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To: Cllr Carol Ellis (Chair)

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

24 February 2017

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 10.00 am on Thursday, 2nd March, 2017 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 - 8)

Purpose: To confirm as a correct record the minutes of the last meeting held on 26 January 2017.

4 DOUBLE CLICK (Pages 9 - 14)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To receive a presentation on progress following the transition to a Social Enterprise

5 **SOCIAL SERVICES ANNUAL REPORT** (Pages 15 - 68)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: For the Committee to receive and consider the draft Social Services Annual Report

6 **CHILDREN'S SERVICES QUALITY ASSURANCE REPORT** (Pages 69 - 86)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To advise Committee of the first Children's Services Quality Assurance Report which gives an indication of how well Social Services is delivering services to help people to achieve their well-being outcomes under the six standards of the Social Services and Wellbeing Act (Wales).

7 **QUARTER 3 IMPROVEMENT PLAN 2016/17 MONITORING REPORT**
(Pages 87 - 106)

Report of Environment and Social Care Overview & Scrutiny Facilitator - Cabinet Member for Corporate Management

Purpose: To enable Members to fulfil their scrutiny role in relation to performance monitoring.

8 **ROTA VISITS**

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

Yours sincerely



Robert Robins
Democratic Services Manager

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **26 JANUARY 2017**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at County Hall, Mold on Thursday, 26 January 2017

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Paul Cunningham, Adele Davies-Cooke, Veronica Gay, David Healey, Cindy Hinds, Dave Mackie, Hilary McGuill, Ian Smith, and David Wisinger

APOLOGIES: Councillors: Andy Dunbobbin, Ray Hughes, Mike Lowe, and Mike Reece

CONTRIBUTORS:

Councillor Christine Jones, Cabinet Member for Social Services, Chief Officer (Social Services), Senior Manager Children and Workforce, and Senior Manager Integrated Services, .Planning and Development Officer (Social Services) and Service Manager - First Contact and Locality Services

IN ATTENDANCE:

Social & Health Care Overview and Scrutiny Facilitator and Committee Officer

57. DECLARATIONS OF INTEREST

There were no declarations of interest.

58. MINUTES

- (i) The minutes of the meeting of the Committee held on 24 November 2016 had been circulated to Members with the agenda.
- (ii) The minutes of the meeting of the Committee held on 13 December 2016 had been circulated to Members with the agenda.

Matters arising:

In response to a request from the Chair the Senior Manager Integrated Services gave an update on the progress of the Single Point of Access.

RESOLVED:

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

59. NORTH WALES POPULATION NEEDS ASSESSMENT UPDATE REPORT

The Chief Officer (Social Services) introduced a report to provide a summary of the outcomes of the population needs assessment for Flintshire. He gave background information and context and introduced Christy

Hoskings, Planning and Development Officer, Social Services, and invited her to present the report.

The Planning and Development Officer explained that the aim of the Populations Needs Assessment was to provide an evidence base which identifies some of the key care and support needs for people in North Wales and improve understanding of the current and future population. She said the Assessment would be a valuable source of information for local authorities and their partners and would enable them to inform future partnership arrangements, commissioning strategies and develop services.

The Planning and Development Officer advised that the Assessment is a requirement of the Social Services and Wellbeing Act 2014 which places a duty on the 6 North Wales Councils and Health Board to jointly assess the needs of the population and the services required to support those needs. She explained that the Assessment covered the following themes:

- Children and Young People
- Older People
- Health/Physical Disability
- Learning Disability and Autism
- Mental Health
- Sensory Impairment
- Carers
- Violence against Women, domestic abuse and sexual violence

The Planning and Development Officer explained that North Wales had also chosen to highlight the following further themes :

- Substance misuse
- Homelessness
- Veterans
- People in the secure estate

The Planning and Development Officer gave an overview of the findings for each of the themes above and what actions had been recommended for North Wales Counties moving forward. She reported that the Assessment must be published by 1 April 2017 and would be reviewed by April 2019. Following completion of the assessment local authorities and the Health Board are required to design area plans based on the findings in the population needs assessment. The plans will outline how each County will meet the needs of its population and what areas will have joint initiatives with Health and what areas will have regional initiatives to cover need.

The Chair thanked the Planning and Development Officer for her detailed presentation.

In response to a query raised by Councillor David Wisinger concerning the direct payments scheme for care, Officers gave an assurance that the care needs of any individual would always be met regardless of the circumstances around payment of carers.

Councillor Cindy Hinds expressed a concern around the 'top-up' fees charged in some private care homes. Officers acknowledged that this practice caused financial strain on residents and their families and advised that in such circumstances negotiations would take place with the owner of the care home to either reduce or take away the charge as appropriate. Cllr Hilary McGuill requested a list of the homes that currently charged 'top-up' fees.

The Chair referred to page 404 of the report and asked how the need to provide a further 178 care home placements (based on projected need) by 2020 would be addressed. The Senior Manager Integrated Services referred to the extra-care schemes in Flint and Holywell, and the Council's priorities to develop care for people at home and to improve services in the community.

The Chair commended the Chief Officer and his team for their hard work and initiatives in developing the Flintshire element of the population needs assessment.

RESOLVED:

That the draft North Wales Population Needs Assessment be noted.

60. THE FUNCTION AND PROCESS OF DELAYED TRANSFER OF CARE FROM A HOSPITAL SETTING

The Senior Manager Integrated Services introduced a report on the role and function of the Delayed transfer of Care process. She explained that the structure of hospital based social work and its collaboration with health colleagues was also outlined and that the report focused on the patient flow through the discharge process and explained why delays occurred.

The Senior Manager Integrated Services introduced Janet Bellis, Service Manager - First Contact and Locality Services, and invited her to present the report. The Service Manager, explained what delayed transfer of care means and that the definition of a delay was a patient who continued to occupy a hospital bed after his or her 'ready to transfer of care date'. This date is determined by the clinical responsible for inpatient care, in consultation with colleagues in the hospital multi-disciplinary discharge team. The Service Manager advised that Flintshire had 29 cases of Delayed Transfer of Care in the past year and reported on the discharge process and brokerage process as detailed in the report.

During discussion Officers responded to the questions and comments raised by Members around the reasons for the delay, and the support provided to people with continuing health needs who are not in hospital.

Councillor Cindy Hinds expressed concerns around the time patients had to wait in the discharge lounge in hospital.

RESOLVED:

That the Committee welcomed the progress made on Delayed Transfers of Care and how it is monitored and managed each month, and noted that the Health statistics were not included in this.

61. ROTA VISITS

Councillor Hilary McGuill reported on her visit to Rowley's Pantry. She said the visit had been positive but some staff had expressed concerns around job security due to the proposed move to an alternative delivery model. She also referred to the corporate procurement policy and expressed concerns around the cost of obtaining supplies through the procurement system.

In response to the matters raised the Senior Manager Integrated Services reported on the extensive consultation and robust feasibility study which had taken place with service users and their families to address any concerns they had around the proposals for an alternative delivery model. She said no financial decisions had been made yet and gave an assurance that the needs of individuals were a priority and would be protected going forward.

The Chair suggested that the concerns raised by Councillor McGuill around the corporate procurement system be referred to the Corporate Resources Overview & Scrutiny Committee for consideration.

62. FORWARD WORK PROGRAMME

The Social & Health Care Overview and Scrutiny Facilitator presented the current Forward Work Programme for consideration and referred to the items scheduled for the next meeting of the Committee to be held on 2 March 2017. She referred to the workshop to be held following the meeting to consider the Social Services Annual Report and said it was that the draft Report be circulated to the Committee instead, with time for comments to be made and discussion to take place prior to the final Report being submitted to Cabinet. The Facilitator said it was also proposed that the meeting of the Committee which was scheduled to be held on 6 April 2017 be cancelled and the items moved to a future meeting. At the request of Cllr Hilary McGuill, the Chief officer agreed that the progress report on Double Click should be considered at the March meeting.

RESOLVED:

- (a) That the Forward Work Programme be agreed subject to the above amendments;
- (b) That the draft Social Services Annual Report be circulated to the Committee by 13th February 2017 prior to the final Report being submitted to Cabinet.

63. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

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

(The meeting started at 2.00 pm and ended at 3.22 am)

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Chairman

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SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	2 nd March 2017
Report Subject	Double Click Social Enterprise – Progress Report
Portfolio Holder	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Operational – Progress Report

EXECUTIVE SUMMARY

This report is to provide a Progress Report on Double Click Design and Print which is one year old as a Social Enterprise.

Double Click Design is a computer design and print social enterprise based in Shotton. The business produces leaflets, brochures, photographic cards and other printed material for its customers.

The report is accompanied by promotional material which is produced and sold by Double Click design, we hope you will find this useful. A DVD created by one of the people who have found benefit in our Mental Health Service will be shown to Overview and Scrutiny Committee which tells the story of just one of our successes.

RECOMMENDATIONS

1	Committee Members note the progress achieved within 1 year.
2	Members continue to support and promote Double Click Design as a Social Enterprise.

REPORT DETAILS

1.00	EXPLAINING DOUBLE CLICK DESIGN AS A SOCIAL ENTERPRISE
1.01	In January 2016, after a number of years of hard work in developing a robust business and legal framework, Double Click Design was transformed from a Flintshire County Council Mental Health Support Service to a Social Enterprise independent of the council.
1.02	To ensure its success The Council still allows for one employee of the Mental Health Services team to continue to work within the business as a secondment arrangement. All others are employed by Double Click.
1.03	The Council has a three year contract with Double Click to provide 15 training placements to people with mental health and substance misuse issues. The Mental Health Support Services continue to oversee the referral process.
1.04	The main aim of the business (alongside its provision to the public of a Design and Print service) is to enable individuals with mental health problems and substance misuse issues to gain work based skills and experience.
1.05	People train alongside staff to gain both formal and informal qualifications within the work base and in community settings. People are encouraged to play a role in all aspects of the running of the business, via marketing, customer contact, administration, team meetings, and the design and production of printed materials.
1.06	Informal peer support is also practised within the workplace, with individuals teaching each other skills. The business also has a number of skilled volunteers, some of whom may have direct experience of mental health/substance misuse issues.
1.07	The transformation of Double Click Design into an independent Social Enterprise allows more freedom to operate the design and print business in a way which will give people real work experience and provide an opportunity for trainees to undertake paid employment where appropriate.
	CURRENT POSITION
1.08	The business in 2016 employed a part time trainee graphic designer who originally came to the workplace as a trainee/service user. It's our aim to encourage more of this type of opportunity.
1.09	Each trainee has a personal development training program with a clear learning plan. This allows individuals to gain real work experience in a variety of tasks ranging from office based skills to computer graphic design skills.
1.10	Individuals have received qualifications via Learn Direct courses, and this

	has helped them to grow in confidence. Double Click is currently liaising with educational establishments to further develop opportunities for accredited training.
1.11	As a Social Enterprise Double Click has much more flexibility in terms of employment and can now employ people with a range of skills, they have, for example, just employed a graphic designer/trainer who can share her skills with trainees and improve the products. They have also introduced an internship post to increase the skills in the graphic design area.
	AREAS OF DEVELOPMENT
1.12	Double Click's specialism is in helping small businesses and start-up companies to craft a professional image to present to clients. Their customer base is gradually increasing and the team is now a mix of designers and trainees.
1.13	Recently Double Click were shortlisted to be involved in Asda Social Enterprise Academy, which provides learning opportunities in retail, marketing, product improvement and business development. Despite them not being successful on this occasion, the feedback received as part of this process was extremely positive and encouraging.
1.14	The Team Manager of Mental Health Support Services in 2016 was nominated by a member of Social Firms Wales for a Leading Wales award for her contribution in the process of transforming Double Click to a Social Enterprise. She was announced the winner of the Leadership in the Public Sector category in the awards ceremony in Cardiff in June 2016.
1.15	We have introduced a new payment system used in business, and have also set up easier ways for customers to pay by card. Pay Pal is now linked, which is a practical advantage, actually making Double Click more business-like.
1.16	Partnerships We have begun partnerships with Glyndŵr University and the charity Tŷ Gobaith. Double Click can now forge ahead with partners to further enhance the experiences of trainees/volunteers.
1.17	Training Double Click can now be more flexible/creative in their training. They have recently funded a training day to include web design tutorials. This would not have been easy to provide within Flintshire County Council.
1.18	Double Click still benefits from expertise within Flintshire County Council in areas such as Safeguarding/Introduction of SSWB Act/HR/Mental Health Knowledge/Health and Safety.
1.19	Grant funding As a social enterprise, Double Click are able to apply for grants to promote their businesses and fund developments. As an example, they have received National Lottery funding for computer equipment, something not

	previously open to them.
1.20	Opening We have new opening hours and are now open 5 days per week, rather than 4 days.
1.21	THE BOARD The Board of Directors meet monthly with Social Firms Wales and FCC Advisors attend quarterly. Double Click Board is made up of :- 1. Flintshire County Council Councillor 2. A person with a finance background, 3. A person with Mental Health background 4. Two advisors from Flintshire County Council and Social Firms Wales
1.22	This brings a range and balance of contributions. People with relevant skills and background can be brought onto the Board of Directors as required

2.00	RESOURCE IMPLICATIONS
2.01	Flintshire County Council contribute £110,000 per annum to Double Click. This amount has not increased or been uplifted, demonstrating that it is operating effectively.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	N/A

4.00	RISK MANAGEMENT
4.01	Contractual arrangements are in place and have been agreed with the Council's Legal Department. Funding is linked to contract and considered low risk.

5.00	APPENDICES
5.01	Double Click has had 19 new referrals since January 2016 until end Jan 2017: 1. 16 of these have engaged – 3 never engaged. 2. 15 people have signed up to learn direct course. 3. 3 people are working on a Photo Shop Course. 4. 3 people doing office skills.

	<p>Last year 2 people started employment and 3 people became volunteers.</p> <p>Of the people who are no longer with Double Click:</p> <ol style="list-style-type: none"> 1. 1 moved onto delivering training 2. 1 person has gone travelling 3. 1 person became unwell 4. 1 person went to college 5. 2 people have disengaged with all services 6. 1 person moved back to Next Steps and decided she wanted to change direction with career into animal care. 7. 1 person has gone to work in Spain.
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6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Double Click Promotional Pack.</p> <p>Contact Officer: Jo Taylor, Service Manager, Disability, Progression and Recovery – Adult Services</p> <p>Telephone: 01352 701341</p> <p>E-mail: jo.taylor@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	<p>(1) Mental Health Support Services A range of Social Services managed teams who support people with mental health problems into employment / training and supported living.</p> <p>(2) Social Enterprise A type of non-profit business that employs people and earns income in order to help address perceived social or environmental issues. For example, a social enterprise might provide valuable services to a population in need, or they might perform volunteer or even paid consulting work or environmental clean-up projects.</p>

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SOCIAL AND HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 2 nd March 2017
Report Subject	Social Services Annual Report
Portfolio Author	Cabinet Member for Social Services
Report Author	Chief Officer Social Services
Type of Report	Strategic

EXECUTIVE SUMMARY

As part of our statutory requirements the Chief Officer Social Services has drafted the Social Services Annual Report looking at the performance of the local authority's delivery of its social care functions and improvement priorities. This report has adopted the new reporting template as defined by the Welsh Government which aligns our improvement priorities against our National Outcomes Framework. It is requested that Scrutiny Members considers whether the report is an accurate reflection of social care in Flintshire.

RECOMMENDATIONS

1	Scrutiny Members are asked to review, scrutinise and consider whether the draft report provides an accurate and clear account of social care in Flintshire.
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REPORT DETAILS

1.00	EXPLAINING THE SOCIAL SERVICES ANNUAL REPORT
1.01	The statutory Director of Social Services is required to produce an annual report summarising their view of the local authority's social care functions and priorities for improvement as legislated in the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015.
1.02	The purpose of the Social Services Annual Report is to set out the improvement journey and evaluate Social Services' performance in providing services to people that promote their wellbeing and support them to achieve their personal outcomes.
1.03	<p>This year the Social Services Annual Report format has changed as instructed by the Welsh Government, replacing the Annual Reporting Council Framework; attached is a copy of the Guidance and Template for the new Social Services Annual Report. The new format is more closely aligned to the National Outcomes Framework which will demonstrate our performance in meeting the wellbeing outcomes of people in Flintshire. All improvement priorities set will now sit under one of the six National Quality Standards (NQS) and everyone's personal wellbeing outcomes will relate to one of these, they are:</p> <p>NQS 1 - Working with people to define & co-produce personal well-being outcomes that people wish to achieve</p> <p>NQS 2 - Working with people and partners to protect and promote people's physical and mental health and emotional well-being</p> <p>NQS 3 - Taking steps to protect and safeguard people from abuse, neglect or harm</p> <p>NQS 4 - Encouraging and supporting people to learn, develop and participate in society</p> <p>NQS 5 - Supporting people to safely develop and maintain healthy domestic, family and personal relationships</p> <p>NQS 6 - Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs</p>
1.04	The draft Social Services Annual Report for 2016/2017 is attached as Appendix 1. The report is intended to provide the public, the regulator and wider stakeholders with an honest picture of services in Flintshire and to demonstrate a clear understanding of the strengths and challenges faced.
1.05	The report will form an integral part of the Care and Social Services Inspectorate Wales (CSSIW) performance evaluation of Flintshire Social Services. The evaluation also informs the Wales Audit Office's assessment of Flintshire County Council as part of the annual improvement report.

1.06	The Social Services Annual Report has been prepared following an in-depth review of current performance by the Social Services Senior Management Team, Service Managers and Performance Officers. The improvement priorities contained within the report are aligned to the priorities contained within our Portfolio Business Plan, the Council's Improvement Plan and associated efficiency plans.
1.07	Members of the Social & Health Care Overview and Scrutiny Committee have been given a prior opportunity to provide comments and feedback on the draft report which has shaped the key messages and priorities contained within the report.
1.08	Following workshops with Members of the Social & Health Care Overview and Scrutiny Committee over the last two years they have given a clear steer on the style of the document, which will be adopted again this year, and the report will be produced in a user/ iPad friendly style by Double Click.
1.09	Our overall assessment is that Social Services in Flintshire continues to drive forward service improvement, ensuring we have an effective range of good quality services that support and protect vulnerable people. Through our self-assessment we can show that:
1.10	<p>We have much to celebrate from the work we are doing to promote and improve the wellbeing of those we help, such as:</p> <ol style="list-style-type: none"> 1. Developing and piloting models of cooperation within our service development and commissioning processes 2. Embedding the progression model within Learning Disabilities 3. Continuing to achieve the personal outcomes of the people that we support by finding out what really matters to them 4. Continuing to work with health and independent providers to prevent unnecessary hospital admissions and return individuals home as soon as possible 5. Undertaking innovative work in partnership with our residential care providers and Helen Sanderson Associates in delivering our "A Place Called Home, Delivering What Matters" programme 6. Working with partners in developing an early intervention hub in Children's Services 7. Children's Services continues to performance well despite significant increases in service demand 8. Working closely with individuals using services, their families and staff to consider alternative delivery models
1.11	<p>Our Workforce and how we support their professional roles remains a priority, we have:</p> <ol style="list-style-type: none"> 1. Supported and developed our staff to ensure they are competent and knowledgeable in delivering the practice required by the Act 2. Developed a robust focus on quality and practice 3. Introduced a new management structure in Children's Services 4. Supported, and will continue to, independent providers in terms of recruitment and business sustainability.

1.12	The Annual Report reflects that Flintshire has adapted, modernised and changed to cope with the successive years of major budget reductions and despite these challenges of having to do more with less the Council and its partners retain their ambitions for a forward thinking and prosperous county.
1.13	<p>The draft Annual Report also outlines the improvement priorities identified for 2017/2018 which includes:</p> <ol style="list-style-type: none"> 1. Continuing to ensure compliance with the Social Services & Wellbeing Act through our policies, procedures, practice and by developing our approach to co-production in strengthening community capacity 2. Planning for and embedding the new requirements under the Registration and Inspection Act 3. Fostering positive and effective transitions and interface between teams 4. Implementing the Community Resource Team, integrated with SPoA 5. Working with carers to help us link outcomes to developing practice 6. Piloting the free childcare of 30 hours 7. Strengthening the Corporate ownership of the safeguarding agenda through good levels of learning re safeguarding, effective Corporate Parenting and a joined up approach to well-being. 8. Ensuring processes for high cost placements are well managed and adhered to 9. Progression model continues to be embedded 10. Transformation of day services and work opportunities to be continued 11. Implementing the Early Help Hub for children and families 12. Developing our building assets, using capital investment, to ensure that people have good places to socialise in and live 13. Building a strong care sector, by developing our in-house provision, supporting the independent sector and work with health to ensure seamless and well-coordinated care 14. Succession planning and the development of effective strategies for workforce shortages, provider services, children's services and commissioning. 15. Revenue budgets are aligned and balanced, our income is maximised and pooled budgets are considered.

2.00	RESOURCE IMPLICATIONS
2.01	The priorities identified within the report are aimed at delivering service improvements, improving outcomes and meeting local needs within the context of achieving challenging financial efficiencies and value for money. The improvement priorities contained within the report have been identified for delivery within existing resources.
2.02	Improvement priorities may have associated personnel implications which will be separately detailed as part of our efficiency programme.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In light of the elections this year and timetabling appropriate opportunities, consultation with Members has been undertaken remotely whereby Members were given the opportunity to comment on the draft report prior to a final draft being presented formally for discussion at this Social & Health Care Overview and Scrutiny Committee meeting.
3.02	The draft Annual Report has been considered by Informal Cabinet on Tuesday 28 th February 2017.
3.03	The final draft Annual Report will be presented to Cabinet on the 14 th March 2017.

4.00	RISK MANAGEMENT
4.01	The submission and publication of the Social Services Annual Report deadline is by the end of July 2017; we have developed a project plan for compiling and developing the report which mitigates the risk of not meeting our deadline for submission.
4.02	Each quarter we hold two Performance and Quality Forums, one for Adult Services and one for Children's Services, which are attended by the Chief Officer, Senior Managers, Service Managers, Team Managers and representatives from the performance team. The Performance and Quality Forums monitor the performance of our improvement priorities and actions are set by the Forum to ensure we achieve the milestones and priorities we have set.

5.00	APPENDICES
5.01	<u>Appendix 1 – Draft Social Services Annual Report</u>
5.02	<u>Appendix 2 – Sample Design for Social Services Annual Report</u>

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Included within the Social Services Annual Report.
6.02	Contact Officer: Carol Dove, Planning and Development Officer Telephone: 01352 704211 E-mail: carol.a.dove@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	Care and Social Services Inspectorate Wales (CSSIW) - The inspectorate that has the powers to review Local Authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interests of vulnerable people who use services and their carers. They also provide professional advice to Welsh Ministers and policy makers.
7.02	National Outcomes Framework - This Framework gives local authorities national direction for services that promote the well-being of people in Wales who need care and support, and carers who need support as well as providing greater transparency on whether care and support services are improving well-being outcomes for people using consistent and comparable National Outcome Standards and Performance Indicators.
7.03	Outcomes - The benefits, changes or other effects that result in an improvement in quality of life for a person from services provided. E.g. an improvement in physical functioning or maintaining a life skill leading to continued independence
7.04	Regulations and Inspections (Wales) Act 2015 - The Act builds on the success of regulation in Wales and reflects the changing world of social care. It places service quality and improvement at the heart of the regulatory regime and strengthens protection for those who need it. Regulation will move beyond compliance with minimum standards, and focus more on the quality of services and the impact which they have on people receiving them.
7.05	Social Services and Well Being (Wales) Act - The Act will set out the core legal framework for social services and social care, reinforcing people's rights to information and services and supporting the delivery of our services in an integrated way to ensure that social services and social care are sustainable.
7.06	Well-Being - Reference to well-being in the Act means the well-being of an individual who needs care and support or carer who needs support. Well-being relates to the physical, intellectual, emotional, social and behavioural development of a child. It also relates to the control over day to day life and participation in work in adults.
7.07	The final Social Services Annual Report will also contains a glossary of terms.

Flintshire County Council

**Social Services Annual Report
2016-17**

DRAFT

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Section 2 Director's Summary of Performance

Section 3 How Are People Shaping our Services?

Section 4 Promoting and Improving the Well-being of Those We Help

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- (b) Working with people and partners to protect and promote people's physical and mental health and emotional well-being
- (c) Taking steps to protect and safeguard people from abuse, neglect or harm
- (d) Encouraging and supporting people to learn, develop and participate in society
- (e) Supporting people to safely develop and maintain healthy domestic, family and personal relationships
- (f) Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

Section 5 How We Do What We Do

- (a) Our Workforce and How We Support their Professional Roles
- (b) Our Financial Resources and How We Plan For the Future
- (c) Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

Section 6 Accessing Further Information and Key Documents

This document provides a summary of our annual self-evaluation of our improvement journey. If you receive a service from us please let us know if you think this report is a fair reflection of your experiences over the past 12 months. We welcome any comments you may have, your views matter to us and are crucial if we are to continue to improve services to meet your outcomes. You can write or email to me as follows:

Neil Ayling - Chief Officer,
Social Services, 1st Floor, Phase 1, County Hall, MOLD
Flintshire CH7 6NN
Email: neil.j.ayling@flintshire.gov.uk

If you are reading this online then there are links in the last section of the report if you want to read more about any of the services, initiatives or key documentation. For words underlined there is a glossary linked to this document that may help explain unfamiliar words and terms.

Section 1 Introduction

This is our first Social Services Annual Report prepared under the new requirements of both the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015 which legislates our statutory requirement to produce an annual report on our social services functions.

The purpose of the Social Services Annual Report is to set out our improvement journey in providing services to people that promote their wellbeing and support them to achieve their personal outcomes; it's an opportunity for us to annually evaluate our performance against our improvement priorities. You will notice the new Annual Report format has changed this year, it is now more closely aligned to the National Outcomes Framework which will help us to demonstrate our performance in meeting the wellbeing outcomes of people in Flintshire. You will see that our priorities for 2016/17 now sit under one of the six National Quality Standards (NQS) and everyone's personal wellbeing outcomes will relate to one of these, they are:

- NQS 1 Working with people to define & co-produce personal well-being outcomes that people wish to achieve
- NQS 2 Working with people and partners to protect and promote people's physical and mental health and emotional well-being
- NQS 3 Taking steps to protect and safeguard people from abuse, neglect or harm
- NQS 4 Encouraging and supporting people to learn, develop and participate in society
- NQS 5 Supporting people to safely develop and maintain healthy domestic, family and personal relationships
- NQS 6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

This report is designed to offer a broad range of stakeholders, including individuals using our services, families, Councillors, the general public, our partners, our regulator and the Welsh Government, an insight into our improvement journey and how together we are shaping our services to meet the wellbeing outcomes of people living in Flintshire. We engage with our stakeholders on the development of services and the setting of our improvement priorities, which we highlight throughout this report.

Section 2 Director's Summary of Performance

This is our sixth annual report and the first in a new format which has been prescribed by Welsh Government as a new way of reporting. As in previous years I have welcomed this opportunity to reflect on the hard work and achievements of the staff working with partners in supporting adults, children, families and carers in Flintshire.

There has never been a time when social care issues and pressures have been as high profile as they are currently. Every day there are reports in the media concerning shortages in adult social care across the UK. In Flintshire we have made successful joint working with care sector providers a real priority and will continue to do all we can in the year ahead to respond to their pressures in terms of recruitment and sustainability of their businesses.

One of the exciting developments this year has been the pilot to develop an Early Help Hub in children's services which is a partnership project involving education, health, police, social services and the third sector to provide the most effective front door offering assistance and access to specialist frontline support. This will further develop our children's services, building on the effective restructuring of services which is now fully embedded.

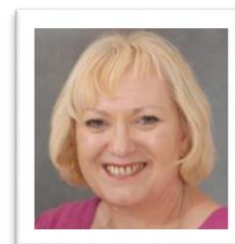
During this last year corporate senior colleagues in Flintshire and senior politicians have worked together like never before to respond to some of the service and resource challenges in social services. Some of the adult social care pressures I have already mentioned but we have also had considerable increases in demand for children's services which we are needing to respond to. These are challenges that we are succeeding in addressing through effective partnerships with other agencies, appropriate levels of resourcing and best practice in service response.

I would like to thank all the individuals that have allowed us to share their stories and as I am sure you will agree that these stories are much better at bringing to life the difference that all our hard work is making to people's lives and wellbeing.

On behalf of our Cabinet Member for Social Services, Councillor Christine Jones and I, we would like to thank all our staff for their efforts in supporting vulnerable people in Flintshire this last year, and of course we have clear plans to take forward further service improvements in the year ahead.



[Neil Ayling](#)
Chief Officer
Social Services



[Councillor Christine Jones](#)
Cabinet Member for
Social Services

Section 3 How Are People Shaping Our Services?

Following the passing of Social Services and Wellbeing (Wales) Act 2014 Flintshire County Council has embarked on a number of change initiatives to further embed models of co-production into service development and commissioning initiatives. We have begun to review current practice and to implement changes which will ensure that we work with people in partnership and foster reciprocal relationships to work together on developing social services in the future.

Since 2014 we have coordinated two schemes, which aim to utilise a model of co-production within our commissioning processes. We began our initial pilot in Disability Services, this is now nearing completion and has enabled us to capture a wealth of data and learning, which in turn has allowed us to establish a draft commissioning model which outlines a process of co-production. This draft model is now steering our second pilot in Carers Services which we anticipate will be completed in April 2018. On the completion of our second pilot we will have a clear model of co-production in commissioning in Flintshire and will embed this as part of our working practice.

In 2016 Flintshire has been involved in a series of activities which will actively inform the development of services. Flintshire has supported the development of the regional Population Needs Assessment; as part of this process we have obtained feedback from 133 organisations, completed staff engagement sessions with 90 staff, consulted with mental health teams, housing support teams and with people who use services via Double Click and Growing Places, we engaged with our Disability Citizens Panel, Looked After Children Group and Equality Impact Assessment Group as well as reviewing 23 consultation documents to support our research. This work will provide an evidence base which can identify some of the key care and support needs of people in Flintshire and across North Wales, which will provide a valuable source of information and enable us to inform future partnership arrangements, commissioning strategies and develop services in 2017/18.

In other areas of service Flintshire has developed a series of co-productive and person centred initiatives, which will in the future inform how services are shaped and developed. For example in 2015-16 we introduced 'What Matters Assessments' and 'Outcome Focused' Training into Adult Services. In 2016 we began our 'Progress for Providers' initiative and this year we are introducing a 'What Matters' approach into Children Services. In late 2016 work began to develop a Children's Services Participation Strategy which is being co-produced with the Participation Group and the Children's Services Forum. All these initiatives encourage and support more meaningful conversations between staff who provide health and social care and the people, families and carers who receive health and social care. From the recording of these conversations it will be possible in the future to utilise what people are telling us to influence service development strategies.

We have introduced a new approach with one of our care home providers called 'Working Together for Change' to use the qualitative voice of the people who are living in care homes to inform strategic commissioning. A 'Working Together for Change' event was held at Llys Gwenffrwd residential home in 2016. The process of engagement used the raw data gathered from person-centred reviews at the home to determine what is working for the older people living there, what is not working so well and what might need to change for the future. Our plan is to roll out this approach with all our care homes in the coming year.

We believe that finding out what matters most to people is a key part of developing quality services, and every year we invite feedback from people we are involved with, using the information we receive to make improvements to the services we deliver. This year we responded to the request from Welsh Government to collect national data about the wellbeing of people who use our services. We sent out 1,442 questionnaires to a sample of adults, children, families and carers and we are starting to analyse the results and here is a flavour of some of the feedback we have received:

This is what adults told us about their care:

😊 What we do well...

96% of people reported that they are happy or sometimes happy with the care and support they receive

96% of adults felt that they are treated with dignity and respect, and are involved in the decisions made about their care

98% of adults felt that they had been given the right information and advice, and 95% felt that they knew who to contact when they needed to

⊗ **What we could do better...** (some examples of what people said)

Reduce the waiting times for complex services to be put in place

Identify more activities for isolated people in rural areas

This is what young people and parents told us about their care:

😊 **What we do well...**

"You are available for advice when needed"

"Contact with our Social Worker is good; we are always kept up to date"

"Got a great Social Worker"

"Assistance with the food bags from the food bank" (parent)

"Our social worker is always available for support"(parent)

"Good communication, helpful staff" (parent)

⊗ **What we could do better...**

"Training on the internet is not great" (parent)

"We are not always given notice of reviews" (parent)

"When carers are in crisis or getting there, the managers sometimes do not recognise this. Some are given more support/respite than others." (parent)

Section 4 Promoting and Improving the Well-being of Those We Help

Since the Social Services and Wellbeing (Wales) Act came in on the 6th April 2016 we have been working hard to embed the new approach in promoting people's well-being by asking "what matters" to them. This is about giving everyone, adults and children, a voice, an opportunity and a right to be heard as an individual to shape the decisions that affect them and to have control over their day to day lives. We want people to be empowered to achieve their wellbeing outcomes and our role is to support people and co-produce solutions.

Below is a summary of our performance in promoting and improving the wellbeing of those we help; we have aligned our social services activities and priorities to one of the six National Quality Standards as follows:

(a) Working with people to define and co-produce personal well-being outcomes that people wish to achieve

We know that people are best placed to determine the personal outcomes that they wish to achieve based on their own values and what matters to them. So we are empowering people to have a greater voice and more control over the care and support that they receive by actively involving individuals in making decisions about their lives. This approach will not only drive co-produced wellbeing outcomes, personal solutions but person centred services.

Be the best at finding out what really matters to people through personal outcomes

We have continued to achieve the personal outcomes of the people that we support through the delivery of our Reablement Team. Our approach is successful because it empowers the individual to establish their own outcomes and we work alongside them to support them to achieve those outcomes; and naturally personal outcomes are revised as and where appropriate to reflect the changing abilities of an individual. We have supported many people to achieve outcomes such as regaining independence with daily living, returning to social groups and re-establishing work activities; the story of Mrs A is a typical example of the life changing work the reablement team delivers. 69% of individuals leave the service having achieved their personal outcomes and requiring no ongoing social services support. A further 14% complete a period of reablement with a maintained or reduced support package.

We will continue to do the best we can at finding out what really matters to people and support them to achieve their personal outcomes. This successful approach illustrated in Reablement is also being embedded across the wider Social Services portfolio, including Mental Health, Disability Services and Children's Services.

“I got my life back...”

Mrs. A was a 72 year old lady who had Cerebral Vascular Accident (CVA) resulting in a right side paralysis. Prior to her CVA, Mrs. A was a very active, independent lady who enjoyed meeting friends, playing bowls and going out with her family who live locally. Mrs. A lived alone in her own home. Following the CVA, she spent 5 months in hospital and was discharged home with a full care package, with 2 support workers calling 4 times a day. Mrs. A was unable to stand and walk or complete many daily tasks.

Mrs. A was referred to Reablement to assess whether it was possible for her to regain as much independence back as possible and reduce her need for care; Mrs. A was just “desperate to walk again”. When we first met Mrs. A she was extremely low in mood and very tearful. Her days were spent sitting in a chair, unable to move, often wet as her catheter would leak frequently.

So, we initially worked with Mrs. A to promote a better standing position, tolerance and encouraging her to put weight through her right leg. She soon progressed and her care calls during the day were reduced. However, Mrs. A was still dealing with a leaking catheter which was understandably distressing for her. What mattered to Mrs. A was for this issue to be resolved. We continued to work with Mrs A daily on her standing and sitting and also showed her how to empty her own catheter into a plastic jug, Mrs. A mastered this within a week. This seemingly small task, which she was now able to complete independently gave her a sense of achievement, control and dignity.

We then began to practice getting in and out of bed with Mrs. A using a transfer board, again she soon got the hang of this. As rehabilitation progressed, along with the support of her two daughters who visited regularly, Mrs A reduced her care calls even further.

However, Mrs. A was very determined she wanted to walk again independently. Her personal outcomes were to be able to walk into Airbus Café to meet her friends for lunch and to be able to attend afternoon tea for her daughter’s birthday. So we involved the Physio and a plan was put in place to work on Mrs. A’s hip and knee control. As Mrs. A progressed, we then assessed her to see if she would be able to use a walking stick. We also practiced car transfers, to enabled Mrs. A to go out more easily with her daughters.

By the end of the Reablement support, provided by a multi-disciplinary team of professionals, Mrs. A was able to walk independently using a stick for support both indoors and a limited distance outdoors. She was able to meet her friends for lunch which was so important to her. Eventually, Mrs A was able to do more tasks for herself and described the support she had received from the team as having “given me my life back”.

In order for people to determine the outcomes they wish to achieve and make informed decisions about how best to manage their well-being, information and advice relating to wellbeing services and support needs to be made available at the right time in the right place. As a result, we have developed Information Advice and Assistance (IAA) services within both Adults, our Single Point of Access, and within Children’s, our Family Information Service and Team Around the Family; these services target IAA with the aim of prevention and early intervention. Here is a snapshot of the performance and difference that our IAA services are making in supporting people to define and achieve their wellbeing outcomes:

Family Information Service

- ✓ received a total of 17,684 IAA enquires between April and September 2016
- ✓ 100% of services users (30 respondents) said that the advice and assistance enabled them to make an informed decision about childcare and family support
- ✓ 100% were satisfied with the service they received

- ✓ 75% opted to access suitable childcare after accessing the service

Urgent Referral for IAA

An urgent request for referral information for a range of services was received from an organisation in West Yorkshire, as a family from West Yorkshire were moving at very short notice (a matter of just a couple of days) to Flintshire and required a comprehensive support package to be in place. The family have had 2 referrals made to Social Services in the past 12 months and both mother and teenager have expressed thoughts of suicide in the last month. The package of information was prepared, categorised into quick reference sections and additional support possibilities were suggested. Shortly afterwards, the referrer wrote to us expressing their thanks and to say:

'...the support services and referral forms were categorised and made it easy for us to determine which services would be beneficial to the family. Our request for information was answered on the day it was received and as a result 5 referrals to services in Flintshire were made promptly that will enable the family to receive the same level of support that they were receiving in West Yorkshire'

Team around the Family (TAF)

- ✓ received a total of 111 referrals over the last year
- ✓ 89 families were supported to define and develop their 'TAF' Action Plan
- ✓ 65% of these Action Plans were closed with a successful outcome

Single Point of Access (SPoA) - 3rd Sector Coordinator

- ✓ received a total of 171 IAA enquiries between April and December 2016
- ✓ 88% of these IAA enquiries were closed with a successful outcome
- ✓ 133 enquiries received a response within the target of 1 week, 79 received a response on the same day

To continue to work with all our partners to prevent unnecessary hospital admissions and return individuals home as speedily as possible

Social Services was committed last year to promoting and securing sufficient 'step up step down beds' in the community which are funded via the Intermediate Care Fund. Across our in-house residential care homes and the independent sector we have secured on average 12 'step up step down beds' which have been used as part of our discharge to assess process and 153 individuals have accessed these beds during the past year which has enabled us to prevent a hospital admission and/or to keep people as close to home and their family as possible. Individuals who use these 'step up step down beds' are cared for by community health and social care teams, including their GP, District Nurses, Community Therapists and Reablement as required, which supports a speedy recovery home or into a longer term placement of their choice. Of the 153 individuals that have been supported in a 'step up step down bed' this year, here is a summary of the outcomes:

75	returned home or went to live with a relative
7	discharged for further assessment
24	moved into long term care
10	passed away
4	admitted to hospital
33	remained in the 'step up step down bed' at the point of reporting

We are pleased to report that Flintshire has continued to work well with our health colleagues and independent providers to ensure that individuals are discharged from hospital as soon as they are medically fit so resulting in a low rate of delayed transfer of care from hospital; for the first nine months of the year there were 17 delays for social care reasons for adults over the age of 75, giving us a rate of 1.3 per 1,000 population for delayed transfers of care. Despite this being a well-publicised challenge the average number of delayed discharges from hospital continues to remain low which is showing clear signs of the positive work that is taking place in Flintshire to prevent hospital admissions and support early discharge.

Furthermore, Social Services and its partners have made money available from the Intermediate Care Fund to provide all Flintshire care homes with a maximum of £2,000 towards the purchasing of equipment, such as hoists, beds, mattresses and elks, to speed up discharges from hospital or to avoid admissions into hospital for Older People.

To become a strong and effective corporate parent

A Corporate Parenting Strategy is being developed in Flintshire, which is in parallel to the Participation Strategy. This Corporate Parenting Strategy will set a vision and commitment for Flintshire County Council and give clarity on how we, as the Council, will be an effective and trustworthy corporate parent for any child or young person who is in our care irrespective of their age, gender, sexuality, ethnicity, faith or disability. Our work will begin to unpick Flintshire's current Corporate Parenting Pledge alongside young people and Elected Members to draw out priority workstreams. Additional learning will be taken from a National Corporate Parenting event taking place in March 2017 which will report back from regional events and showcase best practice from across public services. Our final Strategy will be published in 2017/18 and will be accompanied by an action plan which we will take forward in collaboration with our partners.

We have 220 looked after children, which remains lower than the average in Wales. Our intention is to respond to the national agenda by reducing the number of children who are looked after and providing timely permanence planning for those children who are the subject of voluntary accommodation. Children who are looked after are represented on the Children's Forum and their collective voice helps to shape priority services highlighted in our Council Improvement Plan, such as improving access to Child and Adolescent Mental Health Services (CAMHS) and improving outcomes for looked after children.

- ✓ 94% of looked after children and 84% of children in need of care and support have had their care plans reviewed within timescales
- ✓ 85% of visits to looked after children were provided within timescales

Moving forward, our priorities for 2017/18 are:

- Ensure we are compliant with the Social Services & Wellbeing Act through our policies, procedures, practice and by developing our approach to co-production in strengthening community capacity.
- Plan for and embed the new requirements under the Registration and Inspection Act

(b) Working with people and partners to protect and promote people's physical and mental health and emotional well-being

To successfully protect and promote people's wellbeing we need to work together. We need to jointly take responsibility for encouraging and empowering people to take a lead in their own lives and manage their own health and wellbeing. We in Social Services and our partners needs to develop the right means for supporting people to access services which enable them to maintain a good level of physical, mental and emotional wellbeing. This also links to the Well-being of Future Generations (Wales) Act 2015 which focuses on our future generations' Well-being in a wider context.

To develop key strategic partnerships with specialist providers, for example Action for Children to strengthen our preventative services

We have been strengthening our strategic partnership with Action for Children during the last several months. In November 2016, we hosted a Development Morning with all stakeholders to look at what our strategic partnership should look like in the future, what our priorities are for the children, young people and the families we work with and how to maximise the service areas that fall under the partnership.

Our partnership will include the introduction of the new Repatriation and Prevention (RAP) project with Action for Children, which is in its infancy. The RAP project works on two levels; the service provides a wrap-around intensive service to young people, and their carers, who are in out of county care placements, or who are at significant risk of being placed in an out of county care placement. The service aims to support the young person to a point where they can be successfully supported in a local fostering setting. We will be investing in our Fostering service in 2017 to support this development. The second element of the service will provide an early intervention and preventative therapy service to reduce the risk of family or placement breakdown. Over time the RAP service will play a key role in supporting more young people to live locally, whilst at the same time reducing the significant cost of residential care which averages £3500 a week per child.

We are looking forward to developing this partnership and strengthening our preventative services with Action for Children during 2017/18 and in the years to follow.

Our Flying Start (FS) programme received feedback from 7 mothers who had completed a package of targeted support with the FS midwife. They all said that they had gained more knowledge and felt more confident to care for their baby. They all felt more informed about the importance of breastfeeding and having a warm and close loving relationship with their baby.

3 families provided feedback of their experiences of FS childcare settings; they all felt supported with their child settling into childcare, and reported improvements in the children's talking, listening and sharing. 73 parents completed a parenting course and 96% recorded that they were satisfied or very satisfied with how they were treated on the course; we are working on a measure for the difference that this has made.

To embed person centred practice in care homes across Flintshire and roll out a similar programme with domiciliary care providers

The Contract Monitoring Team have been undertaking innovative work in partnership with our residential care providers and Helen Sanderson Associates by embarking on a programme of change called "Creating a Place Called Home, Delivering What Matters" which is striving to improve the day to day lives of individuals living in residential care homes by embedding person centred practices and delivering what matters to people.

As a way of recognising the good work and progress that care homes are making on this journey we have introduced 'Progress for Providers' which contains three levels of accreditation, Bronze, Silver and Gold. This will help our care homes to demonstrate publically that they are making good progress in delivering truly person-centred care.

Over the last couple of months the Team has been busy supporting our care homes in working towards the bronze accreditation; to be bronze, everyone in the care home (including all staff) needs to have an up to date one-page profile that is being used and, more importantly, is making a difference to the lives of the individuals and staff in the care home. We have received some fantastic stories of how the one pages profiles are improving the quality of life for people, for example one gentlemen is now going fishing with a staff member's relative as a result of the one page profile and another gentleman is able to do what he enjoys again and that's putting a little bet on the horse racing. We have noticed it's the small things that make the biggest difference; please take a read of Mair story:

"I want to help and be more involved"

Mair has been a resident in Llys Gwenffrwd since September 2015, she came to us following a stay at the community hospital. Mair was reluctant to engage in any interaction within the home and was continually worried and anxious regarding her finances and her situation.

The staff in the home wanted to support Mair to regain a purpose in her life and give her some responsibility back and a sense of purpose, so her one page profile was developed.

Since moving into the home Mair has had regular check-ups and meetings with health professionals to monitor her mental and physical health. Mair began to gain confidence with the staff and through many conversations with her and a greater understanding into her background we began to gain a better picture of who Mair is. We focussed on the positive aspects of her life , her caring nature and the need to help and support people around her and so we started to introduce tasks for Mair to complete each day, such as laying the dining tables, gardening and printing lunch menus, which she really enjoyed doing and gradually we increased these tasks. Mair now feels a valuable part of the home and achieves many important and essential roles each day; because of her involvement with the staff and residents Mair's confidence has grown and although she can be low in mood she now has a greater awareness of this and will come and chat with the manager and staff when she feels down.

We are in the early stages of this exciting journey but as you can see the person centred practices and delivering on what matters is really making a difference to the lives and wellbeing of our residents; and following this success, we are now looking to roll out a similar programme with our domiciliary care providers and for people receiving care and support in their own home.

To continue developing integrated health and social care teams

Social services and Betsi Cadwalader University Health Board are currently working in partnership to develop a Community Resource Team. The purpose of this team is to react quickly to an individual's deteriorating health and wellbeing needs, providing support in the person's own home, to prevent the need for a hospital admission. The team will provide short term care for an initial assessment period of two weeks. This team will support the prevention of a hospital admission, which is high priority for the Health Board, and will enable people to stay at home and be supported by a multidisciplinary team of health and social care professionals.

The work of the Single Point of Access (SPoA) in Flintshire will be central to coordinating community health, social care and 3rd sector partners, deploying appropriate resources and is able to offer real alternatives to statutory and acute care; and this year we have seen the introduction of a dedicated 3rd

Sector Coordinator role funded through the ICF to meet the holistic needs of people in contact with the SPoA.

Moving forward, our priorities for 2017/18 are:

- Implement the Community Resource Team, integrated with SPoA
- Work with carers to help us link outcomes to developing practice

(c) Taking steps to protect and safeguard people from abuse, neglect or harm

It is our duty to protect adults and children as defined in the Social Services and Wellbeing Act. In order to do this we work with key partner agencies, such as Police, Health, Advocacy, Women's Aid, to ensure that the right care and support is arranged for people subject to and at risk of abuse and neglect to enable them to achieve their personal wellbeing outcomes. We are pleased to share our progress this last year...

- ✓ 81% of initial Child Protection Conferences were carried out within timescales
- ✓ 98% of Child Protection Reviews were carried out within timescales
- ✓ 4% of children on the Child Protection Register were re-registrations
- ✓ The average length of time on the register was 217 days
- ✓ There were 134 children on the Child Protection Register at 31st December 2016

The new and additional safeguarding requirements of the Social Services and Well-being (Wales) Act have been most greatly felt in Adult Safeguarding, following the change of definition of an 'Adult at Risk'. The Welsh Government is working to produce the Regulations and Codes of Practice to support the new legislation but many of the principals are now embedded into practice in Flintshire including the establishment of Regional Safeguarding Boards, a National Independent Safeguarding Board and sub-regional Safeguarding Delivery Group which disseminate the work of the regional boards to operational services.

The Flintshire Corporate Safeguarding Panel established in December 2015 is building momentum with the creation of a Corporate Safeguarding Policy, a clear Communication Plan and the establishment of a Basic Awareness training programme for all local authority employees.

Managing the risks identified through adult protection referrals including management of allegations against professionals

To date the Adult Safeguarding Team has received 347 adult protection referrals, to the 30th January 2017, we estimate this to be in the region of 400 referrals by the end of March 2017. The highest percentage of these referrals have been reported by Independent sector agencies, followed by health/hospital colleagues. Over 50% of referrals progressed to strategy discussions, whereby immediate safeguards were put in place to protect the adult at risk and investigations were undertaken by the most relevant agency in relation to the referral.

There have been 4 referrals relating to professionals to date which have been managed in accordance with the Adult Safeguarding Board's Professional Concerns Policy. Whilst the number of referrals appears low, most referrals concerning professionals are managed within the adult safeguarding process.

We have worked with neighbouring authorities to draft a revised Adult Safeguarding Concerns referral form in line with the Social Services and Wellbeing Act and we have worked with internal performance teams to update client information to ensure our work is outcome focussed and Act compliant.

By managing risks identified through the adult protection referrals we are able to better support people to live in safety, in line with Article 8 Human Rights Act, and with the right to a family life. The Safeguarding Unit provides information, advice, guidance and support to members of the public, independent agencies, public sector and FCC provider services to prevent and manage risks. We also work with providers (employers) in ensuring appropriate human resource actions and reporting actions are completed, for example, referrals to vetting and barring (DBS) and the nursing and midwifery council (NMC).

We share positive and negative feedback with the Contracts Monitoring Team in order for them to take appropriate action with providers. This information feeds into the monitoring process, and where necessary, action plans are implemented for the commissioner to monitor and ensure there is a high standard of care being delivered to citizens.

Please see below one example of our success in supporting individuals through the Adult Safeguarding process and how we listened to what matters to them and supported them to achieve their personal outcomes:

“I want to return home...”

Ms B had disclosed to visiting professionals that she had been physically assaulted by her son on a number of occasions. Following the referral being received, a welfare check was immediately undertaken by the safeguarding social worker, who found the person on the floor, having fallen, awaiting for paramedics. The social worker was able to raise concerns with paramedics, who in turn agreed to take the person to hospital, giving time for an assessment to be completed. Assessments were undertaken in hospital whilst Ms B was recovering from an infection and arrangements were made for her to move into a residential setting on a short term basis whilst the next steps were agreed with relevant agencies. Police, residential home, domestic violence agency, social worker, district nurse and an independent advocate all worked together to respect Ms B's desire to return home to her son, despite the background to the referral. Arrangements were made between agencies to monitor the situation and support the decision. For example a Domestic Violence leaflet drop was undertaken by police in the local area to seek community support, a care package and call link pendant were commissioned by Social Services, the advocate offered emotional support and the district nurse continued to do ad hoc visits relating to health issues.

Continue to evolve the multi-agency Child Sexual Exploitation (CSE) Panel to meet service demand and requirements and establish regional links

The Flintshire Child Sexual Exploitation (CSE) Panel has been operational for 14 months now and continues to evolve as a model. The remit of the panel has expanded over the past year and is recognised as a good practice model which is being replicated across the region. The panel has regular attendance from a number of partner agencies including Police (Onyx team), Education, CAMHS, Barnardos, NSPCC, Social Services and the Health Board. An evaluation of the panel is currently being undertaken at Panel level and also within Children's Services in terms of response to CSE and case management using the SERAF tool. CSE awareness raising sessions have been held at a Heads Teachers Federation Meeting and a pilot training session was held with a large group of teachers within Flintshire.

Flintshire CSE Panel discusses individual high risk cases as well as identifying cross county links and also regional links to cases. The Panel also identifies cases involving Looked after Children to ensure plans are monitored and children are safeguarded.

Working with Children's Fieldwork services to link the proposed single assessment into the Child Protection framework

This work has continued throughout the year. It has been agreed by North Wales Heads of Social Services that a Regional Single Assessment will now be developed. A working group within Flintshire had already commenced this piece of work in conjunction with a representative from the Safeguarding Unit. The cross county working group has now developed a proforma for regional consideration. Flintshire are reviewing this documentation in line with internal processes. A pilot is currently underway within Flintshire and an internal working group are assessing how this can be utilised throughout the social work process, from early intervention right through to child protection and court if necessary. The working group hope to be in a position to launch the single assessment by April 2017.

Regional workshops are soon to commence looking at a cross county care and support plan linked to the assessment. Flintshire will ensure that once developed this will fit into our own working practices locally as well as being act compliant.

Working with Adult and Children's Services to bring safeguarding practice in line with the Social Services and Well-Being (Wales) Act 2014

The Welsh Government held several workshops on all aspects of the Social Services over the course of the past year which were attended by the majority of staff across both Adult's and Children's services; with workshops also held for managers on organisational change and performance. Internal sessions have been convened to map processes within Children's Services to ensure that we are compliant with the Act and to identify any gaps. Workstreams which have been progressed include: work with our PARIS client information system to ensure forms are Act compliant and data being collected meets the requirements of the National Outcomes framework and new datasets; work with specific social services teams focussing on assessment and outcome focussed plans; redrafting Looked After Children documentation to ensure voice of the child is at the centre of our work as well as continuing to work with the Conference Buddy Scheme in the child protection arena. Looked After Children social workers and Independent Reviewing officers are currently supporting a 6 month 'active offer of advocacy' pilot with Tros Gynnal Plant/North Wales Advocacy Service which aims to offer an advocate to all newly accommodated children or those that experience a placement move.

Establishing agreed priorities for action in relation to Mental Capacity Act/Deprivation of Liberty Safeguarding (DoLS) issues, both in care homes under the DoLS framework and in community settings

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) were implemented on 1 April, 2009. In 2014 a court ruling, known as 'Cheshire West', led to a huge increase in referrals across England and Wales, and at present there are 261 cases waiting to be allocated for a Deprivation of Liberty Safeguards assessment in Flintshire. To demonstrate our commitment to manage this increased demand we have appointed full time social workers to undertake Best Interest Assessments and over the past year the DoLS Team has continued to work to the priorities recommended by Welsh Government to assess which cases are to be progressed, their guidance sets out three categories (red, amber and green) to help prioritise the allocation of cases.

The DoLS team is working closely with care homes so that the homes know to notify the team if there are any significant issues or changes in an individual's circumstances which might result in a particular application being prioritised.

Moving forward, our priorities for 2017/18 are:

- Strong Corporate ownership of the safeguarding agenda through good levels of learning re safeguarding, effective Corporate Parenting and a joined up approach to well-being.

(d) Encouraging and supporting people to learn, develop and participate in society

It is important that we promote and support people to do the things that matters to them to achieve their personal wellbeing outcomes, whether that be to learn new skills, study for a qualification, develop new interests or join a new social activity. We encourage people to be active members of society, in the way that they choose, which reduces social isolation and promotes independence. We have some excellent examples of how our young people and individuals with a disability are taking advantage of opportunities to learn and develop:

- ✓ At this year's Annual Pride of Flintshire Ceremony, where awards are given for citizenship and helping others, there were hundreds of nominations from foster carers, social workers and teachers to celebrate the achievements of young people. One young man of primary school age received an award for seeking help for a couple who got into difficulties whilst on holiday. A young woman who had experienced difficulties with social interaction received an award for becoming Chair of the School Council and dedicating time to helping other young people to engage.
- ✓ The Permanency Team have fostered close links with schools to ensure that young people are engaged and appropriately challenged. Care leavers are encouraged to link in to activities in the community, such as gaining work experience in residential care homes; this has resulted in a number of young people considering a career in the care sector.
- ✓ Educational attainment of looked after children is monitored through the Children's Forum and also through Scrutiny meetings. Following concern regarding the low outcomes across the Council, a task and finish group was established to review this and identify actions to support improvement. An operational LAC steering Group was established and LAC outcomes became a focus for Challenge Advisers working across Flintshire schools. The Steering Group has since expanded to include a wider range of professionals who ensure that a holistic approach is maintained.
- ✓ In the first half of this year we identified 36 young carers and referred them to Barnardos for assessment. 23 had a carer's assessment. Outcomes for these young people will be reported at the end of this year. However, some of last year's outcomes included:
 - 76% of children and young people reported that Flintshire Young Carers had helped to reduce the impact of their caring role
 - 80% of young people reported that support from Flintshire Young Carers had meant that they were more able to cope with their caring role
 - 81% of young people reported that being involved with Flintshire Young Carers had increased their self-confidence
 - 14 out of 15 young carers had used the A2A card and found it useful.
 - "It was a lot easier than having to explain that I'm a young carer and why I sometimes need extra time for homework etc"*
 - "It allowed me to relieve pressure and stress of exams as well as school work"*

*“The teacher knew I’m a young carer and understood my situation”
“It helps you explain what you are without explaining – just through the card”*

Embed the Progression Model across all service areas

The Progression Model has been a priority in Disability Services. We want to reshape the way support and accommodation is provided in Flintshire which focuses more on enablement to promote independence and community inclusion; we call this the progression model and it enables individuals to have more opportunities, more choice and control and independence.

Disability Services has seen short term Intermediate Care Fund investment to progress this priority further. Using this funding, Flintshire has established a Stakeholder Team to lead this work and embed the model across the service, with our starting focus being individuals in supported living. Since the commencement of the Stakeholder Team in November 2016, we have:

- ✓ Embedded the model in Orchard Way, see case study below
- ✓ Invited the Support Providers of the houses using the progression model to join our Stakeholder Team
- ✓ Planned training for support workers on the new progression model
- ✓ Agreed a Positive Risk Taking Strategy
- ✓ Installed Assistive Technology to support the model and greater independence of individuals
- ✓ Identified further supported living properties that we will roll out the model

Here is a case study of the progression model being used in Orchard Way:

Orchard Way is a supported living property and was a pilot of the progression model, which supported 3 men to achieve their potential through intense positive support and a positive risk taking approach was adopted in a 3 way partnership between the men and their families, the support provider and Social Services.

As the young men learned new skills and became more independent, they required less support. At the start of the pilot they required 81 shared hours a week and 7 sleep ins of support. They now only need 18 shared hours with no sleep ins; this is excellent progress demonstrating greater independence. The contributing success factors for this pilot included the men supporting each other, the introduction of assistive technology, clarity from the onset and commitment from all - to the approach and Partnership.

These men are now progressing to a long term tenancy and Orchard Way will be used in the same way again for future individuals.

The progression model will gradually be rolled out across all supported living properties; this model will become the new way of working which is supported by staff and families.

To transform Learning Disabilities and Day services

Social Services has continued to deliver quality day services and work opportunities for more than 150 adults with learning disabilities. These services provide respite care and support, with meaningful activities that improve skills and increase independence. The Social Services team have worked closely with service users, families and staff to consider alternative delivery models that will help to protect and modernise these services to meet the present and future needs of the community. This is a challenging goal, as the Council seeks to deliver financial efficiencies across all services.

During 2015-16 a series of consultation events were held with service users, their families and Flintshire Social Services staff. These events helped the Council to understand what matters most to the people that use these services. This information is being used to help shape how services will be provided in the future.

Following a detailed feasibility study where the council considered a number of options including a social enterprise option, a formal procurement process has been undertaken to assess and select a trusted and experienced external provider, with social aims, to deliver these services in partnership with the Council under a commissioned contract. This procurement process is nearing completion and has benefitted from close collaboration with all stakeholders including individuals and their families, staff and trade unions, Council Members, and independent service advocates. It is anticipated that a recommendation to appoint a partner service provider, or to continue to transform as a Council-run service, will be presented to Council Cabinet in spring 2017.

As part of its commitment to delivering good quality support to people with disabilities, the Council has approved a £4 million capital funding project to build the new day service centre that will be modern and fit for purpose, in the Deeside area, during the next two years. Individuals and families will be involved in the design process of the new building.

Moving forward, our priorities for 2017/18 are:

- Process for high cost placements are well managed and adhered to
- Pilot the free childcare of 30 hours
- Progression model continues to be embedded
- Transformation of day services and work opportunities to be continued

(e) Supporting people to safely develop and maintain healthy domestic, family and personal relationships

It is important that we support people to develop and maintain the relationships that matter to them, whilst also helping people to recognise unsafe relationships and help them to protect them from abuse and neglect. By listening to the views of everyone involved and targeting early intervention and support we believe that we can better support families and children to maintain healthy relationships.

To continue to develop our ways of targeting early intervention and support for Children, Parents and Families

The Social Services and Wellbeing Act aims to rebalance the focus of care and support to prevention and earlier intervention – increasing preventative services within the community to minimise the escalation of needs to a critical level. During this year, partner agencies working in children’s and adult’s services, youth and education, housing, policing and health have come together to begin working on the introduction of an Early Help Hub. The aim is to share information about families with more complex needs so that more appropriate information, advice and assistance can be made available for those families. The information, advice and assistance will be available much sooner than would otherwise be and is better coordinated so that real problem solving can happen with families. Not only will this

support closer partnership working, improve our ability to identify and target preventative measures for vulnerable families but the wellbeing outcomes for the child and family are improved by supporting them earlier in their journey.

This year has also seen a focus on intelligence gathering about families using services across the 'spectrum of need', from universal to statutory which will enable us to develop services that prevent rather than react. For example, we know that parents with mental health problems are a strong feature of cases where children have been seriously harmed, even with conditions such as depression inhibiting a parent's ability to respond to their child's emotional cues and being able to offer consistent care. Research has only just begun to consider the effects on parenting of the more serious mental health conditions. The aim towards further early intervention and prevention is to understand the impact and to do something earlier, where we can, through the best use of pooling resources, intelligence and work streaming.

In Flintshire we have an extensive existing network of effective, and respected, universal and targeted early intervention services that support families to keep safe, secure, in good health and to enjoy economic and social wellbeing. The Early Help Hub will work with these services as part of an approach that goes further to support specific families with complex needs. The aim is to enable these families to build their own wellbeing and resilience so they are better placed to prevent their problems from escalating.

Moving forward, our priorities for 2017/18 are:

- Implement an early help hub for children and families

(f) Working with and supporting people to achieve greater economic wellbeing, have a social life and live in suitable accommodation that meets their needs

As individuals our wellbeing is enhanced by social interactions and a sense of contribution to society and to live in accommodation that supports our independence and personal outcomes. It is also about promoting and strengthening our Welsh Language services and to show our commitment we have established an Equality and Welsh Language Network promote the Welsh language Standards and to embed the Mwy Na Geiriau / More than Just Words legal framework. We are actively supporting and encouraging people to achieve greater social and economic wellbeing whilst also ensuring that there is sufficient and suitable accommodation available that meets people's needs.

Improving the quality of life through the promotion of independent living

What better way to demonstrate how we are improving the quality of life for people through the promotion of independent living than to tell you about Ms C and how we supported her to become more independent again:

Ms C was diagnosed with Recurrent Depressive Disorder and Chronic Fatigue Syndrome. Ms C had brain surgery over a year ago to remove a tumour which has caused her lots of memory problems. Ms C was living with her parents, this was for extra support after coming out of hospital. As a result Ms C lost confidence and didn't feel she could live alone anymore.

Our support with Mrs C was aimed at spending time in her own house and getting her used to her home environment again after nearly a year of being with her family. We started off spending a couple of hours supporting her to attend to household chores as well as a coffee and a chat. Ms C's confidence grew each week and she began to spend more time in her home independently. Her mood noticeably improved and she was more hopeful about the future.

Ms C identified she would like support to access her local community and gain confidence in going out independently again. We referred her to our Recovery and Wellbeing Programme to see if she was interested in any activities and/or courses that are available; and Ms C decided that she wanted to focus on a healthier lifestyle, she felt the walking group would be ideal. She joined the Monday afternoon health walk in Mold, Ms C thoroughly enjoyed the walks and also reacquainted herself with several friends she had lost touch with. This all contributed to an improvement in her overall mental wellbeing.

Ms C then started to stay at home a few nights a week which then gradually increased to full independent living. We continue to support Mrs C to build her confidence in the wider community, we have started using public transport as Ms C lost her driving license as a result of her brain injury.

Ms C has achieved a lot in the short space of time that we have been supporting her, she continues to set personal outcomes and feels that with the support of our team she can accomplish and succeed them.

To select supported living providers in collaboration with stakeholders

Social Services has re-commissioned 4 of our supported living houses this last year; these properties no longer use our in-house support team. A procurement process was undertaken to commission a new independent sector provider. The tendering process was in collaboration with individuals using the service, the families and friends along with the support of the North Wales Advice and Advocacy Service. For the first time in Flintshire families were able to have equal weight in the selection of a new provider. The involvement of stakeholders has been fundamental to the evaluation and selection of a provider, giving us all confidence that the new provider will support the individuals to achieve their wellbeing outcomes.

Through the promotion of Direct Payments, we have also supported individuals and their families to select their own support provider in 3 other supported living houses, demonstrating a truly co-production approach. Social Services supported the process but the individuals and their families took control of selecting providers, conducting interviews and ultimately the selection of the chosen provider. Feedback has been extremely positive with people telling us how good it was to have this role and influence over choosing a provider that best meets their personal outcomes. One provider was not selected as they couldn't commit to achieving the outcomes one lady identified. This shows their commitment and passion for being involved and actually taking the lead on the decisions that matter to them. Please see take a look at the photos from the interview process.

Moving forward, our priorities for 2017/18 are:

- Develop our building assets, using capital investment, to ensure that people have good places to socialise in and live, for example our Flint Extra Care, the Arosfa capital works and the new day services centre in Deeside.
- Build a strong care sector, by developing our in-house provision, supporting the independent sector and work with health to ensure seamless and well-coordinated care.

Section 5 How We Do What We Do

Flintshire County Council is a well-run and high performing Council. Our consistently good performance has been recognised locally and nationally. We have a strong Corporate Identity with a Chief Operating Team providing cohesive and professional leadership. We have a robust governance framework which includes a clear set of organisational priorities, a coherent approach to financial planning/management and an effective operating model for risk management.

The following section explains how we operate, work with our partners, invest in our workforce and how we plan for the future:

(a) Our Workforce and How We Support their Professional Roles

Social Services continues to focus on how we plan to develop and support our workforce during this time of change and ensuring that we meet the requirements of the Social Services & Wellbeing (Wales) Act. We will only achieve our ambitions and be successful in meeting people's wellbeing outcomes through our workforce by developing the right skills, attitudes and behaviours. This has been a priority for the Council and has seen the introduction of our People Strategy 2016-19, which will play an important part in the achievement of the Council's aspirations and ambitions. Over the past year Social Services has been working towards ensuring all staff are committed, competent and knowledgeable in delivering quality practice as defined under the Act.

To ensure all our staff are competent and knowledgeable in delivering practice required by the Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 introduced reforms with major implications for the learning and development needs of the whole social care sector workforce. Following the launch of the Act, a series of one day courses were developed by the Institute of Public Care at Oxford Brookes University following a training programme commissioned by the Care Council for Wales, and delivered across Wales. Check out Flintshire's staff attendance on these courses, [here](#).

In order to ensure all our staff are competent and knowledgeable in delivering practice required by the Social Services and Wellbeing Act, the 6 North Wales Social Services jointly commissioned Rhoda Emlyn-Jones to deliver a series of Outcome Focussed Training courses for Adult Social Services. In Flintshire, this comprised a 1-day course for Adult Services managers and 2-day course for staff; followed by training of a small group of managers to facilitate a Reflective Practice Group for staff. This has developed into ongoing management training and staff focus groups for various teams.

Children's Services has held 2 all-staff service events focussed on the Act. Children in Wales has been commissioned initially to deliver 2 days of training, on the "What Matters" conversation for children, on fundamental skills needed to engage and assess young people's needs under the Act, with a view to rolling out a programme of management and staff development similar to that taking place in Adult Services.

Within the Social Services training programme, all existing course materials have been updated in line with the Act and now reflect its ethos, principles and the new approach. Staff who were unable to attend specific training modules or who require specialist information are directed to the [Learning Hub](#) website set up by the Care Council for Wales. [QCF Assessors](#) are sign-posting learners to the Learning Hub and asking them to complete the e-learning module after completing their diploma induction workshop.

Finally, a series of workshops titled "Making the Most of the Third Sector" have encouraged managers and staff to engage with the third sector, independent providers and partner agencies under the Act.

The Workforce Development Team has hosted regional workshops in Greenfield on the Act for third and independent sector managers in order to foster partnership working.

Following several regional Organisation Development workshops attended by the majority of Flintshire senior managers in December 2016 and January 2017, a strategic programme is being developed to embed the principles of the Act into the structures and practices of the service.

We believe that we are making good progress in ensuring that all our staff are competent and knowledgeable in delivering practice required by the Act; the focus moving forward will now be on peer support, sharing good practice, supervision and appraisals to ensure quality practice is truly embedded.

Embed our new management structure in Children's Services

The volume, and complexity of work, has and continues to be a challenge for Children's Services and we are working hard to maintain our delivery whilst developing new approaches to ensure that we can sustain the provision of high quality and effective support for children and families. The continued commitment, passion and dedication of staff to provide a child centred, family focussed, professional service remains at the core of our success.

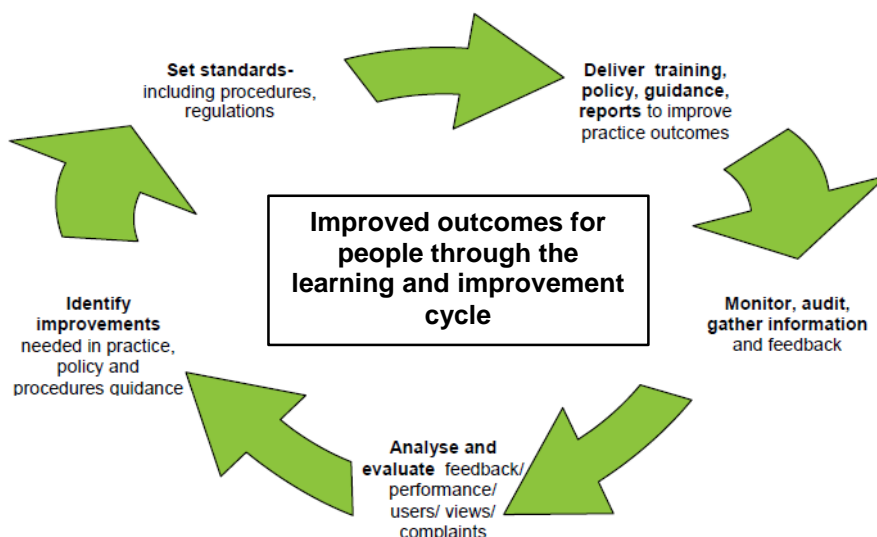
In 2016 we implemented a new structure for the children's operational teams based at Flint Council offices. A gradual approach was taken as opposed to a 'big bang' implementation to ensure minimum disruption. The new team structure is now fully operational.

In line with the ethos of the Act we will continue to develop our approach to ensure effective and timely information, advice, and assistance. The co-location of the Family Information Service at Flint, and the integration of Team Around the Family within Children's Services, have both played a significant role in enhancing our services and the support we offer. In 2017 there will be further work to strengthen our approach to targeting early intervention for families who have complex needs through our Early Help Hub.

Develop a robust focus on quality and practice

Measuring the impact of service delivery is crucial to achieving improved outcomes for people who use Social Services. In order to do this, we have implemented a Quality Assurance Framework to monitor and evaluate the effective delivery of services against the standards that enable children's, young people's, adults' and carers' welfare to be safeguarded and promoted, and their needs met. The framework helps us to make a judgement about the quality of our services, based on whether we are working effectively with service users to achieve the outcomes that they want, and whether Social Services is meeting the standards identified in the Social Services and Wellbeing (Wales) Act 2014. The judgement is derived from a variety of sources, including the experiences and perceived progress of citizens who use services.

The improvement cycle:



Regular auditing of files provides checks and assurances that practice and performance meets agreed standards, that all paperwork required by regulation and legislation is completed within specified timescales and that there is compliance with procedures. In Adult Services, we have implemented a positive risk taking approach and a quality panel to confirm that the individual's right to have conversations about their wellbeing, and to exercise a strong voice and control over their decisions has been respected; that we are taking a "rights based" approach and that the individual has been provided with information, advice and, if necessary, assistance to support them to identify the outcomes they wish to achieve to maximise their independence and wellbeing. We plan to roll out the quality panel approach to other services areas including Disability and Children's Services.

Our programme of file audits in Children's Services is overseen by a panel of practice managers and based on three quality questions: the involvement of the child in the assessment, planning and review process, the identification and achievement of outcomes for the child and family, and the quality of managerial decision making. Improvement themes are identified in each audit round and taken forward by the manager's panel as future learning, or as the subject of further in depth file audits.

Lessons learned from compliments and complaints received through the Social Services Complaints process are analysed on a quarterly basis by the Complaints Officer and reported in detail to Social Services Management Team. The findings are scrutinised with a view to identifying trends and areas for service improvement, and possible themes for future workforce development activity or quality file audits. Please take a look at some examples of where we have listened to your feedback and made appropriate service improvements as a result – ['you said, we did'](#).

Provide Traineeships for Social Worker and Occupational Therapists within Adults and Children's Services

At present we have a number of Social Service's staff undertaking the Open University degree in Social work under the traineeship scheme. 3 Trainees completed their training and have joined our social work teams, one in children's services and two in adults. 3 are in their 3rd and final year, and 2 in their 2nd year. We are inviting applications for this years sponsored traineeships for both the Social Worker and Occupational Therapists within Adults and Children's Services.

These traineeships will continue to provide opportunities for staff to develop in their chosen profession whilst continuing to work for Flintshire and we are proud to be able to develop existing staff to reach their full potential.

Work towards ensuring all staff who undertake assessments are suitably qualified, as laid out in the Social Services and Well-being (Wales) Act 2014

Guidance within the Social Services and Wellbeing Act specifies the categories of staff, who should be suitably qualified, to undertake an assessment of an individual's wellbeing care and support needs. In order to support clarity in terms of what 'suitably qualified' means the Care Council for Wales has approved a qualification which has been developed by the Open University, and which is currently being piloted across North Wales. The new qualification is the *Certificate of Higher Education (Wales)*, which can be taken as a generic introductory level to the *BA (Hons) Social Work Degree (Wales)* or as a stand-alone certificate, or a precursor to several other higher qualifications.

The new certificate comprises 2 existing courses, and any staff who have already completed them within the last 5 years can be certified. We are currently undertaking an audit to identify staff who carry out assessments within the scope of the Act; those who obtained the two certificates within the last 5 years; and those who need to take one or more of the component courses. As staff are identified, they are being prioritised for enrolment with the Open University. Sadly, the incurred costs of complying with this requirement of the Act will have a significant impact on the Social Services training budget.

Support the retention of care sector workers and work proactively to recruit new care workers

We are currently identifying the key factors that are influencing the fragility of the care sector in Flintshire (both in residential care and domiciliary care) and exploring them in more depth. We are exploring innovative ways to increase interest in the care sector as an employer of choice. A programme plan will be drawn up in line with priority areas and workstreams will be developed to address these factors. The key challenge for all involved in this sector is to develop new strategies for supporting providers in stabilising the workforce. We are also connected with the regional leads who are working in collaboration with providers, partner agencies and with a local authority Economic Development Team to develop a North Wales Regional Workforce Strategy to address this and other workforce issues across the region.

In addition, this year has been the first year that Social Services has recruited an apprentice direct care worker for our Marleyfield House Residential Care Home. This is proving very successful with the apprentice working hard to meet the demands of the job and training; they will undertake a QCF Level 3 in Health and Social Care during their time with us and we are hopeful that there will be an opportunity to join our team permanently once the apprenticeship is completed.

Support a Leadership and Management programme for managers within the independent sector

In early 2017, we will offer all providers in Flintshire a one to one business review or 'health check' with a Business Advisor. This process will develop a clear understanding of business operational issues affecting each provider locally. This information will help us identify training and resources that may be available via our partners or privately to meet the individual provider's needs.

We are also working with partners to explore opportunities available for collaboration and forming partnerships within the care sector.

Moving forward, our priorities for 2017/18 are:

- Succession planning and the development of effective strategies for workforce shortages, provider services, children's services and commissioning.

(b) Our Financial Resources and How We Plan For the Future

Flintshire has adapted, modernised and changed to cope with successive years of major reductions in its budgets. Despite the challenges of having to do more with less the Council and its partners retain their ambitions for a forward thinking and prosperous county and region supported by high quality public services.

- ✓ The National Public Survey shows that the Council is ranked 2nd in Wales for providing good quality services according to the views of residents

The Council has made significant progress in a number of difficult areas during the last year, including: setting balanced budgets whilst investing in key priorities, meeting growth in service demands and absorbing the cost impacts of inflation. The Council has achieved this through developing internal programmes of change and reform to make efficiencies, whilst acknowledging it still needs to strengthen aspects of its operations.

The scale and pace of efficiencies over the last few years has been unprecedented; and 2016/17 has been no different. In 2016 we shared our Council funding strategy, the Medium Term Financial Strategy 2016 - 2019 (MTFS), which set out our plan for meeting the predicted budget gap for 2016/17 comprised of three parts:

Part 1 Service reform and modernisation

- With the exception of Education and Social Care, 30% cost reduction targets set for all services, including corporate services, on their three year business plans.

Part 2 Corporate financial stewardship

- Prudent use of corporate finances e.g. absorbing the costs of inflation, raising income and managing workforce costs.

Part 3 Working with Welsh Government

Setting out realistic expectations of Welsh Government as our principle funder.

- limiting the annual reduction in Revenue Support Grant to 2.5% for 2016/17 and 2017/18
- removing charging caps and granting the Council the freedom to recover the costs of some services
- investing 25% or more of the new NHS funding passported to Wales by the UK Government in social care

For 2017/2018 the Council is continuing to progress service reform but is not proposing to reduce service levels beyond the levels already outlined publicly. The Council wants to continue to ensure essential and valued services remain available. This means to balance the books in the future we need to place more emphasis on our corporate financial stewardship and work with Welsh Government to achieve a fairer funding settlement for Flintshire.

To help us strengthen our position at a national level in debates about changes to funding we need to have a clear vision for what we want 'Our Flintshire' to be like in the future. This joint view from individuals, communities and public bodies will show that we have a positive approach and know what

we want to achieve. This in itself will give people confidence to invest and be part of Flintshire’s journey; we have been inviting our citizens, and partners, to get involved in ‘This is your Moment’ – an opportunity for us to work together to tackle these challenges and tough decisions. We are already working with people to find local solutions to provide services - local communities have a big opportunity to play their part and take on local facilities and services the County Council may no longer be able to provide.

- ✓ Flintshire is being recognised nationally as a Council which is being innovative in finding new solutions that are both cost efficient, resilient and are sustainable for the future.

Within this context we were pleased to recently receive our best ever annual improvement report from the Wales Audit Office (WAO) which reflects our commitment to remain a high performing organisation which gives us good foundations to continue to deliver our priorities in the face of further financial challenges.

Moving forward, our priorities for 2017/18 are:

- Revenue budgets are aligned and balanced, our income is maximised and pooled budgets are considered.

(c) Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

The Council’s priorities in the Improvement Plan for 2016/17 continue to be based around a refined super structure of eight priorities, within which the Social Services priorities are based within the priority of “Living Well”.

Priority	Sub Priority	Impact
Living Well	Independent Living	Enabling more people to live independently and well at home
	Integrated community, social and health services	
	Safeguarding	Ensuring adults, young people and children are safeguarded
Housing	Appropriate and affordable homes	Improving choice and quality of local housing
	Modern efficient and adapted homes	
Environment	Transport infrastructure and services	Safely accessing employment, local services and facilities
	Sustainable development and environmental management	Environmental development which maximises social and economic benefits
Poverty	Maximising income	Protecting people from poverty
	Fuel poverty	
Safe Communities	Community safety	Keeping people and communities safe
Skills and Learning	Apprenticeships and training	Improving learning provision and opportunities to achieve better learner outcomes
	Modernised and high performing education	

Economy and Enterprise	Business sector growth	Creating jobs and growing the local economy
	Town and rural regeneration	
Modern and Efficient Council	Developing communities	Supporting Communities to become more resilient
	Improving resource management	Frontline services are efficiently and effectively supported

The Modern and Efficient Council priority sets out how the Council works collectively to support the front line services to be as efficient and effective as possible.

All priorities are set following a review of last year’s priorities and considers new, emerging issues to address, from either national, regional or local levels. The Council’s Improvement Plan clearly sets out why the priorities were chosen and the Council’s leadership and scrutiny arrangements help to consider and set the priorities at the beginning of each new council year.

These priorities are monitored and challenged quarterly by the Council’s Cabinet and Overview and Scrutiny committees to ensure that the activities, milestones and measures continue to be delivered in such a way as to contribute towards the desired impact. Risks are also monitored and assurance given by the Council’s Audit Committee.

The Social Services responsibility to manage safeguarding processes has been significantly broadened as a corporate priority this year; working with and across all portfolios to assess training needs of workforce groups who can play their greatest part in having awareness raised and knowing what to do and how to refer. Additionally, individual’s well-being has been promoted across the Chief Officer Team with dementia-friendly training to raise awareness within other services.

Following the requirements of the Social Services and Wellbeing Act, North Wales local authorities, the Local Health Board along with representatives of providers and individuals using services established a Regional Partnership Board to strategically ensure services and resources are used in the most effective and efficient way to improve outcomes for people living in North Wales. The Regional Partnership Board will ensure that all the partners work effectively together, have a shared vision and strategic plans and promote integration and pooled budgets. As the Regional Partnership Board is in its infancy its work plan and priorities are being finalised and the statutory annual report for the Welsh Government will both be available by the end of March 2017.

At a County level, we continue with a longstanding track record of partnership working. The Public Services Board, established in April 2016 continues with the good base set by the former Local Service Board. Work continues to develop and be delivered under the Social Services and health priority of “People enjoy good health, wellbeing and independence”.

In Social Services we continue to strength our strategic partnerships and close working relationship with key partner agencies. Over the last year this has seen us work together to reduce delayed transfers of care, improve multiagency and multidisciplinary working, and improve preventive services across all service areas, amongst a range of other developments. We are hoping that the following year will see us secure a health resource within our Single Point of Access, and continue this strong relationship.

Section 6 Accessing Further Information and Key Documents

Social Care Legislation & Information

[The Social Services and Well-being \(Wales\) Act 2014](#)

[What matters to you - matters to us](#)

[The Regulations and Inspections \(Wales\) Act 2015](#)

[DEWIS Cymru](#)

[Code of Practice](#) in relation to measuring social services performance

[Care Council for Wales – Learning Hub](#)

Flintshire County Council's - Key Strategic Documents:

[Improvement Plan](#)

[Annual Performance Report 2015/16](#)

[Medium Term Financial Plan](#)

Meeting the Financial Challenge in Flintshire – [This is our Moment](#)

Social Services - Key Documents:

A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs – [North Wales Statement of Intent](#)

**As the links do not work within the report yet, the documents are attached
as follow for information:**

Mair

My need to remain as independent and as happy as possible.

To have regular contact with my friends and continue to meet with them like I did when I lived in the community.

To be treated as an individual and to be treated with respect.

I also like to be busy as this gives me the feeling of self-worth and maintains my dignity along with helping me to continue with an active life, so when I do return to the community, I am able to continue with an active life.

To be given privacy when required, or when my visitors are present.

My Christian faith is very important and my friends help me to continue with this.



Know that at times I feel low and support me through this, by giving me time to talk and express how I am feeling

That I have a very caring nature and help me to keep my faith as a Christian, I am also very sensitive and do require staff and people around me to be jolly and jovial.

I enjoy craft work as well as art and painting, I do require staff to prompt me to get me started and then I'm away and get lost in time.

That I like to be involved and enjoy helping lay the tables in the dining room, along with other jobs such as folding table cloths, collecting the used pots and cutlery along with the staff as I feel I'm helping and I enjoy the interaction with staff.

This gives me a good feeling and also helps to pass the day

What people appreciate about me

Caring and kind
Generous
Helpful

Social Services and Well-being (Wales) Act 2014 – One Day Courses

Flintshire, April 2016-January 2017

Role	Awareness	Introduction and General Functions	Assessing and Meeting individual needs	Looked After and Accommodated children	Safeguarding	Management and Leadership	Expert Classes
Strategic managers		10	10	5	10	10	6
Operational Managers		20	20	5	30	20	12
Social Workers		70	70	40	65		3
Social care Workers		60	40	5	40		
Support/IAA		50	20	5	20		
Health		5	2	2	2		
Voluntary		4	1	1	1		
Independent		4	1	1	1		
other		8	6	4	6		5

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Children's Services and Workforce Management Structure

Team Overview

The following information provides a short overview of the operational children's Teams located with Children and Workforce structure. These Teams provide part of the overall range of services that support children and families across Social Services. This includes CIDS (Children's Integrated Disability Service), Family Information Service, the wider Early Years and Family Support service, and colleagues located within the Safeguarding Unit.

Children's First Contact

The Team manage referrals made to the service. They identify where targeted support may assist and where statutory services need to be involved. This includes working with the police to undertake child protection investigation needs.

Targeted Support

The Team is made up of a range of services that aim to provide support that builds the resilience of children and families. This includes support to families who have been on the child protection register, cases where there may be a level of domestic violence, mental health issues, substance misuse or where children are on the 'edge' of care. The Team can only work with families with their consent and co-operation.

Family Intervention Team (FIT)

The Team assess and support families with a child protection plan in line with the All Wales Child Protection Procedures. They also undertake additional assessments that are required in order to safeguard children and young people such as pre-birth risk assessments.

Permanence and Court Team (PACT)

The Permanence and Court Team support for children and young people who are looked after. They take forward legal proceedings through the court arena and support for children when they become 'looked after' and eventually leave care. Support for care leavers can be up to the age of 25.

Intensive Family Support Service (IFSS)

This is a sub-regional service with Wrexham which provides intensive support to families where there are mental health issues or substance misuse. The Team is made up a staff from Social Services and Health to provide a holistic package of support.

Fostering

This Team is a registered service provider with CSSIW. They recruit, train and support foster carers and undertake assessments for foster carers, including kinship care and Special Guardianship arrangements.

Business and Administration Support

The Team provide professional administration and business support to operational services. The Team provide back office functions and provide effective customer support dealing with phone enquiries from children, young people, families and other agencies.

EXAMPLES OF 'YOU SAID, WE DID'

Adult Social Services

You said...

We need a simple way of being able to contact different family members at different intervals if our loved ones are being supported by registered providers including being at work, home, away for the weekend or abroad on holiday.

We did...

We have started to introduce a new 'Family Contact Plan' with registered providers, which instructs staff which family member should be contacted on a particular day and time of day (including family holidays).

You said...

We need to be clear what to do if supporting an individual whilst out in the community and if an emergency situation arises and what we should do in terms of accompanying them into ambulances to hospital, whilst also ensuring those who need to know are quickly informed.

We did...

We reminded staff who either work alone or who work with others whilst supporting individuals of our expectations when an emergency arises, and when to use the Family Contact Plan.

You said...

We need a clear process for registered provider staff to follow if and when an individual they are supporting acts inappropriately towards them.

We did...

We will be introducing a clear protocol for registered providers to follow on behalf of their staff to ensure they are protected from such behaviour and that the necessary course of action is taken with such individuals.

You said...

Under the new Act, we need to be more consistent when reviewing applications from families to waive financial charges as part of financial hardship criteria.

We did...

We have introduced an additional layer of independent oversight at senior management level into our existing Waiver Panel process.

Children's Social Services

You said...

We need to make sure parents fully understand what happens next following a conference or other meeting in situations where they are distressed and may not be fully taking in what is happening.

We did...

We reminded the Chairs of such meetings to record the meeting's outcomes, ensure the record is shared with the parent(s) after the meeting, and to record on PARIS, our business system, that the outcomes were shared and fully understood.

You said...

We should consider holding separate meetings between parents in situations where one parent does not engage effectively and removes themselves from the situation if the other parent is present.

We did...

We advised staff to actively consider inviting non-engaging parents to a separate meeting for input into their children's case. If the parent chooses not to, a record will be added to PARIS as evidence confirming their decision.

You said...

We need to be mindful of and reduce the frustration some families may experience when making initial contact with us for advice or assistance.

We did...

The new Children's First Contact Team has visited and observed other good practices of customer care including the Adults First Contact Team at Preswylfa and the Early Intervention Hub in Manchester. Closer links have also been forged with the Family Information Services and the Family Intervention Team.

You said...

We need to ensure that where families do not meet the learning disability eligibility criteria, that instead we refer them for Children's Social Services for appropriate advice and support.

We did...

We have reminded staff of the importance of making timely referrals and made further reference in our training about timeliness around the new single assessment process.

Glossary

Advocacy Service - An advocacy service helps people, those who are most vulnerable in society, to access information and advice, be involved in decisions about their lives, explore choices and options, defend and promotion the individuals rights and speak out on their behalf. It is provided by an advocate who is independent of social services and the NHS, and who isn't part the individual's family or friends.

Assessment - A conversation about promoting independent living, or achieving a good level of development for a child, where personal outcomes, and the barriers to achieving outcomes are co-productively identified.

Alternative Delivery Models - New ways of working to provide services more efficiently which can be shared services, outsourcing, shared management arrangements, joint ventures and establishing social enterprises.

Best Interest Assessment – Is an assessment that will decide whether the deprivation of liberty is allowed to happen or not. The assessment considers whether the care proposed that restricts an individual's liberty is both appropriate and in their best interests.

Care and Social Services Inspectorate Wales (CSSIW) - The inspectorate that has the powers to review Local Authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interests of vulnerable people who use services and their carers. They also provide professional advice to Welsh Ministers and policy makers.

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

Care Sector – The care sector refers to the category of organisations that deliver health and social care services, such as domiciliary care, residential and nursing homes and supported living providers.

“Creating a Place Called Home – Delivering What Matters” – Is a programme of change that aims to deliver the very best experience we can imagine for an older person living in a care home in Flintshire. Using person-centred practices we want to better enable people to make choices and have more control over how they live their lives; and we believe that really knowing what matters to the person and what great support looks like is key in achieving quality of life.

‘Cheshire West’ - This was a landmark judgement following an appeal by Cheshire West and Chester Council against a man with cerebral palsy and Down's syndrome who lacked capacity to make decisions about care and residence and was deprived of his liberty – in the cases of *P v Cheshire West and Chester Council* and *P&Q v Surrey County Council* – the previous judgements that had defined deprivation of liberty more restrictively was thrown out. This means that many people are likely to have been deprived of their liberty unlawfully and without safeguards in settings including care homes and supported living placements. This has resulted in significant hike in DoLS case numbers regarding care home placements, and also applications to the Court of Protection to authorise deprivations of liberty in supported living.

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

Community Resource Team – A Community Resource Teams (CRTs) is a joint health and social care team providing short term intermediate and reablement care which delivers better integrated care to people closer to their homes and in the community.

Conference Buddy Scheme - This is a scheme whereby independent workers will meet with children and young people and help them to give their views at a Child Protection Case Conference; the independent workers will support the child or young person when attending the conference and will explain anything they are unsure about.

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

Coproduction - Citizens, carers and families working with decision makers and service providers to create a decision or service that works for all parties.

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

Delayed Transfer of Care (DToC) - For most people, NHS treatment in a hospital setting will be sufficient to make them better and they will return home. However, some people will need to be transferred to other forms of care in the community. So the effective discharges of patients to the community requires well joined-up working, otherwise there can be delays in the transfer of care which creates many problems such as, lack of bed occupancy and frustrations for the individual and family. Both the NHS and Social Services report on the delayed transfers of care to the Welsh Government to monitor and promote better partnership working.

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

Discharge to Assess – Is a term used that describes individuals that are medically fit that no longer need to be in an acute hospital for treatment are then transferred to the community to be assessed for short term rehabilitation/ reablement or an assessment for longer-term care and support.

Domiciliary Care - Also known as home care, is whereby supportive personal care is provided to individuals within their own home.

Elk - An elk is an emergency lifting device designed to lift individuals from the floor in a safe and dignified manner.

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

Family Information Service - A confidential and impartial information, advice and guidance service for families with children and young people aged between 0 and 19 years of age. The FIS work with public, private and voluntary sector organisations to ensure our customers know where and how to access information and support.

Hoist - A hoist is a device used for lifting or lowering individuals in a safe and dignified manner.

Intermediate Care Fund - The aim of the 2016-17 intermediate care fund (ICF) is to drive and enable integrated working between social services, health and housing and the third and independent sectors. The focus of the intermediate care fund in 2014-15 and 2015-16 has been on integrated working to help avoid unnecessary hospital admissions, or inappropriate admission to residential care, as well as preventing delayed discharges from hospital.

Learning Hub - The Care Council for Wales and its partners has developed a national online 'one stop shop' learning resource to support the full implementation of the Social Services and Well-being (Wales) Act. The overall aim of this Welsh Government-funded initiative is to ensure the workforce is supported and informed to deliver social services in accordance with Welsh law, and its interface with other relevant statutes, and to practice in-line with the principles of the Act.

Locality - A locality is a defined geographical area and there are three in Flintshire - North East (Deeside), North West (Flint and Holywell) and South (Buckley, Mold etc). The overall aim is to enable multi-agency staff from the locality to work in partnership as an integrated team to plan, deliver and monitor the best possible locality services for residents.

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

Mental Capacity Act Deprivation of Liberty Safeguards – This is the legal framework that protects people living in care homes and hospitals, and now in a supported living setting in the community following the Cheshire West case, who are vulnerable because of a mental disorder and problems with their mental capacity. Under the Safeguards, people can only be deprived of their liberty when there is no other way to safely care for them and an assessment has been made of their best interests.

National Outcomes Framework - This Framework gives local authorities national direction for services that promote the well-being of people in Wales who need care and support, and carers who need support as well as providing greater transparency on whether care and support services are improving well-being outcomes for people using consistent and comparable National Outcome Standards and Performance Indicators.

Neglect - Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health).

One Page Profile – A One Page Profile captures the essence of who the person is, what makes life good and what great support looks like from their perspective, as well as what others appreciate about them. Using the information captured on a one-page profile can assist us in delivering the best possible support for the individual, exactly the way that they want it.

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

PARIS – PARIS is the business system that Flintshire Social Services to record information.

Person-Centred - is it about treating the person with dignity and respect, and seeing the person as an individual. By working in this way, we can make sure that people are truly listened to and are kept at the heart of all decision-making; how a service is commissioned, provided and organised.

Personalisation – is about giving the person choice and control over their care and their own life. It goes further than being person-centre as we not only see the person as an individual but we keep checking whether we are delivering what's important to them and how they want to be supported, because that's truly puts the person in control of your own life.

Population Needs Assessment - In order to support future planning of services, local authorities and Health Boards have a statutory requirement to identify the current and future care and support needs of the people living in areas as well as what people feel would help them to prevent care and support needs developing. The Population Needs Assessment will be undertaken every 3 years and Areas Plans will be developed to inform strategic planning and commissioning of services.

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

Progression – is about promoting and embedding the independence of individuals through strength based assessment, clear development plans, positive risk taking and outcome based reviews.

Progress for Providers - Progress for Providers in Care Homes sets out clearly and transparently our expectations about the delivery of individualised care for Residential Care Providers in Flintshire. It supports Registered Managers and leaders within Care Homes with a range of person centred tools they can use to help staff teams to change the way they support people and engage with families and relatives as part of that process.

QCF Assessors - Qualifications and Credit Framework (QCF) assessors support and assess people working towards vocational qualifications and help them to meet the right standards.

Reablement - A short term assessment and intervention service which is person centred and outcome focused, and aims to maximise independence, choice and quality of life. Most people who now wish to access Social Care Services undergo this period of assessment and support to enable them to live as independently as possible, minimising the requirement for ongoing support.

Regulations and Inspections (Wales) Act 2015 - The Act builds on the success of regulation in Wales and reflects the changing world of social care. It places service quality and improvement at the heart of the regulatory regime and strengthens protection for those who need it. Regulation will move beyond compliance with minimum standards, and focus more on the quality of services and the impact which they have on people receiving them.

SERAF Tool – Is the Sexual Exploitation Risk Assessment Framework that is a tool to consider the vulnerability factors and risk indicators for sexual exploitation. Since 2007 the SERAF Tool has become an integral part of Wales' safeguarding policies and procedures.

Single Assessment – The Welsh Government has set out its requirement for health and local authorities in Wales, working with their communities and third sector partners, to ensure that they have integrated well-being assessments, care and support planning and review arrangements which will support the wider agenda and be the catalyst to support the broader integration of care.

Single Point of Access (SPOA) - A new single point of contact for adults who wish to access advice, assessment and co-ordinated community health and social care services.

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

Supported Living - Housing and support that is built around a person, allowing them to choose where they live, with whom and how they are supported.

Team Around the Family - Co-ordinates early support for families with multiple needs that are broader than one service can address. TAF seek to make best use of all local resources to ensure family and community strengths are harnessed and problems are prevented from escalating.

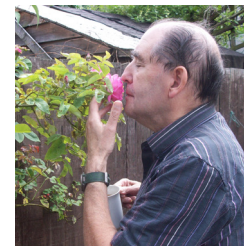
Well-Being - Reference to well-being in the Act means the well-being of an individual who needs care and support or carer who needs support. Well-being relates to the physical, intellectual, emotional, social and behavioural development of a child. It also relates to the control over day to day life and participation in work in adults.

‘What Matters’ Conversation - A conversation to establish ‘what matters’ to a person in terms of their well-being, what they wish to achieve and what strengths, capacity and capabilities they can draw on to enable them to overcome barriers. This conversation will be undertaken through the assessment process to identify personal outcomes.



Social Services Annual Report

2016/17



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This document provides a summary of our annual self-evaluation of our improvement journey. If you receive a service from us please let us know if you think this report is a fair reflection of your experiences over the past 12 months. We welcome any comments you may have, your views matter to us and are crucial if we are to continue to improve services to meet your outcomes. You can write or email to me as follows:

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If you are reading this online then there are links in the last section of the report if you want to read more about any of the services, initiatives or key documentation. For words underlined there is a glossary linked to this document that may help explain unfamiliar words and terms.

Section 1: Introduction

This is our first Social Services Annual Report prepared under the new requirements of both the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015 which legislates our statutory requirement to produce an annual report on our social services functions.

The purpose of the Social Services Annual Report is to set out our improvement journey in providing services to people that promote their wellbeing and support them to achieve their personal outcomes; it is an opportunity for us to annually evaluate our performance against our improvement priorities. You will notice the new Annual Report format has changed this year, it is now more closely aligned to the National Outcomes Framework which will help us to demonstrate our performance in meeting the wellbeing outcomes of people in Flintshire. You will see that our priorities for 2016/17 now sit under one of the six National Quality Standards (NQS) and everyone's personal wellbeing outcomes will relate to one of these, they are:

NQS 1: Working with people to define & co-produce personal well-being outcomes that people wish to achieve

NQS 2: Working with people and partners to protect and promote people's physical and mental health and emotional well-being

NQS 3: Taking steps to protect and safeguard people from abuse, neglect or harm

NQS 4: Encouraging and supporting people to learn, develop and participate in society

NQS 5: Supporting people to safely develop and maintain healthy domestic, family and personal relationships

NQS 6: Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

This report is designed to offer a broad range of stakeholders, including individuals using our services, families, Councillors, the general public, our partners, our regulator and the Welsh Government, an insight into our improvement journey and how together we are shaping our services to meet the wellbeing outcomes of people living in Flintshire. We engage with our stakeholders on the development of services and the setting of our improvement priorities, which we highlight throughout this report.

Section 2: Director's Summary of Performance

This is our sixth annual report and the first in a new format which has been prescribed by Welsh Government as a new way of reporting. Like in previous years I have welcomed this opportunity to reflect on the hard work and achievements of the staff working with partners in supporting adults, children, families and carers in Flintshire.

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There has never been a time when social care issues and pressures have been as high profile as they are currently. Every night there are reports in the media concerning shortages in adult social care across the UK. In Flintshire we have made successful joint working with care sector providers a real priority and will continue to do all we can in the year ahead to respond to their pressures in terms of recruitment and sustainability of their businesses.

One of the exciting developments this year has been the pilot to develop an Early Help Hub in children's services which is a partnership project involving education, health, police, social services and the third sector to provide the most effective front door offering assistance and access to specialist frontline support. This will further develop our children's services, building on the effective restructuring of services which is now fully embedded.

During this last year corporate senior colleagues in Flintshire and senior politicians have worked together like never before to respond to some of the service and resource challenges in social services. Some of the adult social care pressures I have already mentioned but we have also had considerable increases in demand for children's services which we are needing to respond to. These are challenges that we are succeeding in addressing through effective partnerships with other agencies, appropriate levels of resourcing and best practice in service response.

I would like to thank all the individuals that have allowed us to share their stories and as I am sure you will agree that these stories are much better at bringing to life the difference that all our hard work is making to people's lives and wellbeing.

On behalf of our Cabinet Member for Social Services, Councillor Christine Jones and I, we would like to thank all our staff for their efforts in supporting vulnerable people in Flintshire this last year, and of course we have clear plans to take forward further service improvements in year ahead.



Neil Ayling
Chief Officer
Social Services



Councillor
Christine Jones
Cabinet Member
for Social Services

Section 4: Promoting and Improving the Well-being of those we help

Since the Social Services and Wellbeing (Wales) Act came in on the 6th April 2016 we have been working hard to embed the new approach in promoting people's well-being by asking "what matters" to them. This is about giving everyone, adults and children, a voice, an opportunity and a right to be heard as an individual to shape the decisions that affect them and to have control over their day to day lives. We want people to be empowered to achieve their wellbeing outcomes and our role is to support people and coproduce solutions.

Below is a summary of our performance in promoting and improving the wellbeing of those we help; we have aligned our social services activities and priorities to one of the six National Quality Standards as follows:

a. Working with people to define and co-produce personal well-being outcomes that people wish to achieve

We know that people are best placed to determine the personal outcomes that they wish to achieve based on their own values and what matters to them. So we are empowering people to have a greater voice and more control over the care and support that they receive by actively involving individuals in making decisions about their lives. This approach will not only drive co-produced wellbeing outcomes, personal solutions but person centred services.

What we planned to do:

Be the best at finding out what really matters to people that we support and supporting them to achieve their personal outcomes.

What we did and what difference did we make:

- ✓ Our Reablement Team has a successful approach at finding out what really matters to the people that we support because it empowers the individual to establish their own outcomes and we work alongside them to support them to achieve those outcomes;

Section 4 - Promoting and Improving the Well-being of those we help

- ✓ We have supported many people to achieve outcomes such as regaining independence with daily living, returning to social groups and re-establishing work activities;
- ✓ The case study of Mrs A (insert story) is a typical example of the life changing work the reablement team delivers.
- ✓ 69% of individuals leave the service having achieved their personal outcomes and requiring no ongoing social services support. A further 14% complete a period of reablement with a maintained or reduced support package.

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What we planned to do:

Develop Information Advice and Assistance (IAA) services within both Adults and Children's Services to help people to determine the outcomes they wish to achieve and make informed decisions about how best to manage their well-being.

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Cael dewis a chymryd rheolaeth



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Have choice and take control

What we did and what difference did we make:

Here is a snapshot of the performance and difference that our IAA services are making in supporting people to define and achieve their wellbeing outcomes:

Family Information Service:

- Received a total of 17,684 IAA enquires between April and September 2016
- 100% of services users (30 respondents) said that the advice and assistance enabled them to make an informed decision about childcare and family support
- 100% were satisfied with the service they received
- 75% opted to access suitable childcare after accessing the service
- Please take a look at an urgent referral (insert story) that demonstrates our responsiveness and how accessing the right information at the right time can prevent escalation

Section 4 - Promoting and Improving the Well-being of those we help

Team around the Family (TAF):

- Received a total of 111 referrals over the last year
- 89 families were supported to define and develop their 'TAF' Action Plan
- 65% of these Action Plans were closed with a successful outcome

Single Point of Access (SPoA) - 3rd Sector Coordinator:

- Received a total of 171 IAA enquiries between April and December 2016
- 88% of these IAA enquiries were closed with a successful outcome
- 133 enquiries received a response within the target of 1 week,
- 79 received a response on the same day

What we planned to do:

To promote and secure sufficient 'step up step down beds' in the community which are funded via the Intermediate Care Fund.

What we did and what difference did we make:

- ✓ Across our in-house residential care homes and the independent sector we have secured on average 12 'step up step down beds' which have been used as part of our discharge to assess process and 153 of individuals have accessed these bed during the past year; these beds have enabled us to prevent a hospital admission and to keep people as close to home and their family as possible.

- ✓ Of the 153 individual that have been supported in a 'step up step down bed' this year, here is a summary of the outcomes:
 - 75 returned home or went to live with a relative
 - 7 discharged for further assessment
 - 24 moved into long term care
 - 10 passed away
 - 4 admitted to hospital
 - 33 remained in the 'step up' bed at the point of reporting
- ✓ Despite this highly publicised challenge Flintshire has continued to work well with our health colleagues and independent providers to ensure that individuals are discharged from hospital as soon as they are medically fit, resulting in a low rate of delayed transfer of care from hospital in Flintshire.
- ✓ For the first nine months of the year there were 17 delays for social care reasons for adults over the age of 75, giving us a rate of 1.3 per 1,000 population for delayed transfers of care (insert comparison data).
- ✓ Social Services and its partners have made money available from the Intermediate Care Fund to provide all Flintshire care homes with a maximum of £2,000 towards the purchasing of equipment, such as hoists, beds, mattresses and elks, to speed up discharges from hospital or to avoid admissions into hospital for Older People.

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 2 nd March 2017
Report Subject	Children's Services Quality Assurance Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

This report presents the monitoring of progress for 2016/17 against the Quality Assurance Framework for Flintshire Children's Services.

This is a positive report, which links our current priorities to the quality standards underpinning the Social Services and Wellbeing Act (Wales) 2014 and draws on information from a variety of sources to show how we are complying with these standards.

The report uses information derived from performance measures, compliments and complaints, themes emerging from file audits and quality checks, and case studies and personal stories, to show how children, young people and their families view social services and what outcomes are being achieved for those young people we work with.

The evidence behind the report is presented as Appendix A.

RECOMMENDATIONS

1	That the Committee consider the Children's Services Quality Assurance Report to as an indication of how well Social Services is delivering services to help people to achieve their well-being outcomes under the six standards of the Act.
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REPORT DETAILS

1.00	EXPLAINING THE CHILDREN'S SERVICES QUALITY ASSURANCE REPORT
1.01	<p>The Act focuses on well-being, rights and responsibilities, and puts people, their families and their communities at the heart of the legal framework. Well-being of people who need care and support and carers who need support will be measured at a national level by the national outcomes framework for social services, which is available at:</p> <p>http://gov.wales/topics/health/socialcare/well-being/?lang=en</p>
1.02	<p>Underpinning the national outcomes framework for social services, there is direct accountability for the delivery of services which support people to achieve well-being. The contribution of these services will be measured under a national performance measurement framework consisting of quality standards and performance measures.</p>
1.03	<p>The code of practice in relation to measuring social services performance issued under the Act includes six quality standards for local authorities, which describe the activities of social services that contribute to the achievement of well-being, and which must be undertaken in order to discharge duties under the Act.</p> <p>The six standards are:</p> <ol style="list-style-type: none"> 1. <i>Local authorities must work with people who need care and support and carers who need support to define and co-produce personal well-being outcomes that people wish to achieve.</i> 2. <i>Local authorities must work with people who need care and support and carers who need support and relevant partners to protect and promote people's physical and mental health and emotional well-being.</i> 3. <i>Local authorities must take appropriate steps to protect and safeguard people who need care and support and carers who need support from abuse and neglect or any other kinds of harm.</i> 4. <i>Local authorities must actively encourage and support people who need care and support and carers who need support to learn and develop and participate in society.</i> 5. <i>Local authorities must support people who need care and support and carers who need support to safely develop and maintain healthy domestic, family and personal relationships.</i> 6. <i>Local authorities must work with and support people who need care and support and carers who need support to achieve greater economic wellbeing, have a social life and live in suitable accommodation that meets their needs.</i>
1.04	<p><u>Flintshire Children's Service Quality Assurance Framework</u></p> <p>This report is the first prepared under the new framework, and seeks to provide a picture of how Children's Services are contributing to the well-being of children and their families, under the six standards.</p> <p>We have referenced information drawn from our quality assurance framework, including responses to service user questionnaires, feedback</p>

	in the form of case studies and personal stories, lessons learned from compliments and complaints, themes emerging from file audits and quality checks, and other evidence to show how children, young people and their families are achieving their outcomes.
1.05	<p><u>Feedback from questionnaires</u></p> <p>In response to the request from Welsh Government to collect qualitative information from children and young people we sent out the national questionnaire by post as required to 272 children over the age of 7 with a care and support plan, and have received 35 replies to date. The questionnaire asks how children feel about where they live, the people they live with, and the support they have had.</p> <p>Although we have had a slow response to the survey, and are aware that there are better ways of getting feedback from young people, we have received some useful comments and views. Some of these responses are included within this report.</p>
1.06	<p><u>Personal stories</u></p> <p>We collect personal views and stories from children, young people and their families to show how our services contribute to the outcomes that they achieve through working with our staff.</p>
1.07	<p><u>Lessons learned from complaints and compliments</u></p> <p>We regularly receive compliments from people who we are involved with, and these are circulated to staff as a valuable feedback mechanism. We take a lessons learned approach to complaints and can demonstrate that we are using what people are telling us to improve service delivery.</p>
1.08	<p><u>Emerging themes</u></p> <p>We undertake a regular round of file audits, which are focused on the voice of the child, the quality of decision making and managerial oversight. The themes arising from these audit rounds are discussed at a managerial level and remedial actions are undertaken where necessary.</p>
1.09	<p><u>Achievement of personal outcomes</u></p> <p>We are implementing the “What matters” conversation in Children’s Services in line with the Act. This will ensure that children and young people are able to express what is really important to them, and to say what they would like to achieve. We will be able to measure their progress towards achieving these personal outcomes in the future.</p>

2.00	RESOURCE IMPLICATIONS
2.01	All intelligence contained in this report is gathered through our day to day quality assurance processes and is therefore cost neutral.
2.02	We are exploring the possibility of using CAMMS/Sycle for the production of similar reports in the future (please see glossary of terms 7.01).

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The content of the report has been shared with staff in social services, who have been involved with supplying the evidence.
4.00	RISK MANAGEMENT
4.01	None identified.
5.00	APPENDICES
5.01	Appendix 1 – Children’s Services Quality Assurance Report
6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Code of practice in relation to measuring social services performance www.wales.gov.uk/docs/dhss/consultation/150129Annex-a-sscopen.pdf Contact Officer: Jacque Slee Telephone: 01352 704021 E-mail: Jacque.slee@flintshire.gov.uk
7.00	GLOSSARY OF TERMS
7.01	CAMMS/Sycle: is an integrated planning, risk management and programme / project management and reporting software. It was purchased in April 2015 and work to commence implementation began in May; focusing initially on the Council’s Improvement Plan and the Portfolio of Social Services.

Quality Assurance Framework – Annual Report

Children’s Services, 2016/17

<p>National Standard 1: Local authorities must work with people who need care and support and carers who need support to define and co-produce personal well-being outcomes that people wish to achieve.</p>	
<p>Our priorities for 2016/17 linked to the Standard:</p> <ul style="list-style-type: none"> • Be the best at finding out what really matters to people through personal outcomes. • To develop an engagement strategy to expand the way we seek the views of Looked After Children, to inform service development and how we evaluate performance. • To become a strong and effective corporate parent • To continue to co-produce services with citizens, communities and providers in order to build supportive communities for the future. 	
<p>Headline Performance Measures</p> <p>95% (35/37) of complaints were responded to within timescales One was due to late response from the manager and one was awaiting response from Legal. We try to ensure that everyone who contacts Social Services to make a complaint is responded to quickly and achieves a speedy resolution wherever possible.</p>	<p>Development of Measures</p> <p>Implementation of the “What Matters?” conversation as part of the Single Assessment will include the development of personal outcomes with children and young people, and their progress towards achieving these. Outcome measures for Active Offer for Advocacy currently in pilot.</p>
<p>National Outcomes Framework: Feedback from Children, Young People and Families</p> <ul style="list-style-type: none"> • 28 out of 34 young people felt that they had received the right information and advice (and 5 young people felt that sometimes they had received the right information and advice) • 26 out of 34 young people felt that they had been treated with dignity and respect (and 6 sometimes) • 26 out of 34 young people were happy with the care and support they received (and 5 sometimes) • 31 out of 35 young people knew who to speak to about their care and support (and 4 sometimes) • 21 out of 34 young people felt that their views had been listened to (and 9 sometimes) 	

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☺ What we do well...

"You are there when I need you"

"Always helpful, for example if I needed to talk to someone you were always there"

"Look after and provide good support for young people"

"Help me when I need it"

"Give me choices on what I do"

"You make sure I am happy and if I feel upset or unsure you always help me feel better and give me good advice"

"You make us feel as if we can talk to you about anything and you make it fun"

"I think you have been really nice to the people in care and you helped them grow"

"Pride of Flintshire and my social worker who I have had for 8 years"

☹ What we could do better...

"Making sure people know who to talk to"

"Sometimes it would be helpful if I was given information on my situation; however I do understand you not doing it due to child protection"

"Help me move back home"

"Keep up with information about the young person"

"Less letters all the time"

"If you can't achieve something that a young person wants, keep trying and don't stop"

"You could give SW 24hr work phone so they know if anything is wrong at any time"

Ⓢ Above are some of the things that children and young people had to say. Their comments were given anonymously; all the comments
Ⓢ have been copied to the social work teams to inform their improvement planning.

~~W~~ We define and co-produce outcomes with children and families:

Evidence from case file audits shows that planning was good or adequate in 19 out of 22 cases audited, and that the outcomes for children and young people were improved in 27 out of 29 cases. Emerging themes from file audits include issues with recording, mainly around the timescales for documentation being entered on to Paris, but also where plans do not accurately reflect the work being done. It is important that the senior practitioner meets with the social worker as part of the audit process to ensure that what is recorded on Paris clearly describes the outcomes for the child and family and how their involvement in the planning process. Part of the work in updating and streamlining documentation on Paris as part of the implementation of the Act will be to provide guidance to staff on the development of child-centred plans.

Children receiving care and support are listened to:

Evidence from case file audits shows that the child was listened to and involved in processes, planning and review 20 out of 20 cases where the child was of a sufficient age to express a view. In two cases there was evidence that the child/young person found it difficult to readily engage with the social worker, and that the social worker took steps to address this. Comments from moderation panel included "strong evidence of work undertaken and resulting positive outcomes, with clear evidence of links with child's wishes and feelings".

64 people complimented us about our services for children and we received 37 complaints. Compliments were shared with staff and were a topic of discussion at a whole service event. As a result of a complaint we are making an effort to reduce the frustration some families experience accessing services by providing additional training for Children's Services Assistants and Duty Desk staff. The new Children's First Contact Team has visited and observed other good practices of customer care including the Adults First Contact Team at Preswylfa and the Early Intervention Hub in Manchester. We are also reviewing our recording policy to ensure that all staff are clear about the requirement to formally record on case records information that is provided in verbal or written form.

They said...

We need to parents fully understand what happens next following a conference or other meeting in situations where they are distressed and may not be fully taking in what is happening.

We did...

We reminded Chairs of such meetings to record the meeting's outcomes, ensure the record is shared with the parent(s) after the meeting, and record on PARIS the outcomes were shared and understood.

We should consider holding separate meetings between parents in situations where one parent does not engage effectively and removes themselves from the situation if the other is present.

We advised staff to actively consider for non-engaging partners a separate meeting for input into their children's case. If the parent chooses not to, a record will be added as evidence confirming their decision.

We need to ensure that where families do not meet learning disability eligibility criteria, that instead we refer them for Children's Social Services advice and support.

We have reminded staff of the importance of making timely referrals and made further reference in our training about timeliness around the new single assessment process.

In the first half of this year, Tros Gynnal Plant worked with 14 children and young people around 20 issues, including education, placement, rehab provisions, transition, supported living, contact and a baby on the CP register. One young person commented *"It was nice to have you when I needed you and I can get you again when I need you next"*.

Families seeking Information, Advice and Assistance:

The Family Information Service Flintshire received a total of 25,891 enquires between April and December. 100% of services users (57 respondents) said that the advice and assistance enabled them to make an informed decision about childcare and family support, and 100% were satisfied with the service they received. 79% opted to access suitable childcare after accessing the service. The following summary case study was collected:

An urgent request for referral information for a range of services was received from an organisation in West Yorkshire. The urgency was because the family concerned were moving at very short notice (a matter of just a couple of days) to Flintshire and required comprehensive support packages to be in place. The family have had 2 referrals made to Social Services in the past 12 months and both mother and teenager have expressed thoughts of suicide in the last month. The package of information was prepared, categorised into quick reference sections and additional support possibilities were suggested. Shortly afterwards, the referrer wrote to us expressing their thanks and to say:

'The post holder categorised the support services and referral forms to make it as easy as possible for the Parent Link Worker to go through the information and decide which services would be beneficial to the family she was supporting. The enquiry was answered on the day it was received, as it was stated it was an urgent request to due to the family relocating from Yorkshire to Flintshire; therefore, the family needed services in place to support them ready for their move to Flintshire.

The member of staff that dealt with my enquiry was prompt and acknowledged that I had deadline to meet for my client. The response was detailed and categorised into sections. From the information I received I was able to make 5 referrals to services in Flintshire that will enable the family to receive the same level of support that they were receiving in West Yorkshire. I hope that this will result in the family receiving the support they need and will not slip through the gap due to their move'.

We are an effective corporate parent:

The number of looked after children was 218 on 31st December. This converts into a rate of looked after children that is lower than the average in Wales. Issues raised by young people through the Children's Forum have helped shape priority actions that are now contained in the Council's Improvement plan for 2016/17.

Our Participation Forum is active in meeting together to share experiences, contribute to shaping services, and speak out with a group voice about their care and aspirations – more about this under National Standard 4.

Our Corporate Parenting Strategy is currently under review. Our ambition is to develop a refreshed Strategy that builds on what children and young people identify as important to them. In support of this work it is vital that we have the engagement of looked after children to co-produce the strategy. We are planning to use our established engagement forums to seek the views and contributions of young people in the areas of education, training and employment, health, stability and security, leaving care and wellbeing. We will also be attending a National Corporate Parenting Conference in March 2017 where Voices from Care and AFA Cymru will be showcase examples of innovate corporate parenting. We will then bring the national and local picture together to set out Flintshire's commitments as a Corporate Parent by October 2017.

National Standard 2: Local authorities must work with people who need care and support and carers who need support and relevant partners to protect and promote people’s physical and mental health and emotional well-being.

Our priorities for 2016/17 linked to the Standard:

- To continue and develop our ways of targeting early intervention and support for Children, Parents and Families
- To develop key strategic partnerships with specialist providers, for example Action for Children to strengthen our preventative services.

Headline Performance Measures

61% health assessments for looked after children within timescales. 95% of looked after children reviews within timescales.
83% of statutory visits to looked after children within timescales.
78% of reviews of child in need plans within timescales.
We continue to monitor these headline measures quarterly through the Council Improvement Plan and through internal reporting to the Children’s Services Performance & Quality Forum.

Development of Measures

Data to support the evaluation of the Early Help Hub.

We promote the health and well-being of children and young people in our care:

On 20 out of 22 files audited, work on monitoring, evaluation and reviews was judged to be good or adequate. Two files were found to have paperwork that required updating and this information was passed back to the relevant staff.

61% of health assessments for looked after children were provided within timescales. BCUHB have reported difficulties with recruiting staff to complete Looked After health assessments. A recent audit carried out by BCUHB found that compliance with the statutory timescale for the initial health assessment when a child first becomes looked after is improving. However, we continue to work closely with our Health colleagues ensure that looked after children have regular health checks. A joint regional group is working on the standardisation of documentation and processes across North Wales, a review of clinic appointment slots available in Flintshire, discussion to enlist the help of an extra doctor, and LAC Health Nurse to attend social work team meetings regularly to ensure processes are followed.

We work co-operatively in partnership with others:

We have developed the workflow for the operation of the Early Help Hub for families who have multiple needs and need timely help building their resilience and wellbeing. A Practitioner Guide has also been developed for staff who will form part of the Hub including

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BCUHB, FCC, FLVC and North Wales Police. A draft Information Sharing Protocol has been developed for approval to underpin the appropriate sharing of personal data within the Hub. The ISP is predicated on the basis of explicit consent from families for their information to be shared.

FCC, WCBC and BCUHB are working collaboratively to establish and develop the Repatriation and Prevention (RaP) project, which will involve working with a commissioned provider (Action for Children) to provide an early intervention and preventative therapy service for children, young people and their carers. The interventions will aim to reduce the risk of family or placement breakdown. This represents a shift from ongoing provision towards early intervention and preventions, integrated across health and social care across a two authority footprint. The service will prioritise Looked After Children, those who were looked after up to the age of 25 and those who are at risk of becoming Looked After, with the objectives of preventing family breakdown, in particular, the risk of children and family circumstances deteriorating which could lead to children becoming looked after by the local authority. Success measures will be developed by the provider and partners to how well these objectives are being achieved, and the impact on the lives of the young people and families.

We are targeting early intervention and support:

In the first half of the year our Flying Start programme received feedback from 7 mothers who had completed a package of targeted support with the FS midwife. They all said that they had gained more knowledge and felt more confident to care for their baby. They all felt more informed about the importance of breastfeeding and having a warm and close loving relationship with their baby.

629 families provided feedback of their experiences of FS childcare settings; they all felt supported with their child settling into childcare, and reported improvements in the children's talking, listening and sharing.

93 parents completed a parenting course and 96% recorded that they were satisfied or very satisfied with how they were treated on the course; we are working on a measure for the difference that was made.

Positive outcome case study: Children's First Contact Team

Two children were living at home with their mum, who had significant mental health issues involving attempts at suicide and was later sectioned under the Mental Health Act. Both boys were found home alone and were clear that they didn't want to move into foster care. In order to maintain the safety of the youngest child, an Initial Child Protection Case Conference was convened.

The child wanted *"my home life to improve and everything to improve"*

The child was given the opportunity to attend the case conference and to put forward his views. The conference enabled the younger child to remain within the family with a focused plan which enabled his needs and wishes to be met, and prevented a transition into care.

National Standard 3: Local authorities must take appropriate steps to protect and safeguard people who need care and support and carers who need support from abuse and neglect or any other kinds of harm.

Our priorities for 2016/17 linked to the Standard:

- Continue to evolve the multi-agency CSE Panel (Child Sexual Exploitation) to meet service demand and requirements and establish regional links.
- Working with Children’s Fieldwork services to link the proposed single assessment into the Child Protection framework.
- Working with Adult and Children’s Services to bring safeguarding practice in line with the Social Services and Well-Being (Wales) Act 2014.

Headline Performance Measures

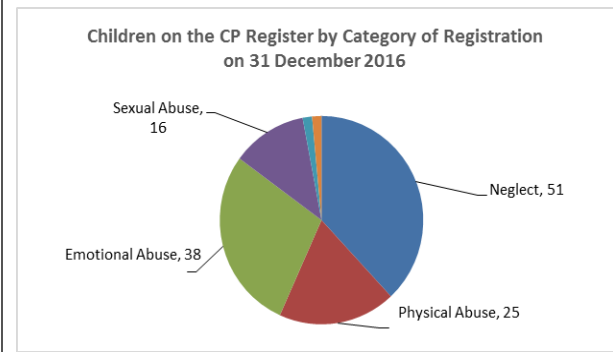
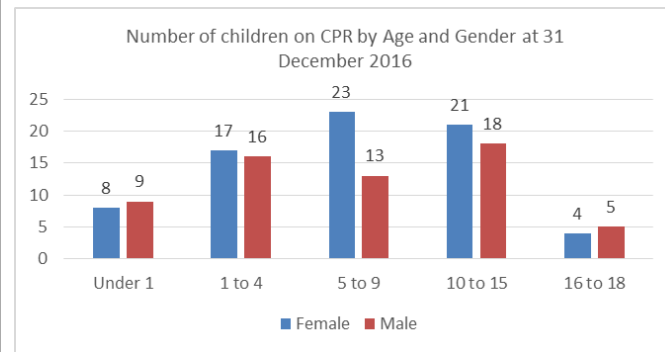
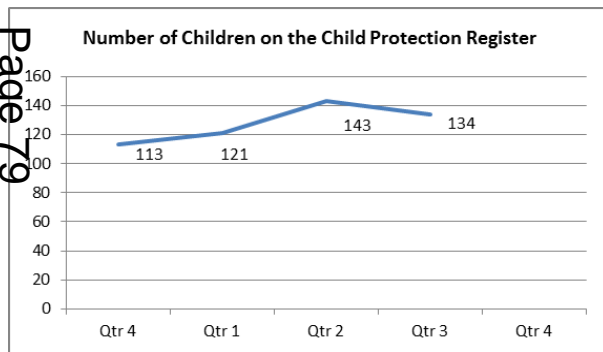
81.4% of initial CP conferences were carried out within timescales.
 98.1% if CP reviews were carried out within timescales.
 4.3% of children on the CPR were re-registrations.
 The average length of time on the register was 217 days.
 There were 134 children on the CPR at 31 December 2016.

Development of Measures

Review of impact of changes to team structures and alignment of front door and early intervention services on referral rates and categorization.
 Review of reasons behind recent increase in number of children on the CPR.

How are we doing?

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National Outcomes Framework: Questionnaires

- 27 out of 33 young people felt safe (and 5 sometimes)

The information received on the questionnaires is treated in confidence, but all questionnaires have a tracking number so that if disclosures are made or if a young person is considered to be at risk, we are able to immediately contact the team that is working with that young person, to ensure that they are safeguarded.

We ensure that access to services is timely and appropriate:

15 out of 15 case files audited were judged to having a good or outstanding response to the referral.

Managing CSE

The Flintshire Child Sexual Exploitation (CSE) Panel has been operational for 14 months now and continues to evolve as a model. The remit of the panel has expanded over the past year and is recognised as a good practice model which is being replicated across the region. The panel has regular attendance from a number of partner agencies including Police (Onyx team), Education, CAMHS, Barnardos, NSPCC, Social Services and the Health Board. An evaluation of the panel is currently being undertaken at Panel level and also within Children's Services in terms of response to CSE and case management using the SERAF tool. CSE awareness raising sessions have been held at a Heads Federation Meeting and a pilot training session was held with a large group of teachers within Flintshire.

Flintshire CSE Panel discusses individual high risk cases as well as identifying cross county links and also regional links to cases. The Panel also identifies cases involving Looked after Children to ensure plans are monitored and children are safeguarded.

Children and young people are involved in the assessment process:

The single assessment is going out for pilot with a small number of families this week. We have requested feedback from the families involved. Following the evaluation, work on a child friendly version will commence with members of the children's participation group.

Casework is overseen by skilled and competent managers:

The quality of management oversight was judged to be good or adequate in 17 out of the 17 files audited.

Our processes support the safeguarding of children and young people:

The action plan relating to the 2015/16 Section 28 audit has been signed off. Actions for Flintshire SS, Education, Housing and HR have been completed; there are a number of actions for Flintshire Youth Justice around alignment with the Act which are still outstanding and being progressed through the service delivery plan.

Missing children is a standing item on the quarterly Flintshire Wrexham Delivery Group agenda, with individual cases being brought by North Wales Police for discussion.

The following safeguarding audits have been undertaken:

Repeat registrations: in 3 out of 4 cases audited, domestic abuse was a contributing factor in the family's involvement in the child protection process, with further concerns about substance misuse and parental mental health. In one case the overriding factor was parental substance misuse and subsequent neglect of the child.

Attendance at strategy meetings: the key referring agencies were being involved appropriately in strategy meetings but these were often conducted over the phone; staff value the opportunity to discuss face to face but timeliness and capacity are issues. The new duty system for North Wales Police and the implementation of the central referral unit is likely to have an impact.

Part 4 meetings: The most common sources of Part 4 concerns were Education and Social Services. 32% of allegations were related to employees in Flintshire schools. 50% of Part 4 allegations resulted in further investigation or action taken by the employer.

CSE: A case of special interest audit has been completed on a case of CSE in Flintshire; the auditors found that although there were some initial delay, the procedure was followed appropriately. Recommendations include a review of the SERAF tool, linking in with Gwynedd on some ongoing work around the procedure.

Positive outcomes are achieved where children are safeguarded from abuse:

B is a Looked After Child who transferred in from another local authority. B historically had a very abusive up-bringing which resulted in her and her siblings being removed from their parents. Initially it was thought that B would struggle with bonding with her own baby due to her own experiences and not be able to provide the basic care needed. An Initial Child Protection conference was held which outlined the vulnerability of B being a young mum, her experiences and her past aggressions and emotional difficulties. There was also evidence that she would not work with professionals and could be verbally aggressive towards them.

A robust child protection plan was put in place with achievable outcomes, which emphasised the working together model by professionals. The plan included daily visits by established support staff who had formed a positive relationship with B since her arrival to North Wales; also the relationship between the Health Visitor and B was also significant. The Core Group was very proactive and included workers from Health and Housing, who made a significant impact by forming a good relationship with B which has resulted in her maintaining her engagement with the plan.

At the third review the baby's name was removed from the register. B and her baby son are thriving and remain a family unit.

National Standard 4: Local authorities must actively encourage and support people who need care and support and carers who need support to learn and develop and participate in society.

National Outcomes Framework: Questionnaires

- 20 out of 34 young people could do the things they like to do (and 13 sometimes).
- 29 out of 34 young people were happy with their family, friends and neighbours (and 2 sometimes)

Comments about where they live and doing the things they like to do included:

"I go out with my friends more"

"I have a lot of mates"

"It is nice, friendly and there are lots of kids my age and I have great neighbours"

"I do many activities of my choice"

"I have to obey my mum to tidy my room and stuff I don't want to do but after that I can do anything I like to do"

"I go to judo, football and cubs"

We support the attainment of good outcomes for young people:

At the annual Pride of Flintshire ceremony in July, awards were given for citizenship and helping others. There were hundreds of nominations from foster carers, social workers and teachers to celebrate the achievements of young people. One young man of primary school age received an award for seeking help for a couple who got into difficulties whilst on holiday. A young woman who had experienced difficulties with social interaction received an award for becoming Chair of the School Council and dedicating time to helping other young people to engage.

The Permanency team have close links with schools to ensure that young people are engaged and appropriately challenged. Care leavers are encouraged to link in to activities in the community, such as gaining work experience in residential care homes; this has resulted in a number of young people considering a career in the care sector.

Educational attainment of LAC is monitored through the Forum and also through Scrutiny meetings. Following concern regarding the low outcomes across the LA, a task and finish group was established to review this and identify actions to support improvement. An operational LAC steering Group was established and LAC outcomes became a focus for Challenge Advisers working across Flintshire schools. The Steering Group has since expanded to include a wider range of professionals who ensure that a holistic approach is maintained.

Young carers are identified and effectively supported:

We have identified 36 young carers and referred them to Barnardos for assessment. 23 had a carer's assessment, 8 declined and 5 are new referrals and are awaiting assessment. Outcomes for these young people will be reported at the end of this year. Last year's outcomes included:

76% of children and young people who responded reported that Flintshire Young Carers had helped to reduce the impact of their caring role.

80% of young people reported that support from Flintshire Young Carers had meant that they were more able to cope with their caring role.

91% of young people reported that being involved with Flintshire Young Carers had increased their self confidence.

24 out of 15 young carers had used the A2A card and found it useful.

"It was a lot easier than having to explain that I'm a young carer and why I sometimes need extra time for homework etc"

"It allowed me to relieve pressure and stress of exams as well as school work"

"The teacher knew I'm a young carer and understood my situation"

"It helps you explain what you are without explaining – just through the card"

Young people contribute to the development of services:

The participation group has this year been focusing on social interaction, communication and body language, in preparation for making a DVD on what it is like to be in care, and taking a greater ownership of the Pride of Flintshire Awards ceremony. They have worked with:

- The TRAC team around pitching the message to young people to reduce NEETS (Not in Education, Training or Employment).
- Volunteer Mentors regarding work opportunities in the local authority;
- Youth Education Partnership framework to identify pupils within schools who fall into the NEET category;
- CAMHS (Child and Adolescent Mental Health Services) to establish an app for young people accessing urgent support; something similar is being looked at by the Children's Commissioner.

Two care leavers attended the Children's Commissioner's event in August focusing on services for young people aged 18+ leaving care.

Coming up:

Work with Internal Audit on the provision of Pathway Plans for young people leaving care;
Looking at the use of text messaging and developing guidance for young people to keep themselves safe.

Families First: Supporting young parents

Two young parents were supported by the Families First service to work on the following factors:

- *Minimising impact of adverse childhood experiences to enable two young parents to parent responsibly for the best outcomes for their child*
- *Supporting father and mother to co-parent their child as young parents, understanding positive parenting and the importance of attachment*
- *Supporting both parents as young parents to achieve the best outcomes for themselves as young people, and new parents*
- *To meet and understand how other young parents are impacted and to reduce isolation*

They were offered group /one to one support on the pre-natal/post-natal Solihull parenting programme. Support was offered to young dad, who does not live with mum, but is still in a relationship. The father was supported through the Youth Justice System to prevent any further re-offending. Conversations with colleagues about parental responsibility and 'grandparents' mental wellbeing and the potential on the 'parents' and unborn child.

The outcomes are:

- *Dad is aware of his responsibilities and his ability to parent his child*
- *Enhanced relationships for dad and mum*
- *Aim to reduce re-offending by dad becoming responsible (evidence would suggest this outcome)*
- *Both parents have the offer of Flying Start Midwifery and Health Visiting support*

National Standard 5: Local authorities must support people who need care and support and carers who need support to safely develop and maintain healthy domestic, family and personal relationships.

Our priorities for 2016/17 linked to the Standard:

- To continue to develop our ways of targeting early intervention and support for Children, Parents and Families

National Outcomes Framework: Questionnaires

- 25 out of 33 young people felt that they belong in the area where they live (and 3 sometimes).
- 5 out of 9 parents felt that they were actively involved in decisions made about their child's care and support (3 sometimes).

☺ What we do well...

"You are available for advice when needed"

"Contact with our Social Worker is good; we are always kept up to date"

"Got a great Social Worker"

"Assistance with the food bags from the food bank" (parent)

"Our social worker is always available for support"(parent)

"Good communication, helpful staff" (parent)

☹ What we could do better... "Training on the internet is not great" (parent)

"We are not always given notice of reviews" (parent)

"It would be nice if I myself could have some support, on how to help [my child] with some of his anger issues" (parent)

"When carers are in crisis or getting there, the managers sometimes do not recognise this. Some are given more support/respite than others." (parent)

"Get to know the children more ... and support the parents more" (parent)

These comments were given anonymously and have been copied to the social work teams to inform their improvement planning.

Children are helped to maintain the relationships that are important to them

A case was taken to Initial Child Protection Case Conference due to acrimony between parents and they could not reach agreement about matters involving the children following separation.

- *The children wanted to be able to see both parents without disagreements taking place.*
- *The parents just wanted what was best for the children.*
- *The parents' religions differed which meant that there was disagreement about religious practice.*
- *The children wanted to be able to experience religious celebrations with each parent.*

The Social Worker co worked with Action For Children to deliver psycho-educational work with parents in order for them to look at the impact of their behaviour on children and consider the implications should the children continue to witness their parent's negative behaviour.

The Social Worker undertook 1:1 work with parents in order to explain to them how their behaviour was affecting the children. In order to do this the social worker spent time with the children playing games and completing a booklet entitled 'all about me'. By building a relationship with the children and providing a platform for them to express their feelings freely the social worker was able to confidently challenge the parents individually regarding their own behaviours and clearly explain the children's concerns and feelings. The social worker allowed the parents time to reflect on their actions and draw their own conclusions regarding ways to shield the child from the inter-personal conflict surrounding their divorce.

The Social Worker undertook direct work with children to ascertain their thoughts, wishes and feelings and what matters to them. These issues were explained to parents in order to give them insight into how their children were responding to their behaviour.

The parents are now able to communicate with each other more effectively, and the children are not seeing any more disagreements. The children are feeling less anxious about contact arrangements and are able to celebrate religious events with each parent.

National Standard 6: Local authorities must work with and support people who need care and support and carers who need support to achieve greater economic wellbeing, have a social life and live in suitable accommodation that meets their needs.

Our priorities for 2016/17 linked to the Standard:

- To develop alternative models of working in Children's Services to reduce the need for Out of County specialist placements

National Outcomes Framework: Questionnaires

- age 85
- 23 out of 34 young people felt that they lived in a home where they were happy (and 7 sometimes)
 - 25 out of 34 young people felt that they were happy with the people they live with (and 7 sometimes)
 - 33 out of 34 young people were able to use their everyday language (and 1 sometimes)
 - 5 out of 7 young people felt that they had received advice and support that would prepare them for adulthood (1 sometimes)

These are some examples of what young people said about where they live:

"My mum tries her best to look after 2 kids but I think she's doing a good job"

"My foster carer is lovely to me"

"Its amazing"

"It's a great foster home"

"Get respect, feel welcome"

"Love it"

Headline Performance Measures

9% placement stability

Development of Measures

New measure around quality of placements.

Pathway planning and reviews

Children and young people looked after are supported to live in stable placements:

At the end of December we had 79 in house foster carers (excluding kinship care) offering 156 places. We have a local target to recruit

a further 35 foster carers to support older children with complex needs. Placement stability is currently around 9%.

Our commissioned placements for looked after children and young people meet their needs and represent value for money:

We are recruiting an officer to work in the Contract Monitoring team through “invest to save”, who will develop a process to collect feedback on the quality of childrens placements.

Support and accommodation for care leavers

As part of the renewal of the Corporate Parenting Strategy, consideration will be given to the following areas highlighted as important for young people leaving care; accommodation, independent living skills, education entitlement, financial entitlement, returning home, employment opportunity and support.

C is a member of a large family of 9 that were taken into care several years ago. He was in foster care with his brother, who left the placement of his own accord 3 years ago but C wished to remain. When he was 18 C stayed in his placement under the When I'm Ready Policy.

At times, C struggled to focus on what he wanted to do in terms of further education or employment, but knew that he wanted a good future and this was always reinforced by his foster carers who encouraged him to attend college. He attended college and then went on to do the traineeship at Coleg Cambria. He signed up for local agencies and put together an impressive up to date Curriculum Vitae and gained a probationary position at a local furniture outlet. He went into the employment world with a “can do” attitude and passed his probationary period with an offer of full time, permanent employment.

The discussions about move on for C would leave him quite worried about how he would cope, living independently. At the beginning of 2017, he said that he felt ready to move on; he had already started to buy items for a flat and stated he had seen some new build flats that he really liked the look of. Only 3 weeks ago C moved into a new build apartment block in his local area.



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 2 nd March, 2017
Report Subject	Quarter 3 Improvement Plan 2016/17 Monitoring Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Improvement Plan for 2016/17 was adopted by the Council on 14th June, 2016.

This report presents the monitoring of progress for the third quarter of the Improvement Plan 2016/17 priority 'Living Well' relevant to the Social & Health Care Overview and Scrutiny Committee.

Flintshire is a high performing Council as evidenced in previous Improvement Plan monitoring reports as well as in the Council's Annual Performance Reports. This third quarter monitoring report for 2016/17 is another positive report with 95% of agreed actions being assessed as making good progress and 58% likely to achieve the desired outcome. In addition, 72% of the performance indicators met or exceeded target for the quarter. Risks are also being successfully managed with the majority being assessed as moderate (55%) or minor/insignificant (34%).

This report is an exception based report and therefore detail focuses on the areas of under-performance.

RECOMMENDATIONS

1	That the Committee consider the Quarter 3 Improvement Plan monitoring report for the 'Living Well' priority to monitor under performance and request further information as appropriate.
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REPORT DETAILS

1.00	EXPLAINING THE IMPROVEMENT PLAN MONITORING REPORT
1.01	<p>The Improvement Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2016/17 Improvement Plan. The narrative is supported by performance indicators 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.</p>
1.02	<p>Monitoring our Activities</p> <p>Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: -</p> <ul style="list-style-type: none"> • RED: Limited Progress – delay in scheduled activity; not on track • AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track • GREEN: Good Progress – activities completed on schedule, on track <p>A RAG (Red/Amber/Green) status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Each outcome has been categorised as: -</p> <ul style="list-style-type: none"> • RED: Low – lower level of confidence in the achievement of the outcome(s) • AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) • GREEN: High – full confidence in the achievement of the outcome(s).
1.03	<p>In summary our overall progress against the high level activities is: -</p> <p>ACTIONS PROGRESS</p> <ul style="list-style-type: none"> • We are making good (green) progress in 54 (95%) actions. • We are making satisfactory (amber) progress in 3 (5%) actions. <p>ACTIONS OUTCOME</p> <ul style="list-style-type: none"> • We have a high (green) level of confidence in the achievement of 33 (58%) action outcomes. • We have a medium (amber) level of confidence in the achievement of 24 action outcomes (42%). • None of our actions have a low (red) level of confidence in achievement of outcomes.
1.04	<p>Monitoring our Performance</p> <p>Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG status. This is defined as follows: -</p> <ul style="list-style-type: none"> • RED equates to a position of under-performance against target • AMBER equates to a mid-position where improvement may have been

	<p>made but performance has missed the target</p> <ul style="list-style-type: none"> • GREEN equates to a position of positive performance against target.
1.05	<p>Analysis of current levels of quarterly performance shows the following: -</p> <ul style="list-style-type: none"> • 36 (75%) had achieved a green RAG status • 10 (21%) have an amber RAG status • 2 (4%) have a red RAG status
1.06	<p>Monitoring our Risks Analysis of the current strategic risks identified in the Improvement Plan are as follows: -</p> <ul style="list-style-type: none"> • 8 (16%) are insignificant (green) • 9 (18%) are minor (yellow) • 28 (55%) are moderate (amber) • 6 (12%) are major (red) • There are no severe (black) risks.
1.07	<p>The one major (red) risk area identified for the Social & Health Care Overview & Scrutiny Committee is:-</p> <p>Priority: Living Well Risk: Fragility and sustainability of the care home sector.</p> <p>A five day summit with Betsi Cadwaldr University Health Board, the six North Wales Authorities and Independent Providers was held to discuss the fragility of the market, the impact on admissions into acute hospitals and the facilitation of early discharge out of acute hospitals. A follow up session took place in the East area (Flintshire and Wrexham) 16th February to take forward the agreed actions. Future meetings have been arranged monthly to ensure progress on the agreed actions is maintained and Independent Providers have been invited to these follow-up meetings. Fee setting conversations with providers were completed in early February and care home providers have also been given support with equipment made available through the Intermediate Care Fund.</p> <p>The project manager has undertaken initial research and identified quick wins and medium to long term opportunities to support the sector. The postholder will change in April however work will continue.</p> <p>The conversations with Welsh Government to increase the cap on day care has resulted in an increase from £60 to £70 with a view to a further increase incrementally to £100 over the coming years.</p> <p>Whilst progress is being made the level of risk remains red due to the continued fragility of the sector.</p>

2.00	RESOURCE IMPLICATIONS
2.01	There are no specific resource implications for this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The Improvement Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest.
3.02	Chief Officers have contributed towards reporting of relevant information.

4.00	RISK MANAGEMENT
4.01	Progress against the risks identified in the Improvement Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraph 1.07 above.

5.00	APPENDICES
5.01	Appendix 1 – Quarter 3 Improvement Plan Monitoring Report – Living Well

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. Contact Officer: Margaret Parry-Jones Telephone: 01352 702427 E-mail: margaret.parry-jones@flintshire.gov.uk

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.
7.02	Risks: These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time.

Risk Likelihood and Impact Matrix							
Impact Severity	Catastrophic	Y	A	R	R	B	B
	Critical	Y	A	A	R	R	R
	Marginal	G	Y	A	A	A	R
	Negligible	G	G	Y	Y	A	A
		Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)
Likelihood & Percentage of risk happening							

The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit.

7.05	CAMMS – An explanation of the report headings
	<p>Actions:</p> <p><u>Action</u> – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority.</p> <p><u>Lead Officer</u> – The person responsible for updating the data on the action.</p> <p><u>Status</u> – This will either be ‘In progress’ if the action has a start and finish date or ‘Ongoing’ if it is an action that is longer term than the reporting year.</p> <p><u>Start date</u> – When the action started (usually the start of the financial year).</p> <p><u>End date</u> – When the action is expected to be completed.</p> <p><u>% complete</u> - The % that the action is complete at the time of the report. This only applies to actions that are ‘in progress’. An action that is ‘ongoing’ will not produce a % complete due to the longer-term nature of the action.</p> <p><u>Progress RAG</u> – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green).</p> <p><u>Outcome RAG</u> – Shows the level of confidence in achieving the outcomes for each action.</p> <p>Measures (Key Performance Indicators - KPIs):</p> <p><u>Pre. Year Period Actual</u> – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as ‘no data’.</p> <p><u>Period Actual</u> – The data for this quarter.</p> <p><u>Period Target</u> – The target for this quarter as set at the beginning of the year.</p> <p><u>Perf. RAG</u> – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.</p> <p><u>Perf. Indicator Trend</u> – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year:</p>

- A 'downward arrow' always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire).
- Similarly an 'upward arrow' always indicates improved performance.

YTD Actual – The data for the year so far including previous quarters.

YTD Target – The target for the year so far including the targets of previous quarters.

Outcome RAG – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), medium – uncertain level of confidence in the achievement of the target (Amber) and high-full confidence in the achievement of the target (Green).

Risks:

Risk Title – Gives a description of the risk.

Lead Officer – The person responsible for managing the risk.

Supporting Officer – The person responsible for updating the risk.

Initial Risk Rating – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).

Current Risk Rating – The level of the risk at this quarter.

Trend Arrow – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow).

Risk Status – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.



Quarter 3 Improvement Plan 2016/17 Progress Report

Living Well

Flintshire County Council



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Print Date: 17-Feb-2017

2 Living Well



Actions

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.1.1 Ensure care home provision within Flintshire enables people to live well and have a good quality of life.	Jacque Slee - Performance Lead – Social Services	Ongoing	01-Apr-2016	31-Mar-2017	-	 GREEN	 AMBER

ACTION PROGRESS COMMENTS:

The regional group are continuing to consider fee setting; a meeting with independent sector providers was held the week commencing 23rd January to consider the recommendations with regard to fee levels. Further improving the viability of the sector, the work of the Project Manager will continue; however there will be a change of personnel. The priority will be to ensure that there is continuity in this work. The pilot of the joint monitoring tools for nursing care is on track has commenced in January. The evaluation of the "Community Circles" project was positive; this may link into regional work on community integration. The roll out of "Progress for Providers" continues; one page profiles and the welcome pack have been implemented in 16 residential homes and 3 nursing homes. Contract officers are now implementing further person centred tools, with bespoke training delivered for staff. Care homes will start assessing themselves against the new Flintshire standards from April 2017. Tasks are on track to meet the expected position at the end of March; the amber outcome RAG reflects the continuing fragility of the sector.

Last Updated: 08-Feb-2017



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.1.2 Support greater independence for individuals with a frailty and / or disability, including those at risk of isolation.	Susie Lunt - Senior Manager, Integrated Services	Ongoing	01-Apr-2016	31-Mar-2017	-	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

With a view to supporting greater independence and dignity, a review is being undertaken on all double-staffed packages of care, and working with Occupational Therapists in hospitals around assessing the level of risk for each patient, with the aim of moving from double handed to single handed packages where this is appropriate for the person. Alongside this the Council are investing in new single handling equipment which is less intrusive in the home. For people with learning disabilities, Phase 2 of the pilot for "Multi-Me" is now in progress; people and providers have been identified to take the project forward, and positive feedback has been received from users, including the presentation of certificates for those who have had training on the technology. The roll out of the progression model using Intermediate Care Funds in a further 4 supported living houses continues. A series of workshops for all teams working with people with disabilities, to provide them with an opportunity to enhance their skills in line with the guidance on assessment in the Social Services & WellBeing (Wales) Act are being run. Regarding older people at risk of isolation, Volunteering Matters have been awarded Big Lottery funding to explore the impact of community based activities led by older people living in rural areas. They will be working with communities in Flintshire using an Age-Friendly Community approach, and we are in discussions with Volunteering

Matters to see how we can best support the pilot programme.



Last Updated: 20-Jan-2017

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.1.3 Improve outcomes for looked after children	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2016	31-Mar-2017	50.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

The need to strengthen monitoring arrangements for high cost residential placements to ensure that Providers are delivering the best possible outcomes for young people has been identified. Invest to save funding is being made available to establish a temporary post to work across Education and Social Services to strengthen contract arrangements for Residential placements. The post holder will have a clear focus on supporting the development of Residential contracts that set personalised outcomes with systems in place to ensure that Providers are held to account. The role, function and funding arrangements for the post have been developed and appointment will proceed in quarter 4. During quarter 3 Internal Audit undertook a review of the leaving care services. The review will provide an independent evaluation of how effective the Council is in equipping care leavers to have the skills to lead a good quality, independent life. Once received the report will inform specific action needed to improve outcomes for care leavers.

Last Updated: 08-Feb-2017



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.1 Ensure that effective services to support carers are in place as part of the integrated social and health services.	Jacque Slee - Performance Lead – Social Services	Ongoing	01-Apr-2016	31-Mar-2017	-	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

The co-production work to change the way that disability services work is progressing, and will bring together charities and voluntary agencies together under one service level agreement as a cooperative with shared outcomes and an agreed lead agency for each outcome. The revised Carers' Strategy is on track for delivery in March 2017. The tasks underpinning this action are on track and the outcome RAG is green.

Last Updated: 19-Jan-2017



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
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2.1.2.2 Influence the use of intermediate care funds to support effective discharge from hospital and ensure a smoother transition between Health and Social Care Services.	Susie Lunt - Senior Manager, Integrated Services	Completed	01-Apr-2016	31-Mar-2017	100.00%	 GREEN	 AMBER
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ACTION PROGRESS COMMENTS:

Partners in Flintshire continue to work actively to ensure that Intermediate Care Funds (ICF) across all funding elements are dedicated to ensuring that Health and Social care services are maximised to support people to stay at home and receive an integrated service to meet their health and social care needs. Regular East region meetings have been set up with a confirmed group of decision makers. Protocols are in place in terms of how we can use any slippage or underspend. So far this year we are maintaining the rate of delayed transfers below that of last year.



Last Updated: 18-Jan-2017

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.3 Work through the Children's Services Forum and Participation Group to improve access to CAMHS	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2016	31-Mar-2017	75.00%	 GREEN	 AMBER

ACTION PROGRESS COMMENTS:

Betsi Cadwaladr University Health Board (BCUHB) have been working to improve performance on access to services, and report that Flintshire Child and Adolescent Mental Health Services (CAMHS) have been successful in reducing the waiting lists for Primary Mental Health and are now meeting the WG target of 28 days and the assessment to treatment targets. Looked After Children have always been prioritised and we continue to ensure that they are fast tracked into CAMHS, and that we work jointly with colleagues in the Local Authority to provide the appropriate packages. During quarter 3 contribution was made to the recruitment process to fill a vacancy in CAMHS for a post providing specialist support to looked after children. One of the Council's experienced social workers was successful in securing this post and will strengthen integrated working between Social Services and CAMHS.

Last Updated: 08-Feb-2017

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.4 Further develop dementia awareness across the County.	Jacque Slee - Performance Lead – Social Services	In Progress	01-Apr-2016	31-Mar-2017	75.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

There are now 14 care home providers and 7 activity providers using the Facebook page, to promote activities available for care home residents. The next events for Dementia Friendly Communities include further businesses accredited in Flint, and rolling out to businesses in Mold and Buckley. Another memory cafe has opened in Saltney. Work has been progressing in schools; pupils and teachers in one high school and one primary school became dementia friends. This is being followed up in 3 more schools in quarter 4. A creative drama session

was held with a group of pupils to aid in interaction with people with dementia. The children attended a memory cafe and did a joint session of the Never Ending Story.

Last Updated: 18-Jan-2017

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.1 Strengthen arrangements within all Council portfolios to have clear responsibilities to address safeguarding.	Fiona Mocko - Policy Advisor (Equalities and Cohesion)	Completed	01-Apr-2016	31-Mar-2017	100.00%	GREEN	AMBER

ACTION PROGRESS COMMENTS:

Each Portfolio has a nominated lead for safeguarding. A Corporate Safeguarding Panel has been set up and is meeting regularly.

Last Updated: 30-Nov-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.2 Ensure that the workforce are trained in line with the new Codes of Practice for Safeguarding	Fiona Mocko - Policy Advisor (Equalities and Cohesion)	In Progress	01-Apr-2016	31-Mar-2017	5.00%	GREEN	AMBER

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ACTION PROGRESS COMMENTS:

A training strategy will need to be developed to ensure that all employees who come into direct or indirect contact with children or adults at risk , recognise signs of abuse and modern slavery and know how to make a report. There will need to be a range of training for different groups of employees. The Training Strategy will be developed and implemented following approval of the Corporate Safeguarding policy. The Corporate Safeguarding policy will be approved in January/February 2017; the Training Strategy will be developed during January 2017/February 2017.

Last Updated: 19-Dec-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.3 Working with our partners we will ensure that our response rates to referrals remain within statutory targets.	Jacque Slee - Performance Lead – Social Services	Ongoing	30-Aug-2016	31-Mar-2017	-	GREEN	GREEN



ACTION PROGRESS COMMENTS:

The new guidelines for adult safeguarding include a recommendation that all reports of adult safeguarding concerns should have a determination within 7 days. Currently we are

processing 76% of reports within this timescale, and procedures are being reviewed in line with the new guidance with the aim of improving performance against the national timescale. Against the outcome measure, risk has been managed for 100% of adult protection referrals so far this year. In Children's Services there is a continuing high demand for targeted support and early intervention services. An Early Help Hub is being established, which will bring together agencies to provide targeted help. Draft criteria for accessing support and referrals pathways have been developed. The Hub will be formally launched in 2017 and will help ensure that a family's problems don't escalate.

Last Updated: 19-Jan-2017

Performance Indicators

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.1.1M02 (SCAL/027) Number of care homes which are a 'Service of Concern'	2	2	3	 GREEN	↔	3	9	 GREEN



Lead Officer: Nicki Kenealy - Contracts Team Manager

Reporting Officer: Jacque Slee - Performance Lead – Social Services

Aspirational Target: 0.00

Progress Comment: Two care homes are deemed to be a "service of concern" by the Care & Social Services Inspectorate Wales (CSSIW). Action plans are in place and being monitored by CSSIW.

Last Updated: 16-Jan-2017

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.1.1M03 (SCAL/028) Number of care homes in 'Escalating Concerns'	0	2	2	 GREEN	↓	2	2	 GREEN





Lead Officer: Nicki Kenealy - Contracts Team Manager

Reporting Officer: Jacque Slee - Performance Lead – Social Services



Aspirational Target: 0.00



Progress Comment: Two care homes have been newly identified by the Authority as being in "escalating concerns" around leadership; neither home has a registered manager in place. Concerns are being addressed through corrective action plans.



Last Updated: 08-Feb-2017

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.2.1M01 (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	97.77	83.02	82	 GREEN	↓	83.02	82	 GREEN
<p>Lead Officer: Jacque Slee - Performance Lead – Social Services Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 82.00 Progress Comment: Work is progressing with North East Wales Carers Information Service (NEWCIS) to ensure capture of all data for carers' assessments and services. New documentation developed regionally in line with the Social Care and Well-being Act is being implemented in Social Services, although this is currently in paper form. Work is ongoing to develop these forms electronically and until this work is completed the Council is unable to report on a complete data set for carers' assessments and services. The Integrated Assessment should be available electronically from March 2017.</p> <p>Last Updated: 05-Dec-2016</p>								
KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.2.2M01 SCA/001 Monitoring the rate of delayed transfers of care for social care reasons (rate per 1000)	0.71	0.85	2	 GREEN	↓	2.01	2	 GREEN
<p>Lead Officer: Janet Bellis - Localities Manager Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 2.00 Progress Comment: We continue to maintain the rate of delayed discharges well below that of last year. Delayed discharges for social care reasons tend to be where there are complex mental health needs and the local authority are seeking a suitable placement. All delays are monitored regularly by Social Care and Betsi Cadwaladr University Health Board (BCUHB) jointly and early resolutions for people are prioritised.</p> <p>Last Updated: 16-Feb-2017</p>								

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KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.2.1.1M04 SCC/014 - Initial child protection conferences held within 15 days of the strategy discussion	84.78	89.66	95	 AMBER	↑	81.43	95	 AMBER
<p>Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 98.00 Progress Comment: One conference was delayed on the decision of the Safeguarding Manager, to ensure that relevant professional reports were available for conference. Two conferences were delayed due to the Christmas break but were held immediately afterwards.</p> <p>Last Updated: 08-Feb-2017</p>								

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.2.1.1M05 SCC/034 – The percentage of child protection reviews completed within timescales.	100	94.95	98	 AMBER	↓	98.07	98	 GREEN
<p>Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 100.00 Progress Comment: Reviews for five children from three families were held outside the designated timescale. One family transferred to England, however the conference was held within the timescales of the receiving Authority. One was scheduled for the start of the school term to ensure that school employees could attend. The third was rescheduled to ensure that the right people could attend in the interest of the children. We continue to schedule reviews within timescales wherever this does not conflict with the interest of the child.</p> <p>Last Updated: 16-Feb-2017</p>								

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.3.3M03 SCA/019 - Adult protection referrals where the risk was managed	100	100	98	 GREEN	↔	100	98	 GREEN

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 100.00
Progress Comment: Risk was reduced or removed for all adults with an adult protection referral completed in the quarter.

Last Updated: 16-Jan-2017

RISKS

Strategic Risk

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Fragility and sustainability of the care home sector.	Neil Ayling - Chief Officer - Social Services	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Red	Red	↔	Open

Potential Effect: Reduced quality of care, increased difficulties with recruitment and retention of staff, and reduced capacity in the care home sector.

Management Controls: Refocus specialisms within in-house provision to fit with changing demands. Continue to monitor capacity in the sector.

Progress Comment: A five day summit with BCUHB and the 6 North Wales Authorities was held to discuss fragility and the impact on admissions into acute hospitals and early discharge. Follow up sessions are taking place in the East in early February to take forward the agreed actions, and providers have been involved in these discussions.

Fee setting conversations with providers were completed before the end of January. The project manager has undertaken initial research and identified quick wins and medium to long term opportunities to support the sector. The postholder will change in April; however the work will continue.

The lobby to Welsh Government to increase the cap on day care has resulted in an increase from £60 to £70 with a view to further increase incrementally to £100, in order to support the sector. Whilst progress is being made, the level of risk remains Red due to the fragility of the sector continuing.

Last Updated: 08-Feb-2017

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
The quality of care home services will not meet required standards.	Neil Ayling - Chief Officer - Social Services	Jacque Slee - Performance Lead – Social Services	Amber	Amber	↔	Open

Potential Effect: Negative impact on reputation of the Council.
Management Controls: Contract monitoring in place. Good relationship with Care and Social Services Inspectorate Wales (CSSIW). Good relationships with providers. Staff Training.
Progress Comment: The roll out of "Progress for Providers" continues; one page profiles and the welcome pack have been implemented in 16 residential homes and 3 nursing homes. Contract officers are now implementing further person centred tools, with bespoke training delivered for staff. Care homes will start assessing themselves against the new Flintshire standards from April 2017. The level of risk should be reducing; however, intensive work with a small number of homes in escalating concerns have impacted on capacity, resulting in some delays - the risk level therefore remains at Amber for this quarter.

Last Updated: 16-Jan-2017

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Children and vulnerable families are not fully supported where multi-agency services and partners do not move toward an early intervention and prevention approach	Craig Macleod - Senior Manager, Children's Services & Workforce	Ray Dickson - Children's Fieldwork Services Manager	Amber	Amber	↔	Open

Potential Effect: High re-referral rates, Looked After Children (LAC) health assessments not completed on time, IAA requirements not met
Management Controls: Development and implementation of multi agency early intervention hub. A Project Manager has been appointed to take forward the development and implementation of the Hub. Appropriate governance arrangements are in place involving all agencies.
Progress Comment: Project arrangements for developing an Early Intervention Hub are in place with a Project Sponsor, Strategic Advisor and Project Administrator in place. Specific work streams have been developed and lead officers identified to take them forward. Within Social Services there is a high demand for targeted support and early intervention services. Management decisions are being made on how finite resources can be best deployed based on individual circumstances and presenting/associated risk. This area of the service will be reviewed in quarter 3 to identify opportunities to take different approaches to manage and respond to demand.

Last Updated: 08-Feb-2017

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Demand and aspirations for independent living will not be met.	Neil Ayling - Chief Officer - Social Services	Susie Lunt - Senior Manager, Integrated Services	Amber	Yellow	↓	Open

Potential Effect: Insufficient capacity within existing extra care provision

Management Controls: Flint:

- Full planning approval was granted for the scheme in March 2015.
- Pennaf aim to be on site by September 2015; FCC is overseeing the completion of several tasks in order to meet this target, which includes 1) further investigative work of the historic ditch, 2) demolition of the maisonettes, 3) surveys and 4) utility diversions.
- Partnership working groups will continue to agree, oversee and monitor the building design and service model as the scheme progresses.

Holywell:

- The outline design has been amended to reflect stakeholder feedback, as a result the site will now include additional public parking to meet local demand.
- Outline planning application refused 18th May 2015.
- Partnership working groups will be established once the scheme has received outline planning approval.

Progress Comment: Flint:

The scheme construction is progressing well - 17 weeks into the 78 week programme.

Holywell:

The scheme has been accepted onto the 'PDP' Development Plan, subject to Welsh Assembly Government review. The proposed site is the former primary school – Ysgol Perth Y Terfyn on Halkyn Road, Holywell. The scheme will provide at least 50 units, with a mix of 1 and 2 bedroom apartments. On Thursday, January 12th, there was a public event at St Peters church in Holywell, where information regarding the scheme was shared with local residents. Turnout was good and there is lots of positive interest. Wales & West are now preparing an outline planning application to be submitted for approval in February 2017.

With positive progress on both projects, this risk is now decreasing.

Last Updated: 16-Jan-2017

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Funding between Health and the Council does not transfer smoothly e.g. Continuing Health Care (CHC), Intermediate Care Funds (ICF), and Primary Care Funds.	Neil Ayling - Chief Officer - Social Services	Susie Lunt - Senior Manager, Integrated Services	Amber	Green	↓	Open

Potential Effect: Increased costs to the Council
Management Controls: Refreshed strategic direction led by BCUHB's new Executive Boards and a new operating structure currently being introduced. The structure will have more of a locality focus with a strengthened focus on increasing capacity within community based services.
Progress Comment: £227K has been reclaimed as a result of the work on tracing CHC funding, and a similar amount is expected for Quarter 4.
 Work is continuing on producing a set of operational standards with BCUHB; these will form the basis of a North Wales regional workshop to agree North Wales Operational Standards for health & social care.
 With regard to Intermediate Care Fund (ICF), meetings with BCUHB are regularly held to agree ongoing and new funding arrangements.
 The level of risk remains green.
 Last Updated: 16-Jan-2017

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Service provision is not co-ordinated/integrated.	Neil Ayling - Chief Officer - Social Services	Susie Lunt - Senior Manager, Integrated Services	Amber	Amber	↔	Open

Potential Effect: Ineffective joint services
Management Controls: Refreshed strategic direction led by BCUHB's new Executive Boards and a new operating structure currently being introduced. The structure will have more of a locality focus with a strengthened focus on increasing capacity within community based services.
Progress Comment: Discussions are taking place regionally and locally in relation to how best to take forward the development of pooled budgets. The level of risk remains amber due to the Council's ability to achieve this by 2018 as required by the Act.
 Last Updated: 19-Jan-2017

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Safeguarding arrangements do not meet the requirements of the Social Service and Well-being (SSWB) Act.	Neil Ayling - Chief Officer - Social Services	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Yellow	Green	↓	Open

Potential Effect: Criticism from Regulator

Management Controls: N/A

Progress Comment: A specific module on safeguarding in line with the act has been delivered to staff in Social Services. Safeguarding procedures are being amended in line with the Act, and training will be delivered on these. Act compliant e-learning is available to all staff.

Last Updated: 16-Jan-2017

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