

# Public Document Pack

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Chief Officer (Governance)  
Prif Swyddog (Llywodraethu)



To: **MEMBERS OF THE SOCIAL & HEALTH CARE  
OVERVIEW & SCRUTINY COMMITTEE.**

CS/NG

8 May 2015

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Dear Sir / Madam

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **DELYN COMMITTEE ROOM, COUNTY HALL, MOLD CH7 6NA** on **THURSDAY, 14TH MAY, 2015** at **2.00 PM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

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

- 1 **APPOINTMENT OF CHAIR**  
To appoint a Chair of the Committee.
- 2 **APPOINTMENT OF VICE-CHAIR**  
To appoint a Vice-Chair of the Committee.
- 3 **APOLOGIES**
- 4 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

- 5 **MINUTES** (Pages 3 - 16)  
To confirm as a correct record the minutes of the meetings held on 9 and 16 April 2015.
- 6 **TERMS OF REFERENCE OF THE COMMITTEE** (Pages 17 - 26)  
Report of Environment and Social Care Overview and Scrutiny Facilitator
- 7 **ANNUAL COUNCIL REPORTING FRAMEWORK** (Pages 27 - 74)  
Report of Chief Officer (Social Services)
- 8 **OLDER PEOPLE STRATEGY AND ASSOCIATED DEVELOPMENTS**  
(Pages 75 - 82)  
Report of Chief Officer (Social Services)
- 9 **MELROSE CONSULTATION** (Pages 83 - 90)  
Report of Chief Officer (Social Services)
- 10 **ROTA VISITS**  
To receive a verbal report from Members of the Committee.
- 11 **FORWARD WORK PROGRAMME (SOCIAL & HEALTH CARE)** (Pages 91 - 96)  
Report of Environment and Social Care Overview and Scrutiny Facilitator -

## **SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE** **9 APRIL 2015**

Minutes of the meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Wednesday, 9 April 2015

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

Councillors: Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, Dave Mackie, Ian Smith and David Wisinger

### **ALSO PRESENT:**

Councillor Vicky Perfect attended as an observer

### **APOLOGIES:**

Councillors: Amanda Bragg, Hilary Isherwood and Hilary McGuill  
Chief Executive

### **CONTRIBUTORS:**

Cabinet Member for Social Services, Chief Officer (Social Services), Intake and Reablement Service Manager and Senior Manager – Children’s Lead  
Representatives from Betsi Cadwaladr University Health Board  
Professor Trevor Purt (Chief Executive) and Geoff Lang  
Representatives from Welsh Ambulance Services NHS Trust  
Sonia Thompson and Karl Hughes

### **IN ATTENDANCE:**

Environment and Social Care Overview and Scrutiny Facilitator and Committee Officer

## **68. DECLARATIONS OF INTEREST**

No declarations of interest were made.

## **69. PRESENTATION BY BETSI CADWALADR UNIVERSITY HEALTH BOARD**

The Chair welcomed the representatives from Betsi Cadwaladr University Health Board (BCUHB) and the Welsh Ambulance Services NHS Trust and asked them to introduce themselves to the Committee.

Professor Trevor Purt explained that he had been in post for a few months and commented on the changes that had been made in some significant areas. It had been recognised that there was a need to turn the organisation around from being a secondary care acute trust and since BCUHB had been established five years ago, the vision and direction had changed to focus on prevention and enhanced community driven services. The need to work in partnership with Local Authorities to focus on joint working arrangements was important and the Third and Voluntary Sectors also had a key role to play in achieving this. Professor Purt explained that changes would need to be made to secondary care in the future and it was

proposed that one hospital over three sites would be established. A new structure had been put in place and three area directors had been appointed (two were currently in post and the third would commence his role shortly) who would each have responsibility for two counties to develop and provide enhanced primary care and promote services for out of hospital care. In the future, budgets would be held at a local level and devolved to area teams.

Future planning was important to take the service forward and Professor Purt spoke of the work that was ongoing with partner organisations to achieve this. He commented on the funding for the NHS to improve primary and community care which included £35m for the clusters, £25m for intermediate care, an element for improvements to IT infrastructure and a significant amount for other services such as cancer treatments. He explained that planning was key and added that a three year plan had been due to be submitted at the beginning of April but a deferment had been sought and agreed to allow work to be undertaken on how to take the service forward. The three year plan would be the overarching document but having a one year operational plan in place would allow time for meaningful engagement on providing a sustainable health service in North Wales. A public consultation exercise would be undertaken later in the year so that the population of North Wales could put forward their comments on what they felt the service should provide. Once the responses had been received, this would allow BCUHB to plan for the future.

Professor Purt explained that some of the financial challenges faced by BCUHB had been addressed and significant improvement had been made in-year, which was positive, but the Board still faced financial pressures. He commented on referral to treatment targets and of the pressures on Accident & Emergency (A&E) but he added that the least escalation in ambulance delays had been reported for the previous month. The consultation period would be from May to September 2015 and Professor Purt explained that a preferred option by the Board would not be identified and stakeholders would be encouraged to contribute to the consultation exercise.

The Chair thanked Professor Purt for his positive presentation which she welcomed and she was pleased to hear of the consultation exercise and of the improvements that had already been made. She referred to the questions that had been submitted to the representatives prior to the meeting and the responses that had been provided and suggested that each response be considered in turn to allow Members to ask any additional questions or make comments.

#### Enhanced Care

Councillor Dave Mackie indicated that the response did not provide details of the level of enhanced care and asked how many patients the service would like to be treating at this stage and if this figure had not been achieved, what was holding the service back. In response, Mr. Lang explained that the level would be around 15 people at any one time but there were currently 12 patients. Lessons were still being learned about enhanced care and even

though six practices were participating in the scheme, more work was required for the remaining practice to join the scheme. He believed that the service was valuable and added that plans had been submitted to the Board for completion of the project early in this financial year. A consolidated rollout with other services was required and discussions were ongoing with the remaining practice. Professor Purt confirmed that the interim budget for this year had been signed off and £1m was being provided for the rollout of enhanced care services.

The Chair requested that Members be notified of the dates for the rollout of the service and it was confirmed that this was possible.

### Transport

The Chair indicated that concerns had been raised by residents about the difficulty in accessing the new Buckley Medical Centre and she queried what could be undertaken to overcome the concerns. She commented that some residents in Buckley used a taxi service but this resulted in a minimum charge of £7 per visit. Professor Purt responded that BCUHB did not have a great deal of influence over where a bus stop should be sited but the potential provision of a bus stop outside the centre was to be assessed and discussions with operators could then follow. He suggested that this type of concern could be raised by the Local Authority during the planning process; the Chair confirmed that the issue had been raised. Mr. Lang explained that discussions with the Transport Manager were to be undertaken to try and address the issue.

### Looked After Children (LAC) Nurse Provision

The Chief Officer advised that challenges in the past had resulted in targets being missed but in welcoming the appointment of a full time LAC nurse he explained that some initial work was still required. Councillor Mackie felt that BCUHB had not been aware of the difficulties that not having a LAC nurse would cause for the Authority. Professor Purt confirmed that this was an area where BCUHB had not understood the impact at a local level. One of the benefits of appointing area directors aligned to two Councils was that it would allow relationships to build and issues such as this could be raised at an early opportunity.

### Nurse Recruitment

Professor Purt confirmed that recruitment was an issue for the NHS in Wales and that BCUHB particularly found it difficult to recruit along the English border due to competition from NHS hospitals in England and also private providers. He commented on the recruitment campaign but added that there were elements of the medical workforce that it was difficult to recruit to which was a challenge. Mr. Lang concurred that BCUHB had struggled to recruit but added that a number of roles had increased significantly with 90 more nurses and 80 more health care assistants being in post than at this point in 2014.

In response to a question from Councillor Ian Smith about the number of nurses that were trained each year and how many students started the course but did not complete it, Mr. Lang advised that the training places were owned by the University, not the Health Board. There was a drop-out rate of students who did not complete the course but trainee nurses were encouraged to apply for available posts in North Wales if they wanted to work in the area. BCUHB mostly dealt with Bangor University, which also had a site in Wrexham, and Mr. Lang indicated that he could provide details of drop-out rates of student nurses.

Councillor Andy Dunbobbin sought clarification on whether BCUHB encouraged apprenticeship schemes and vocational direction rather than through a University course. Professor Purt said that increases in numbers through alternative routes would be welcomed but the selection standards were set by the Nursing and Midwifery Council or the General Medical Council and this could not be influenced by BCUHB. Mr. Lang commented on a number of developmental schemes in place for employees who were willing to prepare for a degree training programme and he also commented on a cadet programme.

Councillor David Wisinger expressed his disappointment at the low attendance rate of Members at this meeting. In referring to a recent visit to A&E and the numbers of people who were either in the waiting room or on trollies in corridors because cubicles were full, he asked whether these issues were because of cutbacks in funding or because of a lack of staff. Professor Purt indicated that even if the money was available, there were not enough staff in post to deal with the numbers presenting at A&E. BCUHB had more beds and staff than across the border but the number of patients that actually needed to attend A&E was very small compared to the numbers that presented at hospitals. This could be because they were not aware of the other services that were available or because the current model for minor injuries was unsuitable. It was important to ensure that there was alternative provision to A&E which included education on when people should present at A&E and also to provide and promote alternatives in the community.

### Unscheduled Care

The Chair concurred with the comments of Professor Purt about the use of A&E and felt that the problems had increased since the closure of the community hospitals. As this option was no longer available and if it was not possible for people to get an appointment with their Doctor, people were attending A&E even though this was not necessarily because of an accident or emergency. She felt that measures could have been put in place in the past to alleviate the closure of the community hospitals. Professor Purt felt that community hospitals should be for short stay, step-up step-down visits and not as a substitute for residential or nursing homes. In the BCUHB area, there had been a 15% reduction in nursing home beds and this had exacerbated the problem of bed-blocking in hospitals. A solution to longer term care was needed but it was not hospitals or community hospitals.

Councillor Wisinger commented on the ageing population and concurred that when smaller community hospitals closed, it increased pressure on hospitals. He spoke of the difficulty in obtaining an appointment at his Doctor's surgery and understood why some people visited A&E rather than having to continually phone for an appointment.

Ms. Thompson supported the comments of Professor Purt. She added that it was important to manage demand differently and explained that positive work was ongoing to achieve this.

Councillor Ian Smith asked whether there were any key differences between the Countess of Chester Hospital and Wrexham Maelor Hospital. Professor Purt felt that the number of people attending depended on the day and time of day. He commented on a recent weekend at Glan Clwyd Hospital where 68 ambulances had attended the hospital in 36 hours; the Hospital could not cope with the demand and this level of need was not sustainable.

The Chief Officer (Social Services) welcomed the suggestion of alternatives to attending hospital and added that the Intermediate Care Fund had allowed funding for projects that would help to alleviate some of the problems. He commented on work undertaken by Local Authorities on Commissioning Strategies and welcomed the opportunity to be able to contribute further in the future.

Councillor Veronica Gay referred to the issues experienced by residents in her ward about cross-border services and welcomed the provision of area directors which she hoped would be able to assist with community issues. She sought clarification on partnership delivery and asked what had been had meant by one hospital on three sites. In response, Professor Purt explained that presently the hospitals covered by BCUHB worked independently and had different standards and outcomes. There was a need to identify what was required locally to the sites and to make changes to the services provided at each of the three sites based on population numbers to avoid duplication of provision. It was recognised that there was a degree of highly specialised care that would need to be moved to one or two sites but it was felt that patients would travel to these sites to receive the quality of service that they required. In commenting on the GP service, Professor Purt explained that a number of GPs were leaving the service either due to retirement or because they felt overworked and it was therefore important to identify an alternative model for the service. This would form part of the consultation process and he explained how the work of doctors could change with nurses being able to undertake some of the roles currently carried out by GPs.

Councillor Mackie sought clarification on the response about a total delay for transfers of care of 794 days for 15 patients. In response, Mr. Lang explained that the figure was for the aggregate number of days that the individuals had waited for. Councillor Mackie also queried whether enough was being done to maintain the mobility of patients in hospital. Professor Purt responded that the average length of a hospital stay in Wales was 15 days but

in England it was 5 to 7 days. There was not always the capacity in the community to move people out of hospitals for a number of reasons which included the limited availability of mental health nursing beds.

Ms. Thompson explained that work was ongoing to promote the alternatives available to patients and to manage the demand differently and the service was working hard to overcome the problems.

The Chair spoke of a recent personal experience and indicated how impressed she had been with the service that had been provided by the Ambulance Service.

### Joint Working

The Chief Officer (Social Services) commented on the Single Point of Access provision which was progressing well and a report was due to be submitted to the meeting of the Committee scheduled for 16<sup>th</sup> April 2015. The unit would be based at Preswylfa in Mold and was due to open on 23<sup>rd</sup> April 2015. He added that a review of the localities structure was being considered.

Mr. Lang welcomed the joint working scheme and concurred that there was a need to progress joint working for the localities teams.

The Chief Officer welcomed the appointment of area directors and the £1m investment for the provision of community services.

### Deeside

The Chair queried when the eight closed beds at Deeside hospital would be reopened. In response, Mr. Lang explained that they had been closed due to staff turnover and even though some staff had been recruited, retention was an issue. The Chair requested that Members be updated on progress in the future.

Following a question from Councillor Smith, Mr. Lang indicated that there were 34 beds open at Deeside Hospital.

### Mental Health

The Senior Manager – Children’s Lead advised that regular meetings with CAMHS leads were undertaken but added that it was important to consider alternative models for provision of the service. A clear protocol was being developed and the issue would be discussed at a sub-regional level to reach a resolution for the future.

Professor Purt said that it was important to ensure that CAMHS was situated within the correct part of the service and that consideration was being given to moving it from the Women’s and Children’s stream to Mental Health Services.



Councillor Mackie raised significant concern about mental health issues, particularly in children, and commented on a recent case that he was aware of. The Senior Manager – Children’s Lead reiterated her comments about the consideration of identifying alternative models for service provision and added that it was also important to work with colleagues in Youth Services to ensure the appropriate package of support was in place.

Councillor Adele Davies-Cooke referred to a personal experience of attending hospital and she commended the Ambulance Service for the service that had been provided. However there was a requirement to wait outside A&E due to the number of other patients waiting to be seen which included those who had been drinking. She queried whether consideration had been given to divert those who did not need A&E to another facility. In response, Professor Purt said that how to use cubicles differently was being explored but added that it was difficult to identify whether alcohol or drugs were masking other issues; there was a need to identify the underlying condition if one existed. Abuse of staff was also an ongoing problem and it was therefore increasingly important to ensure that the right people presented to A&E and that those who did not need to attend could consider alternatives.

The Chair thanked Professor Purt, Mr. Lang, Ms. Thompson and Mr. Hughes for their attendance.

**RESOLVED:**

That the verbal update be received.

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

There were 2 members of the press in attendance.

(The meeting started at 2.00 pm and ended at 3.25 pm)

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**Chair**

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**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**  
**16 APRIL 2015**

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, 16 April 2015

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

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

**SUBSTITUTE:** Councillor Amanda Bragg (for the additional Independent Alliance seat)

**APOLOGY:** Chief Officer (Social Services)

**CONTRIBUTORS:** Cabinet Member for Social Services, Senior Manager, Integrated Services/Lead Adults and Senior Manager Safeguarding, Lead Children

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

Prior to the start of the meeting, Councillor Peter Curtis took the opportunity to praise the Council for allowing Guide Dogs Cymru to hold a 'sensory tunnel experience' on the car park to raise awareness of individuals with visual impairments. Some Members said that they were unaware of the event being publicised.

**71. DECLARATIONS OF INTEREST**

No declarations of interest were made.

**72. MINUTES**

The minutes of the meeting held on 5 March 2015 had been circulated with the agenda.

**RESOLVED:**

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

**73. SINGLE POINT OF ACCESS**

The Senior Manager, Integrated Services/Lead Adults introduced an update on the development of the Flintshire Single Point of Access (SPoA), which aimed to create an integrated and streamlined access route to

community health and social care services for all individuals over 18 years of age, whilst providing a means of information sharing and improved co-ordination of health and social care services. An update on the regional programme indicated that three of the six North Wales Authorities had gone live with their respective models to date, with Wrexham preparing for its launch. The aim was for all six would go live by March 2016.

In Flintshire, a local governance structure had been created together with a Board and Project Team to support the programme, with key principles agreed as the foundations for the project. Following a review of the model adopted by Denbighshire Council in June 2014, it had been determined that the model for Flintshire would be best located at the Betsi Cadwaladr University Health Board (BCUHB) building at Preswylfa in Mold. Refurbishment of the building had been completed in March 2015 in readiness for the co-location of health and social care teams, which had been identified as a priority by the Project Board. It was reported that the Denbighshire model had progressed to include referrals to the District Nurse, and that the same approach was to be developed for Flintshire's model. The report detailed phased plans to develop the new multi-disciplinary service, in partnership with BCUHB, in order to meet the requirements of the Social Services and Wellbeing Act 2014.

In response to queries from Councillor Hilary McGuill, the Senior Manager explained that the six Authorities were working with the Social Services Improvement Agency to develop the website and that she would advise the Committee of the proposed timescale. In terms of the relocation of the team to Preswylfa, there would be five Disability Officers as a first point of contact on priority cases with a further three working in localities.

Councillor McGuill asked if it was the intention to put specialist teams into the community, as this was the case for the Countess of Chester Hospital. The Senior Manager replied that there was already a link to these types of services and that referrals could be made via the District Nurse.

The Senior Manager explained about engagement with a number of key stakeholders including Practice Nurse Managers and said that established links with locality GP leads would continue. It was proposed that an evaluation would be carried out after six months to identify any gaps and to ascertain the reasons if referrals were not being made. Following a further question, it was explained that individuals were already signposted to various service teams (as set out in Appendix 1) and that close contact was maintained with other agencies. This would be explored further through the Flintshire Connects centres.

Councillor Amanda Bragg asked how the initiative would be promoted to those who did not visit Flintshire Connects centres. The Senior Manager said that newsletter produced by the Chief Officer (Social Services) would raise awareness and that notices would be displayed on the Council's website. Many referrals were received from individuals themselves as well as GPs, District Nurses and Social Work professionals who already used the first contact number. It was also explained that the funding for 2013-16 was to allocate a

project manager to oversee the development of the model and that no additional funding would be available after that time.

Councillor Bragg asked that consideration be given to a broader range of awareness raising as some individuals did not have computers or internet access. Councillor Mike Lowe suggested that information be displayed on GP surgery noticeboards.

Councillor David Mackie sought clarification on IT issues such as the software used, type of information held and access to it. The Senior Manager provided explanation on the use of 'secure email' for referrals and advised that fax was no longer accepted. She added that personal data was held within the Wales Accord on the Sharing of Personal Information (WASPI) framework to which the Council and BCUHB had signed up. She referred to Craig MacLeod's involvement in a national group to assess IT provision and said that he may be able to provide more information on this at a future meeting.

Councillor Mackie stressed the need for careful consideration of governance arrangements for collaborative ventures and asked if more information could be shared on this for the SPoA. Similarly, Councillor Andy Dunbobbin queried the Memorandum of Understanding agreed between the Council and BCUHB. The Senior Manager explained that this agreement outlined both parties' commitment to resourcing the new service. The Chair requested that a copy of the Memorandum be shared with the Committee, along with the governance arrangements. Councillor Bragg commented on the definition of Memorandum of Understanding which it appeared may not be legally binding.

Councillor Veronica Gay raised concerns about the need to link with GP practices across the border whose patients were based in Flintshire. The Senior Manager said that whilst GPs in England had not been included in the stakeholder process, they were familiar with the first contact number which would be diverted to a new telephone number when the service was introduced.

Following a question from the Chair, the Senior Manager advised that the new service would seek to enable a streamlined approach, that GPs were independent contractors and not being able to get an appointment was an issue for the Health Board. Once the SPoA was properly established there may be opportunity to support referrals by individuals who were unable to see their GP and could be directed to a District Nurse who could in turn refer the individual to a GP if necessary.

In response to queries from Councillor McGuill, the Senior Manager confirmed that referrals from individuals, GPs and professionals were accepted under the first phase of the process, for example Telecare, Reablement, Social Work assessments and sourcing equipment.

**RESOLVED:**

- (a) That the development and implementation of the Single Point of Access, which is aligned to the regional vision and programme, be supported; and
- (b) That an update on progress be reported to the Committee in six months' time.

**74. ROTA VISITS**

Councillors Amanda Bragg and Hilary McGuill reported on their visit to the Old Brewery in Shotton, a facility for individuals in the early stages of Dementia. Both highlighted the lack of storage and were concerned that the facility was not being used to its full potential as referrals had only been made from one Social Worker. Councillors Bragg and McGuill also spoke highly of their visit to Rowley's Pantry and felt that more should be done to promote this wonderful facility which was well attended and staffed. They made a number of suggestions for equipment/supplies to support and enhance the café.

Councillor Veronica Gay gave positive feedback on her visit to Growing Places. She had also enjoyed her visit to Estuary Crafts and praised the range of products on sale, but was concerned about the suitability of the building, suggesting that it could be incorporated with the shop. The Senior Manager said that attempts had already been made to explore an alternative site. Councillor David Mackie suggested that an empty unit in Flint could be used.

Councillor Mike Lowe indicated that he and Councillor Andy Dunbobbin were due to visit Abbey Metals and would report back to the next meeting.

The Cabinet Member for Social Services advised that she would be visiting Tri Ffordd and Double-Click.

The Chair and Councillor Peter Curtis agreed that they would visit Llys Gwenffrwd in Holywell.

**RESOLVED:**

That the updates be received.

**75. FORWARD WORK PROGRAMME**

The Facilitator introduced a report to enable the Committee to consider the Forward Work Programme.

The Facilitator advised that the Draft Improvement Plan 2015/16 scheduled for the next meeting would instead be the subject of an all Member workshop to be arranged for the end of May 2015. The same arrangement would apply to the other Overview & Scrutiny committees.

Following the earlier discussion, she agreed to schedule the six month update on Single Point of Access.

Councillor Hilary McGuill requested that the joint meeting with the Lifelong Learning Overview & Scrutiny Committee consider educational outcomes for pupils of Bryn Tirion to provide the Committee with information on the performance and aspirations of the unit.

**RESOLVED:**

That the Forward Work Programme be updated accordingly.

**76. 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 3.10pm)

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**Chair**

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY, 14<sup>TH</sup> MAY 2015**

**REPORT BY:** **ENVIRONMENT AND SOCIAL CARE OVERVIEW AND SCRUTINY FACILITATOR**

**SUBJECT:** **TERMS OF REFERENCE OF THE COMMITTEE**

### **1.00 PURPOSE OF REPORT**

1.01 At the 2014 Annual Meeting, it was agreed that a review of the Overview & Scrutiny should be carried out. Following a series of meetings and the setting up of a working group, the Constitution Committee at its meeting on 15th April approved a new structure and terms of reference for the Overview & Scrutiny committees.

1.02 The recommendations following the Overview & Scrutiny structure review were submitted to Council at the Annual meeting on 12th May 2015.

### **2.00 BACKGROUND**

2.02 The terms of reference are attached as Appendix 1. The responsibilities of the committee have not changed from those of the Social & Health Care Overview & Scrutiny Committee in the previous structure.

### **3.00 CONSIDERATIONS**

3.01 The terms of reference are attached as Appendix 1. The responsibilities of the committee have not changed from those of the Social & Health Care Overview & Scrutiny Committee in the previous structure.

### **4.00 RECOMMENDATIONS**

4.01 That the committee receives the report.

### **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**

Appendix 1: Terms of Reference of the Social & Health Care Overview & Scrutiny Committee.

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

1. Report to the Constitution Committee – Scoping the Review of the Overview & Scrutiny Structure – 15th October 2014 and resultant minute.
2. Report to the Constitution Committee – Overview & Scrutiny Committee Structure – 28th January 2015 and resultant minute.
3. Report to the Constitution Committee – Overview & Scrutiny Committee Structure – 15th April 2015 and resultant minute.
4. Report to the Annual meeting of Council – 12th May 2015.

**Contact Officer:** Margaret Parry Jones  
**Telephone:** 01352 702427  
**Email:** Margaret\_Parry-Jones@Flintshire.gov.uk

## Article 6 – Overview & Scrutiny Committees

### 6.01 Terms of Reference

The Council will appoint the Overview & Scrutiny committees set out in the left hand column of the table below to discharge the functions conferred by section 21 of the Local Government Act 2000 in relation to the matters set out in the right hand column of the same table.

<b>Overview &amp; Scrutiny Committee</b>	<b>Scope</b>
<p><b>Corporate Resources</b></p> <p>15 Elected Members</p> <p>(Statutory crime &amp; disorder committee)</p>	<p>To fulfil all of the functions of an Overview &amp; Scrutiny committee as they relate to the following:</p> <p><b>Corporate Management and Governance</b>  Council strategic and improvement planning  Council performance and performance systems  Customer Services  Crime and Disorder  Civil Contingencies and Emergency Planning  Alternative delivery models (shared responsibility with Organisational Change)</p> <p><b>Finance Strategy</b>  Revenue and capital strategic planning  Revenue and capital budget monitoring</p> <p><b>Clwyd Pension Fund</b></p> <p><b>ICT Strategy</b></p> <p><b>People Strategy</b>  People Strategy  Organisational Design &amp; Change Programme (shared responsibility with the Organisational Change O&amp;SC)</p> <p><b>Corporate Services</b>  Corporate Communications  Financial services  ICT Services  Information and Business Services  Procurement  HR Business Partnering  Occupational Health and Wellbeing</p>

	<p>Employment Services  Legal Services  Democratic Services  Electoral registration and elections</p> <p><b>Strategic and Partnership Working</b>  Partnership and collaborative working frameworks  Local Service Board  Strategic need assessment and Community Strategy  Community Safety Partnership  Voluntary Sector Compact  The County Forum and the Joint Community Charter with Town and Community Councils</p> <p><b>Main External Partner Organisations</b>  Flintshire Local Voluntary Council  North Wales Fire &amp; Rescue Authority &amp; Service  North Wales Police &amp; Crime Commissioner  North Wales Police Service  North Wales Probation Service  Welsh Local Government Association</p>
<p><b>Education &amp; Youth</b></p> <p>15 Elected Members</p> <p>5 Statutory co-opted members</p>	<p>To fulfil all of the functions of an Overview &amp; Scrutiny committee as they relate to following:</p> <p><b>Schools</b>  School organisation and management  School Improvement and modernisation  School Access, planning and provision  Primary and Early years  Secondary and 14-19 education  Schools Performance Monitoring</p> <p><b>Continuing Education</b>  Adult and community learning</p> <p><b>Special Education</b>  Inclusion service</p> <p><b>Support to Families and Young People</b></p> <p>Families First  Youth Services  Youth Justice Service</p>

	<p><b>Partnership Working &amp; Strategies</b></p> <p>Children and Young People’s Partnership (shared responsibility with the Social &amp; Health Care Overview &amp; Scrutiny Committee)</p> <p><b>Performance, Improvement and Policy Development</b></p> <p>Performance and Improvement Plan monitoring Policy development.</p> <p><b>Main External Partner Organisations</b></p> <p>Coleg Cambria Glyndwr University GwE DCELLS Estyn</p>
<p><b>Social &amp; Health Care</b></p> <p>15 Elected Members</p>	<p>To fulfil all of the functions of an Overview &amp; Scrutiny committee as they relate to the following:</p> <p><b>Adult Services</b></p> <p>First contact and localities Adult safeguarding Adult Independence and support services</p> <p><b>Children’s Services</b></p> <p>Fieldwork Resources Safeguarding Early Years and Family support</p> <p><b>Disability, Progression and Recovery Services</b></p> <p><b>Partnership Working, Commissioning &amp; Strategies</b> Children and Young People’s Partnership (jointly with the Education &amp; Youth Overview &amp; Scrutiny Committee) Social &amp; Health Care Strategy Development Health Social Care and Well-being partnership and the Good Health Good Care Strategy Dementia Commissioning Plan Mental Health Commissioning Plan Learning Disability Commissioning Plan</p> <p><b>Performance, Improvement and Policy Development</b></p> <p>Policy and Performance development Performance and Improvement Plan Monitoring</p>

	<p><b>Main External Partner Organisations</b>  Betsi Cadwaladr University Health Board (BCUHB)  Ambulance Trust  Community Health Council</p>
<p><b>Community &amp; Enterprise</b></p> <p>15 Elected Members</p>	<p>To fulfil all of the functions of an Overview &amp; Scrutiny committee as they relate to the following: (Note Customer Services is within the remit of the Corporate Resources O&amp;SC)</p> <p><b>Community</b>  Community support services  Welfare reform</p> <p><b>Public Housing</b>  Housing Strategy  Neighbourhood Housing  Housing Asset management</p> <p><b>Private Housing</b>  Housing renewal</p> <p><b>Revenues &amp; Benefits</b></p> <p><b>Regeneration</b>  Communities First,  Economic Development and Tourism  Enterprise  Regeneration Partnership</p> <p><b>Performance, Improvement and Policy Development</b>  Performance and Improvement Plan Monitoring  Policy and Performance development</p> <p><b>Partnership Working and Strategies</b>  Housing Strategy  Housing Asset Management Strategy  Rural Development Plan  Housing Revenue Account Business Plan</p> <p><b>Main External Partner Organisations</b>  NEW Homes Limited  Registered Social Landlords  Visit Wales</p>
<p><b>Environment</b></p>	<p>To fulfil all of the functions of an Overview &amp; Scrutiny committee</p>

<p>15 Elected Members</p>	<p>as they relate to following:</p> <p><b>Planning</b>  planning and environmental strategy,  development management and control,  conservation,  minerals and waste planning,  countryside and the environment  Greenfield Valley Heritage Park  Public rights of way  Drainage advisory/Flood Water Management Act  Energy Services</p> <p><b>Public Protection</b>  Community protection  health protection  environmental protection,  bereavement services</p> <p><b>Streetscene Services,</b>  environmental and waste management,  neighbourhood services,  maintenance of the public realm  Environmental enforcement  Vehicle fleet</p> <p><b>Transportation</b>  Highway Strategy and Development Control  Traffic Services  Transport Services  Road Safety Education, Training and Publicity</p> <p><b>Performance, Improvement and Policy Development</b>  Performance and Improvement Plan Monitoring and Policy and  Performance development within Streetscene and Transportation  and Planning and Environment</p> <p><b>Strategic and Partnership Working</b>  Local Development Plan  Flood management Strategy  North Wales Residual Waste Treatment Partnership</p> <p><b>Main External Partner Organisations</b>  Natural Resources Wales  Planning Inspectorate Wales</p>
<p><b>Organisational Change</b></p>	<p>To fulfil all of the functions of an Overview &amp; Scrutiny committee as they relate to the services within Organisational Change and,</p>

15 Elected  
Members

in particular, but not limited to:

**Strategic**

Alternative delivery models (shared responsibility with Corporate Resources O&SC)

Overview of the Organisational Design & Change programme (shared responsibility with Corporate Resources O&SC)

Community Asset Transfer Programme

**Service Delivery**

Engineering Services

Property and Design Consultancy

Valuation and Estates

Facilities Services

Community Assets

Clwyd Theatr Cymru

Libraries, Culture and Heritage including archives and museums

Leisure Services, including leisure and sports centres, swimming pools and recreational facilities/activities

**Performance, Improvement and Policy Development**

Performance and Improvement Plan Monitoring and Policy and Performance development within Organisational Change

**Main External Partner Organisations**

Arts Council for Wales

In addition to the above Overview & Scrutiny committees, the following terms of reference relating to Overview & Scrutiny have been given by the Council to the Constitution Committee.



<p><b>Constitution</b> (as it relates to Overview &amp; Scrutiny)</p> <p>21 Elected Members</p>	<p>Allocating, co-ordinating and prioritising the work of the Overview &amp; Scrutiny committees where necessary. Dealing with matters of common interest to Overview &amp; Scrutiny. Identification/allocation of appropriate scrutiny chair for consent/consultation purposes. The examination and development of good scrutiny practice. The promotion, effective development and maintenance of a high profile Overview &amp; Scrutiny function to ensure maximum opportunity for non-Cabinet member engagement. Liaison with and responding to the Welsh Government on emerging legislation relevant to Overview &amp; Scrutiny.</p>
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## 6.02 General role

Within their terms of reference, Overview and Scrutiny Committees have the power to:

- i) Review and/or scrutinise decisions made or actions taken in connection with the discharge of any of the Council's or Cabinet's functions;
- ii) Make reports and/or recommendations to the full Council and/or the Cabinet; and/or any joint Committee.
- iii) Consider any matter affecting the Council area or its inhabitants; and
- iv) Exercise the right to call-in, for reconsideration, decisions made but not yet implemented by the Cabinet.
- v) Promote high performance, efficiency and organisational change.

## 6.03 Specific functions

- (a) **Policy development and review.** Overview and Scrutiny Committees may:
  - i) support and assist the Council and the Cabinet in the development of its budget and policy framework by in-depth analysis of policy issues;
  - ii) conduct research, community and other consultation in the analysis of policy issues and possible options;
  - iii) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
  - iv) question members of the Cabinet and/or Committees and Chief Officers about their views on issues and proposals affecting the area; and
  - v) liaise with other external organisations operating in the area, whether

national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

- (b) **Scrutiny.** Overview and Scrutiny Committees may:
- i) review and scrutinise the decisions made by and performance of the Cabinet and/or Committees and Council officers both in relation to individual decisions and over time;
  - ii) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
  - iii) question members of the Cabinet and/or Committees and chief officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
  - iv) make recommendations to the Cabinet and/or appropriate Committee and/or Council arising from the outcome of the Scrutiny process;
  - v) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Overview and Scrutiny Committee and local people about their activities and performance; and
  - vi) question and gather evidence from any person (with their consent).
- (c) **Finance.** Overview and Scrutiny Committees may exercise overall responsibility for the finances made available to them.
- (d) **Annual report.** Overview and Scrutiny Committees must report annually to full Council through the Constitution Committee on their workings and make recommendations for future work programmes and amended working methods if appropriate.
- (e) **Officers.** Overview and Scrutiny Committees may exercise overall responsibility for the work programme of the officers employed to support their work.

#### 6.04 **Proceedings of Overview and Scrutiny Committees**

Overview and Scrutiny Committees will conduct their proceedings in accordance with the Overview and Scrutiny Procedure Rules set out in Part 4 of this Constitution.

## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY, 14 MAY 2015**

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

**SUBJECT:** **ANNUAL COUNCIL REPORTING FRAMEWORK**

### **1.00 PURPOSE OF REPORT**

1.01 To consider the Chief Officer: Social Services' draft annual report on the effectiveness of the authority's social care services and priorities for improvement.

### **2.00 BACKGROUND**

2.01 Every Officer holding the portfolio of statutory Director of Social Services is required to produce an annual report summarising their view of the authority's social care services and priorities for improvement.

2.02 The draft annual report for 2014/2015 is attached as Appendix 1. The report is intended to provide the public with an honest picture of services in Flintshire and to demonstrate a clear understanding of the strengths and challenges faced.

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

### **3.00 CONSIDERATIONS**

3.01 The Annual Report has been prepared following an in-depth review of current performance by the Social Services Senior Management Team, Service Managers and Performance Officers. The improvement priorities contained within the report are aligned to the priorities contained within Social Services Business Plan for 2015/16 and associated efficiency plans.

3.02 A Member Task and Finish meeting has shaped the key messages contained within the report and Members have given a steer on the final style of the document which will be produced in a user friendly style by Double Click.

The report has been developed in sections that reflect the key themes contained within the Social Services and Wellbeing Act. The

- 3.03 alignment of our assessment and future priorities to the Act was an approach that was positively received by CSSIW last year.

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

3.04

Much to celebrate with:

- 3.05
- Evidence of good progress across Adult social services
  - Evidence of good performance in Children's services, but a recognition that this needs to be more consistent within the context of significant increases in service demand
  - A creative, committed and a tireless workforce

A strong council run service:

- 3.06
- Corporate ownership of the social care agenda with professional leadership and management of risk
  - A shared safeguarding agenda reflected in the Improvement Plan
  - Attentive and supportive senior politicians

A strong and committed leadership team:

- 3.07
- New Social Services Team in place to drive forward a more integrated structure that has a clear focus on supporting families
  - Strong financial management with a focus on protecting outcomes for vulnerable people

- 3.08
- The report reflects that we consider that we are well placed to respond to the challenging financial environment and to increasing service demands, and are realistic about the size of this challenge.

- 3.09
- The draft report also reflects key improvement priorities for 2015/2016 which include:

- exploring opportunities to deliver services through **alternative delivery models**
- maximising the interface between **preventative and early intervention services** as part of the support we offer vulnerable children, young people and families
- preparing for the **new / additional safeguarding requirements** of the Social Services and Wellbeing Act.
- **Safeguarding** has a high profile across the Council. We will

further develop this awareness and profile which includes the wider issues of prevention of human trafficking and sexual exploitation.

- **refocusing day care.** In line with the Social Services and Wellbeing Act we will look at how we can support people to access universal and community based day activity whilst ensuring that vulnerable people are supported
- **developing a 'progression model' of support for people with learning disabilities.** The progression model builds and supports people strengths and enables them to live as independently as possible
- **remodelling dementia services.** We have developed an action plan for strengthening dementia services. We will work locally and with BCUHB across North Wales to deliver this plan which will include a strong focus on how we can develop dementia friendly communities
- **reviewing supported living arrangements.** We will consult with people about alternative arrangements to providing supported living support In House. This discussion will also explore how we can support people in a more flexible, person centred way
- **reviewing and realign funding with partners.** We will work closely with partners to target funding where it will be most effective
- **delivering a comprehensive training and support programme** for staff to ensure they are ready for the new Social Services and Wellbeing Act
- increasing in **Direct Payments** for adults, children and young people
- implementing a **Single Point of Access**
- developing **Extra Care** in Flint and Holywell
- continuing to **work with BCUHB** and seek to enhance the way we work together at a strategic and operational level
- developing and enhancing our approach to **quality assurance** across our services and ensuring that we hear the voices of children, young people, service users and carers

#### 4.00 RECOMMENDATIONS

4.01 Scrutiny are asked to consider whether the draft report provides an accurate and clear account of social care in Flintshire.

#### **5.00 FINANCIAL IMPLICATIONS**

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

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

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

6.01 None arising from this report

#### **7.00 ENVIRONMENTAL IMPACT**

7.01 None arising from this report

#### **8.00 EQUALITIES IMPACT**

8.01 The improvement priorities are aligned to our service business plan and service efficiencies. Where appropriate equality impact assessments have been undertaken on the associated priorities.

#### **9.00 PERSONNEL IMPLICATIONS**

9.01 Improvement priorities may have associated personnel implications which will be separately detailed as part of our efficiency programme.

#### **10.00 CONSULTATION REQUIRED**

10.01 None

#### **11.00 CONSULTATION UNDERTAKEN**

11.01 A Members Task and Finish meeting has taken place to inform the development of the draft report. Committee's considerations will help inform the final report.

#### **12.00 APPENDICES**

12.01 Appendix 1 – Draft Annual Report 2014/2015 – Version 8

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

None.

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# Flintshire County Council

## Draft Annual Social Services Performance Report 2014-2015

**This draft document provides the intended content of the final version of the report. Further work will be undertaken with Double Click to develop a presentation style that is aimed to be accessible. As performance data for 2014/2015 becomes available it will be included within the report where appropriate.**

Text highlighted in yellow identifies priorities we said we would deliver in last years report. This approach is designed to assist Elected Members in tracking progress

Text highlighted in blue reflects where further information/ data/ photos need to be included

Version Two  
Presented to SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY  
COMMITTEE ON 14/5/15

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**Strong safeguarding**

**'Better together' - in promoting 'well being' and developing preventative services**

### **Glossary**

This document provides a summary of our annual self assessment. If you receive a service from us please let us know if you think this report is a fair description of your experiences. Your views matter to us and are crucial if we are to continue to improve what we do and deliver on our future priorities.

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

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

You can write or email:

Neil Ayling,  
Chief Officer  
Social Services  
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MOLD  
Flintshire  
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*This document is available on request in other languages and/or formats.*

## Introduction

This is our fourth Annual Report on the performance of Social Services in Flintshire. The report reflects performance in the County in 2014-2015 which has been a really momentous year of change for the service. There is much to celebrate and staff have worked hard throughout the year to support vulnerable adults, children and families and carers.

In March 2015 we received our Annual Improvement Report from the Wales Audit Office. The report states 'There has been good progress in Adult social services but the performance of children's services has been less consistent in the face of increasing demand'. We consider this to be a fair impression of where our services currently are in terms of performance. There has indeed been an increase in the pressure on Children's services this year, demonstrated for example by a 70% increase in contacts/referrals to Children's Services, creating additional demand on services. Nevertheless positive performance has been provided in almost all areas of adult services and many areas in Children's Services but we recognise the need to do more to ensure all our services reach the standards of best practice.

The Social Services and Wellbeing Act (2014) passed into statute last year and will be fully implemented by April 2016. This is a significant milestone for social care in Wales as the delivery of high quality social care that promotes well-being will be a critical challenge, not just for Social Services but for the whole council, the wider public sector and the wider community. We have been planning in line with the 6 main themes of the Act for some time but the Act still marks a 'water shed' as we will need to achieve some radical change in a very challenging financial context.

Social Services is a strong council run service in its own right but of course needs to be firmly embedded in the corporate body and the overall key priorities for the Council. This has been further strengthened this year with the Council approving a new Operating model at Senior Management Level, with the introduction of a one tier Chief Officer Team, reporting directly to the Chief Executive. The role of Chief Officer, Social Services, is co-located with Chief Officer Colleagues working across the Council, which has enabled a cohesive, can do approach for the corporate team. In addition, there has been considerable change at Senior Manager level in Social Services with a brand new team of Senior Managers, working in a different way concentrating on the needs of families, with all Managers having a role both in Children's and Adult Services.

Flintshire Social Services continues to take forward the adoption of modern and effective working practices which support our staff better and improve our service offer for the people that rely on our services. We continue to develop agile working, for example in our much improved successful new modern office environment for Children's Services in Flint, with much more supportive conference facilities for children and families. We are also currently finalising arrangements for our new multidisciplinary Single Point of Access Service based at Preswylfa, Mold.

In 2014 Flintshire committed itself to older people by signing the Dublin Declaration, part of a national agreement to create an age friendly community. Flintshire has a very strong network of active 50 forums and groups and their steadfast support in developing age friendly communities is really remarkable.

We know the challenges for our services are very real, the budgetary position, is a real challenge and there are continuing increases in demands on our services. We have worked hard to develop a business plan which sets out a range of approaches to deliver £2 million financial efficiencies in 2015/16. Some of these proposals involve difficult choices about how services are targeted and delivered. The proposals for 2015/2016 include:

- Targeting day care, respite and short term breaks to those with greatest need
- Consulting on the potential to refocus the role of In House Supported Living
- Reducing management posts
- Delivering efficiencies, and taking a more targeted approach to funding

Some of the approaches will require detailed and sensitive consultation with people, and partner organisations, to ensure their voice informs and shapes how we move forward.

As part of our overall approach we are exploring opportunities to operate through alternative delivery models e.g. mutuals, social enterprises and co-operatives. In particular we think there are real opportunities for looking at alternative delivery models for our work opportunity services for people with learning disability. Exploring, and where appropriate, moving to alternative delivery models plays an integral role in protecting, and in some cases improving services and making them sustainable. Our overriding principle is to protect services, and outcomes for vulnerable people, whilst changing the delivery mechanism.

Critically we have a strong and committed leadership team to help us manage these changes, with attentive and supportive senior politicians, and a creative, committed and a tireless workforce who go the extra mile for people every day in Flintshire. This is evident from the many complimentary letters we receive and some of the accolades and positive inspections you will read about in this report. However, we are in no way complacent and know how much harder we need to work to introduce further successful change, in a difficult financial climate, and ensure our services continue to support people well in Flintshire.

Neil Ayling  
Chief Officer Social Services

[\(add image\)](#)

and

Councillor Christine Jones  
Cabinet Member for Social Services

[\(add image\)](#)

## A well governed and high performing council

Flintshire is a well governed and high performing Council. We have a strong Corporate identity with a Chief Operating Team providing cohesive and professional leadership. We have a robust governance framework which includes a clear set of organisational priorities, a coherent approach to financial planning/management and an effective operating model for risk management. Our arrangements for accountability and support include regular consideration of social services/social care issues at the Chief Officer Team meetings, a Modernising Social Services Programme Board that involves Senior Officers across portfolios, informal and formal Cabinet, Social and Health Care Overview and Scrutiny Committee, The Children's Services Forum and our Joint Lifelong Learning and Social & Health Care Overview & Scrutiny Committee.

### Council Priorities

We have a clear sense of purpose and direction and have set four shared priorities with our partners at a County level, and eight priorities for the Council itself. Last year we highlighted that Social Services would contribute mainly contribute to three of the Corporate Priorities and here is a summary of the things we have done to fulfil our priorities (further detail is contained within the report):

Corporate Priority	What we have done...
Improving quality of life through the promotion of independent living	<ul style="list-style-type: none"> <li>• Supported more people through reablement – responding to a 28% increase in referrals in 2014/15</li> <li>• Reduced the waiting time for OT assessments</li> <li>• Completed 488 minor adaptations</li> <li>• Completed 92 major adaptations to people's homes through the Disabled Facilities Grant (DFG) process</li> <li>• Increased the number of people supported through a Direct Payment from 302 to 378</li> </ul>
Helping more people to live independently and well at home through integrated community Social and Health Services	<ul style="list-style-type: none"> <li>• Established an integrated Step Up/Step Down service to prevent hospital admission or facilitate early discharge</li> <li>• 90 people were supported through Step Up/Step Down service which included reablement and physio support</li> <li>• 15 people with dementia were supported by a project to use an EMI residential bed to assess their needs instead of assessing in a hospital ward setting</li> <li>• Ran a Palliative Care project to increase the knowledge, skills and confidence of staff in Nursing Homes in Flintshire to support residents who are able to remain in their chosen home at the end of their life and receive palliative care in a dignified manner.</li> </ul>
Improving the opportunities for the growing numbers of Looked After Children, with a focus on learning opportunities and educational attainment	<ul style="list-style-type: none"> <li>• The Corporate Parenting Strategy document revision was completed and ratified by Children's Services Forum. The strategy and the LA action plan for Looked After Children have been shared with school representatives.</li> <li>• Meetings have been held to investigate data links between ONE and PARIS systems (Education and Children's Services databases.) to improve the way that information is shared and a series of options for regional working have been identified.</li> </ul>

The 2015/16 Council's priorities and sub-priorities for action are set out in our Annual Improvement Plan, which have recently been updated, are summarised below:

<b>Priority</b>	<b>Sub-Priority</b>	<b>Impact</b>
<b>Housing</b>	Appropriate and Affordable Homes	Improving the choice and quality of local housing
	Modern, Efficient and Adapted Homes	
<b>Living Well</b>	Independent Living	Enabling more people to live independently and well at home
	Integrated Community Social and Health Services	
	Safeguarding	Ensuring adults, young people and children are safeguarded
<b>Economy &amp; Enterprise</b>	Business Sector Growth	Creating jobs and growing the local economy
	Town and Rural Regeneration	
<b>Skills and Learning</b>	Apprenticeships and Training	Improving learning provision and opportunities to achieve better learner outcomes
	Modernised and High Performing Education	
<b>Safe Communities</b>	Community Safety	Keeping people and communities safe
<b>Poverty</b>	Maximising Income	Protecting people from poverty
	Fuel Poverty	
<b>Environment</b>	Transport Infrastructure and Services	Helping people to safely access employment, local services and facilities
	Sustainable Development and Environmental Management	Developing and protecting the environment
<b>Modern and Efficient Council</b>	Developing Communities	Supporting communities to be resilient
	Improving Resource Management	Supporting front line services to perform well whilst being efficient

As a Council we work collectively across service areas to deliver on the Improvement Plan. As such Social Services has a key role in delivering the Council's improvement priorities. For example we are working hard to contribute to the delivery the Asset Strategy to make the best use of the council's buildings by making sure our offices are brought into local communities and using our Flintshire Connects facilities to deliver a wide range of services. Conversely, services across the Council work to support vulnerable people and deliver priorities relating to the social care agenda e.g. through the provision of quality Housing, anti poverty work in response to Welfare Reform and making local communities viable and vibrant so vulnerable people are safe and can access local support networks.

For 2015/16 the main ways in which Social Services will contribute to the corporate priorities will be through the 3 sub-priorities under the 'Living Well' Priority that social services will directly lead the delivery of:

- 1. Improving quality of life through the promotion of independent living.**
- 2. Helping more people to live independently and well at home through integrated community Social and Health Services.**
- 3. Ensuring adults, young people and children are safeguarded**

The safeguarding sub-priority (number 3) within the Council's Improvement Plan is new for 2015-16. Safeguarding has a high Corporate profile and the new sub-priority reflects a commitment to further develop the awareness and profile of Safeguarding across the Council, including the wider issues of prevention of human trafficking and sexual exploitation.

### **Working Together**

We continue to be proud of our longstanding track record of partnership working. The communities we serve rightly expect the statutory and third sector partners to work together, to work to shared priorities and, through collective effort, to get things done.

As a Local Service Board (LSB) we have jointly developed "**Flintshire's Wellbeing Plan: A Single Integrated Plan for Flintshire 2013-2017**". The Plan focuses on four priorities that are reviewed on a regular basis:

- **Priority 1** - Lead by example as employers and community leaders
- **Priority 2** - People are safe
- **Priority 3** - People enjoy good health, well-being and independence
- **Priority 4** - Organisational environmental practices

Working together to make an impact in these priorities is the collective aim of the LSB, realising that no single organisation can achieve them on their own; the partner organisations represented on the LSB can collectively make a positive difference for the people who live, visit and work in Flintshire.

We have previously acknowledged that in recent years, there have been challenges in ensuring effective and consistent partnership working with Betsi Cadwaladr University Health Board (BCUHB). We are encouraged by more recent working relationships, refreshed strategic direction being led by BCUHB's new Executive Board and the new operating structure currently being introduced which will have more of a locality focus. We also welcome the strengthened focus that is anticipated in relation to increasing capacity within community based services. As this new structure develops and we continue to strengthen our working relationship, we will continue to review the success and pace of partnership working with BCUHB as part of our approach to risk management.

### **Working with members**

Elected members have a valuable role in shaping policy, setting the direction for the service and scrutinising progress. Good examples of joint working include the rigorous quarterly monitoring of the Improvement Plan, half yearly Performance Reports presented for challenge and scrutiny to the Health and Social Care Overview and Scrutiny Committee, the Annual Budget Challenge and consultation on the setting of priorities and targets. Here in Flintshire we are lucky to have a committed and experienced Scrutiny Committee. Elected members also provide an invaluable link to our communities and to the issues that are important to them.

### **Children's Services Structural Changes**

2014/15 has been a year of transition for Children's Services with a move to the new Social Services management team structure. We now have all 3 of our Senior Managers in place and have embarked on a review of Children's Services to ensure that we are organised to support the delivery of good outcomes for children, young people and their families, with a robust focus on practice and quality. The review will inform a restructure of Children's Services that will have the following key features: stronger integration of early intervention and preventative services; stronger focus on the child's voice in the planning and delivery of services; implementation of a new single assessment that will enable Social Workers to allow appropriate time for reflection and direct work with the children/ young people and their families.

### **Resources**

The Council has made significant progress in a number of difficult areas during the last year, including: setting balanced budgets whilst investing in key priorities, meeting growth in service demands and absorbing the cost impacts of inflation. The Council has achieved this through developing internal programmes of change and reform to make efficiencies, whilst acknowledging it still needs to strengthen aspects of its operations. The scale and pace of efficiencies required over the coming years is unprecedented; and 2015/2016 will not be any different, we will be updating, and further developing, a comprehensive Medium Term Financial Plan to ensure that we continue to respond to the medium and longer term financial challenges ahead. Within this context we were pleased to recently receive our best ever annual improvement report from the Wales Audit Office (WAO) which reflects our commitment to remain a high performing organisation which gives us good foundations to continue to delivery our priorities in the face of further financial challenges.

### **Social Services and Well-being (Wales) Act**

2016 will mark a new era for social care when the Social Services and Wellbeing (Wales) Act comes into force. The Act require Local Authorities and Local Authority partners to:

- ✓ strengthen the information and advice so people know what support is out there
- ✓ improve the quality of services
- ✓ provide service users and carers with a stronger voice and real control over the services they receive
- ✓ promote equality
- ✓ bring a renewed focus on prevention and early intervention.

We are working hard to bring about the transformational change that the Act will require when it becomes legislation in April 2016. We have made sound progress in transforming and modernising our services. This report provides a flavour of the work that has been carried out so far and the changes that we have planned over the coming year. We know that the scale and pace of the change needed should not be under estimated, particularly in the context of growing demand for care and support, increasing complexity of need, and significant budgetary pressures. One of the biggest challenges that we face is how we successfully continue to meet the needs of vulnerable people whilst at the same we need to remodel more traditional models of care, and empower people and communities to take responsibility for their own wellbeing. This agenda will bring about significant change for service users, carers, families, staff, communities and our partners. Some of this change will not always be popular and tough decisions will need to be made. The reality is that this change agenda cannot be delivered in isolation. The council, the NHS, independent,



voluntary providers of care and support and local communities will need to work together to turn the Act's ambitious plans and principles into an everyday reality.

To deliver this agenda we are working to:

- Ensure that we have a unified approach across the Council so there is a consistent understanding and approach to enhancing the wellbeing of vulnerable people
- Further develop and strengthen partnership arrangements with Health and other statutory agencies, including integrated and shared services where appropriate.
- Develop a greater understanding of local need and establish new approaches to commissioning to ensure high quality, sustainable services that deliver good outcomes.
- Ensure both children and adult's services are focussed on early intervention and prevention.
- Ensure robust programme and project management to deliver sustainable change.
- Target finite resources in ways that best meet need whilst investing in the design and development of new approaches and service models.

## More Say and More Control

We believe that people should have a stronger voice and real control over their lives. This requires a focus on enabling people to:

- take responsibility of their own well-being
- focus on what matters for people: good outcomes
- be in control of the care and support they receive

This chapter sets out what we have been doing to ensure that people are placed at the centre of their care. The starting point has to be that people can find out about the support that is available. This is about people getting the right information, at the right time, without having to phone around different agencies and services.

### Single Point of Access: First Contact right response

Last year we reported that we are developing a **Single Point of Access** (SPoA). The SPoA will be the 'front door' for information, advice and community services for adults in Flintshire regarding their health, care and well-being.

Plans to set up a SPoA in Flintshire are progressing well. We have:

- ✓ developed a 'postcard from the future' which describes our vision for the SPoA. If you are reading this report on line click here to read the postcard from 'Maureen to Beryl' ([link to postcard](#));
- ✓ introduced a member of staff from the voluntary sector to work as part of the SPoA to ensure that people receive information and advice about the range of community and voluntary support that is available in their area
- ✓ secured a location for the SPoA where staff from social services, health and the voluntary sector will work together as an integrated Team

It is important to us that we develop a SPoA that is right for Flintshire and will serve the needs of our residents, therefore we are taking an incremental approach to its implementation as demonstrated in our journey so far...

**Map the journey so far (Like Dementia Road) – road to integration**

In 2015 we will be changing our operational structure in Children's Services. This new structure will introduce a new working arrangement at the front door of Children's Services which will strengthen links with early intervention services. It is our longer term intention to move towards a Single Point of Access for all citizens within Flintshire.

### Listening and involving people

It is important to us that we receive good quality feedback from the people we support and to be able to incorporate the positive and negative experiences it into our lessons learnt process.

The voice of children and families is actively encouraged within the service through a range of approaches including: effective statutory review processes; conference buddy scheme; dedicated participation forum and the Children's Services Forum amongst other methods.

Last year we recognised that feedback from young people had dropped so we wanted to **increase the range** of opportunities and technologies for service users to give us feedback, so we have introduced an electronic evaluation form and a questionnaire on SurveyMonkey as a starting point. However, we recognise that there is further work to be done to ensure that the voice of the child (and family) is encouraged and listened to as a continuous process and not solely at key stages in the process (i.e. meetings and reviews). Equally, there is a need to address the quality of recording in capturing the voice of the child and evidencing how this is used to influence decisions and actions taken.

Over the past twelve months work has been undertaken to strengthen the focus on quality assurance with a move away from being solely focussed on performance measurement to recognise the broader qualitative element of our work in areas such as: voice of the child being at the heart of what we do; the focus on outcomes being the at the heart of our planning and delivery; the arrangements to focus on the breadth, depth and quality of assessment, care planning and review activity; the lessons that are learnt from complaints and compliments and observations made from independent perspectives such as external inspections.

As part of this refocus we have made personnel changes within the strategic support functions, including the appointment of a Participation Officer to strengthen our commitment to our children and their voice, and strengthened the role of independent functions such as Safeguarding Managers and Independent Reviewing Officers. Running concurrently has been closer working with operational managers and staff to ensure that the quality assurance processes that are designed and implemented are fit for purpose not only to enable a strategic overview of the quality of services but to also ensure they are effective in supporting improvements to individual practice.

We have also **reviewed our Action Plan** with the 'Flintshire Getting Engaged' group and will be looking at how we refresh our approach to engagement as part of the wider quality initiative. To move forward we will re-launch the group and update the action plan in a way that embeds engagement into our quality assurance framework.

In response to the 2013/14 annual report we have made improvements to our processes for the **timeliness of resolving complaints** and we have raised awareness amongst staff about the importance of learning from compliments and complaints as it allows us to use the findings and outcomes to inform our policy and practice in delivering services. I am happy to report that 91% of adult complaints and 86% of children's complaints are being responded to within timescales, compared to 92% and 75% respectively last year.

The following section provides examples of some of the things people told us through our complaints procedure and what we did in response:

**What you said:** The process for reviewing foster placements that had ended abruptly took too long to arrange and were held too long after the placement had ended.

**What we did:** We streamlined the Disruption Meeting process so the issues involved in the breakdown are fresh in people's minds, and implemented a single point of referral, reducing delay.

**What you said:** Our contact facilities for families were too formal and didn't make people feel relaxed.

**What we did:** We reached an agreement with Action for Children to use their facilities for contact sessions as they are more child friendly and family focussed.

**What you said:** Some of our action plans following P.O.V.A. (Protection of Vulnerable Adults) investigations need more detail and need to be more robust.

**What we did:** We revised the P.O.V.A. audit tool to include prompts such as agreeing the scope of the investigation, that clear timescales are set out and that the family are formally informed of the investigation's outcome and decisions reached.

**What you said:** Service users and families indicated they were unaware of their right to comment upon or amend their Unified Assessment and Care Plan.

**What we did:** We revised our information booklet "*Getting Help From Social Services*" to make this particular right more explicit.

## Direct Payments

Last year we said that we would **continue to expand the take-up of Direct Payments** and Citizen Directed Support to promote greater choice and control. So, how did we do? We are really pleased that as of December 2014, 388 people are now using direct payments across Adults and Children's Social Services, that's an increase of 31% since 2013 and 89% since 2012 and we have achieved this by:

- Developing a true partnership between the Council and the people who use Direct Payments to effectively responding to the experiences of users
- Creating a scheme that it is responsive, provides opportunities for personal creativity and gives autonomy.
- Introducing innovative solutions, such as administered direct payments, pooling resources, direct payment cooperatives, a wide range of financial management options
- Facilitated an annual direct payments open day in supporting the development of the Personal Assistant workforce locally (**photo from March open day**)

We are now also embarking on a new direct payments card scheme, in partnership with APS card solutions, which will administer the funding differently. The initial project went live at the end of February 2015 and will support approximately 30 service users. The project will be reviewed before hopefully being offered to anyone who would benefit from this approach. (**brand/ image of card**)

*"Direct payments give me peace of mind and flexibility." – Quote*

*"The direct payments scheme enables me to employ support for my Son. The benefit is that I know exactly who is supporting him" - Quote*

## Young carers

We recognise and value the critical role that carers and young carers play in supporting people to live independently lives. We know that caring can be a rewarding and fulfilling role, but that for some people it can, at times be tiring and isolating. We work very closely with the 3<sup>rd</sup> sector who provide experience and expertise in supporting carers and young carers.

In our report for 2014/15 we identified that **we needed to improve the way we capture information about the support we provide to young carers** as data under represented the real picture of the number of young carers supported and the type of help they receive. Over the last 12 months we have:

- Updated our recoding system to ensure data was efficiently captured and developed additional specifications enabling staff to record more information on young carers.
- Barnardos worked with us to update referral forms to ensure we capture more information with regard to signposting and referrals made on behalf of social workers.
- Barnardos Assessment Processes have been updated. The process streamlined in order to improve the overall timescales between referral and assessment.

- In order to raise awareness about young carers and the referral processes Barnardos have arranged a training workshop for all social service staff and have also arranged to visit a number of teams.

It is now evident that these changes are working, when compared to 2013 data, more carers this year have been assessed for their needs and more carers are going on to receive support services.

The Young Carers Strategy is at present developing a new clear measurable multi- agency plan for action for 2015/2016 to ensure the needs of our young carers are being met and offer the support that is wanted by the young people.

## Welsh Language

Flintshire continues to develop the Welsh Government framework 'More Than Just Words'. This is a Strategic Framework for Welsh Language services in Health, Social Services and Social Care which aims to improve services for those who need or choose to receive their care in Welsh.

In 2013 we made good **progress with the framework** and we have continued to do so throughout 2014. Developing a series of new training initiatives to ensure staff are able to access the right training at the level we need (outlined further in the workforce section); developing proposals for a new forum for Welsh Language Champions, which will enable more opportunities to share good practice and will ensure Welsh Language is a Local Authority wide priority; including an active offer specification into our PARIS system for adults and children's with assisted guidance, which means we can now record when staff are actively offering Welsh language services and monitor this to ensure it becomes embedded into practice.

I am also proud to report that Flintshire Adult Social Services has received a Special Recognition Award at The Welsh Language in Health, Social Services and Social Care Conference and Awards 2014. This Award acknowledges the significant improvements to Welsh Language Services for older people at Llys Jasmine Extra Care Scheme in Mold and as a result of the £500 awarded we have developed a dementia reminiscence initiative, specifically for Welsh speaking people. ([photo David J.](#))

## Looking forward: Our priorities for 2015/16

Our priorities for enabling people to have more say and more control in 2015/16 are:

### ➤ **To increase in Direct Payments**

We want to see a continued increase in people choosing Direct Payments.

### ➤ **Refocus day care**

People's expectations about the type of support they want when they are old is changing. In line with the Social Services and Wellbeing Act we will look at how we can support people to access universal and community based day activity whilst ensuring that vulnerable people are supported.

### ➤ **Develop a 'progression model' of support for people with learning disabilities**

The progression model builds and supports people's strengths and enables them to live as independently as possible.

## **Smarter Commissioning**

Responding to what people need by ensuring that we have the right services in place is a big part of what we do in Social Services. The Social Services and Wellbeing Act 2014 identifies new ways for us to do this and in readiness over the last year we have embarked on some exciting new approaches:

### **Co-production**

Co-production is a new approach we are seeking to embed in our commissioning activity. Under the Act like other Local Authorities we are required to produce a population needs assessment so in readiness we are getting to know our providers better. During 2014 we have started meeting with providers of disabilities services to understand what they see as the priorities and outcomes for people with disabilities and how this needs to be reflected in future service development. Providers also took part in self- assessing where their own service is at in delivering on the 5 ways to wellbeing, with some thinking of how they could deliver going forward. A priority for 2015/ 2016 will be to widen the involvement to include local communities and most importantly the people who currently use our services.

In Flintshire, we have always been keen to grow our shared lives scheme and in 2014 we have been looking at best practice in other areas, in particular how one expert provider in the field is leading the way in taking a co- production approach to develop innovative ways of working with people and their carers to ensure person shaped support where focus is on choice and independence. We will be taking this forward in 2015.

### **Outcome based Commissioning**

We are continuing to work with a number of domiciliary Providers in Flintshire to roll out the “Living Well “ approach to supporting individuals living with Dementia moving away from a task and time approach towards a personalised outcome based service. We have been fortunate to involve Helen Sanderson associates in driving forward this pilot project as a first step to changing the way we commission care services for some of our most vulnerable users in 2015

In 2014/15 we worked with all North Wales Local Authorities and BCUHB to develop a North Wales Advocacy Service. This development is not only a good example of regional commissioning but it’s also a strong move towards outcome based commissioning that is heavily focused on children and young people.

### **Alternative Delivery Models**

Flintshire is determined to provide the best outcomes for local residents in what is a financially challenging environment. A key element of this approach is to try and sustain important services for communities and individuals that would otherwise may be lost. Our approach is to learn lessons from elsewhere but alternative models will be designs specifically to meet the needs of our communities and within the context we are working. This will be a priority over the next few years but here are a couple of the developments we have been working on to date:

In January 2014 approval was received for **Double Click Design**, one of our Mental Health Support Services, to be developed as a Social Enterprise. This service has continued to flourish supporting people to gain new skills and confidence. We would expect the service to become a fully independent community interest company by May 2015 once a formal

transfer has been fully completed and this will enable the service to continue to provide valuable support and expands its business ambitions.

The **Flintshire Crèche** is another in-house service that has the potential to enhance and sustain the existing sessional crèche provision through the development of a social enterprise business model. The service aims to provide quality sessional childcare to vulnerable families to enable parents to attend training courses that will in turn increase their knowledge and skills in preparation for further training or employment opportunities and good parenting.

There has been a lot of good work undertaken over the last year to make the service a more viable and sustainable business model and to meet the increased demand, we have:

- ✓ Increased the staff team
- ✓ Expanded the provision of childcare on a needs basis
- ✓ Registered 2 further sites to provide childcare, now operational across 4 sites
- ✓ Implemented quality standards, a training programme and good practice
- ✓ Developed a business plan

We will continue to develop the service model throughout 2015/16, financed through grants and committed services, with a view to considering whether to move forward as a social enterprise.

The Learning Disability Day and Work Services project is probably one of the most complex initiatives to be taken forward in Flintshire. Our direction of travel for this initiative is to firstly ensure that any new models deliver quality and citizen directed services whilst carefully considering the business viability of these services. We recognise the importance of this work to make sure we get it right so we will take the time to fully explore and scope suitable alternative delivery models over the next year.

### **Move to Person Centred Practice**

We have commissioned an expert in the field of person centred practice to work with us to ensure that person centred practice exists in all care homes across Flintshire. This robust programme which will be co-developed with all partners i.e. Care Homes, CSSIW and BCU and will deliver the needed change in a new exciting way; by building the capacity of care home managers to deliver person centred change, introducing the key person-centred practices of one-page profiles, person-centred reviews and individual time. There will be 3 levels of change for Care homes linking to a Gold, Silver and Bronze scheme. We look forward to reporting on the progress our Care homes make against the scheme in our next year Annual Report.

*Fig – What do we mean by a One- page profile.*

The One – page profile describes what is important to the person and how to support them, also showing areas of a person's life they want to make decisions. Care home staff also produce their own one- page profile for the purpose of matching people with the team.

In addition to the plans to work with providers to improve person centred practice work has continued in 2014 to apply a '**judgement framework**' and assess it's value in our evaluation and monitoring practice, as a way to measure the outcomes achieved for care home residents. Providers have welcomed this approach as it leads to a shared understanding on quality and best practice.



*"I really like the new monitoring tool, it makes it very clear where you are now in each outcome area and what you have to do to improve. I find the reports from the regulators to be very negative"* (Quote from EMI Residential Home Manager)

We are in fact the only local authority currently that is consistently applying such a tool across all residential and domiciliary providers. Our next steps will be to ensure that our framework is aligned to a similar framework that CSSIW is producing.

### **Our Programme of Commissioning Strategies**

Last year we were pleased to report three **commissioning strategies** were approved, namely Learning Disability, Mental Health and Dementia Care long term placements – common to all is the aim to support people to maintain their independence, secure good quality outcomes and achieve value for money. A priority for this year was to further develop our programme of commissioning taking opportunities for collaboration with Health and other partners where money can be saved and quality maintained. We have regionally collaborated on domiciliary care provision and on a number of voluntary sector contracts such as the provision of advocacy for children and young people. We have delayed going to the market as part of the implementation of our Learning Disability Strategy as focus has started with the transformation of our own provision. This includes the adoption of the progression model our blueprint for services which is about supporting people to live as independent as possible, by maximising use of telecare and direct payments, with 'just enough' support and ensuring progression is a key feature of transitional arrangements for young people.

Through the North Wales Commissioning Hub a range of activity has been undertaken to develop the Children's Services market through the development of market position statements for Fostering and Residential Care. The market position statements provide information to help social care providers make proactive business and investment decisions that in turn help to develop and increase the range of services available.

### **Action for Children**

Last year we reported that we had introduced a part-time Therapist, with a specific remit for looked after children to focus on short term intervention programmes to assist with issues such as: separation / loss issues for sibling groups, children in transition between placements, behavioural management advice and supporting Kinship placements as and when issues arise.

During the past 12 months there has been 101 direct work sessions held with children and their carers, ongoing work with 21 children and 22 consultations with social workers all of which have contributed to the stability of placements and support to carers. **This service, under new commissioned arrangements for 2015/2016, this service will be continued due to its success.**

### **Night Support Service**

A priority for this year was to **launch our first ever Night Time Response Service** and in February 2015 we launched the Pilot. A partnership with Compass Community Care and Wales & West Housing Association, this pilot funded by the Intermediate Care Fund promotes the independence of service users at night time. A trained team of responders are at hand to offer support and reassurance over the phone or by visiting. The service is available from 10.30pm to 7.30am seven days a week in the Mold locality initially for a period of 6 to 8 weeks. It is anticipated that older people discharged from hospital or adults in recovery with mental health needs may benefit from this additional support at night

during their transition home. The service is free of charge for the duration of the pilot and we will be looking to formally evaluate in September 2015. It is very early days, having only been live for one month but after extensive consultation 14 people with learning disabilities they have said how welcomed the scheme is by signing up to be part of the pilot and with new referrals being considered.

### **Re-modelling dementia services**

The Flintshire integrated Health and Social Care dementia action plan aims to take forward 7 key themes and here is a flavour of the work that has been taking place over the last year:

#### **Integrated Dementia Action Plan Headline Achievements:**

##### Living well with dementia in the community

- Roll out of 'Dementia RED' THE Regional Collaboration project aimed at developing a presence within the GP surgeries for co coordinating support /information about statutory Services ,Voluntary Services particularly Alzheimer's society to benefit people with dementia and their Carers
- Access to reminiscence resources via Flintshire's Library services such as Rem Pods and Reminiscence Packs (**photos of the pods**) which embrace our welsh culture and heritage.

##### Early diagnosis and integrated health and social care support

- Increasing early diagnosis and integrated health and social care support through reducing waiting times for diagnosis and access to services needed before diagnosis Waiting times for Memory Clinics have reduced from an average of 18 weeks to 6.5 weeks

##### Educating families and carers

- Counselling services to ensure carers are supported through both BCUHB and NEWCIS
- Carers Training courses specific to those carers supporting individuals living with dementia
- A range of activities for carer and cared for to enjoy such as gym membership and exercise programme, gardening, music therapy sessions and access to reminiscence load equipment and training in creative story telling via 'Never Ending Story'

##### High quality residential and nursing provision within Flintshire

- Roll out of Person Centred Care Planning / one page profile to support a person centred approach for people living with dementia in all Independent Sector Homes in Flintshire.
- Training Courses in Reablement, Dance Circle, Art and craft and Dementia Friendly Gardening

##### Workforce development in health and social care

- Developed a tiered dementia training programme for staff in Care Homes from basic level 1 awareness raising to degree qualifications

##### Safeguarding vulnerable people

- Working with Age Connects to create a new service called "listening friends" who will visit and comment on the "lived experience" of people with dementia living in Care Homes in Flintshire

##### Dementia Friendly Communities

- Working with partners in Buckley, Flint and Mold we are removing the segregation between enhanced care settings and the community environment, for example improved access to the community (**photo of Flint event**)
- Actively increasing the number of "dementia friends" in Flintshire in conjunction

with Alzhiemers

The outcomes of the action plan will make a difference to people living with dementia and their carers by removing the loneliness and stigma often attached to the diagnosis. We are encouragingly seeing people with dementia, being seen as a person with a past life, experiences and personality.

### **The Quality Circle Approach**

In 2003 Flintshire County Council's Contract and Commissioning Team, in partnership with CSSIW, BCUHB and Flintshire Advocacy Services, decided to pilot a 'Quality Circle' approach to ensure on-going quality monitoring of adult services across all care settings in Flintshire. The aim of this pilot was to develop a central point where positive and negative information about commissioned care services could be shared informally amongst organisations and agencies with a view to securing improvement before issues needed more formal action

The Quality Circle meets on a quarterly basis. To date the voice of service users has been represented by Flintshire Advocacy Services, however in March 2015 a plan was formed that the Quality Circle would establish a means by which it would listen directly to service user views, and that these views could be fed back to the meetings on an anonymous basis. This plan was made in response to a recommendation made by the Older People's Commissioner for Wales that 'Commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly'.

A 'Listening Friends' pilot project will be introduced within eight residential and nursing homes for older people in Flintshire, representing Flintshire County Council's three locality areas. The project will be delivered by Age Connects North East Wales, largely using an existing volunteer pool, who will receive appropriate advice and mentoring in advance of the project. The 'Listening Friends' project will further contribute to the effectiveness of the Quality Circle in Flintshire, ensuring the continued sharing of intelligence and information, strengthening relationships between service users, organisations and agencies, and preventing the escalation of concerns that pose potential risks to service users.

### **Looking forward: Our priorities for 2015/16**

Our priorities for Smarter Commissioning in 2015/16 are:

➤ **Remodelling dementia services**

We have developed an action plan for strengthening dementia services. We will work locally and with BCUHB across North Wales to deliver this plan which will include a strong focus on how we can develop dementia friendly communities.

➤ **Review supported living arrangements**

We will consult with people about alternative arrangements to providing supported living support In House. This discussion will also explore how we can support people in a more flexible, person centred way

➤ **Review and realign funding to the voluntary sector**

We will work closely with the sector to target funding where it will be most effective

## A strong and professional workforce

Our workforce continues to be our most valuable asset to support people to achieve their best outcomes and lead independent lives. Modernising to deliver quality services and meet the challenges ahead must go hand in hand with modernising our workforce. Even within a financially challenging environment training and developing our workforce is crucial, albeit we must prioritise our resources.

As a Council we continue to invest in staff through management development ILM training, recruitment of apprentices, trainees and graduate opportunities as well as ongoing training and development for the entire workforce.

### Training our Workforce

Priorities in the 2013/14 annual report identified the delivery of key training and in response we have delivered the following in 2014/15:

#### **Social Services and Wellbeing Act (2014)**

Basic awareness training has been rolled out during January - February 2015 to 266 staff, excluding direct care who have been issued with information. The training was a half day session delivered jointly by Flintshire County Council and Wrexham County Borough Council.

Working together with the Care Council, from March 2015 onwards, further training will be delivered to staff increasing in detail as we move closer to full implementation.

#### **More than Just Words**

In partnership with corporate training a suite of community based Welsh language courses, with qualifications attached, have been delivered; which include: a summer and winter school being delivered at Northop College, weekly conversation groups delivered in County Hall, Mold, annual events involving staff and the community, which are all aimed to raise awareness and encourage the use of the Welsh language.

#### **Corporate Parenting**

We have been working with the Welsh Local Government Association to identify the most up to date training material to pull together a short training session for Members as their role as corporate parents – this will be delivered in May / June (post elections).

#### **Public Law Outline**

A national programme of training delivered in the North, South and mid-Wales. As Public Law Outline is developing staff are attending 'train the trainer' courses, 26 members of staff attended from Flintshire.

Critical thinking analysis training is also being delivered for staff to complement the Public Law Outline.

In addition we have also delivered in key areas such as:

- All Wales Safeguarding (Adults and Children)
- Autism Awareness
- Dementia
- Deprivation of Liberty Safeguards
- Domestic Abuse
- Mental Health First Aid and Parental Mental Health: Safeguarding Children
- Understanding Self Harm for Children and Young People

As part of the national programme to develop the next generation of social work practitioners, the Workforce Development Team have been involved in the Continuing Professional Education and Learning Programme (CPEL). The consolidation programme for newly qualified social workers has been a great success and our experienced practitioners and senior social workers are now embarking on the 'Experience Practitioner Programme Award' and 'Senior Practitioner Programme Award' both of which involve one years university study to achieve a 60 credit qualification at level 7, here in Flintshire 3 of our staff who started studying for the Senior Practitioner Programme in September 2014 will complete the course by July 2015.

#### **Supporting staff**

Staff have regular supervision to support them in their role and to ensure continued high quality practice. Discussions with staff show that they value the regular supervision they receive. In Childrens services staff have advised that supervision supports reflective practice and learning. However, we recognise that we need to improve the recording of supervision to ensure that our records reflect the professional and effective management support and oversight that is provided.

Within the Council we have updated our performance appraisal system which has a clear focus on recognising and nurturing talent and good performance. The Employee Appraisal process forms part of our overall Performance Management System, which provides a framework to ensure appropriate and effective training and development for all staff to meet both their personal needs and the needs of the Council. Again, our assessment is that we need provide a focus on ensuring better recording of performance appraisals to provide an accurate reflection of activity.

#### **Valuing excellence**

Every year Flintshire holds an Excellence Award recognising and celebrating the achievements of staff across the Council. The work of Social Services was reflected in the awards with specific achievements by:

- Our Locality Teams in supporting older people
- The integrated equipment service
- Health and Safety staff in offer advice and support to Care Homes

We also hold an Annual Workforce Development Award Ceremony which recognises the qualifications achieved by social care staff. At our ceremony is September 2014 we celebrated the qualifications achieved by 148 staff. [\(Ceremony picture\)](#)

### **The Change Exchange**

The Change Exchange provides an opportunity for Managers of Services across the organisation to regularly come together to meet with the Chief Executive and Chief Officers to consider corporate, regional, national updates on big issue topics. During the year there have been special innovation sessions on organisational change, business planning and challenging topics which have invigorated involvement, invited ideas and contributions and facilitated networking, communication and fostered relationships.

### **Benchmarking Review**

Last year we reported that the Workforce Development Team would be part of a **benchmarking review** across North Wales. As a result of work commissioned through the North Wales Social Services Improvement Collaborative, a detailed options appraisal has been undertaken for the efficient and effective delivery of strategic and operational workforce development services. The outcome of this review is yet to be finalised.

### **New Electronic Absence System**

Flintshire Social Services was the pilot for the new '**Absence Recording System**' which was the implementation of an electronic data collection system for staff absences. The system has now been roll out across the whole Council and is aimed to be more environmental friendly, reduce duplication and ensure more accurate recording.

### **The New Social Services Structure**

As mentioned in the introduction, we now have a new senior management team for Social Services that has been fully operational since February 2015. This new structure offers more cross service responsibility and one great advantage of this model is how Children's and Adults services are now working much more hand in glove with a stronger family focus running throughout. We are still in the early days and will **evaluate the new structure** in 2015-16.

### **New Working Arrangements**

Social Services is adopting the corporate agile and mobile working practices which enables staff to work from various locations on a more flexible basis to better support their daily work commitments. Not only does this contribute to the Council's Asset Strategy but offers more efficient working, increased productivity and boosts staff morale achieved from a better work life balance.

In November 2014 all operational staff within Children's Services successfully co-located as a whole service to new modern County Offices in Flint. As well as supporting a more efficient approach to working the move has also helped to strengthen the communication and co-working between all elements of the service.

In 2015/16 the organisation will implement a new flexible working policy. The policy aims to:

- Improve access and quality of provision to the citizen of Flintshire
- Enable a flexible approach to work by giving staff more control over their work time

We look forward to working with staff to look the policy can help us improve services whilst improving flexibility for staff.

## **Looking forward: Our priorities for 2015/16**

Our priorities for developing a strong and professional workforce are:

- **Delivering a comprehensive training and support programme for staff to ensure they are ready for the new Social Services and Wellbeing Act (2014)**
- **Supporting staff to adapt to new ways of working (agile working) and in new models (social enterprises, mutuals etc)**
- **Continued focus on whole sector training and development to drive up quality and person centred approaches**
- **Review and realign services to ensure that they are as responsive, co-ordinated and cost effective as possible.**

## **Stronger Safeguarding**

As I have already referred to in this report safeguarding has seen a stronger focus both corporately as a whole Council through the development of a new Safeguarding priority within the Improvement Plan but also as a Social Services department with the appointment of a Senior Manager with specific responsibility for Safeguarding. These developments are significant steps forward in ensuring safeguarding is a strong corporate priority within Flintshire, something that has been highlighted by the recent Wales Audit Office report.

The level of activity in relation to safeguarding has been steadily increasing across both adults and children's services. From 1 April 2014 to 31 January 2015 we received 343 Adult Safeguarding referrals, compared to 283 received in the previous year however not all safeguarding referrals meet the threshold for investigation. 116 appropriate referrals have been investigated and completed so far this year and in 100% of cases we were able to reduce or remove the risk to the service user. The Deprivation of Liberty Safeguarding arrangements have proved to be a big demand on capacity and resources within the service and this has been recognised by the Council with additional resources having been secured to enable us to complete timely assessments of adults whose liberty may be affected by their needs for care and support.

All of our key performance indicators for Children's Safeguarding remain well above the All Wales average and this is in a challenging climate where the number of Child Protection referrals has continued to increase at a rapid pace. All children on the Child Protection Register have an allocated social worker, and 92% of initial child protection conferences were conducted within statutory timescales. In addition 99% of initial core group meetings were held within timescales, and 97% of children on the Child Protection Register had their child protection plans reviewed within statutory timescales. Occasionally it is necessary to delay the core group meetings and review conferences in the best interests of the children concerned.

The percentage of open cases of child in need that were reviewed within statutory timescales increased from 53% to 81% in the last year; this was an improvement priority for Social Services, and performance is now better than the All Wales average.

### **Regional Arrangements**

On a regional basis there have been a number of key developments within the past year including the establishment of both a North Wales Adults Safeguarding Board and Children's Safeguarding Board. These partnerships bring together a range of partner agencies at a strategic level and are charged with ensuring appropriate and effective safeguarding arrangements and processes are in place to protect adults and children/ young people.

Sitting under the regional boards are local safeguarding delivery groups for both adults and children's safeguarding issues. The joint Flintshire and Wrexham delivery groups are key multi-agency forums that ensure local safeguarding practice is appropriate and fit for purpose.

The remit of the regional safeguarding arrangements are far reaching and include a number of key sub-groups that cover areas such as performance and quality; training and workforce development; policies and procedures and communication.



There are also regional groups that co-ordinate the completion of practice reviews that explore in detail the lessons that can be learnt from tragic incidents in which children/ young people and adults have died as a result of abuse and neglect. The development of the new child practice review process has been significant within Flintshire as we currently have two reviews underway.

### **Corporate Arrangements**

In response to the report and recommendations from the Welsh Audit Office on the study of safeguarding, published in December 2014, we have identified a number of priority actions within the 2015/16 Improvement Plan – Safeguarding priority, these are:

- xxx

### **Local Arrangements**

In strengthening the safeguarding arrangements both within the service and across the Council we have now completed bringing together the separate children's and adults safeguarding teams into one combined unit. This new unit is important in improving communication, strengthening the knowledge and experience in relation to safeguarding processes and increasing the capacity to respond to the increasing safeguarding referrals that we anticipate we will experience with the implementation of the Social Services and Wellbeing Act.

### **Looking forward: Our priorities for 2015/16**

Our priorities for Safeguarding in 2015/16 are:

#### **➤ Creation of a single Safeguarding Unit**

We will bring Children's and Adults safeguarding together to create a single unit that we deal with referrals for adults, young people and children

#### **➤ Managing increased demand**

We will ensure that we are well placed to respond to increasing demand relating to Derivation of Liberty (DoLs) and children's safeguarding. This will form part of our restructure for Childrens services in 2015/16.

#### **➤ Maximise regional working opportunities**

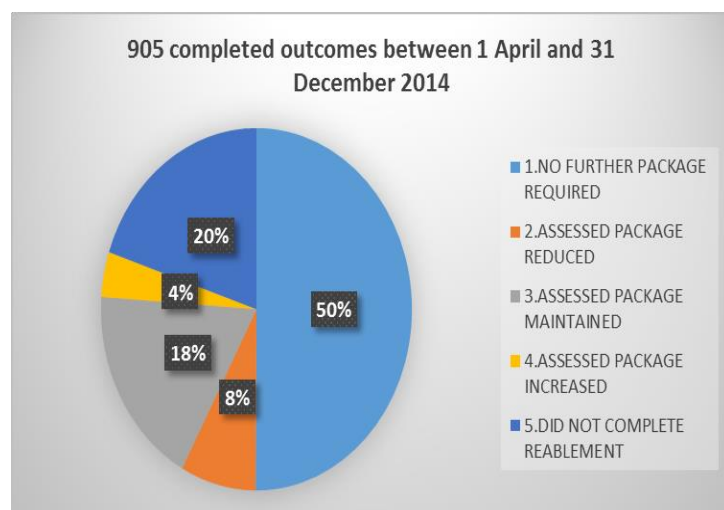
We will continue to work regionally where this provides a benefit to us. This includes involvement, and in some instances taking a lead role, in Regional Safeguarding Board, Delivery Group, Procedures/ Polices Group and Child Practice Group

## 'Better together' - in promoting 'Well being' and developing preventative services

Our partnership working with BCUHB, as well as other voluntary and community organisation, is essential to deliver successful preventative and community services. Last year CSSIW identified that strategic partnership working with Health was a risk for all 6 Local Authorities in North Wales. Whilst relationships and joint working has been positive in Flintshire the pace and extent of integrated working with Health has been challenging at times. However, we are optimistic about the future. We have recently seen changes in BCUHB such as the refreshed strategic direction, being led by the new Executive Board, and now a new operating structure which is being introduced so that there is a greater locality focus from the new Area Director and Lead Nurse covering Flintshire and Wrexham. We welcome these changes and hope to see increasing capacity within community based services, enhanced working relationships and **stronger strategic planning** in the future.

### Reablement, Telecare and Telehealth

We have **continued to make good progress** with our successful reablement and recovery approaches as evidenced by the continued increase in the number of adult service users who benefit from the service. The Social Services Improvement Agency has also supported us to capture some very powerful video case studies, which are included within this report, to highlight good practice.



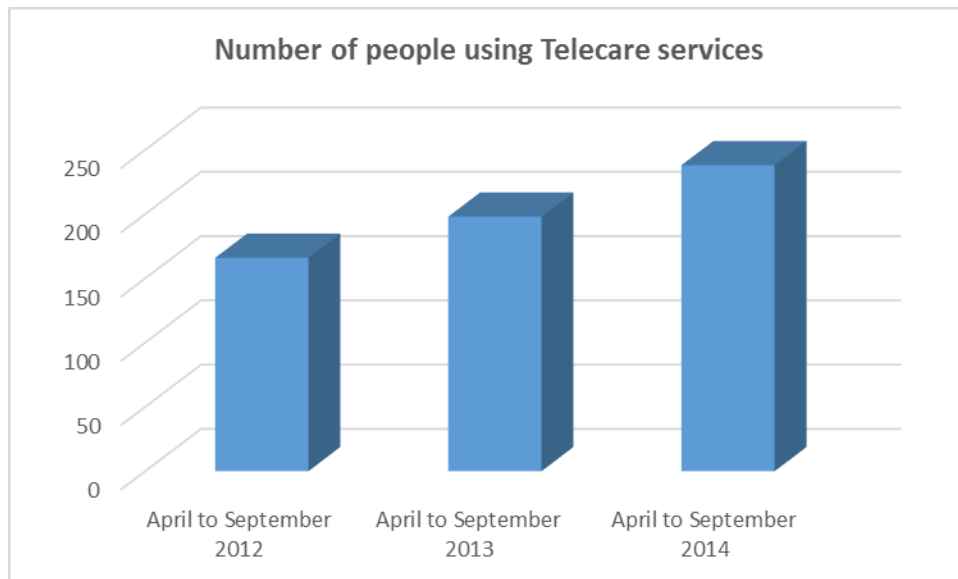
Between April and December 2014, there were 2175 referrals to Reablement; an increase of 58% on the 2013 rate.

Between April and December 2014, a period of Reablement was completed for 905 referrals. Data collected on the outcomes of these referrals shows that 76% of all adult service users completing a period of Reablement required a package of care

which was the same or less than they had previously, or no package of care, as shown in the chart below:

Please take a look at our success stories for Barbara, Kevin and Mrs Stapleton (password: ssia) : <https://vimeo.com/123605688>

We have seen a steady growth in the number of people using Telecare to 238 for the period April to September 2013 as compared to 198 for the same period in 2013 and 166 in 2012, an increase over 2 years of 43%.



There is also an increased number of people accessing Telehealth equipment in Flintshire, 46 people with equipment in December 2013 compared to 12 people in December 2012, an increase of 74%.

Please take a look at our video case study on how assistive technology has changed Dr Cheryl Jones and her carer's life (password: ssia) : <https://vimeo.com/123602575>

### Intermediate Care Fund

During 2014 our ambitious programme to modernise social care in readiness for the Act has picked up pace as we have fully embraced the Welsh Government Intermediate Care Funding (ICF) opportunity. We have delivered a wide range of initiatives to develop more joined up intermediate care services.

Working with colleagues in health, housing and the voluntary sector we are pleased to report the funding has supported many people to avoid going into hospital or to be as independent as possible after discharge from hospital. It has also supported people from moving into residential or nursing homes until they really need to. Working within extremely ambitious timescales to get services up and running we have increased provision and tested new services finding that in many cases demand had exceeded anticipated referrals with many positive personal stories throughout.

We have identified a number of projects that we wish to continue with moving forward and as a result have submitted these to the Welsh Government for continued funding. You can find out more about the positive impact our ICF projects have made, including the Six Steps to Success Programme for Palliative Care, the Falls Programme and Dementia care by following this [link to the ICF newsletter](#).

Below is a 'whistle stop' tour of some of the things that have been achieved in such a short time:

- Over 135 people had been supported by the five voluntary sector projects coordinated by Flintshire Local Voluntary Council (British Red Cross, Care & Repair, Alzheimer's Society, Neuro-therapy Centre).

- 70 people had used one of the step up /step down beds in residential care homes. Enabling people to further recuperate and increase their independence before returning home
- Others avoided being admitted to hospital using “step up” with early support from the Enhanced Care Team and Crisis Intervention to maximise their functional ability before returning home. The step up/ step down project is brought to life by **Dot's experience (see box ?)**.
- 15 people were admitted to a step up / down assessment bed in an EMI home so that detailed assessments could be made to enable targeted support to be given.
- The Flintshire MRA Falls Service had seen 75 vulnerable people referred and assessed in the community by March 2015. Read about **Mike's story in box ?**
- Over 170 referrals have been received for additional community equipment and adaptations with 212 pieces of individual equipment being provided to enable people to remain independently in their own homes.
- More people have benefitted from Telecare equipment, including GPS “safe walking systems”, buddy systems and ‘Just Checking’ equipment to increase the range of equipment available
- 35 profiling beds have been purchased and are available on loan through the Red Cross to people living in the community, including those in need of palliative care, to provide them with appropriate equipment and it also supports carers to continue caring for the person at home.
- Our dementia projects have seen over 600 people (either living with dementia, their carers or staff) benefit from an extensive range of projects, further details of the services offered are included in the commissioning section.

We are really pleased to say that all our projects have made a real difference to people's lives and it was near impossible to select just a couple to show case in this report, as such selection has purely been on giving the reader a flavour of the diverse nature of the projects funded.

**DOT: “stepping up from the community”**

Dot is 70 years old and waiting for a hip operation. Dot lives alone with paid carers calling 3 times a day to support her with meals and personal care. With her failing mobility her G.P decided that as she was not ill enough to go into a local Community hospital he referred her to a “step up” bed at Llys Gwenffrwd Residential Home.

Dot received a number of assessments to see how well she copes with washing and dressing, mobility and transfers. Reablement goals and interventions were agreed with Dot and put in place to increase her mobility by using small aids, enabling her to transfer independently to and from bed, to mobilise frequently through the day to reduce swelling and to wash and dress independently.

Discharge Planning took place to enable Dot to return safely home. This included an environmental visit to her home where it was apparent she was only able to access the kitchen and bedroom. Further equipment was supplied and a referral made to Reablement Physiotherapy and Occupational Therapy for her to practise stepping, so she could regain access to her recently converted shower room and better access the kitchen.

In total Dot received three weeks of Step Up bed support and Reablement which enabled her to return home with no increase to her care package. Her medical condition has improved greatly, with all compression stockings removed and District Nurse intervention reduced. Dot is regaining her confidence and strength when mobilising and continues to work towards accessing all of the ground floor of her home.

### **Mike: 'Stop falling'**

Mike was referred by his GP practice. With Mike's consent he was initially contacted by phone within one day of the referral and his assessment was completed within 4 days. Mike suffers with diabetes and heart failure and is under the nephrology team. He had recently been an inpatient due to poor blood sugar control and was also being seen by podiatry as he has had ulcers on his right foot in the past. Mike chooses not to wear slippers or socks at home.

He has had a number of falls owing to numbness in his feet and poor gait. He has been given crutches previously by the GP but only uses one crutch if he uses them at all. Mike does not want to use a frame as he feels he is too young and does not want care.

Mike has a trolley, a wet room with shower chair, a raised toilet seat and a grab rail to the right side of the toilet. He also has a perching stool in the kitchen, a profiling bed and has been given the phone number for Care Link for a care call button, as he is unable to get up independently when he falls.

### **Outcomes**

- Referral made to Care and Repair for grab rails and to re-situate the light switch. Care and Repair advised an approach to the British Legion as Mike was previously in the Army and is on pension credits as possible option to cover costs.
- A Physiotherapy referral to the local Community Hospital for an outpatient appointment to follow up a possible left leg foot drop and also pain to left ankle following a fall.
- Mike was referred for a Multifactorial Risk Assessment for his regular falling. Mike's GP was informed of the outcome of the MRA.

### **Extra Care**

Following the successful Extra Care developments of Llys Eleanor and Llys Jasmine we are extremely excited to announce that **two further schemes** are being taken forward with our partners.

A site has been chosen in Flint town centre for the next Extra Care development which will be built by Clwyd Alyn Housing Association; it will also form part of the wider housing and regeneration programme in the area and will be a real flagship for Flint. Following recent Planning approval, this scheme will provide 72 self contained apartments, including apartments that are specially designed for people with dementia. The build will commence

late summer 2015 and the scheme is due to open in early 2017. (insert visual designs of the scheme)

A further site has been approved in Holywell with outline planning, near the Hospital and town centre, to develop 61 apartments and this will be taken forward by West and West Housing. The next steps with this development are to undertake further feasibility, detailed design and public consultation. The aim is to have the scheme open by 2017.

We are also pleased to report that the Llys Jasmine Extra Care scheme in Mold has won an Local Authority Building Control Cymru Award in the Best Social/ Affordable Housing Development category.

### **Locality Working**

One of our priorities last year was to implement our local plan for the Statement of Intent on Integrated Care for Older People with Complex Needs. Much progress has been made in a number of key areas identified within the Statement of Intent at a local level with key developments including the use of the Intermediate Care Fund, as detailed above.

The co-located Health and Social Care Team North West Flintshire provides opportunities for improved communication and closer working relationships. We have previously created locality teams in preparation for the creation of co-located teams across the whole County. The agreement to develop similar arrangements for the North East and South localities remains working progress due to the inability to find suitable and available accommodation.

The North West Flintshire is the only locality to be served by an Enhanced Care Service. The local authority awaits a decision to be made by BCUHB to roll out this service across the whole of Flintshire.

Whilst Children's Services do not currently operate to a locality model their cross county working does inevitably lead to practitioners working closely with partner agencies in identified clusters such as schools, police protection units, midwives and health visitors.

### **Early Intervention and Support**

Last year we tasked ourselves with considering the expansion of the family focused services provided at the Gronant Centre. Sadly, our bid to the Big Lottery was unsuccessful which would have supported us to move forward. However, the Centre continues to be self funded but new funding sources continue to be explored including smaller pots of funding to enable the Centre to run a series of projects alongside the standard Centre childcare provision.

That said, it hasn't stopped us from expanding the service and raising the profile of the service, to summarise we are:

- ✓ Securing funding for Sports Shack projects and have submitted further bids for funding, including the archery club.
- ✓ Offering craft and art sessions in-house delivered by our staff
- ✓ Working with a group of volunteers at the Centre who are developing a community café, which will run weekly from the Centre from May
- ✓ Offering yoga classes after a member of staff obtained the British Wheel of Yoga qualification

### **Flying Start Award**

One of our very own health visitor's has been nationally recognised as a 'hero' after providing life changing support to a Higher Shotton family and awarded a prestigious accolade by the Welsh Government.

When Stephanie and Richard Morris lost their first child three years ago, the prospect of having another was somewhat daunting, but health visitor Jo Parry made herself available 24/7 to support them before and after their second baby Elena was born as part of the Welsh Government's Flying Start scheme. Jo also set up a 'New Mum's Café' network which helped Stephanie meet other first time mums and build a local support network which helped her overcome the isolation that she had been experiencing.

Now Jo has been named the regional winner for North Wales in the inaugural 'Star's In Their Lives' award, which aims to highlight the amazing contribution made to youngsters in their crucial early years by Flying Start professionals across Wales, I am sure you will join me in congratulating Jo and this is another example of the outstanding work our staff provide to the residents of Flintshire.

### **Integrated Family Support Service**

The Integrated Family Support Services has continued to deliver a whole family approach to support families that have complex needs to prevent them from needing to go into the care of the local authority. The service is a good example of multi-agency working between Flintshire and Wrexham Local Authorities, BCUHB and 3<sup>rd</sup> sector organisations. It has been noticeable that, in 2014/15 we have successfully reduced the number of children to progress through legal proceedings within the court arena as they have been supported to remain with their family.

### **Vulnerable Children**

The profile of child sex exploitation has increased over the past year with the high profile cases in England. In Flintshire we recognise the potential for child sexual exploitation and are taking a very proactive and preventative approach to ensuring children and young people are protected from this. A comprehensive multi-agency training programme to raise awareness of child sexual exploitation is being planned across Flintshire and Wrexham; the issue is a key priority for the North Wales Regional Safeguarding Board; and the planned North Wales summit in May this year is testament to the profile and importance that is being placed on this issue. In 2015/16 we will also see the introduction of a multi-agency panel, MAACSE. The Panel will be the mechanism employed by the Flintshire County Council's Children's Services and its partner agencies to improve outcomes for children and young people in cases of known or suspected child sexual exploitation.

The MAACSE Panel has three primary roles:

- To ensure that cases of suspected or actual child sexual exploitation are well-managed and co-ordinated and that all possible action has been taken to protect the victims.
- To ensure that all cases are considered by a single group who are then able to identify any links between individual cases.
- To ensure that intelligence relating to patterns of child sexual exploitation in the area can be identified and action taken where necessary. This will include the sharing of intelligence relation to suspect groups of victims, perpetrators, vulnerable locations etc.

### **Homes for our Care leavers**

The provision of accommodation for care leavers is provided via the Local Authority Housing department, Supporting People, social housing and the commercial sector. Looking at the future housing needs for children leaving care is an integral part of the Pathway Plan, and the Local Authority Housing Department are a key part of this planning phase. There is a dedicated Housing Options Officer who works with young people aged between 16 and 24. Together with the young person they will explore all of their housing options and work closely with Social Services professionals and the young person to provide suitable, affordable accommodation.

Children's services also joint commission the Night Stop service with Housing and Supporting People. The purpose of Night Stop is to ensure that young people are do not have to access emergency accommodation such as Bed & Breakfast, should they become homeless. Instead, they will be placed with a householder within the community, whilst further work is undertaken to address their housing need.

### **Looking Forward: Our Priorities for 2015/2016**

Our priorities for driving forward more integrated and preventative services are:

- Implement a Single Point of Access
- Develop Extra Care in Flint and Holywell
- Continue to work with BCUHB and seek to enhance the way we work together at a strategic and operational level



## Evidencing our Improvement

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

### **External inspection:**

The following external inspections took place across our service during 2014/15 and here is a summary of the key findings:

#### External Quality Assurer for City and Guilds, March 2014

- A well organised and managed centre with a robust Internal Quality Assurance and assessment strategy which is monitored and updated as necessary.
- Planning and feedback by assessors is particularly noteworthy, both are detailed and clear, thus helpful and supportive to candidates.
- Internal Quality Assurer's have continued with the excellent monitoring of quality, supporting the assessors and demonstrated good team work and leadership skills.
- The observation of assessor/candidate feedback session was very good, the candidate was obviously relaxed in her assessors company and enjoyed receiving the feedback. The candidate stated later during interview that she is well supported by her assessor.

#### CSSIW National Inspection Safeguarding and Care Planning of looked after children and care leavers, March 2014

- Elected members were knowledgeable about the issues facing vulnerable and looked after children and young people and were committed to improving services,
- Corporate parenting arrangements are strong and evidence how outcomes have been influenced,
- There were regular opportunities for children to give their views to elected members and senior officers,
- Safeguarding was a priority for all staff and child protection processes were being used effectively.
- Agencies in Flintshire were working well together, especially in relation to missing young people and child sexual exploitation.
- Social Workers were making strong efforts to ensure that young people understood their lives and were empowered to represent their views in care planning.
- A number of areas for improvement were identified and these have been actioned.

#### CSSIW National Review of Commissioning for Dementia, May 2014

- The Commissioning Strategy puts the local authority in the position of making sound long term decisions and managing the market rather than working in a reactive way,
- A number of areas of 'best practice' were identified.
- Three recommendations were made to improve services for people living with dementia around the co-location of operational teams in health and social care, the optimisation of access and availability to the Dementia Support Worker Service, and the development of a joint approach to commissioning locally based high quality nursing home capacity.

#### CSSIW Fostering Inspection, (February 2015)

- A well managed service that has effective partnerships in place with the foster carers

- Excellent scrutiny arrangements from the fostering panel.

This builds upon successive inspections dating back to 2003 and reflects the value of planning and delivering good and effective outcomes.

### **Internal assessment/ quality assurance**

Senior managers monitor their progress against the Council and Business plans, and report on this to Social Care and Health Overview and Scrutiny Committee on a quarterly basis, and reflect how well we are performing in our priority areas. Our Modernising Social Services Board oversees key activities that is driving forward service change that in turn contributes to the Councils priorities, in particular the Living Well priorities that the department leads on.

### **Managing our Performance**

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

This year we have introduced management self-service reports within our IT Business System (PARIS) which provide managers with timely and accurate information on the detail which underpins our performance data.

We are working alongside a multi stakeholder group for Welsh Government, to assist in the development of the recording and reporting of personal outcomes within a new national outcomes framework for performance measurement. One of the ambitions of the Social Services and Wellbeing Wales Act is to see a much more co-productive approach (between agencies and individuals) to addressing and finding solutions to support needs. This project seeks to reduce the need for expensive, time-consuming and bureaucratic assessments, using instead an approach which determines “what matters” to the citizen, through a professional targeted conversation, and supports people to help themselves as much as possible. A group of our professional staff will be undertaking extensive training on this approach in the spring of 2015, and we will be collecting data on the outcomes to support the national project.

Last year we set the following improvement priorities and below is a summary of how we have got in:

**Improvement Priority:** Develop a coherent quality assurance framework which draws together information about the quality of our services into a single quality report

Considerable work has been undertaken in 2014/15 to strengthen our quality assurance arrangements. The new **Quality Assurance Framework** that will be implemented in 2015/16 will encompass all areas of activity, both quantitative and qualitative, and will provide us with robust evidence about our strengths and areas for development in achieving positive outcomes for the people we support.

In addition the Framework will allow us to evidence that we are achieving the aims identified through the vision for 2015-18:

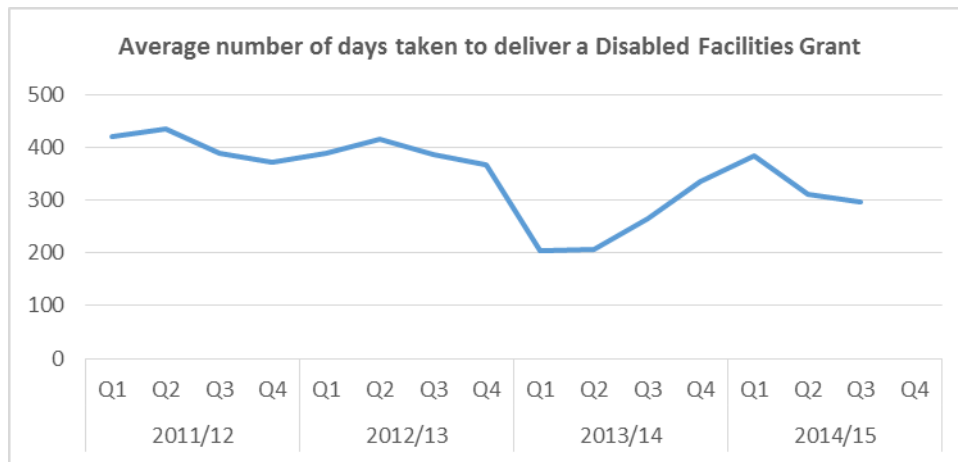
- Keep people as our focus

- Safeguard and support
- Do “what matters” well
- Promote independence and strengthen families

Intelligence contributing to the Quality Assurance Framework includes performance and management information, the outcomes of service user engagement activity, gathering feedback from service users, lessons learned from complaints and complements, contract monitoring, recording and monitoring of personal outcomes, and information determined from audits. We will use all this information to inform the decisions we make about the way we deliver our services.

**Improvement Priority:** Improve the timeliness of major adaptations and evaluate the impact of the extended minor adaptations and self-assessment projects to inform further service improvements and options to increase people’s independence

We continue to work to reduce the time taken to provide adaptations in owner occupied properties. Between April and December 2014 77 major adaptations were provided through the Disabled Facilities Grant route, and these were completed in an average of 332 days.



The arrangements for the transfer of patients from hospital to a more appropriate care setting, either between NHS hospitals or on discharge from NHS hospitals, will vary according to the needs of each patient, but can be complex and sometimes lead to delays. We monitor the delays that occur for social care reasons, and between 1 April and 31 December 2014 there were 14 reported delays, resulting in a delay rate per 1,000 population of 0.48 (against an All Wales rate of 2 per 1,000).

**Improvement Priority:** Further improve the data collection for carers and young carers to meet the outcomes of the Carers Strategy (Wales) Measure

You have read earlier in this report about our arrangements for commissioning services for carers and increasing the numbers of carers being identified and supported. We work in partnership with Barnardos to identify children and young people who have a caring role, and by December 2014, 29 young people had been assessed and provided with a service.

**Improvement Priority:** Consider the findings of research underway on parent’s perceptions of the Child Protection process and take appropriate action

'Understanding the experiences and involvement of children, young people and families in the Child Protection process in Flintshire and Wrexham was a piece of research carried out by Strategic Consult & C Ltd on behalf of the Flintshire and Wrexham Local Safeguarding Children's Board and published in July 2014. The aim of the research was to seek the views of children, young people and their family's views on the child protection process, and listen and understand their experiences in order for us to better understanding their perspective and improve how we work with families in the future.

The key findings from the report are being considered by the Senior Managers and Safeguarding Unit and actions will be taken forward to make relevant service improvements as an outcome of this research.

Improvement Areas, as highlighted by CSSIW: Timeliness of initial child protection conferences, timeliness of statutory visits for Looked After Children, health assessments for Looked After Children, Timeliness of Personal Education Plans for Looked After Children and improving outcomes for young adults who were formerly looked after

Our "front door" response for children remains good, with 99.8% of referrals having a decision made within one working day and 93% of initial assessments completed within seven working days. This means that children, young people and their families receive the support they need and others are signposted appropriately as soon as possible. 93% of in depth core assessments were completed within 35 working days. Performance against these indicators continues to be considerably better than the average for All Wales.

We have improved the stability of placements for children looked after by the Local Authority with only 6.9% of children experiencing two or more changes of placement. Sometimes placements do break down and a change of placement can be a positive move for the individual, for instance where they move to a longer term arrangement such as adoption or long term foster care. 96% of our Looked After children had a Permanency Plan at their second review.

With respect to children and young people who are looked after by the Local Authority, we have a number of high profile performance indicators and these are performing at around or better than the All Wales average, for **statutory visits, statutory reviews, first placements with a care plan in place, and the provision of a personal education plan**. 72% of **health assessments** for looked after children were requested within timescales.

We continue to perform among the best in Wales against the national **indicators for safeguarding children**. We have achieved this in a challenging climate where the number of child protection referrals has continued to increase.

We continue to do our best to ensure that **young people leaving care** have the best opportunities to secure their future accommodation, training and employment prospects and our national performance indicators reflect this.

So to conclude, in a climate of increased demand and budget pressures we are making good progress in many areas, particularly in Children's which has greatly improved over the last year. That said, we are by no means perfect and will have to continue to work hard, with our partners, to continue to deliver high quality modern services that meet the needs of our residents in Flintshire.

### **Looking forward: Our priorities for 2015/2016**

Our priority for evidencing our improvement in 2015/16 is to develop and enhance our approach to quality assurance. This includes addressing:

- The way we measure quality
- How we measure outcomes
- How we capture and use people's experience of services

And how we use this information to provide a strategic overview of the quality of services and inform our improvement agenda as well as supporting improvements to individual practice.

## Glossary

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

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

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

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

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

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

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

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

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

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

**Extra Care Scheme** – extra care schemes provide independent living for some older people in Flintshire and apartments can be purchased by or rented to people aged 60+ who have care and accommodation needs. Llys Eleanor, our first extra care scheme, was developed by Flintshire County Council in partnership with the Pennaf Housing Group and provides 50 one and two bedroom apartments and a range of communal facilities. Llys Jasmine, our second innovative extra care scheme opened to accommodate its first tenants in October 2013. Developed in partnership with Wales & West Housing the scheme provides a total of 63 apartments and bungalows of which 15 are specifically designed for people with dementia. Both schemes feature state of the art alarm systems and 24 hour care is available on site.

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

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

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

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

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

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

**Local Service Board** – A local Leadership Team of Flintshire's public service bodies (Council, Police, BCU Health Board, Further and Higher Education, Probation, Fire and Rescue, Environment Agency, Voluntary Sector). It has four principal roles as a set of local

leaders: to take ownership of the community strategy; provide oversight and monitoring of relevant partnerships; identify common issues as public bodies/employers and promote effective joint working in the design and provision of public services.

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

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

**Mental Health (Wales) Measure** - The proposed Measure places duties on Local Health Boards and local authorities in Wales in relation to assessment of mental health and treatment of mental disorder. It also makes provision in relation to independent mental health advocacy for qualifying patients – those are persons subject to the compulsory powers of the Mental Health Act 1983, and persons receiving treatment in hospital (suffering with a mental disorder).

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

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

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

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

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

**Reablement** - Reablement is an approach which aims to maximise independence, choice and quality of life. This means that all people who wish to access Social Care Services undergo a period of assessment and support to enable them to live as independently as possible, thus minimising the requirement for ongoing support. Reablement is a short term assessment



and intervention service which is person centred and outcome focused. As such the duration of the Reablement will vary for each person (from a few days to a maximum period of six weeks). During the Reablement phase there will be regular reviews to assess progress against agreed outcomes.

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

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

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

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

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

**Telecare** - is a way in which support can be provided through telecommunication devices in the home. It uses simple technology to manage risk and give people the peace of mind they need to live in their own homes for longer. Telecare equipment is provided through Community Equipment Stores and fitted and monitored by Carelink. There are currently over 400 homes in Flintshire with Telecare as part of an assessed care package

## **Evidence / Reference**

FCC CA draft report – Annual Improvement Plan

Incl: corporate assessment report 2014

Q3 ICF Report – NW

Social Services Business Plan – **JUST 15/16 efficiency targets**

## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY, 14 MAY 2015**

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

**SUBJECT:** **OLDER PEOPLE STRATEGY AND ASSOCIATED DEVELOPMENTS**

### **1.00 PURPOSE OF REPORT**

This report provides an update to Members on the Local Authority's response to the Older People's Strategy and a number of associated developments, specifically:

- The development of an Ageing Well in Flintshire Plan
- Welsh Audit Office Improvement Study: Independence of Older People
- Progress against the Older People's Strategy – Case Studies
- 50+ Engagement Worker role and the 50 + Action Group
- Older People's Commissioner – Framework for Action Priorities

### **2.00 BACKGROUND**

2.01 The Strategy for Older People in Wales was launched in 2003. The Strategy emphasises aging as a positive concept and was developed to address the issues and aspirations of people over 50 living in Wales.

2.02 The 3rd phase was launched in May 2013 and sets out the ambition of making Wales a great place to grow old. This has the wellbeing of the individual older person at its heart, and identifies that to achieve wellbeing, an individual needs to secure financial, environmental and social resources. This means ensuring that older people live in homes and communities that meet their needs and wants; have the ability to participate in their community; and feel valued and included.

2.03 A significant development at a local level to respond to this wide ranging national Strategy will be the development of an Ageing Well in Flintshire Plan as part of a national approach led by Sarah Rochira, the Older People's Commissioner for Wales.

2.04 The role of the Commissioner is to work in partnership with public services, national and local government to raise awareness and understanding about the issues that matter to older people and the changes that are required. The Commissioner has regulatory powers to:

- ensure that the interests of older people are safeguarded and promoted when public bodies discharge their functions.

- request a response to recommendations made in a report
  - ensure public bodies have regard to guidance issued by the Commissioner.
- 2.05 The Commissioner has published a Framework for Action<sup>1</sup> outlining her priorities over the next four years to drive the changes necessary to improve the quality of life of older people including taking a lead in relation to the Ageing Well Programme.
- 2.06 Launched by the Older People’s Commissioner in October 2014, Ageing Well in Wales requires action from local and national government, the NHS, third sector, and older people themselves. The aim of the 5 year programme is to ensure there is an improvement in the wellbeing of people aged 50+ in Wales through the prevention of ill-health, social isolation and improving independent living. The programme has 5 priority areas:
1. Age Friendly Communities
  2. Falls Prevention
  3. Dementia Supportive Communities
  4. Opportunities for Learning and Employment
  5. Loneliness and Isolation
- 2.07 Local Authorities are required by Welsh Government and the Older People’s Commissioner to develop local plans in support of both the Strategy for Older People (Phase 3) 2013-2023 and Ageing Well in Wales. As is the case across Wales, this will be in the form of one combined “Ageing Well in Flintshire” Plan.
- 2.08 This plan will also provide a clear set of priorities for the local authority to fulfil the commitments it made in signing the Dublin Declaration in February 2014, making a public statement of intent to work with other organizations, share experiences, and promote equal rights and opportunities for older people.
- 2.09 Delivery against the plan will also be significant in demonstrating the local authority’s responsibilities in relation to the Social Services and Wellbeing Wales Act to be implemented in April 2016.

### **3.00 CONSIDERATIONS**

- 3.01 The development of an Ageing Well in Flintshire Plan  
 Whilst the Ageing Well in Flintshire Plan will build on work that the Authority is doing and outline what it will need to do with partners, for the betterment of people’s wellbeing as they age, it will also lead to benefits for individuals and communities across their life course.
- 3.02 There is often the misconception that health and social care are the main priorities for older people. However, for example lifelong learning, leisure, housing, transport, community facilities and support to remain in employment

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<sup>1</sup>[http://www.olderpeoplewales.com/en/news/news/13-04-17/Launch\\_of\\_Framework\\_for\\_Action.aspx#.VS0ka9JOW1s](http://www.olderpeoplewales.com/en/news/news/13-04-17/Launch_of_Framework_for_Action.aspx#.VS0ka9JOW1s)

are all critical to maintaining the wellbeing and independence of older people. Flintshire's Ageing Well plan therefore is being developed and with input from colleagues across the Council who will be instrumental in ensuring that commitments made can be realised.

- 3.03 The plan is being produced by the Older People's Strategy Coordinator with key support from the Older People's Champion and Older People's Engagement Worker.
- 3.04 The aim is to develop a draft plan by July 2015 for discussion and comment from our established network of older people's groups. Feedback from the consultation will be incorporated into the plan and presented to COT prior to submission to the Welsh Government and Older Peoples Commissioner for the deadline in October 2015. We are currently planning to launch Flintshire's plan at the annual celebration to mark International Day for Older People on 1st October 2015.
- 3.05 It should be noted however that the submitted plan is intended to provide an initial framework for action that will develop over time to reflect progress and the changing social, political and economic landscape over the next 5 years.
- 3.06 Progress against the plan will be monitored quarterly by the Older People's Strategy group and reviewed and updated as required.
- 3.07 A regional North Wales Ageing Well network has been established with membership from Local Authorities (Older People's Strategy Co-ordinators), Health, Public Health Wales, and Voluntary Sector. Reporting to the office of the Commissioner for Older People and to NWASH (North Wales Adult Services Heads) the network aims to:
- develop a systematic and consistent approach to the development of county local Ageing Well plans
  - develop communication links with the national Ageing Well programme leads, including access to research funding and expert advice
  - seek collaborative funding opportunities to support the delivery of identified objectives and priorities
  - share local / regional good practice examples to contribute towards the development of a national good practice compendium
- 3.08 Welsh Audit Office Improvement Study: Independence of Older People  
In November 2014, the Wales Audit Office began an all Wales Local Government Improvement Study on the independence of Older People.
- 3.09 The study looks at how well councils are working to support older people to maintain their independence outside of the health and care system. The study will review the effectiveness of ancillary services which support older people to live independently by looking at the services that older people say are most important to them to continue to live independently.
- 3.10 The study has involved completion of an assessment tool, a series of telephone interviews with officers and where appropriate, service accountants

responsible for the individual services and submissions of relevant plans. In addition surveys have been undertaken to gather the views of citizens, partners, council staff and Members on the effectiveness of local arrangements that support older people's independence.

3.11 The output from the study will include:

- a national report on the findings from the local government study (July 2015)
- benchmarked data comparing councils that can be used to support the development of local services and the evolving citizen pathway; and
- a shared learning event to be held following completion of the study (August 2015)

3.12 Progress against the Older People's Strategy – Case Studies

In June 2015, Welsh Government will be producing a report on progress against delivery of Phase 3 of the Older People's Strategy to date. The report will include updates within the three priority areas (social resources, environmental resources, financial resources).

Older People Strategy Co-ordinators are required to contribute to this report by providing updates through submission of a minimum of one case study that demonstrates projects or work undertaken that have benefitted older people under one or more of the key themes during 2014.

3.13 Examples of work that may be submitted as a case study are:

**Projects funded through the Intermediate Care Fund:**

- a) Falls prevention – This project has involved increasing the number of trained instructors within leisure services to deliver the National Exercise Referral Scheme (Postural Stability) programme. It has also funded dedicated assessors based within the physiotherapy department to undertake detailed assessments with people identified as being at risk of falls to find ways to reduce that risk.
- b) Reablement – Enhancement of our established reablement approach in order to provide additional support to individuals to maintain their independence and remain in their own home.
- c) Assistive technology – The purchase and provision of assistive technology to support people to maintain their independence including equipment such as GPS tracking (Buddi) systems, 'Just Checking equipment', Mangar Elk lifting cushions.
- d) Development of Dementia Friendly Communities – The local authority worked in partnership with Alzheimer's Society and local businesses to introduce a dementia friendly shopping event in Flint. In addition further projects are ongoing or being planned such as dementia exercise programme, counselling for carers of people with memory problems, dementia friendly gardening sessions, reminiscence packs and pods for community hire.
- e) Hoarding project – This project focuses on the fact that individuals with significant hoarding tendencies can put themselves at risk of eviction, injuries in the home and an unsafe environment to return to following a stay in hospital. Care and Repair case workers work closely with individuals to jointly develop a plan of action to de-clutter and clean

their property in addition to providing support packages to support the individual in the future.

**Other projects:**

- a) NEW Homes over 55's leasing schemes – this service offers support to over 55's to enable them to lease their existing homes and access more appropriate housing through the council's designated older person's properties including Extra Care Housing schemes.
- b) Codgers Quarterly newsletter – Developed and produced by the 50+ Action Group (with practical support from the 50+ Engagement Worker), this newsletter has demonstrated itself to be a valued source of information about activities, events and issues that are pertinent to older people living in Flintshire.

3.14 50+ Engagement Worker role and the 50 + Action Group

Flintshire County Council currently holds a two year contract until March 2016 with an option to extend for a further year, with Flintshire Online Watch Link Association (formerly Neighbourhood Watch) to employ an Engagement Worker. This role requires the Engagement Worker to engage with Older People's groups across Flintshire in order to identify and facilitate opportunities for their contribution to the planning, development and evaluation of services. The worker also supports the network of 50+ Forums and Groups by providing information on development, sustainability, funding sources, consultations, activities, and training opportunities.

3.15 Key areas of work have included:

- Ensuring older peoples' voices are heard for example in development of the Single Point of Access and Local Development Plan, involvement in consultations or other engagement work including the above mentioned Welsh Audit Office Improvement Study.
- Promoting the work being undertaken to improve the lives of older people through the strategy.
- Providing opportunities for older people to participate in a range of activities such as 'Get on Line' training, an Age Cymru Big Conversation 'Let's talk Money' discussion.
- Co-ordinating meetings and events including the annual International Older Peoples' Day celebration event.

3.16 The Engagement Worker also provides support to the 50+ Action Group which is an independent group that meets to share the knowledge and experience from within their local communities, discuss the problems and issues that are of concern to peer groups, and take appropriate action to improve matters or influence a decision.

3.17 Older People's Commissioner – Framework for Action Priorities

The Commissioners work is driven by what older people say that matters most to them. In her work programme for 2014-15 the Commissioner carried out a "Review into the Quality of Life and Care of Older People living in Care Homes In Wales"<sup>2</sup>.

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<sup>2</sup>[http://www.olderpeoplewales.com/en/Reviews/Residential\\_Care\\_Review/ReviewReport.aspx](http://www.olderpeoplewales.com/en/Reviews/Residential_Care_Review/ReviewReport.aspx)

- 3.18 In response to the main conclusions in the report, the council has developed an action plan outlining for each of the 7 Requirements for Action, the activity it will undertake with partners and the outcomes that will be achieved. The Commissioner has reviewed our response favourably, rating each category at the highest 'acceptable' level (from category ratings 'acceptable', 'partial', unacceptable').
- 3.19 Some of the key developments include:
- Development of a standard 'Welcome Pack' which states how the care home manager and owner will ensure that the resident's needs are met, their rights are upheld and they have the best possible quality of life.
  - Ensuring all staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made. Specialist dementia training has been commissioned and delivered locally and evidence is being sought on person-centred approaches.
  - Ensuring older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. A policy for the use of volunteers in our Care Homes already exists and the Contract Monitoring Team look for evidence of social networking when undertaking visits. A partnership approach with CSSIW is required particularly regarding regulatory requirements for the use of volunteers.
  - Working with Health to explore how Intermediate Care Fund initiatives can be sustained to ensure the health care needs of older people living in care homes are recognised and responded to.
  - Working to support the national agenda to ensure care home staff and managers have the competencies to provide dignified and compassionate care.
- 3.20 A further priority in the Commissioner's Framework for Action is 'Embedding the wellbeing of older people at the heart of public services'. The Commissioner has committed to work with WG and local government to develop a concept of wellbeing that is consistent and reflected across legislation and across portfolios and will focus on raising the profile of older people's issues beyond health and social care services.
- 3.21 To support this work, the commissioner is meeting with each Local Service Board throughout 2015, and will be attending Flintshire LSB on 21st May 2015.

#### **4.00 RECOMMENDATIONS**

- 4.01 That Members note the content of this update and consider requesting future annual updates on progress against the Ageing Well in Flintshire plan.
- 4.02 That Members consider how they can ensure that older people's needs are adequately and appropriately considered at all levels within the local authority.



## **5.00 FINANCIAL IMPLICATIONS**

5.01 None as a result of this report. Actions to be developed within the Ageing Well in Flintshire plan will be considered within the context of financial and wider resource implications.

## **6.00 ANTI POVERTY IMPACT**

6.01 None as a result of this report. However a number of emerging areas for action within the Ageing Well plan will address some of the causes and consequences of poverty in older age.

## **7.00 ENVIRONMENTAL IMPACT**

7.01 None as a result of this report. However any environmental impact that could result from developments proposed within the plan will be considered.

## **8.00 EQUALITIES IMPACT**

8.01 The Ageing Well in Flintshire plan will consider the possible impact of any developments on people with protected characteristics, with attention given to disadvantaged groups to ensure equality of access, and services are sensitive and appropriate to particular needs. It is anticipated that the development and implementation of an Ageing Well plan which aims to improve people's wellbeing as they age will have a positive impact on individuals and communities across their life course including for people with protected characteristics.

## **9.00 PERSONNEL IMPLICATIONS**

9.01 None as a result of this report.

## **10.00 CONSULTATION REQUIRED**

10.01 Senior officers across the authority are being invited to contribute to the development of the Ageing Well Plan. The 50+ Action Group is aware of the development of the Ageing Well plan and will be invited to contribute both on the actions identified and presentation and format. Feedback will be encouraged from older people's groups across Flintshire, and from key partners.

## **11.00 CONSULTATION UNDERTAKEN**

11.01 None to date.

## **12.00 APPENDICES**

12.01 None.

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

The following background documents published by the Older People's Commissioner for Wales can be found on the Commissioner's website:

'Framework for Action 2013-2017'

[http://www.olderpeoplewales.com/en/news/news/13-04-17/Launch\\_of\\_Framework\\_for\\_Action.aspx#.VS0ka9JOW1s](http://www.olderpeoplewales.com/en/news/news/13-04-17/Launch_of_Framework_for_Action.aspx#.VS0ka9JOW1s)

Review into the Quality of Life and Care of Older People living in Care Homes In Wales

<sup>2</sup>[http://www.olderpeoplewales.com/en/Reviews/Residential\\_Care\\_Review/ReviewReport.aspx](http://www.olderpeoplewales.com/en/Reviews/Residential_Care_Review/ReviewReport.aspx)

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY, 14 MAY 2015**

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

**SUBJECT:** **MELROSE CONSULTATION**

### **1.00 PURPOSE OF REPORT**

1.01 To provide an overview of the outcome of the consultation in order for committee to consider and comment on it.

### **2.00 BACKGROUND**

2.01 The budgetary proposals for 15/16 agreed by the Council included the need to rationalise day care for older people reducing to a smaller number of sites, and to target specialist provision, e.g. supporting people living with dementia. This informed the recent budget report and confirmed the proposal to consult on the possible re-provision of the services provided at the Melrose day centre in Shotton.

2.02 Day services for older people are provided 5 days per week in four main centres, The Melrose Centre, Marleyfield House Day Centre, Croes Atti Day Centre and The Old Brewery. Services run in the main Monday -Friday from 9am – 5pm.

2.03 The service provides both dementia and generic day care across all of the centres on discreet/dedicated day. Day services are very much a part of the strategy to keep keeping people at home for as long as possible. It meets the needs for respite care provided to support carers as well as the cared for. The average age of people attending day services is 85.

2.04 Over the past 12 months occupancy levels for in house day care have dropped. This could be for a number of reasons, including change in transport arrangements, increase of direct payments, the establishments of community based activities/support and more use of alternative provision such as The Windmill an independent sector day centre in Buckley. The trend indicates a reduction in the number of people requiring generic support with consistency in the number of people with dementia.

2.05 Given that the Melrose Centre supports mostly generic day care and

the building is in need of significant capital funding, it makes sense to review the centre's future and reconsider the needs of those currently attending the Melrose centre and where appropriate offer alternative support. This could be in another placement, a direct payment or support to access community based services.

- 2.06 The attached consultation document details the four consultation options and options summaries.

### **3.00 CONSIDERATIONS**

#### **CONSULTATION - KEY POINTS**

- 3.01 The formal consultation began with two consultation events held on 3<sup>rd</sup> and 4<sup>th</sup> February 2015. Attendance at both events was good with over 70% of service users and their families attending the consultation events.

- 3.02 In addition to the group consultations, face to face consultations also took place, we have also received a number of letters and emails from service users and families.

- 3.03 The 4 options considered were

- Invest in the refurbishment of the Melrose Centre and continue as is.
- Transfer the day services to a new organisation that is which is independent from the Council.
- Transfer current day service users to other day services in Flintshire.
- Actively support individuals to arrange their own day services through the use of Direct Payments and Managed Accounts.

More detailed information about the 4 options can be found in Appendix 1

- 3.04 There was opportunity for individuals and their families to hear from the voluntary sector. The information provided by Flintshire Local Voluntary Council (FLVC) and the North East Wales Carer information Service (NEWCIS) about other groups and opportunities within Flintshire was considered helpful to individuals and their families.

#### **Consultation outcomes in summary**

- 3.05 Over 75% of Melrose service users and their families took part of the consultation process.
- 3.06 Option one was the most popular option with 100% of those

consulted, maintaining that the Melrose Centre should be kept open as a day centre and that the Council should invest in the building making it fit for purpose, that services should remain as they are, and the Council should find other efficiencies to meet the funding gap.

- 3.07 Option two was strongly the second favoured option. A requirement for the service users and their families, was that this option would need to accommodate all service users within any new premises.
- 3.08 Option three was supported by some people.
- 3.09 Option four is not an option that individuals want to pursue however, some families took information away with them to consider for the future.
- 3.10 Alternative sustainable models the future will be explored with service users with the support of the voluntary sector.

Option 2 was strongly the second favoured option. A requirement for the service users and their families, was that this option would need to accommodate all service users within any new premises.

#### **4.00 RECOMMENDATIONS**

- 4.01 That committee note the outcome of the consultation and the intention to proceed with Option 2 to transfer the service to a new organisation.
- 4.02 That committee note that Option 3 - transfer of day care to other Local Authority Day Centres, will also be used, as governed by the choice of service users.

#### **5.00 FINANCIAL IMPLICATIONS**

- 5.01 The proposed change to day care services will achieve £130k efficiency already planned in the council's annual budget.

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

- 6.01 There is no significant input.

#### **7.00 ENVIRONMENTAL IMPACT**

- 7.01 A report has been presented to the Asset Management Group regarding the Melrose Centre being surplus to Social Service requirements.

#### **8.00 EQUALITIES IMPACT**

- 8.01 An initial scoping exercise has been undertaken, and the assessment confirmed that there would be minimal impact to service users, this is

because a service will be maintained, operating from a building which is fit for purpose.

The consultation has offered choices for individuals and this meets with the requirements of the Social Services and Well-being Act.

#### **9.00 PERSONNEL IMPLICATIONS**

9.01 There are 5 staff, on variety of contract hours, to consider as part of the proposed closure. Meetings have been held and formal Individual Consultation meetings are being progressed.

9.02 T.U.P.E forms part of the negotiations for any service transfer. However, it is envisaged that these staff will choose to be redeployed into vacant posts within other service areas.

#### **10.00 CONSULTATION REQUIRED**

10.01 To consult with key stakeholders, staff, service users.

#### **11.00 CONSULTATION UNDERTAKEN**

11.01 Full consultation with key stakeholders, staff, service users undertaken.

#### **12.00 APPENDICES**

12.01 Melrose consultation – summary of actions

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

None.

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## Melrose Consultation - Summary of options

## Appendix 1

Option	Option Summary	Key Points for Consideration	Impact / risks
<p><b>Option one</b> - Invest in the refurbishment of the Melrose Centre and continue as is.</p>	<p>Concern was raised regarding the condition of the building and why the Council has not maintained the building to an acceptable standard. Individuals felt that the condition of the building was being used as an excuse to close the centre and that the condition of the Melrose was not really as bad as the council were making out. A comment was made that the condition survey related to 2011 if this deemed the Melrose building as poor and in need of capital investment why had it taken a number of years to get to this position, the service has been running in the building as it is when allegedly unfit for purpose all this time.</p> <p>Questions were asked with regard to the asset, and what will happen to the asset if it is no longer a day centre. There was concern regarding Council's responsibility to ensure it doesn't become an eyesore within the community.</p> <p>Questions were asked about the centre and how much will it cost the Council to moth ball and manage the asset once closed in terms of local vandalism in the area and general upkeep.</p> <p>The overwhelming issue raised was in relation to the staff and the care and support provided by the Melrose staff team, service users and families were 100% in favour of keeping the staff team. Individuals and their families told us that they would "put up with" closing the Melrose and moving to a new building, as long as the staff team would continue to support and deliver the service. All individual and their families raised major concerns regarding the suggestion of independent sector provision.</p> <p>100% of those consulted with considered the most favourable option was to reinvest and keep the Melrose Centre open and continue as is.</p>	<p>Supporting this option will incur costs of approximately £90k capital investment to bring the building to an acceptable standard that will meet future needs. In addition the service will not achieve the £130k efficiency savings.</p>	<p>The risk to keeping the Melrose Centre open and investing in refurbishment would not achieve the efficiency saving.</p> <p><b>The risk to choosing this option is Moderate</b></p>

Option	Option Summary	Key points for consideration	Impact / risks
<p><b>Option two</b> - Transfer the day service to a new organisation which is independent from the Council.</p>	<p>100% of those consulted felt that this option could be considered if and only if the staff team would continue to provide support.</p> <p>100% of those consulted maintained that the care and support provided by the staff group was essential to their well-being. Having a staff team they had confidence in was the most important part of the day service.</p> <p>100% of those consulted maintained that independent sector providers would not be able to provide the same or similar trained staff. Individuals felt that the terms and conditions of independent sector providers did not encourage quality of provision.</p> <p>The overall majority of individuals felt that option two would be acceptable, if any new provider could accommodate all the day care centre users. The community spirit, and camaraderie was vital to the success of the day service. The relationships and networks with one another and with the staff was of critical importance to all.</p> <p>Individuals, their families and carers told us that they would have peace of mind if the in house staff team could continue to provide the service.</p> <p>The overwhelming majority would support a transfer to a new provider (building only) but would not support this option if the staff do not move with them.</p>	<p>Supporting this option could achieve the desired outcome, it would meet the needs of most people.</p> <p>Should Members agree to maintain this as an in house service at the request of 100 % the £130k saving will not be achieved, in addition the council may incur a cost of renting space for day centre usage from a provider. .</p>	<p>The transfer of day services to a new centre will provide an improved enhanced environment for day service users.</p> <p>Closing the Melrose centre would have a low impact on people. A day service will still be provided and assessed needs will still be met, by an independent care provider.</p> <p>Service users could be involved in the recruitment of any new staff employed by the Independent sector providers.</p> <p><b>Risk – Minor</b></p>
<p><b>Option</b></p>	<p><b>Option Summary</b></p>	<p><b>Key Points for Consideration</b></p>	<p><b>Impact / risks</b></p>
<p><b>Option three</b> - Transfer the</p>	<p>This option was discussed in some detail, it was explained</p>		<p>The transfer to alternative</p>



## Melrose Consultation - Summary of options

## Appendix 1

<p>current day service users to other day services in Flintshire.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 89</p>	<p>that whilst this was an option for some people, the service could not accommodate all individuals, it was confirmed that there are day care spaces at Croes Atti in Flint, and some day care spaces at Marleyfield House in Buckley.</p> <p>It was confirmed that these centres are currently Council run</p> <p>Some families were seeking assurances that Croes Atti and Marleyfield House would be a long term option given the recent press coverage on care home closures. The majority of people were concerned that if they chose this as an option, they may be in a similar position in 12 months time.</p> <p>Some individuals felt that this might be an option they would want to consider, given that these centres are Council run, and recognised that their own circumstances might change over time.</p> <p>This option will be considered by some as a suitable option for them.</p>		<p>in house day services provided at Croes Atti and Marleyfield House, can be accommodated and arranged on an individual bases .</p> <p>This option can be achieved with the time scales this would be a personal choice option.</p> <p>This option can run in parallel with option 2</p> <p><b>Risk – Insignificant</b></p>
<p><b>Option four</b> - Actively support individuals to arrange their own day services through the use of Direct Payments and Managed Accounts.</p>	<p>The direct payment option was explained in detail, however this option was not seen as a solution for the client group. The overwhelming majority of the client group are over the age of 87 years and individuals felt the knowledge, effort and change would be too great a burden for them and their families / cares to manage.</p>	<p>Individual would find this option difficult to understand, the times and opportunities for individuals may be limited, however this option can be discussed with individuals and their families.</p>	<p>This option forms part of the range of options for individuals to choose from, and should not be seen in isolation.</p> <p><b>Risk – Moderate if this was the only option supported by members</b></p>

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## FLINTSHIRE COUNTY COUNCIL

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

**DATE:** **THURSDAY 14<sup>TH</sup> MAY, 2015**

**REPORT BY:** **SOCIAL CARE & ENVIRONMENT 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 for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:

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

### **3.00 CONSIDERATIONS**

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**

5.01 None as a result of this report.

**6.00 ANTI POVERTY IMPACT**

6.01 None as a result of this report.

**7.00 ENVIRONMENTAL IMPACT**

7.01 None as a result of this report.

**8.00 EQUALITIES IMPACT**

8.01 None as a result of this report.

**9.00 PERSONNEL IMPLICATIONS**

9.01 None as a result of this report.

**10.00 CONSULTATION REQUIRED**

10.01 N/A.

**11.00 CONSULTATION UNDERTAKEN**

11.01 Publication of this report constitutes consultation.

**12.00 APPENDICES**

12.01 Appendix 1 – Forward Work Programme

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

None.

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**CURRENT FWP**

<b>Date of meeting</b>	<b>Subject</b>	<b>Purpose of Report</b>	<b>Scrutiny Focus</b>	<b>Responsible / Contact Officer</b>	<b>Submission Deadline</b>
<b>4 June 2015</b>  <b>Joint meeting with Lifelong Learning OSC</b>	<b>Corporate Parenting and Safeguarding and Child Protection</b>	To advise and report on the progress of corporate parenting within the Local Authority.	Performance Monitoring	Chief Officer Social Services	<b>27 May 2015</b>
	<b>Educational Attainment for Looked After Children</b>	To update Members on the attainment of Looked After Children in Flintshire.	Performance Monitoring	Chief Officer Education & Youth	
	<b>Hearing Impairment for Adults and Children</b>	To provide Members with information regarding current provision and support to children and adults with a hearing impairment in Flintshire.	Service Delivery	Chief Officer Social Services / Chief Officer Education & Youth	
	<b>Children &amp; Young Peoples Partnership and Flying Start Programme</b>	To provide Members with information on the Children and Young Peoples Partnership and Flying Start Programme	Service Delivery	Chief Officer Education & Youth	

<p><b>Thursday 18 June 2015 10.00 a.m.</b></p>	<p><b>Year End and Quarter 4 Performance Reporting</b></p> <p><b>CSSIW Safeguarding and Care Planning Looked After Children progress report to include update on the demands on Children’s Services</b></p> <p><b>Consultation Response - Melrose</b></p> <p><b>Complaints &amp; Compliments - lessons learned</b></p>	<p>To enable members to fulfil their scrutiny role in relation to performance monitoring.</p> <p>To receive a progress report</p> <p>To receive a report regarding the consultation responses received regarding Melrose</p> <p>To receive a report on the compliments, representations and complaints received by Social Services for the year April 2014 – March 2015.</p>	<p>Performance Monitoring</p> <p>Service Delivery</p> <p>Service Delivery</p> <p>Performance Monitoring</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	
<p><b>Thursday 23 July 2015 10.00 a.m.</b></p>	<p><b>Fostering Services Inspection Report</b></p> <p><b>Review of Adoption Services following implementation.</b></p>	<p>To receive a report on the CSSIW Fostering Services Inspection Report</p> <p>Progress report on the Adoption Services</p>	<p>Performance Monitoring</p> <p>Progress monitoring</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	

**Regular Item**

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

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**Joint meeting with Housing**

Extra Care/Telehealth/DFG's (joined up approach) telecare (including multi-room sensor pilot/video-based alarm facility) Homelessness

**Items to be scheduled**

Community First Responders  
Silverline

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