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Chief Officer (Governance)
Prif Swyddog (Llywodraethu)



To: Cllr Carol Ellis (Chair)

CS/NG

Councillors: Adele Davies-Cooke,
Andy Dunbobbin, Veronica Gay, David Healey,
Cindy Hinds, Hilary Isherwood, Brian Lloyd,
Mike Lowe, Hilary McGuill, Dave Mackie,
Mike Reece, Ian Smith, Carolyn Thomas and
David Wisinger

12 June 2015

Sharon Thomas 01352 702324
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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, 18TH JUNE, 2015** at **10.00 AM** to consider the following items.

*** Members of the Committee are reminded that a Member Profile training session will be held at the rise of the meeting.**

Yours faithfully

Democracy & Governance Manager

A G E N D A

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
- 3 **MINUTES** (Pages 3 - 8)
To confirm as a correct record the minutes of the meeting held on 14 May 2015.
- 4 **ANNUAL REPORT ON THE SOCIAL SERVICES REPRESENTATIONS AND COMPLAINTS PROCEDURE 2014-15** (Pages 9 - 30)
Report of Chief Officer (Social Services) enclosed.

- 5 **YEAR END CHIEF OFFICER PERFORMANCE REPORT** (Pages 31 - 50)
Report of Environment and Social Care Overview and Scrutiny Facilitator enclosed.
- 6 **YEAR END IMPROVEMENT PLAN MONITORING REPORTS** (Pages 51 - 82)
Report of Environment and Social Care Overview and Scrutiny Facilitator enclosed.
- 7 **ROTA VISITS**
To receive a verbal report from Members of the Committee.
- 8 **FORWARD WORK PROGRAMME** (Pages 83 - 88)
Report of Environment and Social Care Overview and Scrutiny Facilitator enclosed.

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **14 MAY 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, 14 May 2015

PRESENT: Councillor Carol Ellis (Chair)

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

SUBSTITUTIONS: Councillors Amanda Bragg (for Councillor Hilary McGuill), Ian Dunbar (for Councillor Peter Curtis), and Paul Shotton (for Councillor Mike Lowe)

APOLOGIES: Councillors Veronica Gay, Hilary Isherwood, and Brian Lloyd

CONTRIBUTORS: Cabinet Member for Social Services, Chief Officer (Social Services), Senior Manager Commissioning, Provider Services Manager, Well Being and Partnership Lead, and Older Peoples Strategy Co-ordinator

IN ATTENDANCE: Member Engagement Manager and Committee Officer

1. APPOINTMENT OF CHAIR

The Member Engagement Manager advised that Councillor Carol Ellis had been reappointed to this role at the Annual Meeting.

RESOLVED:

That the Committee noted the appointment of Chair.

2. APPOINTMENT OF VICE CHAIR

The Chair sought nominations for a Vice-Chairman for the Committee.

Councillor David Wisinger nominated Councillor Andy Dunbobbin as Vice-Chair of the Committee and this was duly seconded by Councillor Ian Dunbar.

RESOLVED:

That Councillor Andy Dunbobbin be appointed Vice-Chair of the Committee for the ensuing municipal year.

3. DECLARATIONS OF INTEREST

No declarations of interest were made.

4. MINUTES

The minutes of the meetings held on 9 and 16 April 2015 had been circulated with the agenda.

RESOLVED:

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

5. TERMS OF REFERENCE OF THE COMMITTEE

The Member Engagement Manager provided background information and advised that the Constitution Committee had approved a new structure and terms of reference for the Overview & Scrutiny committees. The recommendations following the Overview & Scrutiny structure review were submitted to County Council at the Annual Meeting on 12 May 2015.

The Member Engagement Manager explained that the terms of reference of the Committee were appended to the report and that the responsibilities of the Committee had not changed from those of the Social & Health Care Overview & Scrutiny Committee in the previous structure.

RESOLVED:

That the report be received.

6. ANNUAL COUNCIL REPORTING FRAMEWORK

The Chief Officer (Social Services) introduced a report on the draft annual report on the effectiveness of the Authority's social care services and priorities for improvement.

The Chief Officer provided background information and reported that the Annual Report had 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 were aligned to the priorities contained within the Social Services Business Plan for 2015/16 and associated efficiency plans. He explained that a Member Task and Finish Group had shaped the key messages contained within the Report. He gave an overview of the main considerations which were detailed in the report and referred to the key improvement priorities for 2015/16.

The Chief Officer referred to the draft Annual Report and the findings of the Annual Improvement Report from the Wales Audit Office which was received in March 2015. He also commented on the Social Services and Wellbeing Act (2014) which was passed into statute last year and would be fully implemented by April 2016. The Chief Officer drew attention to the Corporate priorities and the work done to fulfil them. He also commented on the value of quality feedback from service users and highlighted examples of

some of the things reported and the action taken to address the matters raised.

The Chair invited Members to raise questions.

Councillor Dave Mackie welcomed the report. He referred to the concerns he had raised previously around the format and printing of the Report and was reassured by Officers that his suggestions had been taken on board.

Councillor Ian Dunbar expressed concerns around the length of the adoption process and cited an example of prospective parents who had become disillusioned as a result of delays in the adoption process. In his response the Chief Officer advised that the Welsh Government insisted on a national approach around adoption and said there was a strong North Wales Association. He acknowledged the points raised and reported that processes were improving as the Authority sort to strengthen the approach around adoption. He referred to the need to adhere to court proceedings and commented that the actual timelines of responsibility for adoption in North Wales were as good as elsewhere.

Councillor Dave Mackie suggested that the example cited by Councillor Dunbar highlighted the need to keep people fully informed of progress and the reasons for any delay in the process.

In response to the further request from Councillor Dunbar for an update on the remodelling of dementia services, the Provider Services Manager advised that the Flintshire integrated Health and Social Care dementia action plan aimed to take forward seven key themes and reported on the work that had been taken place over the last year. She explained that the outcomes of the action plan would make a difference to people living with dementia by removing the loneliness and stigma attached to it.

Councillor Andy Dunbobbin spoke in support of the Dementia training provided and said he had found it useful. He suggested that all Members should be aware of the opportunity to attend the training.

The Senior Manager Commissioning reported on work undertaken with specialists in dementia care and domiciliary providers in the independent sector, to develop a 'one page' profile for each person to identify the things that were important to them so that the services provided were responsive to the individual's own needs.

RESOLVED:

That the Committee is satisfied that the draft report provides an accurate and clear account of social care in Flintshire.

7. OLDER PEOPLE STRATEGY AND ASSOCIATED DEVELOPMENTS

The Chief Officer (Social Services) introduced a report on the Local Authority's response to the Older People's Strategy and a number of associated developments. He introduced Karen Chambers, Well Being and Partnership Lead, and invited her to present the report.

The Well Being and Partnership Lead, provided background information and referred to the key considerations which were detailed in the report. She reported that a significant development at local level was the development of an Ageing Well in Flintshire Plan as part of a national approach led by the Older People's Commissioner for Wales. Whilst the Ageing Well in Flintshire Plan would build on work that the Authority was doing and outlined what it would need to do with partners for the betterment of people's wellbeing as they aged, it would also lead to benefits for individuals and communities across their life course. The Plan was being developed with input from colleagues from across the Council who would be instrumental in ensuring that the commitments made could be realised.

The Cabinet Member for Social Services paid tribute to the "good" work taking place for older people across Flintshire and referred to the increase in the number of 50+ Groups. She expressed her appreciation to Officers and their teams for their hardwork and commitment.

Councillor Dave Mackie reiterated the Cabinet Member's praise for 50+ Groups, however, he highlighted the challenges concerning a lack of volunteers and issues around transport. He commented on the difficulties experienced by some older people travelling to Group meetings and events.

RESOLVED

- 4.01 That Members are assured that older people's needs are adequately and appropriately considered at all levels within the Local Authority; and
- 4.02 That Members welcomed the content of the update and agree future annual updates on progress against the Ageing Well in Flintshire plan

8. MELROSE CONSULTATION

The Chief Officer (Social Services) introduced a report on the outcome of the consultation in order for the Committee to consider and comment on it. He provided background information and commented that every effort had been made to consult with user services and their families. The Chief Officer introduced Susie Lunt, Provider Services Manager, and invited her to give an overview of the key points around the consultation exercise.

The Provider Services Manager advised that formal consultation had taken place with two events held on 3 and 4 February 2015. She explained that in addition to group consultations, face to face consultations had been

held and written communications received from service users and their families. She outlined the four options under consideration and reported on the outcomes of the consultation which were summarised in the report. She advised that Option 1 had been fully supported, and that Option 2 was the second favoured option. She advised that it was a requirement for the service users and their families that Option 2 would need to accommodate all service users within any new premises.

During discussion the Provider Services Manager responded to the questions and concerns raised by Members. She explained that the Melrose Centre building had deteriorated and was in need of significant capital funding to make 'fit for purpose' in the future and therefore in view of the current financial restraints was no longer considered a realistic option.

The Chair expressed concerns around access to transport and associated cost for service users who wished to access day services in other areas. She asked that this be looked at sympathetically so that service users were not disadvantaged as a result of travelling costs. The Provider Services Manager advised that a transport policy was in place and that applications for assistance would be treated sympathetically.

RESOLVED:

- (a) That having regard to the outcome of the consultation, the Committee endorses the intention to proceed with Option 2, to transfer the service to a new organisation; and
- (b) That the Committee agrees 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.

9. ROTA VISITS

Councillors David Wisinger and Christine Jones, Cabinet Member for Social Services, reported on their visit to Double-Click which was based in Deeside. Both spoke in support of their visit which had been enjoyable and said very positive outcomes were being achieved. The Chief Officer (Social Services) advised that Double Click had been recommended to Gwenda Thomas, Assembly Minister and former Deputy Minister for Health and Social Services, as an example of social enterprise.

Councillors David Wisinger and Christine Jones also provided positive feedback on their visit to Tri Ffordd. They reported that the issue of lack of access to Wifi had been raised and asked if any support could be provided with this. The Chief Officer (Social Services) agreed to raise the matter with the I.T. section and report back to the Committee.

RESOLVED:

That the updates be received.

10. FORWARD WORK PROGRAMME

The Member Engagement Manager introduced a report to enable the Committee to consider the Forward Work Programme.

The Member Engagement Manager advised that as the Terms of Reference for the Committee had remained unchanged the Forward Work Programme was also unchanged, except for the removal of the item on the Melrose Centre which was considered at today's meeting. He reminded Members that the next meeting of the Committee to be held on 4 June 2015 would be a joint meeting with the Education and Youth Overview & Scrutiny Committee.

Councillor Christine Jones took the opportunity to inform Members that training on Corporate Parenting was to be held on 9 June 2015 at 9.30. a.m.

RESOLVED:

- (a) That the Forward Work Programme as submitted be approved, with the removal of the Melrose item from 18 June 2015 which had already been considered; and
- (b) That the Committee notes the Corporate Parenting training to be held on 9 June 2015 at 9.30a.m.

11. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was one member of the press and no members of the public in attendance.

(The meeting started at 2.00pm and ended at 3.18p.m.)

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Chair

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY, 18 JUNE 2015**

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

SUBJECT: **ANNUAL REPORT ON THE SOCIAL SERVICES REPRESENTATIONS AND COMPLAINTS PROCEDURE 2014 -15**

1.00 PURPOSE OF REPORT

1.01 To report on the compliments, representations and complaints received by Adult and Children Social Services for the year 1 April 2014 to 31 March 2015.

2.00 BACKGROUND

2.01 The Health and Social Care (Community Health and Standards) Act 2014, the Children Act (1989) and Adoption and Children Act (2002) requires Local Authorities to maintain a representations and complaints procedure for social services functions (referred to as the “procedure” from now on). The Welsh Government expects each Local Authority to report annually on its operation of the procedure.

2.02 Regulations underpinning the representations and complaints procedure were revised in August 2014 by the Welsh Government, removing the requirement for Stage 3 (Welsh Government appointed Independent Panel). Once the procedure has been exhausted, the complainant has the right to approach the Public Service Ombudsman for Wales’ Office. It is intended these Regulations will be revised again by Welsh Government following the enactment of the Social Services and Well-being (Wales) Act 2014.

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

3.00 CONSIDERATIONS

3.01 As part of our day to day business staff deal with questions, concerns, problems, dissatisfaction, and general feedback which frequently includes praise. We encourage staff to listen to people, to explain

decisions, to clarify where misunderstandings have arisen and to take action to put things right where they can. This approach enables us to provide a responsive and effective service. However, we recognise that there will also be complaints that we need to listen to, address and learn from.

- 3.02 Our assessment is that Social Services has a robust complaints procedure in place. We welcome complaints and want to ensure service users, carers and families are listened to, their views acted upon, and that receive a timely and open response. Staff and Managers work hard to resolve problems as soon as they arise. As part of our wider approach to quality assurance all complaints are reviewed to bring together information about the overall quality of services, to identify trends, and action required including any lessons learned to avoid similar issues arising again.

**Review of Complaints and Compliments –
ADULT SOCIAL SERVICES**
Overview of Complaints

- 3.03 56 complaints were received in the year, a slight reduction in the number received during 2013-14 (62), and slightly up from 2012-13 (51). This small number of complaints should be considered in the context of the 4,182 supported in 2014/15.
- 3.04 3 complaints in the year progressed to Stage 2 of the procedure (independent investigation), compared to last year's 4. These complaints were responded to at Stage 1, but the complainants remained dissatisfied with the responses provided and requested independent oversight (see appendix 3 for further details).
- 3.05 It is pleasing to report that prior to the new Regulations being implemented in August 2014, no (zero) complaints progressed to Stage 3 of the procedure (Independent Panel Hearing convened on behalf of the Welsh Government). In addition, no (zero) complaints were investigated by the Public Services Ombudsman for Wales during the year.
- 3.06 Looking back further to when the Welsh Government guidance regarding Social Services complaints was revised in 2006, generally the Service has seen a gradual fall in the number of complaints being made which reflects the efforts social work staff and Managers put into resolving issues/concerns quickly with service users and families.
- 3.07 3 complaints related to dignity (2 involving registered providers and 1 involving Adult Social Services).

Services complained about:

Service	2014-15	2013-14	2012-13
Older People – Localities	3	11	9
Older People – Intake and Reablement	3	7	5
Private care homes	8*	5	9
Private domiciliary providers	6	4	
Learning Disability	21	15	15
Mental Health and Substance Misuse	3	4	4
Occupational Therapy	3	3	2
Physical Disability and Sensory Impairment	4	5	2
Other (inc. Business Support Services etc.)	5	8	5
Total number of complaints	56	62	51
Total number of service users	4,182	4,628	7,722

**2 complaints withdrawn but were still looked into*

- 3.08 For most service areas the number of complaints has remained relatively consistent. Over the last year there has been a reduction in complaints made in Older People’s Services. Interestingly in this service area we have been introducing a new approach to our assessments and conversations which focus on ‘what matters’ to the individual person, with a strong focus on delivering personal outcomes. Complaints relating to the Learning Disability Service and Registered Providers have seen relatively modest increases. Within the Learning Disability Service, this increase is attributed to the number of complaints/appeals made against the Service’s re-allocation of respite nights for families, some of whom received a decrease following a reassessment of their individual needs (see Appendix 1 for a summary of the appeal outcomes).
- 3.09 There are no specific emerging trends arising from complaints made in relation to Registered Providers. The complaints are shared with the Contracts Monitoring Team who visit Registered Providers on a regular basis to ensure their contractual obligations are being fulfilled.

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

3.10 Methods used to resolve a complaint.

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

- a. A meeting or conversation with the complainant to discuss their concerns
- b. Involving Advocates and self-advocacy groups
- c. A written explanation as to the reasons for a decision
- d. An apology where appropriate
- e. Action taken to review a decision
- f. Independent investigation (Stage 2 of the procedure)

Timescales

3.11 The new Regulations place a duty to discuss and resolve any complaint within 10 working days and write formally to the complainant confirming the outcomes. There is a 25 working day timescale for Stage 2 complaints.

Adult Social Services	2014-15	2013-14	2012-13
Within timescale for Stage 1	95%	92%	86%

3.12 It is pleasing to see Adult Social Services continue to improve their timeliness of responding to complaints. Where timescales need to be extended and complainants are kept informed during the course of their complaint.

3.13 2 Stage 2 complaint investigations were completed within the statutory timescale. The timescale for the other Stage 2 complaint investigation was extended to accommodate family members who wished to be part of the investigation.

Outcomes / Lessons Learned

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

- a. A lean review of the direct payment process now ensures all involved in such arrangements are aware of any Health funding.
- b. A checklist has been drawn up for every direct payment application and any application not completed within 2 months is reviewed by the Team/Service Manager.
- c. The short term care toolkit has been reviewed.
- d. Information leaflets revised following new Regulations.

Compliments – Adult Social Services

- 3.15 It is pleasing to report that Adult Social Services received 194 compliments during the year, an increase in previous years. Compliments are received in the form of cards, letters or emails from service users or their families when they recognise staff have done “over and above” what is expected. The number of compliments recorded within each area of work is shown in the following table:

Service	2014-15	2013-14	2012-13
Older People – Localities	27	12	18
Older People – Intake and Reablement	95	83	53
Independent Sector	2	3	2
Learning Disability	4	16	9
Mental Health and Substance Misuse	31	21	22
Occupational Therapy	16	14	16
Physical Disability and Sensory Impairment	2	4	7
Other	17	16	13
Total	194	169	140

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

Review of Complaints and Compliments – CHILDREN’S SOCIAL SERVICES

Overview of Complaints – Children’s Social Services

- 3.16 48 complaints were received during the year compared to 87 in 2013-14 and 57 during 2012-13. It is the case that the previous period of 2013-14 saw a significant increase in complaints which was partly attributed to the Department being involved in Court proceedings with families at a time when Legal Aid was withdrawn across England and Wales. It would appear this trend is now being managed through.
- 3.17 5 young people made a complaint during the year and all issues were responded to and resolved without the need for Stage 2 (Independent Investigation).

3.18 **Stage 2 Independent Investigation**

3 complaints progressed to Stage 2 (Independent Investigation):

- 2 complaints came from parents and
- 1 complaint was made by foster carers.

2 of these complaints were responded to at Stage 1 but the complainants remained dissatisfied.

1 complaint made by foster carers progressed straight to Stage 2 due to its complexity. Complaints for this Service have greatly reduced as there were 7 complaints during 2013-14 and 5 in 2012-13.

Appendix 3 provides details of stage 2 complaints.

Stage 3: Panel Consideration

3.19 Prior to the new Regulations, 1 complaint was considered at Stage 3 (Independent Panel). The Panel did not uphold the complaint.

Ombudsman

3.20 No (zero) complaints were considered by the Ombudsman during the year.

Advocacy Support

3.21 4 of the 5 young people who complained were supported by an Advocate from the National Youth Advocacy Service (N.Y.A.S.). The 1 not supported was referred but chose not to take up.

3.22 3 parent complainants were also supported by either N.Y.A.S. or the Flintshire Advocacy Service with their complaints. 2 parent complainants were supported by Advocates at Stage 2.

Services complained about:

Service	2014-15	2013-14	2012-13
Childcare Fieldwork	36	67	36
Resources	8	8	9
*Other	4	12	12
Total number of complaints	48	87	57
Total number of referrals	1,825	1,220	709

* Other includes: Safeguarding Unit, Emergency Duty Team etc.

3.23 Last year saw a significant spike in the number of complaints involving Fieldwork, so it is pleasing to see some similarity with previous years. Complaints involving Resources are consistent year on year.

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

3.24 Methods used to resolve a complaint

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

1. A meeting or conversation with the complainant to discuss their concerns
2. Involving an Advocate to support an individual.
3. Taking action in light of any decision reached.
4. Referring the complainant for an independent Stage 2 investigation.
5. Complainants receive a formal written letter confirming the outcome of their complaint.

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

3.25 Outcomes / Lessons Learned

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

1. Reviewing the timeliness of holding Disruption Meetings so the issues to be discussed are fresh in people’s minds, and the process itself is more meaningful and effective for all involved.
2. Arrangements are now in place to use Action for Children premises at set times for contact as they are more child friendly.
3. Guidance published regarding decision making in respect of Child Protection and the convening of Section 4 Meetings.
4. Information booklets for services being revised.

3.26 Timescales

Children’s Social Services	2014-15	2013-14	2012-13
Within timescale for Stage 1	79%	75%	80%

There was a slight improvement during the year compared to last years, but this area continues to be the focus for improvement. Of the 10 complaints that were late, their reasons included:

1. Complications due to forthcoming child protection investigation.
2. A complex legal matter with possible financial implications.
3. Key staff being on leave.
4. Late due to other completing work demands.

The Complaints Officer is proactive with Managers in resolving complaints within the timescale.

2 of the 3 Stage 2 complaints were investigated within timescale. 1 was late and an apology was made.

3.27 **Compliments – Children’s Social Services**

Children’s Social Services recorded 77 compliments during the year from families and the Courts. They were in the form of cards and letters or praise expressed during Court proceedings. The number of compliments recorded within each area of work is shown in the table below:

Service	2014-15	2013-14	2012-13
Childcare Fieldwork	14	40	22
Resources	17	9	29
Other	46	25	16
Total number of compliments	77	74	67

3.28 **Other Developments Across Adult and Children’s Social Services**

1. Procedures for staff and public information literature has been revised following the new Regulations.
2. Training for Managers and Senior Practitioners has also been revised.
3. A new Participation Officer has been appointed to take forward the work of the valued participation groups.

The Complaints Officer continues to be a member of the participation groups for Children’s Social Services and the advocacy group for adults with a learning disability.

4.00 **RECOMMENDATIONS**

- 4.01 That Members scrutinise the effectiveness of the complaints procedure with lessons being learnt to improve service provision.

5.00 FINANCIAL IMPLICATIONS

- 5.01 The revised Regulations state all Stage 2 complaints involving both Adult and Children's Social Services are commissioned to Independent Investigators (and an Independent Person for Children's Social Services as set out in the Children Act, 1989).
- 5.02 The total cost of the 3 Stage 2 investigations for the year for Adult Social Services was £2,655.40. The cost for 2013-14 was £2,870.75 and the cost for 2012-13 was £3,969.20.
- 5.03 The total cost of the 3 Stage 2 investigations for Children's Social Services was lower than previous years at £4,328.95. The cost for 2013-14 was £9,642.74 and the cost for 2012-13 was £8,964.45.

6.00 ANTI POVERTY IMPACT

- 6.01 No direct impact.

7.00 ENVIRONMENTAL IMPACT

- 7.01 No direct impact.

8.00 EQUALITIES IMPACT

- 8.01 No direct impact.

9.00 PERSONNEL IMPLICATIONS

- 9.01 No direct impact.

10.00 CONSULTATION REQUIRED

- 10.01 None required.

11.00 CONSULTATION UNDERTAKEN

- 11.01 None required

12.00 APPENDICES

- 12.01 Appendix 1: Summary of complaints across service areas (Adult Social Services)
- 12.02 Appendix 2: Summary of complaints across service areas (Children's Social Services)
- 12.03 Appendix 3: Summary of all Stage 2 Independent Investigations and their outcomes

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS

Background Documents:

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

Contact Officer: **Ian Maclaren**
Telephone: **x2623**
E.mail: **ian.maclaren@flintshire.gov.uk**

Adult Social Services
Summary of complaints received across service areas 2014-15

1. Older People – Localities
 - 1.1 There were 5 complaints received at Stage 1 of the Complaints Procedure (compared to last year's 11). They included:
 - i. dissatisfaction with care arrangements
 - ii. an appeal against respite nights
 - iii. of being wrongly accused of a safeguarding issue
 - 1.2 These were resolved by:
 - i. providing support to an individual in their ownhome with a package of support.
 - ii. revised respite allocation.
 - iii. explaining our duty to investigate safeguarding allegations.
2. Older People - Intake and Reablement
 - 2.1 3 complaints were received at Stage 1 (compared to last year's 7), including:
 - i. being discharged from a rehab unit too early
 - ii. lack of clarity and detail about the care arrangements of a case.
 - iii. lack of action taken following a fall at a Council home.
 - 2.2 These were resolved by:
 - i. apologising for any distress caused on day of discharge and an undertaking to do a further assessment at home.
 - ii. explaining who all members of care staff were, their times of visits and how rota visits were drawn up.
 - iii. improved our processes regarding handheld alarms.
3. Privately Registered Homes
 - 3.1 8 complaints were made during the year. 2 complaints were withdrawn but continued to be investigated by the Provider to ensure there were indeed no issues. Most complaints were resolved to the satisfaction of the complainants. The complaints included:
 - i. personal clothing being given to charity without the permission of family members.
 - ii. personal possessions going missing or clothing found on other residents.
 - iii. resident allegedly tripping on room carpet divider and the home's actions at the time.

3.2 All registered Providers responded directly to the complainant in a timely manner. Responses to complaints included:

- i. apology made for any misunderstanding as staff believed items not collected by family as unwanted. Procedures to be reviewed.
- ii. apology made and inventory processes were reviewed regarding personal possessions.

3.3 3 of the 8 complaints made included concerns about care and (potential) harm being suffered. These were subject to P.O.V.A. (Protection of Vulnerable Adults) investigations and associated action. The POVA findings were that:

- i. 1 allegation was unlikely on the balance of probability
- ii. 2 allegations were proven.

4. Privately Registered Domiciliary Providers

4.1 6 complaints made during the year, a small increase compared to the previous year's 4 complaints. All complaints were resolved. Complaints included:

- i. carers being changed all at once meaning no consistency
- ii. carers failing to attend to service users' appointments.
- iii. lack of healthy or nutritional meals.

4.2 All registered Providers responded directly to the complainant in a timely manner. Responses to complaints included:

- i. one carer reinstated with an explanation that time was needed for new carers to establish their relationship.
- ii. in terms of missed visits, an apology was made for one missed visit and weekend support reviewed. Alternative arrangements to cover missed appointments were made at the time but not taken up by family.
- iii. reassurances made that healthier and more nutritional meals would be provided in future as support had been reviewed.

5. Learning Disability

5.1 13 of the 21 complaints received were appeals against the Service's reassessment of individual circumstances leading to a reduction of respite nights.

5.2 These were all reviewed; 7 to the satisfaction of families, but 6 families challenged the decisions made. A series of independent appeal panels, chaired by a non-Council Officer and attended by independent Advocates, was convened with parents invited to present their family's case. 5 appeals have been heard to date and were not upheld as it was found the Service had correctly applied the short break toolkit.

Other ways to support families is to be explored. 1 appeal is to be heard in mid-June.

5.3 Other issues regarding the Service included:

- i. a perception that safeguarding concerns not followed up and lack of contact
- ii. lack of communication leading up to a change of work placement
- iii. lack of activities and days out from a day centre.

5.4 These were resolved by:

- i. making reassurances about safeguarding concerns that they were taken seriously and followed up, as well as confirming contact arrangements
- ii. apologising for the lack of notification leading up to a change in work placement and explaining our proposals.
- iii. reassuring that day centre staff were imaginative and make best use of existing resources, and that everyone had to take turns in going out in the minibus.

6. Mental Health and Substance Misuse

6.1 The 3 complaints received included:

- i. being denied access to the Social Links service
- ii. disagreeing with the decision for personal finances to be managed by the Department.
- iii. the lack of contact from the Community Mental Health Team.

6.2 These complaints were resolved by:

- i. explaining the criteria to access Social Links and confirming these were not met in this case.
- ii. explaining the reasons for applying to manage finances was in the person's best interests
- iii. evidencing contact and visits had indeed been carried out.

The complaint regarding personal finances progressed to Stage 2 and was not upheld.

7. Occupational Therapy

7.1 3 complaints were received at Stage 1 (the same number as last year). In general they related to a perception that staff did not understand individual needs or that they were not properly assessed.

7.2 These were resolved by explaining why some support or equipment couldn't be provided, explaining the criteria for adaptations and why these weren't met. Alternative options were offered in some cases.

8. Physical Disability and Sensory Impairment

8.1 The 4 complaints made included:

- i. direct payment overtime being declined and being told to return some monies.
- ii. lack of contact from Social Worker.
- iii. unhappy with outcome of a historical complaint.
- iv. change of homecare provision from Social Services to an independent provider.

These were resolved by:

- i. discussing the Service's concerns and reasons for its decision.
- ii. evidencing numerous contacts between individual and their Social Worker and relationship now working well.
- iii. adding the family's views and challenges to an historic complaint to the client information system.
- iv. homecare provision reviewed and concerns regarding proposed move allayed.

9. Summary of compliments received across service areas (2014-15)

9.1 Older People – Localities

9.2 27 compliments were received by the service. These included:

1. A family of an elderly lady sent a card saying: 'Many thanks for sending the care plan so quickly. It is the most accurate and professional report that we have received. We would like to thank you for the professional and compassionate way in which you managed mum's case.'
2. A grand-daughter of a service user said: 'Thank you so much. I and my mum are so glad that you are my nan's social worker because she trusts you. It's been a lot for my mum to take in and we both appreciate your help along the way.'

10. Older People - Intake and Reablement

10.1 95 compliments were received by the service. They included:

1. A daughter of a service user phoned to say she knew that often Social Services are criticised but she has nothing but praise for them. They were invaluable in helping her support her mother who had Alzheimer's but was very adamant she wanted to remain living at home. She said they were a lifeline to her and she is feeling very supported.'
2. Chief Officer, Neil Ayling, received a complimentary letter from a family whose mother had been looked after by the Homecare team. It said: 'We cannot speak too highly of, or praise this team too much. The

carers were very sensitive and responsive to my mother's needs and displayed a great deal of initiative. They would often contact us with relevant information and were always readily accessible by telephone. This team displayed the highest order of care and gave my wife and I complete confidence knowing that my mother was well looked after.'

11. Learning Disability

11.1 4 compliments were received by service users and families:

1. A young gentleman, a member of LD football group wrote a letter 'Just wanted to say thanks to you, really. We all know you need to stick to requirements but you have always helped me out and I appreciate it. You are a boss-manager to 'Flintshire Flyers' and a good mate to each one of us.'
2. A family of a service user said: 'Whenever we contacted you, you responded rapidly and always took action. This has meant an awful lot to us over the years and we cannot thank you enough. We still have a long way to go but thanks for the expert care and support our son is now receiving, we can now see light at the end of the tunnel.'

12. Mental Health and Substance Misuse

12.1 The 31 compliments received included by the service:

1. A service user sent a text saying: 'Thank you so much for being one of the biggest parts in who I have become and who I want to be. The opportunities you put my way have given me confidence I thought was lost forever. Your job description should read 'hero' because to me, and no doubt others, that's what you really are.'
2. A touching letter from a service user said: 'From our very first meeting you were so accepting of me and I felt so comfortable talking to you even though it takes weeks for me to feel comfortable with someone. There is no way, without your help, that I would be where I am now and I wouldn't have made it back to work so quickly. You made me realise that there is so much I can do.'

13. Occupational Therapy

13.1 16 compliments were received by the service:

1. A lady who had moved away from Flintshire wrote: 'I wish to say a big thank-you for helping me through some of the worst years of my life. You helped me through some very dark times, supporting me, not only when I lost my sight and all my independence, but also encouraging me to start, very slowly, to begin to regain my independence and confidence again. Nothing was ever too much

trouble and you made my move to Cheshire much less stressful than I ever imagined.'

2. The team was complimented for supporting a young lady for nearly a year to attend University. By engaging the help of an architect, they helped design an adapted room at Edgehill University to enable her to attend the course.

14. Physical Disability and Sensory Impairment

14.1 2 compliments were received thanking staff for their tireless support:

1. An outreach worker received a compliment from a service user who wanted to thank her for the support she has given him. He gave her a wooden pen which he made at a social group as a sign of his gratitude.

15. Others

15.1 17 compliments were received by other teams such as Deputyship, Financial Assessment and Workforce Development team:

1. A son of a service user sent an email saying Financial Management team made such a difference by arranging all the benefits for his mother. It gave her a peace of mind as well as his own because she lived on her own. He felt the public should be made aware of all the positive work that the Team does.

Children's Social Services

Summary of complaints received across service areas (2014-15)

1. Childcare Fieldwork

1.1 There are no specific themes arising from the 36 complaints regarding the Service and there have been a range of issues which include:

- i. Social work visits to children/young people not being completed
- ii. Lack of communication and not being kept informed
- iii. Challenges to Court reports
- iv. Inaccuracies or delays with minutes from meetings
- v. Parents believing the Service is taking sides with their former partner
- vi. Professionalism of social work staff and a breakdown in their working relationship

1.2 These complaints broadly culminated in the following outcomes:

- i. Confirming that social visits had indeed been completed within statutory timescales.
- ii. Reminding what arrangements are in place or what was previously agreed.
- iii. Explaining Court reports should be challenged via their Solicitor or explaining why certain pieces of information were not included.
- iv. Amendments made to minutes where appropriate or parents' views appended to them.
- v. Reassuring parents that everyone's views are included and acted upon where appropriate.
- vi. Reiterating the Department's expectation that parents and staff work together in the best interests of the child. Sometimes this involved cases being co-worked.

2. Resources (Fostering and Family and Adolescent Support Team)

2.1 The 8 complaints made included:

- i. Problems experienced by young people in foster placements, e.g. breakdown in relationship with carers, and issues concerning pocket money and personal possessions.
- ii. Foster carers complaining about their experiences with the Service and the problems this has caused.
- iii. Issues relating to contact sessions between parents and their children

2.2 These complaints were resolved by:

- i. Discussing experiences of foster placements at Disruption Meetings following placement breakdowns with a view to learning any lessons.
- ii. Arranging independent oversight into foster carers' experiences which confirmed statutory procedures had been followed.

iii. Offering changes to contact session arrangements.

3. Other

3.1 Complaints included:

- i. Appealing a decision made at Child Care Panel. The original decision was overturned and alternative arrangements explored and put into place.
- ii. Challenging the Service's handling of a Part 4 meeting (allegations against professionals). It was confirmed due process had been followed and explained how a decision had been reached.
- iii. Complaints concerning the North Wales Emergency Duty Team were looked into and responded to.

4. **Summary of compliments received across service areas (2014-15)**

5.1 Childcare Fieldwork

5.2 14 compliments were received by the section. These included:

- i. The parents and grandparents of a baby whose case was discussed at a Review Conference wanted to thank the Family Intervention Team for their professionalism and honesty. They said that they had "made an unbearable situation bearable." During the conference it was also observed by the chair that social workers provided an excellent piece of research with a positive outcome for the child and her family with safeguards in place.
- ii. Deputy Head Teacher from Hawarden High School expressed sincere thanks to social worker from Duty and Assessment team, for the way in which she dealt with the child protection case. He said: 'Karen demonstrated a sympathetic and caring manner and we were extremely impressed with the way in which she handled the matter.'
- iii. Social worker from Children's Integrated Disability Service, received a compliment from a family who moved from Anglesey to Flintshire. She supported their daughter and introduced them to 'Penderels' family support. The parents said they were extremely pleased with the service she and Children Services were providing for the family.
- iv. During a LAC review a young person stated that he thought his social worker, from Children and Young Adults SupportTeam was 'doing a great job.' He said he would not have been able to make the progress he had made without her support.

6. Resources

6.1 The 17 compliments received by the service included:

- i. A social worker from Family Placement Team received a Thank –You letter from a great grandmother of a boy who had been fostered. She expressed her

gratitude for all the hard work done by Social Services and the foster parents and said that he is now a different boy and that it is remarkable what they had achieved through their love, patience and hard work. She said she was grateful for saving him from growing up with disruptive behaviour in a home full of alcohol and drugs.

- ii. A sessional worker from Family and Adolescent Support Team, received a positive feed-back from a grandmother who praised the support provided to her granddaughter. She said her granddaughter had a great time and she talked about her positive experience for about an hour and a half and she kept telling her what she had been doing during the day. The grandmother also said she appreciated team's flexibility in the support they provide.

7. Other

7.1 46 Compliments were received by other teams such as Early Years and Family support, Genesis project and Team Around the Family etc. These included:

- i. 'Flying Start for dads is an outstanding group. It gives dads a chance to talk to each other. I like it as I don't have a lot of confidence due to being brought up in foster care. Parent development workers gave me confidence when I was really low. They spoke with the kindest words which made me feel safe. I want to thank the managers of Flying Start for doing a Dads' group.'
- ii. Novus, Genesis Project & Quest Coordinator received a compliment from a client who she helped set up a new business. He said: 'I have been so busy but I have not forgot what you guys have done for me. Thank you, not only for helping my business achieve funding for the vital lifting equipment but the support you and the team gave me was fantastic.'
- iii. Regional Organiser of national 'Family Links' parenting programmes thanked Early Years Manager for her contribution to a regional event which joined up local authorities to deliver the Family Links Nurturing programmes for families. He thanked her for her support in organising the day. People seemed to get a lot from the day and highlighted many issues, such as the need for a training day for Managers/Commissioners.'

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Summary of Outcomes from Stage 2 Independent Investigations

1. Adult Social Services

2. 3 complaints in the year progressed to Stage 2.

- i. A parent complained about the Department's decision to manage her son's finances. The complaint was not upheld and found we were acting in his best interests.
- ii. A family complained about 4 separate issues into the standard of care provided to their loved one at a privately registered care home. 3 complaints were upheld. The first complaint related to the home showing a lack of respect to family members – the home apologised where offence was caused. The second complaint related to personal care – the home did not agree with this outcome as the individual's health and personal needs were fully met over a 24 hour period. The home explained why it was not always possible to give personal care (e.g. when the individual concerned is reluctant to accept help with washing etc., these wishes have to be respected). The third complaint upheld related to personal items not being kept safe – the home apologised. The Department has no concerns regarding the home's management or operation at this time.
- iii. A family complained about 12 separate issues relating to the standard of care provided to a different privately registered care home and related to the Department's P.O.V.A. processes. 2 complaints were upheld. One related to the length of time taken by the home to inform the Department of an incident – the home accepted they fell short on this occasion. The second upheld complaint related to there being no clear action plan following the P.O.V.A. investigation – an apology was made and the P.O.V.A. function has been strengthened.

3. Children's Social Services

3.1 3 complaints in the year progressed to Stage 2.

- i. A parent appealed against a decision to reduce direct payments for her son. The complaint was upheld based on discrepancies within the process used. Support was reconsidered and provided. Processes were subsequently reviewed.
- ii. A parent complained about 4 separate matters relating to the management of her daughter's case. 1 complaint was upheld regarding case recording: a thorough file audit subsequently took place which confirmed all referrals had been responded to.

iii. A foster care couple complained about 9 separate issues relating to their roles as carers and their relationship with the Department. 2 complaints were partially upheld. The first complaint related to a funding request made – we explained the process we had to follow but apologised if any offence was caused. The second complaint partially upheld related to a review meeting - we reassured the couple that due process was followed and that it wasn't an appropriate arena to go into detail about criticisms raised.

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY 18TH JUNE, 2015**

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

SUBJECT: **YEAR END CHIEF OFFICER PERFORMANCE REPORT**

1.00 PURPOSE OF REPORT

1.01 To consider the 2014/15 Year End Service Performance Report produced at Chief Officer level for the respective portfolio.

2.00 BACKGROUND

2.01 The new style Improvement Plan adopted by Council in June 2013 which is aligned to the new three year Outcome Agreement, focuses on the priorities which are expected to have the most impact during 2014/15.

2.02 In addition to the Chief Officer performance reports, bi-annually Improvement Plan Monitoring Reports will be presented to Overview & Scrutiny Committees according to the priority area of interest.

3.00 CONSIDERATIONS

3.01 A copy of the detailed Year End Chief Officer (Social Services) Performance Report is attached at Appendix 1.

3.02 The contents of the Chief Officer report include:-

- areas of positive performance;
- areas of concern;
- the Council Improvement Priorities that are not set as an in-year priority;
- progress for key projects and collaborative areas of work;
- risk summaries;
- reporting against findings from internal and external regulatory bodies e.g. Wales Audit Office, Care and Social Services Inspectorate Wales or Estyn; and
- performance against the statutory national performance indicators (NSIs and PAMs).

3.03 Analysis of performance against the Improvement Targets and NSIs is undertaken using the RAG (Red, Amber and Green) status. This is defined as follows:-

- RED – equates to a position of unacceptable performance
- AMBER – equates to a mid position where the performance has not achieved target but is within an acceptable level
- GREEN – equates to meeting or exceeding target

3.04 The indicator which showed a high (RED) status against target was:-

3.04.1 **Portfolio: Social Services**

Operational Risk – Resilience of the independent sector

This risk is particularly concerned with care homes capacity for residential care and the recruitment and retention of high quality nursing staff for residential care. Actions being taken to help mitigate the risk include:-

- development of training and support programmes for the care home market to ensure there is high quality and robust leadership;
- establishment of a strategic joint inter-agency monitoring panel to share intelligence about the market and influence improvement and sustainability; and
- delivery of the action plan prepared in response to the Older People's Commissioners report 'A place called home'.

In addition, the Care Council for Wales are reviewing the qualifications for Regional Managers in Wales and are investing through their practice development team in ensuring the competency of nurses in the care home sector.

4.00 RECOMMENDATIONS

4.01 That the Committee consider the 2014/15 Year End Service Performance Report produced by the Chief Officer, highlight and monitor poor performance and feedback details of any challenge to the Corporate Resources Overview & Scrutiny Committee who are responsible for the overview and monitoring of performance.

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 Publication of this report constitutes consultation.

11.00 CONSULTATION UNDERTAKEN

11.01 Not applicable.

12.00 APPENDICES

12.01 Appendix 1 – Chief Officer (Social Services) Year End Performance Report.

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

None.

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Email: Margaret.parry-jones@flintshire.gov.uk

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Year End Chief Officer Report

Report Author: Chief Officer – Social Services
Report Date: April 2015
Report Period: 01 October 2014 to 31 March 2015

Introduction

The Chief Officer report is produced on a half yearly basis and provided to Cabinet Members for review and assurance focusing on the 'business as usual'. The reports are provided for Overview and Scrutiny Committees as part of their Forward Work Programmes. Chief Officer reports compliment the Improvement Plan monitoring reports.

Chief Officer reports are exception reports which summarise the key information Members should be aware of, including both good and poor performance. Emerging issues / operational risks are also detailed. The reports are split into three distinct sections: -

1. Performance Overview- This section is used to give an overview of the progress being made towards delivery of key plans for the services which include those Improvement Priorities which do not have an in year focus i.e. these are not reported within the quarterly Improvement Plan monitoring. It is also used to highlight good news and key issues (including operational risks) arising. In addition, summary progress is given for key projects and collaborative areas of work.

2. Internal and External Regulatory Reports- this section summarises regulatory work reported in the half year and its outcomes and intended actions arising from recommendations.

3. Corporate Reporting- this section summarises the performance in relation to corporate issues i.e. Equalities and Welsh Language

Plus supporting appendices: -

Appendix 1- Performance Indicators - summary table of the key performance indicators used to manage the services. In addition, any NSI and PAM (statutory PIs) reported by the services are included.

Appendix 2 - High level (red) operational risk detail - completed full risk templates for those risks currently assessed as high (red).

Appendix 3 - ACRF/CSSIW In-Year Priorities - progress update.

Section 1 - Performance Overview

This report covers the following functional areas:

- Children's Services
- Adult Social Care
- Commissioning

Areas of Positive Performance Safeguarding Vulnerable Adults and Children

The Children's Safeguarding Managers and the Independent Reviewing Officers for Looked After Children are now co-located with Adult Safeguarding in Flint, under a single line manager structure. This has provided opportunities to share and adopt good practice in approaches to safeguarding children, young people and adults.

National Performance Indicators in Children's Services

The decline seen last year in the reported performance against the national key indicators for Children's Service has now recovered. We have collected positive outturns for most of the indicators in Quarter 3. Some data is not yet available for Quarter 4 but we expect that improvement will be evidenced in most areas.

Social Services and Wellbeing (Wales) Act

As part of our Action Plan to deliver on the requirements of the Social Services and Wellbeing (Wales) Act, we have commissioned the delivery of training and qualifications to ensure the workforce is equipped to deliver services in accordance with the Act and the Welsh Language More Than Just Words Strategic Framework. Basic Awareness Training has been rolled out to staff, Children's and Adult Services roadshows have been held and a workshop on the Act has been delivered.

We have also started to put in place integrated arrangements to undertake proportionate and outcome focussed assessments that focus on 'what matters' to a person. Training has been delivered to staff and is ongoing. "What matters" and the core data set have been implemented and now need to be embedded into practice. Work is continuing on the identification and measurement of personal outcomes for older people and the development of person centred care. Plans are in place to implement Phase 2 in the forthcoming year.

'Judgement Framework' for Contract Monitoring

The judgement framework is being applied to all Regulated services and Flintshire monitoring reports on residential Care Homes will shortly be shared across North Wales through a secure web page. Implementation of a new judgement framework by CSSIW later this year will require a further piece of work to ensure that the two frameworks are aligned.

Improvement Plan (non-in year priorities)

Property Adaptations - Reported under the Independent Living Improvement Plan sub-priority.

Children and Vulnerable Families - IFSS is reported under the Independent Living Improvement Plan sub-priority.

ACRF Priorities for 2014/15

Progress on the 35 priorities identified in the Social Services Annual Performance Report 2014/15 and in the subsequent response letter from the Care and Social Services Inspectorate (Wales) is summarised below.

Green	25	Amber	8	Red	2
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The red priorities are those regarding the shaping and commissioning of higher-quality nursing home care in Flintshire, and improving the timeliness of Health Assessments for Looked After Children. These are both included in the risk summary below (In Operational Risks 1 and 3).

Summary of Operational Risks (from the above sections)

Risk Type	Risk Ref. and Description	Net Risk Score	Risk Trend	Target Risk Score & Date
Operational	Resilience of Independent Sector: <ul style="list-style-type: none"> Care home capacity for residential care Recruiting and retaining high quality nursing staff for residential care 	R	↔	A March 2016
Project	Single Point of Access The RAG refers to overall risk for the project, on the basis that Health are yet to identify who will join the SPoA from their organisation.	A	↔	A
<i>(This is based on the assumption that the regional collaboration funding will continue until 2016.)</i>				
Operational	Decline in nationally reported performance in some areas of Children's Services	Awaiting data for 2014/15	↓	G March 2015

Summary of Compliments and Complaints

194 compliments were received regarding Adult Services and 77 compliments were received regarding Children's Services.

The processing of complaints is summarised as follows:

	<u>ADULT SS</u>	<u>CHILDREN SS</u>
Number of Stage 1 complaints (local resolution)	56	48
Number of Stage 2 complaints (independent investigation)	3	3
Number of Stage 3 complaints (WG appointed panel)	0	1
* Number of Stage 1 complaints resolved in timescale	53 out of 56 resolved in timescale (95%)	38 out of 48 resolved in timescale (79%)
**Number of Stage 2 complaint investigations completed in timescale	2 out of 3 completed in timescale (67%)	2 out of 3 completed in timescale (67%)
Number of complaints investigated by Ombudsman	0	0

All late responses received an apology, and their reasons varied including:

- Ongoing child protection or disciplinary proceedings
- Complex legal matter with possible financial implications
- Late due to other completing work demands

Apologies were made for the lateness of 2 Stage 2 investigations and complainants were kept informed throughout the process.

Section 2 - Internal and External Regulatory Reports

Report: Mental Health Team

Date Finalised: February 2015

Conclusion: Taking account of the issues identified Management can take substantial assurance that the controls on which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

Recommendations: 1 medium, 2 low

Summary

The reports confirm that Flintshire are operating well within the targets and in fact are consistently the top performing authority in North Wales. Flintshire's Mental Health Services have established excellent practices to ensure they are continually improving and working with partners to deliver services as required by the Measure. Obstacles to a full realisation of the main aims of the Measure are outside the control of the Authority.

Report: Llys Jasmine Extra Care Housing

Date Finalised: February 2015

Conclusion: Taking account of the issues identified, Management can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

Recommendations: 2 medium, 5 low

Summary

The report identified 12 areas of good practice and two areas for improvement. The action plan which accompanies the report details the specific recommendations made as well as agreed management actions to implement them.

Care & Social Services Inspectorate (Wales)

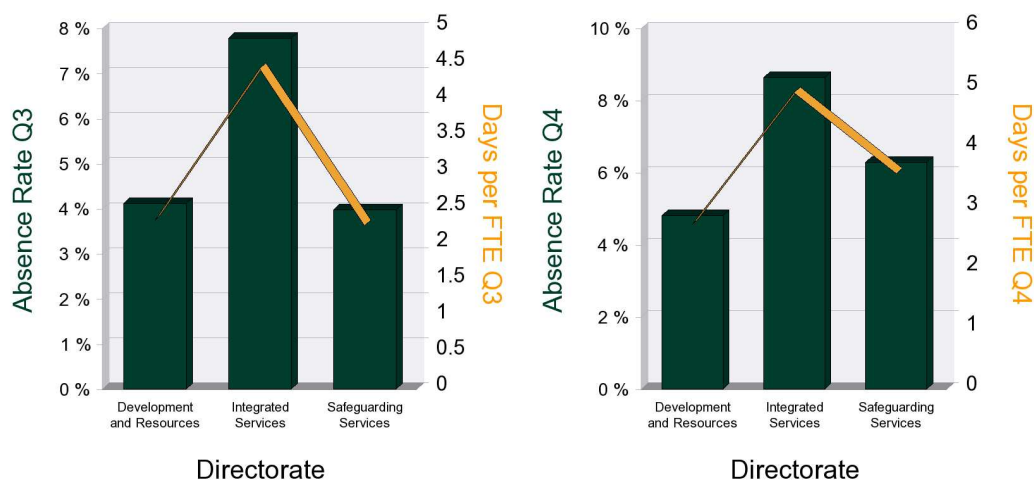
Between 1 October 2014 and 31 March 2015, inspection reports were published for the following:

Adult Residential Homes	15
Domiciliary Care providers	10
Childcare settings	17

Two local authority adult residential homes were inspected. There were no issues of non-compliance and both homes were found to meet the National Minimum Standards.

Section 3 - Corporate Reporting

Sickness Absence (Source: I-Trent)



Sickness absence over the last 6 months (October – March) is reported as follows:

Development & Resources 4.6% (5.09 days per FTE)

Integrated Services 8.2% (9.37 days per FTE)

Safeguarding Services 5.1% (5.85 days per FTE)

Employee Turnover (Source: I-Trent)

	Q3 Turnover	Q4 Turnover	Q3 Stability	Q4 Stability
Development & Resources	3.38%	3.62%	97.05%	96.83%
Integrated Services	4.01%	1.68%	92.81%	94.31%
Safeguarding Services	4.94%	2.50%	92.59%	93.75%

Employee Appraisals (Source: I-Trent)

140 staff have recorded appraisals on iTrent (please see table below). We are working with staff to ensure that those who have access to iTrent bring their appraisal records up to date, but access is not available to all staff.

	From iTrent
Development & Resources	54
Integrated Services	76
Safeguarding Services	10

Data Protection Training (Source: I-Trent)

HR records show that 46% of staff who have been identified as requiring mandatory data protection training are up to date with their training.

Equality and Welsh Language

List the Equalities and Welsh Language Impact Assessments: -

(1) Started/Work in Progress

(2) Completed (stating date completed) during the period (1 April 2014 – 31 March 2015)



EIA Scoping Sheet -
D2.xls

Percentage of employees who have completed the Equalities Monitoring / Diversity Audit (Source: i-Trent)

91% of employees have equalities monitoring data recorded about them (of 1053 staff on iTrent)

List the work areas / functions where diversity of customers are monitored.

The monitoring of this information is firmly embedded into Adult and Children's Services and commissioned providers, via assessment, quality checks and feedback processes.

Describe any initiatives to increase the percentage of equality monitoring data held for customers.

We have recently included of equality monitoring questions in core data set for 'What Matters?'

We have also recently developed a working task group to review the social services strategic equalities plan. The task group have highlighted areas of improvement and additional monitoring information which can be included within the plan going forward in order to strengthen our systems.

We have also expanded the membership and functions of our Directorate Equalities Group to ensure a whole council approach is adopted to reviewing and supporting equality monitoring processes.

Provide examples of initiatives to promote equality, eliminate discrimination and promote good community relations.

Social Services regularly promotes equality initiatives, events and training via email across the directorate.

- Disability Rocks Concert
- Hate Crime Sessions
- Cultural Awareness in Safeguarding Children
- Dyslexia & SpLDs and Mental Health Services Meet Ups across 4 Counties
- Prison Health and Equity: Meeting the Public Health Challenge
- Transgender Awareness Training
- Regular feedback obtained from EIA Quality checks group.

We at present are undertaking an initiative to embed coproduction into commissioning processes. This means involving people including those with protected characteristics in the development of services in Flintshire from the start to the end of the process. Pilot currently underway in Disability Services.

Percentage of employees who have completed the Welsh Language Skills Audit (Source: I-Trent)

Number completed: 403

Total Headcount: 1,020

Percentage completed: 40%

Describe any initiatives undertaken to ensure the provision of bilingual services.

Social Services has developed a detailed Welsh Language Specification, which is now included within assessment processes in Adult and Children Services. This specification is in line with the 'More Than Just Words' Framework and focus's is on the recording of 'Active Offers' for services in Welsh.

The Specification also provides guidance for staff with regard to good practice on the 'Active Offer' principle.

Social Services has developed a staff infonet page which is updated regularly and is a good source of information for staff regarding best practice and procedure.

Social Services sends regular emails in order to circulate information regarding best practice across the staff groups.

Social Services has also been key in the development of new Welsh Language Training for staff, ensuring the training is accessible and manageable with staff workloads. Increasing the number of staff opportunities to learn Welsh. We also continue to run our Welsh language staff discussion group which encourages staff to converse in Welsh and learn new skills.

Social Services is currently assisting in the development of a forum for Welsh Language Champions via our DEG.

Describe any initiatives undertaken to increase the use of the Welsh Language

Social Services has run a Welsh Language promotional event for staff and services users for the past two years on St David's Day. At this event we invite children and adults into our services and discuss the importance of language in care settings as well as encouraging Welsh Speaking and cultural activities.

Social Services has developed a Welsh Language Reminiscence initiative for Welsh

speaking people with dementia and their families. As part of the initiative reminiscences boxes have been designed for Welsh speakers and Welsh people or people who may have grown up or have strong links with Wales. The boxes contain sensory and memory aids and written material in Welsh. They are also specifically designed for Flintshire which means they have been developed in line with local welsh cultures, traditions and heritage.

Social Services is also attending the local college on May 6th to promote the work of officers who are embedding the 'More than Just Words' Framework in social services processes and will hand out information regarding the importance of language in care to students who may be considering a career in social care.

Appendix 1 - Performance Indicators

Key

R	Target significantly missed or likely to be missed by a significant margin
A	Target missed or likely to be missed but within an acceptable level
G	Target achieved / exceeded or on track to be achieved / exceeded

The RAG status of the indicators for the **year end position** are summarised as follows: -

R	0	A	0	G	4
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Note 1 – NSI = National Statutory Indicator PAM = Public Accountability Measure

Note 2 – Change (Improved / Downturned) is based on comparison with the previous reporting period. Where it is more appropriate to compare performance with the same period in the previous year this should be stated in the commentary.

Indicator	NSI / PAM (Note 1)	Annual Outturn 2013/14	Annual Target 2014/15	Year End Outturn 2014/15	Target RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
PSR/002: The average number of calendar days taken to deliver a Disabled Facilities Grant	NSI / PAM	246.43 Days	Not Set Mgt Info	29,870 91 328 days	N/A	Improved on mid-year outturn	Although completion times improved in Q3 and Q4, the overall average time for the year was impacted by the delays recorded in Q1. Please refer to Improvement Sub Priority update for Independent Living.
SCA/001: The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over.	NSI	2.59 Rate per 1,000	2 rate per 1,000	17 12,195 1.39 per 1,000	G	Improved	

Indicator	NSI / PAM (Note 1)	Annual Outturn 2013/14	Annual Target 2014/15	Year End Outturn 2014/15	Target RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCA/002(a): The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over at 31 March	NSI	65.15 Rate per 1,000	Not Set Mgt Info	1940 29341 66.12 per 1,000	N/A		
SCA/002b: The rate of older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	NSI	15.9 Rate per 1,000	21 rate per 1,000	470 29341 16.02 per 1,000	G	Downturned	
SCA/007: The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year	PAM	98.48%	90%	2087 2125 98.21%	G	Downturned	
SCA/018(a): The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year	PAM	90.72%	90%	1078 1163 92.69%	G	Improved	

Indicator	NSI / PAM (Note 1)	Annual Outturn 2013/14	Annual Target 2014/15	Year End Outturn 2014/15	Target RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCA/019: The percentage of adult protection referrals completed where the risk has been managed	NSI / PAM	98.9%	95%	146 147 99.32	G	Improved	One person declined interventions which would have reduced their risk.
SCA/020: The percentage of adult clients who are supported in the community during the year	PAM	85.1%	90%	3719 4323 86%	G	Not Applicable	
SCC/004: The percentage of children looked after on 31st March who have had three or more placements during the year.	NSI / PAM	6.54%	10%	16 221 7.2%	G	Downturned	
SCC/011(a): The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by the Social Worker	PAM	90.14%	80%	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.

Indicator	NSI / PAM (Note 1)	Annual Outturn 2013/14	Annual Target 2014/15	Year End Outturn 2014/15	Target RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCC/011(b): The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen alone by the Social Worker	NSI	52.54%	54%	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.
SCC/025: The percentage of statutory visits to looked after children due in the year that took place in accordance with the regulations	PAM	76.57%	93%	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.
SCC/033(d): The percentage of young people formerly looked after with whom the authority is in contact at the age of 19	NSI	75%	90%	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.
SCC/033(e): The percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable, non emergency accommodation at the age of 19	NSI	91.67%	95%	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.

Indicator	NSI / PAM (Note 1)	Annual Outturn 2013/14	Annual Target 2014/15	Year End Outturn 2014/15	Target RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCC/033(f): The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19	NSI	58.33%	75%	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.
SCC/041(a): The percentage of eligible, relevant and former relevant children that have pathway plans as required	NSI	100%	98%	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.
SCC/045: The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable	PAM	82.14%	Not Set Mgt Info	TBC			Preparation for the forthcoming inspection of Children's Services has meant that the data collection for Q4 has been delayed. Final data will be presented with this report.

Appendix 2 – High Level (Red) Net Risks

Risk to be managed – Resilience of Independent Sector: a) Care home capacity for residential care; b) Recruiting and retaining skilled and experienced nursing staff for residential care.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score & Date (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
H	H	R	<p>Development of training and support programmes for the care home market to ensure there is high quality and robust leadership</p> <p>Action plan developed in response to the Older People's Commissioners report 'A Place Called Home'</p> <p>Initial work undertaken to explore the strategic role In House provision will play in ensuring we have a sustainable market.</p> <p>Establishment of a strategic Joint Interagency Monitoring Panel to share intelligence about the market to influence improvement and sustainability.</p>	H	M	R	<p>Delivery of the authority's response to 'A Place Called Home?'</p> <p>Development of market position statements which set out our commissioning intentions and the need for developing residential care home capacity.</p> <p>Close working with Health on a Regional footprint to ensure a sufficient supply of competent qualified nurses.</p> <p>Development of person centred profiles to support the delivery of quality of care and improve staff morale, absenteeism and retention.</p>	Chief Officer, Social Care	↔	M	M	A	March 2016

			The Care Council for Wales are reviewing the qualifications for Regional Managers in Wales and are investing through their practice development team in ensuring the competency of nurses in the care home sector.										
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Appendix 3 - ACRF/CSSIW In-Year Priorities



Service Plan
Improvement Prioriti

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY 18TH JUNE, 2015**

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

SUBJECT: **YEAR END IMPROVEMENT PLAN MONITORING REPORTS**

1.00 PURPOSE OF REPORT

1.01 To consider elements of the 2014/15 Year End Improvement Plan Monitoring Report relevant to the Social and Health Care Overview and Scrutiny Committee.

1.02 To consider the following:-

- The levels of progress and confidence in meeting the Council's Improvement Priorities and their impacts including the milestones achieved.
- The measures which evidence achievement and the baseline data, and targets.
- The baseline risk assessment for the strategic risks identified in the Improvement Plan and the arrangements to control them.

2.00 BACKGROUND

2.01 The new style Improvement Plan adopted by Council in June 2013 which is aligned to the new three year Outcome Agreement, focuses on the priorities which are expected to have the most impact during 2014/15.

2.02 In addition to the Improvement Plan Monitoring Report, quarterly performance highlight reports will be presented from the Chief Officers. These will be similar to those previously produced for quarterly reporting.

3.00 CONSIDERATIONS

3.01 The Improvement Plan Monitoring Report gives an explanation of the progress being made towards delivery of the impacts set out in the Improvement Plan. The narrative is supported by measures and/or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are being controlled.

3.02 For the Social and Health Care Overview and Scrutiny Committee the following Improvement Plan sub-priority reports are attached at Appendix 1 and 2:-

- Independent Living
- Integrated Community Social and Health Services

3.03 Analysis of performance against the Improvement Plan measures is undertaken using the RAG (Red, Amber and Green) status. This is defined as follows:-

Performance

- RED – equates to a position of under-performance against target.
- AMBER – equates to a mid-position where improvement may have been made but performance has missed the target.
- GREEN – equates to a position of positive performance against target.

Outcome

- RED – equates to a forecast position of under-performance against target at year end.
- AMBER – equates to a forecast mid-position where improvement may have been made but performance will miss target at year end.
- GREEN – equates to a forecast position of positive performance against target at year end.

3.04 The high (RED) risk area identified within the elements of the Improvement Plan Monitoring Report relevant to the Social and Health Care Overview and Scrutiny Committee, is as follows:-

3.04.1 **Priority: Living Well (Independent Living)**
PSR/009a – The average number of calendar days taken to deliver a Disabled Facilities Grant for children and young people (target = 257 days).

There were only two adaptations undertaken for children through DFG's during 2014/15. Due to the highly complex nature of both adaptations the total number of days taken were 1,238 days, giving an annual average of 619 days.

4.00 RECOMMENDATIONS

4.01 That the Committee consider the 2014/15 Year End Improvement Plan Monitoring Reports, highlight concerns and feedback details of any challenge to the Corporate Resources Overview & Scrutiny Committee who are responsible for the overview and monitoring of performance.

5.00 FINANCIAL IMPLICATIONS

5.01 There are no specific financial implications for this report; however the Council's Medium Term Financial Plan is aligned to resource the priorities of the Improvement Plan.

6.00 ANTI POVERTY IMPACT

6.01 There are no specific anti poverty implications for this report, however poverty is a priority within the Improvement Plan 2014/15.

7.00 ENVIRONMENTAL IMPACT

7.01 There are no specific environmental implications for this report; however the environment is a priority within the Improvement Plan 2014/15.

8.00 EQUALITIES IMPACT

8.01 There are no equalities implications for this report.

9.00 PERSONNEL IMPLICATIONS

9.01 There are no personnel implications for this report.

10.00 CONSULTATION REQUIRED

10.01 Publication of this report constitutes consultation.

11.00 CONSULTATION UNDERTAKEN

11.01 The Chief Officer Team and the Performance Leads from across the Authority have contributed to help shape the new approach to reporting.

12.00 APPENDICES

12.01 Appendix 1 – Independent Living
Appendix 2 – Integrated Community Social and Health Services

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

None.

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APPENDIX 1

Priority: Living Well
Sub-Priority: Independent Living
Impact: Improving people's quality of life

What we said we would do in 2014/15: -

1. Maintain the success of the reablement / recovery approach, engaging in regional working for the further roll out of telecare / telehealth and improve the timeliness of adaptations.

Progress Status Outcome RAG is Amber to reflect timeliness of DFGs	Progress RAG	G	Outcome RAG	A
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What we did in 2014/15

Reablement/Recovery

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. 1,235 referrals for reablement have been completed in the year, with 78% of people requiring a maintained, reduced or no support following a period of reablement.

Telecare

We have seen a steady growth in the number of people using Telecare. New technology is becoming available all the time, and our strategy is to continue to trial small items to determine their effectiveness in reducing support and promoting independence.

Adaptations

In total in the year, there were 232 major adaptations provided in council and private homes. They were delivered within the capital budget provided and customer satisfaction remains high.

89 major adaptations for adults were completed through the DFG (Disabled Facilities Grant) process, in an average of 332 days, therefore the timescales achieved in 14/15 for the delivery of disabled adaptations for adults in private housing was not maintained. Due to the complex nature of the 2 children's adaptations in private housing the average days significantly increased on that achieved in 2014/15. Two major adaptations for children were completed through the DFG process in the year; none between October and March.

488 minor adaptations (under £1,000) were completed in the year, in an average of 61 days.

What we did well

We continue to deliver more effective services to more people which improve their quality of life and help them to live independently.

What did not go so well

We were unable to sustain the improvement in the timeliness of the delivery of major adaptations which we achieved in the previous year.

Achievements will be measured through

- Extended local use of telecare / telehealth technologies consistent with regional plans
- Exceed the all Wales average for adaptations
- Meet local improvement targets for reablement

Achievement Milestones for strategy and action plans:

- Extended local use of telecare / telehealth technologies consistent with regional plans by March 2015

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Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	2014/15 Outturn	Performance RAG	Outcome Performance Predictive RAG
PSR/009a - The average number of calendar days taken to deliver a Disabled Facilities Grant for children and young people.	Chief Officer – Social Services	257 days	257 days	231 days	1238 2 619 days	R	R
PSR/009b - The average number of calendar days taken to deliver a Disabled Facilities Grant for adults.		247 days	247 days	231 days	28632 89 322 days	A	A
SCAM2L - Percentage of referrals where support was maintained or reduced or no further support was required at the end of a period of Reablement.		77%	71 – 75%	80%	961 1235 77.81%	G	G

Risk to be managed – Service user/ family resistance to using new technologies e.g. telecare

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)		
M	M	A	Regional guidance has been produced on the use of certain pieces of equipment. Successful completion and evaluation of multi-room censor pilot has been achieved.	L	L	G	All actions have been completed.	Chief Officer – Social Services	↓	L	L	G	Jun '14

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Risk Progress Summary for 2014/15

All actions have been completed and the risk remains at a low level.

Risk to be managed – Ensuring we have enough capital funding for disabled facilities grants alongside other competing demands for capital resource.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood (L)	Impact (I)	Gross Score (LxI)		Likelihood (L)	Impact (I)	Gross Score (LxI)				Likelihood (L)	Impact (I)	Gross Score (LxI)	Target Date
H	H	R	<p>DFG's are prioritised within the Private Sector Housing Regeneration & Strategy Capital programme to ensure that demand can be met.</p> <p>The Service is exploring greater partnership working with the third sector in order to help reduce timescales.</p>	M	M	A	<p>The Housing Regeneration & Strategy Service is in the process of a restructure which will build additional capacity to help further improve DFG performance. A vacant post has been recruited to.</p>	Chief Officer – Community & Enterprise	↔	L	L	G	Mar 2016

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Risk Progress Summary for 2014/15

The downturn in the timeliness of provision of a disabled adaptation has been attributed to reduced capacity within the Housing Regeneration & Strategy Service, and it is intended that this will be addressed through the forthcoming restructure. For this reason the risk remains at an amber level.

2. Implement a series of actions to support greater independence for individuals with a frailty and/or disability including completion of rightsizing exercises for all supported living projects provided and commissioned. Implement a night support service.

Progress Status	Progress RAG	G	Outcome RAG	G
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What we did in 2014/15
Rightsizing
 Right sizing has progressed to 20 out of 22 of the local authority Supported Living houses, continuing to focus on the quality of life for the person and the structure of the care package provided. 5 of the houses provided by Health have also been “right sized”. We are currently undergoing an audit of what has been achieved, which will include the quantifying of actual savings made.

 The next phase will be the roll out to properties in the independent sector (about 20 properties), from July 2015 onwards.

Night Support Service
 The Night Support Service pilot became operational in February and will run through to September 2015. We can support a maximum of 20 – 30 people at any one time within the pilot service. To date 16 people have been referred.

What we did well
 We continue to deliver more effective services to more people which improve their quality of life and help them to live independently.

What did not go so well
 Not applicable.

- Achievements will be measured through:**
- Improved quality of life for service users with a disability
 - Reduction in care hours in supported living
 - Reduction in one to one care needed in supported living

Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	2014/15 Outturn	Performance RAG	Outcome Performance Predictive RAG
Number of minor adaptations (under £1000) completed for service users with a disability. (Year to date)	Chief Officer – Social Services	377 *	TBC	TBC	608	N/A	N/A
Number of people receiving Direct Payments / Citizen Directed Support on last day of period.		302	320	350	378	G	G
Maintain the percentage of clients who are supported in the community in the top quartile for Wales. (SCA/020)		86%	90%	90%	86%	A	A

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**Note: Baseline data for measure 1 is based on minor adaptations (under £500) in private dwellings – we are collecting data on minors under £1,000 from 01/04/2014. Targets to be agreed based on Q2 data in October 2014.*

Risk to be managed – Keeping up with specialist demand such as the specific residential needs of those with dementia.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
Page 61 H	H	R	<p>Joint Action Plan developed with Health to support people with dementia.</p> <p>Regional specification for enhanced dementia care in residential and nursing care homes to be rolled out Sept 2015.</p> <p>Reassignment of ordinary nursing beds in Independent Sector provision to provide specialist dementia care, and new models of support.</p>	M	M	A	<p>Development of dementia provision within 2 new Extra Care developments. Planning granted for Flint site and building on site. Awaiting planning agreement for Holywell.</p> <p>Regional agreement for enhanced specification. Discussions ongoing with provider representative.</p> <p>22 beds re-categorised as EMI Nursing but performance issues linked to recruitment of specialist nurses.</p>	Chief Officer – Social Services	↓	L	L	G	Apr 2016

Risk Progress Summary for 2014/15

Risk reducing since planning issues for Flint site have been resolved. However issues with recruitment of specialist nurses are still ongoing. For this reason the risk remains amber.

3. Use a whole family approach by implementing the Integrated Family Support Service			
Progress Status	Progress RAG	G	Outcome RAG
<p>What we did in 2014/15:- There were 19 referrals to IFSS (Integrated Family Support Services) in the year, involving 14 families. 9 of these families are still working with IFSS. Of the 19 referrals, all completed the initial consultation, and 14 progressed to the phase 1 assessment. 2 families have so far completed the 4 goals of the programme.</p> <p>What we did well The whole family approach has been successful in achieving good outcomes for families that have worked with the programme.</p> <p>What did not go so well Not applicable.</p> <p>Achievements will be measured through:</p> <ul style="list-style-type: none"> ○ Number of families receiving a service: 14 families ○ Average “distance travelled” score at 12 month review: 2 families completed the 4 goals ○ Maintain level of repeat referrals to Children’s Social Services ○ Alignment of Flintshire’s policies and procedures with those of Wrexham <p>Achievement Milestones for strategy and action plans:</p> <ul style="list-style-type: none"> ▪ Alignment of Flintshire’s policies and procedures with those of Wrexham by December 2014 – Achieved. 			

Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	2014/15 Outturn	Performance RAG	Outcome Performance Predictive RAG
Number of families referred to IFSS (Flintshire County Council only)	Chief Officer – Social Services	13	Maintain 13	Maintain 13	19 families	G	G
Average “distance travelled” score at 12 month review		1.4	Maintain 1.4	TBC	Not Available	N/A	N/A
SCC/010a – The percentage of referrals that are re-referrals within 12 months *		13%	Below 15%	Below 15%	440 1896 23.2%	A (based on Q1-3 data)	A (based on Q1-3 data)

*Final year end data will be tabled at the Social and Health Overview and Scrutiny Committee meeting

4. Examine the Children's Services structure with a view to remodelling the teams to create capacity to do more preventative work.

Progress Status	Progress RAG	A	Outcome RAG	G
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What we did in 2014/15:-

Work has commenced to restructure Children's Services which will place stronger emphasis on:

- activity that is undertaken is predicated on the experience of the child and their journey;
- Implementation of practice standards;
- Effective utilisation of appropriate caseload management tools;
- The voice of the child at the heart of all work;
- Strong leadership with a robust focus on practice and quality;
- Continued collation and application of intelligence in all aspects of the business

The current activity is focussing on gathering intelligence in relation to the demand that is placed on all aspects of the service; identifying the new requirements from the Social Services and Wellbeing Act and identifying the most appropriate models. It is the intention that the new structure will be agreed by the end of Summer following consultation with staff.

What we did well

We considered various models and have successfully appointed a Children's Lead who will manage the restructure going forward.

What did not go so well

Not applicable.

Achievements will be measured through:

- Implementation of the new model by March 2015
- Maintain level of repeat referrals to Children's Social Services

Achievement Milestones for strategy and action plans:

- Implementation of the new model by March 2015

Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	2014/15 Outturn	Performance RAG	Outcome Performance Predictive RAG
SCC/016 - The percentage of reviews of child in need plans carried out in accordance with the statutory timetable	Chief Officer – Social Services	53%	82%	100%	174 215 80.9%	A (based on Q1-3 data)	A (based on Q1-3 data)
SCC/010a – The percentage of referrals that are re-referrals within 12 months *		13%	Below 15%	Below 15%	440 1896 23.2%	A (based on Q1-3 data)	A (based on Q1-3 data)

*Final year end data will be tabled at the Social and Health Overview and Scrutiny Committee meeting

5. Prevent homelessness for people who are:

- alcohol and drug dependent; and /or
- victims of domestic violence; and/or
- ex-offenders; and/or
- young people including care leavers

Progress Status	Progress RAG	A	Outcome RAG	G
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What we did in 2014/15:-
 Delivered a pilot that worked to the spirit of the new legislation. Homeless prevention cases were opened for all who approached for assistance irrespective of priority need status or local connection. Remodelled the service to provide a triage service which has freed up officer time to prevent and work on cases. Close join up between Supporting People and Housing Options has ensured support is delivered promptly to all those with additional support needs.

What went well:-
 The pilot meant more homeless prevention work was undertaken and the service maintained an 85% prevention rate. The average time spent in B&B accommodation was reduced for all households and significantly reduced for families.

What did not go so well:-
 The numbers of people accessing B&B increased and the numbers of households making homeless applications increased slightly. There will be ongoing work to manage the increased demand for housing assistance.

Achievements will be measured through:

- Homeless prevention for at least 6 months for people who are:
 - alcohol and drug dependent,
 - victims of domestic abuse,
 - ex-offenders;
 - young people including care leavers
- Monitoring the success of the 6 month pilot being introduced to trial measures proposed in the Housing Bill to strengthen homeless prevention

Achievement Milestones for strategy and action plans:
 The outcomes of the evaluation of the pilot has identified the appropriate resources that will be needed to be put in place from April 2015 in readiness for the new statutory homeless duties within the Housing Act (Wales) 2015

Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	2014/15 Outturn	Performance RAG	Outcome Performance Predictive RAG
HHA/013 - The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months.	Chief Officer – Community and Enterprise	84.89%	90%	90%	85.17%	A	A
Homeless prevention for at least 6 months for people who are victims of domestic abuse.		N/A	Baseline to be established	N/A	Not Available	N/A	N/A
Homeless prevention for at least 6 months for people who are ex-offenders.		N/A	Baseline to be established	N/A	Not Available	N/A	N/A
Homeless prevention for at least 6 months for people who are young people including care leavers.		N/A	Baseline to be established	N/A	Not Available	N/A	N/A

6. Carry out a major review of the Transition Service and implement findings.

Progress Status	Progress RAG	G	Outcome RAG	G
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What we did in 2014/15:-
The outstanding action from the Transition Review was to provide young people and families with an information pack that involves every agency and will provide service users with a single pathway through transition. This pack is now being developed, and will be launched at the next service user evaluation event, at which point we will be able to gather feedback on the pack, and on the effectiveness of the pathway as a whole.

What we did well
The review generated some useful feedback from young people and families, and this information was used to make the improvements detailed in the Transition Review Action Plan.

What did not go so well
One outstanding action remains and will be completed in the forthcoming year.

Achievements will be measured through:

- Effective transition pathway as demonstrated through the annual evaluation.

Achievement Milestones for strategy and action plans:

- Collection of feedback from service users by March 2015

Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	2014/15 Outturn	Performance RAG	Outcome Performance Predictive RAG
Number of people receiving Direct Payments / Citizen Directed Support.	Chief Officer – Social Services	302	320	350	378	G	G

Risk to be managed – How we encourage service users and carers to embrace greater independence

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)		
M	M	A	Implement Action Plan from Transition Review. Resolve long-term absence issue – completed.	M	M	A	Complete information pack. Arrange launch event to evaluate the pack and review the service as a whole.	Chief Officer – Social Services	↓	L	L	G	Jun '15

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Risk Progress Summary for 2014/15

Net score remains amber due to outstanding task from service review. We are still expecting this to be completed by June 2015.

Independent Living: Risk to be managed – Managing demand and expectations with limited resources

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
Page 70	H	R	<p>Regular performance and activity data is produced to continually monitor and project service demand.</p> <p>The “what matters?” conversation and the core data set have been implemented in localities and training is being rolled out to practitioners.</p> <p>We are in the process of reviewing our funding arrangements with the voluntary sector to help us ensure that we target resources in ways that enables the voluntary sector to provide early support to people and reduce/delay the need for statutory intervention</p>	M	M	A	<p>Regional approach to Integrated Assessment to ensure consistency.</p> <p>The Business Plan for 2016/17 has been completed, and includes a plan for delivering efficiencies and managing and responding to demand.</p> <p>Development of a Commissioning Strategy for Disabled People to help best meet demand in 2015/2016</p> <p>Implementation of the Single point of access in 2015/2016</p> <p>Launch of remodelled website in April 2015.</p>	Chief Officer – Social Services	↓	L	L	G	2017

Page 71		<p>We have started the process of developing a Co-Produced commissioning strategy for adults with a disability. The intention is to work with all sectors to develop, and bring together support across sectors to enable people to live good quality independent lives. The strategy will also articulate our commissioning intentions and how we best use limited resources.</p> <p>Project group established to remodel the content of our website including information about how people can access universal and community based services.</p> <p>Work is progressing to develop a Single Point of Access (SPoA) to help ensure that people can access the right support, from the right sector at the right time.</p>		<p>Review the structure of Children’s services with a view to strengthening links to prevention and early intervention services/support.</p>					

Risk Progress Summary for 2014/15

Likelihood and impact of the risk reduced to amber in line with actions noted above.

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APPENDIX 2

Priority: Living Well
Sub-Priority: Integrated Community Social and Health Services
Impact: Helping more people to live independently and well at home

What we said we would do in 2014/15: -

1. Continue the integration of community based health and social care teams within three localities.

Progress Status	Progress RAG	A	Outcome RAG	A
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What we did in 2014/15:-
 Joint working with Health staff has been successfully achieved in all three locality teams. However, co-location has not been achieved within North East or South Flintshire. Whilst there is a confirmed commitment to co-location from Senior Officers within Health there have been difficulties finding suitable accommodation and in reaching agreement on the structuring of the teams.

What did we do well?
 Staff in Health and Social Services are working together and sharing information to improve the standard of service they deliver.

What did not go so well?
 Decisions regarding accommodation and structure as described above.

Achievements will be measured through

- Development of our second co-located team in 2014/15 – Not achieved.
- Plans developed for our third and final co-located team in 2015/16

Achievement Milestones for strategy and action plans:

- Development of our second co-located team by March 2015 – Not achieved.
- Plans developed by March 2015 for our third and final co-located team in 2015/16

Risk to be managed – Ensuring effective joint working with BCUHB to achieve common goals.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)		
M	M	A	Discussions take place at Health Wellbeing and Independence Board and Strategic Locality Group meetings. Issues escalated if required to the Strategic Partnership Group	M	M	A	Escalation process in place including Strategic Partnership Group, Strategic Locality Group and Locality Groups. Although locality working has not been achieved, we continue to share information and data on a weekly and monthly basis with BCUHB to enable effective joint working.	Chief Officer – Social Services	↑	L	L	G	2016

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Risk Progress Summary for 2014/15

Net score remains amber due to the milestone of co-location of the second team by March 2015 not being achieved. However, staff in the localities continue to work together effectively.

2. Support the introduction of Enhanced Care Service (ECS) in the North East and South Localities by March 2015.

Progress Status	Progress RAG	A	Outcome RAG	A
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What we did in 2014/15:-

Progress is as reported in Q3. The Chief Executive of BCUHB has made a commitment to take forward Enhanced Care, and an update on progress has been presented to Scrutiny. Additional funding has been set aside to invest in community services.

What did we do well?

Throughout the year there has been very positive feedback from people supported by ECS and their families. Increased GP support has been secured in North West locality.

What did not go so well?

Not yet identified the model to take forward across other localities in Flintshire.

Achievements will be measured through

- Agree and implement the business case for ECS in the North East & South Localities
- Improved experiences of patients

Achievement Milestones for strategy and action plans:

- Agree the business case for ECS in the North East Locality by November 2014 – not achieved
- Implement the business case for ECS in the North East Locality by March 2015
- Agree the business case for ECS in the South Locality by November 2014 – not achieved
- Implement the business case for ECS in the South Locality by March 2015
- Collection of a further 3 patient stories by March 2015

Risk to be managed – Ensuring that the new model does not result in unexpected increased costs to the Council

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
M	H	R	The roll out of Enhanced Care will be informed by work led by the Area Director for the East Division (BCUHB post). BCUHB have expressed a clear commitment to locality working and reflecting and responding to the need of local populations and circumstances.	M	M	A	Area Director for BCUHB will be tasked with working with partners including Social Services and GP's to develop a model of support that brings together existing services and approaches, alongside learning from other areas.	Chief Officer – Social Services	↔	M	M	A	Jun '15

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Risk Progress Summary for 2014/15

Costed plans for the roll out of enhanced care exceed the envisaged funding. We will be working with the new Area Director to explore models of enhanced care as part of a wider system approach to supporting an area/locality. As part of this work we need to ensure that opportunities through the Intermediate Care Fund are maximised to ensure services support people to live independently at home in ways that are affordable to partners and don't lead to unexpected increased costs. The discussions will commence when the Area Director takes up post in May 2015. As we know the current model of enhanced care is not affordable this risk is classified as Amber until dialogue has taken place on the preferred model/s of care and funding streams identified.

3. Ensure that effective services to support carers are in place as part of the integrated social and health services.

Progress Status	Progress RAG	G	Outcome RAG	G
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What we did in 2014/15:-

More carers this year have had their needs assessed and more carers are going on to receive support services. Due to a reduction in the capacity for data collection, Q4 data was not available at the time this report was prepared. The final figures for the year will be reported in the Q1 2015/16 update. We have already met with NEWCIS to put arrangements in place which will ensure that data can be provided in a timely manner.

A review is being prepared of the Carers' Strategy as part of the business planning process for Social Services and this will include the redefinition of carer's priorities for the next 5 years. All organisations have been notified and are participating in workshops to work collaboratively to maximise available funds.

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. In 2014 Flintshire has developed a support initiative for young adult carers, which has received positive feedback from the young people attending. Our 'Access to Action Card' (A2A card) for young carers, Looked after Children and care leavers continues to support and provide instant access to Council Services young carers when they need and want them. This initiative is further being supported by the development of our young carer's charter, which will strengthen the commitment of organisations to young carers.

What did we do well?

Improvements in the delivery of services to carers and young carers.

What did not go so well?

Not applicable.

Achievements will be measured through

- Plans to support carers are agreed and implemented

Achievement Measure	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn (Q3 data)	Performance RAG	Outcome Performance Predictive RAG
SCA/018c - The percentage of identified carers of adult service users who were assessed or reassessed in their own right during the year who were provided with a service.	Chief Officer – Social Services	85%	75% - 80%	90%	$\frac{709}{861}$ 82.4%	G	G

4. Ensure Single Integrated Plan (SIP) priorities are progressed through localities.

Progress Status	Progress RAG	G	Outcome RAG	A
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What we did in 2014/15:-

Priority 3 of the Single Integrated Plan is in the process of review, with proposals being taken to the LSB in May for agreement. There has been positive engagement across services and partners in this review process.

Q4 of 2014/15 has seen a pause in the locality leadership teams across the county in anticipation of a more cohesive model aligned to structural changes in BCUHB. During this quarter the remit of GP Cluster Networks has expanded. Given the structural changes, and the need to clarify accountability and autonomy of Groups, the outcome RAG in relation to the measures and milestones below remains at Amber. There is a renewed focus within the 2015/16 Annual Plan for the Health Board relating to the shift of resources into communities and it is envisaged that in the coming years, that resources available to community based services will be increased, not least as a result of funding announced by the Minister at the start of 2015 which has a clear focus on community based provision.

What did we do well?

The increased networking opportunities afforded by the partner meeting within localities has helped to increase understanding of agencies and encouraged joint working, e.g. development of social prescribing pilot.

What did not go so well?

Locality Leadership Team action plans and delivery were affected by a lower level of resourcing than anticipated.

Achievements will be measured through

- Improved communication and governance arrangements to ensure that localities deliver the priorities of the SIP.

Achievement Milestones for strategy and action plans:

- Inclusion of relevant SIP priorities in the Locality Leadership Teams plans by March 2015
- Achievement of relevant outcomes in Locality Leadership Teams plans by March 2015 – Plans included relevant actions but need to be taken through new governance and structural arrangements (see note above).

5. Effective and efficient use of Intermediate Care Funds to support individuals to remain in their own homes.

Progress Status	Progress RAG	G	Outcome RAG	G
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What we did in 2014/15:-

Project F2: Invest in step up / step down and intermediate care beds within Care Homes

Funding provided three designated step up / step down beds within local authority care homes, with further beds purchased from the independent sector as demand has risen. Between mid April 2014 and the end of March 2015 there were over 90 residential admissions which supported in the main a step down from either acute or community hospitals. The average length of stay in the Intermediate Care Fund (ICF) bed was 14 days at a cost of £913.49. Had the person remained in hospital for this length of time the associated costs would have been £4802, based on a figure of £343 per day. The ICF project has the potential to save on average £3888.51 per person. The savings attributed to 90 admissions equate to £349,966, a saving to the health board.

The funding has also allowed for a dedicated dementia assessment bed within a specialist independent sector Residential Care Home for Dementia. This bed provides a safe environment for a person with dementia to be assessed, on a step up or step down basis, as to their potential for rehabilitation and safe return to their own home. 15 people have made use of the Elderly Mentally Infirm (EMI) residential beds for an assessment of their needs to be better facilitated.

Project F10: Well being and the role of the voluntary centre

Funding has been allocated to the Alzheimer’s Society, Flintshire Care and Repair, The British Red Cross and the Neurotherapy Centre to

- Complement reablement services to support people to live independently at home
- Support people with dementia, and their carers, which includes short term support to enable people to access universal services and prevent social isolation
- Help ensure people’s homes are safe and secure as part of the hospital discharge process
- Run a scheme to help people who hoard to improve their home environment and reduce associated risks of falls and poor health
- Support people with chronic neurological conditions to help them manage their condition

All five projects have all met expected referral targets and by the end of December over 135 people had benefitted from them.

Project F5: Six Steps to Success Palliative Care Project

The Palliative Care project has used the ICF funding to increase the knowledge, skills and confidence of staff in Nursing Homes in Flintshire. It has helped increase the number of residents who are able to remain in their chosen home at the end of their life and receive palliative care in a dignified manner.

What did we do well?

There was a joint commitment across the partnership to maximise benefits of the available funding. The initial analysis of an independent evaluation of the ICF fund across the region is very positive about the outcomes that have been delivered.

What did not go so well?

Some challenges in recruitment given the short term funding allocation

Achievements will be measured through

- Agree and implement action plan for use of Intermediate Care Funds
- Independent evaluation of outcomes achieved

Achievement Milestones for strategy and action plans:

- Agree an action plan for use of Intermediate Care Funds by June 2014 – Achieved.
- Implement the action plan for use of Intermediate Care Funds by March 2015
- Determine process for evaluation of outcomes by March 2015

Risk to be managed – Spending the Intermediate Care Fund on services that we can continue with once the funding stream has finished.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)			
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
M	H	R	Clear exit strategies are in place for ICF projects, including time limited posts.	L	L	G	Ongoing risk around allocation of resources beyond 2015/16 will need to be managed.	Chief Officer – Social Services	↔	L	L	G	Mar 15

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Risk Progress Summary for 2014/15

In Q3 and the first part of Q4, local partners used evidence of effective projects/services to identify a shortlist of those that needed to be continued into 2015 whilst further consideration could be given to ongoing resource allocation.

The Minister announced continued funding at a reduced level in February 2015 and as a result, significant work has been undertaken to develop an agreed set of projects/services that will continue to receive funding in 2015/16.

This approach to the management of risk was successfully undertaken and demonstrated a joint commitment across the partnership to maximise benefits achieved to date.

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY, 18 JUNE 2015**

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

SUBJECT: **FORWARD WORK PROGRAMME**

1.00 PURPOSE OF REPORT

1.01 To consider the Forward Work Programme of the Social & 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

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
<p>Thursday 23 July 2015 10.00 a.m.</p>	<p>CSSIW Safeguarding and Care Planning Looked After Children progress report to include update on the demands on Children's Services</p> <p>Fostering Services Inspection Report</p> <p>Review of Adoption Services following implementation</p>	<p>To receive a progress report</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>Service delivery</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	
<p>Tuesday 22 Sept 2015 10.00 a.m.</p>					
<p>Thursday 5 Nov 2015 2.00 p.m.</p>					

Thursday 17 Dec 2015 10.00 a.m.					
Thursday 17 Dec 2015 10.00 a.m.					
Thursday 21 Jan 2016 2.00 p.m.					
Thursday 3 March 2016 10.00 a.m.					
Thursday 14 April 2016 2.00 p.m.					
Thursday 19 May 2016 2.00 p.m.					
Thursday 23 June 2016 10.00 a.m.					
Thursday 21 July 2016 2.00 p.m.					

Regular Item

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

Items to be scheduled

Community First Responders
Silverline

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