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To: Cllr Carol Ellis (Chair)

Councillors: Adele Davies-Cooke, Paul Cunningham, Andy Dunbobbin, Veronica Gay, David Healey, Cindy Hinds, Ray Hughes, Brian Lloyd, Mike Lowe, Hilary McGill, Dave Mackie, Mike Reece, Ian Smith, David Wisinger and Matt Wright

15 July 2016

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 2.00 pm on Thursday, 21st July, 2016 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items.

A G E N D A

1 APOLOGIES

Purpose: To receive any apologies.

2 DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Purpose: To receive any Declarations and advise Members accordingly.

3 MINUTES (Pages 3 - 20)

Purpose: To confirm as a correct record the minutes of the meetings held on 9 June and 27 June 2016.

4 COMMENTS, COMPLIMENTS AND COMPLAINTS (Pages 21 - 40)

Purpose: To receive a report on the compliments, representations and complaints received by Social Services for the year April 2015 – March 2016

5 ROTA VISITS

Purpose: To receive a verbal report from Members of the Committee.

6 **FORWARD WORK PROGRAMME (SOCIAL & HEALTH CARE)** (Pages 41 - 48)

Report of Social and Health Care Overview & Scrutiny Facilitator -

Purpose: The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Peter Evans', with a long horizontal stroke extending to the right.

Peter Evans
Democracy & Governance Manager

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE **9 JUNE 2016**

Minutes of the meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Thursday, 9 June 2016

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, David Healey, Mike Lowe, Dave Mackie, Hilary McGuill, Mike Reece, Ian Smith and David Wisinger

APOLOGY: Councillor Cindy Hinds

CONTRIBUTORS:

Cabinet Member for Social Services, Chief Officer (Social Services), Senior Manager Safeguarding and Commissioning, Senior Manager Children's and Workforce Services, Service Manager Localities, Senior Cluster Coordinator and Partnership Lead

Representatives from Betsi Cadwaladr University Health Board

Geoff Lang, Executive Director of Strategy, and Rob Smith, Area Director (East)

Representative from Welsh Ambulance Services NHS Trust

Karl Hughes, Locality Manager Wrexham and Flintshire

IN ATTENDANCE:

Member Engagement Manager and Committee Officer

10. DECLARATIONS OF INTEREST

No declarations of interest were made.

11. BETSI CADWALADR UNIVERSITY HEALTH BOARD AND WELSH AMBULANCE SERVICES NHS TRUST

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

Geoff Lang, Executive Director of Strategy, provided background information and context and gave an update from a Health Board perspective, on some of the issues in terms of special measures and the process and progress made so far. He referred to a detailed report which had been submitted to the Health Board last month, and said this may be of interest to Members, and gave an outline of what had been done to date and the challenges which lay ahead. He said there was a lot of ongoing work around special measures and reported on a number of new and renewed appointments which had been made to the Health Board.

Mr. Lang invited Rob Smith, Area Director (East), to give an update on developments in terms of the local health services provision. Mr. Smith referred to the need to ensure that the Health Board felt 'safer' and more engaged with the local community. He commented on the need to focus on the development of community services and health and explained that following recent appointments a strong clinically led management team was in place.

Mr. Smith commented on the partnership work taking place in Flintshire and the broader objectives around social care in the community. He referred to the need to ensure that people were not admitted to hospital unnecessarily or stayed longer than necessary and said that the problems of capacity and demand on hospital services were issues which the Health Board was looking to address. He commented on the need to treat and care for people either in or as close to their home as possible and referred to the overall care close to home agenda. He emphasised the need for people to be able to receive emergency care immediately when required. Referring to GP services, Mr. Smith said there was a need for high quality care and greater access to services and commented on the general improvement in primary care to change how services were being provided.

Karl Hughes provided an update from the Welsh Ambulance Services NHS Trust perspective concerning special measures.

The Chair thanked Mr. Lang, Mr. Smith and Mr. Hughes for their presentations and welcomed the improvements that had already been made. She referred to the questions that had been submitted to the representatives prior to the meeting and the responses that had been provided and suggested that the questions and responses be considered again to allow Members to ask additional questions or make comments.

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

RESOLVED:

That the verbal update be received.

12. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

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

(The meeting started at 10.00 am and ended at 11.55 am)

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Chair

Issue	Response
<p>At Wrexham Maelor recently there were eight ambulances waiting to get into A&E. The patient was well looked after by paramedics who reassured him that he would be looked after in the ambulance until he could be admitted. The paramedics pointed out that at another hospital he would have been taken straight in, put on a Gurney and parked in a corridor, so he thought the Maelor's system was better & safer (waiting in the ambulance) with all the monitoring & life support close to hand.</p> <p>Is a reason why ambulances are queuing up at the Maelor A&E because the new beds are too wide for the corridors to allow patients to be admitted? If so, could this be overcome with some reorganisation?</p>	<p>Hospitals are at a high level of demand. The issue isn't necessarily volume of patients, but the duration in A&E.</p> <p>We can confirm that we have not bought new beds which are too wide for the corridors.</p>
<p>A Flintshire resident has developed a medical condition that requires the replacement of both hips and knees. The situation has grown steadily worse to this position, from the need of hip replacement to this present need. It appears the initial referral from a GP cannot be accessed to update as the condition worsens, in order to progress or review a worsening condition as the referral has been lost and a new referral is required explaining the condition. Is the IT system inadequate and in need of replacement?</p>	<p>There is a new IT system, so there may be communication issues with the GP surgery in this case.</p> <p>This will be looked into.</p>

<p>Why are Hospitals not charged for the time ambulances are used as Wards?</p>	<p>This is a practice in England and is not used in the Welsh Health service. It was acknowledged that joint working needs to accelerate and improve.</p>
<p>Ambulance staff are not trained as nurses so why are ambulances used as wards and staff used as nurses and Doctors?</p>	<p>Paramedic staff are highly trained care professionals and there is no diminution of care whilst patients are in the ambulance. The Ambulance service has changed over the years. 'Life threatening' calls are only a small part of the work. We are now trying to work different pathways in the community to provide the most appropriate care for the patient.</p>
<p>What is the cost of an ambulance standing for hours unable to discharge patients? How are BCUHB and WASP working together to improve the situation?</p>	<p>BCUHB bears the costs of waiting and work closely with WASP to reduce this. The cost of an emergency ambulance is approximately £141. We are working together to reduce this where possible. If appropriate we can attend a person's home rather than transfer to hospital. We are looking to achieve an effective way forward. BCUHB picks up the resource implications of the community ambulance service. The emphasis is on quality and consistency of care for the individual, the right place and right 'job' and the potential opportunity to respond to people in the community.</p>
<p>Did North Wales benefit from the new money for ambulances from the Welsh Government?</p>	<p>Yes, there are three new vehicles in Flintshire and two in Wrexham.</p>
<p>What happens to all the people waiting for an ambulance whilst the crew are unable to attend calls as they are outside A&E?</p>	<p>Calls are prioritised in accordance with the response matrix. WAST strives to meet its obligation for a timely response to the community.</p>
<p>How do we get over bed blocking when older people have to stay in hospital because there is nowhere to go?</p>	<p>Members expressed concerns around the future viability of private residential and domiciliary care</p>

<p>We acknowledge that the Council is a key partner in ensuring effective hospital discharge so how do we together deal with the problem when money is tight?</p> <p>The difficulties in accessing affordable, good quality care in nursing and residential homes and in domiciliary care are unprecedented in Wales. What is BCU and the Ambulance Service doing in working with other partners, including the Local Authority to find a solution to these challenges?</p>	<p>home provision in Flintshire without adequate financial support. This is a significant issue: BCUHB and the Council are working together to ensure the effective provision of care homes in Flintshire.</p>
<p>Is it true that of the two wards in the new part of the Wrexham Maelor hospital one is only used for the elderly? Why? This may relieve bed blocking a bit. What solution can you give us?</p>	<p>This is not true.</p>
<p>There have been instances of elderly people being sent home in the middle of the night. This should not be allowed as their home are not warm. Why are you doing this?</p>	<p>We weren't aware of this and will investigate</p>
<p>Does the Limb Centre (Wrexham) and District Nurses still contact patients and is there enough staff to cope?</p>	<p>Yes. If there are perceptions of where the service is breaking down we need to know about that . We are investing money into the service.</p>
<p>New Clinics (Buckley and Hope) - How do patients get there who do not drive and public transport services are non-existent?</p>	<p>The ambulance service non-emergency transport service will be able to transport those patients identified as requiring assistance to attend a hospital appointment. This is done via a needs assessment system which can be accessed by GPs as well as</p>

	<p>other healthcare professionals.</p> <p>There is always a balance between availability of public transport – this is work in progress with a view to improving.</p>
<p>Why is the rent so high for dentists to go into new clinics forcing them to stay where they are?</p>	<p>Many dentists have previously operated in converted residential premises. Bespoke dental clinics tend to have more room and better facilities but this means that they can cost more.</p>
<p>Please advise what progress has been made in relation to Mental Health Services in Flintshire and what lessons have been learnt?</p> <p>In relation to safeguarding what are BCU doing to safeguard vulnerable older people given the high profile issues that have arisen?</p> <p>CAMHS - What is the position regarding waiting times and support for families/looked after children? This is an area within FCC's Improvement Plan and as Corporate Parents councillors need assurances that the situation is improving and evidence/data to demonstrate this.</p>	<p>A new mental health director has been appointed.</p> <p>This is recognized as is the need to provide support to those of working age. Cognitive behavioural therapy (CBT) is being used in some cases. There is a role for GPs in this, rebalancing the and helping [people earlier.</p> <p>The council have invested in providing support, especially through the Third Sector.</p>
<p>What is Betsi Cadwaladr University Health Board doing to ensure that patients can be seen at their GP surgeries on the same day as an appointment is requested? An</p>	<p>During discussion on this issue, a number of areas of and for concern were identified. Members were asked to provide details of practices where they perceived</p>

<p>example of a stroke patient was given</p>	<p>there to be problems. Two GP practices were specifically mentioned and will be looked into. The improvement of GP practices is a priority, but it needs to be recognized that many are individual contractors. In some cases, BCUHB does put salaried GPs into practices. The cluster leads and the clinical director are working on this. Changing behaviours in non-direct employees is a challenge. Reference has been made to immigration pressures. However, immigrants tend to be low users of the health service, unlike the elderly.</p>
<p>In addition to being able to make a same day appointment to see a GP, there is a need for advance appointments to be made.</p>	<p>Acknowledged.</p>
<p>Is it correct that doctor's salaries are lower in the Betsi Cadwaladr University Health Board area compared to England?</p>	<p>No it is not correct. Some salaries are higher, some lower so they probably average out the same.</p>
<p>If physiotherapist were able to refer patients for X ray, rather than this being through a GP, the work load and waiting time could be reduced.</p>	<p>Some physiotherapists who are working within multi-disciplinary teams are able to do this, but not other physiotherapists at this stage.</p>
<p>How many hoax calls does the Ambulance Service receive per annum?</p>	<p>We don't maintain this data.</p>
<p>How many requests are received for an ambulance when an ambulance is not deemed to be necessary and time is wasted?</p>	<p>We don't maintain this data.</p>

<p>A member recently used the minor injury unit at Mold Community Hospital and received a quick, excellent service at the unit. However the x-ray department was closed resulting in the need to visit the A& E unit at the Countess of Chester where a four hour wait ensued. Are there plans to increase the amount of hours the x-ray dept is open in Mold?</p>	<p>The operating hours for X rays at Mold were reviewed and reduced as it was not a well used service, but subsequently increased slightly. It is not financially efficient to operate longer hours when the resources aren't being utilised. There are no plans to increase hours at the moment but this will be reassessed if necessary. We are supporting work at the minor injury unit at local hospitals.</p>
<p>At a joint meeting of Education and Youth and Social & Health Overview & Scrutiny members raised concerns regarding continence issues in Early Years. We are given to understand that this is in the remit of Health Visitors. We would appreciate an update as to what work is undertaken with schools to help alleviate the problems faced within the classroom.</p>	<p>This is within the remit of health visitors, but more specialised services are also available. The issues regarding communication and infrastructure in place cause the problem with engagement.</p>
<p>Patients are having to wait longer for blood test appointments - what plans are being put in place to reduce the waiting times?</p>	<p>The pathology service is currently turning around samples in 2/3 days .there may be a different time scale for GP practices. Mr. Laing undertook to investigate concerns about the Buckley practices.</p>
<p>Please provide information regarding the current waiting times for ear syringing for Flintshire residents.</p>	<p>Generally between two and four weeks, but some appointments are being offered within the week</p>
<p>Please provide an update regarding BCUHB's position with regard to Single Point of Access in Flintshire.</p>	<p>This is still in development and we are investing more in Single Point of Access.</p>
<p>There is a need for BCUHB to provide end of life care for residents who do not want to go into hospital but want to end their life at home (often residential/ nursing or extra care). The hospice at home scheme should be available</p>	<p>We know that people do not want to end their lives in hospitals. The Hospice at Home initiative was set up to address this, to provide palliative care as a home service. We recognize the the need for the best</p>

<p>to those who want it. Unfortunately this is not the case at present. Please advise what options are being explored between BCUHB and FCC to provide end of life care at home for those who want it?</p>	<p>service to support the care pathway.</p>
<p>Money has been spent on minor injuries units, but has an audit been done on the outcomes of patients who use these? Could more use of the minor injuries units be made? There is a current concern that they are concentrating on offering dressings services (at which they are very good) but not a wider range of services</p>	<p>We have not audited this. The more effective use of the MIUs can be looked into and we will provide an update on that.</p> <p>Some of the work taken forward within community hospitals reduces demand at A&E.</p> <p>MIU are nurse led provision with some but not necessarily a full range of specialist skills</p>
<p>How is the Care at home approach, which is great, being developed? This was piloted in north west Flintshire and the thinking on it has moved on</p>	
<p>Timeliness of looked after Children Health Assessments – we welcome the appointment of the LAC nurse and understand there has been a significant improvement in this area. However we are concerned that the need for immunisation's over the last quarter has impacted on the capacity to see looked after children within prescribed timescales – please provide an update.</p>	<p>This will be investigated and an update provided.</p>
<p>The current Problems for users of Glan Clwyd: parking, dropping off patients, lack of seats etc</p>	<p>The redevelopment of Glan Clwyd, which has been going on for three years still has two years to go. and the main entrance has now been reopened, albeit temporarily without a vehicle drop off point . Vehicle</p>

	<p>access drop of point will reopen this year. Way finding and routes through the hospital will be investigated and resting points provided.</p> <p>Parking is a huge problem at Glan Clwyd, although there is a park and ride scheme. We are currently seeking to provide a further 100 spaces. These problems did not exist before removal of the car parking charges.</p> <p>Will take on board and report back on the concerns raised</p>
<p>Please advise what progress has been made in relation to Mental Health Services in Flintshire and what lessons have been learnt?</p>	<p>There are a number of concerns around mental health particularly standards and expectations. Lessons have been learned and we have moved on. We have initial investigations and are being open with families.</p> <p>Early access to talking therapies to prevent escalation. There is a need to rebalance and focus more on that need to prevent people from being referred to mental health services.</p> <p>issue.</p>
<p>The difficulties in accessing affordable, good quality care in nursing and residential homes and in domiciliary care are unprecedented in Wales. What are BCUHB and WAS doing in working with other partners including the Local Authority to find a solution to these challenges?</p>	<p>From a Flintshire perspective, regional discussions are taking place to make sure how we have an affordable, sustainable sector going forward in care home provision. We are also holding meetings with care home provider representatives.</p>

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
27 JUNE 2016

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 Monday, 27 June 2016

PRESENT: **Councillor Andy Dunbobbin (Vice-Chair in the Chair)**

Councillors: Veronica Gay, David Healey, Mike Lowe, Hilary McGill, Dave Mackie and David Wisinger

APOLOGIES: Chief Executive and Councillors Carol Ellis, Adele Davies-Cooke, Ray Hughes, Mike Reece, Ian Smith and Matt Wright

ALSO PRESENT: Councillor Bernie Attridge, Deputy Leader and Cabinet Member for Environment

CONTRIBUTORS: Councillor Christine Jones, Cabinet Member for Social Services; Chief Officer (Social Services); Senior Manager, Children and Workforce; Senior Manager, Integrated Services, Lead Adults; Senior Manager, Safeguarding and Commissioning; and Service Manager, Disability Services and Children's Integrated Disability Services

Finance Manager, Strategy Accounting & Systems (for minute number 13)

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

10. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

There were no declarations of interest.

11. MINUTES

The minutes of the meetings held on 22 April and 19 May 2016 had been circulated with the agenda.

22 April 2016

Councillor Veronica Gay said that she had submitted apologies for the meeting and asked that this be recorded in the minutes.

As a matter arising from minute number 70: Care Sector Report, the Chief Officer (Social Services) advised that officers had taken part in a positive meeting with colleagues from the independent care sector and health care. The meetings would continue on a quarterly basis to maintain dialogue on issues of mutual benefit, in recognition of the pressures on all concerned.

Councillor David Healey spoke of his regret at being unable to attend the meeting to discuss such an important topic, and commented on the low number of Members who had been in attendance.

Councillor Dave Mackie highlighted the importance of publicising the issues raised at the meeting. Having shared the report with the Community Health Council in North Wales, he advised that it had been noted.

RESOLVED:

That, subject to the amendment on the minutes for 22 April 2016, both sets of minutes be approved as a correct record and signed by the Chair.

12. VARIATION IN ORDER OF BUSINESS

As suggested by the Chairman, it was agreed that Agenda Item 6 'Council Fund Revenue Budget 2017/18' would be brought forward. The remainder of the items would be considered in the order shown on the agenda.

13. COUNCIL FUND REVENUE BUDGET 2017/18

The Chief Officer (Social Services) introduced the update report on the financial forecast, including the budget pressures and proposed efficiencies for Social Services for 2017/18 as the third and final year of the current portfolio business planning cycle.

In providing an overview of the corporate context of the report, the Finance Manager explained that Cabinet had re-adopted the three part strategy to address the financial gap. Work was continuing on the refresh of the Medium Term Financial Strategy in light of the revised forecast of a projected gap of £14.4m for 2017/18. An update was also given on projections for service portfolio business planning as set out in Table 2 of the report.

The Chief Officer gave a presentation on business plan efficiencies and pressures for Social Services, covering the following:

- Local context
- Social Services: Comparative Analysis
- Efficiency Statement
- Resilience Statement
- Social Services - Efficiencies Summary 2017/18
- Learning Disabilities - Efficiency Targets 2017/18
- Social Services - Summary of Cost Pressures

The Chief Officer explained that Flintshire had implemented one of the leanest Social Services structures across the region and that initial feedback from the independent review had so far validated the business plan proposals. On the comparative analysis, there was a 'Red' risk status on resilience of Adult Services due to the financial support required from Welsh Government (WG) for care

sector partners. The 'Amber' risk rating for Children's Services reflected the increased level of resources needed to support the service.

Councillor Dave Mackie referred to a recent education presentation given to the Heads' Federation meeting which had helped to raise awareness of the financial challenges faced by the Council. The Chairman stated that the Leader was continuing negotiations with the WG to put forward Flintshire's case as a low funded authority.

Councillor Hilary McGuill pointed out the benefits of early signposting where re-ablement was no longer a viable option, for example, activities to support people with mental health issues. The Chief Officer agreed that effective connections were needed, involving Single Point of Access teams. He shared the concerns around the future challenges, given the expected 23% rise in the county's older population over the next four years. He said that the Council would do all it could to mitigate those challenges which reinforced the need for increased financial support from WG. In relation to concerns about the changes to domiciliary support charges, the Chief Officer said that the issue would be handled sensitively with consultation taking place. Responding to further questions, officers provided explanation on links with community hospitals across the region and discharging arrangements with hospitals outside Flintshire. On the terminology used in the presentation, it was explained that the term 'managing child care market' was a term set by the WG.

On adoption and fostering, Councillor Mackie spoke about the significant increase in charges for services from independent agencies. He felt it was important that individuals adopting or foster caring should not be seeking to gain financial profit and that the approach taken in Scotland should be implemented in Wales. The Chief Officer said that the current regional arrangements on adoption and fostering were robust with good quality fostering provision, and that a national approach was to be introduced. Following a query on additional costs for individuals supported in extra care facilities, he acknowledged that this reduced the spend on alternative settings, however opening extra care provision required financial input and the benefits to the resilience of the Council would only be seen over time.

The Senior Manager (Integrated Services, Lead Adults) spoke about the increase in demography and the extra resources required for individuals with complex needs such as Dementia. She added that the extra care model in Flintshire was appropriate in caring and supporting the needs of individuals. The Chief Officer spoke about the importance of extra care provision in helping to address the shortfall in residential care homes. The Senior Manager (Children & Workforce) gave assurances that all opportunities were being explored to recruit the 35 additional foster carers currently needed in Flintshire. He referred to the challenges on this such as the increase in looked after children over a short period of time and the demand for foster carers of older children and those with complex needs. Councillor Christine Jones said that an informative presentation on the fostering recruitment strategy had been given to the Children's Services Forum. This had highlighted the excellent foster carer provision in the county along with the demand for more to support young people over ten years old.

In acknowledging the challenges of the increase in referrals given the fragile care sector, Councillor David Healey highlighted the importance of continuing lobbying to WG for financial support. He said that not all areas of the UK were affected equally and suggested the potential for support from the Flintshire Local Voluntary Council (FLVC) on the recruitment of foster carers in the county. The Chief Officer spoke about effective links already established between the Council and carer organisations, in addition to the FLVC and North East Wales Carers Information Service (NEWCIS).

The Senior Manager (Safeguarding & Commissioning) advised that the Council worked with the voluntary sector on a range of early intervention work including training programmes.

Councillor David Wisinger thanked officers for the detailed presentation and spoke about the need for financial support for independent nursing homes to prevent further impact on the National Health Service.

Councillor McGuill's suggestion for 24-hour support for foster carers to encourage recruitment was not considered viable due to the cost implications and training/support arrangements already in place for foster carers. In response to a suggestion on developing links with 'Hospice at Home' as an alternative to secondary hospitals, the Senior Manager agreed but pointed out that that particular service was often at full capacity. Councillor McGuill felt that this issue should be highlighted and Councillor Veronica Gay asked whether the Committee could write to the WG. The Committee agreed to the Chief Officer's suggestion that the matter be raised with Mr. Rob Smith of the Betsi Cadwaladr University Health Board who had attended the previous meeting.

RESOLVED:

- (a) That the committee notes the corporate cost pressures and main areas of income and expenditure under review for 2017/18 and supports the proposals;
- (b) That the committee notes the Corporate Services Portfolio Business Plan cost pressures and proposed efficiencies and supports the proposals; and
- (c) That the committee accepts, in principle, the developing strategy for the 2017/18 budget, and the process and timelines for setting the annual budget, in its wider role of corporate financial governance.

14. PROGRESS REPORT ON THE DEVELOPMENT OF THE NORTH WALES SAFEGUARDING BOARDS APRIL 2016

The Senior Manager (Safeguarding & Commissioning) introduced the progress report on the development of the North Wales Safeguarding Board (NWSB) for information. She provided a summary of the safeguarding arrangements and structures across the region, including sub-groups. She also advised that the Chief Officer had been appointed Chair of the North Wales Safeguarding Adult Board.

Councillor Hilary McGuill welcomed the findings of the report but said there was no mention of monitoring vulnerable children who were educated at home. The Senior Manager drew attention to the section on Policy and Procedure Sub-Group which referred to input by the Elected Home Education Task Group on the Welsh Government guidance. She said that regional protocols were in place to address actions identified, but would raise the concerns with the Task Group. In response to concerns about the safeguarding of adults living at home who may not realise they were vulnerable, a range of assessments were carried out to establish the best arrangements for each individual. Explanation was also given on a change in legislation on Adult Protection and Support Orders.

In respect of home education, Councillor Christine Jones explained that both she and Councillor Chris Bithell had been unsuccessful in their representations to the WG.

The Chief Officer agreed to pass on the concerns raised by Councillor Dave Mackie about the lack of an appropriate tool to monitor and assess performance of the Board, as indicated in the report. He summarised the roles and responsibilities of officers in respect of adult and children's services, and advised that two safeguarding conferences would be held during the Autumn to which all Members would be invited. The Senior Manager acknowledged Councillor Mackie's remarks on references to children and adults throughout the report, but explained that the document had been prepared by the NWSB and that a similar format was adopted by other regions. On section 4 of the report, she explained that a range of work was being undertaken in Flintshire, including the filling of vacant posts to support the NWSB.

RESOLVED:

- (a) That the content of the progress report prepared by the North Wales Safeguarding Board's Business Manager be noted;
- (b) That a further report be received within 12 months on the progress of identified priorities; and
- (c) That the concerns raised by the Committee be fed back to the North Wales Safeguarding Board for further consideration.

15. MENTAL HEALTH SUPPORT SERVICES AND SUBSTANCE MISUSE SERVICES IN FLINTSHIRE

Prior to consideration of the report, Councillor Christine Jones took the opportunity to praise Rhian Evans (Team Manager, Mental Health Services) for her nomination in the Leadership Public Sector category of the Leading Wales awards. She was delighted that Rhian's exceptional work in Flintshire's mental health services had been recognised, particularly in relation to Double Click.

The Chief Officer (Social Services) introduced the report which detailed progress on the three strands of Mental Health Support Services in response to Member requests. In presenting the report, the Service Manager (Disability Services and Children's Integrated Disability Services) explained that the three

strands worked closely to support the recovery of individuals with mental health issues by building up their wellbeing and confidence. She gave an overview of the range of support available from the Intensive Support Team, the Community Living Team & Medium Support Team and the Occupation & Employment Team. She was pleased to report that in 2015/16, individual support goals had been fully or partly met for the vast majority of people supported by the service. Information was also shared on the multi-agency team providing the Substance Misuse Service.

Following positive feedback given by the Chairman on the work of the Social Links team, the Service Manager spoke about well-established links with Health and third sector organisations.

Councillor Christine Jones said that the proactive work carried out by the small team in the Substance Misuse Service should be more widely recognised.

Councillor David Healey thanked officers for raising the important issues in the report and commended the Growing Places garden furniture restoration project. He pointed out that he had not received a response to his question about the waiting list for Cognitive behavioural therapy (CBT) raised with Health representatives at the previous meeting. Officers explained that the Health Board held funding for purchasing places on training courses.

Councillor Hilary McGuill asked about availability of support for dealing with the effects of 'legal highs'. The Service Manager advised that the team used a vehicle to enable a qualified social worker to target specific communities and offer advice and support where needed. Councillor McGuill also felt it would be helpful if users of drop-in centres (such as Alcoholics Anonymous) and perhaps youth clubs could refer themselves to the service if they needed support. The Service Manager agreed to take forward this suggestion for consideration and agreed to pass on the positive comments from three service users who had described the team's support workers as their best friends.

Councillor Christine Jones said that the excellent DVD entitled 'Sorted' which dealt with cannabis misuse, would be circulated to schools and made available on the internet.

RESOLVED:

That the progress of Mental Health Support Services be noted.

16. ANNUAL COUNCIL REPORTING FRAMEWORK

The Chief Officer (Social Services) presented the final version of the Annual Council Reporting Framework (ACRF) which incorporated comments arising from the recent Member workshop. He thanked Members for their input and explained that this would be the final ACRF report as this was no longer a requirement. The report would be submitted to Cabinet for final approval.

Councillor Dave Mackie pointed out that abbreviations for looked after children contained in the report should not be used. Officers provided

explanation on 'Cycle', the risk management element of the performance management system.

RESOLVED:

That the final version of the Annual Council Reporting Framework report be accepted.

17. ROTA VISITS

Councillor Hilary McGuill reported that she had not received information on forthcoming rota visits. The Facilitator would pursue this with the relevant officer in Social Services so that an email could be circulated to Members.

RESOLVED:

That the information be noted.

18. FORWARD WORK PROGRAMME

The Facilitator introduced a report to enable the Committee to consider the Forward Work Programme. The following actions were agreed:

- The Quarter 4/Year End Improvement Plan Monitoring Report to be deferred from July to the September meeting to enable the relevant officers to attend.
- The agenda for the July meeting to include an item to populate the Forward Work Programme of the Committee, including items such as the Flintshire Local Voluntary Council discussed earlier in the meeting.
- The items on the Corporate Parenting Strategy and Fostering Strategy scheduled for the September meeting to include the presentations previously given to the Children's Services Forum.
- The item on Repeat Referrals in Children's Services for the September meeting to report progress on actions arising from the inspection along with future challenges.
- Arrangements for the site visits to the Dementia Café and Safeguarding team to be circulated to the Committee.
- Confirmation to be sent by email to Members about the Climbie visits on 6 July 2016 at 1pm.

Councillors Christine Jones and David Wisinger gave a reminder of the forthcoming Pride of Flintshire Awards on 2 July 2016, adding that donations could still be made via Member Services. When asked if feedback from the event would be reported to the July meeting, the Chief Officer said that a debriefing would take place with initial views shared at the Children's Services Forum prior to further consideration.

Following a recent visit, Councillor Jones gave positive feedback on the quality of care provided at both Marleyfield and Croes Atti care homes.

Councillors David Mackie and David Wisinger both expressed their disappointment at the number of Members who were not in attendance at this meeting. The Chairman suggested that this be relayed to Group Leaders.

RESOLVED:

That the Forward Work Programme be updated accordingly.

19. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

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

(The meeting started at 10.00 am and ended at 12.06 pm)

.....
Chair



SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 21st July 2016
Report Subject	Annual Report on the Social Services Representations and Complaints Procedure 2015-16
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

To report on the compliments, representations and complaints received by Adult and Children Social Services for the year 1 April 2015 to 31 March 2016.

RECOMMENDATIONS

1	That Members scrutinise the effectiveness of the complaints procedure with lessons being learnt to improve service provision.
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REPORT DETAILS

1.00	EXPLAINING THE NUMBER OF COMPLAINTS RECEIVED, THE ISSUES RAISED AND THEIR OUTCOMES
1.01	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 “procedure” from now on). The Welsh government expects each Local Authority to report annually on its operation of the procedure.
1.02	Regulations underpinning the representations and complaints procedure were revised in August 2014 in preparation for the enactment of the Social

	Services and Well-being (Wales) Act 2014 in April this year,
1.03	Feedback in the form of compliments 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.
1.04	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.
1.05	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, and advocacy is actively promoted. 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.
1.06	<u>Overview of Complaints: Adult Social Services</u> 99 complaints were received in the year, an increase in the number compared to previous years. Previously and during 2014-15, 56 complaints were received and during 2013-14, 62 complaints were received.
1.07	The increase in the number of complaints received can be largely attributed to the planned changes in the way in which services are to be delivered. It is important that where service users and their families disagree with any proposed changes, their views are listened to. The Department held a series of consultation workshops last year with regard to proposed changes within the Learning Disability Service. In cases where service users and families remained dissatisfied, they were encouraged to challenge the planned changes via the complaints procedure.
1.08	Of the 99 complaints received, 43 related to the planned changes within the Learning Disability Service.
1.09	In preparation for the challenges envisaged to the level of respite care received and supported living arrangements, the Department considered all such challenges at Stage 2 of the complaints procedure. A series of appeal panel meetings were convened and chaired by an independent person who was also joined by two independent 'lay people' from the New East Wales Carers Information Service (N.E.W.C.I.S.) and Advocacy Services North East Wales (A.S.N.E.W.). These independent appeal panels concurred the Department was following due process and therefore the planned changes to service delivery continued, but the panels made

	<p>recommendations with some individual's cases to ensure their best interests were promoted. These appeal panels considered 9 separate cases at Stage 2 of the complaints procedure. Although this may appear to 'skew' the number of complaints considered at Stage 2 this year compared to previous years, the Department considers this an effective and resourceful way in considering such matters and will continue to use this model of appeal during future planned changes.</p>																																								
1.10	<p>In addition to the 9 cases considered above at appeal panels, 4 complaints were investigated independently at Stage 2 of the procedure (independent investigation). In previous years, 3 complaints progressed to Stage 2 during 2014-15, and 4 complaints during 2013-14. The 4 Stage 2 complaints not relating to the planned changes would therefore appear to be consistent with previous years, reflecting the efforts social work staff and Managers put into resolving issues/concerns quickly with service users and families.</p>																																								
1.11	<p>Three complaints were opened by the Public Services Ombudsman for Wales during the year. One complaint was upheld overall regarding the Physical Disability and Sensory Impairment Service: the Department has broadly accepted the findings and at the time of writing the Department is in the process of implementing the recommendations made. Two investigations remain ongoing and are subject to the Ombudsman's own timescales.</p>																																								
1.12	<p>6 complaints related to dignity. All 6 complaints were looked into thoroughly, none met the thresholds for safeguarding and none were progressed further to independent investigation.</p>																																								
1.13	<p>Services Complained About:</p> <table border="1"> <thead> <tr> <th>Service</th> <th>2015-16</th> <th>2014-15</th> <th>2013-14</th> </tr> </thead> <tbody> <tr> <td>Older People – Localities</td> <td>11</td> <td>3</td> <td>11</td> </tr> <tr> <td>Older People – Intake and Reablement</td> <td>4</td> <td>3</td> <td>7</td> </tr> <tr> <td>Private care homes</td> <td>5</td> <td>8*</td> <td>5</td> </tr> <tr> <td>Private domiciliary providers</td> <td>11</td> <td>6</td> <td>4</td> </tr> <tr> <td>Learning Disability</td> <td>* 58</td> <td>21</td> <td>15</td> </tr> <tr> <td>Mental Health and Substance Misuse</td> <td>0</td> <td>3</td> <td>4</td> </tr> <tr> <td>Physical Disability and Sensory Impairment</td> <td>7</td> <td>4</td> <td>5</td> </tr> <tr> <td>Other (inc. Business Support Services etc.)</td> <td>3</td> <td>5</td> <td>8</td> </tr> <tr> <td>Total number of complaints</td> <td>99</td> <td>56</td> <td>62</td> </tr> </tbody> </table> <p>* 43 of 58 complaints made about the Learning Disability Service related to the planned changes to the allocation of respite care nights (2), supported living arrangements (7) and the cessation of the £3 Day Opportunities</p>	Service	2015-16	2014-15	2013-14	Older People – Localities	11	3	11	Older People – Intake and Reablement	4	3	7	Private care homes	5	8*	5	Private domiciliary providers	11	6	4	Learning Disability	* 58	21	15	Mental Health and Substance Misuse	0	3	4	Physical Disability and Sensory Impairment	7	4	5	Other (inc. Business Support Services etc.)	3	5	8	Total number of complaints	99	56	62
Service	2015-16	2014-15	2013-14																																						
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Total number of complaints	99	56	62																																						

	<p>payment (34). If allowances are made for the proposed cessation of the payment which never materialised, this brings the overall number of complaints about the Department down to 65, which is consistent with previous years. (Aside from complaints about planned changes, the Learning Disability Service received 15 complaints about other matters which were responded to effectively at Stage 1).</p>											
1.14	<p>There was an increase in complaints about private domiciliary providers. Generally they related to families complaining about the timeliness of rota visits and standard of care provided. Complaints about registered providers are shared with the Contracts Monitoring Team who visit on a regular basis to ensure their contractual obligations are being fulfilled. A multi-agency information sharing meeting takes place between the Department, Health and the Care and Social Services Inspectorate for Wales (C.S.S.I.W.) where complaints information is shared and considered together with other information collated by agencies.</p>											
1.15	<p>Please see Appendix 1 for a summarised pen picture of complaints made across each service area.</p>											
1.16	<p>A range of methods are reported in the examples above, but in broad terms, complaints are responded by:</p> <ul style="list-style-type: none"> 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) 											
1.17	<p>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.</p>											
1.18	<table border="1"> <thead> <tr> <th>Adult Social Services</th> <th>2015-16</th> <th>2014-15</th> <th>2013-14</th> </tr> </thead> <tbody> <tr> <td>Within timescale for Stage 1</td> <td>97%</td> <td>95%</td> <td>92%</td> </tr> </tbody> </table>	Adult Social Services	2015-16	2014-15	2013-14	Within timescale for Stage 1	97%	95%	92%			
Adult Social Services	2015-16	2014-15	2013-14									
Within timescale for Stage 1	97%	95%	92%									
1.19	<p>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.</p> <p>All 13 of the complaints considered at Stage 2 were completed within the statutory timescale.</p>											
1.20	<p><u>Outcomes / Lessons Learned:</u></p> <p>Learning from complaints is important and we use the findings and outcomes to inform policy and practice in delivering services (known as the</p>											

'lessons learned' process). Examples of action taken on issues raised as a result of complaints to Adult Social Services include:

- We will review our processes whereby allegations of inappropriate behaviour shown toward care staff, including those working for a private provider, are formally looked into and an outcome recorded.
- Action sheets are now drawn up at the end of each learning disability review so the service user goes away with the three most important outcomes they want to achieve, with a copy to the provider. This will further ensure an individual's planned actions are followed up with service providers in preparation for their next review.
- Contracts with privately registered homes have been revised stating the Council will now pay the host Local Authority rate, including cross border placements in England.

1.21

It is pleasing to report that Adult Social Services received 146 compliments during the year. 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	2015-16	2014-15	2013-14
Older People – Localities	36	27	12
Older People – Provider	71	95	83
Independent Sector	3	2	3
Learning Disability	13	4	16
Mental Health and Substance Misuse	13	31	21
Physical Disability and Sensory Impairment	2	2	4
Other	8	17	16
Total	146	194	169

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

1.22

Overview of Complaints: Children Social Services

49 complaints were received during the year compared to 48 in 2014-15 and 87 in 2013-14. The number of complaints received about Children's Social Services is consistent year on year since the procedures were revised in 2006 (with the exception of 2013-14).

1.23	<p><u>Services Complained About:</u></p> <table border="1" data-bbox="304 230 1318 790"> <thead> <tr> <th data-bbox="304 230 692 304">Service</th> <th data-bbox="692 230 900 304">2015-16</th> <th data-bbox="900 230 1107 304">2014-15</th> <th data-bbox="1107 230 1318 304">2013-14</th> </tr> </thead> <tbody> <tr> <td data-bbox="304 304 692 378">Childcare Fieldwork</td> <td data-bbox="692 304 900 378">37</td> <td data-bbox="900 304 1107 378">36</td> <td data-bbox="1107 304 1318 378">67</td> </tr> <tr> <td data-bbox="304 378 692 452">Resources</td> <td data-bbox="692 378 900 452">6</td> <td data-bbox="900 378 1107 452">8</td> <td data-bbox="1107 378 1318 452">8</td> </tr> <tr> <td data-bbox="304 452 692 602">C.I.D.S. (Children's Integrated Disability Service)</td> <td data-bbox="692 452 900 602">2</td> <td data-bbox="900 452 1107 602">3</td> <td data-bbox="1107 452 1318 602">5</td> </tr> <tr> <td data-bbox="304 602 692 714">Other (Includes Safeguarding Unit etc.)</td> <td data-bbox="692 602 900 714">4</td> <td data-bbox="900 602 1107 714">4</td> <td data-bbox="1107 602 1318 714">12</td> </tr> <tr> <td data-bbox="304 714 692 790">Total number of complaints</td> <td data-bbox="692 714 900 790">49</td> <td data-bbox="900 714 1107 790">48</td> <td data-bbox="1107 714 1318 790">87</td> </tr> </tbody> </table>	Service	2015-16	2014-15	2013-14	Childcare Fieldwork	37	36	67	Resources	6	8	8	C.I.D.S. (Children's Integrated Disability Service)	2	3	5	Other (Includes Safeguarding Unit etc.)	4	4	12	Total number of complaints	49	48	87
Service	2015-16	2014-15	2013-14																						
Childcare Fieldwork	37	36	67																						
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Total number of complaints	49	48	87																						
1.24	<p>Complaints about Childcare Fieldwork appear to be consistent over the years with the exception of 2013-14.</p> <p>Complaints involving Resources saw a small fall but again their numbers are consistent year on year. The management of C.I.D.S. falls under the remit of Adult Social Services.</p> <p>Please see Appendix 2 for a summary of complaints made across each service area.</p> <p>8 young people made a complaint during the year and all issues were responded to and resolved without the need for Stage 2 (Independent Investigation).</p>																								
1.25	<p>5 of the 8 young people who complained were supported by an Advocate from North Wales Advocacy). 3 young people chose not to be supported but their complaints were resolved to their satisfaction.</p>																								
1.26	<p>4 complaints progressed to Stage 2 (Independent Investigation): 3 complainants were parents and 1 complainant was a prospective adoptive parent.</p>																								
1.27	<p>3 of these 4 complaints were responded at Stage 1, but the complainants remained dissatisfied so they progressed to Stage 2. 1 complaint made by parents progressed straight to Stage 2 due to its complexity. Stage 2 complaints about the Service are again consistent year on year (3 complaints during 2014-15 and 7 complaints during 2013-14). 3 of the 4 Stage 2 complaints were not upheld overall. 1 Stage 2 complaint that was upheld in part overall. Appendix 3 provides details of stage 2 complaints.</p>																								
1.28	<p>Two complaints were considered by the Ombudsman during the year. One complaint regarding the management of Allowances in relation to a Special Guardian was upheld. An apology was made to the Guardian and a review of all such Allowances is currently underway as recommended by</p>																								

	<p>the Ombudsman. One complaint remains ongoing and is subject to the Ombudsman's own timescales.</p>
1.29	<p>As explained earlier, a variety of methods are used to resolve complaints. These include:</p> <ol style="list-style-type: none"> 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. <p>All complainants receive an apology where the quality or level of service has fallen below expectation.</p>
1.30	<p><u>Outcomes / Lessons Learned:</u></p> <p>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:</p> <ul style="list-style-type: none"> • Holding separate meetings between parents/partners if one parent/partner does not engage effectively and removes themselves from the situation if the other is present. • In core group meetings where parents are distressed and may not be fully taking in what is happening, Chairs will summarise outcomes to ensure parents fully understand what will happen next. • Fostering processes strengthened regarding expectations at the time of a bereavement in a looked after child's life and the timeliness of foster carers receiving a thorough and comprehensive induction following their approval. • Service information booklets for services are to be updated and revised.
1.31	<p>The timeliness of responding to complaints in Children's Social Services has previously been highlighted by the C.S.S.I.W. as an area requiring improvement. 6 complaints out of the 49 complaints received were responded to outside of timescale, which is an encouraging increase compared to previous years. Indeed, the second half of the year saw 93% of complaints being responded to within timescale. The Complaints Officer is proactive with Managers in resolving complaints within the timescale.</p> <p>The 6 complaints responded to late were narrowly outside their respective timescales and were mainly late due to their complexity.</p> <p>The 4 Stage 2 complaints were investigated within timescale or within the timescale agreed by the complainants (2 complaints were lengthy and complex in their nature).</p>

1.32	<table border="1"> <thead> <tr> <th>Children's Social Services</th> <th>2015-16</th> <th>2014-15</th> <th>2013-14</th> </tr> </thead> <tbody> <tr> <td>Within timescale for Stage 1</td> <td>88%</td> <td>79%</td> <td>75%</td> </tr> </tbody> </table>	Children's Social Services	2015-16	2014-15	2013-14	Within timescale for Stage 1	88%	79%	75%												
Children's Social Services	2015-16	2014-15	2013-14																		
Within timescale for Stage 1	88%	79%	75%																		
1.33	<p>Children's Social Services recorded 61 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:</p> <table border="1"> <thead> <tr> <th>Service</th> <th>2015-16</th> <th>2014-15</th> <th>2013-14</th> </tr> </thead> <tbody> <tr> <td>Childcare Fieldwork</td> <td>12</td> <td>14</td> <td>40</td> </tr> <tr> <td>Resources</td> <td>10</td> <td>17</td> <td>9</td> </tr> <tr> <td>Other</td> <td>33</td> <td>46</td> <td>25</td> </tr> <tr> <td>Total number of compliments</td> <td>61</td> <td>77</td> <td>74</td> </tr> </tbody> </table>	Service	2015-16	2014-15	2013-14	Childcare Fieldwork	12	14	40	Resources	10	17	9	Other	33	46	25	Total number of compliments	61	77	74
Service	2015-16	2014-15	2013-14																		
Childcare Fieldwork	12	14	40																		
Resources	10	17	9																		
Other	33	46	25																		
Total number of compliments	61	77	74																		

2.00	RESOURCE IMPLICATIONS
2.01	<p>The 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).</p> <p>The cost for Stage 2 complaints for the period was £8,956.08.</p>

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	None taken.

4.00	RISK MANAGEMENT
4.01	None identified.

5.00	APPENDICES
5.01	<p>Appendix 1: Summary of complaints across service areas (Adult Social Services)</p> <p>Appendix 2: Summary of complaints across service areas (Children's</p>

	<p>Social Services).</p> <p>Appendix 3: Summary of all Stage 2 Independent Investigations and their outcomes.</p>
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6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>'A guide to handling complaints and representations by Local Authority Social Services', August 2014 (Welsh Government).</p> <p>Contact Officer: Ian Maclaren, Complaints Officer Telephone: 01352 702623 E-mail: ian.maclaren@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	None.

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Adult Social Services

Summary of complaints received across service areas 2015-16.

Older People – Localities

11 complaints were received during the year, an increase compared to previous years. Broadly their themes were about care, funding and overall case management They included:

A family member complained about the impact the Department's alleged concerns was having on them and how this was impacting on their visits to their mother at her home. We reassured the complainant there was no ongoing investigation, but their mother had asked that her Advocate be present when such visits took place.

The length of time taken to discharge an individual from hospital. We explained we were waiting for confirmation of C.H.C. funding but we agreed interim funding and support arrangements.

A family feeling pressured into moving their mother into an EMI residential placement. We explained their mother needed such a placement as quickly as possible as her needs could no longer be met by her current home. There were no places available in the family's preferred choice of home.

Older People – Provider

4 complaints were received during the year, a slight increase compared to last year's 3 complaints. They included:

No staff at the home responding to an alarm when pressed by a service user and her visiting son. We apologised for any distress caused and reviewed how alarms are responded to during busy periods, e.g. lunchtimes.

A range of issues at a home including the frequency of calls, issues about laundry and a lack of communication following a hospital admission. We explained and sought to reassure about our arrangements with planned and unplanned calls and we apologised clothing had been shrunk in the laundry. The non-emergency admission to hospital had been late in the evening, but we apologised if the family did not get a call so late in the evening.

A complaint that care staff were not recording sufficient detail about her physical state and that no nutritional meals were being provided. We reviewed staff records and satisfied ourselves there was sufficient detail contained within them. We explained making hot meals was not the ethos of Reablement and the complainant had previously agreed to sandwiches. There was good evidence to

suggest a thorough assessment had been completed and work was nearing completion for her to remain as independent as possible.

Privately Registered Homes

5 complaints were received during the year, a fall compared to last year's 8. They included:

An individual complained his father's previous care home had not handled allegations of inappropriate sexual behaviour appropriately, and their staff were not skilled in meeting his needs. The home responded to the concerns about the experience and skills of staff. The Safeguarding Unit confirmed the home had acted appropriately about the three allegations made.

An individual complained about a range of issues about the standard of care before and after her friend's death, including: their body being left in an inappropriate state and their concerns for other residents at the home. The home described what happened on the day their friend passed away and they made reassurances about the health and safety concerns raised at the home. Social Services nor CSSIW have concerns about the home.

A family complained about a range of issues including: bed alarms turned off at night, family being refused access to certain records, not being informed of a fall and family not being allowed to visit the home within the first week of admission. The home apologised for their failings and explained changes had recently been made with Manager concerned and staff. The home is to review its policy about not allowing family members to visit the week of admission. They also apologised that records were not shared at the time by the Manager and reassured the bed alarms were on but that staff will be retrained about this as well as retrained re. reporting falls.

Privately Registered Domiciliary Providers

11 complaints were received during the year, an increase compared to previous years. Broadly they related to the timings of such visits and complaints made after a breakdown in relationship between family members and the provider. They included:

Family complaining about the standard of their mother's personal care following her admittance to hospital, raising possible neglect issues. This matter did not meet the threshold for the Safeguarding Unit's involvement and no concerns were raised or a referral made by hospital. The provider responded by reassuring family that personal care was provided when their mother asked for help; other times their mother was able to attend to herself. The provider acknowledged carer diary notes did not reflect this so improvements are required in terms of recording when an individual accepts or turns down personal care. Mother and other family members were content with the care provided at the last review.

Family raised the following issues which had culminated in the support package being cancelled: i) professionalism of care staff, ii) no choice being given to the service user if they wished to be observed by a new carers whilst he received personal care and iii) a lack of communication within the agency.

The agency investigated the matter and found no evidence of staff making such comments or acting unprofessionally. No family member raised any objection at the time the personal care was being observed by a new carer. The agency accepted a carer had turned up on one occasion for a previously cancelled appointment, but could find no further evidence of miscommunication.

A family complained about a range of issues including: lack of communication or notice re. rota changes, and lack of care staff professionalism. The provider explained the reasons behind rota changes adding that the Manager herself had offered to cover at the time, though family had turned this offer down. A carer was late one day due to complexities with an earlier visit. Again the Manager offered to cover which was turned down again by the family. No evidence found of staff unprofessionalism.

Learning Disability Service

58 complaints were made about the Service during the year, a clear increase compared to last year's 21. 43 of the 58 complaints made about the Learning Disability Service related to the planned changes to the allocation of respite care nights (2), supported living arrangements (7) and the cessation of the £3 Day Opportunities payment (34). The other 15 complaints made included:

A parent complained that Estuary Crafts is too short staffed and voiced her health and safety concerns that staff would not be able to cope if there was an accident or if an emergency arose. We acknowledged there is sometimes only one member of staff on duty, but reassured the parent that we believe this is manageable. We explained there are other staff on site, albeit providing 1-2-1 support to others, and Glanrafon staff close by can be called upon in an emergency.

A family complained about a range of issues regarding support provided by provider staff including timeliness, irregular 1:1 support, disruption to routines, and their belief that staff do not have appropriate skills. A meeting was held with the family. The provider confirmed support team arrangements and expectations etc. They reassured staff are skilled and experienced, and apologised for 2 shifts missed - matter addressed with staff. Other reassurances made re. JS personal care.

A parent complained about the respite she received at Arosfa and the lack of arrangements in place should an emergency arise. We explained the respite would continue to be provided by Arosfa. We apologised for cancelling respite on one occasion but explained that every effort was made to cover staff absence at the time. However, owing to daughter's challenging behaviour at the time and her autism, using someone unfamiliar was not appropriate for her. An additional overnight stay added to the next month instead.

Physical Disability and Sensory Impairment

7 complaints were received during the year, a small increase compared to previous years. They included:

A service user complained about the conduct of a member of staff during a visit, a lack of communication from the Department about his purpose built bungalow, including the need for two bathrooms: one for him and one for his carer. We explained the member of staff concerned does talk and gesture a lot with his hands when talking. This may have been perceived as intimidating, however, they were trying get across to the service user that he was turning down a huge opportunity for a purpose built property just because he was only getting the one bathroom. No evidence found we had offered 2 bathrooms previously.

A carer complained that we would not provide direct payments so she could care for her sister immediately following her move to the area. We explained we did not receive a referral from her former county of residence until after she had moved. However, we made arrangements for Liverpool to fund the initial few weeks so we had time to assess. A care agency was identified but the carer chose to provide informal care to her sister herself. No reference in our records that we agreed we would pay her as her sister's P.A.

A carer complained they had not been offered a carer's needs assessment. We explained they had been provided with the opportunity for a carer's needs assessment to be completed by N.E.W.C.I.S., but the carer had postponed two carer's assessments during the year. The opportunity remained open to them.

Business Support Services

3 complaints were made about the Financial Assessment and Charging Team as to how they had applied the Council's "Fairer Charging Policy". They included:

A family complained their late father's home had charged them the incorrect rate due to Social Services not paying the home the correct top up fee. We apologised for our role in this matter. We explained our interpretation of W.G. guidance was correct but because his father was in a home in England, there was a funding shortfall which the home applied to the family. The situation around such funding is now clearer and we agreed to meet the financial shortfall. Contracts with service providers have been amended stating we will now pay the host Local Authority rate, including cross border placements.

Two families parents complained about charges applied to them. Both appeals were reassessed and turned down by an appeal panel. One of these complaints progressed to a Stage 2 investigation, which concurred with the Department's assessment and did not uphold the complaint.

Children's Social Services

Summary of complaints received across service areas 2015-16

Fieldwork Service

37 complaints were received about Fieldwork Service, which is largely consistent with previous years. Their themes were very broad including communication issues, disputes with staff or with information we held, and issues involving previous spouses/partners. They included:

A young person in an out of county placement complained about being given no reason as to why she couldn't have face to face contact with her family over Christmas and why she can't move back to Flintshire. We explained the decision about a visit wasn't made by us but by her parents who felt that her grandparents would be unable to manage her behaviour if she visited Flintshire. The young person may also have been inclined to go to her mother's home if she visited. We reminded the young person she is not to have contact with her siblings as per child protection plan. We had offered financial assistance for her family to visit her in her placement but this was declined by them. We are looking for placements in Flintshire but no places were available or not suitable due to her challenging behaviour.

A grandparent complained about our handling of his grandchildren's case, which was causing upset and anxiety within the family. We explained we couldn't go into detail as he doesn't have parental responsibility for his grandchildren. However, we acknowledged this can be a difficult time for families whilst assessments are being completed as per child protection procedures. The children's mother has already been invited in separately to discuss the matter further if she wishes.

A mother challenged our reasons for recommending supervised contact as we hadn't properly considered her daughter's views. We advised the case remains the subject of ongoing legal proceedings and that mother can challenge our reports in that arena, but she will need to contact her legal representative. We reassured mother her children's views have been taken into account throughout the legal process and are clearly referenced in statements. The Guardian has also advocated on their behalf.

A mother was not happy that a Social Worker had met her two daughters who are aged under 5 years of age at school and spoke to them. She had not given permission for this to happen. We explained our statutory duty to ensure her children's safety following recent concerns raised. We reminded mother we had struggled to engage with her and her partner so we had no option but to ask the Social Worker to visit the children at school to conclude their Section 47 work (the Head Teacher was present during the meeting).

A mother complained that the perceived risk posed by her current partner to her children is unsubstantiated and based on one isolated incident. She feels that in fact she and her son need more protection from her ex-partner who she believes could be a danger to both of them. We explained that full checks have been made with Police and Wirral Social Services to inform our child protection work and all information has been taken into account. We reminded the mother of her own recent concerns that she shared about her current partner. A child protection conference had in the meantime been convened to move the issue forward.

Resources

Six complaints were received about Resources during the year. They broadly related to adherence to processes, placement issues raised by parents and confidentiality. They which included:

A prospective adoptive couple complained we had not followed due process by overturning an earlier adoption match-making decision at a late stage. There was no formal reasons behind the decision. We apologised for our lack of communication and for not providing up to date. We agreed to review our procedures as to informing parents about decisions taken in a timely manner. We also reassured the couple that decisions have been taken with the children's welfare at the centre of decision making.

A mother believed Social Services were not supervising the standard of fostering for her daughter properly. Also, at a recent meeting, she was treated in an "abrupt manner". We reassured mother by explaining that all foster carers are subject to regular visits. There are no records of any concerns about the placement and her daughter's views have been sought at review meetings, visits etc. The Social Worker concerned recalled a different tone to the meeting but sought to reassure mother her perceived conduct would not have meant to offend her.

Safeguarding

3 complaints were received during the year involving safeguarding matters, which included:

A parent complained about the inaccuracies contained within a report to case conference and the chronology. We apologised for the delay in responding. Challenges to the report and chronology made by the parent were attached to relevant records in PARIS, copied to her and shared with multi-agency colleagues who were also present at the conference.

A young person was unhappy with the way in which her LAC Review was conducted. The young person met with the Senior Manager who apologised and explained she spoke with the Chair about the issues so that the next review can be a more positive experience.

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

2 complaints were receiving during the year:

A family complained against Panel's decision not to award direct payments for their son. We explained the support provided to their son is funded by Health through their continuing N.H.S. healthcare funding, as their son has primary healthcare needs. We again offered support for the family in their caring role, which is considerable, via a carers assessments and the option of a carers grant etc.

A mother complained about the length of time it was taking to reach a decision as to whether her son was eligible for services following their move to Flintshire. After a period of time, due to which we were awaiting information from the family's previous Local Authority, a Clinical Psychologist confirmed the son does not have a learning disability; he has autism. A referral had already been made to the Child In Need Team for support and the previous referral to CAMHS followed up. This complaint is currently open with the Ombudsman's office.

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Summary of the outcomes of complaints considered independently at Stage 2 of the complaints procedure

Adult Social Services

13 complaints were considered at Stage 2 during the year:

2 families complained about the Department's decision to reduce the number of respite nights they were now entitled to.

The independently chaired appeal panel upheld the Department's original decision with both appeals, though it was agreed one family's respite allocation would continue as planned as they had recently moved into Flintshire.

7 families complained about the Department's decision to outsource supported living homes currently managed by the Council. A series of independently chaired appeal panel meetings concurred the appropriate processes had been followed and did not uphold their overall complaint. The outsourcing work therefore continues. However, some recommendations were made at an individual level which the Department has implemented. The consultation process with families, service users and staff remains ongoing. The Ombudsman did consider 2 complaints

A family complained via their Solicitor re. their adult son's direct payments ending at point of discharge from hospital and no assessments being undertaken.

We apologised for the confusion in relation to the direct payments being ended after his discharge from hospital. However, we explained the decision to discharge was taken quickly, resulting in little opportunity for a full discussion to take place with them. The Social Worker did what she could with the little time she had and she discussed with the family the possible impact of a return home and the support that might be available.

A family complained we had not applied our eligibility criteria properly in relation to financial charges applied to their son. An independent review completed by a neighbouring Local Authority using Flintshire's criteria found it had been applied correctly and fairly. The complaint was not upheld and the charges remain.

A family raised a number of issues re. the standard of care provided to their mother whilst she was staying in a Council home. This was an emotive matter. An independent investigation interviewed staff and reviewed records, but did not uphold the complaint overall. It found their mother was inappropriately placed at the home following concerns she may contract an infection in the hospital, hence the quick discharge. Indeed the home had attempted to manage the situation bearing in mind the family's own difficulties at the time.

A carer complained about the process underpinning her carer's assessment. An independent investigation did not uphold the complaint and found processes had been appropriately followed.

Children's Social Services

4 complaints were investigated independently at Stage 2 during the year:

A parent raised 48 separate issues about the Department's management of her daughter's case. This was a complex complaint and social work staff, Managers and Senior Managers have sought to address and resolve these ongoing issues in a number of ways with the parent. 3 complaints were upheld and one complaint upheld partially, but the complaint was not upheld overall. The Department has agreed to take the three recommendations made forward.

Parents raised 50+ separate issues about the Department's management of their children's case. Again, this was a complex complaint which also involved the Youth Justice Service. Seven complaints were upheld in part. We accepted parts of the independent investigation's findings but explained our own perspective with the parts we did not necessarily agree with. We agreed to take forward 8 recommendations as part of our lessons learned process.

A prospective adoptive couple complained about the Department's handling of their adoption matching and decision making case. **This was an emotive matter. An independent investigation did not uphold their complaint overall and we apologised for the length of time taken to formally notify them of our decision not to consider them for adoption. We agreed to take forward a recommendation about improving communication between ourselves and the North Wales Adoption Service.**

A parent complained about the Department's management of his children's case following an acrimonious separation. The complaint was not upheld overall, but we apologised that the schedule of expectations between the separating parents was not formally put in place.



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 21 July 2016
Report Subject	Forward Work Programme
Cabinet Member	Not applicable
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee 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.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

RECOMMENDATION

1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME
1.01	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 Improvement Plan.
1.02	<p>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:</p> <ol style="list-style-type: none">1. Will the review contribute to the Council's priorities and/or objectives?2. Is it an area of major change or risk?3. Are there issues of concern in performance?4. Is there new Government guidance of legislation?5. Is it prompted by the work carried out by Regulators/Internal Audit?
2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.
3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Publication of this report constitutes consultation.
4.00	RISK MANAGEMENT
4.01	None as a result of this report.
5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme
6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>None.</p> <p>Contact Officer: Margaret Parry-Jones Overview & Scrutiny Facilitator</p> <p>Telephone: 01352 702427</p> <p>E-mail: margaret.parry-jones@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	Improvement Plan: the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

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CURRENT FWP

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
Thursday 15 September 2016 2.00 p.m.	Children's Service update to include repeat referrals in Children's Services	To monitor progress on the CSSIW Inspection report recommendations	Assurance/Monitoring	Chief Officer Social Services	8 September 2016
	Corporate Parenting and Fostering Strategies update	To receive a presentation on The Corporate parenting and Fostering Strategies	Awareness Raising	Chief Officer Social Services	
	Quarter 4/Year End Improvement Plan Monitoring Report	To enable members to fulfil their scrutiny role in relation to performance monitoring.	Assurance/Monitoring	Facilitator	
	Quarter 1 Improvement Plan Monitoring Report	To enable members to fulfil their scrutiny role in relation to performance monitoring	Assurance/Monitoring	Facilitator	
Thursday 20 October 2016 10.00 a.m.	Flintshire Local Voluntary Council	To receive an update on social care activity within the third sector.	Awareness Raising/Assurance	Chief Officer Social Services	13 October 2016
Thursday 24 November 2016 2.00 p.m.	Team around the Family	To receive an update on the Team around the family	Awareness Raising	Senior Manager: Children and Workforce	17 November 2016
	Quarter 2 Improvement Plan Monitoring Report	To enable members to fulfil their scrutiny role in relation to performance monitoring	Assurance/Monitoring	Facilitator	

	Dementia Services	To receive an update on Dementia work in Flintshire		Senior Manager Safeguarding and Commissioning	
Tuesday 13 December 2016 2.00 p.m.	Budget Consultation				6 December 2016
Thursday 22 December 2016 10.00 a.m.	Governance of Part 9 Partnership Regional Board	To advise Members of the proposals	Awareness raising	Chief Officer: Social Services	15 December 2016
	Quarter 2 Improvement Plan Monitoring Report	To enable members to fulfil their scrutiny role in relation to performance monitoring	Assurance	Facilitator	
Thursday 19 January 2017 10.00 a.m.	(Budget Consultation)				12 January 2017
Thursday 26 January 2017 2.00 p.m.	Quarter 3 Improvement Plan Monitoring Report	To enable members to fulfil their scrutiny role in relation to performance monitoring	Assurance	Facilitator	19 January 2017
	Update on Delayed Transfer of Care	To receive an update on Delayed Transfer of Care data for Flintshire	Monitoring	Chief Officer: Social Services	
Thursday 2 March 2017 10.00 a.m.	Quality Assurance report	To be confirmed		Senior Manager: Children and Workforce	23 February 2017

	Transition	To be confirmed			
Thursday 6 April 2017 2.00 p.m.					30 March 2017
Thursday 15 June 2017 2.00 p.m.	Safeguarding				8 June 2017
Thursday 20 July 2017 2.00 p.m.					13 July 2017

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
January	Safeguarding & Child Protection	To provide Members with statistical information in relation to Child Protection and Safeguarding.	Chief Officer (Social Services)
March	Educational Attainment of Looked After Children	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
March	Corporate Parenting	Report to Social & Health Care and Education & Youth 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)
	Adult Safeguarding	To consider the annual statistical information.	Chief Officer (Social Services)
Every 6 months	Repeat Referrals in Children's Services	To monitor progress.	Chief Officer (Social Services)