Coleg Cambria's Flintshire sites have signed up to use of the A2A card. By September 2013 39 young carers had been issued with the card. Barnardo's will take the lead on a further phased roll out of the A2A card and Health has been prioritised for phase 2. Young carers have told us:

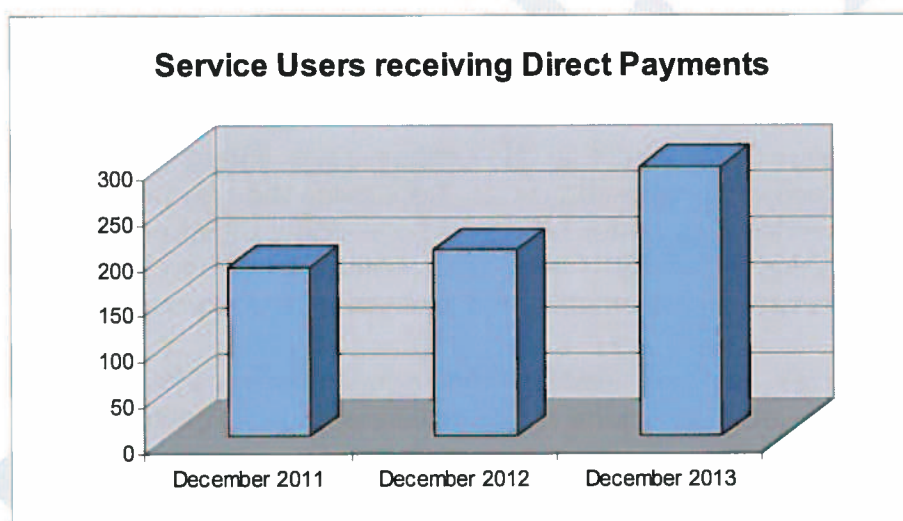
- "Using the A2A card was really positive and the teacher was really helpful" (Young Carer)
- "I didn't feel embarrassed about showing the card because everyone knows what the card is for" (Young Carer)
- "Glad I've got it just in case I need it" (Looked After Child)
- "I haven't had to use my A2A card, but I know I've got it just in case. That made me feel happier about everything in school" (Young Carer)
- "The teacher gave me extra time for my home work. We discussed it privately and they were really understanding" (Young Carer)
- "I feel more confident" (Looked After Child)



## Direct Payments

Direct Payments and Citizen Directed Support enable people to take control over their care arrangements. For example, a person may choose to receive a monthly payment to purchase their own care instead of receiving support arranged by social services or, to purchase an item of equipment to meet their assessed needs. We are committed to making Direct Payments more flexible and responsive to individual needs and to increase the take up a Direct Payments further. We are proud to have developed “**provider administered Direct Payments**”. They are becoming increasingly popular particularly amongst older people ensuring that they can access the flexibility and control a Direct Payment offers without any associated concerns of administering the funds themselves. In January 2014, 32 provider administered Direct Payments had been approved with 53% of these being for older people.

From April to December 2013 there were a total of 296 people using Direct Payments across Adults and Children’s Social Services, an increase of 31% from the same period in 2012/2013 (205).



The example below illustrates the difference Direct Payments have made to a young man receiving support from the Transition Team.

After leaving a local special school John\* attends a specialist residential college to continue his education and develop independence. In college holidays he lives at home with his family. John described his situation prior to receiving a Direct Payment as being bored at home with his mother and reliant on her to get out and about.

Since having a Direct Payment and recruiting a Personal Assistant (PA), John spends time with his PA getting fit at the gym, further developing his independence skills and learning to use public transport. This will enable him to increase his social contacts and make new friends. John’s long term goals include

- staying fit and healthy
- becoming more independent with a wider circle of friends
- increasing his confidence and independent use of public transport
- leaving home, living with friends and being more self sufficient

(\*Names have been changed to ensure client confidentiality)

We have a set of **Involvement Standards** which are our commitment to the way we involve people across our services and have developed a system across Social Services to record brief details of involvement activity, including the outcome. This ensures our involvement activities are meaningful and that the people who take part receive timely feedback on what was said. We are actively reviewing our Involvement Action Plan to ensure it continues to deliver real opportunities for people who use services.

Here are some examples of engagement and involvement activity across Adult and Children's Social Services.

- Our policy of involving representatives from Children's and Adult Services in the recruitment of staff for Social Services has paid dividends in getting the right people in the right jobs. There are always close parallels between the selection choices of the user representatives groups and the formal panels. Examples from recent recruitment drives saw people who use services involved in the recruitment of our new Senior Commissioning Manager, support staff for extra care and for posts across children's services.
- In August representatives of people with learning disabilities assisted in an event to promote the Welsh language.
- A Transition Team event in November gave young people and their families' opportunity to feedback on the service they had received. People said the service was better now they have one contact point in the team, "to see things through" and that generally support was positive. Information was an area highlighted for further improvement.
- Young people took key roles in the organisation of the annual Pride of Flintshire Awards Ceremony to celebrate the achievements and successes of our Looked After Children and care leavers. The ceremony saw 188 young people nominated for awards with 38 proud winners, including six care leavers who received special awards and two overall Pride of Flintshire winners.
- The Children's Services Participation Groups reorganised into two distinct groups in October 2013. The Speak Your Mind (SYM) group for Looked After Children aged 11 to 15 and the Care Leavers Support group for those 16+ each meet fortnightly. The groups provide feedback on their experiences of Looked After Children reviews and in 2014/2015 work will cover independent living skills, Housing, and the Missing Voices survey.
- Us UnLtd, a youth led social enterprise for and led by young people who have experienced homelessness, run regular focus groups for young people and care leavers who are accessing support or supported accommodation. Comments are feed into service improvements and future commissioning cycles.

- In Mental Health services the **Involve project** (hosted with Unllais) saw 61 people who use services and 5 carers take part in involvement activities from April to August 2013. This included involvement in recruitment, training of staff and people who use services, a bi monthly newsletter, attendance at one off and regular forums and meetings. An expert panel of people using services and carers has been developed and is involved in the planning and monitoring of services locally and regionally.
- Older people were involved in a “Communities 2.0” project to test a range of digital technology to assess what was suitable to introduce in day service and residential care settings. A BBC First Click training course was also held at Llys Eleanor extra care scheme.
- Local research has been commissioned in Flintshire (and in Wrexham) by the joint Local Safeguarding Children’s Board to establish the views of children, young people and their parents on the effectiveness and quality of the protection provided for them via multi agency child protection practice. We are expecting a report in 2014/2015.

### **Care Checkers**

We have commissioned an independent organisation to help find out what people who receive services, and those that know them best, have to say about their care and support. After a pilot we extended the service across a range of adult services. In consultation with people with dementia and their families Care Checkers obtained crucial feedback to help us develop the “dementia road” (section 4). They have also undertaken consultation with people with disabilities and learning disabilities to inform the review of both supported living and day services.

### **Gathering feedback**

We are pleased to report that the standard questionnaire developed in Older Peoples Services and trialled in 2013 has been positively received. It has been rolled out across Adult Social Services and can be tailored with specific questions dependent on the client group and purpose of the questionnaire. Key messages coming from the responses are that people are accessing a wide range of support and services that they rate as very positive in improving their quality of life and confidence in their own abilities and skills. The questionnaire provides an opportunity for the respondent to comment on their care plans and staff delivering that support, with both being consistently rated positively.

A range of satisfaction questionnaires is in use in Children’s Social Services and following system improvements to ensure effective and timely analysis, the findings are presented to Senior and Team Managers to influence service development. One recent example of this approach saw feedback that commented on the standard of building work during an adaptation for a disabled child and this has been referred to Housing to follow up on.

We are however disappointed to note that responses to our ‘User Satisfaction Survey for adults and young people aged over 16 survey’ dropped to 19 for

the period October 2012 to September 2013 compared to 30 for the period April 2012 to September 2012, with the number of respondents indicating an overall satisfaction with Children's Services also reducing slightly to 73% from 77%. Consequently we will be redoubling our efforts to increase the number of questionnaires returned in 2014/2015 and will make more use social media to gather young peoples views.

### **Welsh Language**

We have a 3 year action plan setting out our response to the Welsh Government framework called '**More Than Just Words**' **Strategic Framework for Welsh Language services in Health, Social Services and Social Care**. The aim of the framework is to improve services for those who need or choose to receive their care in Welsh. Our **More Than Just Words Action Plan** sets out the practical steps we will take to strengthen Welsh service provision in Flintshire. We are monitoring our progress via our Directorate Equalities Group (section 8).

During 2013 we have mapped welsh language skills across our workforce and developed new workforce initiatives (section 5). We have strengthened our approach to Welsh language services by accepting the Active Office principle and mainstreaming Welsh Language services into key systems including commissioning, planning and our client data system. In October 2013 Jo Williams, Welsh Government Strategy Implementation Manager visited us to evaluate our progress. She expressed her enthusiasm for many of the changes Flintshire are developing, stating she was extremely impressed with proactive and energetic way in which we are steering this framework.

### **Dignity in Care**

Promoting dignity in care is a cornerstone of our approach in the delivery of services. Promoting and supporting peoples self respect means we are committed to providing services on an individual basis and ensure that wherever possible people receive a service that meets their particular needs, choice and aspirations.

### **Compliments and Complaints**

We believe that learning from compliments and complaints received\* is important and it allows us to use the findings and outcomes to inform our policy and practice in delivering services. Wherever possible we seek to resolve complaints at the earliest possible stage. Working in conjunction with and providing training to managers, the compliments and complaints team ensure complaints are formally embedded in our performance management process including quarterly reporting to the Health and Social Care Overview and Scrutiny Committee and to Senior Management Children and Adults performance meetings. In total for Social Services from April to the end of December 2013 we received 111 complaints compared to 108 complaints in 2012/2013 and 143 complaints in 2011/2012. Our robust lessons learnt process has led to improved services and most importantly for people who make representation supports the resolution of complaints at the earliest opportunity. Each year we produce an annual report on our complaints procedure and the report for 2013/2014 will be available in May 2014.

Examples of actions we have taken as a result of complaints made in 2013 have included:

**What you said:** Clearer information is needed that explains the reasons why commissioned transport cannot be used by service users who do not meet the eligibility criteria.

**What we did:** Introduced new concessionary transport guidelines for both staff and service users.

**What you said:** Help is needed in situations where parents are in disagreement with each other regarding their children and which may have an effect on their children's emotional wellbeing.

**What we did:** Piloted a new mediation process for parents in dispute with each other so childcare arrangements can continue with minimal disruption (e.g. weekend arrangements, collections to and from school etc.).

In total for Social Services in 2012/13, we received 197 compliments, a fall compared to the 282 recorded in 2011/12. However, the definition of what constitutes a compliment was revised during this time (i.e. where a member of staff has gone over and above what is expected from them). Compliments received during the year about the work of Social Services staff included:

*A letter of thanks commending the Llys Gwenffrwd staff describing them as "The most compassionate people I have ever met". "I cannot thank them or praise them enough for not only the care but the love and affection they showed towards her...there is so much bad press regarding care homes but I for one will be singing from the rooftops as to how great Llys Gwenffrwd is".*

*A Childcare Social Worker received a compliment from a mother who said: "Thank you so much for your support. I know you are always there if I need you. Due to your encouragement I am going to carry on with my head held high and try to continue making all the right decisions. Thank you so much."*

## **A Stronger Voice and Real Control for People Priorities for 2014 /2015**

1. Develop and agree our Action Plan to deliver on the requirements of the Social Services and Well Being (Wales) Bill.
2. Continue to implement and monitor the North Wales Carers Information and Consultation Action Plan so more carers and young carers are identified, kept better informed and supported
3. Deliver Year 2 actions in our More Than Just Words action plan to strengthen Welsh service provision locally.
4. Continue to expand the take-up of Direct Payments and Citizen Directed Support to promote greater choice and control
5. Review our Involvement Action Plan to ensure people who use services and their carers are able to make meaningful contribution to service planning and delivery.
6. Develop new ways of obtaining feedback about our services, with a particularly focus on how we use technology.
7. Train more Elected Members on their role as a Corporate Parent to ensure that they understand the part they play in helping children and young people who are in care to have the best outcomes.

## 4. Smarter Commissioning

A reminder of our priorities for 2013/2014 for Adult and Children's Services:

- Become smarter Commissioners to ensure people receive the best services within the resources we have available.
- Take up opportunities for collaboration where money will be saved and the quality of services is maintained.

For Adult Social Services:

- Develop commissioning plans for Mental Health and Older People Services and implement the Learning Disability Commissioning Plan.

For Children's Social Services:

- Recruit a Contract and Commissioning Officer with a lead for Children Services (a 2 year post) to manage high cost/ low volume placements.

The restructure of our Development and Resources Service in 2012/2013 enabled us to place an increased focus on commissioning and in conjunction with an emphasis on developing a stronger social care business culture stands us in great stead in achieving value for money whilst focussing on good quality outcomes

Over the last year we have continued to support people to maintain their independence, which is at the heart of everything we aim to do. This aim is evident in all our commissioning strategies and in the new models of care we have developed. We are pleased that we have delivered on our priority to have three commissioning strategies for adult services approved.

The **Learning Disability Commissioning Strategy 2012 - 2018** aims to give people with Learning Disabilities more choice of where they live and who supports them to live as independently and safely as possible. Service users and carers were amongst the partners who developed the plan with an initial consultation workshop providing invaluable information about their expectations and needs. People told us about "living independently" "what makes a good home", and about "short term care".

An easy read version of the strategy explains the vision for the future, how we will get there and how we will know we have achieved the vision from the perspective of the service user, the commissioner and the provider. We are developing our market position statement to share our intentions with local providers and other partners in a series of information events to confirm our direction of travel. **The Learning Disability Planning Partnership** will continue to provide a "reality check" for the progress of the strategy.

We are progressing value for money reviews of our in-house learning disability services. The reviews include our three small residential care homes providing respite (short term) care, Day Services including supported

employment and sheltered, small businesses and Supported Living, where people have domiciliary support to enable them to live independently in their own home.

**The Mental Health Commissioning Strategy 2013 - 2018** builds on a joint vision with Health. Our strategy will see us build on the strong foundations to further promote the recovery approach, by increasing the training, education and work opportunities we offer. As part of the commissioning process we did test the market but decided to sustain our in-house model based which, with a modest level of funding, is delivering good outcomes that complement the services we commission from the Voluntary Sector.

### **Our Mental Health Services Social Care Accolade 2013**

Flintshire Mental Health Support Services was successful in winning a Social Care Accolade in 2013 in the category "Better Outcomes through Working Together". The service is working to embed a recovery orientated approach in the delivery of support through: Accommodation Support, Social Support and Occupational and Educational Support. The main aim is to listen to the needs and aspirations of people and to tailor support to each individual, helping them to achieve personal goals and to have hope in their lives. Progress includes:

#### **Policy and process**

- A revised statement of purpose with a "Recovery Champion" in each team to promote the recovery approach and share good practice with their peers
- Team training days focussing on recovery which service users help to deliver. Staff and service users also attend Wellness Recovery Action Planning training together
- Support plans better record personal goals and achievements
- Service user feedback survey has questions which reflect recovery principles
- Service user led and open access groups have been developed

#### **Joint working**

- With Children's Services to assist in safeguarding children and for parents and children to have regular safe contact;
- With Housing to help find accommodation;
- With the voluntary sector leading to services employing volunteers and having close links with Peer Mentoring scheme and Involve project

#### **Outcomes for service users**

- During the last year includes: 70 people volunteering, 61 people accessing training, 54 people accessing education, 12 people obtaining paid employment, 8 people accessing work placements and 2 people being supported to retain their jobs.

#### **Our future plans involve**

- Further development of groups run by people with lived experience and the expansion of peer mentors
- Enabling service users to have better links with and access to community facilities and more support for people to take up Direct Payments
- Development of social enterprise in order for people to be able to take up paid employment and have valued roles within society

We are proud to have been able to develop our intentions to set up a social enterprise scheme for people who use Double Click Design one of our Mental Health Support Services. A Social Enterprise is a business with primarily



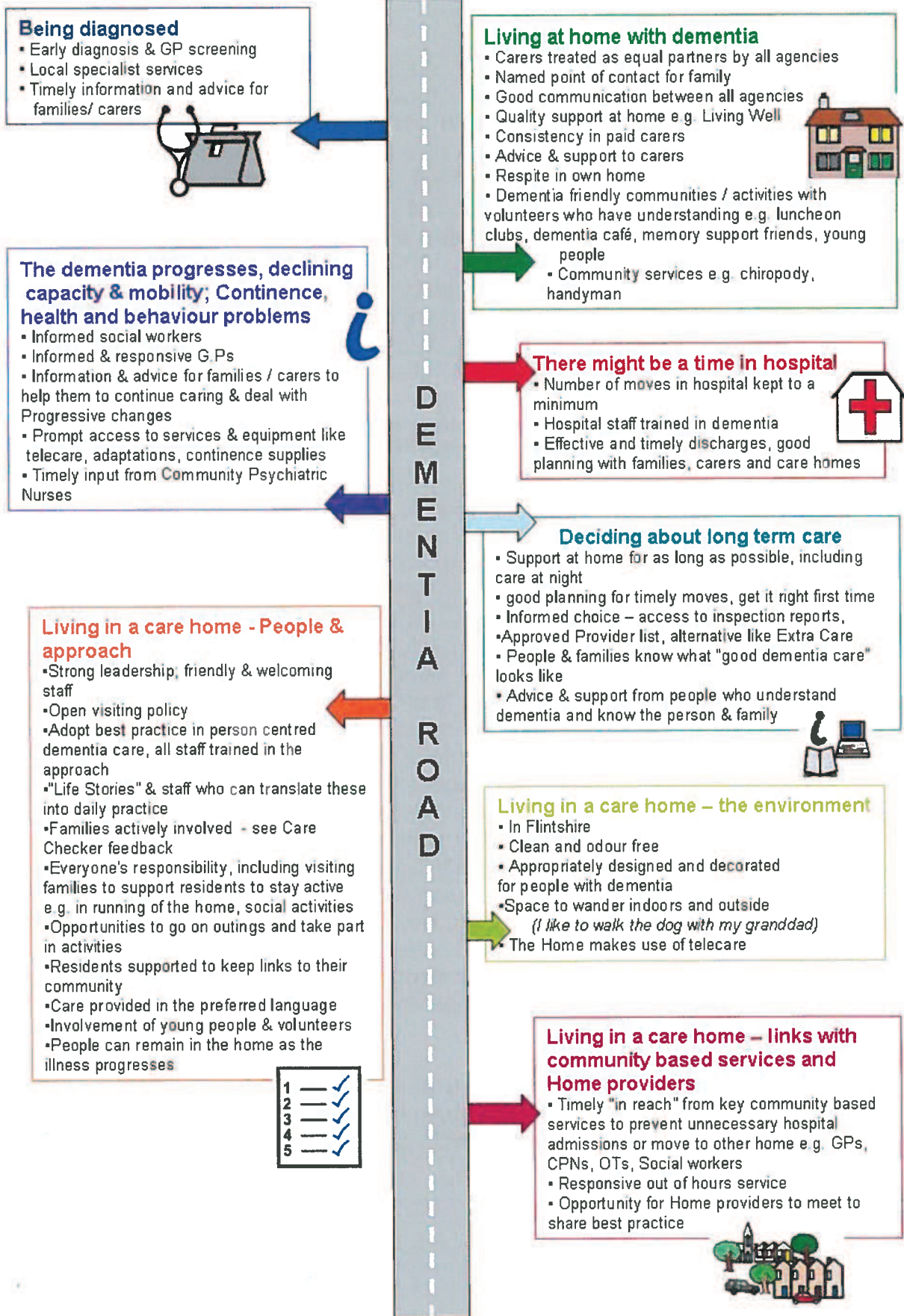
social objectives whose surpluses are reinvested for that purpose in the business or in the community.

In January 2014 plans were approved by Cabinet to take the Double Click Design social enterprise initiative forward building on the recovery and independence agenda we have told you about. Transformation into a social enterprise will allow the service to give people with mental health problems increased opportunity for employment and valued roles in society. Social enterprises can also take advantage of grants and free training for staff and service users. Providing a combination of training, placements and eventually paid employment, Double Click Design will initially offer 15 training placements and five volunteering placements to teach skills in IT, graphic design, customer services, marketing and administration. Widely reported in the local press, we look forward to telling you in our next report how we are progressing as part of the agenda to refocus work services.

The final adult commissioning strategy to receive approval in 2013 was the **Older People [Dementia Care Long Term Placements] Commissioning Strategy 2013 - 2018**. It's focus is primarily residential care services but it recognises that much work is needed to improve the quality of life for people living with dementia in all settings. The overarching objective of this strategy is to ensure that people living with dementia have access to high quality person centred dementia care in the most appropriate settings to meet their needs and that there is sufficient provision available within Flintshire's boundaries. We recognise that we do not currently have enough specialist care home places available, in particular EMI Nursing provision, with people having to move outside of Flintshire and their family and friends have to travel to keep in touch. We want this to change and are implementing our vision that our providers will deliver person centred dementia care that achieves real outcomes for the people they support. We are undertaking exciting ground breaking work with local providers and are working collaboratively with an independent Home to remodel the services they provide to adopt a proven model which shows that people with dementia matter and supports them to have a quality of life. Ideally we would want this to be a joint commissioning strategy with our partners in Health. However given that the footprint of Betsi Cadwaladr University Health Board extends across the whole of North Wales we recognise that we will need to work towards this goal largely through a regional collaborative approach, involving Social Services colleagues in the other five Local Authorities.

The "Dementia Road" below clearly illustrates the views of all stakeholders which were sought as part of the consultation for the commissioning strategy and the views of people with dementia and their families were instrumental in compiling the Dementia Road.

# The Dementia Road



We maintain our firm commitment to regional collaborative working to maximise potential regional capacity and continue to benefit from close partnership working with the Regional Commissioning Hub. The open book accounting method allowed the Hub to strategically rationalise the costs of high cost, low volume residential placements whilst ensuring they provide quality accommodation and packages of support. For the 2 year period 2012/2014 savings for Learning Disability Care Home placements totalled £300K. A right sizing approach is now being employed regionally to determine the volume of such placements required.

From May 2013 all out of county residential placements for Looked After Children have been made via the Regional Commissioning Hub. We work collaboratively with the Hub to ensure that placements continue to meet the needs of the young person. We are pleased to report that our documentation has been adopted by the Hub for use on a wider regional basis. A Regional Framework is being developed for the Children's and Young People's Service with the residential element completed and fostering element in progress (Oct 13). Outcome focussed services will be embedded within commissioning and monitoring arrangements of the Framework.

Flintshire continues to play a leading role in the Regional Commissioning Hub quality circles. The regional Domiciliary Contract has been fully implemented and is being monitored in Flintshire using the regional Framework. The regional Residential Contract is near completion and due to be signed off by all stakeholders. Such collaborative working means providers are dealing with only one contract and services are standardised across North Wales leading to efficiencies. Working with Betsi Cadwaladr University Health Board on regional strategic priorities and encouraging voluntary sector partners to collaborate with each other to submit tenders to deliver services supports further economies of scale.

It is important to work in partnership with Providers to improve standards and outcomes for people who use services. For the period April 2013 to January 2014 four homes were taken through escalating concerns procedures (one nursing home, three homes suitable for older people with mental health conditions) and we have successfully worked alongside providers to sign off improvement plans. We continue to develop outcome based contracts with our Providers that are linked to clear quality indicators and outcome measures for those people living in our Homes. Our Commissioning Team place greater emphasis on observing and evaluating those aspects of a service that impact most on the quality of daily life for residents in Care Homes, and seek to be able to measure success in terms of the outcomes achieved for the individuals in that setting. We believe it is important to be open and transparent with our Providers describing clearly "good" practice and even provide examples of "exemplar" performance that Providers can aspire to. We have begun to pilot this approach and apply a "judgment framework" in recent Monitoring Reports as we believe this approach will aid the development of a shared understanding of quality and best practice.

We believe that people who use our services and their families should play a key role in our contract monitoring process. Currently people are invited to share their views by completing a quality assurance questionnaire. We want to strengthen involvement and as such we are asking what people want to see in a contract monitoring report and how they wish to be involved. People with learning disabilities were consulted with and wanted to know more about the provider's background and business plans, staff training and how the person was supported to be as independent as possible.

Our collaborative approach has seen positive joint work with the Supporting People Team to commission a number of initiatives and support services. Examples include:

- Developing an integrated approach for 16-17 year olds who present as homeless (section 7)
- An Activity Coordinator in Llys Jasmine Extra Care Scheme, providing activities and events for tenants, supporting healthy ageing and a stimulating environment whilst promoting two way community engagement
- Working with neighbouring authorities to develop a cross boundary service for older people, providing low level short term support in order to prevent the need to access statutory services. This project will continue into 2014/2015.
- Plans to develop a two year pilot project providing low level floating support service for people experiencing mental health problems who are not eligible for statutory mental health services and / or those who are ready to move on from statutory services and require some level of ongoing support in the community

We are working with commissioners within Betsi Cadwaladr University Health Board to agree shared visions of integrated services for high cost, low volume placements and community services. We specifically wish to explore the potential for securing better value for money through joined up service arrangements that support people early on the 'dementia road' and as the illness progresses intervene actively to maintain individuals in current settings, preventing a crisis and escalation to inpatient beds or EMI Nursing provision.

We jointly commission an independent advocacy service with neighbouring authorities to provide support for vulnerable children and young people. Meanwhile we have worked regionally with all North Wales authorities, the voluntary sector and Betsi Cadwaladr University Health Board to agree a business case and specifications to commission a regional advocacy service to ensure that representation from local service users is fed into commissioning intentions, with a view to launch this service early in 2015.

### **Smarter Commissioning Priorities for 2014 /2015**

1. Complete our programme of commissioning strategies and market position statements across Adults and Children's Services taking

opportunities for collaboration with Health and other partners where money will be saved and the quality of services is maintained.

2. Evaluate our “judgement framework” approach in Contract Monitoring to develop a shared level of understanding of levels of practice
3. Progress plans to develop agreed Social Enterprises, including Double Click Design and explore options for the development of further viable social enterprises such as the Sure Start Crèche.
4. Develop and agree a plan to implement a night support service for people with a frailty and / or disability to support greater independence, working with health providers including G.P.s
5. With partners, launch the regional advocacy service to ensure that the voices of vulnerable children and young people are heard

## 5. A Strong and Professional Workforce

A reminder of our priorities for 2013/2014:

- Promote and deliver the Consolidation training programme for newly qualified Social Workers which on completion will provide them with credits towards a Graduate Certificate in Consolidation of Social Work Practice (the first element of continuing professional education and learning for Social Workers in Wales)
- Continue to review workforce absence and set targets for reduction

Our workforce will always be our most valuable asset to support people to achieve their best outcomes and lead independent lives. Modernising to deliver quality services and meet the challenges ahead must go hand in hand with modernising our workforce. Our investment in training has continued, and 2013/2014 saw increasingly numbers accessing a range of new training opportunities including :

**Looked After Children** – A range of courses delivered to 102 members of staff including foster carers. This includes courses targeted at the new Transition Team to ensure staff transferring from Adult services were fully conversant with LAC requirements. Courses included: Hear to Listen: Hearing the Voice of the Child: 21 staff, Children's Advocacy: 19 staff, Paediatric First Aid for Foster carers: 5 staff, Managing emergency foster placements: 9 staff

**Reablement** – Following the successful delivery of an intense period of Reablement training in 2012/2013, a further 17 members of staff have attended Reablement training this year. The course is designed to ensure staff have the appropriate skills, knowledge and attributes for delivering a community-based service which focuses on enablement and increasing independence.

**Wellness Recovery Action Planning (WRAP)** – Popular since its inception in 2008, our success in adopting the "train the trainer" approach means that we do not incur costs for the delivery of these courses. In 2013/2014 52 people attended WRAP and we continue to promote the attendance of staff with people who use services to promote communication and trust. Ten people who use services and four members of staff have completed the WRAP Educator course enabling them to deliver the 2 day WRAP course and 14 people have undertaken the Educator 5 day course.

**Dementia** – 29 members of staff have attained the Qualifications Credit Framework (QCF) at Level 2 or 3 (19 at level 2 and 10 at level 3). The qualifications aim to give people an understanding of the main features of dementia, the principles of person centred care and communication with people with dementia, understanding and managing behaviour and to explore relationships. We continue to deliver dementia awareness training to wider workforce groups and have pioneered high level advanced dementia training for managers, occupational therapists and social workers. However we are conscious that services to meet the needs of people with dementia continue to evolve and we will review the delivery of our dementia training to ensure we continue to be able to equip staff with the most current knowledge and deliver quality services.

**Safeguarding** – We are piloting the Care Council Safeguarding Adults & Children safeguarding awareness course across our workforce. 165 members of staff have attended safeguarding training and a further 13 training on The Deprivation of Liberty. Ten members of staff from Adult services attended Domestic Abuse Stalking and Harassment training which, as part of a coordinated community response to domestic abuse, supports the use of the standard risk assessment tool for high risk victims.

**Direct Payments and Citizen Directed Support** – 22 people attended Direct Payments & Personal Budgets training. Our second successful open event in partnership with a not for profit organisation in November 2013 saw over 100 people attending. The open event promoted personal budgets, information about being a personal assistant & information about employing personal assistants.

Independent sector care staff access a range of the courses we provide for free and care providers we commission support from are increasingly taking up the opportunity to access “training vouchers” from us. The vouchers enable their staff to access training provided by other training organisations, including dementia and Reablement, that meet both our and the Care Council for Wales standards. Our contracts with the independent sector specify our expectations for training over and above the minimum standards required by registration with CSSIW and the Workforce Development Team works with our Commissioning Team to monitor the number of vouchers being used by different independent sector agencies.

Our Workforce Development Team has begun to benchmark itself against other training providers and is developing a Charter and Strategy to measure the value for money it achieves in the quality of training it delivers.

The training of the next generation of social workers is vital for Flintshire and the work we do with other Welsh counties has been held aloft in the national press by central government advisers, as an example of best practice when supporting student social workers. A key part of the Social Work Degree is the provision of three periods of work placements, including at least one with a local authority. As in the rest of Wales, we are responsible for arranging these placements, unlike in England where universities hold responsibility. As a result we are closely involved in the development of our future Social Workers. Our Workforce Development Team currently supports 33 students and works collaboratively with our colleagues in the region to invest in the future social care workforce. Continuous professional development is available to practising social workers with generic and specialist training across a wide range of themes.

We have delivered on our priority to introduce a Consolidation programme and in October 2013 we confirmed our intention to deliver the programme through Porth Agored, an accredited training provider. Porth Agored is a partnership of eight existing Local Authorities across Wales working with the University of Wales. The Consolidation programme sets the minimum arrangements for the first part of continuing professional education and learning for Social Workers in Wales (CPEL) after initial qualification. Two social workers from Children’s Social Services have registered for the course ensuring their standard of Social Work practice improves; whilst practitioners have opportunity for continuous development we benefit from increased retention and recruitment.

We are further investing in the development opportunities of our workforce through the appointment of two Consultant Social Workers in each of Adults and Children’s Social Services. The Consultant Social Worker post has a range of experience and expertise and shares their knowledge providing mentoring support and insight into practice with social work staff.

Our approach to performance management, evidenced by our commitment to continuous professional development, underpins the advancement of a strong and professional workforce. We have introduced a course aimed at managers

and those who have direct line management responsibility to raise awareness of the benefits of coaching and mentoring in the workplace. Complimenting the skills and qualities of members of staff, the course supports our approach to performance management being a non directive form of development that can have both organisational and individual goals.

Appraisal and supervision audits carried out in Children's Services and case file audits in Adult Services provide information to support our modernisation programme targeting training effectively. We are pleased to note that CSSIW recognised in their **2012/2013 Annual Review and Evaluation of Performance Report** that we are cultivating a social care business culture with strong leadership and direction. We are reviewing our strategies for communication with the workforce to ensure that mechanisms remain effective. We use workforce conferences, team days, Community Service Bulletins, Blogs, "back to the floor", manager's briefings and targeted communications to foster shared aims and strengthen close working.

Our 11th Annual Community Services Training Award Ceremony in September 2013 saw 159 members of staff receive recognition for the qualifications they had obtained during the past 12 months. We know that people also learn in other ways and this has been evidenced as part of our commitment to More Than Just Words. In 2013 we developed weekly informal conversational Welsh groups where staff may come to practise existing skills, learn new ones and develop their confidence. The conversational groups have been well received, acknowledging that not everyone learns in the same way and at the same pace. We know this because people have said:

- "I really enjoy the group on a Wednesday. The environment is so relaxed and comfortable; it was easy to feel confident in using my limited Welsh vocabulary. I feel confident that this is the perfect setting for me to learn welsh".
- "The Welsh Groups are really friendly informal environments. Everyone is at different levels, but we encourage each other to speak freely so we are learning from each others pronunciations or mispronunciations...as is often the case, but it's all part of the fun. I really enjoy the groups and would recommend them".

### **Workforce Absence**

We continue to make progress with the ongoing priority to address work absence across Social Services and our panel of senior managers and Human Resource representatives oversees and proactively manages absence. This approach combined with close working with Occupational Health, has contributing to the reduction of long term absences. In December 2013 we were on target to meet 2013/2014 intentions. We will pilot a new electronic data collection and monitoring system in 2014 to allow us to improve the management of sickness absence information. As we know decreased work absence results in increased stability of the workforce and increased staff morale, improved efficiency and therefore greater resources



available to provide services. This is particularly important now as we are facing depleting resources.

### **A Strong and Professional Workforce Priorities for 2014 / 2015**

1. Pilot and evaluate a new electronic data collection and monitoring system to better enable us to review the reasons for and rate of absence for the social care workforce and set targets for further reduction
2. Commission the delivery of training and qualifications to ensure the workforce is equipped to deliver services in accordance with the Social Services Care and Well Being (Wales) Bill and the Welsh Language More Than Just Words Strategic Framework.
3. Deliver a programme of training to support the Public Law Outline – Evidence Matters
4. Recruit Consultant Social Workers in Adult and Children's Services to increase workforce development opportunities and further strengthen front line practice management and further explore the options for coaching and mentoring opportunities for staff
5. Complete the benchmarking review of our Workforce Development Team to ensure we are a quality training provider that delivers value for money

## 6. Stronger Safeguarding

A reminder of our priorities for 2013/2014 for Adult and Children's Services:

- Maximise the benefits of our enhanced Safeguarding Service for Children and Adults by offering a support and advice role to our frontline workforce
- Improve adult protection and risk management recording

Supporting people to live independent lives in safe communities will rightly always be one of the Council's main priorities and we are mindful that protecting vulnerable people will always be one of Social Services' main purposes within those priorities.

We are pleased that, as part of our Modernising Social Services Programme, our additional investment in safeguarding services has enabled us to make sound progress in reshaping our services delivering person centred safe outcomes for children, young people and adults.

Our investment in additional resources to provide a strengthened Adult Safeguarding Team, which was identified as an area for attention by CSSIW, has been a positive step forward in providing a more consistent approach to decision making and application of legislation. Risk assessment is embedded in the safeguarding process and is an integral part of documentation. The appointment of a social worker to the Safeguarding Team, whose role is to conduct person centred investigations and to work alongside the Commissioning Team, is proving a good use of resources securing positive outcomes for vulnerable people.

An Adult Safeguarding Action Plan is in place and is actively monitored. We have appointed an external critical friend to ensure we remain open to challenge as we continue to deliver on our improvement programme.

From 1 April to 31 December 2013 we completed 193 Adult Safeguarding referrals, which was nearly double the number completed in the whole of the previous year. However, in 99% of these cases we were able to reduce or remove the risk to the service user; in the remaining small number of cases people made a personal choice to accept a higher level of risk.

We have achieved our aim of bringing together our Children's Safeguarding Managers and Independent Review Officers into an enhanced Children's Safeguarding Unit. The Unit continues to develop its internal consultancy role supporting front line staff and our Performance Development Forum which underpins service development whilst promoting positive working relationships and open communication. As of January 2014, 74 Children's Social Service staff had completed training on the new assessment and screening Risk Model Tool in order that they can routinely assess and analyse risk of significant harm. The Safeguarding Unit's forward work programme will see further review of process and thresholds supporting safe quality outcomes for children and young people. We are working with our Business Systems to

develop and implement processes which will enable improved reporting on information from external agencies.

We have further strengthened our resources through a Service Level Agreement with Action for Children to recruit a part time Therapist with specific remit for Looked After Children to focus on placements at risk at the point of transition. This arrangement will be evaluated in March 2014.

Another key element in our arrangements to safeguard vulnerable children and families is our Flintshire Family Project which we commission Action for Children to provide. Supporting vulnerable families with a range of needs, we have more recently seen a change in the nature of referrals to more families with children and young people, who have been subject to, are at risk of or who have witnessed abuse. The more complex needs arising require longer term therapeutic interventions to enable them to sustain the effective changes that the referrer and therapist have identified. Working closely with Children's Service managers and the Safeguarding Team and using an outcomes framework approach we are confident that the interventions enable both parents and children to positively address the issues identified.

#### **What people have told us about the Flintshire Family Project**

"I wanted less anger and aggression in the home, better relationships between my son's and for them to understand that it is not ok to treat each other and me they way they do, just because this was what they had grown up with. ---- We have learnt to listen to each other and manage our angry feelings; we have had an opportunity to talk to each other about our past experiences of domestic abuse and move forward." (Parent)

"I wanted him to have the opportunity to express his thoughts and feelings in a safe environment and to learn how to keep himself safe. ---- He completed work around safety and appropriate touch, I feel happier this has been covered." (Family member)

"For her to have an understanding of why she cannot live with her parents and the role of responsible adults to keep children safe. ---- From the work done, she began to accept boundaries and guidance rather than shout and create chaos. It was good to have ongoing feedback and communication with the therapist. I found the service extremely friendly and professional." (Member of staff)

"I hoped they would help me manage my feelings about lying and stealing. Talking it through with (the therapist) and being included in the sessions things improved. I could speak to the therapist any time. The latest incident I was able to keep calm and move on". (Young person)

All of our key performance indicators for Children's Safeguarding remain well above the All Wales average, in a challenging climate where the number of children on the Child Protection Register has continued to increase. All children on the Child Protection Register have an allocated social worker, and 98.3%, an increase of 0.5% since last year, of these children have had their child protection plans reviewed within statutory timescales (first review at

three months and then six monthly). We are pleased our good progress in ensuring statutory visits and reviews for Looked After Children meet requirements has been noted by CSSIW.

The online postcard system set up by the **Flintshire and Wrexham Local Safeguarding Children Board (FWLSCB)** to enable all stakeholders to give feedback continues to be promoted and monitored. From April to October 2013 25 online postcards were received, tripling the number received for the same period in 2012. Enquires ranged from requests for general information and training, to potential child protection enquires. FWLSCB has made significant steps in reviewing its 'local' structure in response to regional developments.

We recognise that we need to extend the ways in which children and young people locally can give feedback on their experiences of the child protection system in line with Don't Make Assumptions. We are exploring I.T. solutions, including social media, which will allow us to better receive and evaluate feedback received on the Child Protection conference process. We are also considering expanding our regional advocacy arrangements to include other partners including Health to encompass more of our vulnerable young people.

In March 2014 the Wales Audit Office undertook a National Study on Safeguarding which included fieldwork in Children's Social Services in Flintshire. Like all authorities we look forward to receiving the national findings from the local government study and a local summary for the Council.

#### **Stronger Safeguarding Priorities for 2014 /2015**

1. Explore and confirm options for regional safeguarding arrangements
2. Agree and implement I.T. Business systems that enable the analysis of safeguarding information including feedback on Child Protection conferences and information from external agencies.
3. Take forward the recommendations from the review of the Service Level Agreement for a part time therapist for Looked After Children placements at risk of breakdown at the point of transition.
4. Agree options and implement procedures to take forward cross service Safeguarding arrangements in Adults and Children's Services
5. Consider and where appropriate implement recommendations arising from the Welsh Audit Office Study on Safeguarding.

## 7. Driving forward more integrated and preventative Services

A reminder of our priorities for 2013 /2014

For Adult Social Services:

- Continue to embed the Reablement, Recovery and Independence Agenda
- Progress work towards having a regional Telecare/ Telehealth Service
- Open our second Extra Care Scheme in Mold and progress plans for a further two
- Implement with the BCU Health Board the Mental Health Measure. Creating more rights for people who use mental health services.
- Progress the locality model of working and implement enhanced care with the BCU Health Board

For Children's Social Services:

- Progress the Implementation of a 'whole family' model (Integrated Family Support Services Initiative and Families First Initiative)
- Recommendations following the review of the Flintshire Fostering Service to be considered by Director with view to service redesign.

Our Modernising Social Services Board (MSSB) oversees and drives forward service change, improving outcomes for people and maximising efficiency across Children's and Adult Social Services.

**For Adult Social Services:**

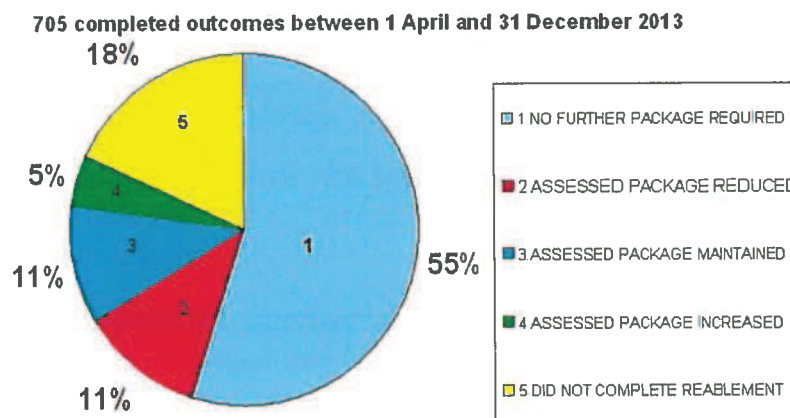
### **Intermediate Care**

Intermediate Care describes a wide range of services which focus on prevention, rehabilitation, Reablement and recovery. These services can help avoid unnecessary hospital admissions and delayed discharge and inappropriate admission to residential care. Welsh Government has developed an Intermediate Care Fund to encourage integrated working between local authorities, (including Housing and Social Care), Health and other partners. Funding, which is only available for 2014/2015, is targeted at supporting frail older people, to maintain their independence in their own homes. We have developed a bid for a range of service developments that:

- Will further strengthen and support locality working so we can work effectively across health and social care to support frail older people
- Will develop the range of locally based services for people with dementia to help them live independent lives
- Will develop services that help avoid the need for hospital admission or minimise the length of time people stay in hospital through appropriate, joined up services available in the community
- Will target investment in specific preventative and well being services.

We look forward to reporting on how we have used the Fund next year and the difference these new approaches have made.

We continue to increase the number of adult service users who benefit from the Reablement programme. In 2013, there were a total of 1370 referrals to Reablement; an increase of 46% on 2012. Between April and December 2013, a period of Reablement was completed for 692 referrals. Data collected on the outcomes of these referrals shows that 75% of all adult service users completing a period of Reablement required a package of care which was the same or less than they had previously, or no package of care, as shown in the chart below:



Our Reablement training is delivered regularly to staff across Adult services and the independent sector to re-affirm the ethos and approach of Reablement and ensure all partners deliver on independence agendas.

### A Reablement Case Study

Mrs Jones\* is 100 years of age and has a history of chronic kidney disease, rheumatoid arthritis, osteoporosis and hypertension. She lives alone in her own bungalow and has had 4 falls recorded in the past six months. The 4<sup>th</sup> fall resulted in fractured femur and admission into Countess of Chester Hospital. Following surgery mobility was reduced with partial weight bearing with a wheeled frame and Mrs Jones was transferred to Deeside Hospital for rehabilitation and was there for 10 weeks.

The Hospital Social Work Team completed an assessment and identified Reablement intervention with 4 calls a day. Reablement services started 23<sup>rd</sup> December and continued until the end of January. Mrs Jones confidence has returned, with improved mobility within the home. Mrs Jones is managing all meal times independently and back to her pre accident routines. Telecare equipment has been installed and a bath lift provided so that Mrs Jones can bathe independently

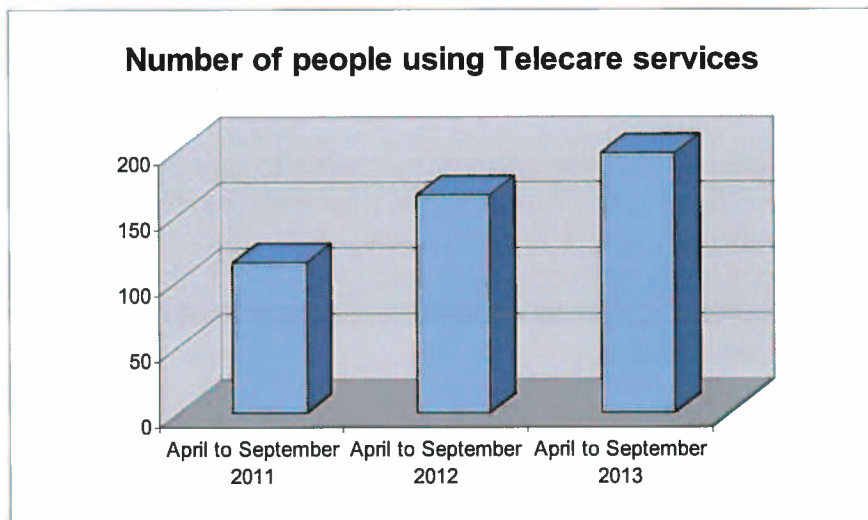
Mrs Jones has been informed about Age Connects services, Library Home Services and will call us when she feels ready to return to her routine shopping trip and we will assess to rebuild confidence with outdoor mobility.

Mrs Jones said "I have been very happy with the service and all are very nice, it has been excellent".

Granddaughter said "Flintshire Social Services have been very good I must say".  
(\*Names have been changed to ensure client confidentiality)

## Telecare and Telehealth

Telecare supports independence and facilitates less intrusive support in people's lives through a range of sensors and detectors. Carers are also supported to be able to continue with their caring role. A key component of our Reablement approach, we have seen a steady growth in the number of people using Telecare to 198 for the period April to September 2013 as compared to 166 for the same period in 2012 and 115 in 2011, an increase over 2 years of 72 %.



All young people with disabilities in transition from Children's to Adult Services are assessed for Telecare equipment enabling them to be more independent and in control of their own lives. We have also fulfilled our intention of embedding Telecare in the methodology of the "right – sizing" assessment process we started in services for people with learning disabilities in April.2013.

We chair the North Wales Regional Telecare Programme Board which has been extended to include the trial of Telehealth. Telehealth equipment helps people with chronic conditions to live as safely and independently as possible in the community, accommodating timely safe discharge from hospital and supports the prevention of avoidable and unnecessary hospital admissions. Our commitment to the regional board ensures we play a key role in the development of policy so that we deliver the best possible service to the people we support. We want options for Telehealth be included in future extra care schemes in Flintshire from the outset to maximise positive outcomes for people. We have invested in increasing our capacity to hold a store of Telecare and Telehealth equipment locally so that we are able to respond efficiently to more local people. This is evidenced by the increased number of people accessing Telehealth equipment in Flintshire, 46 people with equipment in December 2013 compared to 12 people in December 2012, an increase of 74%.

## A Telehealth case example:

Mr Smith\* has chronic lung disease and his Telehealth equipment is connected to the local authority Care Connect Monitoring Centre.

The Nurse Case Manager was alerted by messages picked up automatically on her mobile phone that although his vital signs readings were within the range set as appropriate for his condition, he had given negative answers to questions asked. She was able to quickly visit and it was obvious that his condition had been aggravated. Swift treatment was put in place avoiding the need for unplanned hospital admission over the weekend.

Patients struggling to breathe often do not wish to use the telephone to speak with anyone, however with Telehealth equipment, readings can be reviewed and trends analysed. As patients live with their chronic diseases each day, Telehealth encourages self empowerment via use of the equipment coupled with a Nurse Case Manager to educate, encouraging pro-activeness and more control of their own health.

Mr Smiths GP receives summaries of his condition and intervention and is able to scan them onto his records to ensure they are up to date.  
(\*Name has been changed to ensure client confidentiality)

### Extra care

We have delivered on our priority to open our second Extra Care Scheme in partnership with Wales and West Housing Association (WWHA). The scheme opened in Mold in October 2013 providing a total of 63 apartments and bungalows, including 15 apartments specially designed for people with dementia providing person centred flexible support. We believe we are the first in Wales to offer this model of support for people with dementia and are pleased that initial feedback from tenants is very positive. Everyone moving into Llys Jasmine is offered a period of Reablement to maximise their independence and well being. The comments below received in the first weeks after opening show how well people have settled in their new homes.

"In just over 3 weeks of living in her new home, ----- independence has improved from having 4 calls a day to "pop ins" to check all is ok"

"Her skin care has never been so good" District Nurse

"I have never heard my mum laugh so much for years" Daughter

Our next plan for Llys Jasmine is to establish a Dementia Café which will provide a resource for tenants and for people with dementia living in the community and their carers and families.



Llys Jasmine has been shortlisted for an award following a submission made by WWHA to the UK Housing Awards 2014, category Development of the Year Award – Larger Schemes. The awards ceremony takes place in April 2014 and we await the final outcome with interest. We are currently developing plans for a further two Extra Care schemes in Flintshire by 2016/2017.

**A case study: showing effective multi-agency working and an integrated care approach**

Mr & Mrs Smith\* live in Mold and have been married for 60 years. Mrs Smith has dementia and was often awake through the night, waking her husband for reassurance and guidance and he has been unable to sleep properly for some time. Mr Smith has his own needs having had a heart attack and a stroke leaving him with right sided weakness. His wife was his main carer before her condition deteriorated. They were struggling to manage at home and there were concerns that Mrs Smith was beginning to leave her home and become disorientated. Both were worried that if they were truthful about their situation they would be separated and Mr Smith has found the situation overwhelming experiencing carers stress.

Mrs Smith's social worker discussed options with them and their family and emergency respite arranged, which was initially agreed to. However family felt that Mrs Smith would not settle in respite and they would care for their mother for the week. Mr Smith did not access the respite as he didn't feel able to leave his wife. Mr Smith had also been informed by his wife's consultant that she may have needed to be placed in a residential home, causing both of them a lot of distress.

The social worker obtained information about extra care and discussed it with Mr and Mrs Smith, supporting them to complete an application to the Housing Association. Their GP supported their application and the Housing Association and on site Care Provider made joint assessment visits. Further information was sought from the Memory Clinic Service to aid in assessment and decision making.

Once offered an apartment in Llys Jasmine they started joining in activities and staying for lunch on a daily basis, to assist Mrs Smiths with orientation. Having signed their Tenancy, they choose to move in very quickly.

Mr and Mrs Smith had four weeks of Reablement support from the on site care and support team to ensure they knew their way around and were encouraged to join in activities. Within this time they quickly established their co-dependent routines and are now active participants throughout the scheme. They have welfare checks from the staff, to ensure they are managing without direct support and have call pendants should they need assistance in an emergency.

(\* Names have been changed to ensure client confidentiality)

People with learning disabilities, physical disabilities and acquired brain injury have told us they want more choice in where they live and who they live with (section 3, section 4). During 2013 we have worked with First Choice Housing Association and people with learning disabilities to scope different models of

accommodation and support and in 2014/2015 we will be working with the Housing Association to ensure the development of a small apartment complex enables people to live as independently as possible in their own homes. People with physical disabilities and acquired brain injury were fully involved in the retendering of their support for supported living arrangements, choosing to use Direct Payments to give them more flexibility.

### **Locality Working**

Work has continued to implement action plans based on regional and local priorities. Locality Leadership Teams have completed self assessments as part of a North Wales review of the 14 localities across the region. Each of the locality leads are currently developing action plans to respond to the findings of these assessments. The Strategic Locality Group oversees and supports the work of the localities and has been strengthening its role in this regard, bringing key issues that are impacting on localities to senior decision makers across partnership organisations.

In December 2013, the first co-located team of Social Workers, Occupational Therapists and Districts Nurses became based within Holywell Community Hospital. The second team will be co-located in 2014/2015 and the final locality team in 2015/2016.

As part of the move to locality bases the Enhanced Care at Home model brings together our Reablement Team and the Crises Intervention Team from Health. Enhanced Care at Home provides short term “step up” intensive community based care as a credible alternative to hospital admission or “step down” support to enable early discharge from hospital. It builds on the existing range of mainstream social care, health and third sector services to support people safely in their own homes. Enhanced Care is a core element of the locality working model which we implemented in our North West locality area in September 2013 with the two other locality areas following by the summer of 2014. The comments below illustrate how people have welcomed the Enhanced Care at Home service.

- “This service is second to none! The peace of mind it gives is fabulous. My mother was comfortable in her home and cared for and monitored in the same way as she would have been in hospital. Thank you all very much”.
- “Even though mum wasn’t conscious staff would always talk to her and reassure her. We wanted Mum to come home for her remaining days; we could not have achieved this without your help and support”.

We welcome the message from the Minister and Deputy Minister for Health and Social Services for the need to take a more robust and immediate approach to the Integration of Services for Older People. We believe the partnership approach we have already taken for locality working demonstrates our commitment to this approach. The primary purpose of Integrated Care is to deliver better outcomes for older people, ensuring that they have a positive experience of care and support and equality of service. The six local

authorities across North Wales and the Local Health Board have developed a **Statement of Intent on Integrated Care for Older People with Complex Needs** to provide a regional vision and commitment. We have developed our local Plan to take forward our response to the Statement of Intent in Flintshire.

### **Recovery Approach**

We recognised that we needed to do more to fully embed the recovery approach for people with mental health problems to enable them to help to manage their own recovery. The recovery approach focuses on wellbeing and identifying the strengths people have to build on to achieve meaningful lives irrespective of their mental health problems. Support to move on and not become dependent on long term social care is central to the approach.

We have completed our review of our Mental Health Support Services to ensure they remain fit for future purpose and have delivered on our Recovery Focussed Action Plan 2012 -2013. Our Feedback survey 2013 was devised to capture whether the services provided were delivered in line with the principles of Recovery. 94 people responded to the survey and 76% felt that they had received enough support from the services. All of the respondents indicated that they wanted to become more independent and to move further along in their recovery by undertaking valued roles within society. Requests for support to find paid and voluntary work (41%) and education and training (17.5%) continue to indicate this is a clear requirement for many people and our Commissioning Plan (section 4) reflects this. A recurring theme in feedback received from people who have used services in the last two years is the need for more support to access information about their communities. This has been the highest “no” response in each of the last two years and we will prioritise further actions to address this growing need.

We know that the recovery approach continues to deliver positive outcomes because people have told us:

- “Both, Double Click and Growing Places are encouraging and supportive. Neither judge people and treat everyone equally. I feel very lucky to be part of them”.
- “The ongoing work is helping me to fit into society, building my confidence and independence”.

Wellness Recovery Action Planning (WRAP) courses have continued to be popular since their inception in 2008 with a total of 52 people who use services and members of staff attending. We promote the attendance of staff with people who use services to promote communication and trust.

Our Recovery approach was widely recognised when we won a national Social Care Accolade, reflecting the continued and genuine commitment of all members of the team to work in true partnership with the person in order for them to live valued and fulfilled lives within their communities, as well as with partner organisations to ensure pathways out of services (section 4). In

further recognition of this wonderful achievement and our approach we have been invited to speak about it at a UK wide Mental Health conference in December 2014.

### **Mental Health Measure**

In 2013/2014 we have worked with Betsi Cadwaladr University Health Board on the Mental Health (Wales) Measure (Welsh Government legislation), focussing on Assessment and Care Planning to ensure we adopt a Recovery ethos and the further embedding of the recovery approach across all services.

### **Single Point of Access**

Flintshire is the host organisation for a regional programme to transform access to Health and Social Care by the development of a Single Point of Access (SPOA) programme. SPOA will create a new streamlined system across North Wales providing equal access to advice, assessment and community health and social care services. Key principles will be people and families getting the right support, in the right place, at the right time. The SPOA will be developed regionally but delivered locally. We have appointed a project manager to take the development forward in Flintshire and envisage the SPOA will build on our already well established First Contact team. Our target is to launch SPOA in Flintshire by 2016.

### **For Children's Social Services**

We have continued to make progress in embedding our model of early intervention that supports the whole family. The initiatives will mean better outcomes for children and value for money as fewer children will need to go into care. Here is a summary of the initiatives we have in place:

#### **The Families First Programme**

The Families First Programme which reduces the impact of poverty on families in Flintshire is making sound progress. The Parenting Strategy and Action Plan has been finalised and provides the overarching document for the implementation of services to parents in Flintshire. One particular gap was the offer of support to parents of teenagers and this is being taken forward by the Challenging Years programme.

The Taith Y Teulu Team support families in need who do not meet the threshold for Children's Services. They are fully operational and working to support families referred to them by the Team around the Family Project.

In September 2013 we held an event to publicise our QUEST and NOVUS projects. The projects provide complementary support, concentrating on parents, particularly single parents, to help support them to get out of unemployment and back into the work place, by enabling them to develop the skills required by their personal development plan, including communication, numeracy and literacy.

- "It has been very beneficial to me and inspirational. I know it will help me and my children in the future".
- "I have struggled to find what it was I wanted to do when I go to work but now I have a definite plan".

The Sure Start Crèche Service continues to deliver services to enable parents to attend courses. The long term aim is to develop this into a Social Enterprise and discussions are ongoing to take this forward.

Finally in December 2013 as part of the Families First initiative we submitted a bid to the Lottery scheme to expand the delivery of family focussed services from the Gronant Centre.

### **Integrated Family Support Service**

Our Integrated Family Support Service (IFSS) was formally launched with Wrexham in September 2013. The first such initiative in North Wales we are proud to be leading the way in providing support to vulnerable families to improve their quality of life chances through an integrated family focussed multi-agency approach. The IFSS enables parents to achieve the necessary behavioural changes to improve their parenting capacity and involves the wider family as required. Taking a holistic multi-disciplinary approach the service also addresses the social, cultural and organisational factors which have an impact on the safe care of a child or young person and their parents. A key strength is the bridging of Children's and Adult Services in local authorities and health, where they are separately accountable for provision to provide direct and coordinated arrangements of support services to children and the families referred to them.

### **Children in Need**

As part of our ongoing commitment to organisational value for money reviews including a Service Pathway Event in November 2013, we commissioned an independent consultant to review and benchmark our Supervised Contact Arrangements. This built on work previously completed and explored and reviewed options for establishing a Children in Need Service, with the aim of providing better outcomes and improvements to the customer experience. We have considered the consultants report and are progressing on the development of a Child in Need Team restructuring our current Family and Adolescent Support Team to become a discrete Child in Need team using resource transfer in terms of personnel from the Fieldwork Service.

### **Flying Start**

Construction of a new Flying Start Centre in Deeside began in January 2014 and is due to open in September 2014. The centre doubles the number of local children who are able to receive childcare services and facilities with the full range of services under one roof. Multi agency teams deliver the Flying Start Programme and eligible parents of 2 – 3 year olds receive quality free childcare, parenting support, an enhanced health visitor service and help for early language development. We are encouraged by the Deputy Minister for Tackling Poverty's comments "*The expansion of our Flying Start programme is progressing well in Flintshire and over 1,000 children will be supported through the programme this year*".

### **Flintshire Fostering Service**

We have completed a full and detailed Systems Thinking review of our Flintshire Fostering Service, instigated in 2012/2013 following a positive

inspection report from CSSIW. Six options for change were presented to the Modernising Social Services Board in October 2013 and an action plan has been developed and progress will be reviewed in 2014.

We have told you about the positive annual report we received from CSSIW in 2013 and of our achievement at the Grandparents Association Local Authority Kinship Care Awards in 2013 (Section 1). We await formal feedback from CSSIW's 2014 inspection but are pleased to record that initial comments are positive.

Our pool of foster carers has continued to increase with the figure now standing at 102 approved carers.

Our electronic training facility for Kinship carers delivered through a specialist provider has gone from strength to strength with over 120 licences being issued to carers to complete on-line training. This enables them the freedom to complete the training at any time of the day without impacting on their caring commitments. To find out more about fostering in Flintshire visit [www.flintshire.gov.uk/foster](http://www.flintshire.gov.uk/foster).

### **Volunteer Mentor Project**

The volunteer mentor project provides a range of supports for Looked After Children, care leavers or children in need to develop independent living, personal and social skills. A volunteer can be a member of the public or our workforce, coming from a variety of backgrounds. We continue to promote the opportunity to volunteer via our website, in local media and also have "word of mouth" contacts. We currently have 26 volunteers and have good retention with over 54% being with the service for over 18 months. 36 young people received support from a volunteer from April to December 2013.

We have delivered on our priority 2012/2013 to make the project more efficient and from November 2013 an I.T. data collection system has been in place to measure the effectiveness of the support provided. Initial data indicates that from April 2013 to January 2014 1,200 hours were contributed by volunteers. Further development will see us being able to use business systems to analyse the outcomes being worked towards in Mentoring Plans.

We know the volunteer mentor service works because all the young people who have completed a survey would recommend it to other young people and could state one way in which having a mentor had helped them.

### **Homes for our Care Leavers**

The Housing support needs of our care leavers is important to us and the impact of Welfare Reforms heightens the need to ensure appropriate accommodation given the increased restrictions placed upon the payment of benefits to this group of young people. Our aim is to see an expansion of the housing options on offer for all our care leavers who will be equipped with skills to live independently. We continue to work in collaboration with Housing to address the issue and this includes completing joint assessments within agreed protocols with the Supporting People Team.

Following receipt of a commissioned report from the British Association for Adoption and Fostering on a review of supported lodging schemes in Flintshire, we have decided at this point, not to develop an "in house" Supported Lodgings scheme. However, as an even better alternative and as part of our Southwark responsibilities (Section 20 of the Children's Act 1989) we have developed Nightstop which provides a safe alternative to bed & breakfast accommodation in a family home for 16 – 18 year olds. Between April 2013 and the end of February 2014 270 nights of accommodation support were provided with £2,160 savings in accommodation costs. Positive move on outcomes for the nine young people supported were one young person returning to the family home, five young people transferred their Nightstop placement into a supported lodgings placement and three young people moved onto supported accommodation.

We are working to develop joint systems with the Housing Options team to support young people between the ages of 18 – 24 who are recognised under the Children (Leaving Care) Act 2000 or Southwark Judgement.

### **Transition**

Our joint Transition Team across Children's and Adult Services has been operational since July 2012 with staff members transferred and relocated to one team. A comprehensive training programme has been delivered to ensure all staff are conversant and trained in social care legislation and requirements for both young people and adults. Initially young people with disabilities over the age of 16 transferred to the Transition Team with the intention that the young person's journey from children to adult services is well planned to meet their individual needs. We are now working towards all young people transferring at 14 years as originally intended. An independent review of the new service has been undertaken which showed we were making positive progress to provide consistent services for young people with disabilities. We await the recommendations from the North Wales collaborative research on ageless disability services which we expect in summer 2014 to further inform best practice. This will be considered alongside feedback from the young people and their families and the independent review of the Team to inform future development in Flintshire.

### **The Youth Justice Service**

The Council has identified Community Safety as one of its eight priorities (section 2) and in 2013/2014 our aim was to improve victim engagement within the restorative justice process, thereby reducing the fear of crime, supporting victims and encouraging mediation opportunities. The Youth Justice Service (YJS) agreed new local measures to provide a baseline for future work including the total number of victims identified, those willing to take part in the restorative justice process and the number participating either directly or indirectly in that process. A reporting framework has been established to capture work undertaken with victims of crime and we are currently reviewing our victim strategy to determine targets for 2014/2015.

As part of our multi-agency approach that forms the basis of our Youth Justice Service, the team continues to work closely with partners and other agencies

in order to secure the best possible outcomes for young people and their families. The YJS is represented at both Multi Agency Public Protection Arrangement (MAPPA) meetings and Sexual Exploitation Risk Assessment Framework (SERAF) meetings. Case managers have a particular knowledge and expertise in dealing with young people who display sexually harmful behaviours and work cases in partnership with Action for Children. The sharing of information has been further improved by enabling Children's Services social workers' read only access to Careworks the client management system used by the YJS.

"Flintshire Sorted" - Young People's Drug and Alcohol Team continues to develop its range of services to minimise the impact of substance misuse by children and young people. Dedicated 'Link' staff are embedded into all secondary schools across Flintshire to support the education and awareness of drug and alcohol issues. Targeted support is provided for young people at increased risk and less resilience of using substances. "Flintshire Sorted" is the only referral based service for young people with identified substance misuse issues that impact on their lives and 1-1 referrals are received from all agencies with young people assessed and treatment interventions are provided within the national time frames.

#### **Driving forward more Integrated and Preventative Services Priorities for 2014 / 2015**

1. Agree plans to extend our extra care provision by providing two more schemes with 60 units in each location and establish a Dementia Café at Llys Jasmine to provide a resource for people living with dementia and their carers both in extra care and in the wider community.
2. Progress the Single Integrated Plan (SIP) in the three localities through improved communication and agreed governance arrangements to address the key health, social care and well being needs of the population and implement our local plan to take forward our commitment to the Statement of Intent on Integrated Care for Older People with Complex Needs
3. Further progress the locality model of working, including Enhanced Care Services (ECS) and maintain our successful Reablement and Recovery approaches, through extended local use of Telecare and Telehealth technologies and Intermediate Care Funding
4. Complete the review of the Children's teams and Flintshire Fostering Service to provide better outcomes by providing timely and effective support to children and families in need and improve the customer experience
5. Work with our partners to develop alternative housing and support models to meet the housing needs of care leavers, other young people and people with disabilities



6. Through the Integrated Family Support Service use a whole family approach to reduce the numbers of Looked After Children and care proceedings and reduce re-referral rates
7. As part of the Families First Initiative and pending the outcome of the Lottery bid, consider options to expand the delivery of family focussed services from the Gronant Centre
8. Work collaboratively with regional partners to develop and agree a Single Point of Access (SPOA) Plan for Adult Services in Flintshire

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## 8. Evidencing Our Improvement

A reminder of our priorities for 2013/2014 for Adult and Children's Services:

- Implement the strategic equality action plan to advance equality across Social Services
- Continue to evidence the effectiveness of the Reablement service in supporting people to live independently in their own homes.
- Improve the data collection for Carers, to meet the outcomes for the Carers Strategies (Wales) Measure
- Improve the identification of young carers
- Continue to reduce times taken to deliver major adaptations (Disabled Facilities Grants), which are important for people's independence

For Adult Social Services:

- Evaluate the impact of a pilot for Occupational Therapy self assessment in relation to small pieces of equipment and minor adaptations that serve to maintain independence.

For Children's Social Services:

- To get a more detailed picture of service costs 'test run' a finance module in PARIS in Children's Social Services.
- Learn from being a SSIA 'Outcomes Framework for child protection' pilot site.
- Ensure all children and young people receiving services have timely reviews.
- Improve the stability of placements for Looked After Children.

We assess and evidence how our services are improving in a variety of different ways. They include:

### **External inspection:**

For 2013 these have included

- Arofsa our short break facility for young people with disabilities which received an unannounced inspection in April. The inspection report was very positive with inspectors noting "there is a strong sense of person centred care - - - because there are detailed systems in place to identify the individual requirements of the young people using the service".
- Our three residential homes for older people all received positive reports with particular reference to the recruitment of volunteers extending the range and number of activities on offer and staff having more engagement in their role as key workers leading to greater understanding of the expected outcomes of the activity for each person.
- **CSSIW (Care and Social Services Inspectorate Wales) Annual Council Performance Evaluation.** This evaluation was prepared by CSSIW (our Inspectors) in response to the Director of Community Services' Annual Performance Report for Social Services (ACRF) 2012, drawing on various evidence including improvement plans, audit reports

and inspection reports, and the regulatory work of CSSIW completed during the year. The evaluation sets out the areas of progress and areas for development for Flintshire Social Services, for the year 2012-13. We were pleased with the final evaluation, which notes the council is forward looking and innovative. Inspectors recognised we have continued to make progress in a number of key areas and are able to evidence a range of positive outcomes which have been delivered through our strategic modernisation of services. It notes our intention to support more people to live independent lives with our Reablement service being particularly successful in helping people to regain independence, with the majority of users not requiring ongoing services. We were proud to note the Inspectors recognition that our performance against a significant range of national indicators remains amongst the best in Wales. The evaluation also noted we have developed a range of preventative services and provide good support to young people leaving care and access to accommodation has improved.

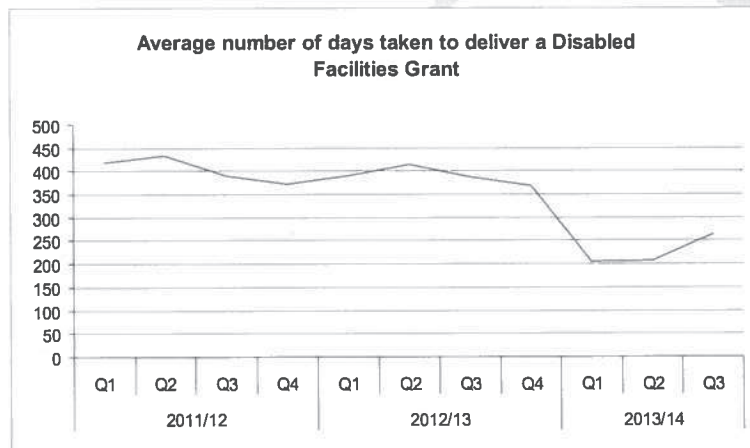
## Internal assessment

- Monitoring of the Directorate and Head of Service Plans (HOS). Senior managers monitor their progress against the Directorate and HOS plans, and report on this to Social Care and Health Overview and Scrutiny Committee, and reflect how well we are performing in our priority areas. Our Modernising Social Services Board oversees and drives forward service change contributing to the Councils priorities, in particular the Living Well priorities that the department leads on.
- The Outcome Agreement. This includes themes that are a priority for our Directorate - Improved quality and length of life, with fairer outcomes for all - Good social care allows people a better quality of life - Children and young people grow up as active citizens and achieve the highest possible standards of wellbeing.
- Compliments, Complaints and other service user feedback. In order to improve services, we need to know what users think. As already mentioned in this report we are strengthening our processes and feedback is collected via the Planning Groups, focused workshops, participation events and questionnaires. We use this feedback to inform the decisions we make about the way we deliver our services.
- Strategic Equality Plan 2012 to 2016. Our **Strategic Equality Plan** details the objectives, actions and targets we must deliver on to fulfil our statutory public sector duties under the Equality Act 2010 to advance equality and eliminate discrimination. We continue to make good progress for example: we have delivered DASH (Domestic Abuse Stalking and Harassment) risk assessment training (section 5) enabling the identification of high risk victims of domestic abuse; we have promoted interpretation and translation services to ensure our workforce offer customers and potential customers, whose first language is not English or Welsh, access to a professional interpreter

## Managing our Performance

2013 has seen us embed our improved performance management structure and processes. All performance information from across both Adults and Children's services is consolidated and regularly presented to the Senior Management Teams and the Quarterly Performance Forums to highlight best practice and identify areas for improvement. Our performance is strong overall and we have made improvements in 2013/2014 against the national set of performance indicators, as detailed in our Directorate Plan 2012-2016.

We have delivered on our priority for 2013/2014 to reduce the times taken to deliver major adaptations which are important for people's independence at home. Between April and December 2013 64 major adaptations were completed in owner occupied properties; this is slightly fewer than in the same period last year. However, we have reduced the time that people have to wait, and the average time taken to complete a major adaptation was 230 days. This is better than the All Wales average of 271 days and an improvement on our average for last year.



We have embedded our IT Business System (PARIS) which enables us to have robust data on the people who use our services, vital for commissioning and service development. In 2013 information from our product supplier led us to review our development programme for a finance module as it would not have satisfied all our financial requirements. We have made the decision to explore alternative finance and invoicing options including Purchase2Pay (P2P), a paperless invoicing process, to give us the accuracy we require to do our business. We continue to work with our supplier to introduce an updated PARIS system in May 2014.

In our last report we told you that Children's Social Services had been successful in a bid to become a pioneer authority for SSIA to pilot an 'Outcomes Framework' for child protection, linking to the ambitions set out in 'Sustainable Social Services Framework for Action'. The project ran from June 2012 to July 2013 and we benefitted from the expertise, support and coaching from external consultants. The focus of the project was on child protection planning and delivery that is outcome focussed for the young person and not process driven. Social workers have recorded that the project has resulted in them having an increased understanding of outcomes and the outcome led

approach which has seen a move away from needs or service led practice. On a wider level the project has recommended to SSIA that an outcome led approach be more widely delivered across Wales, having the potential to be transformative for people who use services and social workers alike.

You have already read about some of our main areas for improvement in Children's and Adult Social Services and we have included below further examples from 2013 which we believe evidence our continuing improvement.

- The Modernising Social Services Board commissioned two successful Systems Thinking reviews. Systems Thinking acknowledges that performance is governed by how a service is designed and most importantly the approach starts with the customer, what do they want from the service, rather than what works for the service. The Systems Thinking review of our Flintshire Fostering Service has resulted in us improving and streamlining the process for training and approving foster carers, making it shorter and simpler for applicants with less likelihood that they will drop out of the process. We have also changed the way we supply foster carers with the equipment needed by each child or young person, making this more straightforward. We also used the Systems Thinking process to review our Financial Assessment and Charging Team (FACT) processes. As we have said Systems Thinking is about delivering an excellent streamlined service to the customer, where they receive the information or service they need at the earliest contact and eliminating the processes they do not need to go through. We found out that the most frequent contact was from people who use services whose circumstances had changed, resulting in queries about charges for services. We have been able to achieve a number of "quick wins" to streamline our processes to address this and have an action plan to take forward more improvements.
- We are pleased to report that we have improved our "front door" service in 2013/2014 and for all children referred to us a decision is made for 99.9% of referrals within one working day and 91% of initial assessments are completed within seven working days. This means that children, young people and their families receive the support they need and others are signposted appropriately as soon as possible.
- We have maintained the stability of placements for children looked after by the Local Authority with 11% of children experiencing two or more changes of placement (October 2012 to December 2013) and we are continuing to work to improve our target. Sometimes placements do break down and a change of placement can be a positive move for the individual, for instance where they move to a longer term arrangement. All of our Looked After Children had a Permanency Plan at their second review, an increase from 93% in 2012/2013.
- With respect to the Looked After Children and young people, we have a number of high profile performance indicators and all of these are currently performing above target. All our targets for safeguarding are set above the All Wales average and Flintshire's performance is among the best in

Wales against the national indicators for safeguarding children. We have achieved this in a challenging climate where the number of children on the Child Protection Register has continued to increase.

- You have read earlier in this report about our arrangements for commissioning services for carers and increasing the numbers of carers being identified and supported (section 3). We work in partnership with Barnardos to identify children and young people who have a caring role, and by December 2013 five young people had been assessed and provided with a service.
- Providing aids and adaptations to people is crucial to improving independence. Last year we reported that we had commissioned two small pilot projects in Adult Services to provide people with small pieces of equipment and minor adaptations, enabling them to increase their control of the assessment process and remain independent in their own homes. The self assessment project to identify the need for small pieces of equipment and minor adaptations such as grab rails and stair rails to help with everyday activities was introduced in April 2013. It offers a fast track service for people who have low level needs which could be met without the need for a face to face assessment. In the first six months, 97 referrals were received for self assessment. Of those that resulted in an intervention, 72% were provided with equipment or a minor adaptation without the need for a home visit. Over 90% of people felt that their needs had been met fully in this way and almost three quarters found the form easy or very easy to complete (73%). We are continuing to offer self assessment for small pieces of equipment in Adult Services and are monitoring the impact it has on our minor adaptations programme. We are considering piloting this approach in Children's Services.
- Our second project saw us commission with an independent provider who said they could competitively supply and fit minor adaptations across the County thereby assisting in maintaining people in their own homes. We received positive feedback from customers who experienced the service with 100% of respondents said they were "very satisfied". We have decided to extend the pilot to undertake a continued in depth evaluation of the service and ensure we are receiving best value for money with a view to going out to tender locally or regionally in the longer term

### **Evidencing Our Improvement Priorities for 2014 / 2015**

1. Improve the timeliness of major adaptations and evaluate the impact of the extended minor adaptations and self assessment projects to inform further service improvements and options to increase people's independence, being mindful throughout of the continuing development of innovative technology
2. Further improve the data collection for Carers and Young Carers to meet the outcomes for the Carers Strategies (Wales) Measure

3. Consider the findings of research underway on parent's perceptions of the Child Protection process and take appropriate action.
4. Develop a coherent quality assurance framework which draws together intelligence currently collected into a single quarterly report

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## 9. Glossary

**Agile working** - Agile Working puts the customer first with more flexible, responsive and customer focussed methods. This means how and where staff work will focus on achieving this where it is most effectively accomplished – from a variety of work bases, using electronic technology and portable devices whilst maintaining face to face contact where this is required.

**Cabinet** - The Council's Cabinet comprises 8 Elected Members. Each Elected Member, supported by a Lead Director and accountable Heads of Service / Managers, is assigned a portfolio of Council services / functions. The roles and responsibilities of Cabinet Members in respect of their portfolio is to: lead, with their respective Directors, their assigned set of portfolio services/functions, lead key corporate priorities according to the Improvement Priorities and Assessment of Strategic Risks and Challenges (SARC), participate in and lead county and regional partnerships and actively participate in the national agenda e.g. WLGA, Ministerial meetings, conferences etc.

**Care Council** - The Care Council for Wales is the social care workforce regulator in Wales responsible for promoting and securing high standards across the social services and social care workforce.

**CSSIW (Care and Social Services Inspectorate Wales)** – established in 2007, the powers and functions of CSSIW are enabled through legislation. CSSIW has the powers to review Local Authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interests of vulnerable people who use services and their carers. They provide professional advice to Welsh Ministers and policy makers.

**Citizen Directed Support** - It is where people choose, organise and control their own support to meet assessed and agreed social care needs in a way that suits them with an identified budget. It is about using available resources to achieve what is important to them. The service package can be made up of statutory and other services.

**Continuing Health Care** - people receive the appropriate level and type of care related to their dependency and disease, within the relevant legal, policy, clinical and resource context (Aim of Continuing NHS Health Care: Framework for Implementation)

**Commissioning** - involves making decisions about what services are required to respond to need. It involves making decisions about the capacity, location, cost and quality of services, together with who will deliver them.

**Collaborate** - where agencies pool resources (time, expertise and money) to work together to deliver and develop services.



**Corporate Parent** - The Council has a duty to act as a good parent to children and young people in its care and those young people in the process of leaving care. The Council wants these children to have the best possible outcomes. Clear strategic and political leadership is crucial in ensuring that Looked After Children and the Corporate Parenting agenda is given the appropriate profile and priority.

**Direct Payments** – Cash payments given to people who are eligible as a means of controlling their own care, allowing more choice and flexibility. They are regular monthly payments from Social Services enabling people to purchase their own care, instead of receiving help arranged by social services.

**Domiciliary Care contract** - A single regional contract for care in the home being developed in partnership with Local Authorities, Betsi Cadwaladr University Health Board and the Independent Sector. This means that all providers work to the same standard and service specification. To be launched in April 2012.

**Enhanced Care** - forms part of the spectrum of intermediate community based services, but specifically provides care at the 'far end' of this spectrum for people who have medical and/or nursing needs who, without enhanced care, would otherwise be admitted to a hospital bed or would remain in hospital for a longer period of time . (This includes people admitted to an acute hospital bed and those who are admitted / transferred to a community hospital bed).

**Equality Impact Assessment** - An equality impact assessment is a systematic method to assess implications of an organisation's decisions on people from different backgrounds. Impact assessment should take place when considering a new policy or strategy or revising an existing policy or reviewing a function, service or procedure.

**Escalating concerns** arise where there are accumulating issues relating to the operation of, or quality of care provided in, a registered care home providing services to adults.

**Families First Initiative** - Improving the delivery of services to families across Wales, especially those living in poverty, as set out in the Welsh Assembly Government's Child Poverty Strategy 2010.

**Full Council** – The full council comprises all elected Flintshire County Councillors and is the ultimate decision making body.

**Extra Care Scheme** – extra care schemes provide independent living for some older people in Flintshire and apartments can be purchased by or rented to people aged 60+ who have care and accommodation needs. Llys Eleanor, our first extra care scheme, was developed by Flintshire County Council in partnership with the Pennaf Housing Group and provides 50 one

and two bedroom apartments and a range of communal facilities. Llys Jasmine, our second innovative extra care scheme opened to accommodate its first tenants in October 2013. Developed in partnership with Wales & West Housing the scheme provides a total of 63 apartments and bungalows of which 15 are specifically designed for people with dementia. Both schemes feature state of the art alarm systems and 24 hour care is available on site.

**Integrated Family Support Service** - An innovative service model that aims to reform services provided to vulnerable children and families. For families with complex problems there is an increased likelihood that the child's physical, social and emotional development will be impaired and for some children there will be repeated or long term episodes of being looked after by the local authority. The main aim of IFSS is to support families to stay together by empowering them to take positive steps to improve their lives.

**Locality Leadership Teams** – There are three teams in Flintshire - North East (Deeside), North West (Flint and Holywell) and South (Buckley, Mold etc). The overall aim of the Locality Leadership Teams is to enable multi-agency staff from the locality to work in partnership as an integrated team to plan, deliver and monitor the best possible locality services for residents by:

- 1) Maintaining independence and wellbeing at home and in the community as appropriate, and avoiding unnecessary admissions to hospital and long term care
- 2) Improving the multi-disciplinary care of people with chronic conditions and
- 3) Targeting resources more effectively in the community to include a range of health promotion and preventative interventions.

**Local Service Board** – A local Leadership Team of Flintshire's public service bodies (Council, Police, BCU Health Board, Further and Higher Education, Probation, Fire and Rescue, Environment Agency, Voluntary Sector). It has four principal roles as a set of local leaders: to take ownership of the community strategy; provide oversight and monitoring of relevant partnerships; identify common issues as public bodies/employers and promote effective joint working in the design and provision of public services.

**Looked After Child (LAC)** - Looked after children are children and young people who are in public care and looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

**Market Position Statement** – Informs the Care Provider market of the local authorities commissioning and service priorities based on the evaluation of data and evidence for current demand and possible future trends in services. The data presented should help providers to develop effective business plans.

**Mental Health (Wales) Measure** - The proposed Measure places duties on Local Health Boards and local authorities in Wales in relation to assessment of mental health and treatment of mental disorder. It also makes provision in

relation to independent mental health advocacy for qualifying patients – those are persons subject to the compulsory powers of the Mental Health Act 1983, and persons receiving treatment in hospital (suffering with a mental disorder).

**Medium Term Financial Strategy** - The plan forecasts available resources, financial pressures, opportunities for efficiencies/ savings for both revenue services and the capital programme. The Plan builds on 2011/2012 and forecasts forward 3 years to 2014/2015. The plan is an integral part of our Medium Term Financial Strategy which can be found on our Council website.

**Minor and Major Adaptations** - Minor Adaptation is an adaptation which costs under £1000 such as a grab rail or level access shower (not equipment). A Major Adaptation is over £1000 and would be through the Disabled Facilities Grant or if a Housing Association tenant through Scheme 1A which is Welsh Government funded (e.g. bathroom, kitchen or bedroom extension, stairlift or lift)

**More Than Just Words** – A strategic framework for Welsh language services in health and social care in Wales, developed by the Welsh Government. The framework outlines the current position and provides a systematic approach to improve services for those who need or choose to receive their care in Welsh

**Outcome** - The benefits, changes or other effects that result in an improvement in quality of life for the person from services provided. E.g. an improvement in physical functioning or maintaining a life skill leading to continued independence

**Prevention** – The prevention approach enhances the persons well being by preventing or minimising major problems of living. Providing information for people to self manage alongside early intervention before problems escalate, monitoring and proportionate risk assessment means that problems are reduced and the need for ongoing longer term support is minimised.

**Provider Administered Direct Payments** - Avoid the need for people who use services to manage the financial aspects of their care or to become an employer of a personal assistant with these tasks being taken on by the care provider.

**Reablement** - Reablement is an approach which aims to maximise independence, choice and quality of life. This means that all people who wish to access Social Care Services undergo a period of assessment and support to enable them to live as independently as possible, thus minimising the requirement for ongoing support. Reablement is a short term assessment and intervention service which is person centred and outcome focused. As such the duration of the Reablement will vary for each person (from a few days to a maximum period of six weeks). During the Reablement phase there will be regular reviews to assess progress against agreed outcomes.

**Regional Commissioning Hub** - A collaboration of the six North Wales' authorities for the commissioning and contracting of high cost low volume care home placements for adults and children.

**Rehabilitation** – Rehabilitation means taking effective and appropriate measures including through a variety of support, to enable people to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.

**Right sizing** - The right sizing assessment process aims to ensure an outcome focussed personalised approach is taken so that people receive the right amount of support to be as independent as possible – the right amount of support, at the right time and in the right place.

**Scrutiny Committee** – Decisions are usually made by the Cabinet for all issues including major policy matters. The role of Overview and Scrutiny is to hold the Cabinet to account as a critical friend and to monitor/ assist in the improvement and development of the council's policies and services. Under the Local Government Act 2000 the Local Authority must have at least one Overview and Scrutiny Committee. There are six Overview and Scrutiny Committees in Flintshire of which the Social and Health Care Overview and Scrutiny Committee is the one relevant to this report.

**Social Services and Well Being (Wales) Bill** - The Bill will set out the core legal framework for social services and social care, reinforcing people's rights to information and services and supporting the delivery of our services in an integrated way to ensure that social services and social care are sustainable.

**Strategic Equality Plan** - In producing our plan we meet our statutory Public Sector Equality Duties under the Equality Act 2010 to advance equality, eliminate unlawful discrimination, victimisation and harassment, and foster good community relations in our employment, policy, procurement and service delivery functions. The Strategic Equality Plan replaces and builds upon the progress we have made through the previous Equality Schemes. The Strategic Equality Plan alongside the Diversity and Equality Policy and Welsh Language Scheme sets out the Council's commitment to equality. The Strategic Equality Plan is integrated across the ten Council improvement priorities.

**Supporting People Team** – The team ensure the Supporting People Programme Grant (SPPG) from the Welsh Government funds the most appropriate housing related support services in the county to maximise outcomes for people. This includes support to vulnerable people to enable them to maintain their independence in the community and to prevent homelessness.

**Telecare** - is a way in which support can be provided through telecommunication devices in the home. It uses simple technology to manage risk and give people the peace of mind they need to live in their own homes for longer. Telecare equipment is provided through Community Equipment

Stores and fitted and monitored by Carelink. There are currently over 400 homes in Flintshire with Telecare as part of an assessed care package.

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY 1<sup>ST</sup> MAY 2014**

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

**SUBJECT:** **FORWARD WORK PROGRAMME**

### **1.00 PURPOSE OF REPORT**

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

### **2.00 BACKGROUND**

**2.01** Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council, or Directors. Other possible items are identified from the Cabinet 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
<p><b>12 June</b> 2.00 p.m.</p>	<p>Betsi Cadwaladr University Health Board</p>	<p>Update</p>	<p>Partnership working</p>	<p>Facilitator</p>	
	<p>CSSIW Action Plan update</p>	<p>To receive an update on the Flintshire County Council Social Services Annual Performance Report 2013-14.</p>	<p>Service delivery</p>	<p>Director of Community Services</p>	
	<p>Social Services Bill</p>	<p>Update report</p>	<p>National Policy implications</p>	<p>Director of Community Services</p>	

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
<b>3 July</b> 2.00 p.m.	Adult Safeguarding	To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Adult Safeguarding Inspection Action Plan	Performance monitoring	Director of Community Services	
	Emergency Duty Team	Update report	Service delivery monitoring	Director of Community Services	
	2013/13 Year End & Q4 data	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring	Facilitator	
	Improvement Plan Monitoring Update				
	HoS Performance Reports				

**ITEMS TO BE SCHEDULED**

Rota Visits 6 monthly update - Sept

**Site Visits**

- Ambulance Depot – Alltami
- Arosfa

**Suggested mini scrutiny topics**

- Dementia (await outcome of CSSIW inspection)

**Awareness raising – Safeguarding – Regional Local Safeguarding Children’s Board**

**Regular Items**

Month	Item	Purpose of Report	Responsible / Contact Officer
January	<b>Safeguarding &amp; Child Protection</b>	To provide Members with statistical information in relation to Child Protection and Safeguarding	Director of Community Services
March	<b>Educational Attainment of Looked After Children</b>	Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee	Director of Lifelong Learning
March	<b>Corporate Parenting</b>	Report to Social & Health and Lifelong Learning Overview & Scrutiny	Director of Community Services
Half-yearly	<b>Betsi Cadwaladr University Health Board Update</b>	To maintain 6 monthly meetings – partnership working	Facilitator
May	<b>Comments, Compliments and Complaints</b>	To consider the Annual Report.	Director of Community Services
July	<b>Protecting Vulnerable Adults &amp; Inspection Action Plan Update</b>	To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Inspection Action Plan	Director of Community Services

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