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Chief Officer (Governance)
Prif Swyddog (Llywodraethu)

CS/NG

7 November 2014

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To: Cllr Carol Ellis (Chair)

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

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, 13TH NOVEMBER, 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 - 6)

   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 croesawu gohebiaeth yn y Cymraeg neu'r Saesneg

4 **<u>SINGLE POINT OF ACCESS</u>** (Pages 7 - 28)

Report of Chief Officer (Social Services)

5 **<u>SAFEGUARDING AND CARE PLANNING OF LOOKED AFTER CHILDREN AND CARE LEAVERS WHO EXHIBIT VULNERABLE AND RISKY BEHAVIOUR</u>** (Pages 29 - 48)

Report of Chief Officer (Social Services)

6 **<u>ROTA VISITS</u>**

To receive a verbal report from Members of the Committee.

7 **<u>SOCIAL & HEALTH CARE FORWARD WORK PROGRAMME</u>** (Pages 49 - 54)

Report of Environment and Social Care Overview and Scrutiny Facilitator

<u>SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE</u>
<u>9 OCTOBER 2014</u>

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, 9 October 2014

<u>PRESENT:</u>Councillor Carol Ellis (Chair)
Councillors: Amanda Bragg, Andy Dunbobbin, Cindy Hinds, Stella Jones, Brian Lloyd, David Mackie, Hilary McGuill, Ian Smith and David Wisinger

<u>APOLOGIES:</u> Councillors: Veronica Gay, Hilary Isherwood and Mike Lowe

<u>CONTRIBUTORS:</u>Cabinet Member for Social Services, Chief Officer (Social Services),Disability, Progression and Recovery Service Manager, Adult Safeguarding Manager, and Service Manager Resources

<u>Representatives from Penderels Trust (for minute number 26)</u>
Claire Bickford and Jane Bown – Penderels Trust
Marion Harrison – Service User

<u>IN ATTENDANCE:</u> Environment and Social Care Overview & Scrutiny Facilitator and Committee Officer

24.   <u>DECLARATIONS OF INTEREST</u>

Councillors David Mackie and Hilary McGuill both declared a personal interest in relation to Agenda Items 26, 27 and 28as members of the Community Health Council.

25.   <u>MINUTES</u>

The minutes of the meeting held on 4 September 2014 had been circulated with the agenda.

<u>Accuracy:</u>
Councillor Cindy Hinds said she had submitted her apologies and asked that the minutes be amended to reflect this.

<u>Matters arising</u>
Councillor Hillary McGuill advised that she had not received the information from the Commissioning Manager regarding e-dynamics. The Chief Officer (Social Services) agreed to follow this up.

Councillor Hilary McGuill also referred to outstanding information awaited from BCUHB regarding waiting times at the four orthodontist practices across North Wales and concerns raised regarding the opening hours of two local GP practices. The Overview & Scrutiny Facilitator agreed to contact BCUHB to obtain the outstanding information.

RESOLVED:

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

26. **DIRECT PAYMENTS/PENDERELS TRUST**

The Chief Officer (Social Services) presented the report to provide members with an update regarding how Flintshire Social Services was empowering eligible people through Direct Payments to achieve greater choice and control over the support they required to meet their bespoke needs and outcomes. He introduced Claire Bickford and Jane Bown, representatives of Penderels Trust, Marion Harrison, Service User, and Jo Taylor, Disability, Progression and Recovery Service Manager. He invited the Service Manager to give an overview of the Direct Payments scheme.

The Service Manager provided background information and advised that the County Council was considered an exemplar in the field of direct payments and citizen directed support.   Direct payments provided the opportunity for people to work in partnership with care professionals to arrange solutions to fit in with their personal preferences and lifestyles which in turn contributed towards their independence, responsibility and quality of life. The Service Manager reported on the key considerations in the report and referred to safeguards, reviews, monitoring, Penderels Trust, County Council support, training, public information, and peer support.   She also gave an outline of further developments for the Flintshire Direct Payments Scheme to ensure it remained fit for purpose under the new requirements of the Social Services and Wellbeing (Wales) 2013 Act.

The Chair thanked the Chief Officer and Service Manager for their overview and invited Members to raise questions.

Councillor Hilary McGuill raised a number of questions concerning the Penderels Trust and cost and levels of service provided. During discussion Members raised further concerns around training, recruitment, risks, safeguards, and CRB checks.   The representatives of the Penderels Trust and Service Manager responded to the queries and concerns raised and additional information was provided by Marion Harrison based on her experience of operating the Direct Payments scheme.

RESOLVED:

That the report be noted.

27. **REGIONAL SAFEGUARDING CHILDREN'S BOARD PROPOSAL**

The Chief Officer (Social Services) introduced a report to seek Members views on the implementation of regional and local arrangements for safeguarding children. He provided background information and advised that

from September 2014 the North Wales Safeguarding Children's Board (NWSCB) would be formally constituted, and with a strong commitment towards a local presence, the Local Safeguarding Children's Boards (LSCBs) would cease and be re-convened as safeguarding delivery groups based on sub-regional locations. The Chief Officer commented on the benefits of the re-structure and explained that the proposed new model enhanced the Authority's and its allied partners commitment to children's safeguarding and ensuring that children were kept safe.

Councillor Hilary McGuill asked who would be undertaking serious case reviews under the proposed new model and how members of the public could make a referral. The Chief Officer advised that serious case reviews had been renamed child practice reviews and would be undertaken by a regional sub group. He confirmed that members of the public would continue to be able to make referrals to the new NWSCB. The Chief Officer agreed to circulate details of the membership of the new Board as soon as available.

In response to the queries and observations made by Councillor Cindy Hinds concerning the 'post-card' system the Chief Officer agreed to provide further information to the Committee on the system.

<u>RESOLVED:</u>

(a)   That the Committee recommends the approval of the proposed structure for the Regional Safeguarding Children's Board to be known as the North Wales Safeguarding Children's Board;

(b)   That the Committee recommends that the temporary host authority (Conwy) be confirmed until a permanent arrangement is confirmed for April 2015; and

(c)   That the Committee supports the recommendation that the minutes of the Regional Safeguarding Children's Board and the Safeguarding Delivery Groups be shared with the Leader and the Cabinet Member Social Services, and Chair of the Social & Health Care Overview and Scrutiny Committee, and that regular, initially twice yearly, update reports on the work of the Board be provided to Cabinet and the Social & Health Care Overview and Scrutiny Committee by the Chief Officer (Social Services).

28.   <u>ADULT SAFEGUARDING REPORT APRIL 2013 – MARCH 2014</u>

The Adult Safeguarding Manager introduced the report to give an update on adult safeguarding performance and current issues. He provided background information and referred to the key considerations around adult safeguarding statistics, deprivation of liberty safeguards, and training.

During discussion the Chief Officer (Social Services) and Adult Safeguarding Manager responded to the concerns raised by Members around

the annual increase in the number of referrals received and referred to the raised awareness amongst staff, family members and the general public.

In response to a question from Councillor Hilary McGuill concerning contact arrangements, the Adult Safeguarding Manager explained that the first point of contact was generally the First Contact Team. Councillor McGuill also referred to the graph provided for outcomes for alleged person responsible and asked that a breakdown be provided for the cases recorded as 'other'.

Councillor Dave Mackie referred to reports in the media that there was a reluctance to report issues in care homes to the relevant authorities. He expressed the view that information should be co-ordinated into a single reference point which would identify any patterns of abuse or neglect developing.

Members raised a number of concerns around the recording of incidents in residential care homes. The Adult Safeguarding Manager outlined the policy for the reporting of significant incidents and advised that such matters were referred to the Care and Social Services Inspectorate Wales and the in-house Contract Monitoring Team. In response to a question from Councillor Hilary McGuill regarding the recording of incidents in private hospitals, Officers advised that these were reported to the Health Inspectorate Wales. Councillor McGuill raised a further question concerning incidents reported in the media at Glan Clwyd Hospital and Deeside Community Hospital. The Chief Officer confirmed that both incidents had been investigated through the POVA process.

Councillor Stella Jones proposed that the Committee writes to the Welsh Government to express its strong views that the criteria relating to the 'other' category within the POVA guidance be made much clearer, and that there is a need for a single reference point to collate information from partner agencies in relation to POVA and integrated IT systems to facilitate this.

RESOLVED:

(a)   That the report and the work of the safeguarding unit within social services be noted; and

(b)   That the Committee writes to the Welsh Government to express its strong views thatthe criteria relating to the 'other' category within the POVA guidance be made much clearer and that there is a need for a single reference point to collate informationfrom partner agencies in relation to POVA and integrated IT systems to facilitate this.

29.   **ROTA VISITS**

Councillor Andy Dunbobbin reported on a visit he had undertaken with Councillor Mike Lowe to CroesAtti. He advised that it had been a positive

experience, however, both residents and staff members had raised some concerns around staffing levels at the home.

The Chair reported that she had visited Double Click and said that it had "more of a buzz" since it had become a Social Enterprise. During the visit concerns had been raised about the computers at Double Click which were considered not adequate for the type of work being undertaken. The Chair asked if any information or support could be provided in relation tothe availability of grants for replacement equipment.

Councillor David Wisinger gave a positive report on a visit he and Councillor Christine Jones had made to Arosfa. It was suggested that the additional facility of a 'wet room' would be beneficial to service users.

RESOLVED:

That the information be noted.

30. **FORWARD WORK PROGRAMME**

The Environment and Social Care Overview & Scrutiny Facilitator introduced the Forward Work Programme of the Committee.

The Facilitator advised that budget consultation workshops, which were not Committee specific, had been scheduled for Members on the 27 October and 3 November 2014.

Members reviewed the current programme and agreed that the following items be considered at the next meeting of the Committee on 13 November 2014:

- 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

RESOLVED:

That the Forward Work Programme be agreed.

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

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

(The meeting started at 2.00pm and ended at 4.03pm)

…………………………
Chair

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY

DATE: 13TH NOVEMBER 2014

REPORT BY: CHIEF OFFICER (SOCIAL SERVICES)

SUBJECT: SINGLE POINT OF ACCESS (SPOA)

1.00   PURPOSE OF REPORT

1.01   To provide Members with an update in relation to the Regional Single Point of Access Programme and the local developments to date in Flintshire.

2.00   BACKGROUND

2.01   The Regional Single Point of Access programme has been awarded funding from the Regional Collaboration Fund for 3 years (2013 - 2016) to support delivery of Welsh Government's Social Services and Well being Act 2014.

2.02   The Single Point of Access aims to create an integrated and streamlined access route to community health and social care services for all individuals over 18 years of age. It also provides professionals with a means of sharing information and providing better coordinated health and social care services.

2.03   The 'postcard from the future' in appendix 1, provides an example of how a Single Point of Access would support people in Flintshire. In essence it will mean a 'First contact, Right Response' where the focus is on 'what matters' to the person, The introduction of the 'what matters' conversation will ensure the focus of the contact is person centred and not a service led response. This change in access and change in focus is part of a wider cultural shift to promote independence and enable individuals to build upon their own resources. Similar to the approach adopted through the Reablement service.

2.04   The partners are the 6 Local Authorities, Betsi Cadwalader University Health Board (BCUHB) and third / independent Sector.

2.05   The goal is to have one Single Point of Access per county, with all six up and running by March 2016.

2.06   Single Point of Access is being regionally developed to ensure that we can share learning and make best use of resources; it will be locally developed to ensure it is responsive to local need.

3.00   **CONSIDERATIONS**

3.01   Flintshire County Council (FCC) (to be followed shortly by BCUHB) signed a Memo of Understanding which agrees the working relationship and responsibilities that each partner has in taking forward the Single Point of Access programme, please see attached in appendix 2.

3.02   The local delivery structure for Flintshire has been established and a Flintshire Board and Project Team have been created for the purpose of the Single Point of Access.

3.03   Since late January 2014, following the recruitment of the Flintshire Single Point of Access Project Manager, engagement with key stakeholders has commenced to scope and explore how the new Single Point of Access will work in Flintshire. The scope for the new service has been drafted and has been supported by the Board and Project Team but is subject to wider consultation, please see attached in appendix 3.

3.04   One of the core principles of the regional programme is to share experiences and lessons learnt, therefore Flintshire is currently reviewing the Denbighshire model, which went live in June 2014, with a view to adopting a similar model in Flintshire. It is recognised that each model may vary due to local priorities, existing structures and service developments.

3.05   The key principles that have been collectively agreed as the foundations for the new Flintshire Single Point of Access are:
  ➢ to have a multi-disciplinary team
  ➢ to have a team of health and social care staff co-located
  ➢ to have one manager for the new service/ a single reporting structure
  ➢ to strengthen the knowledge of the team about 3rd sector provision and community activities that exist within the local area
  ➢ to be a delivery mechanism for the 'what matters' conversations, which forms part of the Welsh Governments statutory Integrated Assessment Framework
  ➢ to explore how we could offer 'face to face' contact with the general public through the Flintshire Connects model
  ➢ to increase the sharing of necessary information between agencies and professionals securely and appropriately

3.06   The first stage of the Implementation Plan is to co-locate health and social care staff to form the new team. The key tasks to achieve this

include:

> - Undertaking an options appraisal to identify suitable accommodation for the new team, and
> - Identifying health staff that will become part of the Single Point of Access.

3.07　The proposal is to have a co-located team by spring 2015. The focus will then shift to streamlining processes and pathways and enhancing the integration in a collaborative way with the new team and key stakeholders.

4.00　RECOMMENDATIONS

4.01　That Committee support the local development and implementation of the Single Point of Access which is aligned to the Regional vision. This recommendation is based on the assumption that Welsh Government funding will be in place (see below).

5.00　FINANCIAL IMPLICATIONS

5.01　The Single Point of Access Project including Programme and Project staff, is funded through the Welsh Government Regional Collaboration Fund (RCF).　The current proposals are predicated on the basis that this Welsh Government Funding will continue until 2016.　Should there be any changes to the funding assumptions a review will be undertaken on the feasibility, size and scope of the Project.

5.02　The Flintshire Single Point of Access aims to be developed with a cost neutral model. This will be achieved by utilising existing resources, infrastructure and equipment, where possible. It is an over-arching aim of the programme that the new service is developed in a sustainable way to ensure long term viability in a climate of continuous financial pressures for both organisations.

5.03　There may be small scale capital and revenue costs associated with the set up of the new Single Point of Access, such as additional IT cabling, network points, equipment and refurbishment costs. The full set up costs will not be known until the location has been agreed. It is assumed that these costs will be off-set through the Pilot Fund, which is a fund to support set up costs or to trial new ways of working.

6.00　ANTI POVERTY IMPACT

6.01　No impact resulting directly from this report.

7.00　ENVIRONMENTAL IMPACT

7.01　No impact resulting directly from this report.

8.00　EQUALITIES IMPACT

8.01 The Single Point of Access programme aims to introduce an equitable service across North Wales. It will be a universal service targeted at adults, 18+, residing in Flintshire.

8.02 The model which is adopted will ensure that the Single Point of Access will be accessibly via multiple methods in line with feedback from stakeholders, so for example via the telephone, website, face to face and apps.

8.03 In line with corporate policies, the Single Point of Access will offer a bilingual service and accommodate other language requests, where possible.

8.04 A full Equalities Impact Assessment will be undertaken on Flintshire's Single Point of Access model.

9.00 PERSONNEL IMPLICATIONS

9.01 The existing Flintshire Social Services First Contact Team will become part of the new Flintshire Single Point of Access. The team is being keep informed and consulted on the developments and welcomes closer working relationships with health colleagues.

9.02 BCUHB are in the process of identifying suitable resources that will become part of the new service and consultation with those staff on the proposed change will then commence.

10.00 CONSULTATION REQUIRED

10.01 A Communication Plan has been developed to ensure that we communicate and engage with local stakeholders and citizens throughout the life of the project.

10.02 The citizen's perspective is the foundation of the new model and therefore continuous consultation will take place with the general public through existing groups and networks at appropriate times throughout the project.

11.00 CONSULTATION UNDERTAKEN

11.01 Consultation and engagement is taking place with key stakeholders, such as health and social care colleagues, GPs/ GP practices, 3rd sector organisations and citizen representatives, and will continue to take place throughout the development process.

11.02 A stakeholder event was held on the 2nd April 2014 whereby key messages from stakeholders regarding the new Single Point of Access were gathered and have informed the discussions going forward.

11.03 A Flintshire & Wrexham 3rd Sector Event was held on the 3rd July 2014, arranged by Flintshire Local Voluntary Council. It was an opportunity to discuss with 3rd sector organisations the benefits of the Single Point of Access and the role that they can play. The outcome from this event has been the creation of a 3rd sector working group to discuss operational matters furthers.

11.04 An introductory information sheet has been circulated to professionals and existing groups and networks to raise awareness of the Single Point of Access and explain the reasons for the proposed change, please see attached appendix 4

12.00   APPENDICES

12.01 Postcard from the future
12.02 Flintshire's Memo of Understanding
12.03 Flintshire Single Point of Access – Service Scope
12.04 Introductory Information Sheet – for Professionals

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

1. Regional Collaboration Fund Application – Single Point of Access
2. North Wales Statement of Intent

Contact Officer: Jane Moore – Programme Manager/ Carol Dove – Project Manager
Telephone: 07909 620083/ 01352 701447
Email: jane.moore@flintshire.gov.uk/
                 carol.a.dove@flintshire.gov.uk

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POSTCARD FROM THE FUTURE

Dear Beryl
Thank you for your lovely card and kind words of encouragement.
I was at the end of my tether last week with Jim. He has been so down and wouldn't even leave the house to walk Pip and get his paper! Not since he got confused and couldn't remember his way home! And me struggling with my hip, I am unable to give Pip a good walk.

So I did what you said and I contacted my local Single Point of Access. You were right, it just took one phone call. The nice lady spoke to Jim and me; Jim told her that the only thing that matters to him is to be able to walk Pip, so they put me in touch with a lovely young man called Alan who now takes Jim and Pip out once a week – it's what they call a Buddy Scheme.
She has also arranged for us to have a visit from Social Services who will look at some kind of GPS equipment, which means that Jim can go out on his own and find his way home. Jim is much happier and me. I get to read my book with a nice cup of tea in peace. I was amazed that she already knew about Jim's Dementia, and that he had Physiotherapy last year when he fell as he was already registered on their system!

She was also interested in me, as Jim's carer. It was so good to talk with someone who was listening to my concerns, and wanted to help. At the end of our conversation, we agreed that she would refer me to the Carers Outreach Service. They offer all sorts of help. She is also sending me a list of local private agencies who can help with shopping and cleaning which will be useful for me after my hip operation, which I forgot to say is now set for June.
Hope your family is well
Best wishes
Maureen

Scenes from North Wales

Mrs Beryl Smith

Any road

Any town

County

Post Code

Disclaimer:
This 'postcard from the future' exists by way of example for training purposes and no guarantee is made that the services identified will be available
In the future.

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Transforming Access to Community Based Health and Social Care Services across North Wales (Single Point of Access) Programme

Memorandum of Understanding

This Memorandum of Understanding (MOU) is an agreement between Anglesey Local Authority (Party A) and Flintshire Local Authority (Party B) to identify and agree the working relationship and to confirm the purpose, goals and common understandings for the Transforming Access to Community Based Health and Social Care Services across North Wales (Community Single Point of Access) Programme. It clarifies the kind of support that will be provided and defines the rights and responsibilities of each party involved.

BACKGROUND

Funding has been secured from the Welsh Government (WG) through the Regional Collaboration Fund to develop six Single Points of Access across North Wales between 2013 and April 2016. The bid, whose vision is to *'create a new, streamlined, way for adults across North Wales to gain access to advice, assessment and coordinated community Health and Social Care services, by contacting just one telephone number'*, was signed by the six North Wales local authorities and Betsi Cadwalladr University Health Board. The lead agencies are Anglesey County Council (host for Senior Responsible officer) and Flintshire County Council (host for programme manager and programme accountant)

The programme funding allows for a regional programme management structure (which will be hosted by Flintshire) and local project management arrangements (to be hosted by each of the six Local Authorities). In addition, the programme is budgeted to fund pilot projects to support the establishment of sustainable services (Appendix 1).

DURATION OF MEMORANDUM

This memorandum shall continue until 30 March 2016.

RESPONSIBILITIES UNDER THIS MOU

Anglesey Local Authority shall undertake the following activities:

1. Host the Senior Responsible Officer (SRO) for the programme.

2. The SRO will oversee the Programme Manager's work in line with the requirements of the funding and in line with programme and project structure and stakeholder feedback.

Flintshire Local Authority shall undertake the following activities:
1. Host the Programme Manager
2. Meet the financial governance requirements for the programme, and submit financial reports to WG.

3. Provide funding from the grant to each Local Authority to create capacity for local delivery of Programme Objectives. This will be provided quarterly in arrears.
4. Commission and fund pilot projects through the fund as identified and recommended by local project teams or regional work stream groups and agreed by the Regional Transforming Access (SPOA) Programme Team.

RESPONSIBILITIES UNDER THIS MOU

Flintshire Local Authority shall also undertake the following activities:
1. Identify and appoint a Project Lead for Flintshire County who will attend all relevant programme and project meetings.
2. Identify and appoint a Project Lead for the Workforce Regional Workstream.
3. Identify and implement project management arrangements to support the local delivery of the programme objectives.
4. Proactively participate in all appropriate work streams and positively support the work packages that arise from the programme.

Note: points 1-3 may not necessarily be one person: each local authority to make arrangements that make best use of available resource to maximise the success of the programme.

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

The programme has identified a number of objectives (Appendix 2) which need to be achieved through innovative and collaborative working locally as well as regionally, and all partners to the agreement are expected to share responsibility for the overall success of the programme.

DATE AND SIGNATURE

This MOU shall be effective upon the signature of Parties A and B authorized officials.

Party A
Name: Alwyn Jones
Job Title: Head of Adult & Business Services
Organisation: Anglesey County Council
Signature: Alwyn Jones
Date: 2/6/2014

Party B
Name: Neil Ayling
Job Title: Chief Officer, Social Services
Organisation: Flintshire County Council
Signature:
Date:
5th June, 14

APPENDIX 1: Programme Budget for 2014/ 2015

	Value (£)
Programme Manager & Programme Support	72,000
Project Management	290,000
Evaluation, benefits tracking, learning programme	20,000
Pilot Projects	93,000
Voluntary / Independent Sector	55,000
Total	530,000

Appendix 2

Individual Financial Breakdown for Local Authority to be renewed yearly.

Appendix 3: Programme Objectives

a. The Single Point of Access will be developed regionally, but delivered locally.

b. The Single Point of Access will provide a consistent, equitable and seamless service across North Wales, regardless of where someone might live.

c. The principle of sustainable partnership working, cooperation, and supported and shared learning across disciplines and sectors is central to the programme's overall success.

d. The citizen's perspective will be the foundation of the new model. Key to this will be the engagement of citizens throughout the programme.

e. The model will encourage and support citizen empowerment, self-care and maximise independence – aiming to have a positive impact on wellbeing and enabling people to remain outside statutory services for as long as possible.

f. Assessment and referral management processes will be integrated into a single Health and Social Care system which provides an easily understood, streamlined approach for public and professionals. This will also respond to and reflect justifiable local variation in service provision or mode of provision.

g. The population of North Wales will be provided with easily accessible, up to date Health and Social Care information and advice, including, where appropriate, self-care. A key element in the delivery of this is the development of a directory of services encouraging citizens to make independent and informed decisions.

h. County project delivery teams and regional programme workstreams will develop and deliver the programme.

i. The first phase of the programme will be concerned with exploring options and fully scoping the programme and projects. SMART objectives will be agreed.

j. The programme will keep a watching brief over local 'value added' developments (such as the inclusion of children's services in a single point of access, or a partnership approach to enabling access to specialist services), supporting the sharing of learning to spread good practice.

k. The programme will create the framework to provide Bilingual (Welsh/English, other languages as required) advice, information, assessment, referral and care coordination for adults (including their family/carers and professional representative) in relation to physical and mental health, social care, third sector and other relevant services.

l. Health and Social Care staff operating the Single Point of Access are to be fully trained and knowledgeable (to an agreed quality standard) in order to ensure 'first contact, right response'.

m. There will be consistent communication with key stakeholders to develop understanding about the changes and what to expect.

n. A marketing strategy will be developed and implemented to ensure that the Single Point of Access will be widely recognised by the public and professionals as the way to access information, advice and community based health and social care services.

o. Integrated care co-ordination will be developed so as to make the most efficient use of professional time by reducing the multiple professional client assessments, interfaces and visits that can take place through the present models of service delivery.

p. Bureaucracy within the Health and Social Care system across North Wales will be minimised by reducing duplication in processes, optimising use of enabling technology, and reducing communication delays created by paper-based systems

q. The Single Point of Access will be developed within a governance framework which provides clarity in terms of consistency in standards, policy development, workforce integration and re-design and defines accountability and responsibilities between partners and their agents. The governance framework will extend to defining roles and responsibilities to ensure clarity in clinical/professional accountability and responsibility.

r. There will be clarity and expressed confidence in legal and appropriate sharing of confidential information and data across partner organisations.

s. A robust telephony and technology support system will be established.

Appendix 3

Flintshire's Single Point of Access

Regional Vision
The Single Point of Access will be a new way for adults across North Wales to gain access to advice, assessment and co-ordinated community health and social care services by contacting just one telephone number.

Phase 1 - Scope of the Service
The Single Point of Access (SPoA) in Flintshire will:

➢ Complement other initiatives/ services existing or in development but will not replace 101/NHS Direct, Doctors out of Hours and Emergency Duty Team.

➢ Will provide a bilingual service and wherever possible offer contact with the individual in their most preferred language

➢ Develop in line with national, regional and local priorities, policies and legislation.

➢ Be a co-located multi-disciplinary team of health and social care staff

➢ Offer information, advice and assistance to the citizens around an individual's health and well-being (non-emergency matters only)

➢ Facilitate the secure sharing of appropriate information between colleagues and professionals regarding an individual's health and well-being.

➢ Take ownership of all appropriate enquiries to ensure 'first contact, right response'. This may include signposting to other services/ organisations.

➢ Utilise the 'what matters' conversation to make a proportionate assessment of an individual's need.

➢ Signpost* and promote other community services in Flintshire, including voluntary sector provision and well-being services etc.

➢ Gather the 'core data set' to facilitate a referral into a statutory services, or 3rd sector commissioned services where agreed.

➢ Communicate using the following methods only: website, electronic systems, secure email, face to face or telephone (referrals will no longer be received by fax).

➢ Assist in maintaining and developing the Directory of Services for Flintshire, which will include well-being and other community service information, with support from Flintshire Local Voluntary Council, FCC and BCUHB Corporate Communications and other Information Managers in both organisations.

➢ Not replace existing referral requirements or service eligibility criteria, for example where a qualified professional assessment is required before an individual can access a service.

➢ Take all referrals** for the following services (**services in scope**)

Community Therapy services (but not 'self-referrals') including:
- Non MSK/ Musculoskeletal problems

- Occupational Therapy

- Physiotherapy

(Facilitate) **Discharge from acute and community hospitals**
District Nursing Teams
Enhanced Care
Crisis Intervention Team
Intermediate Care
Adult Social Care Services, including
- Adult Safeguarding   - Learning Disabilities

- Reablement   - Financial Assessment

- OT Intake   - Physical Disabilities

- Locality Teams   - Hospital Social Work Team

- Telecare

Falls Prevention (Falls Risk Assessment Tool)
Voluntary Organisations – to be determined

➢ Triage of complex referrals, or those referrals that require greater discussion, to determine the best care plan for that individual; this will be undertaken by a multi-disciplinary group of professionals

➢ Where multiple referrals are made for an individual the SPoA will inform the referrer and services being referral to, along with details of the care co-ordinator.

➢ The delivery mechanism for the Falls Prevention screening, assessment and mitigation.

➢ Record and analyse SPoA activity and outcomes.

➢ The following services are **out of scope** during phase 1:

However the SPoA will work closely with these services to ensure ease of access for the individual and will signpost or pass on details accordingly:

Community Therapy Services

MSK/ Musculoskeletal

Podiatry & Orthotics

Paediatrics

Speech & Language

Arts Therapies (no services available in Flintshire)

Self Referrals

Family Information Service

Mental Health Single Point of Access

Transport

Children's Duty & Assessment Team

Doctor appointments

Housing Services

Dental appointments

Welfare & Money Advice Team

Advice/ Pharmacy prescriptions

Leisure Services

Optician appointments

CAB

Medical screening

Admissions to acute or community hospitals

Outpatient referrals

Mobility services

The SPoA will be part of a 'whole council' approach to address the well-being agenda, working with other departments.

* The definition of signposting for the purpose of this scope is, from undertaking the 'what matters' conversation, to pass the individual the details of one or a number of services available to them that would meet their need.
** The definition of a referral for the purpose of this scope is, from undertaking the 'what matters' conversation, gather the necessary information to pass the 'What Matters and Referral Form' along with the 'Core Dataset' to a team to action. It does not include signposting.

Transforming Access to Community Health and Social Care Services across North Wales

Single Point of Access (SPOA)

What is a SPOA?

SPOA is a new, streamlined way for adults and professionals across North Wales to gain direct access to information, advice, and assistance, and co-ordinated community Health, Social Care Services, by contacting one central, integrated team and number.

It aims to:

- Ensure first contact, right response

- Enable citizens to easily access information and advice tailored to their needs / situation about Health, Social Care and wellbeing services based within their own community / area.

- Assist in maintaining and promoting people's safety, independence and wellbeing.

- Provide access to appropriate, quality information and advice to enable the citizen to make informed choices.

- Provide a clear point of contact for professional NHS and Adult Social Services staff for referral into services, specialist advice and information and, in future, to help with care co-ordination.

Why make this change?

- Demand for services is rising as the population ages but resources are more and more limited.
- A change is needed to help support and enable citizens to remain as independent as possible and to help them help themselves (without being 'sucked into' services).
- Integrating services will reduce unnecessary duplication and make public services as efficient and effective as possible.
- There is a real need to respond positively to people's changing expectations and modern preferences, such as wanting to stay living at home as independently as possible, for as long as possible.
- There are also Legislative drivers such as the new Social Care and Well-being (Wales) Act (2014) . This requires each Local Authority with the assistance of partners (including the NHS) to provide an Information, Advice and Assistance Service for citizens.

1

Regional Introductory Information Sheet - Professional

- The SPOA will also be a key vehicle for delivering the new Wales wide Integrated Assessment Framework (incorporating the 'core data set' and 'what matters conversation').

What are the principles of the SPOA's development?

Developed regionally, but locally shaped and delivered

Partnership working and integration of community based health and social care services.

The citizen's perspective will be the foundation of this new model. Key to this will be the engagement of citizens in the design and evaluation of the SPOA.

Empowering and enabling, in its approach.

Benefits of the SPOA for citizens
Benefits foreseen include:
- Clarity of who to phone when help, information or advice is needed about health in the community or social care
- Help, information and advice provided without delay
- Improved 'flow' between services resulting in faster decisions being made about needs and support (as workers in health and social care working together more closely) leading to more consistent, coordinated care and support and ultimately a more positive experience for the individual
- Information about local support available to enhance wellbeing
- Consistent and familiar service available no matter where living/based in North Wales.
- Greater equality and equity in service availability and delivery across the region.

Benefits of the SPOA for professionals
Benefits foreseen include:
- Clarity and improved process - one point to contact / send all referrals to
- Quicker more co-ordinated response and decision making
- Electronic messaging portal or secure haven fax to direct referrals
- One new joint assessment process (Integrated Assessment Framework)
- Better informed, more independent, self-caring citizens through contact with the SPOA or accessing the Regional SPOA information resource (on or off line app facility linked as far as possible to the developing National website - Dewis Cymru).
- Less duplication so more resource released to focus on professional delivery role
- More sustainable service, better able to meet growing demand by providing better information and advice on self-care and more effective signposting to the Third Sector
- Consistent regional policies, procedures and service standards applied across North Wales.

- Legislative, statutory and policy requirements met through modernising and integrating Health and Social Care services and promoting and maintaining the wellbeing and independence of citizens

Who can use the SPOA?

Every adult (over the age of 18) can use this new service to access non-emergency information, advice and assistance or referral concerning community based health services, social care or about their wellbeing. Health and social care professionals can also refer or gain advice and information via the SPOA either by email, fax, letter or by phone. *(N.B. Police, Ambulance and GP services remain the same and will not be available through the SPOA.)*

How is the SPOA being planned / developed?

Six SPOAs (one for each county) are being planned and developed across North Wales between 2014 and April 2016. These are being developed through partnership working involving Adult Social Services, community Health Services (Betsi Cadwalader University Health Board (BCUHB)) and the Third and Independent Sectors. Funding has been secured from the Welsh Government (WG) to enable this change to happen. As the six SPOAs will have many things in common, the intention is to develop them in a regionally supported and co-ordinated way but, with each being delivered locally. This will allow each SPOA to respond to its own local population need and situation.

How will the Regional work fit with the SPOA within each county?

The SPOA Programme is being developed across North Wales to help ensure consistency for citizens (e.g. avoid post code lottery), reduce duplication, maximise learning, sharing and efficiency. So, as much work as possible is being developed together at a regional level e.g. governance arrangements, information sharing protocols, directory of services, IT support systems, evaluation. However, local SPOA Teams within each county are tasked with its delivery to ensure the SPOA is tailored to meet the specific local needs and situation.

As partnership working, cooperation, supported and shared learning across counties, organisations, disciplines and sectors is central to the programme's overall success, regionally lead work streams are being run, one by each county.

What is the timescale for delivery?

All counties across North Wales will be developing their SPOA between 2014 and April 2016.

Who is responsible for the delivery of the SPOA?

The Regional Transforming Access (SPOA) Programme Team is responsible for the overall delivery of the programme across North Wales as well as its completion within the terms of the Welsh Government funding, which supports the SPOA development.

Partnerships also have their own lines of accountability within their organisations and ultimately to the North Wales Social Services and Health Programme Board.

3

What about the NHS Direct service and the new 111 phone number?
SPOA may offer an infrastructure for a future 111 number but no final decision has yet been made by Welsh Government. NHS Direct will remain in Wales.

For more information contact either the Project Managers in the counties as shown below or Jane Moore, Regional SPOA Programme Manager on Tel: 07909 620083 or email Jane.Moore@flintshire.gov.uk

SPOA county contacts:
Anglesey: Elin Williams Tel: 01248 751 813   Email: ElinWilliams@anglesey.gov.uk

Conwy: Catrin Perry: Tel: 01492 575 926 Email: catrin.perry@conwy.gov.uk

Denbighshire: Melanie Evans: Tel: 01824 712 870 Email: melanie.a.evans@denbighshire.gov.uk

Flintshire: Carol Dove: Tel: 01352 701 447 Email: carol.a.dove@flintshire.gov.uk

Gwynedd: Einir Roberts Tel: 01286 679854 Email: EinirRoberts@gwynedd.gov.uk

Wrexham: Steve Baker Tel: 01978 298 618 Email: Steven.Baker@wrexham.gov.uk

Regional Introductory Information Sheet - Professional

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY, 13 NOVEMBER 2014**

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

SUBJECT: **SAFEGUARDING AND CARE PLANNING OF LOOKED AFTER CHILDREN AND CARE LEAVERS WHO EXHIBIT VULNERABLE AND RISKY BEHAVIOUR**

1.00   **PURPOSE OF REPORT**

1.01   To provide Elected Members with the Inspection Report by Care and Social Services Inspectorate Wales (CSSIW) on the Inspection carried between 24th March 2014 and 27th March 2014 into Safeguarding and Care Planning of Looked After Children and Care Leavers who exhibit vulnerable and risky behaviours and the resulting Action Plan.

2.00   **BACKGROUND**

2.01   As highlighted in the report the inspection was carried out as part of Care and Social Services Inspectorate Wales (CSSIW) national thematic inspection programme. The methodology for the review included three and a half days fieldwork in each local authority across Wales, between January and May 2014.

2.02   The aim of the national inspection was to assess the quality of care planning across Wales and whether it effectively:
- Supports and protects looked after children and care leavers;
- Identifies and manages the vulnerabilities and risky behaviour of looked after children and care leavers;
- Promotes rights based practice and the voice of child;
- Promotes improved outcomes for looked after children and care leavers;
- Promotes compliance with policy and guidance

2.03   The inspection focused on the work undertaken with looked after children over eleven years of age and care leavers who were identified as being vulnerable and/or involved in risky behaviours, against defined criteria.

2.04   The case sample reviewed, encompassed some of the most challenging and complex case management issues and represented only a small cohort of

the authority's wider looked after children and care leaving population.

2.05   As well as inspecting cases in respect of the assessment, care planning and review systems the inspection also considered the extent to which the corporate parenting, management and partnership arrangements acted to promote improved outcomes for looked after children and care leavers. Consideration was also given to how organisational structures including workforce, resources, advocacy and quality assurance mechanisms impacted on the quality of care planning.

3.00   CONSIDERATIONS

3.01   In the report there are five questions that the inspectors posed resulting in positives and areas for improvement. Significantly there was a positive feedback on Corporate Parenting and Elected Members. This stated "Elected members were knowledgeable about the issues facing vulnerable looked after children and young people and very committed to improving the services they were receiving. Corporate parenting arrangements were strong and evidenced how outcomes had been influenced. There were regular opportunities for children and young people to give their views to elected members and senior officers".

3.02   It was clear from the report that safeguarding was a priority for all staff and that child protection processes were being used effectively. In relation to the issue of sexual exploitation the report recorded that agencies were working well together especially in relation to missing young people and child sexual exploitation.

3.03   The report was complimentary in relation to the reviewing system for Looked After Children stating that Flintshire is compliant with guidance and reviews were timely and updated accordingly.

3.04   Importantly it was reported that social workers were making strong efforts to ensure that young people understood their lives and were empowered to represent their views in care planning.

3.05   A number of areas for improvement of the service were identified. These have been fully documented and our response recorded in the comprehensive action plan which is included as appendix 2.

4.00   RECOMMENDATIONS

4.01   For Members to receive and consider the report from CSSIW and resulting action plan.

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 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 National Inspection, Safeguarding and Care Planning of looked after children and care leavers who exhibit vulnerable or risky behaviours.

12.02 Action Plan

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None

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National Inspection
Safeguarding and Care Planning of looked after children and care leavers, who exhibit vulnerable or risky behaviours

Inspection of Flintshire County Council

1.0. INTRODUCTION

1.1. This report provides an overview of inspection findings in respect of: Safeguarding and care planning of looked after children and care leavers who exhibit vulnerable or risky behaviour, within Flintshire County Council.

1.2. The inspection was carried out as part of Care and Social Services Inspectorate Wales (CSSIW) national thematic inspection programme. The methodology for the review included three and a half days fieldwork in each local authority across Wales, between January and May 2014.

1.3. The aim of the national inspection was to assess the quality of care planning across Wales and whether it effectively:

- Supports and protects looked after children and care leavers;
- Identifies and manages the vulnerabilities and risky behaviour of looked after children and care leavers;
- Promotes rights based practice and the voice of child;
- Promotes improved outcomes for looked after children and care leavers;
- Promotes compliance with policy and guidance

1.4. Findings from the individual local authority inspections will inform a CSSIW national overview report to be published later this year.

2. THE INSPECTION

2.1 The inspection focused on the work undertaken with looked after children over eleven years of age and care leavers who were identified as being vulnerable and/or involved in risky behaviours, against defined criteria.

2.2 It is important to recognise that given this focus the case sample reviewed in each local authority encompassed some of the most challenging and complex case management issues and represented only a small cohort of each authority's wider looked after children and care leaving population.

2.3 As well as inspecting cases in respect of the assessment, care planning and review systems the inspection also considered the extent to which the corporate parenting, management and partnership arrangements acted to promote improved outcomes for looked after children and care leavers. Also how organisational structures including, workforce, resources, advocacy and quality assurance mechanisms impacted on the quality of care planning.

The inspection considered these areas against the following five questions.

A summary of our findings is presented below

QUESTION 1

Did the authority effectively discharge its corporate parenting roles and responsibilities promoting the stability, welfare and safety of looked after children and care leavers?

POSITIVES

- The authority had identified 'keeping people safe' and 'ensuring that vulnerable people have their needs met' as priorities. Elected members were knowledgeable about the issues facing vulnerable looked after children and young people and very committed to improving the services they were receiving. Corporate parenting arrangements were strong and evidenced how outcomes had been influenced. There were regular opportunities for children and young people to give their views to elected members and senior officers.

- Senior officers were well informed about individual looked after children's vulnerability and risky behaviours and could direct resources where they were most needed. There were systems in place to share this information across partner agencies, and evidence of good practice in relation to those young people who were missing or at risk from sexual exploitation.

- The Children's Safeguarding Board (CSB) was in the early stages of moving to a regional footprint. There were plans in place for the children's services management structure to be revised,as a result it was uncertain at the time of the inspection who would replace the head of service as the operational link into the local CSB subgroups. However the authority had a transition risk mitigation plan in place to manage any proposed change. Work continued at a local level especially in improving arrangements for managing child sexual exploitation and missing young people.

- Children's services had identified the improvement of placement stability as a priority. The structure of children's services was being reviewed with an aim to increase capacity to work with looked after children and young people and to improve continuity for this vulnerable group.

- The authority had arrangements in place to ensure that looked after children had access to education and primary health services.

- Children's services had a proactive approach to facilitating the participation of children and young people, both in their individual plans and in feedback about service provision. There was a regular forum for the engagement with looked after children with a number of opportunities for them to influence improvements and new developments.

AREAS FOR IMPROVEMENT

- Staff interviewed expressed concerns that the planned re-structure of children's services could result in a reduction in capacity in the senior management team. Although staff morale was positive at the time of the inspection, there was also anxiety that there could be a reduction in administrative support which would adversely impact on social worker's time to carry out direct work with service users. There was corporate assurance that children's service was being protected from financial cuts, and the authority had a transition risk mitigation plan in place to manage any proposed changes. There should be a timely review of these arrangements to ensure that the changes planned do not have a negative impact on outcomes for looked after children and young people.

- Staff were able to articulate a clear strategic direction for the service but this was not captured in a framework which could provide effective guidance for successful implementation. The authority had identified looked after children and care leavers as a priority but it was not clear what actions had been agreed to improve their outcomes. The head of children's services improvement plan identified a high number of objectives which need to be prioritised so that progress can be more effectively monitored and achieved in a timely manner.

- The range of in house placements available was not sufficient to meet the requirements of young people with challenging behaviour and additional needs. This appeared to have been a factor in the relatively high number of multiple placements which was seen in some of the cases we reviewed. Although the authority had included this in its improvement plan the compensatory actions outlined only relate to the causes of placement breakdown rather than the likelihood that there were not enough appropriate placements to meet the high needs of this small cohort of young people.

- The authority had reporting mechanisms in place in relation to the looked after population and safeguarding. The effectiveness of service planning and identifying gaps in provision could be further strengthened if there was a profile of need for the looked after population which included vulnerability and risky behaviours. Workers expressed concern that specialist services especially in relation to emotional well being and therapeutic needs were not being provided in a timely way. Despite good working engagement the resilience of the authority's relationship with health services remain overly dependent on children's social services providing funding and resources to assess and meet the therapeutic needs of looked after children and care leavers.

- The arrangements for making out of county placements were managed in partnership with health and the education directorate which facilitated the process. Work had been completed to improve choice and to help ensure' best value'. The terms of reference for the 'out of county' panel were being updated the time of the inspection. These arrangements should be reviewed to ensure they meet the 'Towards a Stable Life and a Brighter Future' guidance.

QUESTION 2

Were care and pathway plans informed by relevant assessments, including explicit risk assessments, which supported a comprehensive response to the needs and experiences of children and young people?

POSITIVES

- Information sharing arrangements were effective between workers and teams, including the Youth Offending Service. There was a clear shared understanding and commitment from staff to safeguard young people and improve their outcomes. Workers interviewed were experienced in managing risk and were familiar with the process in place. There were some good quality risk assessments on file and professionals were confident that young people were engaged in the process.

- There was evidence that direct work was being carried out with looked after children and young people. Social workers were optimistic about reclaiming the social work agenda, and wanted to increase the range of therapeutic work they could deliver.

- Care leavers were positive about the support they received especially from their personal advisors. There was good preparation for developing independence skills and support for accessing further education. It was evident that workers persisted in trying to engage with young people even when they were reluctant and had been disaffected by their circumstances.

- The authority has support services in place to assist young people who had been subject to loss and uncertainty including mentoring and working with others to maximise their potential.

- There was evidence that social workers had encouraged children and young people to aspire to educational achievement despite obstacles such as frequent placement moves. Similarly it was apparent that professionals within further education demonstrated on-going commitment to continuity of education for young people.

- A significant amount of work had been carried out to develop better housing for care leavers and to prevent homelessness for this vulnerable group.

AREAS FOR IMPROVEMENT

- Core assessments were not routinely updated and did not reflect the current needs of the looked after young people, and some risk assessments seen were not complete.

- The quality of care plans seen was inconsistent and where they did identify

what services were needed to support young people these were not always provided in a timely way. There was significant delay in accessing specialist mental health services; this was particularly evident if young people were placed outside the local authority area.

- There was more than one risk assessment in place for some young people and it was not evident how these were shared and agreed with partner agencies and carers.

- Children's services had funded the development of a Children and Adolescent Mental Health (CAMHS) post designated to provide a service for looked after children. At the time of the inspection this additional support had not been in place long enough to evidence an impact on outcomes particularly for the vulnerable young people who did not reach the threshold for CAMHS but whose emotional well being had been compromised by their past experiences. There was reported to a two year waiting list for example for children needing an assessment because of the likelihood they had 'attention deficit hyperactivity disorder' (ADHD).

QUESTION 3

Were operational systems and procedures in place that ensured responsive coordinated action was taken to mitigate risk and achieve safe continuity of care?

POSITIVES

- There had been a stable workforce in place in children's services and despite staff reporting they were covering sickness and other absences morale was positive. Workers were able to access informal supervision and reported good support for their practice and training, although capacity was sometimes an issue.

- Workers were clear that safeguarding was a priority and it was evident there was good identification and awareness of the risks to and the vulnerability of looked after young people. There was a range of training and development opportunities which workers were encouraged to undertake. Risk assessment training which was specific to adolescents would improve consistency in this area.

- Child protection processes were being used appropriately to mange risk in this group of young people. There was evidence that agencies worked well together especially in relation to child sexual exploitation and missing young people. The regional partnership arrangements across north Wales around these issues had been strengthened by the police appointment of a missing person's co-coordinator. Mechanisms for better information sharing and coordinated actions to reduce risks to young people had been developed. There was also funding in place for additional workers who would de-brief young people who went

missing to improve information about risk and help reduce the 'missing' episodes.

- A regional commissioning hub has been developed and has made a positive start in working on improving consistency of quality and value for money in relation to placements.

AREAS FOR IMPROVEMENT

- Social workers were under pressure to cover the work of colleagues who were on sickness or other leave. This had resulted in a number of looked after children being unallocated at the time of the inspection. Workforce arrangements had not supported the need of young people to have the opportunity to form good relationships with the social services professionals. Young people were unhappy number of transitions between workers they had experienced. Independent reviewing officers (I.R.O.s) confirmed that this was an issue raised frequently in reviews.

- There was little evidence on case files seen of the recording of decisions made in supervision. While the authority had a system in place to monitor frequency of staff supervision this appeared to be dependent on whether workers returned the information rather than management oversight .Workers also reported that formal supervision sessions were often missed because of lack of capacity although there was good access to informal consultation and support from managers.

- Workers interviewed found the document management system was not effective at facilitating good retrieval of essential information. It was not possible to locate critical documents such as 'placement with parents' agreements and previous history of concerns. Support from the corporate IT service did not appear to be timely. The format of assessment and plans was not conducive to effective recording and work was being carried out to improve them. However workers who had been involved in these developments were not optimistic about the outcomes.

QUESTION 4

Did Independent Reviews and quality assurance arrangements promote safe care and best outcomes for young people?

POSITIVES

- The authority's independent reviewing arrangements were compliant with guidance. Reviews seen were timely and ensured that care plans were updated. IRO's were very experienced; well informed and committed to ensuring that young people were involved in their reviews and had an opportunity to have their say, and were aware of the advocacy service.

- Review reports were thorough and included consideration of the effectiveness of the plan. It was evident that IRO's had the authority and independence to challenge practice and outcomes for young people. Examples were given of how this had been achieved and there was a sound process in place to record the actions taken.

AREAS FOR IMPROVEMENT

- The effectiveness of the independent reviewing service could be compromised by a recent re-grading of independent reviewing officer posts.

- There were effective performance management arrangements in place and efforts were made to gain service user feedback. However there appeared to be a lack of quality assurance of the service overall with issues being raised as they occurred rather than collated systematically where they could be used to drive improvement and disseminate learning.

QUESTION 5

Did care and pathway planning effectively capture and promote the rights and voice of the child?

POSITIVES

- Social workers were making strong efforts to ensure that young people were helped to understand their lives and were empowered to represent their views of their care planning.

- The authority had effective formal advocacy arrangements in place and all young people spoken to during the inspection were aware of the service. Those who had used an advocate were positive about the support which had been provided and this was echoed by other professionals.

- There was evidence that the views of children and young people were taken into account and that staff were persistent in their efforts to engage with them. Cultural identity was respected and efforts made to promote a range of community based activities for looked after young people.

AREAS FOR IMPROVEMENT

- Although the authority had set out it's aspirations in relation to permanency for looked after children and young people, the actions outlined in the placement strategy lacked timescales and did not identify staff responsible for it's implementation. It was not evident how the authority intended to improve the opportunities for young people with challenging behaviour to form supportive and consistent relationships with their carers.

- Although there is a 'homeless protocol 'in place for 16 and 17 year olds this does not appear to include arrangements for those who are still looked after or care leavers.

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Safeguarding and Care Planning of Looked After Children and Care Leavers
Inspection Action Plan September 2014

	Area for improvement	Required action	Timescale	Responsible Officer	Completed
1	(a) Impact of planned restructure of children service.	Appointment to the new Senior Manager, Safeguarding post is being made during the autumn and the person appointed will have a lead responsibility for children services.	October 2014	Chief Officer	
	(b) Possible reduction in administrative support	A review of current administrative services is underway with a view to creating a more flexible business support function across all operational services.	December 2014	Craig McLeod	
2	Clearer Strategic direction for the service based on identifying clear and prioritised actions from the existing head of service Improvement Plan	HOS plan requires reviewing and updating with the identification of specific prioritised actions that will improve outcomes for looked after children. The Leaving Care Forum will provide a key advisory role in this respect.	November 2014	Ray Dickson Peter Robson	
3	Range of in-house placements not sufficient to meet the requirements of young people with challenging behaviour and additional needs.	Acknowledging that this is a challenge to every children service, the existing placement strategy will be reviewed with a view to identifying action that might expand the range of available placements.	December 2014	Ronnie McMahon	

4	The lack of a profile of need for looked after children including vulnerability and risky behaviours	This should be part of an effective placement strategy and necessary action will be included in work identified above in reviewing the existing placement strategy. The outcome will be a data base to inform on an ongoing basis the profile of need.	December 2014	Ronnie McMahon assisted by performance team and IROs.	
5	Despite good working engagement the resilience of the authority's relationship with health services remain overly dependent on children's social services providing funding and resources to assess and meet the therapeutic needs of looked after children and care leavers.	This reflects national problems with regard to CAMHS. A meeting will be arranged with appropriate senior managers from the Health Board to explore how therapeutic services can be improved.	December 2014	Peter Robson and Ray Dickson	
6	The terms of reference for the Out of County Placement Panel needs to more clearly reflect the national strategy for looked after children contained in 'Towards a Stable Life and Brighter Future'	The terms of reference for the OOC Panel will be reviewed in the context of the national strategy	December 2014	Peter Robson	
7	Core Assessments not routinely updated.	This will be addressed through the established process of supervision of social workers and will also become a focus for the programme of case file audits.	Ongoing	Fieldwork Team Managers and Service Managers	

8	Inconsistent Care Planning and provision of services not always timely	This is a professional quality assurance issue and will be addressed through a training programme that will be tailored to staff needs.	April 2015	Ray Dickson with Peter Lund	
9	Delay in accessing Mental Health Services	See (5) above this needs to be discussed with the health managers responsible for he local CAMH service	December 2014	Peter Robson and Ray Dickson	
10	Additional Risk Assessments for young people and lack of sharing with partner agencies	This would normally happen through the statutory review process for all looked after children. The effectiveness of this process will be reviewed and any required changes will be incorporated in the training plan identified in (8) above.	April 2015	Team Managers IROs Peter Lund	
11	Case transfers between social workers and between teams	The structure of the operational teams is geared to the most effective management of demand and will entail changes of workers as cases progress. This is sensitively managed but will be monitored to identify issues arising. It will also be subject to discussion at the Children's Forum to ascertain the perspective of children and young people	April 2015	Team Managers Peter Robson through Children's Forum	
12	Pressure on staff to cover for	Team managers are responsible for			

13	absent colleagues	ensuring that there is appropriate cover for cases when staff are absent. The workload management scheme ensures that no worker is placed under inappropriate pressure. This is subject to continuous monitoring and review	Immediate and ongoing	Team Managers and Ray Dickson	
14	Little evidence of the recording of decisions made in supervision and inconsistent arrangements for supervision meetings.	There is an existing requirement for all decisions made in supervision to be recorded n PARIS. Team managers will be reminded of this requirement and compliance monitored through the case file audit process.	Immediate and ongoing	Ray Dickson with Peter Robson	
15	The format of assessment and plans on PARIS is not conducive to effective recording.	Develop a systematic process within the PARIS database for effective planning and recording	April 2015	PARIS Development Team with Ray Dickson	
16	The effectiveness of the independent reviewing service could be compromised by a recent re-grading of independent reviewing officer posts.	This is being managed through the single status grading review process and we will ensure that the role is not compromised in any way	Ongoing	Chief Officer	
17	Lack of quality assurance in the service overall.	The Independent Reviewing Officers have an overview of service quality and outcomes in this area and we will establish a process for collating this centrally and through the performance management process acting on findings as necessary	April 2015	IROs and Service Managers	

18	The actions identified in the Placement Strategy lack timescales and identified staff to implement.	See (3) above, there will be a review of the strategy and any specific tasks required will be identified and allocated for action.	April 2015	Ronnie McMahon Liz Byrne	
19	Perceived gaps in the Homeless Protocol relating to LAC and Care Leavers	The existing protocol will be reviewed in partnership with Housing and required action will be identified.	April 2015	Ronnie McMahon with a representative from Housing	

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<u>FLINTSHIRE COUNTY COUNCIL</u>

REPORT TO: <u>SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE</u>

DATE: <u>THURSDAY 13 NOVEMBER 2014</u>

REPORT BY: <u>SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR</u>

SUBJECT: <u>FORWARD WORK PROGRAMME</u>

1.00   <u>PURPOSE OF REPORT</u>

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

2.00   <u>BACKGROUND</u>

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   <u>CONSIDERATIONS</u>

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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Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 18 December 2014 10.00 a.m.	Q2 Performance Reporting	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring Performance Monitoring	Facilitator Chief Officer Social Services	
	CSSIW Annual Report	To receive a presentation from CSSIW			
	Regional Safeguarding (Adults) Proposals	To consider the proposals	Pre-decision	Chief Officer Social Services	
	Rota Visits	Verbal Update			
Thursday 29 January 2015 2.00 p.m.	Intermediate Care Fund update	Update report	Service Monitoring	Chief Officer Social Services	
	Reablement/Independent living progress update	Update report	Service Monitoring	Chief Officer Social Services	
	Partnership working – Localities/Mental Heath/CAMHS etc – ability to influence joint working		Partnership Working	Chief Officer Social Services	

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 5 March 2015 10.00 a.m.	Collaborative projects/Regional Initiatives update BCUHB	To receive a progress report on projects and services running collaboratively across North Wales and Nationally. To maintain 6 monthly meetings with Betsi Cadwaladr University Health board	Partnership Working/ Performance Monitoring	Chief Officer Social Services	
Thursday 16 April 2015 10.00 a.m.	Q3 Performance Reporting Annual Council Reporting Framework	To enable members to fulfil their scrutiny role in relation to performance monitoring. To consider the final draft of the Flintshire County Council Social Services Annual Performance Report 2014/15.	Performance Monitoring Service Delivery	Chief Officer Social Services Chief Officer Social Services	
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	
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	**Safeguarding & Child Protection**	To provide Members with statistical information in relation to Child Protection and Safeguarding	Director of Community Services
March	**Educational Attainment of Looked After Children**	Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee	Director of Lifelong Learning
March	**Corporate Parenting**	Report to Social & Health and Lifelong Learning Overview & Scrutiny	Chief Officer Social Services
Half-yearly	**Betsi Cadwaladr University Health Board Update**	To maintain 6 monthly meetings – partnership working	Facilitator
May	**Comments, Compliments and Complaints**	To consider the Annual Report.	Chief Officer Social Services
Sept	**Protecting Vulnerable Adults & Inspection Action Plan Update**	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

Joint Meeting with Lifelong Learning Spring 2015

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 25th 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