

# Public Document Pack

**Gareth Owens LL.B Barrister/Bargyfreithiwr**  
Chief Officer (Governance)  
Prif Swyddog (Llywodraethu)



To: Cllr Carol Ellis (Chair)

CS/NG

Councillors: Amanda Bragg, 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

3 October 2014

Maureen Potter 01352 702322  
maureen.potter@flintshire.gov.uk

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, 9TH OCTOBER, 2014** at **2.00 PM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

## **A G E N D A**

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
- 3 **MINUTES** (Pages 1 - 10)  
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 **DIRECT PAYMENTS/PENDERELS TRUST** (Pages 11 - 16)  
Report of Chief Officer (Social Services)
- 5 **REGIONAL SAFEGUARDING CHILDREN'S BOARD PROPOSAL** (Pages 17 - 20)  
Report of Chief Officer (Social Services)
- 6 **ADULT SAFEGUARDING** (Pages 21 - 32)  
Report of Chief Officer (Social Services)
- 7 **ROTA VISITS**  
To receive a verbal report from Members of the Committee.
- 8 **SOCIAL & HEALTH CARE FORWARD WORK PROGRAMME** (Pages 33 - 38)  
Report of Environment and Social Care Overview and Scrutiny Facilitator

# Agenda Item 3

## **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** **4 SEPTEMBER 2014**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Thursday, 4 September 2014

**PRESENT:**     **Councillor Carol Ellis (Chair)**

Councillors:   Marion Bateman,   Peter Curtis,   Adele Davies-Cooke,   Andy Dunbobbin,   Stella Jones,   Brian Lloyd,   Mike Lowe,   Hilary McGill,   Dave Mackie,   Ian Smith and David Wisinger

**SUBSTITUTE:** Councillor: Arnold Woolley (for Veronica Gay)

**APOLOGY:** Councillor: Hilary Isherwood

**CONTRIBUTORS:** Cabinet Member for Social Services, Chief Officer (Social Services), Commission Manager, Housing Regeneration & Strategy Manager, Senior Manager (Commissioning & Performance) and Children's Partnership Co-ordinator

Representatives from Betsi Cadwaladr University Health Board for minute numbers 17 & 18)

Ms Sally Baxter - Acting Director of Planning

Mrs Lynne Joannou - Assistant Director Primary Care Support

Mr Sean Page - Consultant Nurse (Dementia), Mental Health

**IN ATTENDANCE:**   Environment and Social Care Overview & Scrutiny Facilitator and Committee Officer

### **15.   DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Councillors David Mackie and Hilary McGill both declared a personal interest in relation to Agenda Items 4 and 5 as members of the Community Health Council.

### **16.   MINUTES**

The minutes of the meetings held on 12 June and 3 July 2014 had been circulated with the agenda.

**RESOLVED:**

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

### **17.   INTEGRATED HEALTH AND SOCIAL CARE ACTION PLAN TO SUPPORT INDIVIDUALS WITH DEMENTIA**

The Chief Officer (Social Services) presented a report on the strategic approach being taken by Social Services in Flintshire and its partners within the

Betsi Cadwaladr University Health Board (BCUHB) to deliver integrated health and social care services to individuals living with Dementia, their families and carers. He said that the content of the integrated Health and Social Care Dementia Action Plan, which was attached to the report, went beyond the recommendations from the Care & Social Services Inspectorate Wales (CSSIW) inspection earlier in the year to deliver improved outcomes for those affected by Dementia.

The Commission Manager explained that the comprehensive Action Plan would be rolled out over the next three years and contained seven themes which linked with work already progressed on the Council's Commissioning Strategy for Dementia. The three recommendations arising from the CSSIW inspection were being addressed through the co-location of Health and Social Care teams, more effective use of Memory Services and the provision of EMI placements. Reference was made to the extra care facilities in the county together with a range of service provision aimed at helping people to remain living in their own homes. The Commission Manager outlined work with the North East Wales Carers Information Service (NEWCIS) and Dynamic Care on improved education and management of Dementia where 20 people had already signed up to take part on an e-learning rolling programme.

Mr Sean Page, Consultant Nurse (Dementia) of BCUHB said that good work on Dementia Services in social care had been acknowledged but that there was a need to move to partnership working with a shared philosophy. The Flynn/Eley review had reported mixed results on integrated Health and Social Care systems across North Wales, with Flintshire recognised as an area where excellent progress had been made. Mr Page outlined work in a number of areas such as the potential rollout of the 'Dementia Red' (Respect, Empathy, Dignity) model across North Wales following a pilot in Denbighshire and the identification of Dementia Champions. On Memory Services, he was pleased to report that waiting times had been significantly reduced over the past year following improvements to the process and recruitment of additional staff. Further improvements were being sought through plans to seek accreditation to work to nationally agreed standards; the first in Wales to do so. In addition, the 'Butterfly' scheme had been implemented in community hospitals in Flintshire as a means of helping those with Dementia to communicate and access care.

On request from Councillor Andy Dunbobbin, the Commission Manager agreed to provide specific dates aligned to actions within the Action Plan.

Councillor David Mackie fully supported the joint approach being taken by Health and Social Care on Dementia and thanked all those involved.

Councillor Hilary McGuill welcomed the introduction of an e-learning programme for families of those with Dementia and asked how information could be obtained. The Commission Manager said that details were available from NEWCIS on Dynamic Care and would circulate an email to the Committee. On the Dementia friends initiative, Mr Page said it was intended that each GP surgery in North Wales would hold one or two sessions per week where a trained individual was available to provide help and support. It was hoped that this approach could eventually be extended to other areas of the community, such as

supermarkets, to help those with Dementia be more independent and would help to raise awareness.

Concerns were raised by Councillor Stella Jones about monitoring people with Dementia living alone who had no regular contact with relatives. She felt it was important not to pass responsibility to others, particularly community hospitals. The Commission Manager referred to the ageing population and said that an increase in Dementia was an issue which required involvement from everyone in the community. Whilst hospitals were not appropriate for long-term care of Dementia patients, there was sometimes a need for clinical intervention. There was an awareness of those living alone and the aim was to provide an improved service rather than merely delivering meals. The 'Living Well' initiative to be piloted would enable working with individuals to support their needs and sustain them for as long as possible in their own homes. The approach was not to shift responsibility, but to work more effectively to support people with improved outcomes.

The Chair requested that for future debate on this item, it would be helpful for the Committee to receive examples of scenarios of different needs, including people who lived alone.

Councillor Arnold Woolley expressed his concerns about future provision of services and communication between sections in view of the reductions in workforce and resources and asked how this would be managed. Mr Page accepted that this was a real risk and that a person-centred philosophy was needed, which required discussion on how best to communicate and become more preventative. He spoke of progress already achieved, including the co-location of teams and said that BCUHB had taken on board the comments within the Flynn/Eley report.

The Commission Manager referred to the development of a single point of access across North Wales and the co-location of Health and Social Care teams to help find solutions for people in need of support/advice in a way that suited them.

The Cabinet Member for Social Services spoke of an initiative to develop Dementia-friendly communities, with involvement from Town and Community Councils, local retailers, GP surgeries etc. Councillor Brian Lloyd said that Mold was one of the areas to be involved in this initiative.

Councillor Peter Curtis welcomed the idea for 'Dementia friends' to be located in some supermarkets but felt that putting this into practice may prove challenging. He asked questions on the level of training required and the potential for including other forms of disability. Mr Page explained that the expectation was for the individuals to have a basic awareness of Dementia issues rather than expertise, to enable them to recognise and offer help. He went on to suggest that some people may want to become involved through a sense of compassion or being acquainted with someone with Dementia. He felt that some supermarkets may respond positively to the initiative as it was in their best interests to encourage their customers to return.

Ms Sally Baxter of BCUHB spoke of the importance in encouraging and supporting awareness of all needs, including Dementia, to help understand how to make life easier for all, including consideration of inclusivity when designing facilities. She spoke of a shift in care to divert resources and investment where they were most needed in preventative, community-based services.

The Chief Officer (Social Services) commented on the need for challenging decisions to be made across all sections of the Council as a result of reduced resources. He felt that the Action Plan demonstrated creativity and a balanced approach of investment of service delivery in responding to the needs of individuals. Whilst it was inevitable that the Council and the Health Board would need to make financial provision for Dementia services, the participation of communities was vital.

Councillor Marion Bateman referred to a recent panel meeting and stressed the importance of having medical professionals or Social Services officers in attendance to consider the needs of all individuals. She would discuss further with the Housing Regeneration & Strategy Manager.

On a similar matter, Councillor Mackie said it was important for all areas of the Council to have an awareness of issues such as Dementia to ensure that service users' needs were recognised and responded to accordingly. This proposal was supported by the Committee.

**RESOLVED:**

- (a) That the commitment across Health & Social Care organisations to deliver integrated support to those individuals living with Dementia and the joined-up approach to service improvements in the future be noted;
- (b) That the development of an 'Integrated Dementia Action Plan' and its implementation over the next three years be noted, recognising that it is 'work in progress' requiring further agreements in terms of performance measurement and monitoring arrangements;
- (c) That Members seek regular progress reports through the regular quarterly monthly reports; and
- (d) That awareness of issues such as Dementia be encouraged across all the Council's services.

**18. BETSI CADWALADR UNIVERSITY HEALTH BOARD UPDATE**

Mrs Lynne Joannou, Assistant Director Primary Care Support at Betsi Cadwaladr University Health Board (BCUHB) was in attendance to provide an update, following discussion at the meeting on 12 June 2014. She advised that there were currently 114 GP surgeries across North Wales, including 23 between the three localities in Flintshire, and that despite media reports of difficulties with GP recruitment in some areas of the country, this was not the case in Flintshire. She went on to advise that around 60% of residents in Flintshire and Wrexham were accessing NHS Dentists including some patients engaged with services across the border in England.

Mrs Joannou referred to the allocation of funding for GP and Dentist services across North Wales and the potential for this to be allocated on an area basis as a result of negotiations around a change in BCUHB management structure. She spoke about the need for a different approach to the delivery of Primary Care services due to a national shortage of GPs and changes in the way that many GPs wished to work. A move to a different model of working in terms of exploring the expertise/up-skilling of other clinical staff, Nurse Practitioners and use of pharmacists would help to maximise GPs' time. The introduction of the new GMS contract meant that GP practices determined their own arrangements and resources and there was no central list of GP vacancies.

In response to queries from Councillor Hilary McGuill, Mrs Joannou provided explanation on the annual monitoring of the Quality and Outcomes Assurance Framework (QOF) process and the provision of Orthodontist Chairs located in Shotton and Mold, with the contract for the latter coming to an end. As part of the tender process, increased activity was identified in east Flintshire and Wrexham with new contracts starting from 1 October 2014. She agreed to provide the Committee with figures on waiting times of the four Orthodontist practices across North Wales and would confirm the average age of GPs in Flintshire, which Councillor McGuill thought to be around 65. The recruitment of new GPs would be addressed through joint working with nursing colleagues and other professionals. She went on to provide explanation on contractual requirements for accessing GP practices, adding that most opening hours were between 8am and 6.30pm. Those operating with two or more full-time GPs were not permitted to close early during the week and should be reported to the Health Board as this could potentially constitute a breach of contract.

Mrs Joannou agreed to follow up concerns raised about the opening hours of two local GP practices.

Councillor Marion Bateman commented on the possibility of GP surgeries located at some supermarkets. Mrs Joannou said that this was not presently under consideration in Wales to her knowledge and that a lack of additional funding meant that new surgeries would need to be financed from transferred funding or the closure of another surgery. Councillor Bateman asked if some GPs were directly employed and whether they could be invited to a future meeting. Mrs Joannou said that the Health Board was aiming to set up its own GP service but currently had GPs engaged as professionals and locality leads as opposed to being employed as GPs.

In response to a question from Councillor Ian Smith on Orthodontist provision in Connah's Quay, Mrs Joannou referred to the previous tendering process and the potential to review areas of need in 2-3 years' time.

Councillor Mike Lowe referred to timing of appointments at GP surgeries and increased need arising from housing developments. Mrs Joannou advised that GPs operated their own surgery appointment systems and were expected to adapt to best respond to their patients' needs. She referred to her previous comments on the lack of additional funding for new surgeries and the need for joint working.

During discussion on GP services, Councillors Lowe and Arnold Woolley felt that a lack of continuity of GPs was a disadvantage to the patient and could lead to a serious error. Mrs Joannou said that practices were doing what they could to meet the demands of patients in a pressurised environment. She added that the use of locums was often necessary due to many GPs opting to work part-time, however availability was a challenge. With an increase in demand and reduced resources, joint working was needed to improve health education and promotion to the general public.

Ms Sally Baxter spoke of the co-location of teams and a single point of access achieving better outcomes for patients. She highlighted the importance of proper consultation, assessment, diagnosis and judgement - whether by GPs or locums - and commented that patients attended by different GPs could be beneficial to some patients.

The Chair said it appeared that the needs of patients were secondary to that of GPs in some practices.

**RESOLVED:**

That the information be noted.

**19. IMPROVEMENT PLAN MONITORING REPORT**

The Chief Officer (Social Services) introduced the report for the Committee to note and consider elements of the 2014/15 Improvement Plan Monitoring Report relevant to the Committee for the period April to July 2014.

Councillor Hilary McGuill commented on the differing performance in the delivery of Disabled Facilities Grant (DFG) major adaptations between Council and privately owned properties. The Chief Officer (Social Services) explained that waiting times had been significantly improved through the Occupational Therapy referral process for assessments and that a reduction in staffing within Housing Regeneration & Strategy had recently been addressed with permission to recruit to a vacant post.

The Housing Regeneration & Strategy Manager gave assurance that the same approach in terms of staffing resources and target timescales was taken for adaptations to both sets of property types. However, the Council had previously taken the decision not to ask its tenants to submit a full DFG application for adaptations, whereas more major works in private properties were required to do so by the legislation in place. This could have a positive impact on timescales in Council owned stock. In addition, DFG works at Council properties tended to be less complex, as the Council was pursuing relocation options for those tenants with the most complex needs, rather than adapting their existing dwelling. The staffing issues had contributed to a dip in performance, however with the additional member of staff in place, figures were expected to show improvement after the next quarter.

In response to a further comment, the Housing Regeneration & Strategy Manager stressed that the Housing Revenue Account (HRA) was a ringfenced budget and that additional resources were not being transferred to Council



housing budgets at the expense of owner occupiers and private tenants. Therefore with the resolution of the staffing issue, timescales were anticipated to improve.

Concerning a query from Councillor Andy Dunbobbin on the completion of DFG work for young people, it was explained that delays to the process could occur due to the constantly changing needs of a particular client, which occurred most frequently with young children as their future development could be unclear. The result was that, in some cases, longer delays occurred where there were complex needs or the child was subject to hospital stays.

The Housing Regeneration & Strategy Manager responded to a question from Councillor Marion Bateman on legislation governing Council properties which had been adapted for disabled residents.

Following remarks made by Councillor Stella Jones on the tendering process, the Housing Regeneration & Strategy Manager explained proposed changes to the Procurement Strategy which would involve widening the opportunities for those on the approved contractor list issuing all tender opportunities by public notice, which would add a greater level of competition. Councillor Jones suggested that tender prices submitted could be audited to ensure value for money. The Chair asked the Facilitator to pass this suggestion to the Housing Overview & Scrutiny Committee.

**RESOLVED:**

- (a) That the report be noted; and
- (b) That feedback be provided to the Corporate Resources Overview & Scrutiny Committee who are responsible for the overview and monitoring of performance.

**20. ROTA VISITS**

Councillor Hilary McGuill reported positively on her visits to Rowley's Kitchen, Estuary Crafts and Growing Places but suggested that changes to the latter could improve the clients' experience.

Councillor Brian Lloyd reported on his visit to Abbey Metals in Flint where he had been particularly impressed with the facilities in the engineering section.

Following a suggestion by Councillor McGuill, the Facilitator agreed to include the Old Brewery in Shotton on the list of rota visits.

**RESOLVED:**

That the information be noted.

## **21. FORWARD WORK PROGRAMME**

The Environment and Social Care Overview & Scrutiny Facilitator introduced a report to enable the Committee to consider the Forward Work Programme following the planning session held in July 2014.

The Facilitator suggested that a report on the Single Point of Access be included in items for the meeting on 13 November 2014 and that an invitation be extended to colleagues at the Ambulance Trust to attend the meeting on 18 December 2014 where representatives from the Betsi Cadwaladr University Health Board would be in attendance.

Councillor Peter Curtis asked if representatives of the 'Community First Responders' could also be invited to provide information and raise awareness of their important role in supporting the Ambulance Service.

All of the above suggestions were supported by the Committee, together with the proposal for the DVD of experiences of young people in care to be shown to all Members at full Council.

### **RESOLVED:**

- (a) That the Forward Work Programme be updated accordingly; and
- (b) That it be recommended to Council that the DVD of experiences of young people in care be shown at full Council.

## **22. FLINTSHIRE CHILDCARE SUFFICIENCY ASSESSMENT 2014-2017**

A report on the findings of the Flintshire Childcare Sufficiency Assessment for 2014-2017 was received for information.

Councillor Marion Bateman referred to geographical gaps identified in the report and queried provision of new childcare daycare places for Northop and Sychdyn. The Children's Partnership Co-ordinator explained that when compiling the data, there may have been no full-time daycare places in those particular areas, however this may have changed. She agreed to discuss separately with Councillor Bateman in more detail.

Councillor Stella Jones queried provision in Hope. The Children's Partnership Co-ordinator said that the areas indicated in the report may have been based on wider areas than wards, but would discuss further outside the meeting.

### **RESOLVED:**

That the contents of the report be noted and the ongoing work being undertaken by the Childcare Development Group in working towards addressing the recommendations in the audit of sufficiency be supported.

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

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

(The meeting started at 10.00 am and ended at 12.35 pm)

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**Chairman**

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY, 9 OCTOBER 2014**

**REPORT BY:** **CHIEF OFFICER (SOCIAL SERVICES)**

**SUBJECT:** **DIRECT PAYMENTS/PENDERELS TRUST**

### **1.00 PURPOSE OF REPORT**

1.01 To provide members of the Social & Health Care Overview & Scrutiny Committee with an update regarding how Flintshire Social Services is empowering eligible people through Direct Payments to achieve greater choice and control over the support they need to meet their bespoke needs and outcomes.

### **2.00 BACKGROUND**

2.01 The Community Care (Direct Payments) Act 1996 places a duty on Flintshire County Council to make cash payments for community care direct to people who are eligible for care services and would like choice and control over how their assessed needs are met.

2.02 Direct payments (DP) enable local authorities to make funding available to individuals, or their representatives, where it will enable their care and support needs to be met. DP give people choice and control over the way in which their care and support needs are met in a way which compliments their existing support mechanisms to achieve their assessed needs and desired well-being outcomes.

2.03 FCC has, since 2002 shown a commitment to the ethos and principles of service user choice and control, through the development of the Direct Payments Scheme. Local developments have resulted in a range of person centred care delivery which are more cost efficient than traditional Domiciliary Care. The Social Services and Wellbeing (Wales) 2013 Act emphasises Welsh Governments commitment to citizens' voice and control with the inclusion of strengthened Direct Payments provision.

### **3.00 CONSIDERATIONS**

3.01 Flintshire County Council is considered an exemplar in the field of Direct payments and Citizen Directed Support and has made significant contributions to the development of person centred service delivery in Wales. Such practices have been shown to empower people to have greater voice, choice and control regarding the support they need to meet eligible needs/outcomes. This is evidenced in FCC annual survey. Direct payments provide opportunities for people to work in partnership with care professionals to arrange creative, flexible solutions that fit in with their

personal preferences and lifestyles. This autonomy helps contribute towards greater independence, responsibility and improved quality of life for people who rely on paid support.

- 3.02 The approaches pioneered in Flintshire have supported a cultural shift towards a more collaborative approach based on a culture of equal power, personal strengths and assets, community engagement and shared responsibilities. This ethos underpins the Social Services and Wellbeing Act (Wales) 2013 and will determine the National direction for social care approaches over coming generations.
- 3.03 Evidence shows us that when individuals arrange their own support their priorities include specific outcomes they want to achieve, having somebody that they trust, can get on with, who treats them with respect and supports them to have a better quality of life. A recent survey conducted with people who receive direct payments in Flintshire revealed over 65% sighted feeling safe as a key advantage of having a Direct Payment. There are 351 people currently in receipt of DP in Flintshire.
- 3.04 Personal Quote: *"I can employ who I want, not who I have to have"*

### **3.05 SAFEGUARDS**

The introduction of Direct Payments and the National agenda to move towards more personalised solutions to meeting peoples care and support needs presents opportunities for people to have far greater choice and control. However, striking a balance between empowerment and protection poses a challenge for the local authority and those charged with a safeguarding role. There are, of course risks in the traditional care system. Services often only intervene when things become critical. The way current services are delivered leaves little scope for developing and building natural support and many people may come and go into a service user's home that they barely know. Direct payments and the choice and control they bring, means that service users can choose people they trust to come into their home. They can also maintain and build natural community support and networks when planning their support. Being involved in your community and having people in your life who are not paid to be there is, in itself an effective way to guard against abuse.

- 3.06 Personal Quote: *"Direct payments enable my child to access activities while being kept safe and building on their confidence away from the family environment. My son has a better quality of life, he is doing more with his life, and the PA's keep him safe. Because my son now has PA support, I also have a life"*
- 3.07 Personal Quote: *"Our mother has received direct payments for almost 3 years. In that time it has helped her to enjoy her remaining years in her own home. She still has her independence and dignity and holds her carers in high regard. She is almost 92 years and we think that this method of care and understanding has helped her and us as a family to stay close together. Penderels have been very helpful with any problems that may arise. Much obliged"*.
- 3.08 Personal Quote: *"My social worker and her manager have been so supportive and I thank them both for their help. My life is so much better"*.

- 3.09 The success of this approach relies on a relationship based approach, rather than a simple tick box assessment and plan, and an ongoing 'what matters' and 'how are we going to solve it' conversation with the person and their representatives.
- 3.10 Working in this way has helped shape relationships between practitioners, and between practitioners and the people they support. It has led to improved outcomes for individuals, efficient use of available resources, a motivated workforce and has raised public confidence in their dealing with social care practitioners.
- 3.11 **Reviews/monitoring**
- 3.12 Direct Payments reviews focus on what the agreed support has achieved rather than the hours of support provided or the tasks undertaken.
- 3.13 Personal Quote: *"I am very wary of strangers and am able to choose personal assistants known to me and in who's care I feel safe and relaxed"*.
- 3.14 **Penderels Trust** – Penderels Trust is contracted to Flintshire County Council to provide support and advice to people who choose to organise their care and support via a direct payment.
- 3.15 Penderels Trust have worked in partnership with Flintshire County Council for in excess of 10 years and have worked with the local authority to develop robust processes and models of support for Direct Payments recipients.
- 3.16 Penderels Trust work closely with the person, their representatives, local authority practitioners, advocates and others to ensure that the persons chosen care and support arrangements are safe, meet their intended purpose, are sustainable and enable the person to take as much control as they are able.
- 3.17 Personal Quote: *"Penderels Trust are always available with advice, or will come out and explain anything you don't understand clearly"*.
- 3.18 **FCC Support** – Further to support provided by the practitioner, the department employs an officer with specialist knowledge of self directed support, who supports and advises both individuals and local authority staff on matters relating to direct payments.
- 3.19 The Direct Payments Team works collaboratively with Safeguarding officers to ensure that safeguarding is built into personalised approaches and is not a separate process.
- 3.20 The local authority monitors the use of Direct Payments via the Financial Assessment and Charging Team. The team support individuals regarding any financial concerns raised and report on issues to managers. The functions of this team are supported by accountancy technicians who conduct annual reconciliations of accounts.
- 3.21 Personal Quote: *"I would like to take this opportunity to thank all the staff at FCC and Penderels Trust involved in the direct payment scheme for their continued support and for giving me a better quality of life under extremely*

*difficult circumstances. Many, many thanks”.*

- 3.22 **Training** – Mandatory training is provided to the workforce in relation to Direct Payments. Partners from the private and voluntary sector as well as Personal Assistants (PA's) can also access these workshops. The training is provided in conjunction with local people who receive Direct Payments.
- 3.23 Personal Quote: *“It is good to know that David has people he knows and not chopping and changing. I know he is in safe hands”.*
- 3.24 **Public information** – The department provides a wide range of information pertaining to Direct Payments including sections on employing staff, commissioning an agency and keeping safe.
- 3.25 Personal Quote: *“Direct Payments enable you to choose who comes to your home, and not have a stream of people who you don't know”.*
- 3.26 **Peer support** – Flintshire County Council and Penderels trust support an active Direct Payments Peer Group. This is a long standing group of Direct Payments recipients, carers and parents who work in partnership with the council to develop Direct payments initiatives.
- 3.27 Personal Quote: *“The Direct Payment Peer Support Group (DIPS) is a great way of getting support and sharing information”.*
- 3.28 **Finances** - There is a common misconception that Direct Payments are cash payments and that vulnerable people will be left to arrange their own care and support. Contrary to this, the majority of Direct Payments recipients in Flintshire do not choose to manage the money, and we have worked with them to develop a range of options. Our aim has always been to ensure that people have the autonomy to achieve the highest level of choice and flexibility over their care arrangements whilst maintaining a partnership approach with the local authority.
- 3.29 **Direct Payments Development** – The department is
- undertaking its own review of the Flintshire Direct Payments Scheme to ensure that it remains fit for purpose under the new requirements of the Social Services and Wellbeing (Wales) 2013 Act.
  - working collaboratively with the North Wales Social Services Collaborative on a regional Direct Payments Project.
  - working with local care agencies to help them to shape their organisations to better fit the needs of people purchasing care and support via Direct payments.
  - working collaboratively with Care Council for Wales and other stakeholders on a wide array of issues pertaining to the Direct Payments workforce.
- 3.30 **Annual Direct Payments Survey**
- The department formally consults with its Direct Payments recipients on an



annual basis.

**4.00 RECOMMENDATIONS**

4.01 Members note the information contained within this report

**5.00 FINANCIAL IMPLICATIONS**

5.01 None in relation to this aspect of DP, savings in other aspects (efficiency)

**6.00 ANTI POVERTY IMPACT**

6.01 None

**7.00 ENVIRONMENTAL IMPACT**

7.01 None

**8.00 EQUALITIES IMPACT**

8.01 This is aimed at supporting vulnerable people.

**9.00 PERSONNEL IMPLICATIONS**

9.01 None

**10.00 CONSULTATION REQUIRED**

10.01 None

**11.00 CONSULTATION UNDERTAKEN**

11.01 N/A

**12.00 APPENDICES**

12.01 None

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

None.

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY, 9 OCTOBER 2014**

**REPORT BY:** **CHIEF OFFICER (SOCIAL SERVICES)**

**SUBJECT:** **REGIONAL SAFEGUARDING CHILDREN'S BOARD PROPOSAL**

### **1.00 PURPOSE OF REPORT**

1.01 To seek Members views on the implementation of Regional and Local arrangements for safeguarding children.

### **2.00 BACKGROUND**

2.01 As a result of the Children Act 2004 Local Safeguarding Children's Boards (LSCBs) were established. Three sub-regional LSCB were established across North Wales (Flintshire and Wrexham representing North East Wales).

2.02 The Welsh Government announced in 2011, as part of the Social Services and Well-being Act (2014), the three sub-regional LSCB take greater steps to promote integration and collaboration and move towards a regional structure (September 2014).

2.03 From 23<sup>rd</sup> September 2014 the North Wales Safeguarding Children's Board (NWSCB) will be formally constituted, and with a strong commitment towards a local presence, the LSCB will formally cease and are to be re-convened as safeguarding delivery groups (based on sub-regional locations i.e. Flintshire / Wrexham).

2.04 An evaluation commissioned by Welsh Government (ADSS) (2014) concluded that the benefits of this re-structure / re-alignment would result in:

- Reduced duplication
- Greater practice consistency
- More effective collaboration
- Standardised safeguarding systems

2.05 Within the North Wales context this revised structure will also address the following concerns noted during the development of the new model. These were:

- That Local needs, culture and language are supported via the Local Safeguarding Delivery Boards.
- Statutory Directors of Social Services can continue to report to Elected members in their respected local areas.
- Local and Regional structures will allow different representatives at different levels, reducing the pressures on senior management.
- The Regional Board will be able to make decisions and promote more effective and timely process.

### **3.00 CONSIDERATIONS**

- 3.01 With the requirements of the Social Services and Well-Being Act (2014) the revised overview and direction of regional and localised safeguarding responsibilities and accountabilities are enshrined in the new proposed model.
- 3.02 That extensive national and regional research has concluded that the proposed new model enhances the Local Authority and allied partners in ensuring that children's safeguarding remains a central core of our commitment to protect and ensure children are kept safe.
- 3.03 That this Local Authority fulfils its obligations and requirements by committing to this collaborative and partnership building approach.

### **4.00 RECOMMENDATIONS**

- 4.01 Members agree the proposed structure for the Regional Safeguarding Children's Board to be known as the North Wales Safeguarding Children's Board.
- 4.02 Members agree that the temporary host authority (Conwy) be confirmed until a permanent arrangement is confirmed for April 2015.
- 4.03 The minutes of the Regional Safeguarding Children's Board to be shared with the Leader and the Cabinet Member Social Services and regular, initially twice yearly, update reports on the work of the Board to be provided to Cabinet and the Social and Health Care Overview and Scrutiny Committee by the Chief Officer, Social Services.

### **5.00 FINANCIAL IMPLICATIONS**

- 5.01 As statutory partnership funding is required by its representative partners. A set of proposals made by an LSCB sponsored Finance task group proposed in 2012.
- All statutory agencies' contributions be made to a regional fund.
  - These would be based on a proportionate formula basis.
  - Regional business support structure cost.
  - Costs towards training and other expenses to be identified.

5.02 These matters have yet to be fully determined and will require full commitment from all agencies by 01.04.2015. The Council's financial contribution to the Regional Safeguarding Children's Board will not increase as a result of these proposed changes.

**6.00 ANTI POVERTY IMPACT**

6.01 None noted.

**7.00 ENVIRONMENTAL IMPACT**

7.01 None noted.

**8.00 EQUALITIES IMPACT**

8.01 Any changes to services resulting from the NWSCB, consideration for an Equalities Impact Assessment will be made

**9.00 PERSONNEL IMPLICATIONS**

9.01 None.

**10.00 CONSULTATION REQUIRED**

10.01 None.

**11.00 CONSULTATION UNDERTAKEN**

11.01 These have involved:

- Welsh Government
- Association of Directors of Social Services Cymru (ADSSC)
- Welsh Local Government Association.
- CSSIW

**12.00 APPENDICES**

12.01 None.

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

None.

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **9<sup>TH</sup> OCTOBER 2014**

**REPORT BY:** **CHIEF OFFICER, (SOCIAL SERVICES)**

**SUBJECT:** **ADULT SAFEGUARDING REPORT APRIL 2013 – MARCH 2014**

### **1.00 PURPOSE OF REPORT**

1.01 To update members on Adult Safeguarding Performance and current issues.

### **2.00 BACKGROUND**

2.01 This is the annual adult safeguarding report for the year from April 2013 to March 2014 in compliance with the Welsh Government statutory document, "In Safe Hands".

2.02 The adult safeguarding process in Wales is the national system in place to protect vulnerable client groups from abuse. Social Services departments take the lead in co-ordinating the process and in the development of local policy guidance, but all agencies are to work together on the "identification, investigation, treatment and prevention of abuse of vulnerable adults" (In Safe Hands, 2000)

2.03 Over the year, the adult safeguarding team developed its new role of receiving and processing all adult safeguarding referrals received in the Department. This included the recording of performance data by the safeguarding team onto the PARIS system, a process which was implemented in July, 2013. This report, therefore, covers a period of change from the old system, where teams within the Department each managed and recorded safeguarding cases, to the new.

2.04 The Adult Safeguarding Team, consisting of two adult safeguarding managers, an adult safeguarding social worker and business support have enabled a more consistent approach to receiving, processing and investigating safeguarding referrals. Partner agencies, providers, service users and their representatives now have only one team to work with, and staff from within the Department have a single reference point for all safeguarding enquiries. The adult safeguarding social worker can carry out safeguarding investigations and ensures that the voice of the victim is heard from the earliest stage in the adult safeguarding process.

## **3.00 CONSIDERATIONS**

### **3.1.0 Adult Safeguarding statistics**

- 3.1.1 310 Adult Protection referrals were received in the year (Figure 1). Of these, 184 met the threshold for progressing under safeguarding procedures. The 93 cases that did not meet the threshold were screened, recorded and monitored, and if several of these types of cases were received about the same provider over a short period, a meeting was called anyway, to discuss whether they showed patterns of poor care. The statistics in this report refer to the 184 referrals that met the threshold. This is the sixth successive annual increase in the numbers of referrals received.
- 3.1.3 The highest number of referrals received related to older people, with more referrals for women than for men (Figure 2), and the highest proportion of referrals came from private and social services provider agencies (Figure 3). These figures reflect national trends and statistics, and are in line with the demographics of social care in Flintshire.
- 3.1.3 Vulnerable adults can be subject to a range of types of abuse, and sometimes one incident can be seen as more than one type of abuse (Figure 4). Physical abuse and neglect, for example, often go together.
- 3.1.4 This year, of the cases where abuse was proved or admitted, 36 referrals came from nursing or residential care homes, by far the highest source (Figure 5). Figure 6, however, shows an increase in the year of the number of people being dismissed, prosecuted, cautioned or disciplined as a result of safeguarding procedures. This could be seen as showing an increasingly robust response amongst agencies where abuse is proved. In some cases, the alleged perpetrator met more than one of the outcomes, for example being given extra training and extra supervision as well as going through a disciplinary procedure.
- 3.1.5 The graph at figure 6 shows a very high number of cases recorded as “other”. The footnote gives a number of outcomes which have been recorded as “other”, although we have also identified a recording problem, now addressed, which resulted in a number of outcomes being recorded incorrectly.
- 3.1.6 Figure 7 shows that in every case investigated in the year, risks were either removed or reduced. This statistic more than any other shows the benefit in agencies working together to tackle abuse. In some cases, the proposed safeguarding actions were refused by the victim of abuse: some older people refused to allow action to be taken against a relative, for example, even when the relative had been



proved responsible. It can also be seen that in 27 cases, an adult protection plan was recorded as a specific outcome, with reviews of the plan being one of the key ways in protecting the individual from further harm.

### **3.2.0 Deprivation of Liberty Safeguards**

3.2.1 The adult safeguarding team also manage the Council's application of the Deprivation of Liberty Safeguards (DoLS). The Safeguards were introduced in April 2009 to provide legal protection for vulnerable people who are in care homes or hospital and who lack the mental capacity to consent to be in the care setting. Deprivations of Liberty in Flintshire care homes are assessed by a Best Interests Assessor (who will be one of seven specially trained social workers) with an extra mental health assessment carried out by a doctor who is qualified under Section 12 of the Mental Health Act 1983.

3.2.2 In March, 2014 the Supreme Court gave a ruling which greatly widened the scope of Deprivation of Liberty Safeguards. The new ruling means that anyone in a care home is being deprived of their liberty if they:

- lack mental capacity to agree to live in the care home and
- are under continuous supervision and control and
- would be prevented from leaving the care home if they were to try to do so

3.2.3 The Court ruling also means that people living in the community can also be deprived of their liberty. In these cases, applications should be made to the Court of Protection.

3.2.4 In the year covered by this report (that is, April 2013 – March 2014), thirteen DoLS applications were made by care homes. At the time of writing this report (September, 2014) over 120 applications have been received since April 2014. The ongoing implications for DoLS will be considered in a forthcoming report to Cabinet.

### **3.3.0 Training**

3.3.1 Flintshire County Council safeguarding training for council employees, partner agencies, and for staff and volunteers in the community is commissioned and delivered by the Social Services Workforce Development Team. There is no charge for attendance. Some Adult safeguarding training was part-supported by contributions from the Mental Health Services budget, but now all costs are met entirely from Welsh Government grants and matched funding via the Workforce Development Team training budget.

3.3.2 Training is organised at 4 levels:

## **LEVEL 1**

### **Induction training**

Level 1 is the safeguarding information provided within the induction process agreed within individual teams and agencies.

## **LEVEL 2**

### **All-Wales Basic Safeguarding Awareness Training**

In September 2013, Flintshire became a pilot authority for the Welsh Government/Care Council's new "All-Wales Basic Safeguarding Awareness Training" course. This course has been made available to all staff and volunteers from any organisation in Flintshire working or in contact with people (children and adults) who are potentially vulnerable to abuse. Over the last 12 months (to 18<sup>th</sup> September 2014) the course has been delivered to 241 individuals. The one day course is run approximately every 2 weeks in the Workforce Development Training Rooms in the Mold Library HQ, taking 20 delegates at a time. A double-half day version of the course is now also offered to agencies who cannot release staff for a full day.

## **LEVEL 3**

### **Safeguarding Adults Level 3 All Wales Policy & Procedures**

This one day course covers the background to, and responsibilities contained in the *Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse*. It is delivered by the Social Services Safeguarding Adults Manager and replaces the previous POVA level 3 course. It has been provided 5 times in the 12 months up to September 2014, with a capacity of 20 places per course. It is open to managers and practitioners from any organisation in Flintshire working with adults who are potentially vulnerable to abuse. Over the last 12 months (to 24<sup>th</sup> September 2014) the course has been delivered to 80 individuals.

## **LEVEL 4 AND SPECIALIST TRAINING**

*This level provides advanced training for Social Care professionals plus special interest courses.*

### **Deprivation of Liberties Safeguarding (DoLS)**

One day training for Adult Social Services and independent/voluntary staff in the roles and responsibilities regarding vulnerable adults lacking capacity to consent to arrangements in a care home, hospital, or supported living placement that amounts to a deprivation of liberty. Includes reference to the Mental Health Act 1983 (amended 2007) and the Mental Health (Wales) Measure. Delivered June 2014 and scheduled for October 2014.

### **Domestic Abuse (MARAC/DASH)**

Half day course delivered 3 times in last 12 months; also scheduled September and October 2014. Aims to increase awareness in all agencies of the responsibility regarding identification, assessment and management of the risks relating to domestic abuse. Delivered by the

Domestic Abuse & Sexual Violence Coordinator for Flintshire County Council and the Flintshire Community Safety Partnership.

**Adult Mental Health First Aid**

A 2 day course for staff from any agency working with adults who may be at risk of suicide: how to give immediate help; what to say and do in a crisis; understand the connection between mental health problems and substance abuse. Delivered 4 times in the last 12 months and scheduled again for October 2014 and January 2015.

**Assessment of Capacity - Practical Approaches**

A 1-day course open to all qualified staff who carry out MCA assessments and students. Delivered twice during last 12 months.

**4.00 RECOMMENDATIONS**

4.01 That the contents of the report are noted, and in particular an increased consistency in making decisions around thresholds for adult safeguarding procedures.

**5.00 FINANCIAL IMPLICATIONS**

5.01 None.

**6.00 ANTI POVERTY IMPACT**

6.01 None.

**7.00 ENVIRONMENTAL IMPACT**

7.01 None.

**8.00 EQUALITIES IMPACT**

8.01 No specific impact.

**9.00 PERSONNEL IMPLICATIONS**

9.01 No impact.

**10.00 CONSULTATION REQUIRED**

10.01 Not specifically required.

**11.00 CONSULTATION UNDERTAKEN**

11.01 Full discussion at Flintshire Safeguarding Board.

**12.00 APPENDICES**

12.01 None.

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

None

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## Adult Protection Monitoring 2013/14

Figure 1

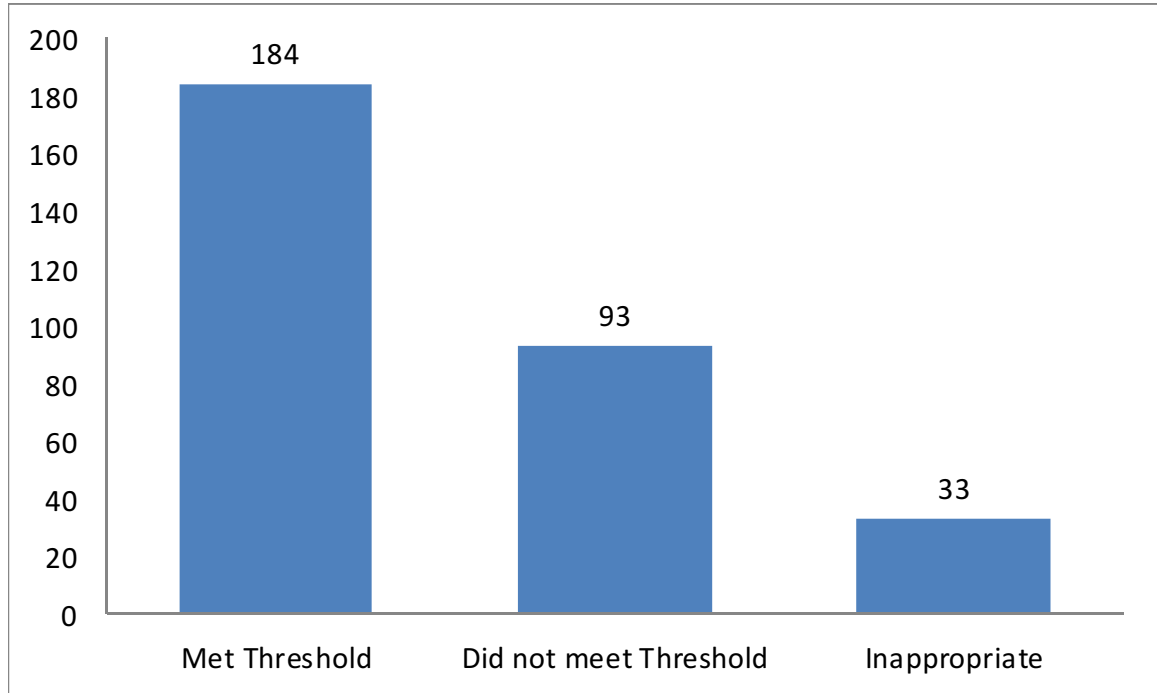


Figure 2

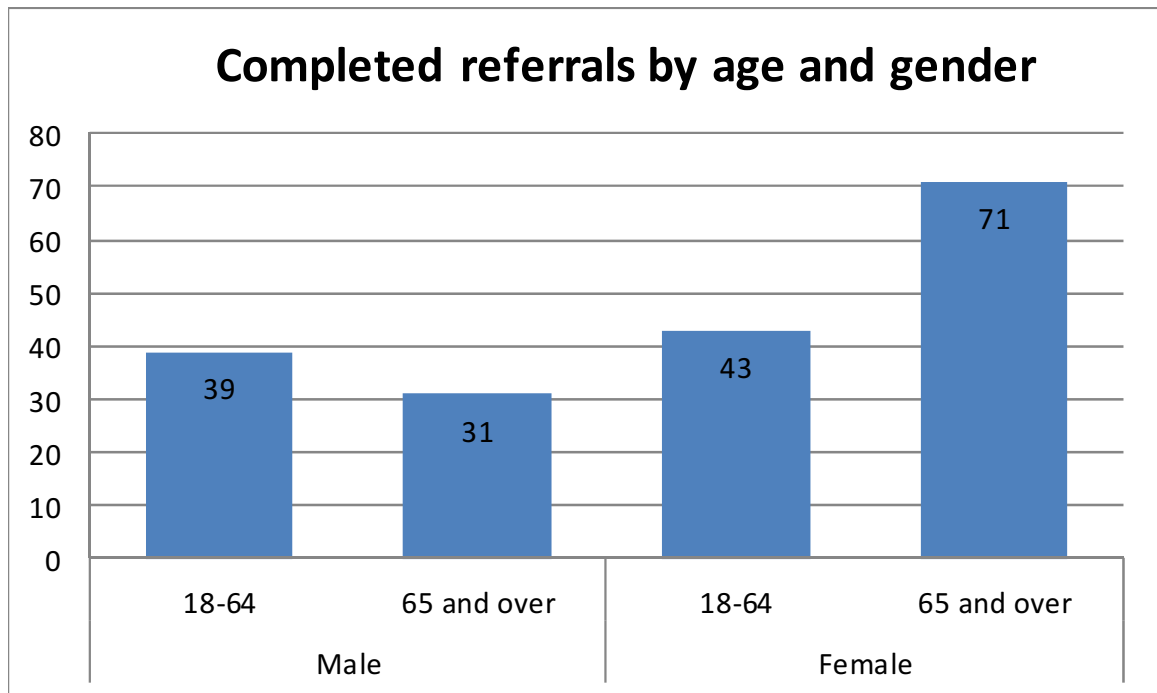
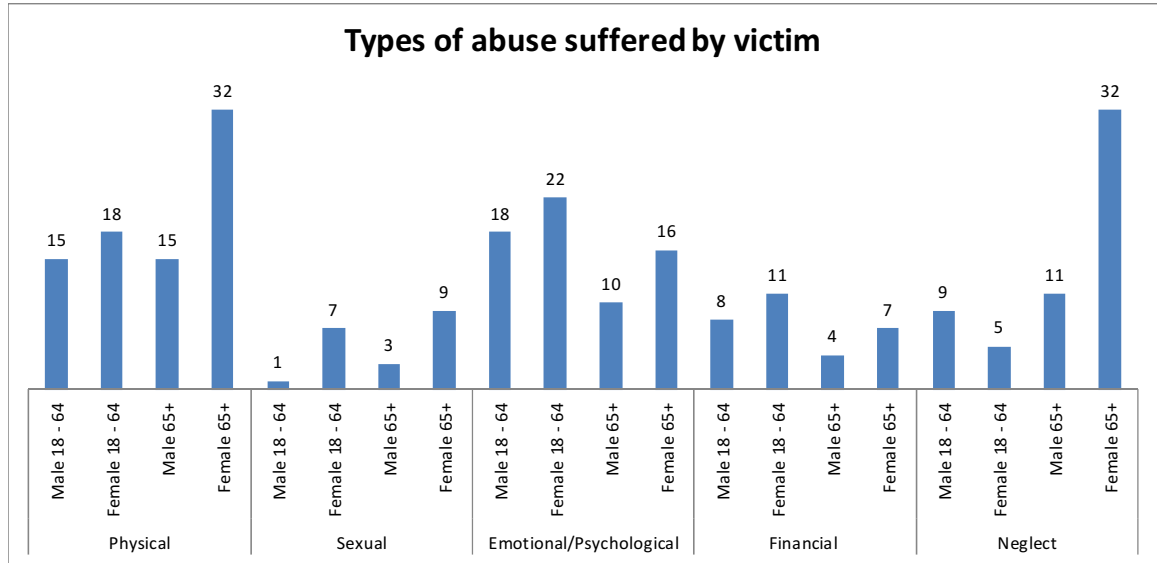




Figure 4



Some victims may experience more than one type of abuse and therefore may be counted more than once.

Figure 5

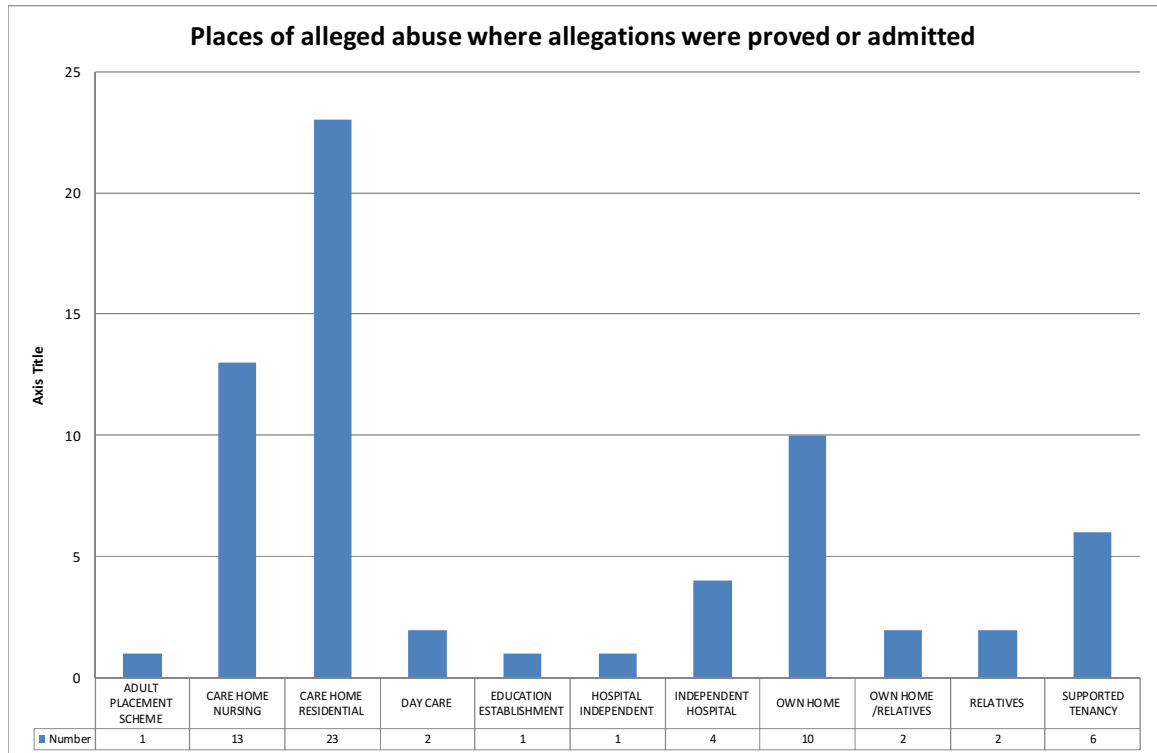
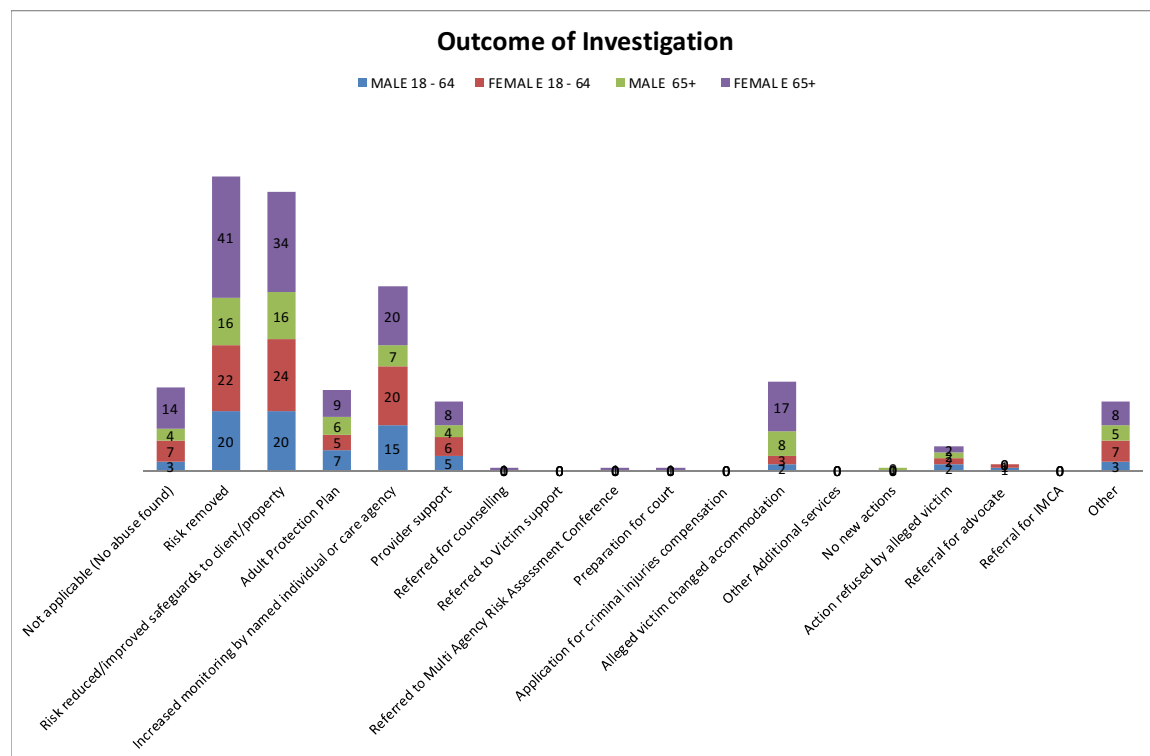






Figure 7



For the outcomes specified as “other”, here are some examples of the text provided:

1. Client deceased.
2. Increased monitoring by care manager.
3. Joint visits with health.
4. Local Authority Appointeeship.
5. Staff training.
6. DoLs referral.
7. Financial Protection (appointeeship/deputyship)

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY 9 OCTOBER 2014**

**REPORT BY:** **SOCAL 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 Chief Officers. 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**

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Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 13 November 2014 2.00 p.m.	Q2 Performance Reporting  Regional Safeguarding (Adults) Proposals  Safeguarding and care planning of looked after children and care leavers who exhibit vulnerable and risky behaviour  Single Point of Access  Rota Visits	To enable members to fulfil their scrutiny role in relation to performance monitoring  To inform Members of the proposals for a Regional Adults Safeguarding Board.  To inform members as to the outcome of the inspection carried out by CSSIW in March 2014.  To receive an update on the progress made with implementing SPoA in Flintshire and across North Wales.  Verbal Update	Performance monitoring  Pre-decision  Performance monitoring  Update report	Chief Officer Social Services  Chief Officer Social Services  Chief Officer Social Services  Chief Officer Social Services	
Thursday 18 December 2014 10.00 a.m.	CSSIW Annual Report  Rota Visits	To receive a presentation from CSSIW  Verbal Update		Facilitator	

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 29 January 2015 2.00 p.m.	<p>Intermediate Care Fund update</p> <p>Reablement/Independent living progress update</p> <p>BCUHB Partnership working – Localities/Mental Health/CAMHS etc – ability to influence joint working</p>	<p>Update report</p> <p>Update report</p> <p>To maintain 6 monthly meetings with Betsi Cadwaladr University Health board</p>	<p>Service Monitoring</p> <p>Service Monitoring</p> <p>Partnership Working</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	
Thursday 5 March 2015 10.00 a.m.	Collaborative projects/Regional Initiatives update	To receive a progress report on projects and services running collaboratively across North Wales and Nationally.	Partnership Working/ Performance Monitoring	Chief Officer Social Services	
Thursday 16 April 2015 10.00 a.m.	<p>Q3 Performance Reporting</p> <p>Annual Council Reporting Framework</p>	<p>To enable members to fulfil their scrutiny role in relation to performance monitoring.</p> <p>To consider the final draft of the Flintshire County Council Social Services Annual Performance Report 2014/15.</p>	<p>Performance Monitoring</p> <p>Service Delivery</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	
Thursday 14 May 2015 2.00 pm	Complaints & Compliments - lessons learned	To receive a report on the compliments, representations and complaints received by Social Services for the year April 2014 – March 2015.	Performance Monitoring	Chief Officer Social Services	

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 18 June 2015 10.00 a.m.	Year End and Quarter 4 Performance Reporting	To enable members to fulfil their scrutiny role in relation to performance monitoring.	Performance Monitoring	Chief Officer Social Services	

**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	Chief Officer Social 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.	Chief Officer Social Services
Sept	<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	Chief Officer Social Services

Social & Health Care Overview & Scrutiny Forward Work Programme  
**Joint Meeting with Lifelong Learning Spring 2015**

APPENDIX 1

Corporate Parenting  
Safeguarding and Child Protection  
Educational Attainment of Looked After Children  
Hearing Impairment (Adults & Children)  
Childcare Sufficiency Assessment  
Youth Justice Services

**Joint meeting with Housing**

Extra Care/Telecare/Telehealth

**Items to be scheduled following workshop held on 25<sup>th</sup> July:**

WAO Safeguarding Inspection outcome  
Demands on Children's Services  
Fostering Services  
Children's Services Forum update – Chairman to update as relevant  
Ambulance response times  
ACRF - workshop or workshop plus task group?  
Day Services proposals  
Older People's Strategy Group rep to be invited – Ageing Well in Wales  
Full Review of Adoption Service 12 months after implementation.  
Site Visit to Arosfa