# Public Document Pack

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Chief Officer (Governance)
Prif Swyddog (Llywodraethu)

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To:

Members of the Social and Health Care Overview & Scrutiny Committee

29 November 2024

Dear Sir/Madam

<u>**NOTICE OF HYBRID MEETING**</u>
<u>**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**</u>
<u>**THURSDAY, 5TH DECEMBER, 2024**</u> at <u>**1.00 PM***</u>

**\* Please note the start time for the meeting**

Yours faithfully

Steven Goodrum
Democratic Services Manager

Please note: Attendance at this meeting is either in person in the Delyn Committee Room, Flintshire County Council, County Hall, Mold, Flintshire or on a virtual basis.

The meeting will be live streamed onto the Council's website. The live streaming will stop when any confidential items are considered. A recording of the meeting will also be available, shortly after the meeting at https://flintshire.public-i.tv/core/portal/home

If you have any queries regarding this, please contact a member of the Democratic Services Team on 01352 702345.

# A G E N D A

**1    APPOINTMENT OF CHAIR**

**Purpose:**    To advise the Committee of the nominated Chair for the remainder of the municipal year, following the County Council meeting on 4 December 2024.

**2    APPOINTMENT OF VICE-CHAIR**

**Purpose:**    To appoint a Vice-Chair for the Committee.

**3    APOLOGIES**

**Purpose:**    To receive any apologies.

**4    DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

**Purpose:**    To receive any Declarations and advise Members accordingly.

**5    MINUTES** (Pages 5 - 8)

**Purpose:**    To confirm as a correct record the minutes of the meeting held on 5 September, 2024.

**6    FORWARD WORK PROGRAMME AND ACTION TRACKING** (Pages 9 - 16)

Report of Environment and Social Care Overview & Scrutiny Facilitator -

**Purpose:**    To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.

**7    BUDGET 2025/26 – STAGE 2** (Pages 17 - 24)

Report of Chief Officer (Social Services), Corporate Finance Manager - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing, Cabinet Member for Finance and Social Value

**Purpose:**    To review and comment on the budget pressures under the remit of the Committee.

8    **RESPONSE TO THE AUDIT WALES REVIEW "URGENT AND EMERGENCY CARE: FLOW OUT OF HOSPITAL – NORTH WALES REGION"** (Pages 25 - 94)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    To present findings and the council response to the Auditor General's review of the arrangements to support effective flow out of hospital in the North Wales region detailed within "Urgent and Emergency Care: Flow out of Hospital – North Wales Region".

9    **FRAMEWORK OF SUPPORT: A SUSTAINABLE APPROACH TO ADULT SOCIAL CARE** (Pages 95 - 106)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    To propose and discuss changes to the financial assessment and charging for Domiciliary Care and Residential Care Services.

10    **FINANCIAL ASSESSMENTS AND CHARGING TEAM** (Pages 107 - 112)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    To provide Members with information regarding the work undertaken within the Financial Assessment and Charging Team.

11    **FUTURE OF INTEGRATED COMMUNITY MENTAL HEALTH TEAM (CMHT)** (Pages 113 - 118)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    To consider a proposal to cease an integrated CMHT partnership with BCUHB (Betsi Cadwaladr University Health Board). This would involve withdrawing Social Workers from the three CMHT Teams and locating them alongside the existing Well Being and Recovery Team within Social Services.

**12    SOCIAL SERVICES CARE INSPECTORATE WALES, PERFORMANCE EVALUATION INSPECTION NOVEMBER 2023 - ACTION PLAN UPDATE** (Pages 119 - 174)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    To update on the progress of implementing the resulting action plan.

**13    CHILDREN AND FAMILIES SAFEGUARDING HUB** (Pages 175 - 178)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    To receive a report outlining the strengths and challenges from the newly established Safeguarding Hub.

**14    MOCKINGBIRD FOSTERING PROJECT** (Pages 179 - 204)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    To update on the progress of the implementation of the Mockingbird model of care.

**15    SOCIAL SERVICES WORKFORCE DEVELOPMENT REPORT** (Pages 205 - 212)

Report of Chief Officer (Social Services) - Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing

**Purpose:**    This report provides a summary of the work undertaken by the Social Services Workforce Development Team over the past 12 months, including details relating to recruitment activity in Social Services.

*Please note that there may be a 10 minute adjournment of this meeting if it lasts longer than two hours*

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**
**5 SEPTEMBER 2024**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held as a hybrid meeting on Thursday, 5 September 2024

**PRESENT:**              **Councillor Sam Swash (Chair)**
Councillors:              Mel Buckley, Tina Claydon, Carol Ellis, Gladys Healey, Andy Hughes, Fran Lister, Dave Mackie, Roz Mansell, Billy Mullin, Debbie Owen and Arnold Woolley

**ALSO PRESENT:**       Councillor: Hilary McGuill

**APOLOGY:**            Councillor: Andy Hughes

**SUBSTITUTIONS:**      Councillor Bill Crease (for Carol Ellis)

**CONTRIBUTORS:**       Councillor Christine Jones (Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing); Chief Officer (Social Services); Senior Manager – Safeguarding and Commissioning; Commissioning Manager; Complaints Officer; Planning and Development Officer and Senior Manager Children

**IN ATTENDANCE:**      Democratic Services Manager and team

19.   **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

      None.

20.   **MINUTES**  **(Link to recording)**

      The Minutes of the meetings held on  29 February 2024, 6 June 2024, 18 July 2024 and minutes of the joint meeting of Education, Youth and Culture Committee held on  27 June 2024 were presented for approval.

      Councillor Mackie requested that the penultimate paragraph on page 6 of the minutes of 29 February needed clarification and that the following wording be included to replace the existing paragraph.

      'The Service Manager clarified the context of the word challenging within the report in relation to the 16 direct discharge from hospital beds at Marleyfield. He explained that partnering with hospitals inevitably could cause pressures from the hospitals on the manager at Marleyfield when they were aware that beds are available. He added that over recent months they had consistently been operating at 14 to 15 beds occupied'.

      Councillor Mackie requested that a reference be included in the minutes of 18 July 2024 regarding the Appendix attached on page 23, that the following to be

added to the second paragraph of point 16 (Charging for Appointeeship) - Appendix 3.

**RESOLVED:**
That subject to the above amendments, the minutes of 29 February, 6 June, 27 June and 18 July be approved as a correct record and signed by the Chair.

21. **FORWARD WORK PROGRAMME AND ACTION TRACKING (Link to recording)**

The Overview & Scrutiny Facilitator presented the current Forward Work Programme and Action Tracking for consideration, which included an update on outstanding actions.

It was agreed that at the rise of the meeting on the 24th of October a Rota Visits training session would be held for Members of the Committee.

It was requested that an update on what support was available to carers be included in the Re-commissioning of Carers Services report on the 24th of March 2025.

The Members briefing on Looked After Children & Out of County Placements would be held at 1pm on the 8th of November.

Climbie Visit was in the process of being arranged during October for Members of the Committee.

**RESOLVED:**

(a) That the Forward Work Programme be noted;

(b) That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises; and

(c) That the Committee notes the progress made in completing the outstanding actions.

22. **COMMENTS, COMPLIMENTS AND COMPLAINTS (Link to recording)**

The Complaints Officer for Social Services presented a report on the Complaints and Compliments procedure 2023-24.

A revised version of Appendix 3 was circulated to the Committee.

The recommendation was supported.

**RESOLVED:**

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

23. **FLINTSHIRE MICRO-CARE PROJECTS** **(Link to recording)**

The Planning and Development Officer presented a report on the position of Micro-Care in Flintshire, some key successes of the previous 18 months, and the future direction of the project.

A breakdown of Micro Care Locations was to be provided.

In response to a suggestion, it was agreed that awareness raising of Micro-Care be undertaken targeted at GP surgeries.

The recommendations were supported.

**RESOLVED:**

(a) That members support the progress made in the Micro-Care project and the contribution the scheme is making in meeting demand for care in Flintshire; and

(b) That members are impressed by the direction the project has taken, the innovative approach and  that members support  the further development of the project going forward.

24. **RESIDENTIAL CARE SECTOR REVIEW 2024-2034** **(Link to recording)**

The Commissioning Manager presented a report  which provided a starting point for discussion on how the Council continued to respond to the challenges and increasing demands on the sector.

The Chair requested  a breakdown of the 36 million Ty Croes Atti would provide in benefits to the area which the Senior Manager, Safeguarding & Commissioning agreed to provide.

The recommendation was amended to reflect the debate.

**RESOLVED:**

(a) That members support the actions needed to mitigate the predicted shortfall in Flintshire;

(b) That members consider ways to influence the independent market to meet the growing demand, whilst taking into account the proposals within the Welsh Government's Rebalancing Care Agenda; and

(c) That Members recognise the progress made on the development of Ty Croes Atti.

**25.** **ANNUAL PERFORMANCE REPORT 2023/24 TO INCORPORATE THE COUNCIL PLAN END OF YEAR PERFORMANCE REPORT 2023/24 (Link to recording)**

The Chief Officer (Social Services) presented the report which set out an analysis and summary, shown at Appendix 2 of how well the Council had performed against the Well-being Objectives, Priorities and Sub priorities at the end of the financial year 2023/24 of the Council Plan (2023-28). The Annual Performance Report, attached at Appendix 1 also provided a summary of performance regarding other key areas of focus within the Council, i.e., Partnership and Collaboration Activity and the Strategic Equality Plan.

**RESOLVED:**

That the Committee support the approval of the 2023/24 Annual Performance Report, combined with the Council Plan End of Year 2023/24 Performance Report, noting the performance achieved.

**23.** **MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE**
None.

(The meeting started at 2.00 pm and ended at 3.47pm)

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**Chair**

Meetings of the Social & Health Care Overview & Scrutiny Committee are webcast and can be viewed by visiting the webcast library at http://flintshire.public-i.tv/core/portal/home

CYNGOR
**Sir y Fflint**
**Flintshire**
COUNTY COUNCIL

| SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE |
|---|

| Date of Meeting | Thursday 5th December, 2024 |
|---|---|
| Report Subject | Forward Work Programme and Action Tracking |
| Report Author | Social & Health Care Overview & Scrutiny Facilitator |
| Type of Report | Operational |

**EXECUTIVE SUMMARY**

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members.  By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues.  A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

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

The report also shows actions arising from previous meetings of the Social & Health Care Overview & Scrutiny Committee and the progress made in completing them.  Any outstanding actions will be continued to be reported to the Committee as shown in Appendix 2.

| RECOMMENDATION | |
|---|---|
| 1 | That the Committee considers the draft Forward Work Programme and approve/amend as necessary. |
| 2 | That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises. |
| 3 | That the Committee notes the progress made in completing the outstanding actions. |

## REPORT DETAILS

| 1.00 | **EXPLAINING THE FORWARD WORK PROGRAMME AND ACTION TRACKING** |
|------|------|
| 1.01 | Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan. |
| 1.02 | In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows: <br><br> 1. Will the review contribute to the Council's priorities and/or objectives? <br> 2. Is it an area of major change or risk? <br> 3. Are there issues of concern in performance? <br> 4. Is there new Government guidance of legislation? <br> 5. Is it prompted by the work carried out by Regulators/Internal Audit? <br> 6. Is the issue of public or Member concern? |
| 1.03 | In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following a meeting of the Corporate Resources Overview & Scrutiny Committee in July 2018, it was recognised that there was a need to formalise such reporting back to Overview & Scrutiny Committees, as 'Matters Arising' was not an item which can feature on an agenda. |
| 1.04 | It was suggested that the 'Action tracking' approach be trialled for the Corporate Resources Overview & Scrutiny Committee. Following a successful trial, it was agreed to extend the approach to all Overview & Scrutiny Committees. |
| 1.05 | The Action Tracking details including an update on progress is attached at Appendix 2. |

| 2.00 | **RESOURCE IMPLICATIONS** |
|------|------|
| 2.01 | None as a result of this report. |

| 3.00 | **CONSULTATIONS REQUIRED / CARRIED OUT** |
|------|------|
| 3.01 | In some cases, action owners have been contacted to provide an update on their actions. |

| 4.00 | RISK MANAGEMENT |
|------|-----------------|
| 4.01 | None as a result of this report. |

| 5.00 | APPENDICES |
|------|-----------|
| 5.01 | Appendix 1 – Draft Forward Work Programme<br><br>Appendix 2 – Action Tracking for the Social & Health Care OSC. |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
|------|------------------------------------------|
| 6.01 | Minutes of previous meetings of the Committee as identified in Appendix 2.<br><br>**Contact Officer:** Margaret Parry-Jones<br>Overview & Scrutiny Facilitator<br>**Telephone:** 01352 702427<br>**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. |

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## Forward Work Programme

| Date of meeting | Subject | Purpose of Report | Scrutiny Focus | Responsible / Contact Officer | Submission Deadline |
|---|---|---|---|---|---|
| 17 January 25 10.00 am | RISCA Annual Report | To receive the annual report. | Assurance | Mark Holt | |
| | Council Plan (2023-28) Mid-year Performance Report 2024/25 | To review and monitor the Council's performance including actions and measures, as set out in the Council Plan (2023-28) at mid-year for 2024/25. | Performance Monitoring | Facilitator | |
| | In-year overspend Action Plan 2024/25 | To consider sections of the in-year overspend Action Plan 2024/25 relevant to the Social & Health Care Overview & Scrutiny Committee. | | Chief Officer - Social Services | |
| 20 February 25 2pm | Pledge of Corporate Parenting Charter | To receive a progress update. | | Chief Officer - Social Services | |
| 24 March 25 10.00 am | Re-commissioning of Carers Services | To include support available for Carers. | | Dawn Holt | |
| 9 May 25 10.00 am | | | | | |
| 5 June 25 2.00 pm | | | | | |
| 17 July 25 10.00 am | Council Plan 2024-25 Year End Performance | To review the levels of progress in the achievement of activities and performance levels identified in the Council Plan and to consider the Annual Performance Report. | Performance Monitoring | Facilitator | |

## Regular Items

| Month | Item | Purpose of Report | Responsible/Contact Officer |
|-------|------|-------------------|------------------------------|
| | **Safeguarding** | To provide Members with statistical information in relation to Safeguarding - & Adults & Children | Chief Officer (Social Services) |
| **May** | **Educational Attainment of Looked After Children** | Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee. | Chief Officer (Social Services) |
| **Sept** | **Comments, Compliments and Complaints** | To consider the Annual Report | Chief Officer (Social Services) |
| **Spring** | **Betsi Cadwaladr University Health Board Update** | BCUHB are invited to attend on an annual basis  – partnership working. | Facilitator |

**Items to be added :-**

**Early Years Pathways transformation**

**Expanding Creative Respite Services to meet the needs of carers**

**North Wales Domiciliary Care Framework**

**Updates on the development of Ty Croes Atti & Integrated hub at  Maes Gwern**

**Update on CIW Action Plan**

**Action tracking from Social & Health Care OSC October 2024**

| Item/Date | Discussion | Action | By whom | Status |
|---|---|---|---|---|
| 29 February 2024 RISCA Responsible Individual Report | Cllr Hilary McGuill asked if Rota Visits could be re-instated for Members of the Committee. | Rota Visits to be re-instated. | Mark Holt | Rota Visit Training to enable Members to undertake Rota Visits 27/11/24 |
| 6th June 2024 Age Friendly Communities | Cllr Marion Bateman requested that the Dementia Bus be made available to Members to experience the training provided. | Opportunity to be provided to experience the training | Janet Bellis/Michael Jones | Ongoing |
| 18 July 2024 Forward Work Programme & Action Tracking | Following a request to restart visits with Social Services staff in Flintshire following the Victoria Climbie ruling, it was suggested to look at this in September / October | The visit due to take place on the 17th of October was postponed and will be re-arranged in the New Year. | Craig Macleod | Ongoing |

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CYNGOR
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COUNTY COUNCIL

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|---|---|
| **SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE** | |

| | |
|---|---|
| **Date of Meeting** | Thursday 5th December 2024 |
| **Report Subject** | Budget 2025/26 – Stage 2 |
| **Cabinet Member** | Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing; and<br><br>Cabinet Member for Finance and Social Value |
| **Report Author** | Corporate Finance Manager and Chief Officer (Social Services) |
| **Type of Report** | Strategic |

## EXECUTIVE SUMMARY

As in past years, the budget for 2025/26 will be built up in stages.

The first stage has been concluded by the establishment of a robust baseline of cost pressures together with Member workshops and individual Group Briefings to ensure Members had a full understanding of the Council's concerning overall financial position.

In September, Cabinet and Corporate Resources Overview and Scrutiny Committee received an updated position on the budget for 2025/26, which showed that we had an additional revenue budget requirement estimated at £38.420m which presents a serious and major budget challenge for the Council – proposed solutions to bridge this gap are currently being developed and will be shared with members in due course.

This review by Overview and Scrutiny Committees throughout October and November is aimed at reviewing and scrutinising the portfolio cost pressures to provide assurance that they are an essential requirement for the 2025/26 budget and that there is no scope to remove / defer them to assist with dealing with the budget challenge.

The draft Welsh Government Budget is scheduled to be announced on 10 December and the Provisional Welsh Local Government Settlement is expected to be received on 11 December.

Stage 3 of the budget process will be the identification of the full set of budget solutions required to ensure a legal and balanced budget is set in line with the Council's overall available funding envelope.

The details of the cost pressure options for the Social Services Portfolio which fall within the remit of this Committee are included within this report. The Committee is invited to review and challenge these cost pressures and associated risks.

| RECOMMENDATIONS | |
|---|---|
| 1 | Review and comment on the Social Services portfolio's cost pressures. |

**REPORT DETAILS**

| 1.00 | EXPLAINING THE BUDGET POSITION 2025/26 |
|---|---|
| 1.01 | The first stage has been concluded by the establishment of a robust baseline of cost pressures together with Member workshops and individual Group Briefings to ensure Members had a full understanding of the Council's concerning overall financial position. |
| 1.02 | In September, Cabinet and Corporate Resources Overview and Scrutiny Committee received an updated position on the budget for 2025/26, which showed that we had an additional revenue budget requirement estimated at £38.420m which presents a serious and major budget challenge for the Council – proposed solutions to bridge this gap are currently being developed and will be shared with members in due course. |
| 1.03 | This review by Overview and Scrutiny Committees throughout October and November is aimed at reviewing and scrutinising the portfolio cost pressures to provide assurance that they are an essential requirement for the 2025/26 budget and that there is no scope to remove / defer them to assist with dealing with the budget challenge. |
| 1.04 | The draft Welsh Government Budget is scheduled to be announced on 10 December and the Provisional Welsh Local Government Settlement is expected to be received on 11 December.<br><br>Stage 3 of the budget process will be the identification of the full set of budget solutions required to ensure a legal and balanced budget is set in line with the Council's overall available funding envelope. |
| 1.05 | **Social Services – Cost pressures**<br><br>These are set out in the paragraphs which follow. |

1.06    **Table 1:  Social Services – Cost Pressures**

| Cost Pressure Title | £m | Note |
|---|---|---|
| | | |
| Social Care Commissioning | 3.985 | 1. |
| Transition to Adulthood | 0.675 | 2. |
| Children's Services Group Homes | 0.450 | 3. |
| Croes Atti (Flint) Older People Residential Home Expansion | 1.321 | 4. |
| Social Worker Pay Review | 0.108 | 5. |
| Increased In-house Homecare Capacity | 0.100 | 6. |
| Partnership Working Cost Increases | 0.330 | 7. |
| Grants Maximisation – Adults (one-off efficiency 24/25) | 0.100 | 8. |
| | | |
| **Total Cost Pressures** | **7.069** | |

Notes:

1. **Social Care Commissioning £3.985m**

Annual uplifts to providers for commissioned care is subject to negotiation each year.  The impact of increases to the Real Living Wage and current rates of inflation have resulted in an estimated significant increase in fees.

2. **Transition to Adulthood £0.675m**

Based on the estimated annual cost for young people transferring from Children's Services to Adult Social Care and will provide funding for the duration of the time for which they will receive services.

3. **Children's Services Group Homes £0.450m**

Additional revenue costs for a small in-house children's residential home to support the placements for looked after children within county and is part of the strategy to avoid escalating Out of County residential care costs.  There is likely to be a future Welsh Government grant which will be used to develop the Children's in-house residential care service which would defer this pressure. Details of the amount and time period for this grant and the formal grant offer have yet to be received.

4. **Croes Atti (Flint) Older People Residential Home Expansion £1.321m**

Croes Atti Older People Residential Home is to be rebuilt and expanded to accommodate more placements, which include elderly mentally ill placements for which there is a growing demand.  The expanded residential home will require additional resources to fund required additional staff and running costs. This pressure represents the full year increase in expected running costs and assumes an operational date of 1 April 2025.

### 5. Social Worker Pay Review £0.108m

Over recent years being able to recruit and retain experienced Social Workers has proven to be extremely challenging, this biggest factor to this is due to the comparative salaries paid in Flintshire compared with neighbouring Local Authorities.  To mitigate this Social Services have worked closely with HR and have introduced a new 'Senior Social Worker Post' at grade G07.  This has had a consequential impact on posts above - for example senior practitioners were previously grade G07 and now taken on additional duties supporting the Team Manager in their new role of Deputy Team Managers at grade G08 and Team Managers have had their roles re-evaluated resulting in a moved from grade G08 to G09. These posts were appointed too and budgeted at the bottom of each grade and further budget requirement is needed over subsequent years to match pay increments.

### 6. Increased In-house Homecare Capacity £0.100m

There is a strategic aim to increase the Council's own provision of its homecare service. The amount would provide about 117 additional hours of homecare per week based on the current 2024/25 pay grades.  Much of this additional homecare provision will focus on providing increased dementia support. There are however recruitment challenges within Flintshire's Homecare service and this pressure could be deferred to 2026/27.

### 7. Partnership Working Cost Increases £0.330m

There are a number of joint working arrangements between Flintshire Social Services and other organisations such as with neighbouring Local Authorities and third sector organisations.  Due to the high rates of inflation over the last two financial years the costs of contributing to the services have increased and it is extremely challenging for the portfolio to absorb the increased costs within the current budget.

### 8. Grants Maximisation Adults (one-off efficiency) £0.100m

Included in the Social Services 2024/25 budget was an increased target for costs which can be offset by in-year grant funding. This target was increased in 2024/25 based on estimated one-off grants awarded in-year.  Grant funding is typically provided to invest in service development to reduce the impact of rising costs of services in the future.  Whilst there is a good track record of developing innovative services using base budget it is critical that grant funding is used to maximise the development of services.

| | |
|---|---|
| 1.07 | **<u>Out of county placements – Cost Pressure</u>**<br><br>The current forecast includes an additional budget requirement of £0.500m for out of county placements split between Education and Social Services.  The pooled budget service is already projecting an overspend in excess of this due to the continuing high demand for specialist provision in Education and Social Services so will need to be kept under continuous review.  Although in-house provision is being further developed in both areas, this cannot meet the levels of demand currently being experienced with significant numbers of new |

| | |
|---|---|
| | placements being made in 2024/25 and no sign of any future reduction in demand. There are also market supply issues and inflationary factors which are further influencing this overspend.  There is a significant risk that the current level of pressure allocated will not meet the total cost of the full year impacts in 2025/26 of the new placements made during 2024/25, together with further new placements which will need to be made during 2025/26.  The cost pressure is continually under review and will be considered further as part of Stage 3 of the budget process. |
| 1.08 | **Ongoing Risks**<br><br>This financial year has seen an escalation of costs for purchased Older People care. This includes independently provided residential care and homecare. Actions are being taken to reduce these costs and maximise income contributions where possible, but continued increasing demand may lead to costs which are unable to be met within the current budget envelope.<br><br>Recruitment and retention of experienced social workers is extremely challenging, particularly in Children's Services.  This is leading to use of agency workers to maintain safeguarding standards, there are more costly than employed social workers.<br><br>In addition, as the number of complex cases in Children's Services increase, the infrastructure to support caseloads is facing increased pressure and the current establishment may not be able to support increasing caseloads in the future without additional resource. |
| 1.09 | **Budget Timeline**<br><br>An outline of the local budget timeline at this stage is set out in the table below:<br><br>**Table 5: Budget Timeline**<br><br>| Date | Event |<br>|---|---|<br>| Oct/Nov/Dec 2024 | Overview and Scrutiny Committees |<br>| 10/11 December 2024 | Draft Welsh Government Budget and Provisional Local Government Settlement |<br>| 17 December 2024 | Cabinet |<br>| | |<br>| 16 January 2025 | Overview and Scrutiny Committees – as required |<br>| 21 January 2025 | Cabinet – Budget Review |<br>| 18 February 2025 | Cabinet and Council – Final Budget Setting |<br>| February 2025 | Welsh Government Final Budget/Settlement | |

| 2.00 | RESOURCE IMPLICATIONS |
|---|---|
| 2.01 | **Revenue:** the revenue implications for the 2025/26 budget are set out in the report. |

|   |   |
|---|---|
|   | **Capital:** there are no new implications for the approved capital programme for either the current financial year or for future financial years – the capital programme will be subject to a separate report |

| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
|---|---|
| 3.01 | • Cabinet<br>• Member Budget Briefings July and October 2024<br>• Specific Overview and Scrutiny Committees<br>• Corporate Resource Overview and Scrutiny Committee Meetings |

| 4.00 | RISK MANAGEMENT |
|---|---|
| 4.01 | As set out in the report. |

| 5.00 | APPENDICES |
|---|---|
| 5.01 | None. |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
|---|---|
| 6.01 | • MTFS and Budget 2025/26 Cabinet Report July 2024<br>Agenda - Cabinet 23.07.2024<br><br>• MTFS and Budget 2025/26 Cabinet Report September 2024<br>Agenda - Cabinet 25.09.2024<br><br>• Member Briefing Slides |

| 7.00 | GLOSSARY OF TERMS |
|---|---|
| 7.01 | **Medium Term Financial Strategy (MTFS):** a written strategy which gives a forecast of the financial resources which will be available to a Council for a given period and sets out plans for how best to deploy those resources to meet its priorities, duties and obligations.<br><br>**Revenue:** a term used to describe the day-to-day costs of running Council services and income deriving from those services.  It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure. |

**Budget:** a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them.

**Budget Requirement:** The amount of resource required to meet the Councils financial priorities in a financial year.

**Forecast:** An estimate of the level of resource needed in the future based on a set of demands or priorities.

**Capital:** Expenditure on the acquisition of **non-current assets** or expenditure which extends the useful life of an existing asset.

**Revenue Support Grant:** the annual amount of money the Council receives from Welsh Government to fund what it does alongside the Council Tax and other income the Council raises locally. Councils can decide how to use this grant across services although their freedom to allocate according to local choice can be limited by guidelines set by Government.

**Specific Grants**: An award of funding from a grant provider (e.g. Welsh Government) which must be used for a pre-defined purpose.

**Welsh Local Government Association:** the representative body for unitary councils, fire and rescue authorities and national parks authorities in Wales.

**Financial Year:** the period of 12 months commencing on 1 April.

**Local Government Funding Formula:** The system through which the annual funding needs of each council is assessed at a national level and under which each council's Aggregate External Finance (AEF) is set. The revenue support grant is distributed according to that formula.

**Aggregate External Finance (AEF):** The support for local revenue spending from the Welsh Government and is made up of formula grant including the revenue support grant and the distributable part of non-domestic rates.

**Provisional Local Government Settlement:** The Provisional Settlement is the draft budget for local government published by the Welsh Government for consultation. The Final Local Government Settlement is set following the consultation.

**Funding Floor:** a guaranteed level of funding for councils who come under the all-Wales average change in the annual Settlement. A floor has been a feature of the Settlement for many years.

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**Sir y Fflint Flintshire** COUNTY COUNCIL

| Health and Social Care Overview and Scrutiny Committee |
|---|

| Date of Meeting | Thursday 5th December 2024 |
|---|---|
| Report Subject | Response to the Audit Wales Review *"Urgent and Emergency Care: Flow out of Hospital – North Wales Region"* |
| Cabinet Member | Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing |
| Report Author | Chief Officer – Social Services |
| Type of Report | Operational |

## EXECUTIVE SUMMARY

The Auditor General has undertaken work to examine whole system issues affecting urgent and emergency care services across Wales and the associated demand management. This work included the discharge of patients from hospital, and examined whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital.

The Auditor General has produced a review report on findings for North Wales. The report concludes that, whilst partners demonstrated an understanding and commitment to improving patient flow out of hospital, performance remains extremely challenging with adverse effects for patient experience. Specifically, the overall finding is that "Partners must continue to work individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised."

The review considered the period April 2023 to February 2024, concluding with a set of 16 recommendations for action. Audit Wales will present their report and findings to Governance and Audit Committee on 25 November 2024.

| RECOMMENDATIONS |  |
|---|---|
| 1 | That Members consider the Wales Audit report and the measures being taken regionally and locally to implement the recommendations made. |

| | |
|---|---|
| 2 | To note that the Government and Audit Committee is updated on progress in addressing the recommendations made. |

## REPORT DETAILS

| | |
|---|---|
| **1.00** | **EXPLAINING THE RESPONSE TO THE AUDIT WALES REVIEW *"URGENT AND EMERGENCY CARE: FLOW OUT OF HOSPITAL – NORTH WALES REGION"*** |
| 1.01 | The report found that the extent of hospital discharge delays in North Wales has grown significantly in recent years and between April 2023 and February 2024. Each month there were on average 334 medically fit patients across the region whose discharge was delayed, with completion of assessments the main cause for delay. |
| 1.02 | For the year to date, up to and including February 2024, the total number of bed days that had been lost to delayed discharges across North Wales was 71,871 with a full-year cost equivalent of £39.202 million. Difficulties with discharge are also impacting on the ability of partner organisations to meet some patients' needs effectively, especially in the West of the region where a significant proportion of patients are placed in temporary accommodation post hospital discharge. |
| 1.03 | Several factors are contributing to delayed discharges. Many patients, especially elderly people with mental health problems, have complex needs that are not easily met by the services that are available. There are also workforce challenges within the social care sector, particularly in the areas of Conwy, Denbighshire, and Gwynedd. |
| 1.04 | Work is also needed to address an absence of jointly agreed training and guidance on discharge planning for health and social care staff, and to overcome difficulties in communicating and sharing information across organisational boundaries. |
| 1.05 | Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care. Partners are working together, both strategically and operationally, to improve patient flow, however, pressures on the system are creating an unhelpful blame culture. Financial resources are being applied to improve discharge planning, although financial constraints in partner bodies is leading to the continual roll forward of schemes and ultimately leaves little space for new ideas. |
| 1.06 | Partners also need to maximise the use of the Regional Integration Fund (RIF), improve oversight and impact of the initiatives that are being undertaken to support timely and effective discharge, and ensure learning from events is embedded into routine practice. |
| 1.07 | Taken together, the above demonstrates that despite hard work and good intentions on the part of organisations within the region, there is still much to do to improve discharge planning and processes. Continued action is |

| | |
|---|---|
| | needed across a range of areas to secure the improvements which are necessary for patients, their families, and the wider urgent and emergency care system. |
| 1.08 | The report identifies gaps and areas for improvement in supporting patient flow but acknowledges the financial constraints in which social care and health agencies are working. |
| 1.09 | Sixteen recommendations are made to improve joint working, setting out better ways of working with an expectation that these recommendations are addressed. Recommendations set out expectations for BCUHB and North Wales local authorities, with particular reference to the role of the Regional Partnership Board. |
| 1.10 | A key recommendation is that guidance should be agreed between the Health Board and local authorities in North Wales, providing clarity on how discharge planning should work across the region. In response, a guidance summary is being prepared regionally to provide support and guidance to help health and social care colleagues work together better. Within Flintshire Social Services, the document will be shared with all staff involved in supporting discharge planning across Flintshire and will be embedded in training and supervision. |
| 1.11 | The report recommends that social care and staff should have consistent access to up to date information about community services. In Flintshire, our Single Point of Access for adult services includes a number of FLVC third sector advisers who have access to a wide range of community resources, and there is also access to the national DEWIS database of community services. |
| 1.12 | The report recommends that BCUHB and local authorities should develop information sharing, including wider access to organisational systems. Flintshire Social Services has for some time provided access to our electronic information system to discharge leads within the Home First Bureau to enable access to key information to support discharge planning. Daily meetings are held in each of the hospitals which service Flintshire, where health and social services colleagues share information and make plans for safe discharges. |
| 1.13 | The Regional Partnership Board has prepared an action plan to address all the Audit Wales recommendations in a timely way. The report will influence and inform policy and procedure to improve hospital discharges over the coming months. |

| | |
|---|---|
| **2.00** | **RESOURCE IMPLICATIONS** |
| 2.01 | **Revenue:** there are no implications for the approved revenue budget for this service for either the current financial year or for future financial years. The recommendations made can be addressed by working more effectively within existing resources and structures. |

| | |
|---|---|
| | **Capital:** there are no implications for the approved capital programme for either the current financial year or for future financial years.<br><br>**Human Resources:** there are no implications for additional capacity or for any change to current workforce structures or roles. |

| 3.00 | **IMPACT ASSESSMENT AND RISK MANAGEMENT** |
|---|---|
| 3.01 | An impact assessment is not required as this is a report on progress and provides an overview of the requirements and recommendations set out in the Audit Wales report. |

| 4.00 | **CONSULTATIONS REQUIRED/CARRIED OUT** |
|---|---|
| 4.01 | None required in this case. |

| 5.00 | **APPENDICES** |
|---|---|
| 5.01 | Audit Wales – Urgent and Emergency Care: Flow out of Hospital – North Wales Region Report. |
| 5.02 | North Wales regional response to recommendations. |

| 6.00 | **LIST OF ACCESSIBLE BACKGROUND DOCUMENTS** |
|---|---|
| 6.01 | None. |

| 7.00 | **CONTACT OFFICER DETAILS** |
|---|---|
| 7.01 | Contact Officer: Christopher Phillips, Service Manager, Older People<br>Telephone: 01352 702540<br>E-mail: Christopher.phillips@flintshire.gov.uk |

| 8.00 | **GLOSSARY OF TERMS** |
|---|---|
| | **Wales Audit Office:** works to support the Auditor General as the public sector watchdog for Wales.  They aim to ensure that the people of Wales know whether public money is being managed wisely and that public bodies in Wales understand how to improve outcomes.<br><br>**Regional Integration Fund (RIF)**: A five-year Welsh Government programme from April 2022 to 2027 to help integrate health and care services. |

**North Wales Regional Partnership Board**: Regional Partnership Boards manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective populations.

**FLVC:** Flintshire Local Voluntary Council supports, promotes and develops the voluntary and community sector in Flintshire.

**Home First Bureau**: A BCUHB team covering Wrexham and Flintshire to support discharge planning and co-ordinate discharge activity.

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# Urgent and Emergency Care: Flow out of Hospital – North Wales Region

Date issued: February 2024

Document reference: 4081A2024

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

# Contents

# Summary report

## About this report

1    Once a patient is considered medically or clinically well enough to leave hospital (also referred to as medically fit or clinically optimised) the timely discharge of that patient to the right setting for their ongoing needs is vital. Timely, effective, and efficient moving of patients out of an acute hospital setting holds important benefits for patient care and experience as well as for the use of NHS resources.

2    When the discharge process takes longer than it should there can be significant implications for the patient in terms of their recovery, rehabilitation, and independence. Delayed discharges will also have implications for other patients coming into the urgent and emergency care system[1] who need a hospital bed. Poor patient "flow" creates bottlenecks in the system that contribute to well documented problems such as over-crowded emergency departments and an inability to secure timely handover of patients from ambulance crews.

3    The Auditor General had originally included work in his 2021 local audit plans to examine whole system issues affecting urgent and emergency care services, including the discharge of patients from hospital. The COVID-19 pandemic resulted in this work being postponed and brought back on stream in 2023. Our work has sought to examine whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. The approach we adopted to deliver our work is set out in **Appendix 1.**

4    This work is part of a broader programme of work the Auditor General is currently undertaking in respect of urgent and emergency care services in Wales. We are also examining the arrangements in place to help manage urgent and emergency care demand, and to direct patients to the care setting that is most appropriate to their needs. The findings from that work will be reported separately in 2024.

5    The Auditor General's work on urgent and emergency care is designed to help discharge his statutory duties. Specifically, this work is designed to satisfy the Auditor General that NHS bodies and local authorities have proper arrangements in place to secure the efficient, effective, and economical use of resources, as required by sections 17 and 61 of the Public Audit Wales Act 2004.

6    This report sets out the findings from the Auditor General's review of the arrangements to support effective flow out of hospital in the North Wales region (the region). The region encompasses:

- Betsi Cadwaladr University Health Board (the Health Board);
- Conwy County Borough Council;

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[1] Urgent and emergency care describes any unplanned, urgent, and emergency care provided by health and social care services. The unscheduled care system is complex with numerous organisations involved in providing services and it deals with acutely unwell, vulnerable, and distressed people in need of urgent assistance.

- Denbighshire County Council;
- Flintshire County Council;
- Cyngor Gwynedd;
- Isle of Anglesey Council; and
- Wrexham County Borough Council.

7    In undertaking this work, we have also considered progress made by the Health Board against previous recommendations made in our 2017 report on discharge planning. Our findings from this work are set out in a separate report to the Health Board.

# Key messages

8    Overall, we found that **while partners understand and show a commitment to improving patient flow out of hospital, performance remains extremely challenging with adverse effects for patient experience and care. Partners must continue to work individually and collaboratively to set and implement clear guidance, mitigate the challenges posed by reduced capacity and increased complexity of care, and ensure the impact of activities is continually monitored, challenged, and maximised.**

9    The extent of discharge delays in North Wales has grown significantly in recent years and between April 2023 and February 2024, each month there were on average 334 medically fit patients whose discharge was delayed, with completion of assessments the main cause for delay. For the year to date, up to and including February 2024, the total number of bed days that had been lost to delayed discharges was 71,871 with a full-year cost equivalent of £39.202 million. The consequent impact on patient flow within hospitals and the urgent and emergency care system is significant, with waiting times in emergency departments and ambulance handovers falling well short of national targets. In February 2024, there were over 8,000 lost ambulance hours because of handover delays, and the average wait within the Health Board's emergency departments was around 8.5 hours. Difficulties with discharge are also impacting on the ability of partner organisations to meet some patients needs effectively, especially in the west of the region where a significant proportion of patients are placed in temporary accommodation post hospital discharge.

10   Several factors are contributing to delayed discharges. Many patients, especially elderly people with mental health problems, have complex needs that are not easily met by the services that are available. There are also workforce challenges within the social care sector, particularly in the areas of Conwy, Denbighshire, and Gwynedd. Our work identified numerous weaknesses in the practice and documentation of discharge planning and a need to implement the Discharge to Recover and Assess (D2RA) model as intended. Work is also needed to address an absence of jointly agreed training and guidance on discharge planning for

health and social care staff, and to overcome difficulties in communicating and sharing information across organisational boundaries.

11     Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care[2]. Partners are working together, both strategically and operationally, to improve patient flow, however, pressures on the system are creating an unhelpful blame culture. Financial resources are being applied to improve discharge planning, although financial constraints in partner bodies is leading to the continual roll forward of schemes and ultimately leaves little space for new ideas. Whilst there is regular monitoring of the position within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system. This limits opportunities to examine whole system solutions, embed learning and to focus on the impact of activity within performance and progress reports.

12     Partners also need to maximise the use of the Regional Integration Fund (RIF), improve oversight and impact of the initiatives that are being undertaken to support timely and effective discharge, and ensure learning from events is embedded into routine practice.

13     Taken together, the above demonstrates that despite hard work and good intentions on the part of organisations within the region, there is still much to do to improve discharge planning and processes. Continued action is needed across a range of areas to secure the improvements which are necessary for patients, their families, and the wider urgent and emergency care system.

# Recommendations

14     Recommendations arising from this audit are detailed in **Exhibit 1**. The combined organisational response by the statutory bodies included in this review to these recommendations will be summarised in **Appendix 4** once considered by the relevant committees.

**Exhibit 1: recommendations**

| Recommendations |
| --- |
| **Improving training and guidance**<br>R1     The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning |

[2] Further information on the Welsh Government six goals for urgent and emergency care can be found via https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update

## Recommendations

process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made.

R2   The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff.

**Improving compliance with policies and guidance**

R3   The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA.

R4   The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists.

**Ensuring patient safety while awaiting care packages**

R5   The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such support is not in place at the time of discharge.

R6   The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social care and to escalate issues to the appropriate service where necessary.

**Improving the quality and sharing of information**

R7   The Health Board and local authorities should ensure that all relevant staff across each organisation has consistent access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed.

R8   The Health Board should improve record keeping by:

8.1. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning.

**Recommendations**

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    8.2. establishing a programme of case-note audits focused on the quality of record keeping.

R9    The Health Board and local authorities should implement ways in which information can be shared more effectively, including opportunities to provide wider access to organisational systems and ultimately joint IT solutions.

---

**Addressing key gaps in capacity**

R10   The Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services which would enable timelier discharge of patients to their own home.

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**Maximising the use of the Regional Integration Fund**

R11   The Health Board and local authorities, through the Regional Partnership Board (RPB), should demonstrate how it is working to increasingly mainstream long-standing schemes funded through RIF which are considered core services.

R12   The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending.

R13   To help inform decision-making and discussions, the Health Board and local authorities should:

    13.1. ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the Health Board and waiting lists for social services and care packages; and

    13.2. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges.

---

**Improving oversight and impact**

R14   The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their

| Recommendations |
| --- |
| impact and how they collectively contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect. |

**Embedding learning from actions taken to address delayed discharges**

R15 The Health Board and local authorities should ensure that mechanisms are in place to implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented.

R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by:

16.1. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and

16.2. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board.

Exhibit source: Audit Wales

# Detailed report

## What is the scale of the challenge?

15    This section sets out the scale of the challenge that the region is facing in respect of delayed discharges and the subsequent impact on patient flow and the patient experience.

16    We found that **there are significant numbers of delayed discharges across the region which are reducing patient flow through the hospitals with consequential impact on urgent and emergency care services and the ability to meet patients' needs.**

### Delayed discharges

17    We found that **significant numbers of patients are not leaving hospital in a timely way once they are considered medically well enough to do so, with completion of assessments, social care worker allocations and waits for home care packages the main causes for delay.**

18    Delays discharging patients from hospital has been a longstanding issue for bodies in Wales and other parts of the UK. The available data shows that this issue has become significantly worse in recent years.

19    **Exhibit 2** sets out the number of delayed discharges experienced by the Health Board between April 2023 and February 2024, compared with other Health Boards across Wales. These relate to patients who are considered medically fit but remain in a hospital bed 48 hours after the decision was made that they were well enough to leave hospital. The rate of delayed discharges across the region is broadly in line with the average for Wales.

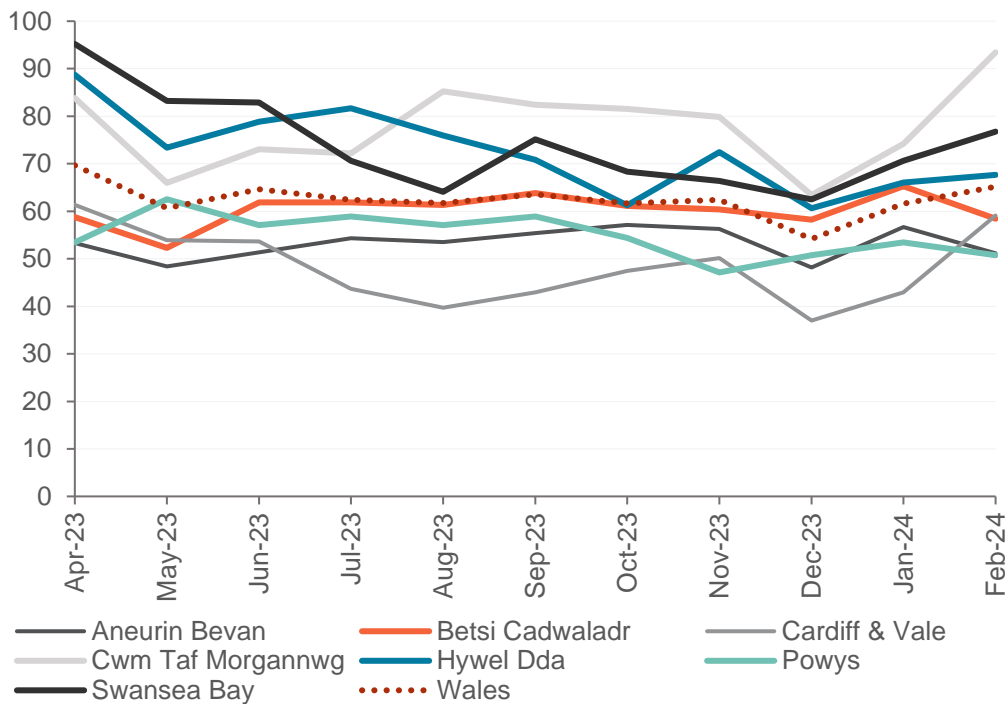**Exhibit 2: number of delayed discharges per 100,000 head of population (April 2023 – February 2024)**



Exhibit source: Welsh Government

20  Since the pandemic, the way in which delayed discharges are measured has changed. No data on delayed discharges was formally reported between the period March 2020 and March 2023. Prior to the pandemic, delayed discharges were reported as 'delayed transfers of care' which were defined as those who continue to occupy a bed after the date in which the patient is declared to be ready to move on to the next stage of their care. This compares with the current method for counting delays which focuses on those who remain in a hospital bed 48 hours after being identified as 'medically fit'.

21  Although not a direct comparison, in February 2020 the Health Board reported 81 delayed transfers of care. The position at the end of February 2024 of 324 delayed discharges equates to 16.1% of the Health Board's total bed capacity[3]. However, this is below the all-Wales average of 17.9% (ranging between 13.7% and 31.3%) and the second lowest in Wales.

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[3] Based on general and acute bed availability data in July 2023, StatsWales website (https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbeds-by-organisation-site)

22    The top five reasons for delays at the Health Board compared to the all-Wales
      position is set out in **Exhibit 3,** with the most common reasons being awaiting a
      joint assessment (between health and social care) and awaiting a social worker
      allocation. A full list of reasons for delay in the Health Board are set out in
      **Appendix 2,** and by local authority.

**Exhibit 3: top five reasons for delayed discharge (February 2024)**

| Reason for delay | Percentage delayed | All-Wales average |
| --- | --- | --- |
| Awaiting joint assessment | 15.7 | 9.0 |
| Awaiting social worker allocation | 15.1 | 8.5 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 13.3 | 10.3 |
| Awaiting start of new home care package | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 5.6 | 15.7 |

Exhibit source: Welsh Government

23    When broken down by local authority, the rate of delayed discharges per 100,000
      head of population is generally higher than the all-Wales position except for
      Flintshire. Awaiting joint assessment is the highest cause of delay in the west of
      the region, and in Denbighshire. Awaiting social worker allocation is the highest
      cause of delay in the east of the region. Awaiting clinical assessments is the
      highest cause of delay in Conwy, accounting for a quarter of all delays.

24    Based on data reported in February 2024, the total number of patients accounted
      for 6,524 bed days. Based on a typical cost per bed day[4], this equates to costs in
      the region of £3.262 million, and a full year effect of £39.202 million.

25    Our hospital patient case note review relating to a sample of medical emergency
      patients identified that the length of time patients remained in a hospital bed after
      48 hours of being declared medically fit varied across the Health Board's main
      hospital sites, with the average number of days patients remained in a hospital bed
      the longest at Ysbyty Maelor (**Exhibit 4**).

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[4] Based on £500 per bed-day as set out in the NHS Confederation briefing for the
statement by the Minister for Finance and Local Government on the 2023-24 financial
position

**Exhibit 4: average length of time after 48 hours of being declared medically fit (based on a sample of patients with a length of stay greater than 21 days)**

| Hospital site | Average number of days |
|---|---|
| Ysbyty Glan Clwyd | 16 |
| Ysbyty Gwynedd | 20 |
| Ysbyty Maelor | 43 |

Source: Audit Wales

## Impact on patient flow

26   We found that **delayed discharges are having a significant impact on patient flow with worrying knock-on effects elsewhere in the urgent and emergency care system.**

27   Delays in discharging patients from hospital have consequences for patient flow and in particular, the ability of patients to access services when they need them. Beds being used by patients who no longer need them means that they are not available for those who do, resulting, for example, in longer waits in emergency departments. This in turn impacts on the ability for ambulance crews to handover patients and respond to 999 calls in the community.

28   **Appendix 3** sets out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022. In summary:

- the percentage of ambulance red calls responded within 8 minutes has broadly been in line with the all-Wales position at around 50%, but below the national target of 65% (**Exhibit 20**);

- the median amber response time has been significantly above the target of 20 minutes at around 3.5 hours, falling to around an hour over the summer of 2023, but rising again in recent months (**Exhibit 21**);

- the percentage of ambulance handovers within 15 minutes at the Health Board's major emergency departments is generally below the all-Wales average and some of the lowest in Wales, particularly at Ysbyty Glan Clwyd and Ysbyty Maelor, and significantly below the national target (**Exhibit 22**);

- the percentage of ambulance handovers taking over one hour has broadly been above the all-Wales average fluctuating between 38.5% and 55%, compared to a national target of zero (**Exhibit 23**);

- the total number of hours lost following notification to handover over 15 minutes is well above the all-Wales average, fluctuating between 6,000 and 10,000 hours per month over recent months (**Exhibit 24**);

- once the patient is in the emergency department, the median time from arrival to triage has reduced and is now just below the all-Wales position at 21 minutes (**Exhibit 25**);

- the median time from arrival to being assessed by a senior clinical decision maker has been significantly higher than all other health boards, at around five and a half hours, but since March 2023 has reduced to around two hours which remains above the all-Wales average (**Exhibit 26**);

- the percentage of patients seen within 4 hours in a major emergency department is some of the lowest in Wales. Performance varies across the three hospital sites, with performance better in Ysbyty Maelor (**Exhibit 27**);

- the percentage of patients spending less than 12 hours in an emergency department is also some of the lowest in Wales, with performance worse at Ysbyty Glan Clwyd and Ysbyty Gwynedd (**Exhibit 28**); and

- the proportion of bed days accrued by patients with a length of stay over 21 days has been better than the all-Wales average (**Exhibit 29**).

29    Based on our analysis of Health Board data relating to all emergency medicine patients discharged in October 2022, we found the average total length of stay for patients staying over 21 days in the acute sites was 51 days (compared to 56 days across Wales). This varied across the three acute sites, with the average total length of stay increasing to 64 days at Ysbyty Maelor. The average total length of stay at Ysbyty Glan Clwyd and Ysbyty Gwynedd was 39 and 50 days, respectively.

30    The Health Board's total bed capacity has fluctuated over recent years, with 2,123 total beds available in 2022-23, with just under half allocated to acute medicine (975). Bed occupancy in the acute medicine beds has been at 88.3%, compared with an optimal level of 85%. The Health Board is one of four health boards to have community hospital beds managed by GPs. These beds provide step-down facilities for patients who no longer need acute care. However, the number of these beds available in the Health Board has reduced from 109 in 2019-20 to 88 in 2022-23, and occupancy levels have been running high at 97.2%. Most of these beds are in Denbighshire and Gwynedd.

31    Pressure on available beds because of delayed discharges means that health boards are not always able to ensure that patients are placed on the best wards for their clinical needs. For example, health boards will usually hold vacant beds on stroke units to ensure that stroke patients have fast and direct access, enabling them to access stroke specialists and equipment.

32    Health boards have increasingly experienced difficulties in admitting stroke patients to a stroke ward as problems with patient flow and bed availability mean that these beds have been needed for non-stroke patients. Over the last 12 months, only a quarter of stroke patients admitted to the Health Board have had direct admission to a stroke unit within four hours. Performance, however, is marginally better than the all-Wales position.

33    The impact of poor patient flow is also often felt within scheduled (or planned) care, as patients with their booked procedures are increasingly having their treatments cancelled due to the lack of available beds. During 2022-23, 641 planned care admissions were cancelled due to the lack of an available ward bed in the Health Board, with over half of those during December 2022 and January 2023. For the period, 2023-24 up to and including February 2024, 1,036 planned care admissions were cancelled. This level of cancellation represents poor patient experience and risks the conditions of planned care patients further deteriorating while they wait for their treatment to be rescheduled.

## Meeting patients' needs

34    We found that **delayed discharges are impacting on the ability of organisations to meet some patients needs effectively with a significant proportion of patients in the west of the region being discharged into temporary accommodation.**

35    The pressure to discharge patients and the lack of available care options can lead to patients being discharged to settings that are not always the most appropriate ones for their needs including:

- being discharged home before a proper care package is in place;
- being discharged to a residential care home when they could have gone home with a support package;
- being discharged to a temporary residential care home to await availability of longer-term placement;
- being discharged to a community hospital bed to await availability of a package of care; and
- being discharged to a setting which is far away from family and friends.

36    Patients who are delayed within hospital can become deconditioned, are at higher risk of experiencing an injury from a fall or contracting a hospital acquired infection which can exacerbate their care needs, lengthening their hospital stay and making them more vulnerable to re-admission after they have been discharged.

37    Within the region, the impact of delays on patient experience and outcomes is something we found that both health and social care staff are very aware of and working hard to avoid. However, patient choice and experience are increasingly being compromised to secure a timelier patient discharge, and staff we spoke to often cited the increased need to manage patient and family expectations. With limited options for ongoing care, we found that staff are often left looking at alternative options to enable patients to be discharged. We heard examples of staff adding patients to multiple waiting lists, such as for reablement[5], home care

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[5] Reablement describes services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living.

packages and residential care, to facilitate a timelier discharge regardless of patients' specific needs.

38    We also heard of examples where patients were discharged home without support to await a package of care to become available. Partners work to minimise such cases as much as possible, adopting a risk-based approach and exploring various options to bridge gaps in the provision of formal support such as by requesting the patients' families or friends provide short-term support. While some councils, including Conwy, Gwynedd, and Wrexham, have arrangements in place to monitor the wellbeing of patients awaiting a package of care, some do not. We also heard of rare but concerning situations where patients are discharged home to await a package of care without social service teams being notified.

39    **Exhibit 5** sets out the extent to which unplanned short-term care home accommodation is used across the region. Since July 2023, the region has had some of the highest number of adults per 100,000 population placed in unplanned short term care home accommodation. This is particularly the case in the west of the region. The proportion of adults in unplanned placements longer than 6 months in Gwynedd is the highest in Wales, with the proportion of adults staying in temporary placements between 3 and 6 months on the Isle of Anglesey the second highest in Wales.

**Exhibit 5: number of adults per 100,000 head of population waiting in a care home with no planned end date, regardless of the reason they are waiting (+3 months) July 2023 – February 2024**
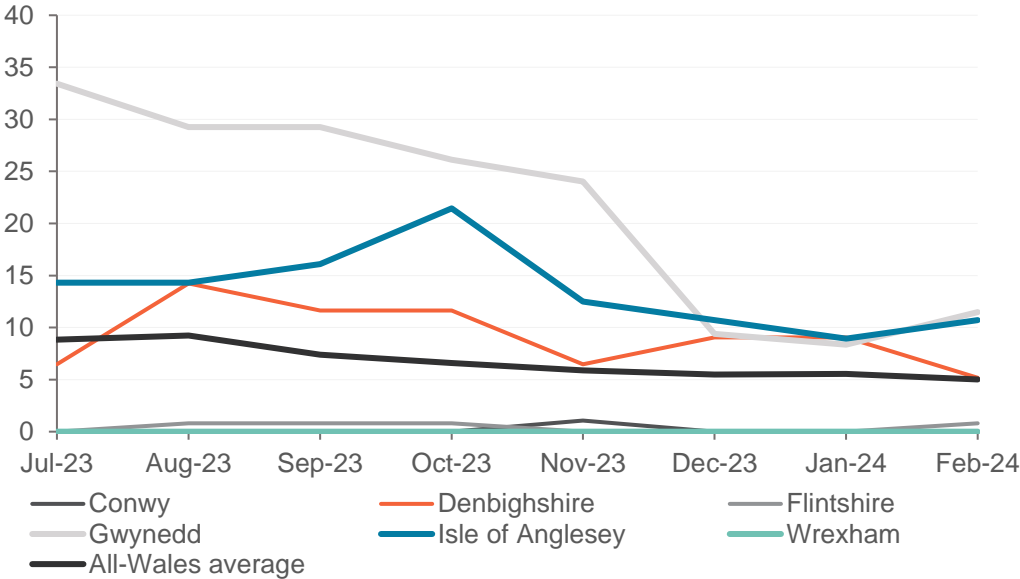


Exhibit source: Welsh Government

* Note – no data submitted for Wrexham for the period.

# What is impacting effective and timely flow of patients out of hospital?

40    This section sets out the issues impacting on effective discharge planning and the timely flow of patients out of hospital across the region.

41    We found that **while complexity of demand is increasing, health and social care capacity has reduced leaving limited options for ongoing care and these challenges are exacerbated by a lack of information sharing and beginning discharge planning too late in a patient's journey.**

## Volume and complexity of demand

42    We found that **there have been increases in the complexity of demand and the number of elderly patients with mental health problems.**

43    In North Wales people over the age of 65 accounted for 20% of the population in 2020, but that figure is expected to increase to 29% by 2040[6]. As people live for longer, there is a correlating increase in the numbers of people who live with multiple long-term conditions and complex health needs and who will therefore need to rely on health and care services for support.

44    Those we spoke to during this review spoke of significant increases they see in demand, particularly in terms of more complex, higher acuity demand. We were often told that patients come in with one problem, but routine tests can quickly uncover several other conditions that need to be treated and managed, which will typically require more complex discharge planning.

45    COVID-19 exacerbated this increase in complex demand. During the pandemic, demand for emergency departments declined rapidly as people followed national advice to protect core frontline services. In addition, families provided additional care and support to avoid their loved ones being admitted to hospital or long-term care out of fear of contracting COVID-19. We were told that as the pandemic eased, demand began presenting through the emergency departments which was much more complex than before as people's conditions had deteriorated at home.

46    Care homes have also seen increasing complexity amongst their patients. Elderly mental health was often raised as a significant pressure, with greater numbers of elderly patients presenting at hospital with mental health conditions which care homes find increasingly difficult or impossible to accommodate post discharge.

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[6] Population projection data sourced from the Older People's Commissioner for Wales https://olderpeople.wales/wp-content/uploads/2023/01/221222-Understanding-Wales-ageing-population-24-November.pdf

## Workforce capacity

47    We found that **there are workforce capacity challenges, particularly within the Health Board and in Gwynedd and Wrexham adult social services, with waits for social care assessments in some councils amongst the highest in Wales.**

48    Increasingly staff involved in discharge planning are finding their capacity stretched due to factors such as high vacancy rates and unplanned absence rates. Reduced numbers of staff leads either to a reliance on agency staff or to fewer permanent staff attempting to manage increasingly complex patients and organise the ongoing care they need for discharge. High usage of agency staff has inevitable impacts on continuity within the workforce.

49    As of January 2024, the Health Board was reporting 9.0% vacancies as a percentage of its total establishment, with nursing and midwifery vacancies at 11.7%, and medical vacancies at 6.2%. Vacancy rates were highest in the centre of the region. The unplanned absence rate was at 6.7% for nursing and midwifery staff, but much lower at 2.2% for medical staff. Bank and agency use accounted for 8.9% of nursing and midwifery posts, with the greatest use of bank and agency also in the centre of the region.

50    In June 2023, the North Wales councils were reporting between 0%-45% vacancies in adult social services, with the highest rate of vacancies in Wrexham and the lowest in Flintshire[7]. In February 2024, the unplanned absence rate in adult social services ranged between 6%-10%, as shown in **Exhibit 6**.

**Exhibit 6: percentage of unplanned absence in adult social services (February 2024)**

| Local authority | Unplanned absence |
|---|---|
| Conwy | 7 |
| Denbighshire | 10 |
| Flintshire | 6 |
| Gwynedd | 10 |
| Isle of Anglesey | 8 |
| Wrexham | 8 |
| **All-Wales average** | **7.9** |

Exhibit source: Welsh Government

[7] Flintshire 0%, Isle of Anglesey 5%, Conwy 6%, Denbighshire 6%, Gwynedd 9%, and Wrexham 45%. No data has been made available since June 2023.

51  Both Gwynedd and Wrexham have experienced higher rates of unplanned absence and vacancies compared with the all-Wales position, with Wrexham council carrying a significant level of vacancies for several months. The use of agency staff across the six authorities is generally low (ranging between 1%-3%), compared with the all-Wales position of 2%. The highest rate was reported in Conwy at 3%. For the previous six months, the agency rate in Gwynedd had been significantly higher, ranging between 11%-21% per month, reflecting the vacancy and unplanned absence rates that the council has been experiencing.

52  Workforce capacity constraints can adversely affect the discharge planning process. For example, pressure on ward nursing numbers means that time for proper discharge planning is constrained which may be exacerbated using agency staff who are less familiar with discharge processes, or social workers may not be able to complete assessments for a patient in a timely way. As highlighted in **Exhibit 3**, delays in joint assessments between health and social care staff and clinical assessments by hospital staff are some of the main reasons for delayed discharges across the region, accounting for 28% of all delays. Delays awaiting social care worker allocation and social care assessments account for a further 20.7% of all delays as of February 2024. **Exhibit 7** sets out the extent to which adult social services across the six local authorities can meet demand for assessment. The number of patients waiting for a social care assessment in hospital account for a small proportion of the total number of people waiting for assessment.

**Exhibit 7: number of social care assessments completed and awaiting to be completed per 100,000 head of population per month (February 2024)**

| Local authority | Social care assessments completed | Adults waiting for a social care assessment | % of those waiting for a social care assessment that are in hospital |
|---|---|---|---|
| Conwy | 252 | 48 | 4.3% |
| Denbighshire | 263 | 178 | 0.7% |
| Flintshire | 195 | 136 | 1.8% |
| Gwynedd | 148 | 153 | 1.3% |
| Isle of Anglesey | 298 | 226 | 3.1% |
| Wrexham | 152 | - | - |
| **All-Wales average** | **250** | **125** | **8.7%** |

Exhibit source: Welsh Government

* Note - no data submitted by Wrexham for adults waiting.

53    Waiting lists for social care assessments are higher than the all-Wales average in Denbighshire, Flintshire, Gwynedd, and Isle of Anglesey, and some of the highest in Wales. The waiting list in Gwynedd is similar or higher than the number of assessments completed suggesting that it is struggling to keep on top of demand for social care assessments.

54    Conversely, although Wrexham has experienced a significant number of vacancies, the number of social care assessments completed during the summer of 2023 were some of the highest in Wales (at around 470 per month), dropping below the all-Wales average to be between 100 and 150 each month. To address staff shortfalls, Wrexham council has made use of micro enterprises to support its provision of social services, and complete social care assessments.

## Care sector capacity

55    We found that **there is stretched capacity across the social care sector, particularly with respect to domiciliary care provision.**

56    Availability of home (domiciliary) care packages and long-term residential care home accommodation can be key causes of discharge delay across Wales. Within the region, during our interviews we repeatedly heard about the impact of shortages of domiciliary care staff across North Wales with delays starting new home care packages accounting for 10.5% of all delays in February 2024. Awaiting residential home availability accounted for a further 8.6% of all delays. **Exhibit 8** sets out the number of adults receiving care sector support and the extent to which there are waits for provision. **Appendix 4** sets out waiting list performance for social care assessments and care packages since November 2022.

**Exhibit 8: number of adults receiving (and waiting for) care packages and placements per 100,000 head of population per month (February 2024)**

| Local authority | Domiciliary care[8] in receipt (waits) | Reablement[9] in receipt (waits) | Long-term care home accommodation[10] in receipt (waits) |
|---|---|---|---|
| Conwy | 896 (39) | 56 (4) | 677 (5) |
| Denbighshire | 534 (66) | 17 (0) | 625 (9) |
| Flintshire | 615 (42) | 34 (18) | 494 (-) |
| Gwynedd | 796 (123) | 73 (-) | 752 (27) |
| Isle of Anglesey | 585 (42) | 18 (7) | 536 (19) |

[8] Includes domiciliary care both provided and commissioned by local authorities.

[9] Includes reablement provided by local authorities.

[10] Includes long-term care home accommodation commissioned by local authorities.

| Local authority | Domiciliary care[8] in receipt (waits) | Reablement[9] in receipt (waits) | Long-term care home accommodation[10] in receipt (waits) |
|---|---|---|---|
| Wrexham | 388 (21) | 28 (21) | 497 (-) |
| **All-Wales average** | **665 (34)** | **46 (9)** | **536 (11)** |

Exhibit source: Welsh Government

57 The exhibit shows difficulties matching demand and capacity for domiciliary care and/or reablement services across most local authorities in North Wales, with the number of people waiting for care above the all-Wales position for some of these services. Conversely, the number of adults in receipt of domiciliary services in the Conwy and Denbighshire council and Cyngor Gwynedd areas, and reablement services in Conwy is higher than the all-Wales average, suggesting the availability of domiciliary care and reablement is greater in these areas than in other parts of Wales. The provision of long-term care home is also greater in the Conwy, Denbighshire, Gwynedd, and Isle of Anglesey council areas.

58 **Exhibit 9** indicates the extent to which there are domiciliary care hours unfilled, and the average number of hours provided per adult.

**Exhibit 9: unfilled domiciliary hours and average hours of domiciliary care provided per adult, per 100,000 head of population (February 2024)**

| Local authority | Domiciliary care hours waiting to be filled | Average hours per adult in receipt of domiciliary care |
|---|---|---|
| Conwy | 525 | 11.2 |
| Denbighshire | 875 | 9.5 |
| Flintshire | 481 | 12.7 |
| Gwynedd | 1001 | 10.9 |
| Isle of Anglesey | 356 | 12.7 |
| Wrexham | 165 | 15.3 |
| **All-Wales average** | **353** | **13.2** |

Exhibit source: Welsh Government

59 The data suggests a very mixed picture across the region with Wrexham reporting a low level of domiciliary care hours waiting to be filled, whilst the number of unfilled domiciliary care hours in Conwy, Denbighshire, Gwynedd, and Isle of Anglesey are amongst the highest in Wales. Interestingly the average number of domiciliary care hours provided per adult in some council areas is less than the all-

Wales average. Whilst this may reflect the care that people need, it could also be indicative of problems with the supply of domiciliary care with councils potentially trying to spread a limited resource thinly to ensure that as many people are being supported with domiciliary care but not necessarily at the level that they need.

## Discharge process

60      We found that **there are weaknesses in the practice and documentation of discharge planning which are exacerbated by an overcautious approach and an absence of jointly agreed training and guidance.**

61      Good discharge planning is reliant on good communication and co-ordination across different professional groups, with consideration of discharge as soon as a patient is presented to services. Good discharge planning is also facilitated by having clearly documented processes which are shared with all staff involved to promote understanding and awareness of the different roles in the discharge process.

62      Our hospital patient case note review suggested that discharge planning is not considered early enough in the patient journey and is not well-documented. We found variable quality and completeness of discharge documentation between clinicians, wards, and sites. Referral information between specialties, as well as 'What Matters to Me'[11] forms were largely incomplete or absent in the notes we reviewed. Physiotherapy and occupational therapy notes were generally comprehensive and thorough, and we saw some notes had been completed by social workers.

63      However, further documentation that we expected to see, for example, Single Point of Access referrals or nursing assessments, were rare. None of the case notes we reviewed had a completed section within the Emergency Department form which gave an indication of a predicted date of discharge. Though we recognise it may not always be possible to provide this indication at such an early stage, it is good practice for discharge to be considered as soon as a patient encounters hospital services, and particularly at the point in which admission is deemed appropriate.

64      Largely, references to discharge planning within case notes occurred only once the patient was deemed medically fit for discharge, and often they simply referred to 'discharge planning' with lack of detail of what was required for ongoing care (if any) or what the patients and their families wishes were. While case notes showed some limited evidence of discussion with patients and families, insufficient use of 'What Matters to Me' conversations are hindering discharge planning as decisions for ongoing care are made without direct knowledge from the patient or their family of their capabilities, limitations, and usual home environment. Fewer than half the

[11] What Matters to me refers to conversations' hospital staff are expected to undertake with patients. The conversations are structured around what the patient can do for themselves and what they will require ongoing support with.

case notes reviewed showed the family was kept informed of the patient's care plan.

65  Delays to discharges were not well described within case notes, often limited to references to 'awaiting packages of care' or 'awaiting best interest meetings'[12] without describing what was causing the delay and when next steps were anticipated to take place. The results of best interest meetings were not formally recorded in the case notes we reviewed. Once discharges were progressing, logistical arrangements were rarely described i.e., whether the patient required transport or whether their medications had been prepared. In some cases, it was unclear where the patient had been discharged to (i.e., lack of care transfer form or notes on form).

66  We also noted that discharging patients from hospital remains an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends due to staff working patterns in both health and social care. A review of data relating to all patients discharged from the Health Board's acute sites in October 2022, indicated that only 7.2% of patients were discharged at the weekend (**Exhibit 10**). This is due to working patterns of staff within social services and within hospital settings, as well as the fact that most providers will not accept admissions over the weekend. During the week, discharges peak on a Friday across all the acute sites, with the greatest proportion of Friday discharges taking place at Ysbyty Maelor. Discharging on a Friday poses risks that necessary support services at home may not available over the weekend period.

[12] A Best Interest Meeting is a multidisciplinary meeting that is arranged for a specific decision around a patient's care / treatment, when a person is deemed to lack the mental capacity to make that decision for themselves.

**Exhibit 10: day of discharge of all patients discharged from acute hospital sites in October 2022, as a percentage of total discharges[13]**
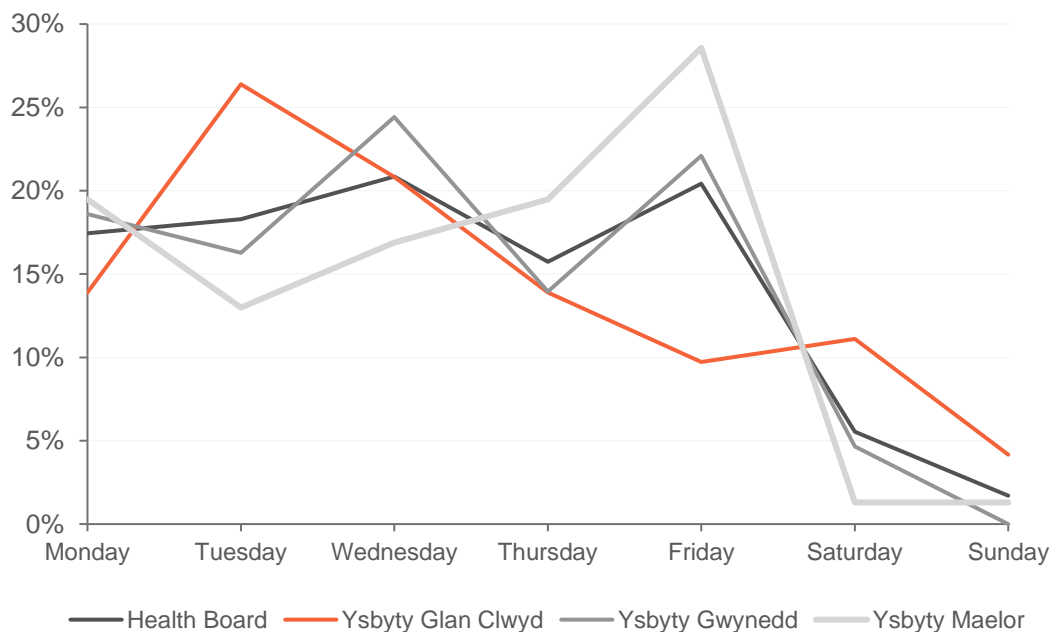


Source: Audit Wales

67    When we spoke to those involved in the discharge process from both a health and social care perspective, we found differences in perception about how the discharge process should work. Of primary concern were differences in opinion on when referrals should occur as part of discharge planning with concerns from social workers that they were either notified too early or too late to facilitate effective and timely flow out of hospital. These different perspectives are causing further delays in patient discharges as well as some tensions in the working relationships between health and social care workers.

68    Ward staff also spoke of a culture of risk aversion, whereby staff, particularly junior doctors, are reluctant to declare a patient medically fit and discharge them because they fear the patient may not cope as well at home. Whilst staff may be acting out of kindness, they may not be acting in a patient's best interest. Keeping patients in hospital for longer than they medically need has a negative impact on patient experience and outcome as well as broader patient flow within the hospital. While many we spoke to recognise the negative impact that delayed discharging has on the independence and wellbeing of patients, there is a continued reluctance to take

[13] Excludes patients who died.

measured risks and to recognise the significant knock-on impact delayed discharges have on patient flow and the wider system.

69    Across North Wales, we found differences in arrangements between hospital sites and between local authorities in relation to discharging patients, including how referrals are made and to whom. High agency and bank staff usage in the Health Board adds to the challenge of maintaining a consistent and clear approach. Although training and guidance could address inconsistencies, during our fieldwork staff reported that they had not received discharge planning training. The Health Board recently introduced Criteria Led Discharge training, but awareness and completion rates vary across sites. A draft discharge standard operating procedure exists, specifying responsibilities and standards, but it appears unfinished, and many Health Board staff were unaware of its existence.

70    In 2018, the Welsh Government introduced the Discharge to Recover then Assess (D2RA) model, which is designed to support people to recover at home before being assessed for any ongoing need, thereby reducing length of stay in hospital. Implementation of the model was accelerated during the pandemic, and the Welsh Government has subsequently supported regions with additional monies to embed D2RA further.

71    National data submitted to Welsh Government in early 2023 indicates the Health Board has difficulty in discharging patients to an appropriate setting for their assessment, as is advocated by D2RA. Data for the Health Board showed it had high proportions of patients waiting to transfer to D2RA pathways. Many of these patients were waiting to be discharged to their own homes, which indicates delays due to factors such as awaiting social care assessments, packages of care or housing adaptations. Other patients are waiting to be discharged to step-down beds but are unable to leave hospital due to the lack of availability of such beds in the community.

72    The Health Board has been awaiting updated national guidance on D2RA before developing its own guidance which should support it to further embed the policy. However, given some of the disparities in understanding between health and social care about how the discharge process should work, jointly agreed guidance and training would help establish and clarify shared expectations to be used in practice by all staff involved in the discharge planning process. The national guidance was issued in December 2023.

## Information sharing

73    We found that **difficulties in communicating and sharing information across organisational boundaries is adding to delays.**

74    Professionals within and across organisations will typically be required to share information about the patient to facilitate appropriate discharge arrangements and ongoing care, especially where the patient has more complex needs. During our fieldwork, we found that while arrangements for sharing information between staff

within hospitals are improving, sharing of information between organisations appears to be a significant barrier.

75    For patients who are likely to require ongoing social care support, the sharing of information from the hospitals to social services is not starting early enough following admission. In most cases, social workers will not become aware of a patient until the point the patient is considered medically well enough to leave hospital. Given the social care capacity constraints described in **Exhibit 6**, and the delays in social care assessments (**Exhibit 7**), it is important that referrals are made as early as possible in the patients' admission to enable effective planning and assessment. Once a referral has been made, ward and social services staff reported difficulty in contacting one another to discuss the patient's case, which can also cause delays. The Health Board has implemented a Home First Hub to help co-ordinate referrals, but this is not yet fully embedded and consistently used.

76    Systems holding patient information have not been connected or viewable to all staff involved in the care of individual patients as various IT systems have not been accessible across organisations. While four of the local authorities have implemented the Welsh Community Care Information System[14], Denbighshire and Flintshire council have not and although the Health Board has committed to using the system and undertaken a small pilot in the community nursing and therapy teams, it has not yet implemented the system across the Health Board. While we saw the positive impact of the STREAM[15] system in place within some hospital wards, this useful patient information was not able to be shared more broadly across the organisation or with key partners, such as social services. Since the time of our review, we have heard that the Home First teams have begun to have direct access to local authority client systems to enable better information sharing.

77    Services run by the voluntary sector along with community-based services are fundamental to supporting discharge for many patients. It is therefore best practice to involve these services in the discharge planning process. Understanding of the landscape of services outside of hospital however was patchy, meaning opportunities to discharge earlier with support from services beyond social care were missed. We found that access to information on community and voluntary services was often variable and there was an absence of training to provide information to relevant staff**.**

# What action is being taken?

[14] The Welsh Community Care Information System (WCCIS) is a single system and a shared electronic record for use across a wide range of adult and children's services. The idea being that all 22 local authorities and seven health boards should implement it, with the initial intended implementation date of the end of 2018.

[15] STREAM is a clinical discharge planning tool that supports patient flow in an acute setting.

78    This section considers the actions being taken by the statutory organisations, including through the RPB to improve the flow of patients out of hospital.

## Strategic and operational plans

79    We found that **improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care.**

80    We reviewed relevant health board and local authority plans in relation to discharge planning and unscheduled and social care more generally. We found that plans in the region reflect a good understanding of the challenges affecting the flow of patients out of hospital. Plans also reflect the commitment of partners to resolve some of the key challenges related to flow such as workforce gaps and limited care home availability. Plans are informed by data and demand projections, particularly from the North Wales Population Needs Assessment, developed by the RPB. Importantly, plans reflect key Welsh Government planning requirements, such as the six goals for urgent and emergency care, as well as the Welsh Government 1,000 bed challenge[16].

81    Introduced in 2021, the six goals for urgent and emergency care programme contains two goals that are linked to improving discharge: 'goal five - optimal hospital care and discharge practice from the point of admission', and 'goal six: home first approach and reduce risk of readmission'. The Health Board's existing urgent and emergency care programme was reframed in 2022 to align to the six goals programme. The Health Board's plan contains a variety of schemes aligned to the six goals. For example, a commitment to maximising use of the discharge lounge, including developing a seven-day discharge lounge. The Health Board is also prioritising implementation of the STREAM system across each ward to consistently capture actions in patient care to facilitate discharge, as well as implementing the Optimal Flow Framework, including embedding SAFER[17] patient flow principles across the Health Board.

82    The North Wales regional plan 2023-28 sets out high level principles, outcomes, and priorities for regional working across health and social care in North Wales, based on the Population Needs Assessment. While the plan does not discuss issues in relation to flow out of hospital directly, among its key priorities are working together to support people at home, as well as addressing the impact of wider social care workforce recruitment and retention on unpaid carers. It identifies that partners are committed to address these challenges through the RPB structure.

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[16] In July 2022 the Health and Social Care Minister set a challenge for Health Boards and Local Authorities to establish an additional 1,000 bed spaces or their equivalents to support timely discharge https://www.gov.wales/written-statement-six-goals-urgent-and-emergency-care-programme-update

[17] Further information on the SAFER model can be found via https://www.adss.cymru/en/blog/view/patient-flow/fileAttachment

83   In our fieldwork, we examined the Health Board's winter plan for 2022-23, aligning with its urgent and emergency care and urgent and emergency care programme. However, some plan components aimed at enhancing routine practices rather than addressing surge demand. Examples include internal professional standards and a standard operating procedure for medically fit patients. The plan was approved by partners through the RPB in December 2022, potentially limiting its impact on managing demand for the winter. Local authorities' winter plans mirrored the Health Board's activities, emphasising capacity increase and providing alternatives for patients ready to leave the hospital. All plans acknowledged the need to boost staff capacity to handle demand.

84   Challenges in terms of recruitment and retention were recognised by partners as having a direct impact on service provision, particularly in relation to availability of domiciliary care and care home placements. The North Wales Social Care and Community Health Workforce Strategy 2018-21 aimed to develop a joined-up approach to the workforce challenges and opportunities. At the time of our fieldwork, the RPB's Workforce Board was working to refresh the strategy. Workforce challenges were referenced in most plans, strategies and reports we reviewed and was the focus of much activity including projects funded by the Regional Integration Fund (RIF) (such as Step into Work[18]) and activity commissioned by several groups and boards across the region.

## Partnership working

85   We found that **partners are working together, both strategically and operationally, to improve patient flow, however pressures on the system create an unhelpful blame culture between the different parties involved in discharge planning.**

86   The structure and governance of the North Wales RPB is complicated due to the high number of groups locally and sub-regionally. However, feedback from members suggests that it has been successful in facilitating joint working on specific workstreams and partnership working more generally. More recently changes to membership following turnover of senior leadership, particularly within the Health Board, has presented a challenge in clarifying accountabilities and building relationships.

87   Minutes from the RPB, and the Leadership Group which reports to the RPB, reflect regular discussions around urgent and emergency care pressures and discharge planning, including regular updates surrounding the 1,000-bed challenge during late 2022. The Welsh Government requirement was for North Wales to supply 243

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[18] Step into Work is a collaborative project between Health and Social Care to provide training and placements for individuals that are interested in pursuing a career in care with the aim that they can secure employment and become part of the care workforce. https://www.northwalescollaborative.wales/step-into-work/

of the 1,000-beds by October 2022. In November 2022, the region reported that it had identified 203 beds. These beds remain in place for 2023-24.

88     We found evidence that partners are investing their time heavily in facilitating timely flow, particularly within hospitals. Our observations of the discharge process at the Health Board's acute hospitals showed significant attention and resource being deployed to manage flow across the site. We observed a multitude of operational meetings including site manager meetings and ward rounds which take place several times a day and include a wide range of professionals. There are also various meetings between the Health Board and local authorities either daily or several times a week to escalate and manage delayed discharges in each of the areas.

89     Operationally, relationships between health and social care staff appeared to vary. Due to the high volume of complex discharges which require input from various professionals, health and social care staff are in very regular contact, and many told us they had positive working relationships. However, it was clear from our fieldwork that as problems with discharge delays have become more acute, there is increased tension in working relationships. Staff spoke of the pressure they face to get patients out of hospital, and how that can lead to a blame culture between health and social care wherein another professional or their organisation is seen as the cause of the delay. This blame culture, in turn creates a defensiveness which can have a negative impact on how staff interact with each other during the discharge process.

## Use of funding

90     We found that **financial resources are being applied to improve discharge planning, however, there are some challenges with RIF funded schemes and an overall need to report more clearly on whether the funded initiatives have had the desired impact.**

91     The region makes use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed to improve discharge planning. The RIF is a Welsh Government 5-year fund to deliver a programme of change from April 2022 to March 2027. The aim of the fund is to establish and mainstream at least six new national models of integrated care to provide a seamless and effective service for the people of Wales. Two contain a clear link to improving flow out of hospital for patients, namely: Home from Hospital Services; and Accommodation Based Solutions. There is a clear expectation within the RIF guidance that partners 'match fund' projects up to 50% by the end of year 5, with Welsh Government funding for each project tapering each year to allow for successful projects to become business as usual.

92     For 2022-23, the region received £32.5 million of RIF funding in total, some of which was ringfenced at a national level to support specific services including dementia. The RPB approved its regional 2022-23 RIF programme with allocations to each of the six models of care. The 2022-23 programme included 40 regional

schemes aligned to the six models of care. Five schemes related to Home from Hospital Services which received over £5.6 million in investment (including £261,650 match funded money) and four schemes related to Accommodation Based Solutions with over £1 million in investment (including £40,739 match-funded money). A small number of projects also continued previous Right-sizing Communities[19] work aimed at rebalancing care provision to meet demand. According to the RIF end of year report for 2022-23, partners contributed £13 million in total to schemes by way of match funding.

93     Although approved by the RPB, we found some limitations to the schemes that used RIF funding in 2022-23. For example, some schemes could be considered core services rather than new innovative projects, such as step-up beds, community resource teams and single point of access teams. We also found examples of schemes funded in 2022-23 which had previously been funded by the predecessor Integrated Care Fund in 2017-18. The continuous roll forward of schemes limits the potential to introduce new, innovative schemes to better manage demand. Those we spoke to explained that the requirement to match fund projects can create a reluctance to commit to new projects that will require match-funding in future years. In the context of the ongoing financial difficulties facing the partners in the region, they are finding it increasingly difficult to commit to future spending via new RIF projects.

94     The region submits financial information on how it is managing the RIF to Welsh Government each quarter and reports the latest position to its RPB meetings. At quarter three of 2022-23, the region was reporting slippage of £4.4 million. During our fieldwork we heard that it often takes longer to establish a project once it has been approved, including time to recruit, which can cause delays. We also heard that partners do not have an agreed process for utilising slippage, which is not covered by the national guidance. Some seek slippage to support community capacity in general, while others wish for slippage to be reallocated to existing successful projects for them to be expanded. Lack of an agreed process can be a cause of tension within the region and the risk that monies are not being used for their intended purposes.

95     The RIF Annual Report presents performance data for schemes, including the positive impact from two Home from Hospital schemes on 215 individuals[20]. Although the region has collected over 70 case studies highlighting the positive impact of funded schemes on individuals, these are not included in public reports submitted to the RPB or partner bodies. Incorporating these case studies would enhance transparency. Additionally, collaborative efforts between the Health Board

[19] Right-sizing communities refers to work to ensure that services are in line with true demand. It aims to ensure people are assessed in the most appropriate settings, that assessments are timely and are outcome focussed to maximise individual outcomes and patient flow.

[20] One scheme positively supported 146 individuals, and one scheme positively supported 69 individuals.

and local authorities outside the RPB structure focus on joint solutions for capacity, such as NHS-funded care homes and an integrated workforce. However, progress and impact of these initiatives are minimally reported within partner bodies.

## Scrutiny and assurance

96    We found that **while there is regular monitoring within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system, embed learning and papers lack focus on the impact of activity.**

97    We reviewed the level of information that partners' committees, Board and Cabinet receive in relation to flow out of hospital and found a mixed picture. The Health Board monitors several indicators relating to urgent and emergency care and patient flow via the Board and, more specifically, the Performance, Finance, and Information Governance Committee, including:

- % of emergency ambulance responses to calls categorised as 'red' arriving within (up to and including) eight minutes;
- median time from a patient's arrival at an emergency department to triage by a clinician;
- % of patients who spend less than four hours in emergency units from arrival until admission, transfer, or discharge;
- number of patients who spent 12 hours or more in emergency units from arrival to admission, transfer, or discharge; and
- number of ambulance handovers over one hour.

98    Commentary within performance reports to the Committee provides additional information, such as numbers of medically fit patients remaining in a hospital bed. However, reports rarely discuss the differences between hospital sites. Reports do describe the actions that are in place across pathways to try and improve patient flow. The Committee also receives updates on Urgent and Emergency Care which include actions under the six goals programme. The Health Board's Partnerships, People and Population Health Committee routinely received updates relating to the work of the Regional Partnership Board during 2022. However, following the resignation of all the Health Board's previous Independent Members in February 2023, the committee was suspended, meaning that regular reporting of RPB activities to the Health Board was not received from March 2023. A new Planning, Population Health and Partnerships Committee has since been established and met for the first time in January.

99    Papers received by committees and Cabinets within the six local authorities contain many references to challenges related to social care aspects of patient flow. Performance reports contain indicators including the numbers of adults either accessing services or waiting to access services. More generally, papers often reference challenges in relation to lack of domiciliary care and care home provision. We found some instances of discussion within local authority papers of

the broader impact that lack of provision within social care and care homes has on patient flow. For example, Wrexham County Council's July and September 2023 meetings included updates on the challenges faced by Ysbyty Maelor Emergency Department and the activity underway to mitigate those challenges, including joint work between the Council and the Health Board.

100    Generally, however, partners' focus is on metrics and activity within their remit, rather than on the broader whole system picture. In addition, while we found evidence within some local authorities that they operationally monitor expenditure in relation to the RIF, we found little evidence of reporting of RIF schemes and their impact within the Board, Cabinet or committees of local authorities or the Health Board.

101    The RPB receives regular updates on RIF progress and periodic papers on key priority areas but does not receive regular operational performance reports. Consideration of performance reports would be valuable in understanding the impact of RIF activities on addressing long-standing performance challenges.

102    While partners generally have mechanisms to record key risks relating to delayed discharges, these again were very separate. Risks in relation to poor patient flow are documented within the Health Board with four tier one risks noted on the Corporate Risk Register, which includes a risk relating to the fragility of the independent sector, where activity taken with partners through the RPB is listed. There are also two strategic risks on the Health Board's Board Assurance Framework relating to the impact of poor flow on quality of care, safety, and patient experience. Challenges relating to aspects such as the fragility of the care home market and difficulty recruiting domiciliary care are documented on most local authority corporate risk registers. There is currently no mechanism for partners to agree and monitor shared risks in relation to delayed discharges. This is a weakness as it drives partners to focus on mitigating their own risks without consideration of how mitigation could impact on partners.

103    In line with the six goals for urgent and emergency care programme, the Health Board has established the Urgent and Emergency Care Board, chaired by the Executive Director of Operations[21]. This Board oversees the planning and delivery of the six goals programme, aiming to ensure collaborative planning and ownership among system-wide stakeholders. It replaces the previous six goals programme group which was in place prior to our fieldwork. Despite several requests to the Health Board, we were unable to observe the Board nor receive any relating documentation and as such, we were not able to review its effectiveness.

104    Various mechanisms exist within and between partners for monitoring and escalating issues related to discharge planning, but their effectiveness varies. Social services, in particular, use 'Adverse Discharge' forms to highlight poorly managed discharges. However, at Ysbyty Glan Clwyd, there was a lack of response to these forms, raising concerns about the accountability for discharge

[21] Previously the Executive Director of Clinical Services

planning at a corporate level for this hospital. The Health Board did not respond to our requests to clarify the arrangements for processing these complaints or the accountability for discharge planning at a corporate level for this hospital.

105    The region took part in several Multi Agency Discharge Events (MADE) in 2022, which aimed to improve patient flow by providing protected time for partners to jointly recognise and agree to address challenges collaboratively. Those we spoke to as part of our fieldwork indicated that MADE discussions provide valuable opportunities for partners to work together and focus their resources on ensuring effective discharges take place. However, we found that areas for improvement that are identified through these events are not consistently actioned, with service pressures seemingly causing partners to continue with existing behaviours and practices. This was demonstrated through reports from the November 2022 MADE which reiterated several key issues that had been raised in September 2022 but not actioned, such as needing to use a multi-agency discharge approach and to continually monitor performance.

## What more can be done?

106    Whilst there is a clear recognition by regional partners of the problems associated with discharge, a desire to sort them out, the right focus within strategies and plans, and the use of funding targeted schemes, none of these have driven any significant or sustainable improvement in the overall position. Our work has found that there are several further actions that could be taken which would help improve timely and effective flow out of hospital across the region and reduce some of the challenges currently being experienced by the health and social care system. These actions are explored in the following exhibit and align with the recommendations that are set out earlier in the report.

**Exhibit 11: further actions for partners to help tackle the challenges for patient flow out of hospital**

| Improving training and guidance | Having access to **jointly agreed guidance** which clearly sets out roles and responsibilities, and expectations around when and how staff should share information, including referrals, is vital to ensuring consistency between wards, hospitals, professions, and organisations. |
| --- | --- |
| | Offering a **comprehensive training programme** for everyone involved in patient flow, including bank and agency staff as well as new starters, also ensures guidance is embedded. |

| Improving compliance with policies and guidance | Having a **regular cycle of audit** to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA. |
|---|---|
| | **Minimising multiple referrals** and ensuring only those people who need the service are on waiting lists for reablement, home care packages and residential care, minimises inefficiencies resulting from inappropriate referrals and provides better outcomes for patients. |
| Ensuring patient safety while awaiting care packages | Having **clear communication processes** in place to notify social services staff when patients are discharged to minimise the risks that patients are discharged without services in the community being notified. |
| | Maintaining **regular communication with patients** awaiting packages of care once discharged home ensures that patients are safe whilst waiting and provides better outcomes. |
| Improving the quality and sharing of information | Having an improved **understanding of the range of community services** that could support effective and timely discharge and how these can be accessed, enables staff to make more informed decisions when planning for discharge. |
| | Having **clear and comprehensive information** within patient case-notes which sets out the actions being taken to support discharge, enables a clearer understanding of what is happening with a patient and supports effective discharge planning by all professionals involved in the care of patients whilst in hospital. |
| | Having **joined-up systems** that are accessible by all staff (regardless of organisation) involved in the care of individual patients enables effective and efficient methods of communication between organisations and supports effective flow out of hospital. |
| Addressing key gaps in capacity | Looking at joint solutions across sectors to **address key gaps** such as domiciliary care and reablement services would enable timelier discharge of patients' home. |

| | |
|---|---|
| **Maximising the use of the Regional Integration Fund** | The additional regional money provides opportunities to develop **innovative and transformational schemes** that can support effective and timely discharge. These opportunities are lost when the fund is used to support core services which should be mainstreamed. |
| | Having clear processes in place to **manage slippage RIF money** enables streamlined decision-making which is supported by all partners. |
| | Regularly considering **operational performance and capturing risks** at a regional level, enables more effective decision making across partners when considering how best to use the regional funding. |
| **Improving oversight and impact** | Ensuring that all initiatives being undertaken to support timely and effective flow out of hospital (both within and outside the Regional Partnership Board) and their associated impacts are **collated and reported openly**, minimises the risk of duplication and provides transparency. |
| **Embedding learning from actions taken to address delayed discharges** | **Building in time after learning events** such as the MADE to embed learning into day-to-day practice minimises the risk of repeatedly facing the same challenges and improves patient experience and outcomes. |
| | **Adverse incidents or concerns** provide an opportunity to learn from when things go wrong with respect to discharge planning. Having clear processes to ensure consistent reporting of adverse incidents and concerns, along with timely responses enables lessons to be learnt. |

# Appendix 1

## Audit methods

**Exhibit 12** sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from these methods.

**Exhibit 12: audit methods**

| Element of audit methods | Description |
|---|---|
| Documents | We reviewed a range of documents, including: <br>• Board, Cabinet, and committee papers <br>• Updates on the six goals programme and urgent and emergency care to committees <br>• Operational and strategic plans relating to urgent and emergency care <br>• RPB papers, including case studies <br>• Standard Operating Procedure for discharge planning <br>• Corporate risk registers <br>• MADE reports |
| Interviews | We interviewed the following: <br>• Hospital Directors, East and Central <br>• Interim Director of Regional Delivery <br>• Programme Director for Urgent and emergency care <br>• Clinical Lead for Urgent and emergency care <br>• Deputy Executive Medical Director <br>• Business Planning and Improvement Manager <br>• Health Board lead for Ysbyty Glan Clwyd improvement work. <br>• Health Board lead on care homes <br>• Operational Leads for Emergency Department, Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor <br>• Directors of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham <br>• Heads of Social Services for Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham <br>• Lead for Regional Partnership Board <br>• Chief Officer North Wales Community Health Council |

| Element of audit methods | Description |
|---|---|
| Observations | We observed the following meeting(s): <br>• North Wales Regional Partnership Board <br>• North Wales Leadership Group <br>• Health Board Performance, Finance, and Information Governance Committee <br>We also observed the following individual(s): <br>• Head of Nursing and Site Manager, Ysbyty Gwynedd <br>• Progress Chaser and Home Hub Officer, Ysbyty Maelor <br>• Site Manager and Home First Officer, Ysbyty Glan Clwyd |
| Data analysis | We analysed the following national data: <br>• Monthly social services dataset submitted to the Welsh Government <br>• Monthly delayed discharges dataset submitted to the NHS Executive <br>• StatsWales data <br>• Ambulance service indicators <br>We also analysed data provided by the Health Board relating to all emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died) |
| Focus groups | We undertook focus groups with social workers from each of the local authority areas, except for Isle of Anglesey. |
| Case note review | We reviewed a sample of 32 case notes relating to emergency medicine patients discharged in October 2022 with a length of stay greater than 21 days (excluding those who died). |

# Appendix 2

## Reasons for delayed discharges

The following exhibit sets out the reasons for delayed discharges in the Health Board compared to the all-Wales position.

**Exhibit 13: reasons for delayed discharges as a percentage of all delays (February 2024)**

| Reason for delay | Percentage delayed | All-Wales average |
|---|---|---|
| Awaiting joint assessment | 15.7 | 9.0 |
| Awaiting social worker allocation | 15.1 | 8.5 |
| Awaiting completion of clinical assessment (nursing /allied health professionals / medical / pharmacy) | 13.3 | 10.3 |
| Awaiting start of new home care package | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 5.6 | 15.7 |
| Awaiting nursing home availability | 4.6 | 2.6 |
| Awaiting residential care home manager to visit and assess (Standard 3 residential) | 4.6 | 2.5 |
| Awaiting Elderly Mental Illness (EMI) residential availability | 4.3 | 2.3 |
| Awaiting residential home availability | 4.3 | 2.8 |
| Awaiting reablement care package | 3.1 | 3.0 |
| Awaiting health completion of assessment/provision for equipment | 2.8 | 1.4 |
| Awaiting EMI nursing availability | 1.9 | 2.0 |
| Awaiting funding decision (funded nursing care (FNC) / continuing health care (CHC)) | 1.5 | 1.5 |
| Awaiting completion of arrangements prior to placement | 0.9 | 3.5 |
| Awaiting funding decision | 0.9 | 0.8 |
| Awaiting nursing care home manager to visit and assess (Standard 3 residential) | 0.9 | 2.1 |
| Awaiting specialist bed availability | 0.9 | 1.1 |
| No suitable abode | 0.9 | 2.3 |
| Patient / family refusing to move to next stage of care/ discharge | 0.9 | 1.6 |

Source: Welsh Government

Note: where the reasons for delay relate to two or less patients, these have been excluded to minimise any risk of identifying individual patients.

## Top five reasons for delayed discharges by local authority

The following exhibits set out the top five reasons for delayed discharges for each of the local authorities compared to the Health Board wide and all-Wales position.

**Exhibit 14: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Conwy**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 25.5 | 13.3 | 10.3 |
| Awaiting health completion of assessment/ provision for equipment | 12.8 | 2.8 | 1.4 |
| Awaiting residential care home manager to visit and assess (Standard 3 residential) | 12.8 | 4.6 | 2.5 |
| Awaiting joint assessment | 8.5 | 15.7 | 9.0 |
| Awaiting start of a new home care package | 6.4 | 10.5 | 8.0 |

Source: Welsh Government

**Exhibit 15: top five[22] reasons for delayed discharges as a percentage of all delays (February 2024) – Denbighshire**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting joint assessment | 18.8 | 15.7 | 9.0 |
| Awaiting residential care home manager to visit and assess (Standard 3 residential) | 15.6 | 4.6 | 2.5 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 12.5 | 13.3 | 10.3 |

Source: Welsh Government

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[22] All other reasons related to two or less patients

**Exhibit 16: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Flintshire**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting social worker allocation | 20.4 | 15.1 | 8.5 |
| Awaiting joint assessment | 18.5 | 15.7 | 9.0 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 16.7 | 13.3 | 10.3 |
| Awaiting start of new home care package | 11.1 | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 5.5 | 5.6 | 15.7 |

Source: Welsh Government

**Exhibit 17: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Gwynedd**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting joint assessment | 15.7 | 15.7 | 9.0 |
| Awaiting start of new home care package | 15.7 | 10.5 | 8.0 |
| Awaiting nursing home availability | 13.7 | 4.6 | 2.6 |
| Awaiting social worker allocation | 9.8 | 15.1 | 8.5 |
| Awaiting EMI residential availability | 7.8 | 4.3 | 2.3 |

Source: Welsh Government

**Exhibit 18: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Isle of Anglesey**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting joint assessment | 22.7 | 15.7 | 9.0 |
| Awaiting social worker allocation | 18.2 | 15.1 | 8.5 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 11.4 | 13.3 | 10.3 |
| Awaiting completion of assessment by social care | 9.1 | 5.6 | 15.7 |
| Awaiting start of new home care package | 9.1 | 10.5 | 8.0 |

Source: Welsh Government

**Exhibit 19: top five reasons for delayed discharges as a percentage of all delays (February 2024) – Wrexham**

| Reason for delay | Percentage delayed | Health Board average | All-Wales average |
|---|---|---|---|
| Awaiting social worker allocation | 21.6 | 15.1 | 8.5 |
| Awaiting joint assessment | 13.4 | 15.7 | 9.0 |
| Awaiting completion of clinical assessment (nursing / allied health professional / medical / pharmacy) | 11.3 | 13.3 | 10.3 |
| Awaiting start of new home care package | 11.3 | 10.5 | 8.0 |
| Awaiting completion of assessment by social care | 6.2 | 5.6 | 15.7 |

Source: Welsh Government

# Appendix 3

## Urgent and emergency care performance

The following exhibits set out the region's performance across a range of urgent and emergency care performance indicators in comparison to the position across Wales since April 2022.

**Exhibit 20: percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – national target of 65%**
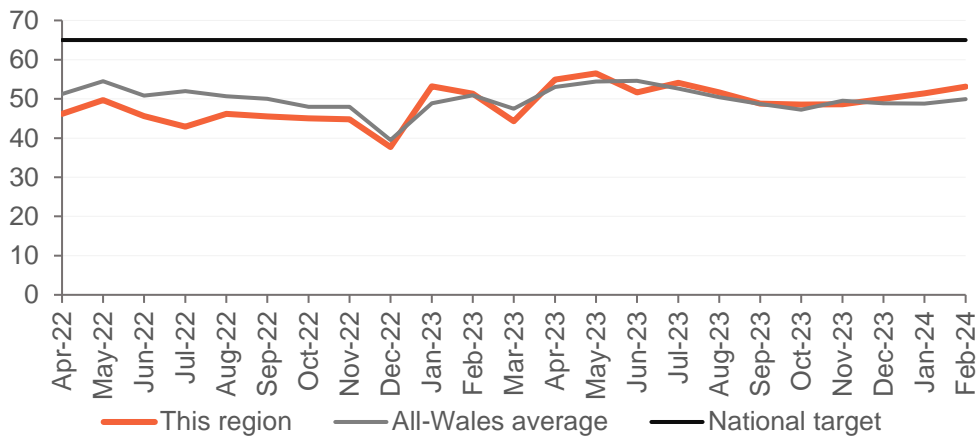


Source: Ambulance Services Indicators

**Exhibit 21: median response time for amber calls (minutes) – 50th percentile – national target of 20 minutes**
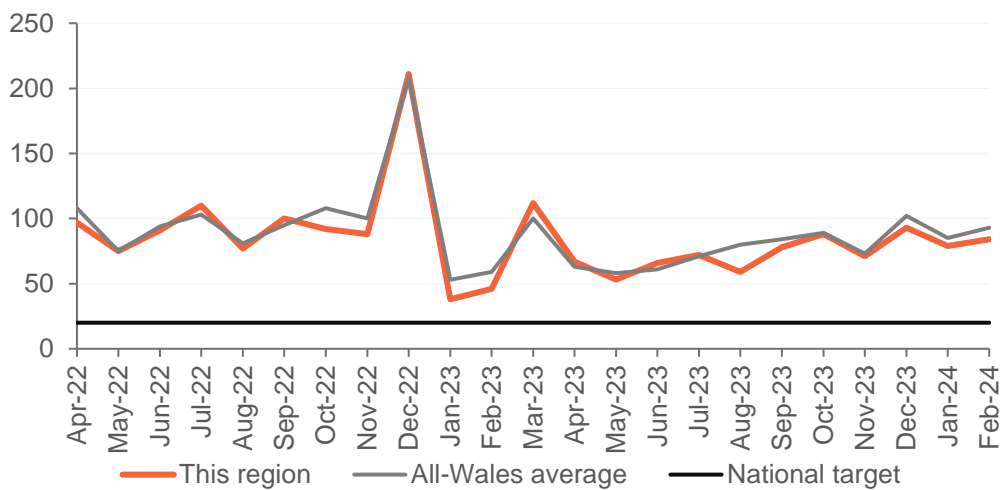


Source: Ambulance Services Indicators

**Exhibit 22: percentage of ambulance handovers within 15 minutes at a major emergency department – national target of 100%**
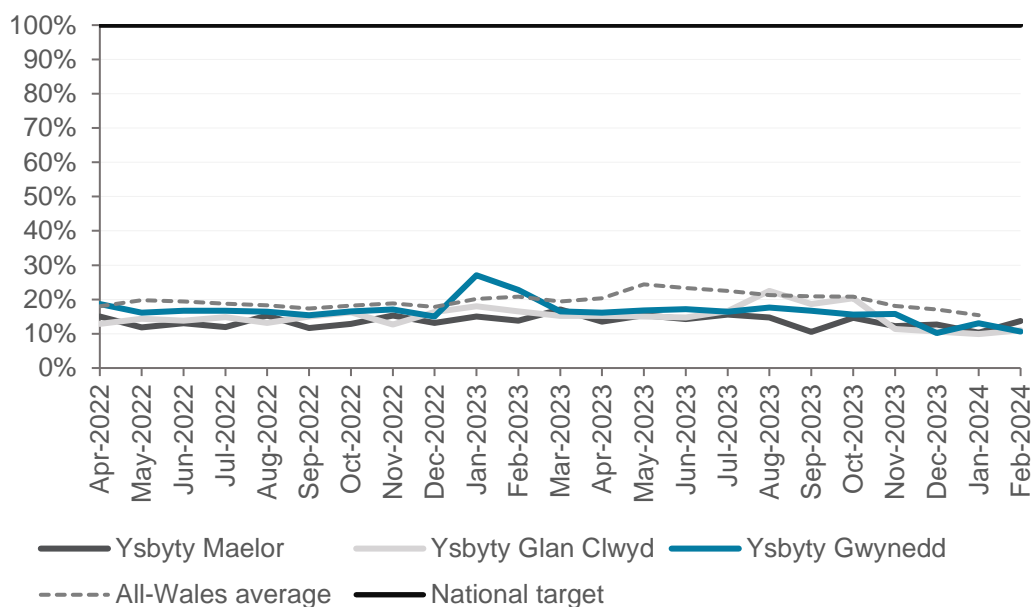


Source: Welsh Ambulance Services NHS Trust

**Exhibit 23: percentage of ambulance handovers over 1 hour – national target of zero**
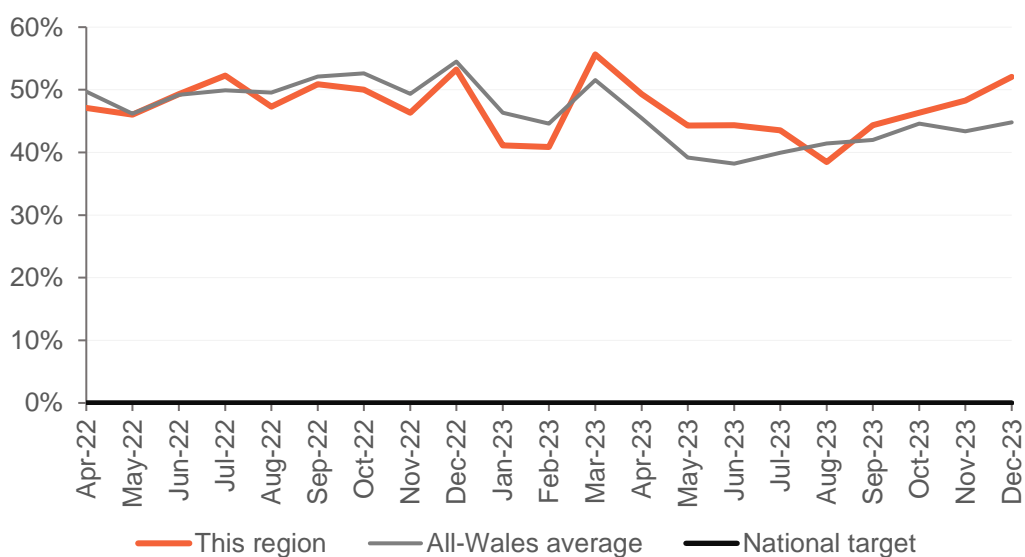


Source: Ambulance Services Indicators

**Exhibit 24: total number of hours lost following notification to handover over 15 minutes**
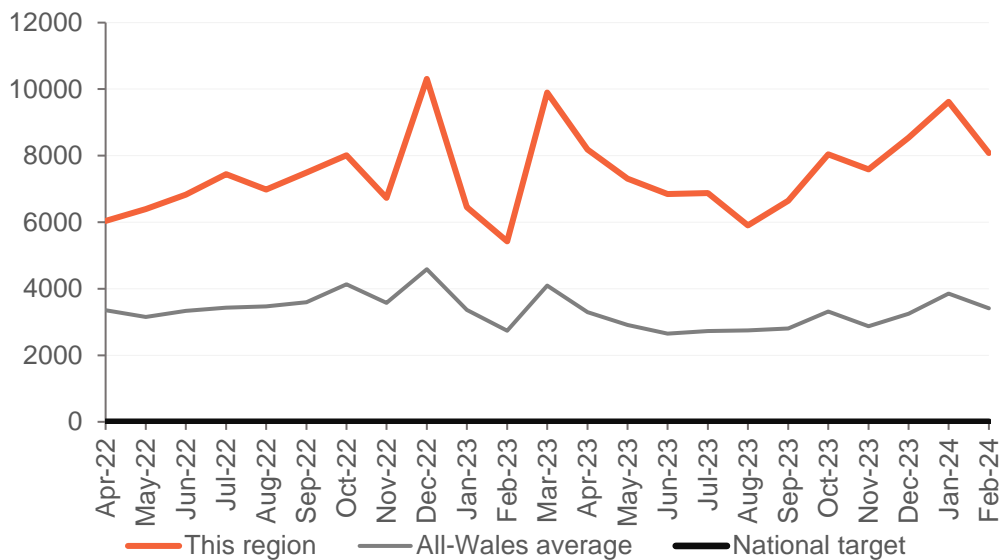


Source: Ambulance Services Indicators

**Exhibit 25: median time (minutes) from arrival at an emergency department to triage by a clinician) – national target of 12-month reduction**
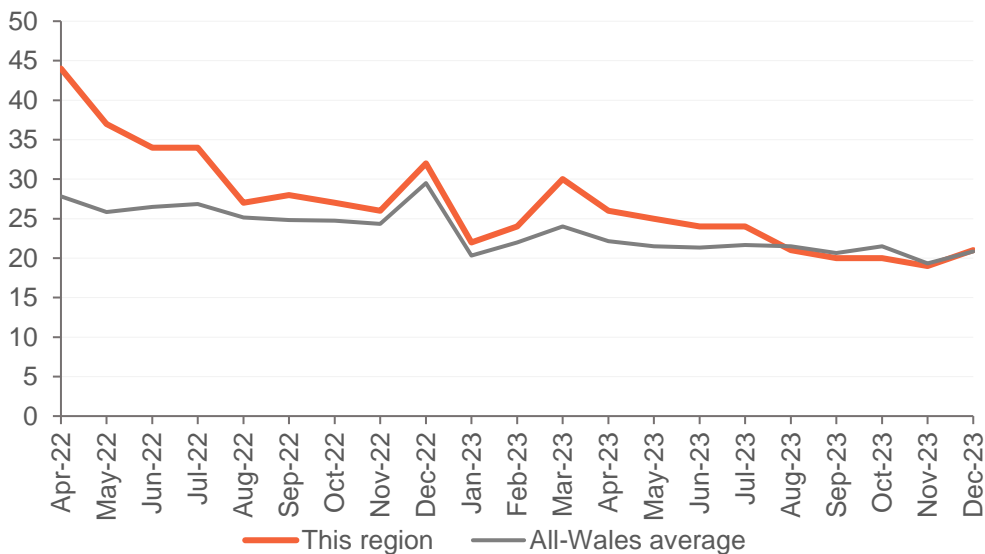


Source: StatsWales

**Exhibit 26: Median time (minutes) from arrival at an emergency department to assessment by senior clinical decision maker – national target of 12-month reduction**
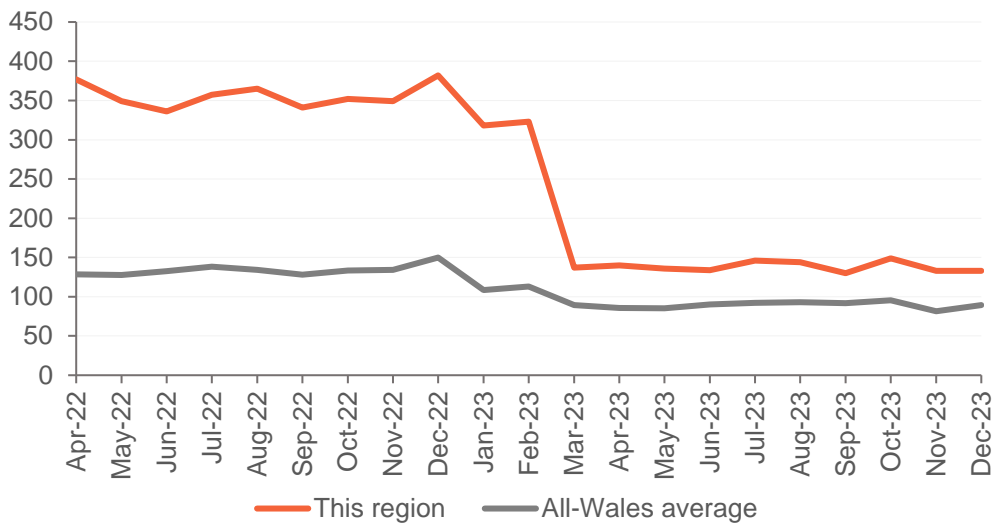


Source: StatsWales

**Exhibit 27: Percentage of patients spending less than four hours in a major emergency department – national target of 95%**
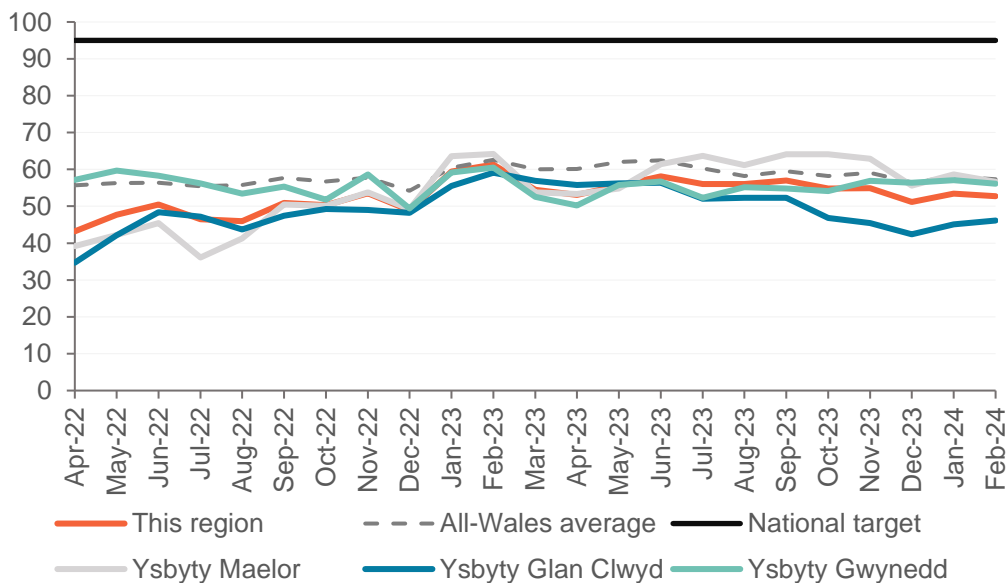


Source: StatsWales

**Exhibit 28: Percentage of patients spending less than 12 hours in a major emergency department – national target of 100%**
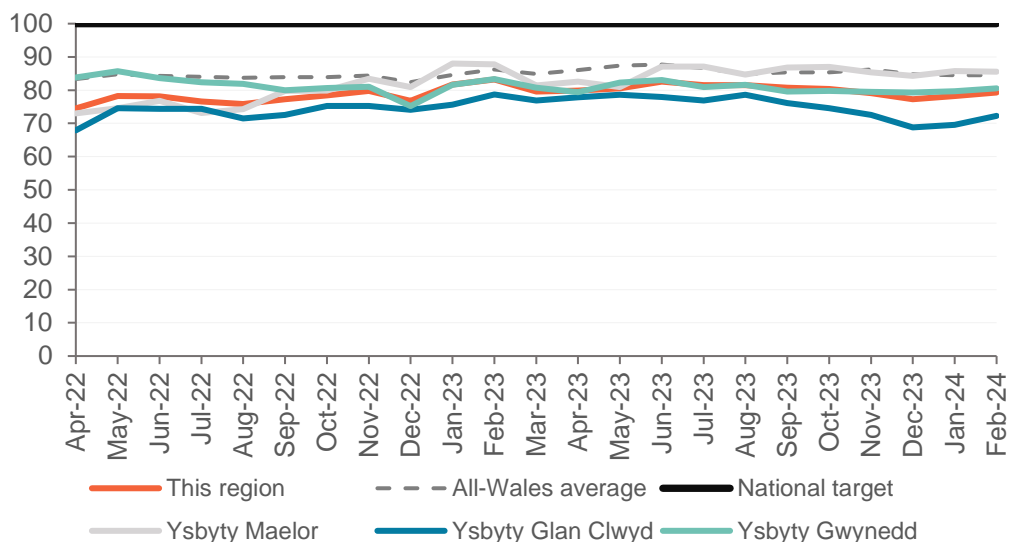


Source: StatsWales

**Exhibit 29: Percentage of total emergency bed days accrued by people with a length of stay over 21 days – national target of 12-month reduction**
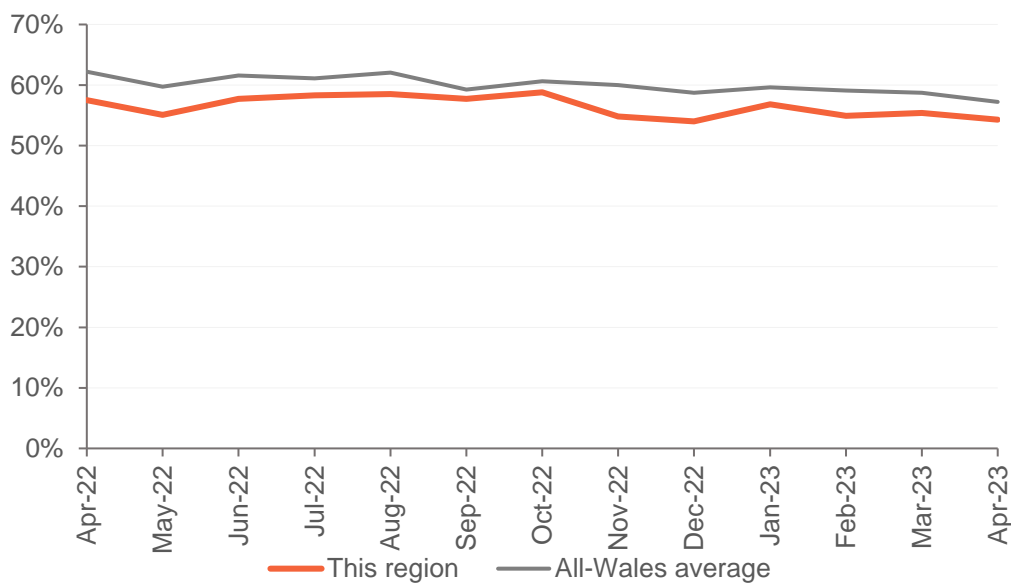


Source: StatsWales

# Appendix 5

## Waits for social care assessments and care packages

The following exhibits set out the region's waits performance for social care assessment and receipt of a range of care packages in comparison to the position across Wales since November 2022.

**Exhibit 30: number of adults waiting for a social care assessment (per 100,000 head of population)**
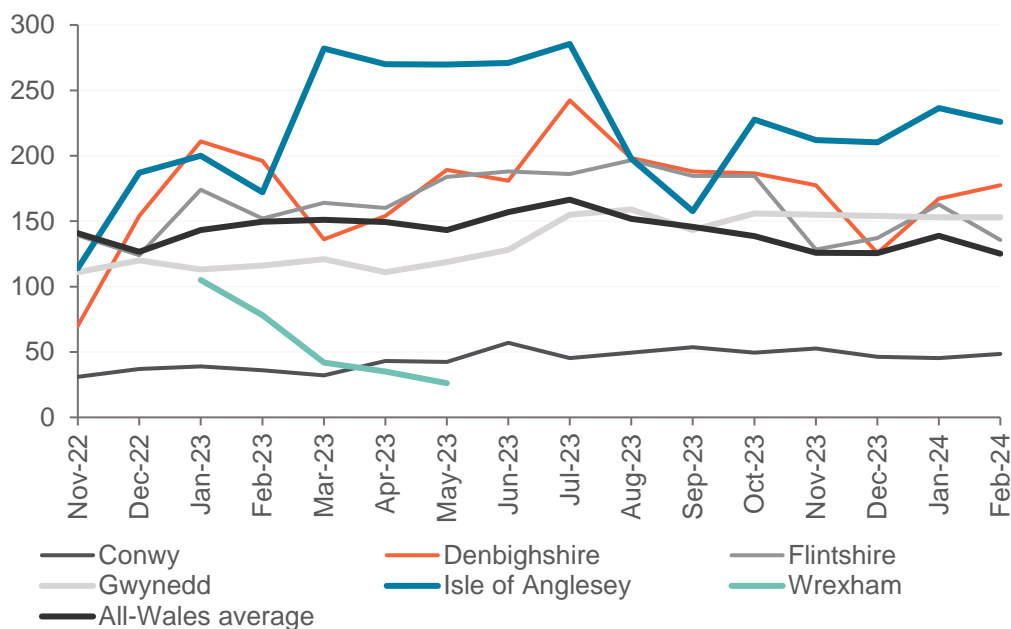


Source: Welsh Government

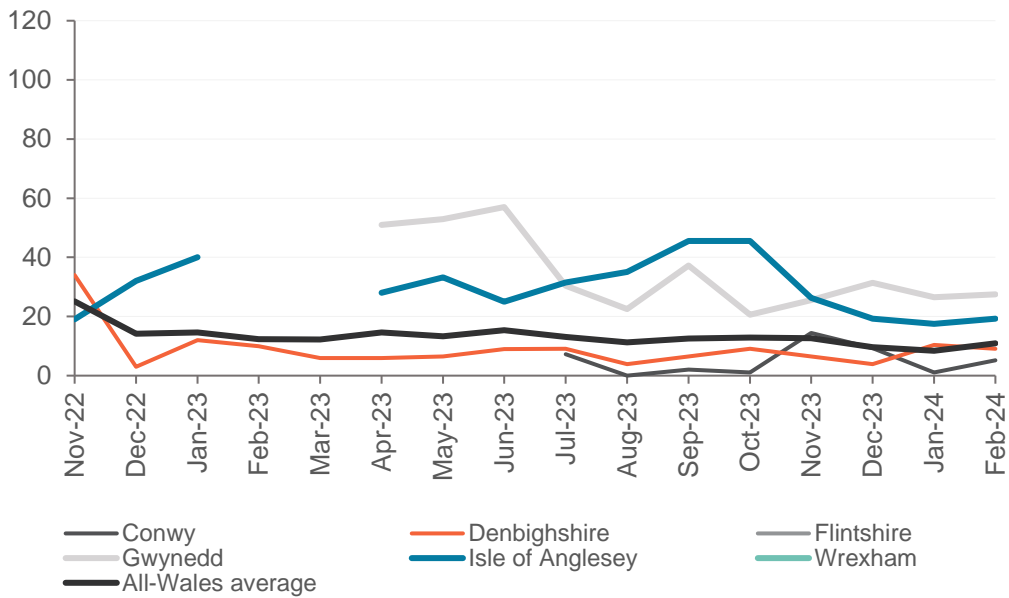**Exhibit 31: number of adults waiting for domiciliary care (per 100,000 head of population)**
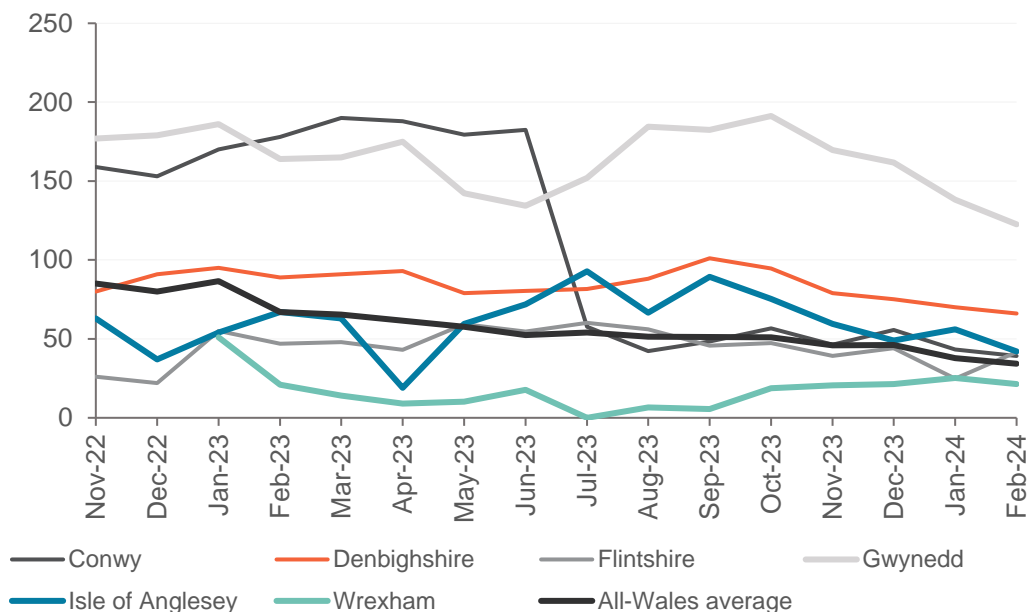


Source: Welsh Government

**Exhibit 32: number of adults waiting for reablement (per 100,000 head of population)**
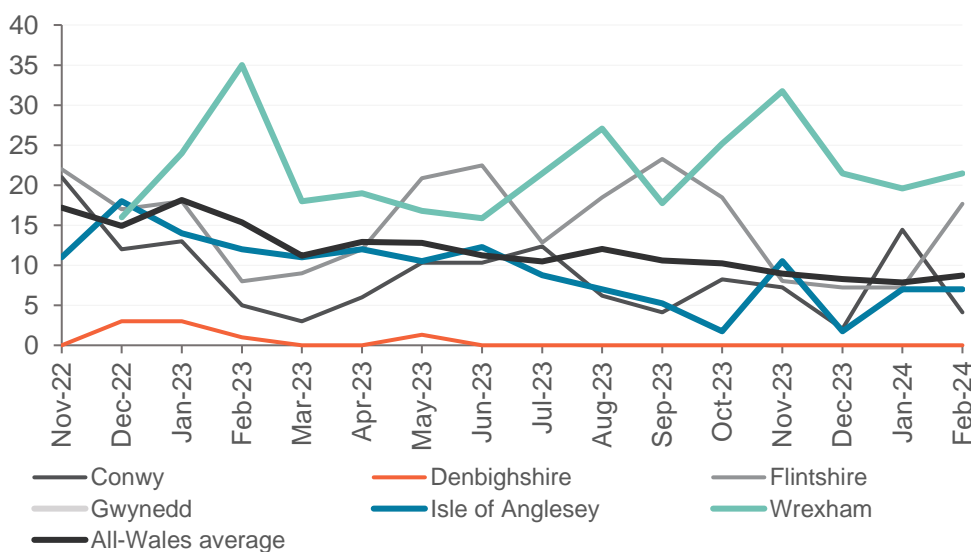


Source: Welsh Government

**Exhibit 33: number of adults waiting for long-term care home accommodation (per 100,000 head of population)**



Source: Welsh Government

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

# Combined organisational response to audit recommendations

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| **Improving training and guidance**<br><br>R1 The Health Board, working with local authorities, should develop jointly agreed guidance to provide clarity to all staff on how the discharge planning process should work across the region. This should be based on the national guidance issued in December 2023 and should set out clearly defined roles and responsibilities, and expectations, including when referrals for ongoing care should be made. | **Sub-regional:**<br><br>The national guidance document will be utilised to create a summary of the key considerations. This summary will provide a reference to the full document on-line and refer to additional support and guidance available for specific circumstances such as when Best Interest Decisions are required which has been a focus of recent activity. The guidance will focus on the imperative for effective MDT and multi-agency working and incorporate references to support avoidance of adverse discharges.<br><br>Central Denbighshire Conwy and Flintshire County Council and BCUHB will work together to develop a guidance adhering to the national guidance, in line with optimal patient Flow. Considering any existing guidance that may already be in place across BCUHB to support consistency across the Health Board with pathway of care delay reporting.<br><br>Ynys Môn Council, Cyngor Gwynedd, and BCUHB West will further develop such a guidance adhering to the national guidance, having considered existing guidance that may | July 2024 | Community Services Transformation Mgr, East IHC. |

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| | already be in place in other parts of north Wales. Building upon existing arrangements the Local Authorities and Health Board will share all new guidance on transfer of care from hospitals to home.  This will be an integral part of the development in response to R1 above. | | |
| R2 The Health Board and local authorities should ensure processes are in place to communicate discharge planning guidance to all relevant health and social services staff, including those working on a temporary basis, supported by an ongoing programme of refresher training and induction training for new staff. | **Sub-regional:**<br>The East area guidance document referred to in relation to R1 will be:<br>• Distributed to all social workers who support discharge planning in Wrexham and Flintshire<br>• Incorporated into return to work discussions, supervision and other management approaches to ensure that team members are informed by the most up to date guidance.<br>• Guidance will be referenced in induction information and staff bulletins and similar.<br>• Home First leads will provide a constant reminder to all key staff members within East Area hospitals who support and lead on discharge planning. | From August / Sept 2024 | Senior Manager for Adults FCC,<br><br>Heads of Service for Older People WCBC,<br><br>Associate Directors, Community Services BCUHB East |

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| | • Opportunities explored to include guidance within training programme for all staff including wider teams such as Safeguarding and Commissioning.<br><br>Building upon existing arrangements and those noted previously, the Local Authorities (East, Central & West) and Health Board will share all new guidance on transfer of care from hospitals to home.  This will be an integral part of the development in response to R1 above. | | |
| **Improving compliance with policies and guidance**<br><br>R3    The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of discharge policies and guidance, including the application of D2RA. | **Health Board:**<br>Draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements.<br>The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee.<br>Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is also being reviewed as part of this review of discharge documentation. | September 2024 | Acting Assistant Director – Care Homes Support & CHC Commissioning |

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| | As part of the discharge policy an audit cycle will be agreed and implemented | December 2024 | |
| R4 The Health Board should establish controls to prevent staff adding patients to multiple waiting lists, such as for reablement, home care packages and residential care to facilitate a speedy discharge, regardless of need. This will ensure that only those who need the services are on the relevant waiting lists. | **Health Board:** As part of the D2RA Audit plan Management establish formal overarching policy or Standard Operating Procedure to support the operational management and controls to prevent patients on multiple waiting lists | December 2024 | Acting Assistant Director – Care Homes Support & CHC Commissioning |
| **Ensuring patient safety while awaiting care packages** R5 The Health Board should ensure processes are in place to notify social services before patients are discharged home, where those patients require ongoing support in their own home, and where such | **Health Board:** Review of process and ensure this is included in the Discharge SOP | December 2024 | Acting Assistant Director – Care Homes Support & CHC Commissioning |

| Recommendation | | Organisational response | Completion date | Responsible officer |
|---|---|---|---|---|
| | support is not in place at the time of discharge. | | | |
| R6 | The Health Board and local authorities should ensure mechanisms are in place to regularly monitor patients who are discharged home without arranged ongoing social care and to escalate issues to the appropriate service where necessary. | **Sub-regional:**<br>Where appropriate and capacity allows, Home First support patients with an assessed need for a package of care who are awaiting the start of an arranged POC as a bridging the gap<br>Where family/friends provide short term support or where patients self-discharge, telephone numbers are provided to report escalated needs.   All people with assessed needs will have a point of contact once home and will be supported as soon as capacity is available.<br>If individuals are transferred home from hospital without an assessment and required care package in place, the Local Authorities will monitor those situations.  Completing adverse discharge form where required to support Learning across the services and improved patient journey cross ref R16 | On-going<br><br>June 2024<br><br>On-going | Head of Nursing, Community.<br>Senior Manager for Adults<br>Heads of Service for Older People |

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| **Improving the quality and sharing of information**<br><br>R7 The Health Board and local authorities should ensure that all relevant staff across each organisation has consistent access to up-to-date information on services available in the community that support hospital discharge. This will ensure that opportunities to discharge earlier with support from services beyond social care are not missed. | **Sub-regional:**<br>Dewis as the central point of information will continue to be promoted across all organisations.<br><br>Guidance developed in response to R1 will refer to the fact that there are a broad range of community-based support on discharge and where to find information – direct to Dewis<br><br>Councils operating sub-regionally operating together with the Health Board share such information on a regular basis via integrated working within the SPOA's of the Community Resource Teams, clinically optimised and length of stay and will continue to do so. | On-going<br><br>July 2024<br><br><br>On-going | BCU Associate Directors Community Services and LA Heads of Service for Older People. |
| R8 The Health Board should improve record keeping by:<br><br>a. ensuring all staff involved in discharge planning fully understand the importance of documenting comprehensive information in patient case-notes to support effective discharge planning. | **Health Board:**<br>As noted in R3, a draft revised BCUHB Hospital Discharge policy has been developed to replace the Covid discharge requirements.<br><br>The revised draft policy will be presented through the Health Board's governance process for approval, this will include a consultation period on the BCUHB website and sign off by relevant Health Board committee. | September 2024 | Acting Assistant Director – Care Homes Support & CHC Commissioning |

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| b. establishing a programme of case-note audits focused on the quality of record keeping. | Other supporting documentation including Choice & Reluctant Discharge Guidance and Criteria Led discharge is also being reviewed as part of this review of discharge documentation<br><br>As part of the discharge policy an audit cycle will be agreed and implemented | December 2024 | |
| R9 The Health Board and local authorities should implement ways in which information can be shared more effectively, including opportunities to provide wider access to organisational systems and ultimately joint IT solutions. | **Sub-regional:**<br>Cyngor Sir Ynys Môn, Cyngor Gwynedd and the Health Board already have an information sharing pilot in place awaiting evaluation.<br><br>Conwy, Denbighshire & Flintshire local authorities and the Health Board have a WASPI in place since the implementation of the SPOAs<br><br>Further work required to improve information sharing on presentation in ED due to organisational systems not available to all. An integrated information sharing systems.is required to support this | October 2024<br><br>October 2024 | Heads of Services for Older People<br><br>Director of Allied Health Professionals |

| Recommendation | Organisational response | Completion date | Responsible officer |
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| | Central Area will consider how this can be incorporated into the scope of the new Connecting Care procurement process<br><br>Seek options for Home First to be able to access Council WCCIS system in the East.<br><br>Revisit schedule of multi-agency meetings to verify that those contact points achieve a shared position re updates on discharge planning as part of the ongoing Home First Review in the East<br><br>Consider how the use of STREAM is consistently updated with potential for local authority access<br><br>Actively seek ways to increase local authority access for systems held within BCUHB. | | |
| **Addressing key gaps in capacity**<br><br>R10 The Health Board and local authorities need to work together to develop joint solutions to address key gaps in service capacity, in particular, domiciliary care and reablement services which would enable timelier discharge of patients to their own home. | **Sub-regional:**<br><br>Utilise Further Faster Funding and action planning<br><br>In Central, D2RA team at the front door working as Trusted Assessors to address the gaps in assessment capacity working together with local authorities to support reablement provision ongoing work to support more timely discharge required for POC with agreed Trusted assessment pathways | On-going | Leadership Group |

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| | Central Area Integrated Services Board considers the development of joint solutions to address key gaps in service capacity e.g the Denbigh Health and Social Care Programme.<br><br>The Health Board have developed the Tuag Adref service in the West to provide for a reablement service and domiciliary care is now jointly commissioned by Local Authorities and the Health Board. | | |
| **Maximising the use of the Regional Integration Fund**<br><br>R11   The Health Board and local authorities, through the Regional Partnership Board (RPB), should demonstrate how it is working to increasingly mainstream long-standing schemes funded through RIF which are considered core services. | **Regional Partnership Board:**<br>RPB and partners continue to make progress to mainstream long standing schemes funded through RIF. In 2023/24 there was £16.9m of investment in mainstreamed schemes. | On-going | Regional Head of Collaboration |

| | Recommendation | Organisational response | Completion date | Responsible officer |
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| R12 | The Health Board and local authorities, through the Regional Partnership Board, should agree a process for utilising any future RIF slippage monies, ensuring that appropriate value and benefit is obtained from such spending. | **Regional Partnership Board:** The importance of appropriate use of slippage has been acknowledged and in response the *'Change Notification'* process was developed. The process is being audited and will be reviewed by the RPB's Leadership Group.<br><br>RIF Change Notification Template | On-going. Process to be reviewed Autumn 2024 | Regional Head of Collaboration |
| R13 | To help inform decision-making and discussions, the Health Board and local authorities should:<br>  a. ensure that the Regional Partnership Board has routine access to key performance indicators relevant to effective and timely flow out of hospital, including urgent and emergency care performance within the | **Regional Partnership Board:** Quarterly data re: flow out of hospital to be presented to the RPB's Leadership Group (inclusive of IHC Directors) | On-going quarterly | Regional Head of Collaboration / Assistant Director – Care Homes Support & CHC Commissioning |

| Recommendation | Organisational response | Completion date | Responsible officer |
|---|---|---|---|
| Health Board and waiting lists for social services and care packages; and<br><br>b. use the Regional Partnership Board working arrangement to develop a regional risk register which pulls together the risks associated with delayed discharges. | Risk register related to delayed discharges to be completed and presented to RPB twice annually | October / April annually | Regional Head of Collaboration |
| **Improving oversight and impact**<br><br>R14 The Health Board and local authorities should ensure that information setting out progress with significant activities and initiatives being undertaken to support effective and timely discharge is routinely available at a corporate and partnership level. This should include activities and initiatives undertaken individually and jointly, both within and outside of the RPB structure, their impact and how they collectively | **Sub-regional:**<br><br>The Pan Cluster Planning Group will become the leadership group to oversee partnership activity in this regard in the East.<br><br>In addition to circulation of Key Performance Indicators outside of meetings (e.g Pathway of Care Delays Census Information), a standing item will be added to each agenda to consider current position, trends and responses required.<br><br>Regular reporting mechanisms and performance and progress monitoring across the Local Authorities and Health Boards to continue with added focus in the West & Central. | From September 2024 onwards | PCPG Chair |

| Recommendation | Organisational response | Completion date | Responsible officer |
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| contribute to addressing the challenges. This will help to provide assurance that resources are being invested to best effect. | This information is also considered at strategic integrated planning meetings.<br><br>Work is ongoing to improve data analysis and reporting in order to provide further assurance across Local Authority governance. | | |
| **Embedding learning from actions taken to address delayed discharges**<br><br>R15  The Health Board and local authorities should ensure that mechanisms are in place to implement learning from actions taken to address delayed discharges, such as the Multi Agency Discharge Events (MADE), and to maintain regular oversight to ensure the learning is being implemented. | **Regional Partnership Board:**<br><br>Aligned to R13. and the associated work, regular learning events and sharing of good practice to be considered regularly. | Quarterly – on-going | Head of Regional Collaboration / Assistant Director – Care Homes Support & CHC Commissioning |

| Recommendation | Organisational response | Completion date | Responsible officer |
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| R16 The Health Board should strengthen escalation arrangements for reporting adverse incidents or concerns relating to discharge by:<br><br>a. addressing any outstanding adverse incidents or concerns, communicating clearly with the relevant local authority; and<br><br>b. ensuring a consistent approach to reporting adverse incidents and concerns relating to discharge is in place across the Health Board. | **Health Board:**<br>Each IHC to establish an Adverse Discharge Group with clear ToRs<br>Hold Discharge webinars with Care Homes across each IHC to improve communication and build trust between Health and Providers | October 2024 | Acting Assistant Director – Care Homes Support & CHC Commissioning |

CYNGOR
**Sir y Fflint**
**Flintshire**
COUNTY COUNCIL

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|---|---|
| **SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE** | |

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| **Date of Meeting** | Thursday 5 December 2024 |
| **Report Subject** | Framework of Support: <br><br> A Sustainable Approach to Adult Social Care |
| **Cabinet Member** | Deputy Leader of the Council and Cabinet Manager for Social Services and Wellbeing |
| **Report Author** | Chief Officer Social Services |
| **Type of Report** | Operational |

## EXECUTIVE SUMMARY

As a modern and effective local authority it is incumbent upon us to deliver innovative and effective services which meet legislative requirements within a framework that is financially sustainable.   The Social Services portfolio has recently commenced a review of service sustainability in line with the Social Services and Wellbeing (Wales) Act 2014 (herein the Act).  This work is at its infancy and will form part of a wider programme of service transformation, to support the design and delivery of sustainable social services for the residents of Flintshire.

This report summarises the work that has been undertaken to review our service approach to adult services and provides information on our Framework of Support for Adults.  The Framework allows for the flexibility and consistency of service delivery required under the Act.  The Framework is designed to empower adults to meet their personal outcomes using their strengths, capabilities, family and community support networks and where eligible receive support from the local authority.

Senior Managers and key Officers have come together to share their combined knowledge and experience to ensure this review takes into account the needs of the people who need support and their carers.  This work is critical within the context of ensuring that we can continue to meet the needs of an aging population with increasing complexity of need.

As part of our approach to supporting adults the local authority provides, and commissions, both domiciliary and residential care for those assessed as eligible for support.

Domiciliary care, also known as home care, provides support services to people in their own homes, allowing them to maintain independence and quality of life.  It includes assistance with daily tasks such as personal care tailored to meet individual needs.

Residential care is provided in a Care Home setting, where people who are unable to live independently and are supported with daily activities such as washing, dressing, taking medication and mobility.   The Care Home environment is designed to meet people's needs and enhance their quality of life.

We normally see pressure points during the year (winter pressures) but the increase in the nature and complexity both in physical and mental health has significantly increased since November 2023, and on this basis we are predicting continued spend and financial pressure across the year.  This report provides information on the actions we are taking to help mitigate the impact of this demand on service capacity and financial resources, in line with the principles of our Framework of Support.

| RECOMMENDATIONS | |
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| 1 | Members consider and support the actions being taken to develop our Framework of Support as part of a range of transformational projects that will be required to develop sustainable social care services. |
| 2 | Members endorse associated actions needed to respond to demand pressures and support domiciliary and residential care budget pressures. |

## REPORT DETAILS

| 1.00 | EXPLAINING FRAMEWORK OF SUPPORT: A SUSTAINABLE APPROACH TO ADULT SOCIAL CARE |
|---|---|
| 1.01 | The Social Services and Well-being (Wales) Act came into force on 6 April 2016.  The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support.  The Act transformed social services in Wales. |
| | The White Paper, Sustainable Social Services for Wales: A Framework for Action that preceded the Act was published in 2011 and highlighted a number of challenges faced by public services in Wales. |
| | These challenges included demographic changes, increased expectations from those who access care and support as well as continuing hard economic realities. |
| | The Act centred on the principle of providing people greater freedom to decide which services they needed while also promoting consistent, hight quality services across Wales. |

| 1.02 | To support this transformation, the Act set out four fundamental principles that all social service provision should adhere to, they are:<br><br>**Voice and control**<br>Putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.<br><br>**Prevention and early intervention**<br>Increasing preventative services within the community to minimise the escalation of critical need.<br><br>**Well-being**<br>Supporting people to achieve their own well-being and measuring the success of care and support.<br><br>**Co-production**<br>Encouraging individuals to become more involved in the design and delivery of services. |
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| 1.03 | **THE REVIEW** |
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| 1.04 | As part of our review of service delivery we have revisited the framework for supporting Adults to ensure consistency with the Act: |
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| Level | Level 1<br><br>Self-Care promoted via access to Universal Services | Level 2<br><br>Information, Advice & Assistance to support Emerging Needs | Level 3<br><br>Targeted and Early Intervention for Short Term Support Needs | Level 4<br><br>Longer Term Care and Support Needs | Level 5<br><br>Adults at Risk and Complex Needs |
|------|------|------|------|------|------|
| Population Group | Adults who can maintain overall positive wellbeing through self-care and access to universal services. | Adults whose ability to self-care or maintain wellbeing is starting to deteriorate. Need for some support emerging. The person, carer or family require advice and assistance to support them to self-support / to access community and preventative support or commission their own care and support. | Adults who need targeted support, usually in the short term with the potential to regain skills, independence and self-care. | Adults with high level of need, requiring sustained care and support with essential daily living tasks: | Adults with complex needs or where there are known or suspected to be significant safeguarding concerns. Specialist assessments may be required. |

| Level | Level 1<br><br>Self-Care promoted via access to Universal Services | Level 2<br><br>Information, Advice & Assistance to support Emerging Needs | Level 3<br><br>Targeted and Early Intervention for Short Term Support Needs | Level 4<br><br>Longer Term Care and Support Needs | Level 5<br><br>Adults at Risk and Complex Needs |
|---|---|---|---|---|---|
| Outcomes | People can find natural solutions to their difficulties, live independently and continue to contribute to society as active citizens. | People can find natural solutions to their difficulties, live independently and continue to contribute to society as active citizens. | People can overcome temporary difficulties to be able to continue to live independently without reliance on statutory services. | People can live active independent lives utilising the least restrictive support solutions to promote self-determination and personal responsibility. | People can live as independently as possible whilst achieving their potential with support that is proportionate to their assessed needs. |

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| 1.05 | The Framework embodies the Social Services and Wellbeing (Wales) Act 2014 by identifying individual's own well-being measures and ensuring they are at the centre of the care they receive. The provision of services ranges from universal services through to specialist care and support packages. |
| 1.06 | Level 1: Universal Services<br><br>The principals of the Act have led to the development of a range of innovative services in Flintshire, through the introduction of Dewis Cymru and the redevelopment of the Social Services webpages (currently underway). These have enhanced the digital offer and provided access to self-care information and universal services. |
| 1.07 | Level 2: Information, Advice and Assistance<br><br>The creation of the Early Help Hub in Children's Services and SPOA – our Single Point of Access for Adult Social Services have enabled the delivery of information advice and assistance services to support individual's emerging needs.<br><br>Experienced SPOA Officers provide Information, Advice and Assistance to support individuals and their carers access preventative and early intervention services easily. They sit alongside officers from Flintshire Local Voluntary Council (FLVC) who provide signposting to services available in the third and voluntary sectors.<br><br>The needs identified at Level 2, can often be met through self-funded support arrangements such as Microcare, or self-funded minor aids and adaptations to maintain and improve a person's independence. |

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| 1.08 | <u>Level 3: Early Intervention</u><br><br>For those who require targeted early intervention and short term support needs, we have invested in the delivery of reablement focused domiciliary care to increase skills, build confidence and support a return to independent living.<br><br>Individuals may also benefit from equipment made available through NEWCES (North East Wales Community Equipment Stores).<br><br>These interventions are short term and meet an assessed need and may also include a period of temporary residential care to support an individual to return home, an example being the D2RA (Discharge to Recover and Assess) at Cyflawni, Marleyfield House or in the independent sector. |
| 1.09 | <u>Level 4 Care and Support</u><br><br>For some adults there will be a need for more sustained care and support and help with essential daily living tasks.  In some of these cases the local authority, and possibly the health board, are the only body(ies) who can support these care needs and the options available may be a care home placement or supported living package.  These services may be directly provided or commissioned.  However, it is important to note that individuals may also be able to use their personal resources to support the achievement of their outcomes through self-arranged and self-funded care and support. |
| 1.10 | <u>Level 5 Complex needs</u><br><br>There are also some individuals who live with very complex needs where specific support and specialist assessment is required to prevent the risk of harm to themselves or to others.  Again the local authority, alongside the health board, may be the body(ies) who can only provide/commission this support. |
| 1.11 | <u>Strengths and Capabilities</u><br><br>The Code of Practice for Part 3 of the Act sets out the process for assessing the needs of an individual for care and support, or support in the case of a carer.  The Code ensures practitioners work with the individual to identify what matters to them and to identify their strengths and capabilities which in turn drive the delivery of the right care, at the right time and in the right place. |
| 1.12 | The Code of Practice for Part 3 of the Act details the function of the assessment and the care and support planning process.  The Code outlines the role of the assessment in identifying personal resources and enable individuals to make best use of them to maximise the contribution they can make to achieving their own personal outcomes.  Upon the completion of assessment the local authority will determine whether the local authority has a duty to support assessed eligible needs. |

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| 1.13 | **The Framework of Support** |
| 1.14 | The Framework of Support aligns to the Codes of Practice to support consistency of practice in all aspects of our service delivery. We do this by:<br><br>• providing a framework of care and support to meet individual's changing circumstances and fluctuating needs and we will deliver this through the revised Framework of Support for Adults.<br><br>• supporting those who cannot support themselves, and for whom the local authority (and health board) can only provide/commission the support needed.<br><br>• identifying and enabling all to make best use of their personal resources to maximise the contribution they make to achieving their own personal outcomes.<br><br>This approach will play an integral part in achieving sustainable social services but it will not resolve the significant financial challenges we face within the context of increasing demand and complexity of need. As an immediate response to pressures we have developed specific actions in relation to domiciliary and Care Home support that align to the principles of our Framework of Support and national charging regulations. |
| 1.15 | **Domiciliary Care** |
| 1.16 | The following measures have been implemented to support consistency of decision making and budgetary control:<br><br>a. A Resource Panel considers all requests for additional care for older people and disability services, including Direct Payments.<br>b. Requests to double handle an existing care package are only agreed following a moving and positioning assessment completed by an Occupational Therapist. Single handed care equipment is considered where appropriate.<br>c. People who are receiving a package of care from our inhouse Reablement Team will be expected to move to an independent provider once they are considered to have reached their goals (almost always within 6 weeks or less). Home care managers will identify appropriate people to be placed on a transfer list. Once a reasonable offer of an alternative provider has been made, a date for the move will be agreed with home care and the new agency liaising with each other to ensure the move is smooth. A leaflet is to be developed and provided to people and family setting out expectation prior to the start of in house reablement care.<br>d. A review of the use of direct payments in line with our Framework of Support through a Task and Finish.<br>e. Maximise opportunities for reablement to build independent living skills and reduce reliance on statutory services in line with level 3 of our Framework of Support (Early Intervention). |

| 1.17 | **Care Home Placements** |
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| 1.18 | People who are ready to leave hospital are discharged within the Discharge to Recover and Assess (D2RA) framework. In line with that framework and where appropriate, the use of step-down beds give people time to recover following a hospital admission and enable an assessment of ongoing needs to be undertaken when the person is out of an hospital environment. |
| 1.19 | There are three key types of step-down support offered in Care Homes: <br><br> a) **Short term Reablement** <br> Where reablement in a 24/7 care setting has the potential to improve confidence and skills and reduce the need for ongoing care beyond an initial period of support. <br><br> b) **Short term Recovery** <br> Where reablement in a 24/7 care setting is not likely to change the need for ongoing care, however a period of recovery outside of a hospital setting is considered likely to provide a more appropriate opportunity to assess the level and type of longer term needs. <br><br> c) **Short term Support** <br> Where a reablement package of care in the person's own home is the assessed level of need, however it is not possible to source a package of care at pace and therefore, the individual is supported to move out of a hospital environment into a placement whilst their care package continues to be sourced. <br><br> The charging arrangements for each of these scenarios is provided in Appendix 1. The arrangements have been reviewed and aligned to prescribed national charging frameworks and any charge is based on an individual financial assessment of ability to pay under the relevant charging regime. |

| 2.00 | **RESOURCE IMPLICATIONS** |
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| 2.01 | There are multiple factors that impact the budget for adult social care. The most significant pressures are aligned to: i) increased complexity and volume of need ii) responding to sustained hospital discharge pressures/flow and iii) increased costs of top up fees. As we approach the winter months there is a risk that demand will increase and lead to further financial impact. |
| 2.02 | Predicting spend is complex as service provision is demand led and client contributions to care (income) is based on assessed ability to pay with different charging regulations covering: <br><br> ➢ Domiciliary care with a £100 a week maximum charge <br> ➢ Short Term Reablement in a Care Home setting <br> ➢ Short Term placement in a Care Home <br> ➢ Temporary placement in a Care Home <br> ➢ Permanent placement in a Care Home |

| 2.03 | In addition to our standard fees some Care Homes charge residents an additional top up fee.  Where there is clear evidence that the family are unable to pay the additional amount there are circumstances where the local authority will provide financial support which is met from our core budget, again contributing to financial pressures. |
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| 3.00 | **IMPACT ASSESSMENT AND RISK MANAGEMENT** |
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| 3.01 | People in hospital may decline the offer of step-down bed where there is an assessed charge. Potentially, people who are medically optimised who don't wish to pay their assessed financial contribution may remain in a clinical environment longer and risk further deconditioning.  Delayed discharges are reported regionally and this would have an impact of Flintshire local authority's discharge performance. |
| 3.02 | A financial assessment is undertaken for all those who are assessed as having a care and support needs and for whom a charge may apply.  Parts 4 and 5 of the Social Services and Wellbeing (Wales) Act set out the financial assessment and charging procedures.  Financial assessments are applied in an equitable way ensuring that those who are able to financially contribute to their care do so. |

| 4.00 | **CONSULTATIONS REQUIRED/CARRIED OUT** |
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| 4.01 | The Framework of Support is in line with legislation which the authority has adhered to since 2016.  Parts 4 and 5 of the Social Services and Wellbeing (Wales) Act set out the financial assessment and charging procedures. |

| 5.00 | **APPENDICES** |
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| 5.01 | Appendix 1:<br>Discharge to Recover and Assess:<br>Arrangements for step-down support and associated financial charging |

| 6.00 | **LIST OF ACCESSIBLE BACKGROUND DOCUMENTS** |
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| 6.01 | Sustainable Social Services for Wales: A Framework for Action<br>https://www.gov.wales/sites/default/files/publications/2019-06/sustainable-social-services-for-wales-a-framework-for-action.pdf |
| 6.02 | Social Services and Wellbeing (Wales) Act 2014<br>https://socialcare.wales/resources-guidance/information-and-learning-hub/sswbact |
| 6.03 | Part 3 Code of Practice<br>https://www.gov.wales/sites/default/files/publications/2019-05/part-3-code-of-practice-assessing-the-needs-of-individuals.pdf |

| 7.00 | CONTACT OFFICER DETAILS |
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| 7.01 | **Contact Officer:** Jane Davies – Senior Manager Safeguarding and Commissioning<br>**Telephone:** 01352 702503<br>**E-mail:** jane.m.davies@flintshire.gov.uk |

| 8.00 | GLOSSARY OF TERMS |
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| 8.01 | Discharge to Recover and Assess (D2RA) principle:<br><br>This principle requires the local authority to offer a proportionate assessment in order to make an interim decision regarding discharge planning. |
| 8.02 | Dewis Cymru:<br><br>Dewis Cymru is the place to go if you want information or advice about your well-being – or want to know how you can help somebody else. |

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**Discharge to Recover and Assess**
**Arrangements for step-down support and associated financial charging**

1. There are three key types of step-down support offered in Care Homes:

**a.  Short term Reablement**

Where reablement in a 24/7 care setting has the potential to improve confidence and skills and reduce the need for ongoing care beyond an initial period of support

When an individual is identified in hospital as having a need for reablement that is best met within a care home setting, they will be offered a placement with reablement support at no charge up to a maximum of 6 weeks.  During that time, at least one review will be undertaken to establish that reablement remains a realistic option for that individual.  At or before 6 weeks, the individual will either return home or be progressed to a setting that is assessed to be appropriate to their longer term needs within the aligned charging framework.

**b.  Short term Recovery**

Where reablement in a 24/7 care setting is not likely to change the need for ongoing care, however a period of recovery outside of a hospital setting is considered likely to provide a more appropriate opportunity to assess the level and type of longer term needs

When an individual is identified in hospital as having potential to present with a lower level of long term need after a period of recovery, a step down placement will be provided at domiciliary care rate for up to 8 weeks with a review taking place around 2 weeks. At or before 8 weeks, the individual will either return home or progressed to a setting that is assessed to be appropriate to their longer term needs within the aligned charging framework

**c.  Short term Support**

Where a reablement package of care in the person's own home is the assessed level of need, however it is not possible to source a package of care at pace and therefore, the individual is supported to move out of a hospital environment into a placement whilst their care package continues to be sourced.

Where an individual is placed temporarily within a step down bed in lieu of a reablement Package of Care being available and no reablement focussed provision is available in the care home, the individual will be charged at domiciliary care rate and then receive up to 6 weeks reablement support when they return home.

Date:  3 December 2024

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**Sir y Fflint Flintshire**
CYNGOR
COUNTY COUNCIL

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| **Social and Health Care Overview and Scrutiny Committee** | |

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| **Date of Meeting** | Thursday 5 December 2024 |
| **Report Subject** | Financial Assessments and Charging Team |
| **Cabinet Member** | Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing |
| **Report Author** | Chief Officer (Social Services) |
| **Type of Report** | Operational |

## EXECUTIVE SUMMARY

The Social Services Portfolio comprises of numerous teams all working to deliver care and support services to the residents of Flintshire. Some teams are more prominent than others and many will understand the work of the Safeguarding Unit or our frontline social worker teams, but fewer will be familiar with some of the key back office functions delivered by our Financial Assessments and Charging Team, known as FACT.

The team sits within the Safeguarding and Commissioning Service and delivers a broad range of services linked to either paying providers for services delivered or invoicing individuals and families for services received.

The team work with both Adult and Children's Services and as well as offering information, advice and support for individuals, care providers and partners. They also offer expert financial process advice to the social care teams.

The legal framework supporting the work of the Financial Assessment and Charging Team is laid out in Parts 4 and 5 of the Social Services and Wellbeing (Wales) Act 2015. Local authorities, when exercising their social services functions, must act in accordance with the requirements contained in this legislation.

## RECOMMENDATIONS

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| | That Members acknowledge and support the work being undertaken by the Financial Assessment and Charging Team in delivering services to the residents of Flintshire. |

**REPORT DETAILS**

| 1.00 | **EXPLAINING FINANCIAL ASSESSMENTS AND CHARGING TEAM** |
|------|---------------------------------------------------------|
| 1.01 | The Financial Assessments and Charging Team are based at Tŷ Dewi Sant in Ewloe, and delivery the financial services that support the operation of the Social Services Portfolio.  Unlike health, social care is not free at the point of delivery and adults in receipt of care and support may be required to pay for or make a financial contribution towards the care and support they receive.  This financial contribution is means tested and Welsh Government also have in place legislation regarding the maximum charge and individual can be charged for certain services. |
| 1.02 | **The Team** |
| 1.03 | The Financial Assessments and Charging Team are made up of the following teams:<br><br>• Financial Assessment Officers<br>• Welfare Benefit Officers<br>• Deputyship Officers<br>• Business Support Assistants |
| 1.04 | **Financial Assessment Officer** |
| 1.05 | The Financial Assessment Officers work either covering domiciliary care or residential care services. Whilst the work is different, there are similarities and when required Financial Assessment Officers are able to work between teams to cover holiday periods etc.<br><br>Domiciliary Care<br><br>Domiciliary care (sometimes referred to as Home Care) is provided by the Council's in-house Provider Services Team and by the Flintshire independent care sector.<br><br>The Financial Assessment Officers are responsible for assessing how much an individual needs to contribute towards their care package, to check all domiciliary care invoices received from independent care providers.  These invoices are checked to ensure the hours being delivered are correct and the hours are then inputted into our IT system which raises invoices for individuals to pay their assessed contribution towards the domiciliary care package they receive.<br><br>Invoices for domiciliary home care are raised on a monthly basis and to give an understanding of scale, in August 2024; 1,162 individuals were receiving non-residential care services in Flintshire (this includes domiciliary care and day care services).  On average invoices to the value of £0.484m are raised each month. |

| 1.06 | Residential Care and Nursing Care |
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| | On receiving notification of an admission into a residential or nursing care setting the Financial Assessment Officers must identify the type of placement and category of care.  This will determine how the service user is financially assessed and how much the authority must contribute towards the placement. |
| | The FACT Team will notify the service user of their assessed contribution. (At the time of writing, there were 577 individuals received residential care in Flintshire).  The team will then arrange to pay the Council's contribution to the residential or nursing home provider. |
| | To ensure the payment schedule is accurate the team must ensure all confirmation invoices have been received and reconciled, notification of payment forms have been submitted for any new placements and change of circumstances forms have been updated on the system. |
| | When completing the financial assessment for any long term placements, the team must identify if the service user owns any properties of which the value must be taken into consideration.  The team would then be responsible for ensuring land charges are registered, a valuation of property is completed and any legal documentation or contracts have been arranged and signed. |
| | For nursing care placements where the health board has agreed to pay the Free Nursing Care (FNC) contribution, the Council, as lead commissioner is responsible for paying this FNC contribution to the homes.  The FACT team will then then reclaim the FNC amount back from Betsi Cadwaladr University Health Board (BCUHB). |
| | During the month of August 2024 the Council payment for residential and nursing care was £1.083m. |
| | The team also process the payments for residential and fostering placements for children. |
| 1.07 | **Welfare Benefit Officers** |
| 1.08 | The Welfare Benefit Officers' role is to work with individuals to undertake a Financial Assistance Claim Form to establish the amount the individual will pay towards their cost of care.  This includes those in receipt of domiciliary care, residential/nursing care and respite care. |
| | The Welfare Benefit Officers (WBO) will often go out and visit Service Users or their representatives in their own homes to verify income, expenditure and savings levels as well as confirming the details around property ownership. |
| | It is the WBO's responsibility to explain the complicated policies and procedures around charges, billing, direct payments, and the sometimes complex and contentious issues around property charges, deferred payments and deprivation of capital. |

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| | An important part of the WBO's role is to ensure that Service Users are receiving the correct benefits.  The benefits system can be hard to navigate and it can also be a time of change for individuals as the circumstances change according to their care needs, so to do their eligibility for benefits.<br><br>If the WBOs identify an individual is not in receipt of the correct benefits, they will assist with claims, these include Universal Credit, Personal Independent Payments, Disability Living Allowance, Attendance Allowance, Housing Benefit and Council Tax Reduction Scheme.  In the first 6 months of this current financial year the WBOs have supported individuals to claim just over £0.260m in previously unclaimed benefits. |
| 1.09 | The Welfare Benefit Officer also support families where a Special Guardianship Order made by the Family Court that places a child or young person to live with someone other than their parents until they reach the age of 18.  The order is considered to be the closest order to adoption giving the named person(s) parental responsibility for the child alongside the parents although more control than the parents.<br><br>When a child is placed with a Special Guardian they are entitled to an assessment for financial assistance from the Council to identify whether they are eligible for a Special Guardianship Allowance.<br><br>Once the order is received a referral will come to the Financial Assessment and Charging Team and a Welfare Benefits Officer will visit the Special Guardian to complete the Financial Assistance Claim form.  One this has been completed the Financial Assessment Officer will calculate the amount they are entitled to.  It is important to remember that this is a means tested assessment.  If the Special Guardian is entitled to a payment they will receive it on a monthly basis.<br><br>Adoption Allowance is also administered through the team and payable when the Court legally transfers all parental rights, responsibility and custody from a child's birth parents to the adoptive parent.<br><br>The procedure is the same as for a Special Guardianship Allowance.  Both of these are reviewed on an annual basis and financial support can change depending on the circumstances of the household. |
| 1.10 | **Deputyship Officers** |
| 1.11 | Flintshire County Council offers services through its Deputyship Team to help vulnerable individuals to manage their financial affairs. Support is offered by undertaking a role as either an Appointee of the Department of Work and Pensions (DWP) or a Deputy of the Court of Protection (COP).<br><br>A DWP Appointee receives an individual's DWP benefit payments and is able to support them to budget and pay their rent and utility bills. |

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| | A Deputy of the Court of Protection will be appointed by the court to manage the financial affairs of people who lack mental capacity.

Once the Deputyship is granted by the Court, an order is issued to the local authority allowing them to deal with the finances and property of the client which includes transferring all funds held in the clients name to the local authority, drawing of DWP benefits, Occupational Pensions etc.

A Deputyship Bank account will be set up by the local authority in the client's name and all transactions made are subject to strict financial controls.

The Deputy is required to report to the Office of the Public Guardian annually and inform them of any significant financial decisions made during the year. |
| 1.12 | The Flintshire County Council Deputyship Team currently consists of four full time, permanent Officers, supported by one full time Business Support Assistant.

The Deputyship Team will only support the management of an individual's financial affairs if there is no other suitable person to undertake this role (i.e., a family member or friend) and/or where there is evidence of conflicting interests, suspicions or accusations of abuse.

Across the team, there are currently 231 Appointeeship and 104 Deputyship Cases. The number of cases supported has consistently increased year on year and shows no sign of slowing. Additionally, the complexity of these cases is growing, taking more time per case for Officers. |
| 1.13 | **Business Support Assistants** |
| 1.14 | In order to ensure the whole Financial Assessment and Charging Team operate as efficiently as possible, a small team of Business Support Assistants deliver administration support to each of the service areas detailed above. |

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| **2.00** | **RESOURCE IMPLICATIONS** |
| 2.01 | The FACT Team are integral to ensure the timely and accurate payment of Providers, the financial assessment and billing of adults who are assessed to contribute towards the cost of their care package and invoicing health for their contributions to packages paid by the local authority. |
| **3.00** | **IMPACT ASSESSMENT AND RISK MANAGEMENT** |
| 3.01 | Any failure to carry out the Team functions who have a direct impact on the local authority's ability to maximise income generation and risk the financial stability of Providers. |

| 4.00 | CONSULTATIONS REQUIRED/CARRIED OUT |
|---|---|
| 4.01 | N/A |
| **5.00** | **APPENDICES** |
| 5.01 | None |
| **6.00** | **LIST OF ACCESSIBLE BACKGROUND DOCUMENTS** |
| 6.01 | Social Services and Wellbeing (Wales) Act 2015 – Part 4 & 5 Code of Practice (Charging and Financial Assessment) - https://www.gov.wales/sites/default/files/publications/2019-04/social-services-and-well-being-wales-act-2014-part-4-and-5-code-of-practice-charging-and-financial-assessment.pdf |
| **7.00** | **CONTACT OFFICER DETAILS** |
| 7.01 | **Contact Officer:** Jane Davies – Senior Manager Safeguarding and Commissioning<br>**Telephone:** 01352 702503<br>**E-mail:** jane.m.davies@flintshire.gov.uk |
| **8.00** | **GLOSSARY OF TERMS** |
| 8.01 | None |

CYNGOR
**Sir y Fflint**
**Flintshire**
COUNTY COUNCIL

| Social and Health Care Overview and Scrutiny Committee |
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| Date of Meeting | 5th December 2024 |
| --- | --- |
| Report Subject | Future of Integrated Community Mental Health Team (CMHT) |
| Cabinet Member | Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing |
| Report Author | Chief Officer – Social Services |
| Type of Report | Operational |

## EXECUTIVE SUMMARY

To consider a proposal to cease an integrated CMHT partnership with BCUHB (Betsi Cadwaladr University Health Board).  This would involve withdrawing Social Workers from the three CMHT Teams and locating them alongside the existing Well Being and Recovery Team within Social Services.

| RECOMMENDATIONS | |
| --- | --- |
| 1 | To accept the proposal contained within this report. |
| 2 | To determine the process to achieve political support for this proposal. |

## REPORT DETAILS

| 1.00 | EXPLAINING THE FUTURE OF INTEGRATED COMMUNITY MENTAL HEALTH TEAM |
| --- | --- |
| 1.01 | Flintshire is the only remaining local authority in North Wales to operate a joint CMHT with Health.  The other five North Wales local authorities have withdrawn from this integrated model over recent years. Flintshire have actively sought to explore options for improvement within the current operating model, without success, and limited engagement from health partners.  We no longer feel able to sustain the existing arrangements and the associated impact on clients and our workforce.  We are therefore recommending that we cease the CMHT arrangement to enable the local |

|       | authority to focus our resources and workforce in meeting our statutory responsibilities. |
|-------|------|
|       | Current team configuration is: |
|       | Three x CMHTs in Flintshire. One team based in Aston House, Deeside covering Deeside area, two based in Pwll Glas Mold, covering all other areas of Flintshire. |
|       | One Primary Care Mental Health Team based at Aston House.  This team do not feature in the following proposal as a separate proposal will follow. |
| 1.02  | **Current Team Location** |
|       | Each CMHT is located within a BCUHB building and is a multi-disciplinary team comprising of Managers, Psychiatrists, Psychologists, Community Psychiatric Nurses, Social Workers, Occupational Therapists, Health Care Support Workers. |
|       | FCC employ seven social work staff in total within CMHT. Whilst management responsibilities are shared between Social Services and BCUHB, predominantly, BCUHB manage the majority of CMHT resource, and the service is based in BCUHB buildings, giving them more influence than Social Services. |
| 1.03  | **The Issues / Challenges Facing the Team** |
|       | The team have, for almost two years, reported to FCC managers that workload is continually increasing, pressure is increasing, levels of stress are increasing and that they feel they are expected to carry out excessive work demands. Tasks are added to their workload without anything being reduced. They represent having to undertake work to demonstrate good performance against the Welsh Mental Health Measure, but that this is not meaningful/truthful or honest.  There have been extended periods of sickness absence within the team due to stress. |
|       | Numerous attempts have been made by managers in Social Services to address the issues presented, largely with no positive affect. These include: |
|       | (a) Managers met with staff to hear their perspective, and to creatively respond to demands. Managers then met with Senior Leadership team in BCUHB to explain how staff were struggling to cope and to attempt to address matters. |
|       | (b) In March 2023, a detailed workload analysis was undertaken with Social Workers which concluded that |
|       |     - Social Workers workloads could not be managed within full time hours. Workers were regularly working in excess of their hours and lower priority tasks were delayed or not completed. |
|       |     - reviewing placements/care packages are seen as a lower priority and therefore not regularly reviewed. This results in funding risks |

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|  | to FCC. We believe there are historic packages that need to be updated and a financial saving will be made.<br><br>- People presenting as high risk are not seen regularly by Social Workers.<br><br>- There is an increase in expectation that Social Workers will participate in health tasks, to the detriment of their Social Care responsibilities.<br><br>- Over the last two years, four of the seven posts have been vacated with the employees citing work pressure as the reason for this. Previously, this team were static with few vacancies arising.<br><br>- An action plan to address the recommendations of the workload analysis was written and presented to BCUHB managers. No action has been taken.<br><br>(c) More recently, Social Services managers have had to introduce restrictions on staff workload to protect the team from facing pressure to take on health allocated work. This causes challenges for the team in their multi-disciplinary role, their direct line mangers being BCUHB employees. |
| 1.04 | **The Proposal**<br><br>We are proposing the 'removal' of Social Workers from CMHT, and to locate them alongside the existing Well Being and Recovery team within Social Services, thus ending the operational partnership with BCUHB.<br><br>**Note:** All five other North Wales LA have made this decision and changed over recent years. Flintshire refrained from doing so as we wanted to explore options for improvement within the current operating model. We no longer feel able to achieve this.<br><br>Social Services managers do not believe the current model is sustainable in ensuring our legislative requirements are met from the Social Services and Wellbeing Act, or the Mental Health Act perspective. Nor do we believe we can retain the skilled qualified, and experienced practitioner's we need for the future within the current structure.<br><br>As a result of Health managers closing cases which Social Services fund, or not reviewing them, Managers in Social Services have recently embarked on a review programme for people receiving care/support through the use of existing resources. The following outputs have been achieved.<br><br>Ten reviews completed. Of these:<br><br>Six people. No change to current support.<br>Two people. Remove care package for medication prompts. Annual saving £22,890.<br><br>Two people. Residential placements ending. Annual saving £168,750 |

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| | Once the Social Work team are separate and Social Service manage their workload, a full review programme will be undertaken and further efficiencies are anticipated. |
| 1.05 | **Challenging Aspects of this Proposal**<br><br>1. Damage to Social Services / BCUHB partnership relationship. Within the political arena, this might be perceived to work against an integrated services model.<br><br>2. Concern exists that new referrals to the service might not be accepted by either Social Services or BCUHB and would cause delays in allocation.<br><br>3. Loss of the positive operational multi-disciplinary working relationship which brings cohesion to clients and ensures a holistic response is provided.<br><br>4. Additional work created in the transitional phase.<br><br>5. The team currently use administrative support provided by BCUHB, so, admin support will be required in the future.<br><br>6. Additional equipment will be required for some team members but likely to not exceed £2,000.<br><br>7. Following this change, there will be fewer CMHT members for BCUHB to achieve their performance targets (Mental Health measure). Performance is likely to reduce and Social Services removing resources may be cited as the reason for this. The new Social Work team will work to Welsh Government Performance measures for Social Services. |
| 1.06 | **Positive Aspects of the Proposal**<br><br>1. The team will not have to undertake health related work, enabling them to focus on Social Work. This will protect their mental health and their motivation, commitment, energy for their work and future recruitment should be improved.<br><br>2. The other five LA's have all offered their support to undertake the work required and we can learn from their experience.<br><br>3. We have consulted with all the team members, who are supportive of this proposal.<br><br>4. The team can focus their capacity to achieve personal outcomes with people.<br><br>5. Reviews of costly placements and care packages will occur with regularity. With a focus on Recovery, we envisage savings on placement spend. |

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| | 6. | Located within the Well Being and Recovery team, and Mental Health Support Services, this will offer opportunities for Recovery work to advance and reduce the reliance on statutory services. |
| | 7. | Those within S117 of Mental Health Act will be reviewed and the funding source and proportion of care package costs well managed. This is likely to lead to a reduction in spending. |
| | 8. | Client recording will be through PARIS, as opposed to the poor paper systems currently used. |
| 1.07 | **Work / Tasks Required to Achieve a Separation** | |
| | 1. | Policies, procedures and processes will need to be developed. |
| | 2. | PARIS system usage to be agreed and implemented. |
| | 3. | Location. This can be achieved within the current Mental Health Support Services accommodation at no additional cost. |
| | 4. | Managerial arrangements. Team and Service managers would have to take on additional managerial duties. |
| | 5. | HR implications. Office move. |
| | 6. | Political agreement. |
| | 7. | Informing BCUHB. |
| | 8. | Consider if Primary Care Mental Health team would also need to relocate. |
| | 9. | IT equipment. Most Social Workers already have FCC funded equipment but some additional may be required. |

| 2.00 | RESOURCE IMPLICATIONS |
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| 2.01 | This proposal can be implemented at very low cost.  Accommodation and equipment are available within existing resources. Managers believe that, with the prompt management and review of placements and care packages, reduction in spend is highly likely to be achieved. |

| 3.00 | IMPACT ASSESSMENT AND RISK MANAGEMENT |
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| 3.01 | An impact assessment is not required as this is an existing service. |

| 4.00 | CONSULTATIONS REQUIRED/CARRIED OUT |
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| 4.01 | All staff affected by this decision have been fully involved in the process and are supportive. |
| 4.02 | Managers in BCUHB have been informed that this decision is being considered. |

| 5.00 | APPENDICES |
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| 5.01 | None. |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
|---|---|
| 6.01 | None. |

| 7.00 | CONTACT OFFICER DETAILS |
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| 7.01 | **Contact Officer:** Jo Taylor, Service Manager, Disabilities<br>**Telephone:** 01352 701341<br>**E-mail:** jo.taylor@flintshire.gov.uk |

| 8.00 | GLOSSARY OF TERMS |
|---|---|
| | **CMHT -** Community Mental Health Team<br><br>**BCUHB -** Betsi Cadwaladr University Health Board |

**Social and Health Care Overview and Scrutiny Committee**

| Date of Meeting | 5th December 2024 |
|---|---|
| Report Subject | Social Services Care Inspectorate Wales, Performance Evaluation Inspection November 2023 – Action Plan Update |
| Cabinet Member | Deputy Leader of the Council and Cabinet Member for Social Services |
| Report Author | Chief Officer (Social Services) |
| Type of Report | Operational |

## EXECUTIVE SUMMARY

In October 2023, CIW (Care Inspectorate Wales) announced that they would be visiting Flintshire to undertake a full, routine PEI (Performance Evaluation Inspection) of both Adult's and Children's Services.

The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.

This was to be the first full inspection the portfolio has received for over eight years and an opportunity to showcase the creative and innovative practice undertaken here in Flintshire.

The full report was published on Thursday 22nd February 2024 and was largely positive in their findings across Social Services (See Appendix 1).

An action plan was produced based on the recommendations made by inspectors (see Appendix 2). This report updates on the progress of implementing the action plan.

| RECOMMENDATIONS | |
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| 1 | That Members acknowledge and support the progress made in implementing the action plan. |

| 1.00 | **EXPLAINING SOCIAL SERVICES CARE INSPECTORATE WALES, PERFORMANCE EVALUATION INSPECTION NOVEMBER 2023 – ACTION PLAN UPDATE** |
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| 1.01 | In total, there were seven inspectors involved in the inspection, operating on a hybrid basis with some inspectors visiting Flintshire in person and some working remotely. The in-person inspectors were based at Tŷ Dewi Sant but also travelled around to meet staff, partners, service users and their families. The remote inspectors held Microsoft Teams meetings as well as case file reading. |
| 1.02 | The inspection lasted for two weeks, starting on 27th November (file reading began on 20th November) and ended on 8th December 2023. |
| 1.03 | The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers. The inspectors focussed on four themes aligned under the principles of the Social Service (Wales) Well-being 2014 Act:<br><br>• People - voice and control<br>• Prevention<br>• Well-being<br>• Partnerships |
| 1.04 | The scope of the inspection was:<br><br>• Evaluation of the experience of adults and children at the point of performance evaluation inspection.<br><br>• Evaluation of the experience and outcomes people achieve through their contact with services.<br><br>• Evidence of the local authority and partners having learnt lessons from their recent experiences and plans for service developments and improvement.<br><br>• Consideration of how the local authority manages opportunity and risk in its planning and delivery of social care at individual, operational and strategic levels. |
| 1.05 | The full report was published on 22nd February and can be found in appendix 1, however, from the report they summarised the findings as follows:<br><br>a. *"There is a stable and experienced senior management team in place across both services providing continuity of leadership.*<br><br>b. *Partner agencies, providers and stakeholders told us that leaders are visible and there are good relationships at a senior level with open communication.* |

c. *Practitioners also stated leaders are accessible, approachable, and supportive, and overall, ensure practitioners have the right training and skills. A few practitioners (16%) from children's services who responded to the staff survey noted the leadership and culture within the local authority needed to improve, although (86%) said they were well-supported by managers. Similarly, practitioners (91%) from adult services who responded to the staff survey also stated they were well supported by managers.*

d. *There are procedures in place to induct new staff members, although at times they would benefit from increased pastoral support. It is acknowledged that a new face-to-face social work collective has been set-up to offer peer support to all social workers across children's and adult services.*

e. *Practitioners clearly know the people they support very well. In response to a survey by CIW, many people said they felt respected and listened to by practitioners.*

f. *Recruitment and retention of social care practitioners is a national challenge across Wales. The local authority continues to work hard on strategies to support continued recruitment and retention of staff. Examples include commissioning a communications agency to promote working for the local authority and increasing capacity in the workforce development team.*

g. *The recent restructure across both services is acknowledged and has potential to provide more resilience, opportunities for greater support and managerial oversight, as well as career progression. A few practitioners across both services felt the consultation about changes in structure had not adequately considered practitioner's views and had impacted their morale as it did not benefit everyone.*

h. *The local authority is well sighted on market stability in its area and the needs of its population. There are examples of the local authority implementing successful strategic plans in response to identified need and the lack of certain support services in its area. This has been achieved by working in partnership with Betsi Cadwaladr University Health Board (BCUHB) and other relevant partners to develop innovative services with significant capital investment. Examples include Marleyfield Care Home and Tŷ Nyth Children's Care Home.*

i. *The local authority has a comprehensive supervision policy. Practitioners benefit from regular supervision although the practice and standard of recording is inconsistent. The best supervision records focus on reflective practice and professional development. In other examples, more reflection on practice, and an improved focus on professional curiosity, outcomes and staff well-being is required.*

j. *The local authority benefits from good corporate and political support. There is a focus on ensuring statutory duties are met. Senior leaders, managers and politicians recognise significant*

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| | *action and resource is required to ensure the local authority's ability to deliver statutory safeguarding responsibilities. As a result, the local authority commissioned two managed care agency teams in children's services to provide additional capacity. This is impacting positively on the outcomes for children and families."* |
| 1.06 | An action plan was produced based on the recommendations from the Inspection Report which can be found in appendix 2. However, a summary of the main actions are as follows:<br><br>a. A Practice Directive to practitioners covering inspectors' findings of inconsistency in practice of case recording, including good practice examples to drive improvement.<br><br>b. Drive recruitment and retention through the Workforce Resilience Project to address local workforce shortages caused by national issues.<br><br>c. Advocacy training sessions delivered by newly commissioned providers to update practitioners on practice requirements and new processes.<br><br>d. Review of Adults Safeguarding documentation templates to ensure that outcomes are clear and evidenced effectively.<br><br>e. Introduction of a new casenote type on Paris to ensure the effective management of enquiries and the recording of actions are clear.<br><br>f. Review of Children's Safeguarding documentation to ensure that that evidence is clearly set out to show completion within set timescales.<br><br>g. Programme of core group training to support Children's Safeguarding and ensure consistency in processes.<br><br>h. The already planned introduction and implementation of the "Effective Child Protection Model" will contribute significantly to support across Children's Services.<br><br>i. Implementation of the NSPCC Child Neglect Tool will support to identify and appropriately manage risks.<br><br>j. Commissioning "Leaderful Action" to deliver compassionate leadership workshops with Management Team.<br><br>k. Continue and build upon the work to develop relationships with our partner's, ensuring communication is strengthened.<br><br>l. Work in partnership with Housing Portfolio to develop strategies to improve housing options for care leavers. |
| 1.07 | The action plan document contains commentary and evidence gathered of completion of the identified actions to date. There has been good progress made towards achieving the objectives with many having been completed. |

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| | There are a small number of remaining actions with target completion dates for March 2025. These are currently on track for completion. After March 2025, the only longer-term objective remaining will be the procurement of a new client information system. Work on this was initiated prior to the inspection, is ongoing and, subject to national funding, and is due to be implemented in 2027/28. |

| 2.00 | RESOURCE IMPLICATIONS |
|---|---|
| 2.01 | **Revenue:** Overall, there are currently no additional implications for the approved revenue budget for this service for either the current financial year or for future financial years.  However, the procurement of a new IT system will have revenue implications and this is being developed through a national business case.<br><br>**Capital:** There are no implications for the approved capital programme for either the current financial year or for future financial years.<br><br>**Human Resources:** Actions with proposed implications to human resources were limited to process changes. Actions have not required additional resources or result in additional workload for current workforce. Again, the longer-term implementation of an IT system has a separate work package. |

| 3.00 | IMPACT ASSESSMENT AND RISK MANAGEMENT |
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| 3.01 | Impact assessment is not required for this report. Impact Assessments have been undertaken individually (where required) for each action point. |

| 4.00 | CONSULTATIONS REQUIRED/CARRIED OUT |
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| 4.01 | Consultation with service users, staff and partners was carried out as part of the inspection as detailed above. |

| 5.00 | APPENDICES |
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| 5.01 | Final Report. |
| 5.02 | Action Plan with commentary and evidence (embedded documents within are available on request) |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
|---|---|
| 6.01 | Previous Scrutiny Report from June 2024. |

| 7.00 | CONTACT OFFICER DETAILS |
| --- | --- |
| 7.01 | **Contact Officer:** Naomi Harper, Planning and Development Officer.<br>**Telephone:** 01352 702544<br>**E-mail:** naomi.harper@flintshire.gov.uk |

| 8.00 | GLOSSARY OF TERMS |
| --- | --- |
| 8.01 | **Care Inspectorate Wales (CIW):** is a public body that inspects, regulates and improves the quality and safety of services in Wales.<br><br>**Performance Evaluation Inspection (PEI):** is a routine inspection to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.<br><br>**Social Services (Wales) Well-being 2014 Act:** This Act sets out the legal duties and powers of local authorities in Wales to provide care and support for adults, children and carers. It also covers the assessment, charging, financial assessment, looked after children and looked after children's accommodation. |

Arolygiaeth Gofal
**Cymru**
Care Inspectorate
**Wales**

Performance Evaluation Report
Flintshire County Council

November 2023

<u>**Introduction**</u>

Care Inspectorate Wales (CIW) undertook a performance evaluation inspection of children's and adult services in Flintshire County Council (FCC/the local authority) in November and December 2023. This in accordance with CIW's Framework for Performance Evaluation of Local Authority Social Services and Cafcass Cymru.

The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.

We consider the quality standards in the Code of Practice in relation to the performance and improvement of social services in Wales and key lines of enquiry. We seek to answer the following questions aligned to the principles of the Social Services and Well-being (Wales) Act 2014 (The Act):

**People** - **voice and control**

- How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and can achieve what matters to them?

- Is effective leadership evident at all levels with a highly skilled, well-qualified and supported workforce working towards a shared vision?

**Prevention**

- How well is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented, whilst ensuring that the best possible outcomes for people are achieved?

- How well is the local authority promoting resilience within communities and people are supported to fulfil their potential by actively encouraging and supporting people who need care and support, including carers, to learn, develop and participate in society?

**Well-being**

- How well is the local authority ensuring that people are protected and safeguarded from abuse, neglect and any other types of harm?

- How well are people supported to actively manage their well-being and make their own informed decisions so that they are able to achieve their full potential and live independently for as long as possible?

**Partnership**

- How well is the local authority able to assure itself that effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

- Are people encouraged to be involved in the design and delivery of their care and support as equal partners?

## 1.    Summary - Adult and Children's Services

1.1.    There is a stable and experienced senior management team in place across both services providing continuity of leadership.

1.2.    Partner agencies, providers and stakeholders told us that leaders are visible and there are good relationships at a senior level with open communication.

1.3.    Practitioners also stated leaders are accessible, approachable, and supportive, and overall, ensure practitioners have the right training and skills. A few practitioners (16%) from children's services who responded to the staff survey noted the leadership and culture within the local authority needed to improve, although (86%) said they were well-supported by managers. Similarly, practitioners (91%) from adult services who responded to the staff survey also stated they were well supported by managers.

1.4.    There are procedures in place to induct new staff members, although at times they would benefit from increased pastoral support. It is acknowledged that a new face-to-face social work collective has been set-up to offer peer support to all social workers across children's and adult services.

1.5.    Practitioners clearly know the people they support very well. In response to a survey by CIW, many people said they felt respected and listened to by practitioners.

1.6.    Recruitment and retention of social care practitioners is a national challenge across Wales. The local authority continues to work hard on strategies to support continued recruitment and retention of staff. Examples include commissioning a communications agency to promote working for the local authority and increasing capacity in the workforce development team.

1.7.    The recent restructure across both services is acknowledged and has potential to provide more resilience, opportunities for greater support and

managerial oversight, as well as career progression. A few practitioners across both services felt the consultation about changes in structure had not adequately considered practitioner's views and had impacted their morale as it did not benefit everyone.

1.8.    The local authority is well sighted on market stability in its area and the needs of its population. There are examples of the local authority implementing successful strategic plans in response to identified need and the lack of certain support services in its area. This has been achieved by working in partnership with Betsi Cadwaladr University Health Board (BCUHB) and other relevant partners to develop innovative services with significant capital investment. Examples include Marleyfield Care Home and Tŷ Nyth Children's Care Home.

1.9.    The local authority has a comprehensive supervision policy. Practitioners benefit from regular supervision although the practice and standard of recording is inconsistent. The best supervision records focus on reflective practice and professional development. In other examples, more reflection on practice, and an improved focus on professional curiosity, outcomes and staff well-being is required.

1.10.   The local authority benefits from good corporate and political support. There is a focus on ensuring statutory duties are met. Senior leaders, managers and politicians recognise significant action and resource is required to ensure the local authority's ability to deliver statutory safeguarding responsibilities. As a result, the local authority commissioned two managed care agency teams in children's services to provide additional capacity. This is impacting positively on the outcomes for children and families.

**Key findings and evidence**

We present our key findings and evidence below in line with the four principles of the 2014 Act.

**2.     People – Voice & Control**

**Strengths - Adult Services**

2.1     There are examples of person-centred and comprehensive social care assessments which evidence practitioners have taken time to get to know people. Practice in this area, however, needs to be more consistent because there were also examples of less comprehensive and person-centred assessments.

2.2 There are good examples of assessments being written in the first person, evidencing well what matters to people. **This is positive practice**.

2.3 Unpaid carers' assessments are appropriately offered. Carers of adults told us they significantly benefitted from carers' assessments and provision of support. There is a wide range of innovative practical support to promote carer well-being including counselling, grants, short-term direct payment provision, and short-term break arrangements.

2.4 The well-established direct payment service is valued by people and professionals. It is utilised creatively to support people's well-being outcomes. There is a skilled team who support people to have more control over their care and support arrangements through the flexibility of a direct payment to meet their personal outcomes and promote independence. The local authority's user-friendly direct payment portal provides helpful resources for people. This includes a list of personal assistants and relevant details about them. This assists people to choose who they wish to support them and promotes self-control and autonomy and is reflective of **positive practice**. One carer told us of the significant positive impact direct payments had made on both her and her daughter's life, enabling her daughter to live at home with support and care workers they trust.

2.5 People's Welsh language needs are considered and recorded.

2.6 The majority of staff (85%) who responded to CIW's staff survey from adult services said they had a manageable workload, and they were well supported by managers (91%). Good morale and peer support within teams was also highlighted.

**Areas for improvement**

2.7 Care and support plans could be further developed by setting clearer SMART outcomes and consistently taking a proactive strengths-based approach. Also, whilst people's voices are clear in some assessments, this approach should be further developed in care and support plans. **Reference should be made to what matters to the individual and personal outcomes should be recorded more consistently in the first person.**

2.8 People are sometimes supported through a duty system whilst on a waiting list for allocation to a specific worker. This can be challenging for people as there is insufficient oversight of their circumstances, lack of continuity of support, and people have to re-tell their story. **The local authority should continue with its current efforts to ensure a consistent sufficient,**

**qualified, and competent workforce to lessen the need for people to be supported by different practitioners who are unknown to them.**

2.9 There are examples of direct payment reviews being held. However, there was one example which had not received a review. **The local authority must review the arrangements for the making of direct payments and how they are being used in line with Code of Practice 4 (Meeting Needs) to assess whether personal outcomes continue to be met.**

2.10 **When practitioners attempt communication with individuals, the local authority should ensure a more consistent evidence base that reflects the communication methods that have been considered and attempted.**

2.11 There is insufficient evidence to demonstrate that advocacy is consistently considered and offered when it would have been appropriate. **This is an area that must be strengthened to demonstrate routine consideration of advocacy particularly in adult safeguarding.**

## 3. People – Voice & Control

**Strengths – Children's Services**

3.1 Overall children and young people's voice and choice is heard and well reflected in records. Section 47 enquiry records include direct quotes from children, focusing on what is important for them and what worries they have. A few core group minutes contained a voice of the child section which is **positive practice** although such practice would benefit from being more consistent.

3.2 Children and young people have opportunities to make their voices heard. We found **positive practice** with children having an opportunity to share their thoughts and opinions with a conference buddy prior to a conference held in line with the Wales Safeguarding Procedures (WSP).

3.3 Children and young people are overall well-supported by Personal Advisers (PAs). They benefit most from regular communication, with PAs taking a proactive approach in contacting young people and seek to obtain answers to concerns or issues young people may have. A care leaver told us "Mine [PA] is helpful and would find the answers if she didn't know. Previously I had a bad experience but now she is the first person I go to if I have a problem."

3.4 Care experienced children and young people also benefit from access to a peer support group. Children and young people told us they value this

opportunity to socialise with others who have had similar experiences. They told us; "I like meeting people who have experience of care," "I've been coming to this group for eight years. It gets me out of the house." This group has enabled some young people to advocate on behalf of care experienced children in formal meetings with the local authority, ensuring their voices are heard.

3.5     The local authority has also procured with a neighbouring local authority the 'Mind of My Own' app. It is an app that can be downloaded to a digital device with simple pictures and child-friendly words. It is designed for children and young people to share experiences and views on topics relevant to them. This will further enhance a digital offer for children and young people to make their views known in real time.

3.6     Children are provided with sufficient time and opportunities to share their views through direct child-centred work. In the pathway planning records for one young person, the social worker explicitly discussed and amended the plan following consultation with the young person, evidencing the young person had been heard.

3.7     There are good examples of documentation which clearly captured the voice of a child, and positive examples of records written directly to the child, providing clarity and focus as to why the WSP have been instigated which is **positive practice**. This practice could be more consistent.

3.8     Staff spoken with routinely acknowledged the support of managers. This is important in conversations about risk and safety of children as it promotes organisational accountability with practitioners feeling supported in decision-making.

3.9     Staff welcome the learning and development opportunities available to them, including support to attend training in certain areas when this was identified as a specific learning need for them.

3.10    There are systems in place to review the standard and quality of practice which include file audits. However, some practitioners were unaware of these systems. Therefore, whilst there is evidence of learning across the workforce, this could be improved with wider dissemination of relevant information.

3.11    Overall, there are good management mechanisms in place to support frontline practice. Supervision, management oversight records, and authorisations demonstrate there is line manager oversight in key practice areas. We were told by practitioners they value their managers.

3.12 The majority of staff who responded to CIW's staff survey from children's services said they had a manageable workload and (78%) also said they were well-supported by managers (86%). We also heard from practitioners who had progressed through different roles within the local authority and how well-supported they had felt. A few respondents (16%) expressed concerns about leadership and culture. They wanted their feedback and concerns to be taken into greater account, to feel more valued and respected, and they wanted the management and support of staff to be more consistent. CIW has received swift responses from the local authority in relation to how the issues raised are/will be addressed, including commissioning of leadership training, and convening of collaborative conversations to further promote and embed a positive culture across the service.

3.13 People's Welsh language needs are considered and recorded. We saw an example of the Active Offer being implemented in practice and a parent being able to converse verbally in the Welsh language in line with their wishes. **However, when Welsh is noted as a preferred language, this should also be the language in which documentation is written.** Unless it is the person's preference to have documentation in the English language and a record is made to that effect.

**Areas for improvement**

3.14 Disabled children and young people have to wait long periods of time for short overnight breaks in a residential provision. The local authority aims to provide alternate support in the meantime through direct payments for example. However, **the local authority must so far as is reasonably practicable, ensure it is able to provide looked after and other accommodated children with accommodation that is within the local authority's area and that meets the children's needs. This in line with Code of Practice 6 (Looked After and Accommodated Children).**

3.15 As a result of the fragility in the social care workforce, children and young people experience changes in social workers. Children are supported through a duty system rather than an allocated worker at times. Changes in social workers makes it challenging for children to develop trusting relationships. We heard from one young person how they are aware their social worker will soon change. Parents also have to repeat their stories and views to social workers. As a result of changes in practitioners, support can be delayed, with oversight of children and young people's situation also impacted. **The local authority must continue with its current efforts to ensure a consistent, sufficient, qualified, and competent workforce to meet its statutory duties, and should consider an exit strategy for ending the reliance on the commissioned managed agency team.**

## 4. Well-being

**Strengths – Adult Services**

4.1 There are examples of practitioners appropriately establishing whether a person is an adult at risk, as defined in the WSP, prior to implementing the procedures. From the social care records we reviewed, we found strategy meetings are generally well attended, and Section 126(1) (s.126) enquiries are largely undertaken and completed within statutory timescales.

4.2 The local authority offers safeguarding training to providers as well as in-house practitioners which is **positive practice**. This promotes consistency of practice and ensures that the roles and responsibilities in relation to safeguarding are widely understood.

4.3 There is a strategic commitment to develop community services. The investment in local hubs and other capital investment supports this agenda. For example, Hwb Cyfle is a purpose-built service for disabled people offering different activities in community-based environments to promote people's well-being. The provision would benefit from increased opportunities to support people to maximise their independence in relation to daily living skills.

4.4 There are good examples of the development of innovative teams/posts such as the progression and well-being team. These teams are designed to support people and to prevent escalation of needs.

4.5 We saw examples of people being discharged from hospital with support in a timely manner. In 2022, the council reviewed and then made changes to how older people are supported in their discharge planning from hospital through the formation of a Discharge to Assess and Recover Team (DART). The DART service has clear roles and responsibilities supported by effective governance.

**Areas for improvement**

4.6 In relation to adult safeguarding, we saw variation in social care records. Greater clarity is required in relation to the views of the adult at risk, decision making, determinations, and whether subsequent actions have addressed the original concern. The outcomes of the enquiries must be shared with the reporter. **The local authority must ensure that adult safeguarding practice consistently meets with the requirements of the WSP.**

4.7 There are examples of people's social care assessments and safeguarding reports indicating they lack mental capacity to make decisions about their care. The quality and decision making of these records is variable. **The local authority must ensure practice consistently aligns with the requirements and principles of the Mental Capacity Act 2005 and the relevant Code of Practice.**

4.8 In common with many other local authorities across Wales, people's rights are impacted by the waiting lists for Deprivation of Liberty (DoLS) assessments. **The local authority must ensure that arrangements for the provision for DoLS assessments are fit for purpose and responsive**.

4.9 The current recording system does not support practitioners to capture people's strengths and outcomes in a meaningful way. **The local authority should take this into consideration, with the imminent procurement of an updated recording system.**

## 5. Well-being

**Strengths – Children's Services**

5.1 Children and families' needs in Flintshire are complex and demand is increasing, as is the picture across Wales. Two agency teams have been commissioned to assist the core staff team to meet demand and the local authority's statutory duties. There is corporate and political support for this, evidencing continued support to prioritise services for vulnerable children, young people and their families. It is noted that there is corporate support to maintain the agency team until the time is appropriate to end their contract.

5.2 Overall, safeguarding responses, such as convening initial strategy discussions, are timely.

5.3 There is evidence of exceptional strengths-based practice utilised by individual practitioners. This is **positive practice**. **For this approach to become embedded, the local authority should consider a model of practice that highlights what needs to change in families, with greater focus on how family and wider community networks can be facilitated to keep children safe**. A model would promote a shared understanding across agencies of safeguarding practice and management of risk. It would also provide practitioners with consistent tools and templates in relation to recording and maintaining focus on risk. It is acknowledged that the local authority is on a journey to fully implement a model of practice. This has already commenced with an initial focus on neglect, with the local authority having purchased a neglect-graded profile tool through the National Society

for the Prevention of Cruelty to Children (NSPCC) to support practice. This is a **positive** response by the local authority to a high number of children affected by neglect on the child protection register (CPR).

5.4     In the specific early phase of a Section 47 enquiry, the standard of practice is good and there is evidence of appropriate managerial oversight to inform and support practice.

5.5     We saw an example of **positive practice** where a heath professional chaired a core group meeting, evidencing in line with the WSP, that chairing and minuting of these meetings is a joint responsibility between children's services and relevant partners.[1]

**Areas for improvement**

5.6     There is indication the threshold for significant harm is not always applied consistently when considering removing children from the CPR. We heard this may be as a result of a misplaced conception that maintaining a child's name on the CPR is a means of ensuring continued support services for a child and their family. **The local authority should consider sharing guidance more widely with relevant partners and stakeholders to ensure consistent and shared understanding of thresholds and information sharing protocols.**

5.7     Risks are appropriately considered, with timely progression to the right service for children and families. There are, however, delays for some families subject to child protection procedures as enquiries are not always completed promptly. It is not always clear what the determination is post completion of a Section 47 enquiry. **Managers must ensure that, following the timely conclusion of a child protection enquiry, next steps are explicitly recorded with clarity and rationale in relation to the determinations under Section 3 Part 1 of the Wales Safeguarding Procedures.**

5.8     As Section 47 enquiries are not always completed in the required timescales, this impacts on timely decision making as to whether a child's name should be included on the CPR. **The local authority should ensure that when it has been determined that a child is experiencing or is at risk of experiencing harm, abuse or neglect, a child protection conference is convened within 15 working days of the strategy discussion/meeting, or the last strategy discussion/meeting (if more than one has occurred), which initiated the Section 47 enquiry.**

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[1] Full report - Rapid Review of Child Protection Arrangements FINAL FOR PUBLICATION (careinspectorate.wales)

5.9 Some care and support protection plans viewed are service led, with a focus on compliance instead of outcomes. Care and support protection plans are not routinely updated after core group meetings. It is acknowledged that recent training commissioned by the local authority has focused on clarifying roles and responsibilities for social workers. **An outline care and support protection plan devised at first conference should be developed into a more detailed plan at the first core group meeting as is highlighted in the WSP. Subsequent core groups should specifically review progress of outcomes for the child's safety. Leaders should ensure practitioners have clear systems and standards for developing plans which are child-centred and outcome-focused.**

5.10 We saw examples of disclosures by police about an individual's criminal background, with a potential risk for a child, having been appropriately considered to promote children's safety. However, sharing of the information was not always completed in a timely manner with pressures of work cited in one example as the reason for the delay. **When the local authority is aware of such information, and it has been agreed they can share information with relevant individuals to promote a child's safety, this must be done in a timely manner.**

## 6. Prevention

**Strengths – Adult Services**

6.1 Capacity has been created to enable applications for grant funding to be made. This is coordinated through a designated officer, and evidences good corporate support for promoting the preventative agenda.

6.2 There are good examples of the local authority working hard to reshape and redesign its service in lines with its vision of people receiving reablement and community-based rehabilitation support. For instance, the expansion of Marleyfield Care Home which enables people to recover following a hospital stay and return to live independently. The local authority invested from its own capital programme supported by Welsh Government grants. The development and implementation of the operational model has been co-produced with BCUHB. This supports the local authority's plan to increase its own residential care capacity, whilst also supporting BCUHB with additional Step-Up Step-Down bed capacity.

6.3 Further demonstration of FCC's commitment to support people to return home and to live independently is its plan to expand step-down provision through the development of Croes Atti Newydd, building on their learning from Marleyfield Care Home. Croes Atti Newydd is being developed as part of the

local authority's own capital development supported by Health and Social Care Regional Integration Fund and will offer other services in addition to a step-down facility.

6.4     The local authority is proactive in promoting different types of services to support people to reach their outcomes, and to enable people to live in their own homes for longer. An example of this **positive practice** is the local authority's promotion and support for micro carers. Similar to the direct payment portal, the local authority has an easy to navigate micro carer portal. This enables people to be able to find and manage their own support. The micro carers are on a specific framework, evidencing their suitability to support people and enabling the local authority to directly commission a service from them.

6.5     As is common across Wales, people in some areas of the county are having to wait for domiciliary care packages to support them with their care and support needs. This means people may be inadequately supported during this time, and this may place additional responsibilities on unpaid carers. The Council's Plan for 2023-2028 highlights innovative ideas to try and expand options to provide support. Examples include continuing to grow their in-house homecare service, utilising a rolling scheme of recruitment and promoting and supporting the expansion of micro carers. There is also the availability of pooled cars, and **positive practice** of the local authority commissioning paid drivers to transport care workers who are non-drivers as means of ensuring people are supported.

6.6     Single Point of Access (SPoA) in Flintshire provides a swift and responsive service seven days a week which is **positive practice**. We observed the high number of calls coming in and practitioners respectfully answering the calls. This has been corroborated by a person who spoke with us "*They were swift and I'm always confident I can speak to people in SPOA.*" They were equally complimentary of other parts of adult services, evidencing adult services as a whole is focused on preventing escalation of need.

**Areas for improvement**

6.7     Waiting lists for social care assessments and reviews are high and can impact negatively on people. Oversight of waiting lists for social care assessments is inconsistent across teams. Whilst we received verbal reassurance about oversight of waiting lists in teams, there was limited records to evidence this. **The local authority must ensure that waiting lists are appropriately and consistently monitored and key information is recorded to evidence appropriate prioritisation of cases.**

6.8 Care and support plans are not always reviewed in a timely manner. **The local authority must keep care and support plans under review to understand whether the provision of care and support is meeting the identified needs of the individual, and to consider if their needs have changed and if a re-assessment is required.**

7. <u>**Prevention**</u>

**Strengths – Children's Services**

7.1 The local authority is focused on ensuring the need for care and support is minimised and escalation of need is prevented. There is a well-established Early Help Hub, which includes a range of partners and third sector agencies. The focus is on delivering more timely and appropriate support to families with greater levels of need to those who are supported by universal service solely. In addition, the local authority has created an Information, Advice and Assistance service (IAA) at the beginning of this year. This was a response to the pressure of increase in contacts with the focus on continuing to support families at an early stage.

7.2 There is a focus on promoting the well-being of young carers. Children were observed to benefit from the availability of support in a young carers support group. They clearly enjoyed the activities on offer and the company of both practitioners and peers alike.

7.3 There is a clear strategic focus on supporting placements in a care home and foster placements, as well as supporting children to remain in the care and/or return to the care of their families through Multi Systemic Therapy (MST). The teams provide support 24 hours a day 7 days a week. One of the teams, North East Wales MST- FIT, supports children who live in Tŷ Nyth as well as children who live at home with their parents. Tŷ Nyth is the first Integrated Treatment Model Home in Wales and is subject of tripartite funding between the local authority, BCUHB and a neighbouring local authority. Children and young people's outcomes have improved following support from MST.

7.4 The local authority has developed a toolkit in response to the Public Law Outline (PLO) refresh implemented in January 2023 by the judiciary across England and Wales. It contains a range of new documentation which will further promote continuity of strengths-based practice. It also provides clarity to parents about what the concerns are about their children, and what changes are required to reduce the concerns. Children who are ten years of age or over will also be allocated a PLO buddy, similar to a conference buddy, to ensure their voice is obtained as part of these pre-court proceedings specifically. This is **positive practice** as it further promotes the voice of

children and their families. Practice can be improved by ensuring that records sufficiently detail when and where a decision was made to commence PLO proceedings, and to reflect that decision making in this respect is timely.

**Areas for improvement**

7.5    Children who are neurodiverse or who are awaiting diagnosis of a potential neurodiverse condition, and their parents, do not always receive prompt and adequate support and communication. Delays in support impact on their well-being. It is acknowledged that the local authority is well-sighted on this and has recently developed their service to include having a dedicated role to respond and support parent/carers sooner, whilst their children are awaiting a neurodiverse assessment/diagnosis. **The local authority should continue to have oversight and monitor the effectiveness of this development and the impact of this for children and families.**

## 8.    <u>Partnership</u>

**Strengths – Adult Services**

8.1    The local authority works well with providers across Flintshire at an operational level to support service delivery and efficiency. Providers told us they have open lines of communication with staff in the local authority and feel comfortable to use them as a 'sounding board' for new ideas and projects.

8.2    The local authority holds frequent meetings with colleagues in BCUHB to discuss quality of care and provision in care homes in the area. We observed how this forum promotes effective information sharing and informed decision-making in relation to subsequent actions that agencies would take.

8.3    The Progress for Providers scheme is highly regarded by practitioners and providers alike. The scheme enables care home and domiciliary support providers to work towards different awards of bronze, silver and gold in relation to how well they deliver personalised support to people. The approach is **positive** as it promotes outcome-based practice rather than traditional task-based support and the range of tools and guidance to support providers is valuable. The local authority regrades providers according to their performance.

8.4    The local authority supports young people with a learning disability up to the age of 25 years to obtain work placements with the aim of paid employment. A more recent development is that this will now be offered to individuals over the age of 25 years with a learning disability. This is a positive joint approach between the local authority, HFT (an established charity supporting people

with learning disabilities), housing association Clwyd Alyn, and Coleg Cambria.

**Areas for improvement**

8.5 Most partnerships are working well at an operational level; however, information is not always shared effectively due to different methods and systems for recording information. This means information regarding people's care and support needs is not easily available across partners, to include some practitioners employed by the local authority. **The local authority should consider, whilst they are procuring a new recording system, how they can further promote information sharing.** All relevant practitioners in different teams within FCC such as locality, substance misuse, and community mental health teams should be able to access all records of the person they support. This would support information sharing and promote a greater oversight and understanding of a person's circumstances.

8.6 The local authority must strengthen its systems around carers assessments to ensure the rights and voice of all carers are fully promoted. Carers assessments are not adequately recorded or communicated with the local authority. We saw examples where practitioners are not aware of whether a carer's assessment had been undertaken, and if so, the outcome of the assessment. **The local authority must have greater oversight of these assessments to be confident that it fully meets its responsibilities in line with the requirements of Part 3 and Part 4 of the Code of Practice (assessing and meeting the needs of individuals).**

9. **Partnership**

**Strengths – Children's Services**

9.1 Systems and relationships are mainly in place to facilitate effective partnership working. Both internal to children's services and in working with partners, there is a shared ethos to safeguard and promote the well-being of children.

9.2 Overall, at a strategic level, work with partners is based on a shared understanding and cooperation. Partners described leaders as being transparent and open to challenge. There is regular communication across sector leads, although persistent change in managers in partner agencies was cited as a challenge in working consistently. Some third sector partners considered their work with children's services could be improved in relation to inclusivity and their participation in planning of services.

9.3 Information sharing between agencies through Section 47 enquiries, initial child protection conferences and core groups is evident. In further meetings such as review conferences, there can be diminishing contribution from partner agencies. Partner agencies expressed they wished to be more involved in initial strategy disscissions/meetings. There is work already underway to establish a MASH (Multi Agency Safeguarding Hub) within the local authority which will further promote involvement and multi-agency working.

9.4 Placement sufficiency is a challenge across Wales and the local authority has in the past placed children in services which are operating without registration. However, the local authority has utilised significant capital investment to meet its duty of providing sufficient accommodation within its own area to children looked after. An example of this **positive practice** is the recent investment in in house residential care including the recent build of Y Dderwen and the development of 2 small group homes. Children benefit from living close to their family, friends, and community.

9.5 Care leavers benefit from continued support once they leave care. This in the form of the 'When I am Ready' scheme, whereby young people remain with foster carers whilst they transition into adulthood. Young people told us how they valued this provision. However, they said they feel hurt that the documentation refers to them as tenants rather than family members of the foster carers they choose to continue to live with. They very much regard themselves as part of the foster carers' family and vice versa. **The local authority should consider how they can influence a change in terminology.**

**Areas for improvement**

9.6 **Children's services must communicate information about duty to report outcomes in a timely manner to the person who made the initial report.** There are inconsistencies in current practice in relation to this.

9.7 **Children's services must ensure that appropriate agencies are invited to strategy discussions/meetings in line with the WSP, to include but not limited to, a practitioner making the report and practitioners from education and community-based health services if relevant.**

9.8 The views and experiences of parent/carers of disabled children indicated that the availability of support to them could be strengthened and more flexible. They told us the support offered was not always suitable for their and their child's needs. **The local authority must ensure the parent/carer is involved as a full partner in assessing to what extent they are able to**

**meet their personal outcomes, or with the support of others who are willing to provide that support; or with the assistance of services in the community to which they have access.**

9.9    We saw examples of children who were leaving care having to present as homeless to receive housing support. Practitioners also shared that accommodation for young people is an ongoing challenge and an area for improvement. There are clear longer-term options to support young people in general with housing support, in line with the well-being objectives in the Council Plan for 2023-2028. An example is a strategic plan, informed by a multi-agency approach, to create a young person's homeless hub which will offer accommodation as well as support services. **However, the local authority must continue to prioritise its programme of ensuring appropriate housing options for young care leavers and relevant 16–17-year-olds**. This in both the longer and shorter term, and where possible, avoiding the need for care leavers to present as homeless.

## 10.    <u>Next Steps</u>

We expect Flintshire County Council to take appropriate action to improve the areas identified for improvement. We will monitor progress through our ongoing performance review activity with the local authority. We welcome the local authority sharing the positive practice identified with other local authorities, to share learning and help drive continuous improvement in statutory services throughout Wales.

## 11.    <u>Methodology</u>

**Fieldwork**

- Most inspection evidence was gathered by reviewing the experiences of 45 people through review and tracking of their social care record. We reviewed 34 social care records and tracked 10.
- Tracking a person's social care record includes having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and were appropriate other professionals involved
- We engaged, through interviews and/or focus groups, with 40 people receiving services and/or their carer.
- We engaged, through interviews and/or focus groups with 133 local authority employees and elected members (this included but was not limited to social workers, team managers, operational managers, senior managers and director of social services).
- We interviewed a range of partner organisations.

- We reviewed a sample of staff supervision records.
- We observed a resource panel and an interagency meeting in adult services.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, partner organisations and people.

Our Privacy Notice can be found at https://careinspectorate.wales/how-we-use-your-information.

## 12. Welsh Language

CIW is committed to providing an active offer of the Welsh language during our activity with local authorities.

The active offer was not required on this occasion. This is because the local authority informed us that people taking part did not wish to contribute to this performance evaluation inspection in Welsh.

## 13. Acknowledgements

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

## 14. Glossary

**Must** - Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.

**Should -** Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.

**Positive practice** - Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.

**Prevention and Early Intervention -** A principle of the Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective well-being. This principle

centres on increasing preventative services within communities to minimise the escalation of critical need.

**Voice and Control -** A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve well-being and the things that matter most to them.

**Well-being** - A principle of the Act which aims for people to have well-being in every part of their lives. Well-being is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about supporting people to achieve their own well-being and measuring the success of care and support.

**Co-Production -** A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.

**Multi-Agency working** - A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.

**SMART -** SMART is a best practice framework for setting goals. A SMART goal should be specific, measurable, achievable, realistic and time bound.

**What matters -** 'What Matters' conversations are a way for professionals to understand people's situation, their current well-being, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them

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| Adult's Services | | | | | |
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| Finding | Action | Owner | Timescale | Commentary | Evidence |
| **People - Voice and Control - Strengths** | | | | | |
| 2.1 There are examples of person-centred and comprehensive social care assessments which evidence practitioners have taken time to get to know people. Practice in this area, however, needs to be more consistent because there were also examples of less comprehensive and person-centred assessments. | Practice Directive to be created to remind practitioners on the requirements of a comprehensive and person-centred assessment. The Practice Directive will include a refresher on the basics as well as including some good practice examples. | Jan Bellis Chris Phillips Jo Taylor | By 30th June 2024 **Complete** | Published. | Person-Centred Assessments and SM |
| **People - Voice and Control - Areas for improvement** | | | | | |
| 2.7 Care and support plans could be further developed by setting clearer SMART outcomes and consistently taking a proactive strengths-based approach. Also, whilst people's voices are clear in some assessments, this approach should be further developed in care and support plans. **Reference should be made to what matters to the individual and personal outcomes should be recorded more consistently in the first person.** | Practice Directive to be created to support practitioners with the creation of outcomes utilising SMART objectives with a strengths-based approach. The Practice Directive will include some good practice examples. | Jan Bellis Chris Phillips Jo Taylor | By 30th June 2024 **Complete** | Published. | Person-Centred Assessments and SM |
| 2.8 People are sometimes supported through a duty system whilst on a waiting list for allocation to a specific worker. This can be challenging for people as there is insufficient oversight | Progressing through the Workforce Resilience Project workstreams, looking at a) improving our success in recruitment and b) what can be done to retain our current workforce. | Jan Bellis Chris Phillips | Ongoing with monthly meetings **Complete** | Resilience Project now complete which looked at recruitment, retention and resilience in the workforce. As a result of the workstream, see action point below on creation of Duty Social Worker/OT roles. | |

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| of their circumstances, lack of continuity of support, and people have to re-tell their story. **The local authority should continue with its current efforts to ensure a consistent sufficient, qualified, and competent workforce to lessen the need for people to be supported by different practitioners who are unknown to them.** | Consideration is to be given to introducing a consistent duty social worker role to each Locality Team pending outcome of current trial. | | Review by 30th June 2024 <br> **Complete** | The South team have been trialling this and it appears to have been a success with good feedback received from the team. There are discussions ongoing about the expansion of this and it is likely to be adopted when the 3 locality teams move to 2 teams - from 2nd Sept. There are currently vacancies in each team which are being aligned to the new structure, these vacancies will include a full-time permanent duty practitioner in each team. <br> There is also a trial currently for this system in OT to align ways of working. This is on a 6-month pilot which started on 20th May. Indications so far suggest that this is also proving to be successful and popular with the team – improved morale and throughput of cases. Based on the current feedback this is also likely to be adopted across OT at the end of the pilot. <br> Update: OT and Flintshire East now have Duty Officers in place, recruitment for a Duty Officer for Flintshire West is underway. | |
| 2.9 | There are examples of direct payment reviews being held. However, there was one example which had not received a review. **The local authority must review the arrangements for the making of direct payments and how they are being used in line with Code of Practice 4 (Meeting Needs) to assess whether personal outcomes continue to be met.** | This is an isolated incident due to circumstances of a particular case. There is good practice and processes in place to ensure the robust review of Direct Payments. <br> A recent review of the Direct Payment financial processes has been undertaken and actions from this will be implemented: <br> • Move to proportionate monitoring using new risk assessment matrix. <br> • Reduce surplus funds allowance from 8 to 6 weeks. <br> • Move all Direct Payments to more effective management solutions i.e., remove all PADP and paper monitoring. <br> • Improve completion of correct | Jan Bellis Chris Phillips Jo Taylor | By 30th September 2024 <br> **Complete** | • Move to proportionate monitoring using new risk assessment matrix. <br> • Reduce surplus funds allowance from 8 to 6 weeks. <br> • Move all Direct Payments to more effective management solutions i.e., remove all PADP and paper monitoring. <br> • Improve completion of correct service information data. | |

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| | | service information data. | | | | |
| 2.10 | **When practitioners attempt communication with individuals, the local authority should ensure a more consistent evidence base that reflects the communication methods that have been considered and attempted.** | | Jan Bellis Chris Phillips Jo Taylor | By 30<sup>th</sup> June 2024 **Complete** | Published. |  Communication with Individuals.pdf |
| Page 149 | There is insufficient evidence to demonstrate that advocacy is consistently considered and offered when it would have been appropriate. **This is an area that must be strengthened to demonstrate routine consideration of advocacy particularly in adult safeguarding.** | Practice Directive to be created to support practitioners. The Practice Directive will include some good practice examples. | Jan Bellis Chris Phillips Jo Taylor | By 30<sup>th</sup> June 2024 **Complete** | Published. |  Advocacy Offer and Recording.pdf |
| | | Audit checklist to be amended and expanded to ask if advocacy was used and if not, why not. | Jacque Slee | **Complete** | Audit checklist now includes this question. |  OP_LD_PD Audit Template v5 13Mar2( |
| | | Advocacy providers will be invited to deliver information sessions for teams, giving information about the new offer and answer questions. | WDT | By 30<sup>th</sup> June 2024 **Complete** | The following sessions have been arranged: <br>• Advocacy Awareness - 08/11/2024. <br>• Advocacy Awareness in Children & Young People - 07/06/2024. <br>• Advocacy Awareness (PARENT) - 10/06/2024 <br>• Carers Needs & Awareness (ADULTS) - 15/10/2024. <br>• Carers Needs & Awareness (YOUNG CARERS) - 10/09/2024. <br>• Independent Mental Capacity Advocacy Awareness (IMCA) - 13/06/2024. <br>• Independent Mental Health Advocacy Awareness (IMHA) - 19/06/2024. <br>Providers are also visiting individual team meetings to share information and do a Q&A session. | |
| | | Create a report in Paris to investigate how many are completing advocacy information to monitor the progress with commentary. | Jacque Slee | **Complete** | Data is available and able to be provided from Paris as and when required. This will be monitored at the Quarterly Performance Review meeting. |  Advocacy section summary data Apr-S |

| Adult's Services | | | | | | |
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| Finding | | Action | Owner | Timescale | Commentary | Evidence |
| **Well-being - Strengths** | | | | | | |
| 4.3 | There is a strategic commitment to develop community services. The investment in local hubs and other capital investment supports this agenda. For example, Hwb Cyfle is a purpose-built service for disabled people offering different activities in community-based environments to promote people's well-being. The provision would benefit from increased opportunities to support people to maximise their independence in relation to daily living skills. | We readily accept this recommendation through the tender process for our day services. All day services contacts are due for renewal in the next 12 months and will be reviewed in line with these recommendations. A different approach will be adopted to stipulate a requirement in the new contracts for people to learn new skills, increasing independence and improving daily living skills, progressing to fulfil their potential as well as take part in fun activities. Increasing opportunities for people to participate in Supported Employment and other forms of Community Support will be featured in Service Specifications for the future. This will also be expanded to include short term care. | Jan Bellis Jo Taylor | By February 2025 | Progress to date:<br>• HFT have now been asked to report on the numbers of people moving from Day Services to Supported Employment.<br>• Transformation team have secured funding to appoint an Employability Co-ordinator who has commenced in post (May 24) and will now progress the option for supported employment for people with LD. | |
| **Well-being - Areas for Improvement** | | | | | | |
| 4.6 | In relation to adult safeguarding, we saw variation in social care records. Greater clarity is required in relation to the views of the adult at risk, decision making, determinations, and whether subsequent actions have addressed the original concern. The outcomes of the enquiries must be shared with the reporter. **The local authority must ensure that adult safeguarding practice consistently meets with the requirements of the WSP.** | Review of closure forms to ensure that subsequent actions have met the original concerns. | Michele Hingston Jayne Belton | By 30th June 2024 and ongoing **Complete** | Complete. All closure forms are authorised by a manager before closing to ensure that actions have met the original concern. This was always the process, but it is recognised that there were some inconsistencies with recording in some cases. This has been addressed. | Closure form.PDF |
| | | Discussions with the team to ensure recording and reporting back is consistent. | | By 30th June 2024 **Complete** | Complete. Discussion held with the team to ensure compliance with reporting back to the referrer. When the process is completed after a strategy meeting, the Team Manager completes an audit of the case and checks that everything is there before closing. The referrer usually attends the strategy | |

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| | | | | | meeting if there has been one. | |
| | | Review of the Paris form to ensure that there is a relevant space to capture this. | | By 30th June 2024 **Complete** | Complete. There was no need to amend the PARIS form as the process was agreed to record on the case note rather than adding an extra box to the form. | Feedback to referrer casenote.PD<br><br>Feedback to referrer 2.PDF |
| 4.7 | There are examples of people's social care assessments and safeguarding reports indicating they lack mental capacity to make decisions about their care. The quality and decision making of these records is variable. **The local authority must ensure practice consistently aligns with the requirements and principles of the Mental Capacity Act 2005 and the relevant Code of Practice.** | Practice Directive to be created to remind practitioners of the expectation of the quality of their recording their evidence. | Janet Bellis Chris Phillips Jo Taylor Jane Davies Jayne Belton Michele Hingston | By 30th June 2024 **Complete** | Published. | Mental Capacity Act Requirements.pdf |
| | | One particular case highlighted an issue. Lessons Learnt will be undertaken and will drive further actions. | | By 30th June 2024 | Review of service has lead to proposed changes to ways of working. These are being investigated further and taken through the relevant political processes for approval prior to any implementation. | Discussion Group Meeting notes - Actio |
| 4.8 | In common with many other local authorities across Wales, people's rights are impacted by the waiting lists for Deprivation of Liberty (DoLS) assessments. **The local authority must ensure that arrangements for the provision for DoLS assessments are fit for purpose and responsive.** | Robust process is in place and is continually under review. Urgent cases are prioritised, the process is reactive. | Jane Davies Jayne Belton Michele Hingston | **Complete** and ongoing review | Process will remain continually under review. | DOLS MULTI SS .xlsx<br><br>**DOLs RAG.jpg** |
| 4.9 | The current recording system does not support practitioners to capture people's strengths and outcomes in a meaningful way. **The local authority should take this into consideration, with the imminent procurement of an updated recording system.** | Circulation of good practice cases identified at monthly casefile audit sessions will continue to support compliance with the recording policy. | Jacque Slee | **Complete** | All the case file audit forms are circulated to the manager and service manager after the audit is completed for managers to use in team meetings and individual supervisions. | 288682 MD.docx |
| | | Procurement for the new system will be approximately 3 years, this will be taken into consideration during this | Jane Davies Jacque | **In progress / Long term** | | |

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| | | process. | Slee Claire Clements | | | |

| **Adult's Services** | | | | | | |
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| Finding | | Action | Owner | Timescale | Commentary | Evidence |
| **Prevention - Areas for Improvement** | | | | | | |
| 6.7 | Waiting lists for social care assessments and reviews are high and can impact negatively on people. Oversight of waiting lists for social care assessments is inconsistent across teams. Whilst we received verbal reassurance about oversight of waiting lists in teams, there was limited records to evidence this. **The local authority must ensure that waiting lists are appropriately and consistently monitored and key information is recorded to evidence appropriate prioritisation of cases.** | Paris will be updated to include a new enquiry priority option and a new casenote type/reason. This will ensure that action taken on Enquiries Manager before allocation can be clearly identified and evidenced. | Jan Bellis Chris Phillips Jacque Slee Claire Clements | **Complete** | Paris has been updated to include the new casenote type/reason. Communication has been sent to Team Managers. | 6.7.png |
| 6.8 | Care and support plans are not always reviewed in a timely manner. **The local authority must keep care and support plans under review to understand whether the provision of care and support is meeting the identified needs of the individual, and to consider if their needs have changed and if a re-assessment is required.** | Implemented changes to process for hospital discharges. Cases now sent directly to review meaning that they are reviewed sooner than going to locality. Further consideration of changes to processes is being undertaken within current resource restrictions. | Janet Bellis Chris Phillips Hannah Thomas | By 30th June 2024 **Complete** | Care and support plans are kept under review, using a mixture of reactive and planned reviews in people's homes and in care settings. | |

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| **Adult's Services** | | | | | | |
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| Finding | | Action | Owner | Timescale | Commentary | Evidence |
| **Partnership - Areas for Improvement** | | | | | | |
| 8.5 | Most partnerships are working well at an operational level; however, information is not always shared effectively due to different methods and systems for | Procurement of system to replace Paris is underway and will be complete in approximately 3 years. | Jacque Slee Claire Clements | **In progress / Long term** | | |

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| recording information. This means information regarding people's care and support needs is not easily available across partners, to include some practitioners employed by the local authority. **The local authority should consider, whilst they are procuring a new recording system, how they can further promote information sharing.** All relevant practitioners in different teams within FCC such as locality, substance misuse, and community mental health teams should be able to access all records of the person they support. This would support information sharing and promote a greater oversight and understanding of a person's circumstances. | Consider potential for access to Paris for FCC MH Social Workers. | | By 30th June 2024 **Complete** | This has been considered; however, it would have significant resource implications. All service users added to system is one off and significant but achievable. Ongoing management of this would result in significant duplication for practitioners having to record information on 2 systems, this is not practical. Procurement of new system to replace Paris will include functionality to link with other systems. | |
| | Discussion with Jo Taylor to investigate wider access to Paris for other team members – Jacque Slee to arrange a meeting. | | By 30th June 2024 **Complete** | Discussions inform that no further access required as intended team members do already have access to Paris. | |
| 8.6 | The local authority must strengthen its systems around carers assessments to ensure the rights and voice of all carers are fully promoted. Carers assessments are not adequately recorded or communicated with the local authority. We saw examples where practitioners are not aware of whether a carer's assessment had been undertaken, and if so, the outcome of the assessment. **The local authority must have greater oversight of these assessments to be confident that it fully meets its responsibilities in line with the requirements of Part 3 and Part 4 of the Code of Practice (assessing and meeting the needs of individuals).** | Explore options for specific Social Services individuals to have access to the NEWCIS Charity Log system to be able to access Carers Needs Assessments as and when required. | Jane Davies Janet Bellis Naomi Harper NEWCIS | By 30th June 2024 **Complete** | Required staff have now been given access to Charity Log system to allow remote access to Carers Needs Assessments completed by NEWCIS. Some training is complete, training ongoing to ensure consistency. | |

| Children's Services | | | | | | |
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| Finding | | Action | Owner | Timescale | Commentary | Evidence |
| **People - Voice and Control - Strengths** | | | | | | |
| Page 154 | Overall children and young people's voice and choice is heard and well reflected in records. Section 47 enquiry records include direct quotes from children, focusing on what is important for them and what worries they have. A few core group minutes contained a voice of the child section which is **positive practice** although such practice would benefit from being more consistent. | TAF group established to conduct file audits on core group documentation and consider if they are they presenting the daily lived experience of the child and is that then fed through into the recording. | Jane Turvey / Peter Robson | By 30th June 2024 | 12 months of core groups documentation has been reviewed.<br>There is an ongoing review of the documentation that is in use to ensure that this is fit for purpose. Still reviewing process about core groups and reviewing policy.<br>Actions from the review include:<br>• Ensure that practitioners have attended the Core Group Training.<br>• Invite Team Around the Family to Core Groups to increase confidence around the step down.<br>• Ensure that minutes are timely.<br>• Develop a template for Core Group documentation. | CG template Apr24.pdf |
| | | Dedicated core group training will be rolled out again. 12-month programme is set to start in May. | S/G and WDT | Beginning on 14th May 2024 | There is a rolling programme now in place. Training on Core Groups has been joined to create a full day of training on Child Protection Case Conferences and Core Groups. merged with Child Protection Case Conferences to create a full day of training on This is being delivered on a multi-agency basis. with many schools attending them now. | Case conference and Core Group practice v |
| | | Specified minute taker assigned for core groups. Individual will be included in training and will be key in ensuring the voice of the child is captured. | Shireen Rogers | By 30th June 2024 **Completed** | New individual has been appointed and trained. This is now part of their role and will continue going forward. | Core Group Minutes - Final Version.pdf |
| 3.7 | There are good examples of documentation which clearly captured the voice of a child, and positive examples of records written directly to the child, providing clarity and focus as to why the WSP have been instigated which is **positive practice**. This practice | Practice Directive to be created. Establish TAF group to write this as a training support.<br><br>Information: Consideration of tailoring the information to the age of the child and the literacy age of the parent. | Brigid Gribbin | March 2025 | Progress to date:<br>Brigid is leading on the ECP.<br>The collaborative conversations training will be completed imminently. Mentor training to commence 6th November.<br>Sarah and Brigid have met with further trainers to discuss rolling out further training on the ECP and Risk 2. This is due to take place in early 2025. | |

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| | could be more consistent. | This will be reinforced through roll out if the programme the "*Effective Child Protection*" model. | | | The creation of the Practice Directive will follow the training programme. | |
| 3.10 | There are systems in place to review the standard and quality of practice which include file audits. However, some practitioners were unaware of these systems. Therefore, whilst there is evidence of learning across the workforce, this could be improved with wider dissemination of relevant information. | Review communication lines for information dissemination. | Suzanne Johnston | By 30th June 2024 **Completed** | Changes have been made to process to include various groups of staffing levels, feedback will also be shared at Team Managers and disseminated to Team Meetings. Standard Team Meeting agenda and minutes document has been created to ensure that items are covered and recorded at every meeting. The minutes will be stored on the L Drive and accessible to all to review. Naomi to send out template once Craig/Sarah has agreed. | Team Meeting Agenda.docx  Reflective team meeting - praticise ch |
| | | Ensure that feedback from File Audits is presented at Team managers Meetings. | Peter Robson Jane Turvey Suzanne Johnston | By 30th June 2024 **Completed** | Information now goes to Team Managers meetings, and they are expected to disseminate learnings to their own teams. Working to include more Deputies and Senior Social Workers in this process. See team meeting agenda action above. | See agenda above. |
| | | Include information on File Audit process in the Induction Pack to inform newly qualified, newly appointed team members. | Naomi Harper | End March 2024 **Completed** | Complete, documents published. | Induction Pack Children's Services A |
| 3.12 | A few respondents (16%) expressed concerns about leadership and culture. They wanted their feedback and concerns to be taken into greater account, to feel more valued and respected, and they wanted the management and support of staff to be more consistent. | Commissioned "*Leaderful Action*" to deliver compassionate leadership workshops with Management Team. | Craig Macleod | By 30th September 2024 **Completed and ongoing** | Workshops are ongoing and are having a positive impact on managers and how they are delivering their roles. Anecdotal feedback has been received from staff who have noted a positive impact. One result of the workshops has been the introduction of monthly "Themed Sessions" with teams putting together presentations to deliver to other teams to keep them up to date on what's going on across the service. Sessions have been received positively and staff are reporting that they are learning a lot and are building relationships with other staff outside of their teams. | One result of the workshops has been introducing monthly "Themed Sessions" where teams present for other teams to keep them up to date on what's going on across the service. Sessions have been received positively. Staff |

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| | | | | | | report they are learning a lot and building relationships with staff outside of their team. |
| | | Progressing through the Workforce Resilience Project workstreams, in particular the creation of a staff Retention Plan. | Craig Macleod Peter Robson Suzanne Johnston Jane Turvey | Ongoing with monthly meetings **Completed** | Resilience Project now complete which looked at recruitment, retention and resilience in the workforce. As a result of this project, work has been undertaken to engage and open lines of communication with staff. The supervision policy and in particular the supervision templates have been updated and re-published as part of this workstream. Work has gone into promoting staff well-being options. | Supervision Policy 2023.pdf / Supervision Template - Caseload June 2024. / Supervision Template - Personal & Caseload / Supervision Template - Personal June 2024. / 2425-17109+Wellbeing+infographic July 2 |
| 3.13 | People's Welsh language needs are considered and recorded. We saw an example of the Active Offer being implemented in practice and a parent being able to converse verbally in the Welsh language in line with their wishes. **However, when Welsh is noted as a preferred language, this should also be the language in which documentation is written.** Unless it is the person's preference to have documentation in | Practice Directive to be created to set the expectation and ensure understanding of processes behind this. Practice Directive will be issued to both Adults' and Children's Services. | Jane Davies | By 30th June 2024 **Completed** | Complete – Practice Directive published across Adults and Children's Services | Welsh Language Active Offer - PRAC I |

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| | the English language and a record is made to that effect. | | | | |

**People - Voice and Control - Areas for Improvement**

| Ref | Area for Improvement | Action | Lead | Timescale | Update | Evidence |
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| 3.14 | Disabled children and young people have to wait long periods of time for short overnight breaks in a residential provision. The local authority aims to provide alternate support in the meantime through direct payments for example. However, **the local authority must so far as is reasonably practicable, ensure it is able to provide looked after and other accommodated children with accommodation that is within the local authority's area and that meets the children's needs. This in line with Code of Practice 6 (Looked After and Accommodated Children).** | Update and issue a revised Commissioning Placement Strategy that identifies placement needs, and local authority placement/commissioning intentions within the context of Welsh Government's policy and legislative framework for removing profit from Childrens social care. | Craig Macleod Jo Taylor | September 2025 | Met with Commissioners in Wrexham to discuss a shared approach to respite service development. They are keen to work in partnership with us on new options to provide respite across both counties.<br><br>Identifying the resources for new services is a longer-term challenge and work on this is ongoing. | NDIP Project Plan 2024-25 Bid.docx<br><br>NDIP Project Level Case Study Template |
| 3.15 | As a result of the fragility in the social care workforce, children and young people experience changes in social workers. Children are supported through a duty system rather than an allocated worker at times. Changes in social workers makes it challenging for children to develop trusting relationships. We heard from one young person how they are aware their social worker will soon change. Parents also have to repeat their stories and views to social workers. As a result of changes in practitioners, support can be delayed, with oversight of children and young people's | Progressing through the Workforce Resilience Project workstreams, looking at a) improving our success in recruitment and b) what can be done to retain our current workforce. | Craig Macleod Peter Robson Suzanne Johnston Jane Turvey | Ongoing with monthly meetings **Completed** | Resilience Project now complete which looked at recruitment, retention and resilience in the workforce.<br>Advertising campaigns were undertaken which did show some success in attracting applicants.<br>Work streams to improve our success at recruitment are now business as usual and ongoing.<br>Ongoing workstreams currently include:<br>• Currently looking at the adverts to make them more appealing and positive and better. Looking at First contact initially which is where we do have some agency staff in roles. Looking to make the adverts more appealing and interesting.<br>• Managers are working with WDT to give experience of Children's services to students through short rotations to support them to explore the service as a career opportunity. | Options Appraisal - Social Work Recruitme<br><br>Sponsoring overseas workers - initial consid<br><br>2024 05 07 109508 - OT and SW Attraction<br><br>CREED campaign analysis.docx |

| Finding | Action | Owner | Timescale | Commentary | Evidence |
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| situation also impacted. **The local authority must continue with its current efforts to ensure a consistent, sufficient, qualified, and competent workforce to meet its statutory duties, and should consider an exit strategy for ending the reliance on the commissioned managed agency team.** | | | | This has seen success with some students selecting children's services as a career path. |  SCW Board Visit - R&R170724.pptx<br><br>New advert to be added once complete. |
| | Where possible encourage a crossover period where cases are handed between teams. | Peter Robson Suzanne Johnston Jane Turvey | Review by 30th June 2024 <u>**Completed**</u> | Transfer policy has been reviewed, is in place and is being applied consistently. Handover visits are happening meaning smoother transition for children and families.<br>Internally there has been some feedback that this process could still be improved. This was discussed at the last team managers meeting. The Team Managers are reviewing and updating the policy again to resolve the current internal issues.<br>This will be done and republished by the end of November. | Insert new policy once complete. |
| | Trial one-page profiles in Children's Services to ensure that the need for repetition is prevented. | Peter Robson Suzanne Johnston Jane Turvey | By 30th December 2024 | Progress to date:<br>One-page profiles have been trialled in our in-house children's homes and this is underway.<br>The Permanency and Pathways Team have the 'This is me' document which group acknowledged priority to have this for all children.<br>Discussions underway to decide whether to replace This is Me with one-page profiles throughout the service.<br>Item to be reviewed at next QPR in November and to be discussed at Children's Team Meetings to consult on changes. | |

**Children's Services**

| Finding | Action | Owner | Timescale | Commentary | Evidence |
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| **Well-being - Strengths** | | | | | |

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| 5.3 <br><br> Page 159 | There is evidence of exceptional strengths-based practice utilised by individual practitioners. This is **positive practice**. **For this approach to become embedded, the local authority should consider a model of practice that highlights what needs to change in families, with greater focus on how family and wider community networks can be facilitated to keep children safe**. A model would promote a shared understanding across agencies of safeguarding practice and management of risk. It would also provide practitioners with consistent tools and templates in relation to recording and maintaining focus on risk. It is acknowledged that the local authority is on a journey to fully implement a model of practice. This has already commenced with an initial focus on neglect, with the local authority having purchased a neglect-graded profile tool through the National Society for the Prevention of Cruelty to Children (NSPCC) to support practice. This is a **positive** response by the local authority to a high number of children affected by neglect on the child protection register (CPR). | *Implement the first phase of "Effective Child Protection" Model.* This is a 3-year programme to develop our approach to working with families whose children are on the child protection register. | Craig Macleod Peter Robson Suzanne Johnston Jane Turvey | Phase 1: 31st March 2025 | Progress to date: <br> Brigid is leading on the ECP. <br> The collaborative conversations training will be completed imminently. Mentor training to commence 6th November. <br> Sarah and Brigid have met with further trainers to discuss rolling out further training on the ECP and Risk 2. This is due to take place in early 2025. <br> The creation of the Practice Directive will follow the training programme. | |
| | | The Graded Care profile 2 is an evidence-based tool to assess and manage neglect. The tool has been purchased from NSPCC. The tool will support practitioners to identify and appropriately manage risks relating to neglect. A project will be developed in April 2024 to implement the tool with a training programme delivered through to the end of 2025. | Craig Macleod Peter Robson Suzanne Johnston Jane Turvey | End of 2025 | Progress to date: <br> The project to roll this out is due to start once training on the ECP model has been completed. | |
| **Well-being - Areas for Improvement** | | | | | | |
| 5.6 | There is indication the threshold for significant harm is not always applied consistently when considering removing children from the CPR. We heard this | Re-issue laminated sheets (and have digital option) with categories and definitions. <br> Training on definitions and registration/deregistration included | S/G Team | By 30th June 2024 <u>**Completed**</u> | Laminated sheets have been updated and re-issued. These are now consistently in use in conferences. | **5.6.jpg** <br><br> (also see 3.8 – |

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| | as part of the conference and core group training programme over 12 months from May. | | | | core group training presentation). |
| may be as a result of a misplaced conception that maintaining a child's name on the CPR is a means of ensuring continued support services for a child and their family. **The local authority should consider sharing guidance more widely with relevant partners and stakeholders to ensure consistent and shared understanding of thresholds and information sharing protocols.** | Practice Directive will be created to improve information sharing through FCC and other agencies. Directive will ensure social workers work proactively with IAA and EHH to identify support available if deregistered and a clear step-down plan is in place prior to discussions around deregistration. | Jane Turvey Suzanne Johnston | End of November 2024 | Work on this Practice Directive is underway and due for completion by the end of November 2024. <mark>Suzanne is working on this. Naomi to publish once complete.</mark> | |
| | Through Supervision meetings, managers will ensure that the thorough consideration has been given and documented to support conversations and decision-making processes during de-registration meetings. | Peter Robson Suzanne Johnston Jane Turvey | End of November 2024 | Supervision template document is being updated to ensure that this is consistently discussed and captured. <mark>Suzanne is working on this. Naomi to publish once complete.</mark> | |
| 5.7 | Risks are appropriately considered, with timely progression to the right service for children and families. There are, however, delays for some families subject to child protection procedures as enquiries are not always completed promptly. It is not always clear what the determination is post completion of a Section 47 enquiry. **Managers must ensure that, following the timely conclusion of a child protection enquiry, next steps are explicitly recorded with clarity and rationale in relation to the determinations under Section 3 Part 1 of the Wales Safeguarding Procedures.** | It is recognised that our processes and systems on our PARIS IT system need to be re-engineered. This will involve the S47 and Part 3 assessment documentation on Paris to be separated to bring greater clarity of process and timelines. | Brigid Gribbin Claire Clements Jacque Slee | By 30th June 2024 **Completed** | Completed | 5.7.jpg |
| | | To fully improve our workflow and performance management systems we will need to replace the current PARIS system. We will need to work with Procurement to ensure that we are commission a new system that supports practice and provides effective and timely performance management. | Jane Davies Jacque Slee Claire Clements | **In progress / Long term** | Procurement for the new system will be approximately 3 years, this will be taken into consideration during this process. | |

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| 5.8 | As Section 47 enquiries are not always completed in the required timescales, this impacts on timely decision making as to whether a child's name should be included on the CPR. **The local authority should ensure that when it has been determined that a child is experiencing or is at risk of experiencing harm, abuse or neglect, a child protection conference is convened within 15 working days of the strategy discussion/meeting, or the last strategy discussion/meeting (if more than one has occurred), which initiated the Section 47 enquiry.** | Agree a process for the MASH, including the recording of decisions, that is compliant with the WSP. This action is also linked to action 5.7. | Brigid Gribbin Jane Turvey | By 30th June 2024 **Completed** | MASH (now called Safeguarding Hub) now in place. A process map has been developed and is in use. |
| Page 161 5.9 | Some care and support protection plans viewed are service led, with a focus on compliance instead of outcomes. Care and support protection plans are not routinely updated after core group meetings. It is acknowledged that recent training commissioned by the local authority has focused on clarifying roles and responsibilities for social workers. **An outline care and support protection plan devised at first conference should be developed into a more detailed plan at the first core group meeting as is highlighted in the WSP. Subsequent core groups should specifically review progress of outcomes for the child's safety. Leaders should ensure practitioners have clear systems and standards for developing plans which are child-centred and** | Establish a TAF group to investigate and share learnings. | Jane Turvey Suzanne Johnston Peter Robson | By 30th September 2024 | The local authority has currently employed a worker whose role is to minute core group meetings, type up the minutes, share them with the social worker and other professionals within 5 working days of core group being held. Once SW has agreed they are a true reflection of the meeting. The original Care and support protection plan is shared in the initial core group with all core group members, this is then recorded in the minutes and any updates to the plan or changes are then recorded and shared, these will then be copied onto the next core group minutes and shared on a rolling basis so the minutes are recording any completed or new actions to the plan, this enables the plan to be a live document with movement to show progress and challenges within the Care and support protection plan. These are then recorded on the child's file so there is a clear plan of the family's journey whilst open to a plan. Other professionals who may become involved with families, due to work identified when devising a plan are then invited to attend Core groups to |

The HUB flow chart.docx attachment appears in row 5.8.

| | | Action | Owner | Timescale | Progress | Notes |
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| **outcome-focused.** | | | | | ensure that information shared is timely and correct, if they cannot attend a report is requested of the worker identified. Recent training in Core groups has been rolled out and is delivered by LA staff to LA workers and other outside professionals who regularly attend core groups. | |
| | | Seek advice and expertise on the implementation of the *"Effective Child Protection Model"*. | Craig Macleod Jane Turvey Suzanne Johnston Peter Robson | By 31st March 2025 | Progress to date: Brigid continues to have conversations with Dafydd Paul in Gwynedd with plans to commence ECP training 26th November 2024. | |
| | | Include in the conference and core group training programme over 12 months from May. | S/G and WDT | Beginning on 14th May 2024 | There is a rolling programme now in place. Training on Core Groups has been joined to create a full day of training on Child Protection Case Conferences and Core Groups. merged with Child Protection Case Conferences to create a full day of training on This is being delivered on a multi-agency basis. with many schools attending them now. | (see 3.8 – core group training presentation). |
| | | Review and amend format of the Protection Plan documentation. Consider how this documentation displays how the daily life of the child will be changed through the identified plan. | FIT Manager Brigid Gribbin S/G Managers | By 31st March 2025 | Progress to date: Child Protection Case Conference Reports will be adapted following completion of the ECP programme to incorporate the steps to change model. | |
| 5.10 | We saw examples of disclosures by police about an individual's criminal background, with a potential risk for a child, having been appropriately considered to promote children's safety. | Establish specific timescales to define our expectation of "timely". | Brigid Gribbin | By 30th June 2024 **Completed** | Conversations with the police have taken place and agreed that the disclosure wording will be provided within 24 hours. | |

| | Finding | Action | Owner | Timescale | Commentary | Evidence |
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| | However, sharing of the information was not always completed in a timely manner with pressures of work cited in one example as the reason for the delay. **When the local authority is aware of such information, and it has been agreed they can share information with relevant individuals to promote a child's safety, this must be done in a timely manner.** | In recognition of delays from other agencies, agree timescales and process for escalation. | Brigid Gribbin | By 30th June 2024 **Completed** | As above. Raise with the police officer initially and following this raise with more senior officers. | |

**Children's Services**

| | Finding | Action | Owner | Timescale | Commentary | Evidence |
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**Prevention - Strengths**

| | Finding | Action | Owner | Timescale | Commentary | Evidence |
|---|---------|--------|-------|-----------|------------|----------|
| Page 163 7.4 | The local authority has developed a toolkit in response to the Public Law Outline (PLO) refresh implemented in January 2023 by the judiciary across England and Wales. It contains a range of new documentation which will further promote continuity of strengths-based practice. It also provides clarity to parents about what the concerns are about their children, and what changes are required to reduce the concerns. Children who are ten years of age or over will also be allocated a PLO buddy, similar to a conference buddy, to ensure their voice is obtained as part of these pre-court proceedings specifically. This is **positive practice** as it further promotes the voice of children and their families. Practice can be improved by ensuring that records sufficiently detail when and where a decision was made to commence PLO proceedings, and to | Establish TAF group to audit quality of documentation in recording LAM minutes. | Peter Robson Jane Turvey Suzanne Johnston | By 31st October 2024 **Completed** | LAM form has been revamped and is in pilot with the Social Workers. It has already been shown that the form now captures more information and shows significant improvement in quality. | Legal Advice Request Form Final.docx |
| | | Standard letter sent out following PLO, consider whether this is captured on records. | Jane Turvey | By 30th June 2024 **Completed** | Working with Paris team and is now an embedded document as standard. | Flintshire County Council PLO Toolkit O |
| | | Ensure that this is consistently applied, and referrals are made where children cross the age threshold for a Conference Buddy. | Jane Turvey | Review by 30th June 2024 **Completed** | This is reiterated frequently to the teams. Poster has been created to give info on conference buddies, mediation and family groups. | FMS poster.docx |

| Finding | Action | Owner | Timescale | Commentary | Evidence |
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| reflect that decision making in this respect is timely. | | | | | |

| **Prevention - Areas for Improvement** | | | | | |
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| Children who are neurodiverse or who are awaiting diagnosis of a potential neurodiverse condition, and their parents, do not always receive prompt and adequate support and communication. Delays in support impact on their well-being. It is acknowledged that the local authority is well-sighted on this and has recently developed their service to include having a dedicated role to respond and support parent/carers sooner, whilst their children are awaiting a neurodiverse assessment/diagnosis. **The local authority should continue to have oversight and monitor the effectiveness of this development and the impact of this for children and families.** | Successful application for NDIP funding has resulted in a new social worker in post from January 2024 to specifically support 16–25-year-olds who are Neurodiverse, in all aspects of their lives. This post has been highly successful and has received very positive feedback. Monitor the effectiveness of this post and the impact that it is having on young people and their families. Use the evidence of this to submit applications for funding for further posts to support other age groups. | Jo Taylor | Review in June 2024 **Completed** | The performance information for this post confirms it is supporting achievement of outcomes. Will be monitored in accordance with Grant conditions for the future. | 1 NDIP Progress Report Template 2024 |

| **Children's Services** | | | | | |
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| Finding | Action | Owner | Timescale | Commentary | Evidence |
| **Partnership - Strengths** | | | | | |
| 9.2 | Overall, at a strategic level, work with partners is based on a shared understanding and cooperation. Partners described leaders as being transparent and open to challenge. There is regular communication across sector leads, although persistent change in managers in partner agencies was cited as a | Continue and build upon the work to develop relationships with our partners, ensuring communication is strengthened so that they are aware of our thresholds. This will be delivered through monthly meetings with health and education. We will also develop 6 monthly meetings with 3rd sector to ensure they have | Jane Turvey | Review 30th October 2024 | Arranged a conference for partners to discuss the Framework of support. A programme of quarterly meetings with education has been put in place. Senior Managers and Team Managers meet regularly with Q&A sessions to drive improvements. For example, these meetings have resulted in the education direct line to the front door which has seen significant success. (See 9.6) | Flintshire Framework for Intervention final-c  Agenda 05.07.24.docx |

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| | challenge in working consistently. Some third sector partners considered their work with children's services could be improved in relation to inclusivity and their participation in planning of services. | the opportunity to participate in service planning. | | | Our Framework for support is being updated and will be re-launched with partners once complete to ensure a consistent understanding across all agencies.<br>Work is ongoing to improve relationships with health to ensure regular and consistent attendance at Safeguarding meetings. | |
| 9.3 | Information sharing between agencies through Section 47 enquiries, initial child protection conferences and core groups is evident. In further meetings such as review conferences, there can be diminishing contribution from partner agencies. Partner agencies expressed they wished to be more involved in initial strategy disccisions/meetings. There is work already underway to establish a MASH (Multi Agency Safeguarding Hub) within the local authority which will further promote involvement and multi-agency working. | Include in the conference and core group training programme over 12 months from May. | S/G and WDT | Beginning on 14th May 2024 | There is a rolling programme now in place. Training on Core Groups has been joined to create a full day of training on Child Protection Case Conferences and Core Groups. merged with Child Protection Case Conferences to create a full day of training on This is being delivered on a multi-agency basis. with many schools attending them now.<br><br>MASH (now called Safeguarding Hub) now in place. A process map has been developed and is in use. | (see 3.8 – core group training presentation).<br><br>(see 5.8 – Safeguarding Hub Flow Chart). |
| 9.5 | Care leavers benefit from continued support once they leave care. This in the form of the 'When I am Ready' scheme, whereby young people remain with foster carers whilst they transition into adulthood. Young people told us how they valued this provision. However, they said they feel hurt that the documentation refers to them as tenants rather than family members of the foster carers they choose to continue to live with. They very much regard themselves as part of the foster carers' family and vice versa. **The local authority should consider how they can influence a** | Use of language is restricted due to the technical terms in the SSWBA (14) that refers to "When I am Ready" placements.<br>Ensure that Personal Advisor Team provide our Leaving Care Young People with explanations and rationale behind it. This will form part a wider piece of work on 'Mind Your language' which identifies that terminology and language that our children and young people prefer/ want us to avoid. | Peter Robson | By 30th September 2024 | Work is underway to consider the appropriate implementation of one-page profiles within the Children's services more widely following the successful pilot in our in house children's homes. The implementation of these One-page profiles will support children and young people to give their opinions on the language that is used specifically for them on a local level.<br><br>On a national level, as a member of the Fostering Network, work has begun to raise this and use this forum to discuss regionally and then nationally to gain support to lobby the Welsh Government for changes to legislation allowing the change in terminology. | |

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| | **change in terminology.** | | | | |
| **Partnership - Areas for Improvement** | | | | | |
| | **Children's services must communicate information about duty to report outcomes in a timely manner to the person who made the initial report.** There are inconsistencies in current practice in relation to this. | Continue to work with Business Support Teams on the process and improve access points for partner agencies. | Jane Turvey / Brigid | Review 30th June 2024 **Complete** | A direct line for education colleagues to report safeguarding referrals, seek advice ahead of a potential safeguarding referral, and also get feedback following a safeguarding referral has been established. | Education Phoneline.docx |
| | | Safeguarding Business Support team to be included in child protection / core group training programme. | Jayne Belton | Beginning on 14th May 2024 | There is a rolling programme now in place. Training on Core Groups has been joined to create a full day of training on Child Protection Case Conferences and Core Groups. merged with Child Protection Case Conferences to create a full day of training on This is being delivered on a multi-agency basis. with many schools attending them now. | (see 3.8 – core group training presentation). |
| | | Improve professional's knowledge on where referrals should be sent to i.e., correct mailbox. | Jayne Belton Brigid Gribbin | By 30th June 2024 **Complete** | Work is ongoing to constantly review this. The Corporate Safeguarding panel enables portfolio leads to be updated on the referral processes and pathways. The Regional safeguarding board delivery groups also provide the same opportunity to update partner agencies. Attendance at level 3 DSP Education training by Children's First Contact and Safeguarding team reps ensures what education leads are fully updated on the correct referral pathways. A direct line for education colleagues to report safeguarding referrals, seek advice ahead of a potential safeguarding referral, and also get feedback following a safeguarding referral has been established which has proven to be very invaluable. | Education Phoneline.docx |
| | | Establish proportionate approach, to include - when it is appropriate to give feedback, who gives feedback and how it is given as well as what evidence is required once feedback is provided. | Jane Turvey / Brigid Gribbin | By 30th June 2024 **Complete** | A template has been created to send out feedback to appropriate referrers which is in place and in use. | referral response.docx |
| 9.7 | **Children's services must ensure that appropriate agencies are invited to strategy discussions /meetings in line** | Continue to work to include agencies in discussions where possible and appropriate in line with WSP. The establishment of the Safeguarding | Brigid Gribbin | Review by 30th June 2024 **Complete** | Complete. | |

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| | **with the WSP, to include but not limited to, a practitioner making the report and practitioners from education and community-based health services if relevant.** | Hub will support this development. | | | |
| Page 167 | | Support to upskill new 3rd Sector carer's support agencies to ensure that they have sufficient experience with carers of children with disabilities. | Jo Taylor | July 2025 | Due to timescales for the procurement of new services this is a longer-term objective. | |
| | The views and experiences of parent/carers of disabled children indicated that the availability of support to them could be strengthened and more flexible. They told us the support offered was not always suitable for their and their child's needs. **The local authority must ensure the parent/carer is involved as a full partner in assessing to what extent they are able to meet their personal outcomes, or with the support of others who are willing to provide that support; or with the assistance of services in the community to which they have access.** | Ensure that all workers are aware of the flexibility of the direct payment offer and the ability of the direct payments to offer a unique and bespoke package of support. | Jo Taylor | By 30th December 2024 **Complete** | Information on Direct Payments has been recirculated to staff to ensure understanding and awareness of the flexibility of Direct Payments. | Direct Payments Policy and Practice Gu  DP for Carers - Practice Directive FIN/  Direct-Payments-Support-in-Flintshire-Mar  DP for Carers Leaflet FINAL.pdf  SSA-A12PP-Pooling-Direct-Payments-Guida  SSA-A12-Direct-payments.pdf |
| 9.9 | We saw examples of children who were leaving care having to present as homeless to receive housing support. | Explore the development of multi-agency hub(s) to support young people with all elements of independence, to include housing. | Paul Calland (Housing Portfolio) | Long term | Update coming in late autumn 2024? (Craig) | |

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| Practitioners also shared that accommodation for young people is an ongoing challenge and an area for improvement. There are clear longer-term options to support young people in general with housing support, in line with the well-being objectives in the Council Plan for 2023-2028. An example is a strategic plan, informed by a multi-agency approach, to create a young person's homeless hub which will offer accommodation as well as support services. **However, the local authority must continue to prioritise its programme of ensuring appropriate housing options for young care leavers and relevant 16–17-year-olds**. This in both the longer and shorter term, and where possible, avoiding the need for care leavers to present as homeless. | Continue to work to develop preventative strategies for "rare, brief and non-repeat" homelessness. | Martin Cooil (Housing Portfolio) | By 30th September 2024 | | |
| | Investigate broadening Local Solutions Supported Lodgings services. | Lisa Pearson (Housing Portfolio) | Review progress by December 2024 | Progress has been delayed slightly, but conversations are underway and ongoing to take this forward. | |
| | Investigate the potential to explore shared tenancies in local authority / housing association properties. | Jen Griffiths (Housing Portfolio) | By 30th September 2024 | | |
| | Make connection with Flintshire's Ending Homelessness board and actions that are progressing through this workstream. | Jane Davies Homelessness Board | Review by 30th June 2024 | Connection made, work ongoing. Updates will be provided as actions progress. | |
| | Ensure that Housing Support and Homeless Service are alerted promptly as part of the 16th pathway plan to allow forward planning. This needs to be consistent across all individuals including those with low level/no needs). Run report from Paris to check for birthdays coming up in 12 months and ensure plans are in place. | Peter Robson  Personal Advisor Team | By 30th June 2024 **Complete** | Report is in place on Paris which Performance Team will share regularly. | |

**Social and Health Care Overview and Scrutiny Committee**

| Date of Meeting | Thursday, 6th June 2024 |
|---|---|
| Report Subject | Social Services Care Inspectorate Wales, Performance Evaluation Inspection November 2023 – Action Plan Update |
| Cabinet Member | Cabinet Member for Social Services and Wellbeing |
| Report Author | Chief Officer (Social Services) |
| Type of Report | Operational |

## EXECUTIVE SUMMARY

In October, CIW (Care Inspectorate Wales) announced that they would be visiting Flintshire to undertake a full, routine PEI (Performance Evaluation Inspection) of both Adult's and Children's Services.

The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.

This was to be the first full inspection the portfolio has received for over 8 years and an opportunity to showcase the creative and innovative practice undertaken here in Flintshire.

The full report was published on Thursday 22nd February 2024 and was largely positive in their findings across Social Services (See appendix 1).

An action plan has now been produced based on the recommendations made by inspectors (see appendix 2).

| | RECOMMENDATIONS |
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| 1 | That Social and Health Care Overview and Scrutiny Committee note the outcome of the report and support the resulting Action Plan. |

**REPORT DETAILS**

| 1.00 | **BACKGROUND AND CONTEXT** |
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| 1.01 | In total seven inspectors were involved in the inspection, operating on a hybrid basis with some inspectors visiting Flintshire in person and some working remotely. The in-person inspectors were based at Tŷ Dewi Sant but also travelled around to meet staff, partners, service users and their families. The remote inspectors held Microsoft Teams meetings as well as case file reading. |
| 1.02 | The inspection lasted for two weeks, starting on 27th November (file reading began on 20th November) and ended on 8th December 2023. |
| 1.03 | The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers. The inspectors sought to answer the following questions aligned under the principles of the Social Service (Wales) Well-being 2014 Act:<br><br>• People - voice and control<br>• Prevention<br>• Well-being<br>• Partnerships |
| 1.04 | The scope of the inspection was:<br><br>• Evaluation of the experience of adults and children at the point of performance evaluation inspection.<br>• Evaluation of the experience and outcomes people achieve through their contact with services.<br>• Evidence of the local authority and partners having learnt lessons from their recent experiences and plans for service developments and improvement.<br>• Consideration of how the local authority manages opportunity and risk in its planning and delivery of social care at individual, operational and strategic levels<br>• |
| 1.05 | The full report was published on 22nd February and can be found in appendix 1, however, from the report they summarised the findings as follows:<br><br>• *"There is a stable and experienced senior management team in place across both services providing continuity of leadership.*<br><br>• *Partner agencies, providers and stakeholders told us that leaders are visible and there are good relationships at a senior level with open communication.*<br><br>• *Practitioners also stated leaders are accessible, approachable, and supportive, and overall, ensure practitioners have the right training and skills. A few practitioners (16%) from children's services who responded to the staff survey noted the leadership and culture within the local* |

*authority needed to improve, although (86%) said they were well-supported by managers. Similarly, practitioners (91%) from adult services who responded to the staff survey also stated they were well supported by managers.*

- *There are procedures in place to induct new staff members, although at times they would benefit from increased pastoral support. It is acknowledged that a new face-to-face social work collective has been set-up to offer peer support to all social workers across children's and adult services.*

- *Practitioners clearly know the people they support very well. In response to a survey by CIW, many people said they felt respected and listened to by practitioners.*

- *Recruitment and retention of social care practitioners is a national challenge across Wales. The local authority continues to work hard on strategies to support continued recruitment and retention of staff. Examples include commissioning a communications agency to promote working for the local authority and increasing capacity in the workforce development team.*

- *The recent restructure across both services is acknowledged and has potential to provide more resilience, opportunities for greater support and managerial oversight, as well as career progression. A few practitioners across both services felt the consultation about changes in structure had not adequately considered practitioner's views and had impacted their morale as it did not benefit everyone.*

- *The local authority is well sighted on market stability in its area and the needs of its population. There are examples of the local authority implementing successful strategic plans in response to identified need and the lack of certain support services in its area. This has been achieved by working in partnership with Betsi Cadwaladr University Health Board (BCUHB) and other relevant partners to develop innovative services with significant capital investment. Examples include Marleyfield Care Home and Tŷ Nyth Children's Care Home.*

- *The local authority has a comprehensive supervision policy. Practitioners benefit from regular supervision although the practice and standard of recording is inconsistent. The best supervision records focus on reflective practice and professional development. In other examples, more reflection on practice, and an improved focus on professional curiosity, outcomes and staff well-being is required.*

- *The local authority benefits from good corporate and political support. There is a focus on ensuring statutory duties are met. Senior leaders,*

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| | *managers and politicians recognise significant action and resource is required to ensure the local authority's ability to deliver statutory safeguarding responsibilities. As a result, the local authority commissioned two managed care agency teams in children's services to provide additional capacity. This is impacting positively on the outcomes for children and families."* |
| 1.05 | An action plan has been produced based on the recommendations from the Inspection Report which can be found in appendix 2. However, a summary of the main actions are as follows:<br><br>• A Practice Directive to practitioners covering inspectors' findings of inconsistency in practice of case recording, including good practice examples to drive improvement.<br><br>• Drive recruitment and retention through the Workforce Resilience Project to address local workforce shortages caused by national issues.<br><br>• Advocacy training sessions delivered by newly commissioned providers to update practitioners on practice requirements and new processes.<br><br>• Review of Adults Safeguarding documentation templates to ensure that outcomes are clear and evidenced effectively.<br><br>• Introduction of a new case note format on Paris to ensure the effective management of enquiries and the recording of actions are clear.<br><br>• Review of Children's Safeguarding documentation to ensure that that evidence is clearly set out to show completion within set timescales.<br><br>• Programme of core group training to support Children's Safeguarding and ensure consistency in processes.<br><br>• The already planned introduction and implementation of the "Effective Child Protection Model" will contribute significantly to support across Children's Services.<br><br>• Implementation of the NSPCC Child Neglect Tool will support to identify and appropriately manage risks.<br><br>• Commissioning "Leaderful Action" to deliver compassionate leadership workshops with Management Team.<br><br>• Continue and build upon the work to develop relationships with our partners, ensuring communication is strengthened.<br><br>• Work in partnership with Housing Portfolio to develop strategies to improve housing options for care leavers. |

| 1.06 | The action plan will be completed by March 2025. |
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| 2.00 | **RESOURCE IMPLICATIONS** |
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| 2.01 | **Revenue:** There are currently no implications for the approved revenue budget for this service for either the current financial year or for future financial years. Some actions identified for investigation may have implications for revenue going forward, however, these will be investigated and reported on individually should this be the case.<br><br>**Capital:** There are no implications for the approved capital programme for either the current financial year or for future financial years. Some actions identified for investigation, may have implications for capital going forward, however, these will be investigated and reported on individually should this be the case.<br><br>**Human Resources:** Actions with proposed implications to human resources are limited to process changes. Actions should not require additional resources or result in additional workload for current workforce. |

| 3.00 | **IMPACT ASSESSMENT AND RISK MANAGEMENT** |
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| 3.01 | Impact assessment is not required for this report. Impact Assessments will be undertaken individually (where required) for each action point. |

| 4.00 | **CONSULTATIONS REQUIRED/CARRIED OUT** |
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| 4.01 | Consultation with service users, staff and partners was carried out as part of the inspection as detailed above. |

| 5.00 | **APPENDICES** |
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| 5.01 | Final Report:<br><br>PDF<br><br>CIW - 2023-24 - Flintshire PEI Inspec |
| 5.02 | Action Plan:<br><br>W≡<br><br>Action Plan Feb 2024.docx |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
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| 6.01 | None. |

| 7.00 | CONTACT OFFICER DETAILS |
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| 7.01 | **Contact Officer:** Naomi Harper, Planning and Development Officer.<br>**Telephone:** 01352 702544<br>**E-mail:** naomi.harper@flintshire.gov.uk |

| 8.00 | GLOSSARY OF TERMS<br>These are provided corporately on the Infonet (link) and maintained by the Executive Office |
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| 8.01 | **Care Inspectorate Wales (CIW):** is a public body that inspects, regulates and improves the quality and safety of services in Wales.<br><br>**Performance Evaluation Inspection (PEI):** is a routine inspection to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.<br><br>**Social Service (Wales) Well-being 2014 Act:** This Act sets out the legal duties and powers of local authorities in Wales to provide care and support for adults, children and carers. It also covers the assessment, charging, financial assessment, looked after children and looked after children's accommodation. |

**Sir y Fflint**
**Flintshire**
CYNGOR
COUNTY COUNCIL

| Social and Health Care Overview and Scrutiny Committee |
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| Date of Meeting | Thursday 5th December 2024 |
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| Report Subject | Children and Families Safeguarding Hub |
| Cabinet Member | Deputy Leader and Cabinet Member for Social Services and Wellbeing |
| Report Author | Chief Officer for Social Services |
| Type of Report | Operational |

## EXECUTIVE SUMMARY

A Children and Family Safeguarding Hub was formed in June 2024 to strengthen multi-agency safeguarding decisions for children at risk. The Safeguarding Hub provides a proactive response to feedback partner agencies expressed to Care Inspectorate Wales (CIW) during their inspection of Flintshire Social Services in December 2023. CIW report that during the inspection agencies advised that "they wished to be more involved in initial strategy discussions/meetings". Flintshire's Safeguarding Hub brings together different agencies to enable fast information sharing with the purpose of making an efficient and timely decision to safeguard vulnerable children at risk.

The Safeguarding Hub enables professionals to efficiently and quickly gather and process information to assess safeguarding risks. This multi-agency partnership and coordination supports professionals to make informed, appropriate, and proportionate decisions when it comes to child safety.

Flintshire Safeguarding Hub do not hold cases, it is part of our front door screening process where decisions are made to decide next steps in line with the Wales Safeguarding Procedures.

The Flintshire Safeguarding Hub draws on the Multi-Agency Safeguarding Hub model (MASH) to provide a robust and proven model for safeguarding vulnerable children.

| RECOMMENDATIONS |
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| | Members are asked to note and provide political support for the establishment of the Children and Families Safeguarding Hub to facilitate multi-agency information sharing and support efficient, informed and timely decisions to safeguarding children at risk. |
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## REPORT DETAILS

| 1.00 | **Flintshire Safeguarding Hub** |
|------|--------------------------------|
| 1.01 | Flintshire Safeguarding Hub was created in June 2024 to enhance multi-agency safeguarding practice for children at risk. Drawing on effective and strong partnership working the Safeguarding Hub has been designed to facilitate efficient and timely sharing of relevant and appropriate information and collaborative decision making. |
| 1.02 | The Flintshire Safeguarding Hub receives child protection reports (referrals) that have already been screened and assessed as requiring a multi-agency approach and oversight. Representatives from the different agencies in the Safeguarding Hub collate information from their agency to build up a holistic picture of the circumstances of the case and the associated risks to the child. As a result, more informed decisions can be made about what action to take, and support can be targeted to the most urgent cases. |
| 1.03 | Flintshire Safeguarding Hubs representatives include:<br><br>• Childrens Services<br>• Adult Services<br>• Police<br>• Education<br>• Probation<br>• Women's Aid<br>• Housing<br>• Mental Health Services when required.<br><br>Representatives from other agencies will be brought into the meeting at any time depending on the individual case circumstances as well as social workers from other local authorities when required. |
| 1.04 | Flintshire Safeguarding Hub is held at 11am daily via Microsoft Teams. On average between five and ten cases are discussed at Flintshire Safeguarding Hub each day. |
| 1.05 | **Purpose of Flintshire Safeguarding Hub** |
| 1.06 | Flintshire Safeguarding Hub brings together agencies from services that have contact with children who may be at risk of significant harm to make the best possible use of their combined knowledge to keep them safe from harm. It enables those agencies in the Safeguarding Hub to share relevant and appropriate information lawfully and securely with others so that a true and balanced risk assessment can be made, and appropriate intervention agreed. |
| 1.07 | The agencies within the Safeguarding Hub work together to help identify need, vulnerability, risk, and harm in respect of all referrals discussed within the Safeguarding Hub. The known strengths, resilience and protective factors aligned to each case can also be discussed to establish |

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| | if the presenting concerns/ risks can be managed safely at a lower threshold of intervention such as early help.  Once the level of need or risk is identified the multi-agency group decide the initial multi-agency actions required to protect and support the child. |
| 1.08 | **Why is Safeguarding Hub Important?** |
| 1.09 | Flintshire Safeguarding Hub facilitates more accurate assessment of risk and need, as safeguarding decisions are based on coordinated, sufficient, accurate and timely intelligence.  A key aspect of this is the ability to compile intelligence from a wider range of sources to build a more complete picture of cases in a timely way. |
| 1.10 | The intended benefits of the Safeguarding Hub are:<br><br>i) effective coordination and management of safeguarding responses across agencies with a 'right service right time' approach for families<br>ii) improved understanding of thresholds and practice standards across agencies<br>iii) improved identification of risk and opportunity for earlier intervention, taking preventative action before risk escalates.<br>iv) a reduction in repeat referrals, and a reduction in 'No Further Actions'<br>v) improvement of the quality of our response to safeguarding |
| 1.11 | Reporting systems to track performance and outcomes is not yet configured within our IT system (PARIS).  We are therefore exploring the establishment of a 'performance tracker' to capture essential performance data until an automated report can be developed. |
| 1.12 | **Future of Flintshire Safeguarding Hub** |
| 1.13 | The Safeguarding Hub is still in its infancy and although we have successfully implemented the model into our practice, we still require further core members to join the daily meeting.  We require core members from Health and Early Intervention.  There are ongoing discussions with to achieve this. |

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| **2.00** | **RESOURCE IMPLICATIONS** |
| 2.01 | The Safeguarding Hub brings together existing staff working within organisations.  Working together avoids duplication of processes across agencies, and allows practitioners to step-up and step-down risk assessments, contributing to better targeting and allocation of resources.  Greater efficiencies in processes and resources will contribute to the multi-agency challenge of responding to high levels of referrals and complexity of need. |

| 3.00 | IMPACT ASSESSMENT AND RISK MANAGEMENT |
|------|---------------------------------------|
| 3.01 | The multi-agency safeguarding hub model is a nationally recognised, researched, and developed approach in effectively managing and reducing risk associated with our most vulnerable children.  The sustained commitment and deployment of workforce from partner agencies is critical to the successful operation of the Safeguarding Hub, particularly within the context of shared challenges in workforce shortages and financial pressures.  Embedding proportionate performance and quality measures to evidence the impact of the Safeguarding Hub will be critical in sustaining agency commitment. |

| 4.00 | CONSULTATIONS REQUIRED/CARRIED OUT |
|------|-------------------------------------|
| 4.01 | Ongoing Meetings with North Wales Police which was later extended to meetings with other partner agencies.<br><br>Consideration given to other Local Authority MASH Models. |

| 5.00 | CONTACT OFFICER DETAILS |
|------|-------------------------|
| 5.01 | **Contact Officer:** Sarah Grant, Senior Manager, Children's Services<br>**Telephone:** 01352 701313<br>**Email:** sarah.grant2@flintshire.gov.uk |

| 6.00 | GLOSSARY OF TERMS |
|------|-------------------|
|      | None |

**Social and Health Care Overview and Scrutiny Committee**

| Date of Meeting | 5th December 2024 |
|---|---|
| Report Subject | Mockingbird Fostering Project |
| Cabinet Member | Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing |
| Report Author | Chief Officer (Social Services) |
| Type of Report | Operational |

## EXECUTIVE SUMMARY

The Mockingbird model of foster care is an internationally recognised model that replicates the support available to looked after children through an extended family network. The model provides children with a safe, secure and stable environment.

As part of our commitment to enhance our in house fostering offer we secured an innovation loan to implement the Mockingbird model of foster care in Flintshire. This report provides an updated overview of the implementation of Mockingbird, the achievements to date and future proofing the ongoing success of our fostering service. We are in the final stage of the implementation plan which will be completed in early 2025 followed by a project evaluation which will provide on understanding of the impact and outcomes secured against the original business case.

| RECOMMENDATIONS | |
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| 1 | That Members review progress in implementing the Mockingbird model in Flintshire and note the associated achievements including securing placement stability for looked after children. |
| 2 | That Members support a detailed evaluation of impact and benefits realisation when the programme has reached full implementation in 2025. |

**REPORT DETAILS**

| 1.00 | EXPLAINING MOCKINGBIRD |
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| 1.01 | The Fostering Network has delivered the Mockingbird Family Model in the UK since 2015 under a licence from the Mockingbird Society, who established the model.<br><br>The model's aim is to replicate the support available through an extended Family Network, with the fundamental imperative to provide children looked after with a safe, secure, and stable environment, with the clear intent to avoid disruption and unnecessary change. |
| 1.02 | The Mockingbird model involves the creation of a 'constellation' of satellite Fostering Families who are supported by a Hub Home that is operated by an experienced Foster Carer. The Hub Home offers advice, training, peer support, planned and emergency sleepovers. It also facilitates positive relationships and visits for sibling groups who are in care, but not in the same care setting.<br><br> |
| 1.03 | Grant funding was secured to enable comprehensive research to explore the feasibility of the Mockingbird model in Flintshire. The research was supported by NESTA, Cardiff University and YLAB to research the benefits that could be realised through this Innovative way of delivering foster care and the associated model that could be deployed to respond to the needs of Flintshire. |
| 1.04 | In summary the research identified that the Mockingbird model could increase child wellbeing, placement stability, and improve foster care recruitment and retention. Specific identified service improvements include: |

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| | - improvement in foster carer retention<br>- reduction in foster carer recruitment costs per constellation<br>- reduction in placement breakdowns<br>- reduction in the use of external fostering and residential providers<br>- a higher skilled foster care population<br>- improved recruitment from word of mouth and competitive advantage. |
| 1.05 | This research informed a successful bid leading to a significant loan of £1.5m from Welsh Government's initiative to establish innovative social programmes.  We have been working with the Fostering Network to utilise this loan to implement Mockingbird as part of our corporate commitment to expand in House Fostering and rebalance the balance between in house and externally commissioned services for children and young people. |
| 1.06 | The implementation of the project was impacted by the COVID 19 pandemic and the original timescale for full implementation was not met.  However, we are on track to establish our final constellation in early 2025.  The loan agreement involves an external evaluation of the project which will be integral in understanding success, impact and lessons learnt.  Originally planned for 2023 the evaluation will need to take place in 2025/26 following full project implementation.  This report provides an interim update to provide assurance of progress and service delivery. |
| 1.07 | **Project Implementation: Progress to Date** |
| 1.08 | The implementation plan involved infrastructure development before the roll out of constellations on a sequential basis.  The following activities were completed in advance of the first constellation:<br><br>- Development of an Implementation Group<br>- Stakeholder engagement<br>- Recruitment of Hub Carers<br>- Identifying satellite families<br>- Developing operational protocols, policies, and procedures to support the running of the project.<br><br>**Implementation Group**<br><br>This was completed at the initial stages; the HUB carer agreement was amended after the first 12 months to become more flexible regarding the needs of the service when not being used by constellation families. This was done in conjunction with fostering network as we did have differing views on fidelity of the model. We needed the model to work for Flintshire.<br><br>**Activities**<br><br>Engagement activities were completed, there was a recent event at the end of 2023 where feedback was provided by Mockingbird families around what they felt they had gained from Mockingbird. The main themes were around connected family carers, support from other families and building relationships with other children looked after.  There were positive comments regarding the children they care for feeling part of a large family |

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| | and recognising other children are in similar positions. The feedback included praise regarding the events that the HUB provided and including their own birth children.<br><br>**Recruitment**<br><br>This involves both recruitment of in-house Flintshire carers and external Independent carers however the three HUB carers are internally recruited and have at least 3 years plus experience of fostering before they progressed. There is potential in-house candidates for our next HUB carer. Constellation families are given all the information regarding their commitment and working agreement. We have learned that a family needs to want to be a part of the group as they are welcoming others into their home and knowing other carers and children on a personal yet professional level. We have seen households who are not sociable or willing to embrace the model have left the group, we understand that a want to be part of sociable community is important within mockingbird to encourage a positive dynamic.<br><br>**Operational Protocols**<br><br>A pack of essential agreements and clear directives are given to those involved. We have implemented additional safeguarding training for HUB carers particularly around the use of messaging apps as they have a constellation group for each HUB. and we regularly discuss improvements and clarity we can provide around the model.<br><br>Due to the flexibility of sleepovers between families, there are numerous agreements that require a childcare social worker to sign, due to staffing levels in other teams, sometimes setting up new families has taken longer than we would have liked.<br><br>Staff have more capacity to complete assessments and other crucial roles in the team when the constellations are up and running. The investment and time that it takes to set up a constellation shows long term when fostering households support one another. |
| 1.09 | The planning of the first constellation commenced in the Spring (2019). The experience of setting up the initial project provided learning relating to the recruitment of key staff, the identification of a Hub Carer and the mixing of appropriate Foster Carers/Children within a geographical cluster. Challenges in these areas were overcome with key appointments and an extensive programme of consultative events with Social Care, Education, Health Third Sector, Young People, and other allied agencies promoting the model.<br><br>As a smaller local authority, we have learnt that matching personalities and foster carers with their interests have been more successful. As a small geographical area locality doesn't appear to be a barrier. |
| 1.10 | Constellation 1 established in January 2020<br><br>&bull; 5 Fostering Families and 8 Children Looked After and one 'When I'm Ready'. There are 2 Families who have obtained Special |

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| | Guardianship (SGO) orders and one currently being assessed for SGO. |
| 1.11 | Constellation 2 established in February 2021<br><br>• Eight Fostering Families and eleven children and young people looked after and one SGO carers.<br><br>Constellation 3 established December 2021<br><br>• Eight Fostering Families children and young people looked after, one 'When I'm Ready'.<br><br>Note, there has been change of HUB carer in all constellations during this time due to resignation / change of circumstance. |
| 1.12 | Ways in which the support has been offered in 2023/2024 are back to business-as-usual ways of working post pandemic.<br><br>Home visit / coffee meet ups and social and activity events. Recent events include:<br><br>• Pat a Pet (small animal petting at HUB carer home), children and adults enjoyed the animals and event together.<br><br>• Wellbeing workshop, breathe work events which the carers enjoyed, and it helped them to prioritise wellbeing.<br><br>• Training around Neurodivergence for constellation families delivered in a HUB home setting. |
| 1.13 | Ohana services provide therapeutic supervision for HUB carers and constellation families. This has been particularly beneficial to two connected families who experienced a bereavement that received media coverage, they continue to utilise the support now they are under SGO support plans, and it assists the stability of the care they provide for the child whilst managing their own emotions with the support of therapists. Usually, a NHS waitlist would involve a long wait for this type of support. Using this model it has been implemented at a crucial time assisting children to remain with family. |
| 1.14 | The COVID 19 pandemic presented challenges to Mockingbird and the fostering community and progress in implementation.<br><br>The national foster carer recruitment shortage has meant like every other local authority we have had difficulty with the recruitment of foster carers (in general) meaning finding the right match to the role, while in competition with Independent Fostering Agencies, has been challenging. As the HUB supports around 8 families, the right household for the role is crucial.<br><br>However, this staged approach to roll out has been somewhat beneficial to us, it has aided the service to recruit the right foster carers to become HUB |

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| | households, we have been able to succession plan, assess and retain experienced foster carers, the role is now seen as a career progression that reflects skills and experience. |
| 1.15 | The longevity of the project will see more benefits in terms of the support and reducing placement breakdowns and use of Independent Fostering Agencies if we continue to invest. |
| 1.16 | The following sections provide an initial analysis of progress in achieving the service improvements that were identified in the original service business case. Once we have reached final service implementation, we will conduct an evaluation which provide a more detailed assessment of quantitative and qualitative impact. |
| 1.17 | **Improvement in Foster Carer Retention** |
| 1.18 | Foster carers are encouraged to join Mockingbird from the outset of their fostering approval. This is offered to general and connected persons carers as a support and training tool as well as creating wider support networks for the children looked after in their care, often seen as a 'safety net' if the placement were to face challenges or breakdown, the child would have several other families that knew them well and could support or even offer a placement too. |
| | Foster Carers report that it is attractive to have unlimited, planned / emergency sleepovers and daycare, and they much prefer this to an allowance of 24 days per year respite. They report that the children and young people in their care (other children who are not looked after in the household are included in this also which reduces the stigma of 'respite'). The extended family model allows for both the carer and children and young people to invest in relationships and the support feels more natural. |
| | Another benefit appears to be the community feel to the groups, they can support one another which reduces the demand and intervention from staff Fostering and Childcare. |
| | We have seen fostering households retained within Mockingbird when they would have most likely resigned otherwise. For example, when Foster Carers have separated, and single carers have continued with fostering as they have created support networks within Mockingbird. |
| | We have also supported connected and general carers to obtain Specialist Guardianship Orders and remain in Mockingbird for support, reducing the number of looked after children in Flintshire. |
| 1.19 | **Reduction in Foster Carer Recruitment Costs per Constellation** |
| 1.20 | We have retained foster carers as they invest in the support from Mockingbird in a meaningful and genuine way. The evaluation will see to quantity the financial impact for the local authority. |

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| 1.21 | **Reduction in Placement Breakdowns and Reduction in the Use of External Fostering and Residential Providers** |
| 1.22 | There is no doubt the support from the Hub carer and other families is crucial and attractive as is 'on tap'. Within the Mockingbird group, during the whole period of the scheme there have been:<br><br>• Two breakdowns leading to young people being placed in residential care. To add context these placements were with experienced carers and the young people were moved in a planned way to their new settings.<br>• There have been five unplanned placement ends within the three constellations over a 3-year period.<br>• Two were due to allegations and were moved to foster carers they knew in the constellations.<br>• Three moved onto alternative internal foster placements outside of Mockingbird, however two of these children have remained part of the Mockingbird groups still attending events and having contact with the other children and fostering families.<br><br>There have been numerous examples of good practice where families who have known a looked after child have offered placements outside usual approval, which has saved on IFA placements. These households usually would not of considered a child or young person of this age range/behaviour however due to knowing the child they have put themselves forward.<br><br>One young person remained with the Hub carer and has been matched long term, the alternative placement was offered in the south of England with a highly priced IFA. Remaining in local provision has allowed this young person to sustain friendships, regular contact with sibling, education locally.<br><br>The constellations have also welcomed a young person, where the HUB carer supported until a specialised residential placement was sought for the young person. The HUB carer was able to utilise the support from other families during this bridging placement and they worked as a team. The HUB carer was able to give insights into the young person's behaviour, this assisted the CCSW to source a suitable placement. The HUB carer has remained in contact with the young person and remains a support, the young person asks the HUB carer to bring her dog on visits. This promotes an extended family model. This also saved money on an emergency bridging placement which are usual a high cost. This demonstrates the flexibility of the model and longevity of relationships.<br><br>The relationships formed in Mockingbird have supported 6 children to move onto connected carers who have remained in Mockingbird or moved onto SGO and revoked care orders.<br><br>The model has shown that a social family model can ease the pressure on fostering and childcare social work staff and the emergency duty team. The model supports problem solving within the group and there have been numerous occasions where families have supported and advised one another correctly and pressures on staff are eased. |

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| | | In the main within the mockingbird group, foster carers do not receive significantly above the statutory visits (akin to fostering regulations) due to the support that they receive from the other families and HUB carer.<br><br>There is oversight of the HUB carer on the families, and they must submit records around engagement therefore the placements also have additional oversight meaning intervention and support can be offered earlier. |
| 1.23 | | **A Higher Skilled Foster Care Population** |
| 1.24 | | Within Mockingbird the constellation families have access to an experienced and skilled Hub Carer around the clock, the HUB carers also organise training and awareness events.<br><br>Families meet with their constellations and also as a large Mockingbird group, these benefits foster carers as they are able to create links with other fostering households. These carers appear to be more grounded and realistic in their approach than others who are newly approved and not wanting to be part of Mockingbird.<br><br>There are only 5 fostering families that are at Level 1 status in Mockingbird the other families have progressed to Level 2 and above. There are 7 foster carers that have achieved Level 3 through the Diploma in Foster carer of equivalent showing a high skill set to support others. |
| 1.25 | | **Improved Recruitment from Word of Mouth and Competitive Advantage** |
| 1.26 | | This benefit will be explored as part of the project evaluation in 2025. |

| 2.00 | RESOURCE IMPLICATIONS |
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| 2.01 | There are several clear social and cost benefit analysis which are measured as part of the projects work which demonstrate the following:<br><br><ul><li>Placement stability which avoids unplanned moves, avoids both the social disruptions for a young person, but also the need for high-cost emergency settlements.</li><li>Children missing from placement, which results in the potential for increased vulnerability in young people and less staff demand upon social and support services.</li><li>Children avoiding residential care, with the net consequence of reducing the social care budget and retaining young people within their social, peer and educational groups.</li><li>Foster care support, training, and retention.</li></ul>The evaluation of the project will enable us to identify metrics to demonstrate the realisation of these benefits or understand where |

|  | anticipated outcomes have not been achieved. |
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|  | <u>Welsh Government Loan of £1.5m</u><br><br>COVID pandemic - we have been delayed by around 12 months to implement the model fully and therefore have not needed to take the last part of the loan until year end 2024. We have the funds for one more hub home as planned which will be taken when a HUB carer is recruited.<br><br>We are in discussion with Welsh Government to agree the date for commencing the loan repayment. The repayment is currently scheduled for 205/26 within the local authorities Medium Term Financial plan. |

| 3.00 | IMPACT ASSESSMENT AND RISK MANAGEMENT |
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| 3.01 | The medium to longer term results of the project will determine the success of the model.  The collection of key data, in conjunction with the Fostering Network, alongside localised social budget and scrutiny activity will enable a longer-term measure of the cost savings and social benefits of the project.  As part of the loan arrangement, it was agreed to delay the external evaluation phase of Mockingbird within Flintshire.  This reflects the challenges of Covid-19 and will enable the evaluation to cover a period where the project has been able to operate with full functionality.<br><br>Mockingbird is not a crisis tool however has been flexible to include children and young people projected to enter constellations and they have bridged the gap in house to save on Independent Fostering Agency costings and most importantly the limited number of moves for a child to those they do not know.<br><br>Fostering Network have used a case example as best practice as a tool to discuss the success of Mockingbird.<br><br>External factors of two hub carers resigning due to personal circumstances has also delayed the establishment of constellations however families have been receptive and one carer we did learn was not the right fit for the role and the constellation is progressing well. |

| 4.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
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| 4.01 | Plan 2024/2025<br><br>1. Recruit and roll out the fourth constellation, recruit 8/10 families to this constellation.<br><br>2. Continue to support Fostering Households to provide high quality foster placements with the support of experienced HUB carers.<br><br>3. Support appropriate move onto SGO where appropriate and reduce the children Looked After Population. |

| 5.00 | APPENDICES |
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| 5.01 | Please see case study. |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
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| 6.01 | Mockingbird Research and Development Report. |

| 7.00 | GLOSSARY OF TERMS |
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| 7.01 | Hub Home Carer - this is the focal point of care, where all organisational social arrangements and sleepovers take place.<br><br>• Satellite - Satellite carers make up the individual members of the constellation.<br><br>• Constellation - This is the collective name given the group of satellite carer.<br><br>• Mockingbird Society (USA) - A social care organisation set up in 1999 to promote the welfare of children within good care placements.<br><br>• Fostering Network - A UK wide organisation that promotes the values and strengths of Foster Care.<br><br>• 'When I am ready' - is the term used in Wales for an arrangement whereby a young person in foster care remans with their former foster carer beyond the ages of 18.<br><br>• SGO - special guardianship order is a court order that allows a child to live with a special guardian until they are 18 years old and the order fives the special guardian parental responsibility for the child including the right to make decisions about their care and upbringing. |

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## Mockingbird in Flintshire – Community, confidence and an increase in capacity

In 2020, Flintshire Council in North Wales launched their first Mockingbird constellation – by March 2024 the number of constellations had grown to three.

Flintshire Council liaison workers Lorraine and Steph shared their reflections on implementing Mockingbird.

"One of the biggest things that I think that we got out of Mockingbird that we didn't expect, was the expansion of people's approval and the expansion of people's confidence to take new placements" reflects Steph.

Because of the peer support provided by Mockingbird, Lorraine and Steph have seen an increase in the levels of confidence amongst their Mockingbird carers. This rise in confidence has meant that a number of carers have felt able to increase the number of children they are approved to care for. **As a result, over the past five years, ten additional placements have been provided within the structure of the three Mockingbird constellations.**

Four or five of those ten children would have otherwise been put into placements provided by independent fostering agencies. Some of these would have been long-term, and one may have been placed in long-term residential care. Providing homes for those children within the local authority's Mockingbird community was not only cost-effective for the service, but also provided better outcomes for the children involved.

### Ainsley's story

Ainsley came into the Mockingbird community in Flintshire with their sister in an emergency placement. Flintshire social work teams could not find a suitable match for Ainsley and so it was being considered for them to be moved far away or to be moved into a residential home. Both these options would have had adverse effects on Ainsley's relationship with their sister, their school which was their safe space, and would have disrupted any relationships with adults they had started to trust within Mockingbird.

Aware of the potential for the siblings to be separated by Ainsley being moved so far away, two Mockingbird carers came forward to discuss extending their approval to enable Ainsley to stay within the same constellation as their sister.

As a result, Ainsley stayed near their family, friends and stayed in their school. With both siblings placed within Mockingbird they are now able to enjoy more family time together than they would have through a formal contact arrangement.

"So, we've got the service benefits of the cost saving and all that sort of thing" explains Steph, "but actually, for this child they have consistency of care; they have consistency of education; they have consistency of contact with family, and they are thriving."
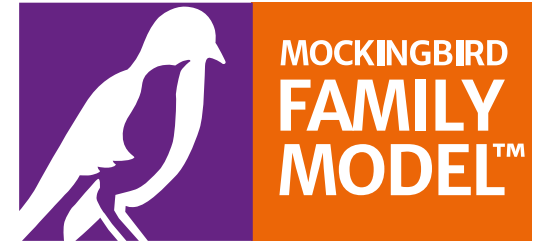
# Mockingbird Impact Report 2022
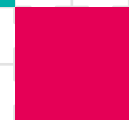
# Mockingbird Impact Report 2022

## About the Mockingbird Programme

Mockingbird, a global award winning and pioneering programme led by The Fostering Network in the UK, delivers sustainable foster care. It is an evidence-based model structured around the support and relationships an extended family provides.

The model nurtures the relationships between children, young people and foster families, supporting them to build a resilient and caring community. Led by a hub home carer and liaison worker, with the support of their fostering service, the constellation community offers vital peer support and guidance alongside social activities and sleepovers to strengthen relationships and permanence.

**Watch 'Mockingbird: A really big family' to hear from those involved in the programme.**

## Welcome to the 2022 Mockingbird Impact Report!

This report details a time of change, from April 2021 to March 2022, as the country and the Mockingbird community transitioned from long periods of national lockdown, to returning to new and old ways of 'normal'.

It was with great excitement and some trepidation that we reignited our national Mockingbird events programme in person again. Starting in autumn with creative workshops for children and young people who were part of our film production team and Nest group, throughout the year we were able to bring foster carers, service staff and the Mockingbird Team together for shared learning and development events across the UK.

We welcomed 21 new fostering services and saw over 25 new constellations launch between 2021 and 2022. We now work with 62 services, sustaining nearly 120 constellations.

The following report gives more details on the figures as well as the stories behind them. However, it is with huge credit to the over 3,000 adults and children and young people that are part of Mockingbird constellations, as well as the team at The Fostering Network, that Mockingbird not only survived, but thrived during the pandemic. We are able to continue to report on the ever-increasing reach of Mockingbird outcomes across the UK, amongst them; stability, support, creativity, fun, love and an overriding sense of hope.

## Timeline

**Running throughout this update is a timeline of quotes taken from monthly returns to show how constellations experienced this year.**

### APR 2021

We had children from two satellite homes for a sleep over together this month – the children previously lived in a home together and it was really lovely to have an over night time together following a long time of not seeing each other due to covid restrictions. Hub Home Carer

# Mockingbird Map

These maps show the distribution of 62 Mockingbird partners with 119 constellations as of January 2023, click the regional circle to zoom in.
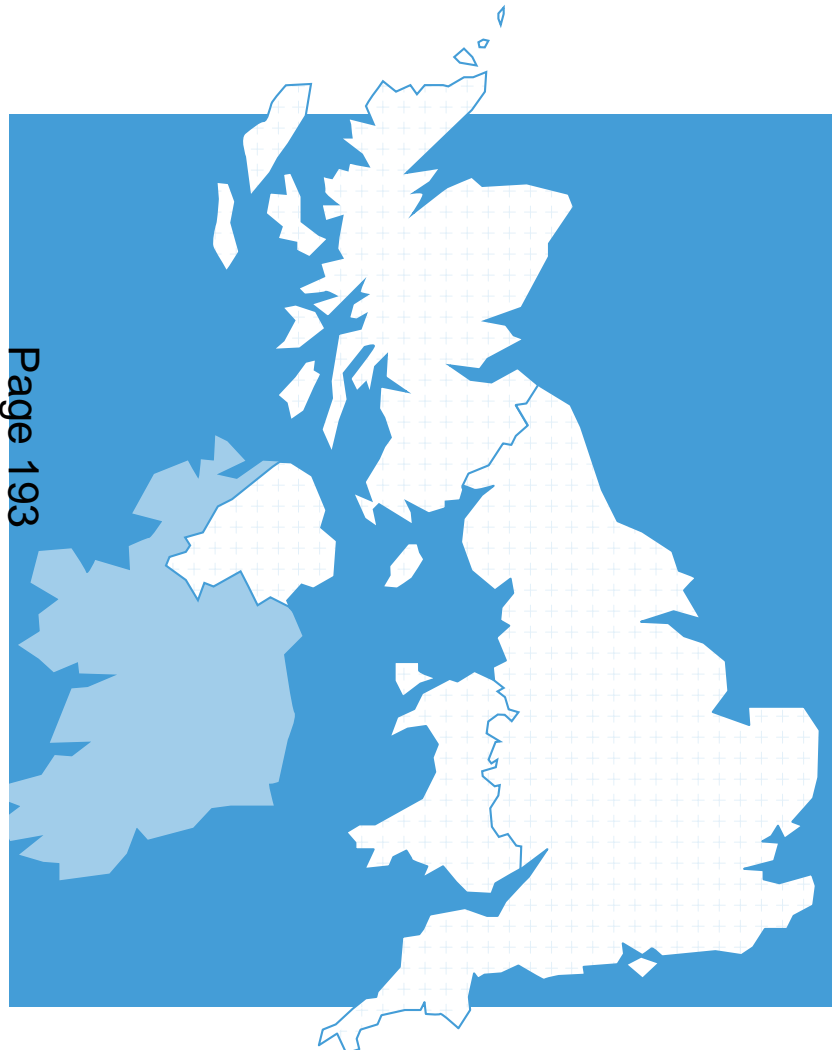
| Established Partners | | Constellations |
|---|---|---|
| **NORTH** | | |
| 29 | Barnardo's Scotland Fostering, Edinburgh | 1 |
| 50 | Darlington Borough Council | 1 |
| 51 | Durham County Council | 1 |
| 52 | Hartlepool Borough Council | 1 |
| 53 | Metropolitan Borough of Gateshead | 1 |
| 54 | Middlesbrough Council | 1 |
| 56 | North Tyneside Council | 1 |
| 11 | North Yorkshire County Council | 2 |
| 57 | Northumberland County Council | 1 |
| 58 | Redcar and Cleveland Borough Council | 1 |
| 27 | South Tyneside Council | 3 |
| 35 | Together for Children Sunderland | 2 |
| **CENTRAL** | | |
| 31 | Barnsley Metropolitan Borough Council | 3 |
| 30 | Cheshire East Council | 2 |
| 15 | Bradford Children and Families Trust | 1 |
| 2 | Doncaster Council | 4 |
| 23 | Flintshire County Council | 3 |
| 8 | Fostering People | 1 |
| 40 | Hull City Council | 1 |
| 34 | Kirklees Council | 1 |
| 1 | Leeds City Council | 10 |
| 38 | Rochdale Borough Council | 1 |
| 20 | Rotherham Metropolitan Borough Council | 3 |
| 28 | Sheffield City Council | 2 |
| 7 | Stockport Metropolitan Borough Council | 3 |
| 12 | Suffolk County Council | 3 |
| 37 | Together4Children Regional Permanency Partnership | 4 |
| 32 | Wakefield Council | 3 |
| 13 | Walsall Council | 5 |
| 26 | Warrington Borough Council | 3 |
| 14 | Wigan Council | 2 |

| Established Partners | | Constellations |
|---|---|---|
| **SOUTH** | | |
| 42 | Buckinghamshire Council | 1 |
| 44 | Devon County Council | 1 |
| 45 | Dorset Council | 1 |
| 9 | Hertfordshire County Council | 6 |
| 10 | London Borough of Barking & Dagenham Council | 6 |
| 16 | London Borough of Hackney Council | 3 |
| 33 | London Borough of Haringey Council | 1 |
| 25 | London Borough of Merton Council | 1 |
| 3 | London Borough of Tower Hamlets Council | 2 |
| 17 | London Borough of Waltham Forest Council | 2 |
| 4 | (NFG) Heath Farm | 5 |
| 19 | NFG London & South East | 1 |
| 21 | North Somerset Council | 4 |
| 5 | Oxfordshire County Council | 2 |
| 39 | Portsmouth City Council | 4 |
| 6 | Royal Borough of Greenwich | 4 |
| 18 | Slough Children First | 1 |
| 22 | Surrey County Council | 2 |
| 48 | West Sussex County Council | 1 |

## Partners in development

| | | |
|---|---|---|
| **NORTH** | 36 | Isle of Man Government |
| | 55 | Newcastle City Council |
| | 59 | Stockton-on-Tees Borough Council |
| **CENTRAL** | 24 | Manchester City Council |
| | 62 | Bury Council |
| **SOUTH** | 60 | Achieving for Children Windsor and Maidenhead |
| | 61 | Gloucestershire County Council |
| | 41 | London Borough of Lambeth |
| | 46 | Southampton City Council |
| | 43 | Southend-on-Sea City Council |
| | 47 | South Gloucestershire Council |
| | 49 | Wokingham Borough Council |

# North
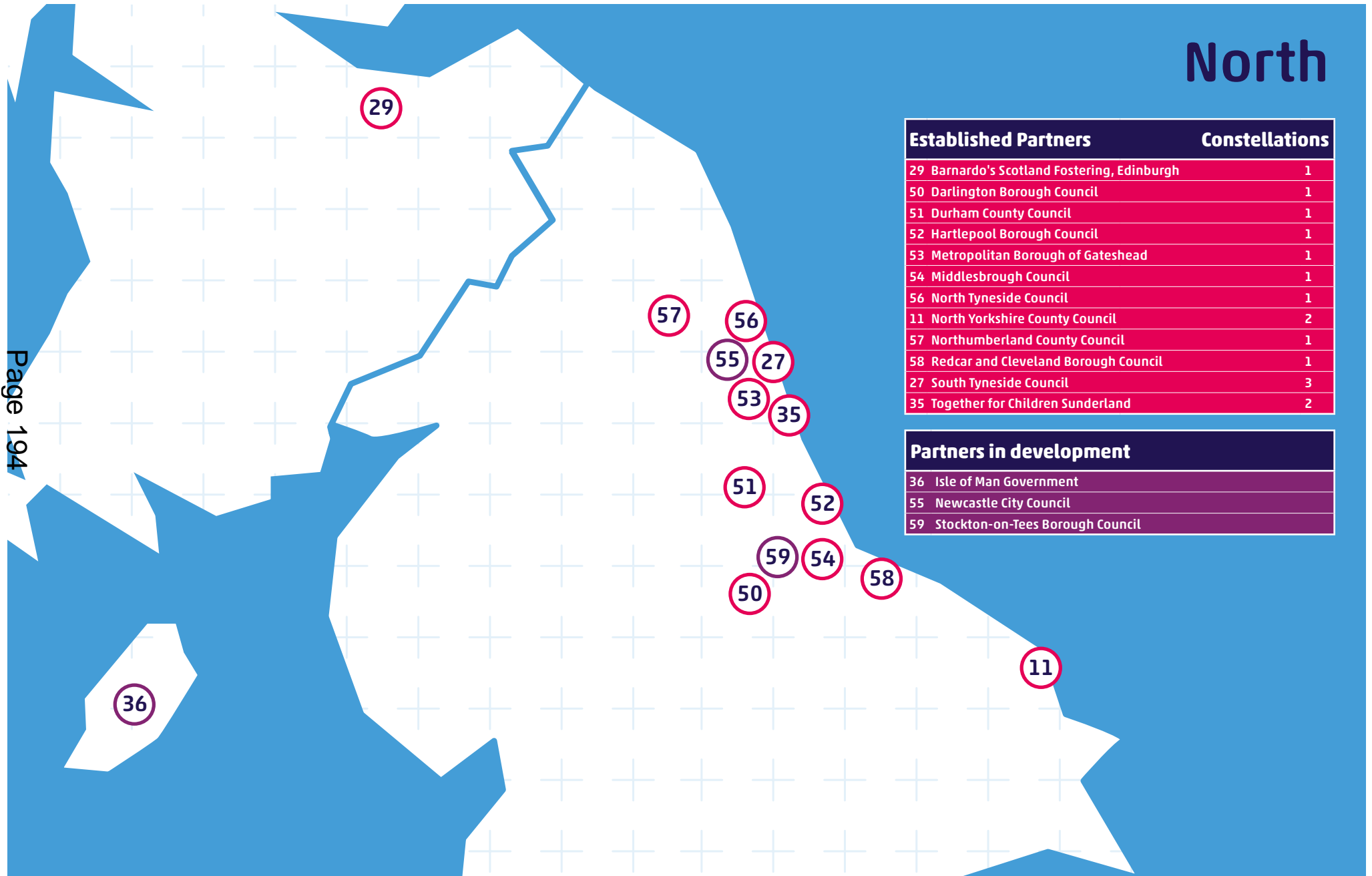
| Established Partners | Constellations |
|---|---|
| 29  Barnardo's Scotland Fostering, Edinburgh | 1 |
| 50  Darlington Borough Council | 1 |
| 51  Durham County Council | 1 |
| 52  Hartlepool Borough Council | 1 |
| 53  Metropolitan Borough of Gateshead | 1 |
| 54  Middlesbrough Council | 1 |
| 56  North Tyneside Council | 1 |
| 11  North Yorkshire County Council | 2 |
| 57  Northumberland County Council | 1 |
| 58  Redcar and Cleveland Borough Council | 1 |
| 27  South Tyneside Council | 3 |
| 35  Together for Children Sunderland | 2 |

| Partners in development | |
|---|---|
| 36  Isle of Man Government | |
| 55  Newcastle City Council | |
| 59  Stockton-on-Tees Borough Council | |

# Central

## Established Partners / Constellations

| Established Partners | Constellations |
|---|---|
| 31 Barnsley Metropolitan Borough Council | 3 |
| 30 Cheshire East Council | 2 |
| 15 Bradford Children and Families Trust | 1 |
| 2 Doncaster Council | 4 |
| 23 Flintshire County Council | 3 |
| 8 Fostering People | 1 |
| 40 Hull City Council | 1 |
| 34 Kirklees Council | 1 |
| 1 Leeds City Council | 10 |
| 38 Rochdale Borough Council | 1 |
| 20 Rotherham Metropolitan Borough Council | 3 |
| 28 Sheffield City Council | 2 |
| 7 Stockport Metropolitan Borough Council | 3 |
| 12 Suffolk County Council | 3 |
| 37 Together4Children Regional Permanency Partnership | 4 |
| 32 Wakefield Council | 3 |
| 13 Walsall Council | 5 |
| 26 Warrington Borough Council | 3 |
| 14 Wigan Council | 2 |

## Partners in development

| | |
|---|---|
| 24 Manchester City Council | |
| 62 Bury Council | |


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## Established Partners — Constellations

| # | Partner | Constellations |
|---|---------|---------------|
| 42 | Buckinghamshire Council | 1 |
| 44 | Devon County Council | 1 |
| 45 | Dorset Council | 1 |
| 9 | Hertfordshire County Council | 6 |
| 10 | London Borough of Barking & Dagenham Council | 6 |
| 16 | London Borough of Hackney Council | 3 |
| 33 | London Borough of Haringey Council | 1 |
| 25 | London Borough of Merton Council | 1 |
| 3 | London Borough of Tower Hamlets Council | 2 |
| 17 | London Borough of Waltham Forest Council | 2 |
| 4 | (NFG) Heath Farm | 5 |
| 19 | NFG London & South East | 1 |
| 21 | North Somerset Council | 4 |
| 5 | Oxfordshire County Council | 2 |
| 39 | Portsmouth City Council | 4 |
| 6 | Royal Borough of Greenwich | 4 |
| 18 | Slough Children First | 1 |
| 22 | Surrey County Council | 2 |
| 48 | West Sussex County Council | 1 |

## Partners in development

| # | Partner |
|---|---------|
| 60 | Achieving for Children Windsor and Maidenhead |
| 61 | Gloucestershire County Council |
| 41 | London Borough of Lambeth |
| 47 | South Gloucestershire Council |
| 43 | Southend-on-Sea City Council |
| 46 | Southampton City Council |
| 49 | Wokingham Borough Council |

Page 196
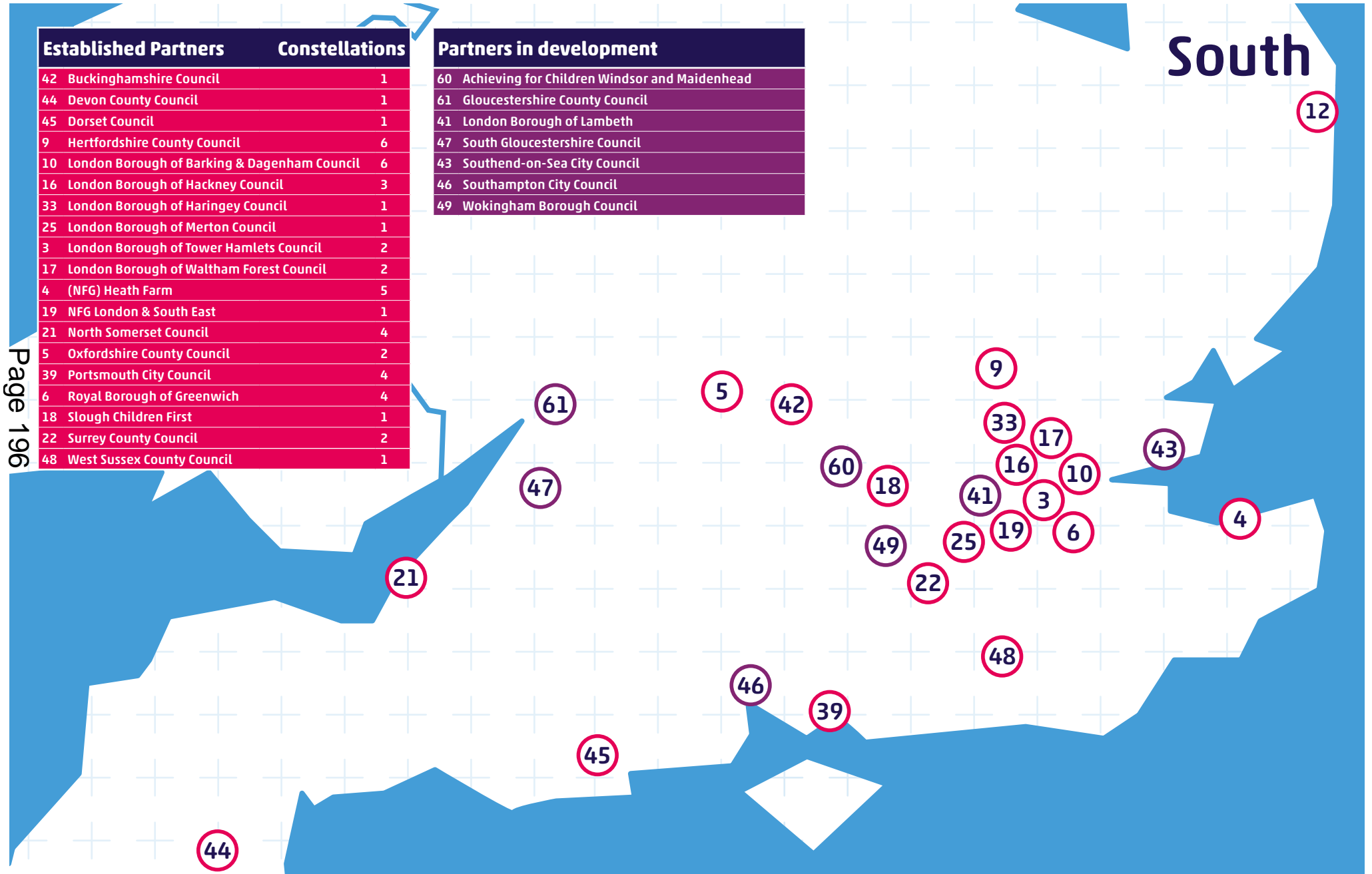
# Mockingbird Population

This page shows point in time programme population from 89 active constellations in 36 partners in March 2022. Data collected from those constellations is summarised on the following pages.

## The average Mockingbird constellation

**8 satellite families**

**16 adults**

**16 children & young people**

HUB HOME

Liaison Worker

**89 constellations**
an average of 2.5 per service

**674 satellite families**

**2,973 people** involved in or benefiting from Mockingbird

**519 siblings** supported by Mockingbird

### 1,448 children & young people

**910** mainstream fostering

**283** birth

**91** family & friends

**54** staying put

**52** adoption

**49** special guardianship order

**9** residential

### 1,525 adults

**1074** satellite carers

**233** other adults

**155** hub carers

**63** liaison workers

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**MAY 2021** We had our first meeting since lockdown! It was an Eid Party at the hub home. Everyone bought food and it was lovely to be together again. Liaison Worker

Six of the 11 young people in the constellation are from an Eastern European background and none of the carers share their first languages. To support our constelltion we are building a library of CDs, books, magazines, games and are searching for comics and books in the young peoples first languages. The aim is that over time the whole constellation will add to the library and get involved in exchanging and sharing ideas, activities, and joint experiences. Hub home carer

# Community support

As the country moved beyond social distancing restrictions, constellations grasped opportunities to connect and have fun together again, with 1,190 social activities taking place in 2021-2022, well over double the number that took place in the previous year.

Nationally, we saw 347 training sessions taking place in constellations and hub home carers providing 321 mentoring and coaching sessions.

The number of sleepovers nearly doubled to 3,596 overnights in 2021-2022.

When comparing instances of planned sleepovers, emergency sleepovers and daytime support in 2021-2022, 55% of all instances were daytime support, 41% were planned sleepovers and 4% were emergency sleepovers.

**over 14,000 instances of one-to-one support**

In addition to sleepovers and daytime support, this year we captured data on one-to-one support in person or via phone call, video call or text message. There were over 14,000 instances of one-to-one support recorded across the national programme.

This year also saw an increase in the number of birth family and sibling visits supported through Mockingbird, with 226 recorded.

"My children and I are really enjoying seeing each other at Sali's house! Our last visit was lovely as we all felt we could finally be ourselves without someone constantly watching us in a clinical environment.

Sali's house gives us somewhere where we can feel more at home and relaxed. The children and I didn't stop laughing at our last visit…. we all had so much fun!

Sali and her partner are very welcoming and put us all at our ease. I'm really looking forward to seeing my children there again. It's amazing how much better we all feel going to Sali's. I'm very grateful to Mockingbird for giving us this lovely space where my children and I can have far better-quality time together!"

**Birth mum's feedback after having family time supported by a Mockingbird hub home carer at their home.**

**JUN 2021**

I am really enjoying being a part of Mockingbird and can't sing its praises any higher! Every foster carer should have this in place, not only is it fantastic for the children to be a part of but also the support and reassurance it provides for the carers too. Satellite Carer

School Bubbles keep 'bursting' which means carers and children are isolating and have missed out on events and visits. We try to find other ways to do things online so everyone is supported, it's not the same but it helps. Liaison Worker

I can't believe all these kids are in care like me. It's amazing, I thought it was just me. Young Person

# A really big family

**With nearly 1,500 children and young people in Mockingbird constellations, there are thousands of stories of individuals and communities providing each other with support, love, guidance and new opportunities.**

Being part of a national community also offers young people the opportunity to try new things, meet new people and make their voices heard.

During the long winter 2021 lockdown, six young people: Intisa, Hawau, Liam, Lilly, Mariam and Tom who were part of Mockingbird constellations across the country, came together online to form a production team and collaborate on an animated film to share their stories and experiences of being part of Mockingbird.

**Watch the finished film here Mockingbird: A really big family**

**AUG**
**2021**

There are a few year six children going up to secondary school next month so the hub home carer invited them for tea at his house with Sam, one of our teenagers who could share his experiences of going up to high school. Sam is happy to look out for the younger ones as they settle in. This is not only brilliant for those moving up but also for the self esteem of the older child. Liaison Worker

**SEP**
**2021**

The fuel shortage cancelled our trip to seaside, but we planned Sunday lunch instead. It felt like an extended family with everyone getting along and the young people making an effort too. Home Hub Carer

# Mockingbird Nest

**Since 2019, young people from Mockingbird constellations across the UK have been joining together for a series of creative activities and projects supported by professional guest artists and theatre practitioners.**

**Young people joining the Nest programme have co-designed and taken part in a wide range of workshops, including: animation, jewellery -making, drumming, rap, filmmaking, painting, print-making, graffiti- writing, glass painting, cake making, collage, mad science and more.**

Lockdowns and social distancing meant Nest sessions had moved online in 2020 with art materials sent to members at home. In October 2021 everyone was finally able to get back together in real life and attendees took part in a collaborative painting workshop at Midlands Art Centre (MAC) in Birmingham.

Since then, a blended approach has been taken with both online and in person sessions offered. We are excited that from 2023, Nest will be offered regionally to give more young people the opportunity to be involved.

The success of the online Nest sessions inspired us to offer a series of adult creative wellbeing sessions called Mockingbird Chorus, between December 2020 – March 2021 76 carers and liaison workers attended sessions.

**OCT**
**2021**
This month saw the return of Nest in real life. It was lovely to take two of the children from the hub and we had so many firsts. First time on a train, first time on a day trip to Birmingham and the first time they took part in Nest. At first they were unsure, but both had a fantastic time. They both enjoyed the art workshops and produced some interesting paintings. They have also formed a lovely friendship and I am hoping they continue to be a positive influence to each other. Hub home carer

# Growing up in Mockingbird

**When I joined Mockingbird, I was 15. At that point I did not know what to expect from it. I was very nervous. The first person that I met was my hub carer Judith – she is amazing and loves everybody equally. She makes me feel welcome and I enjoy being in her presence. She makes me feel at home.**

When I met the rest of the constellation of Mockingbird it was unusual, but it was very exciting to meet new people who were just like me. All the adults and children were accepting of everyone no matter who you were or what you looked like, this is because of us all being in the same boat.

Over time I have made relationships with more and more people and have met new friends. From my point of view Mockingbird is more than family: it is a collection of likeminded people all sharing ideas and thoughts and making amazing things happen. I have become more confident with groups of people and have explored new things such as performing with the Nest group.

Our constellation do activities together and I get support from all the carers, including my carer. We go all over the country to explore, for example day trips out sightseeing in London or going to stay at Castleton for the week and going on walks to see the amazing surroundings with all your friends that you have made from being within Mockingbird. So, from my point of view Mockingbird is amazing.

I'm at university currently, Mockingbird has improved my relationships with people and boosted my confidence. I thank the Mockingbird team for making a difference.

## OCT
**2021**

One of our children told his carer that he "feels like he has a friend now". He'd requested a play date with hub home carer's grandson, and they went to the cinema together. It is lovely to see.
Home Hub Carer

Our hub home carer supported a planned return home for a mother and baby. Without Mockingbird the level of support to allow them home together would not have been available.
Liaison worker

# Retention and stability

Relationships formed in Mockingbird constellations offer countless opportunities for supportive and restorative interventions led by the hub home carer and liaison worker with the aim of maintaining stability in satellite families.

Key data is captured to allow an understanding of how Mockingbird activity contributes to the stabilisation of relationships and therefore placements that may have otherwise resulted in a young person moving or a carer giving notice.

Of the 1,775 satellite carers participating in the programme between May 2018 and March 2022, services reported 162 would have resigned without the support provided by the Mockingbird programme.

Of the 2,175 children and young people in placements participating in the programme between May 2018 and March 2022, services reported 382 placement breakdowns have been avoided

**9% carers**
would have resigned if they hadn't been supported by the Mockingbird programme

**17.5% placements**
would have broken down if they hadn't been supported by the Mockingbird programme

11 year old Lewis and his long-term foster carer of six years joined our constelltion last year. Lewis has learning difficulties and during repeated COVID lockdowns Lewis and his carer became incredibly isolated and lonely. The carer was clearly burned out but had refused respite prior to joining Mockingbird as they were worried that Lewis would have not be able to form a relationship with another carer or cope well away from them.

We began spending time with Lewis at home to get to know him and learn about his needs and what he enjoys. Last week Lewis came on his first Mockingbird sleepover, we had his favourite film to watch and followed his bedtime routine, it went very well! The foster carer has told us they feel less stressed after a day to themselves and were reassured that Lewis was being cared for by people he knew, and had enjoyed himself on the sleepover.

**Hub home carer**
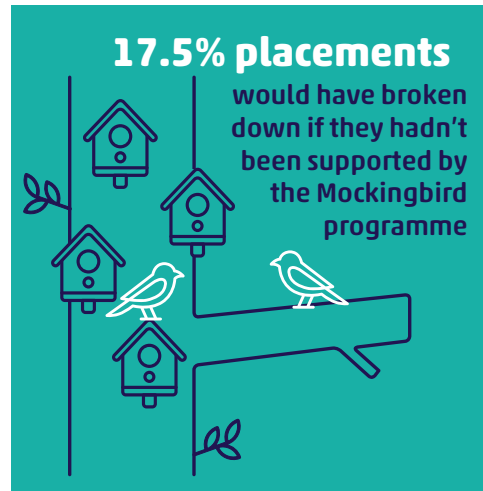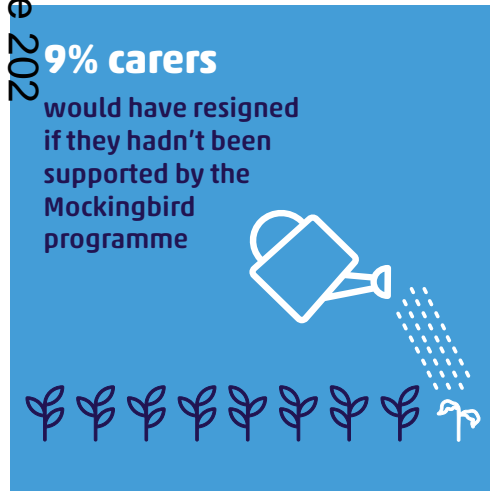
**NOV 2021**

It was my first Mockingbird social this month. It's so reassuring to know that there is support, help and advice on hand, if needed. Particularly as I am a single carer and family can't always support us. Thank you so much everyone. Satellite Carer

I love the forums they are really informative with brilliant ideas from other hub carers. It is great to be able to share experiences and talk to others about various issues including the activities hub home carers run and engage young people. Hub home carer

The friendships our children are making are priceless, these will be constant throughout their young lives. Hub home carer

# A Sustainable System

Mockingbird is an invest to save model. Independent evaluation of 12 services between 2017-2020 found that for every £1 invested in the programme by a fostering service there has been a saving of 99 pence.

**Read the full independent evaluation 2017-2020 here.**

The infographics below show cumulative estimated costs avoided using data collected 2018 – 2022. The programme has grown each year and some satellite carers and children and young people will have joined or left in a particular year, or continued participating through multiple years.

**£4.3m**
total estimated costs avoided between May 2018 and March 2022

**£2.6m**
estimated costs avoided with the retention of 162 foster carers

**£397k**
estimated costs avoided with the prevention of 382 placement breakdowns

**£1.2m**
estimated costs avoided with the prevention of 7 entries in residential care

**DEC**
**2021**
I love going to the hub house. We get to have sleepovers and make things, play games this week I got to pick our dinner. We have parties too. My favourite was at Christmas we got to see Santa and had lots of party food. The hub is amazing. I have made friends there too and like them. *Young Person*

**JAN**
**2022**
This month our hub home carers came down with Covid. It was wonderful to see how the whole constelltion rallied around, offering both practical and emotional support to the hub home carers and each other, just like an extended family should. *Liason Worker*

The Fostering Network is the UK's leading fostering charity. We are the essential network for fostering, bringing together everyone who is involved in foster care.

We support foster carers to transform children's lives and we work with fostering services and the wider sector to develop and share best practice. We work to ensure all fostered children and young people experience stable family life and we are passionate about the difference foster care makes. We champion fostering and seek to create vital change so that foster care is the very best it can be.

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**thefosteringnetwork.org.uk**

| | |
|---|---|
| **Health and Social Care Overview and Scrutiny Committee** | |

| | |
|---|---|
| **Date of Meeting** | Thursday 5 December 2024 |
| **Report Subject** | Social Services Workforce Development Report |
| **Cabinet Member** | Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing |
| **Report Author** | Chief Officer (Social Services) |
| **Type of Report** | Operational |

## EXECUTIVE SUMMARY

The Social Care Wales Workforce Development Programme (SCWWDP) provides annual funding to help with the development of the social care sector in Wales. This grant helps the Flintshire Workforce Development Team fund a range of work programmes, including learning, development and professional qualifications.

It is both essential and in many cases a requirement of professional registration that those working in social care are equipped with the right skills, knowledge and learning to provide high quality care and support to individuals and families using our services.

Investment in training and development helps lead to a confident and competent workforce, which ultimately improves the lives of those who need care and support. It also supports staff retention, as staff feel valued because of the investment made.

Each year the service aims to build on this and continue to support a sector that is both valuable and valued and has the support to thrive within a positive working culture.

| **RECOMMENDATIONS** | |
|---|---|
| 1 | That Members acknowledge and support the work being undertaken to support the social care workforce through learning and development opportunities. |

**REPORT DETAILS**

| 1.00 | EXPLAINING SOCIAL SERVICES WORKFORCE DEVELOPMENT REPORT |
|------|--------------------------------------------------------|
| 1.01 | The Workforce Development Team support pre and post graduate learning, vocational learning and offer training programmes to support the statutory functions of Social Services.  This report provides a summary of this activity over the past 12 months, together with information relating to work undertaken to support workforce recruitment and retention. |
| 1.02 | **Learning and Development**<br><br>The Workforce Development Team support paid and unpaid staff working within the social care sector across Flintshire to develop the knowledge, skills, values and attitudes required to provide person-centred, high quality support for our service users; through providing expert advice and consultancy which promotes and maintains best working practice.<br>The training plan and directory of courses are developed each year, based on analysis of team's Training Needs Assessment.  It is then shared across Social Services and with our Independent and Third Sector partners. Each year the Workforce Development Team work collaboratively with partners including BCUHB and the North Wales Safeguarding Board to ensure the work meets local needs and is aligned to regional and national workforce priorities. |
| 1.03 | Whilst the team are pro-active in their approach to planning and development, they also remain reactive in responding to new legislation and Child and Adult Practice Reviews, to ensure that necessary recommendations are implemented on a local level.<br><br>Throughout last year, our training courses continued to be delivered through both internal and external providers and we supported the needs of our learners by providing flexible learning via online, out of hours and face to face delivery. |
| 1.04 | During 2023 the team delivered in excess of 300 training courses to almost 4,000 paid and unpaid staff working in adult and children's settings.<br>During this period, bespoke training programmes were developed for Flintshire Microcarers and our in-house Children's residential service.<br>From courses delivered, 1,220 evaluation forms were completed and returned, 88% said that the course had improved their knowledge. |
| 1.05 | **Practice Workshops**<br><br>Our Practice workshops have been developed using in-house expertise to support practice developments and local priorities and are facilitated with an experienced inhouse practitioner. These workshops have been incredibly helpful in ensuring our social work teams embed learning from training, local/national reviews and CIW Inspections into internal processes and day to day practice. |

| 1.06 | Examples of topics delivered include Chronologies, Child Protection Case Conferences and Core Groups.

The latter is delivered to a multi-agency audience which includes our Education and Health partners. Teaching staff in particular, have been positive in their feedback stating that their understanding and confidence on their role has improved, as well as being better informed on expectations in relation to their contribution at those Groups and in the child protection process overall. |
|---|---|
| 1.07 | **Occupational Therapy**

Working with Wrexham University, each year we continue to support our employees to complete qualifications to support progression into Occupational Therapy (OT). Those who aren't eligible to apply for the traineeship are supported to complete a foundation course with the university, so they are better placed to apply the following year. We currently have 5 members of staff undertaking the traineeship. One of our recent graduates is now working full time with Flintshire as an OT. |
| 1.08 | **Direct Care staff – Qualifications**

In addition to mandatory training, it is a requirement for Direct Care staff in Wales to hold relevant qualifications in Health & Social Care, in order for them to be registered with Social Care Wales and carry out their roles.

Our Health & Social Care Assessment team continue their partnership work with Coleg Cambria, City & Guilds and WJEC, managing and assessing cohorts of staff undertaking these qualifications. |
| 1.09 | Since May 2023, 40 learners have completed both Core and Practice qualifications, and one learner has completed level 3. Currently we have 31 learners undertaking Level 2 Core and Practice and 2 on Level 3. Increasingly more of our care staff are being identified with Additional Learning Needs (ALN) and some staff are anxious about completing the qualifications, despite often having the necessary skills and experience in their role.

Having an inhouse service has been integral to ensuring we have competent and confident care home staff. Offering one to one support and flexibility within our service has resulted in many staff who had previously considered leaving the sector, completing their qualifications and remaining in employment.  This therefore directly links to improving staff retention. |
| 1.10 | **Direct Care – Training**

In addition to the necessary qualifications, staff must complete training across core subjects, including Medication, Moving & Handling of People, Food Safety. Without completing the required courses, staff are unable to carry out their roles. |

| | |
|---|---|
| | To assist with increased demand for this training, we were fortunate to receive grant funding for a temporary post which has enabled us to deliver these courses inhouse since 2023, thus reducing our commissioning costs, increasing provision and subsequently the numbers of staff who are able to carry out their roles.<br><br>The post is flexible and able to provide support in the community for our Personal Assistants, Microcarers and Unpaid Carers, when needed.<br>We have also utilised this role in assessing competency in relation to Medication and Moving & Handling of People across various care settings. |
| 1.11 | Many new training programmes are available to help care staff in their roles, for example recently a variety of Dementia related courses and an End-of-Life course have been developed.<br><br>As we now have four qualified and accredited staff members working in our Learning Disability Service delivering Respect Training (a programme of training that is used in education, health and social care settings to prevent, de-escalate and safely support people who may display behaviours of concern).<br><br>There is also a rolling programme in place for Learning Disability staff and continue to promote Positive Behaviour Support (PBS) and non-restrictive practice approaches.<br><br>The Workforce Development Team have also offered information and awareness sessions to care staff to improve their confidence and competence and contribute to developing a digitally ready workforce. One of our officers is a member of Flintshire's Digital Squad. |
| 1.12 | **Social Work**<br><br>Since 2022 we have increased our 'grow our own' numbers of social work trainees. Having an inhouse Practice Educator post has helped to support this. Our arrangement with Wrexham University continues in that we host 13 students each year from their social work degree course.<br><br>These students are supported throughout the 3 years, with practice learning opportunities and varied placements for them to gain valuable experience as a social worker. Last year we hosted eleven first year students, ten second year and eleven third year, who were all provided with placements in statutory or voluntary sector services. |
| 1.13 | Each year, via the Open University we offer our workforce the opportunity to train as social workers. Last year we had four first year students, eleven second year, and three third year students.<br><br>We are often asked by the Open University to provide practice learning opportunities for students who are self-funding or from the voluntary/private sector living locally. In 2023 we supported two students through this option. |

| | |
|---|---|
| | A total of 48 social work Practice learning opportunities and 2 AMHP (Approved Mental Health Professional) placements were allocated in the last year. |
| 1.14 | We remain grateful to our Third sector partners for offering us placements with such diversity, which have included The Resettlement Project, Save the Family, DASU, KIM Inspire, Age Connect, HFT and many more. Throughout 2023, there were a total of 50 qualifications gained which included the Practice Educator Award. We worked with 88 students during that time. |
| 1.15 | **Continuous Professional Development**<br><br>Social Workers and Occupational Therapists are required to maintain their knowledge and skills throughout their career to demonstrate that they continue to meet the professional standards. As part of their registration, social workers record their continuing professional development (CPD) with Social Care Wales to demonstrate to them and the public that they remain fit to practice.<br><br>Last year we supported eight newly qualified social workers in their first year of practice.<br><br>We remain committed to working with universities and Betsi Cadwaladr University Health Board (BCUHB) to develop and maintain a steady stream of opportunities for occupational therapy staff through training, mentoring, rotation, recruitment and retention.<br><br>Our Practice Learning Coordinator role supports employees who are completing various university qualifications from pre-qualifying to post qualifying awards. |
| 1.16 | The Team Manager Development Programme (TMDP) was developed by Oxford Brooks University as a bespoke social work team manager programme. This qualification is an important feature of our management route and each year, decisions are made by the Senior Management Team on who to put forward, as places are subject to funding and availability.<br><br>In addition to the above, via Oxford Brooks we offer staff the opportunity to undertake the Aspirant Middle Managers Programme (AMMP) and the Middle Manager Development Programme (MMDP). We have two staff on the AMMP and one individual on the MMDP currently. |
| 1.17 | In the last twelve months we have developed and rolled out Induction sessions and workshops for new managers, focussing on self-awareness and making the transition into a new role in terms of changing relationships with colleagues, understanding self and defining quality practice. Workshops have also been offered focussing on leadership and management, improving efficiency and effectiveness, providing a practical toolkit for leading and managing and support Flintshire in 'growing our own' leaders and managers of the future. |

| 1.18 | **Recruitment** |
|---|---|
| | Throughout 2023, we have supported Social Services at local recruitment events, participated in open days with schools and colleges, using those opportunities to share information about roles available, career development and progression in social care. Promoting the WeCare Wales website and available resources has been a positive experience, hearing from people who are interested in pursuing a career in social care and are keen to explore the possibilities available to them in Flintshire. |
| | In partnership with Coleg Cambria we have offered students undertaking the 2-year Health & Social Care qualification, short placement opportunities in our adult services to support practical experience and encourage them to consider working permanently in those roles once qualified. |
| | We have worked with Childrens and Adults Social Services team managers to review and strengthen our 12-week Induction Programme for Newly Qualified Social Workers. |
| | A new generic Induction rolling programme for new starters in Social Services has been developed and is in place. |
| 1.19 | **Awards Ceremony** |
| | We held our 13th Award Ceremony in October 2023, inviting over 80 staff members from across the social care workforce to join us. This event was an opportunity to say thank you to staff in recognition of the hard work in obtaining their professional qualifications, for them to take pride in their achievements and to acknowledge and appreciate the contributions which have been made to the quality of the Social Care workforce in Flintshire by undertaking these qualifications, which ultimately improves the level of care we provide to those who need our services. |

| 2.00 | **RESOURCE IMPLICATIONS** |
|---|---|
| 2.01 | There are no resource applications as grant funded. |
| **3.00** | **IMPACT ASSESSMENT AND RISK MANAGEMENT** |
| 3.01 | N/A |
| **4.00** | **CONSULTATIONS REQUIRED/CARRIED OUT** |
| 4.01 | N/A |
| **5.00** | **APPENDICES** |
| 5.01 | None. |

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|---|---|
| **6.00** | **LIST OF ACCESSIBLE BACKGROUND DOCUMENTS** |
| 6.01 | N/A |
| **7.00** | **CONTACT OFFICER DETAILS** |
| 7.01 | **Contact Officer:** Jackie Goundrey, Workforce Development Manager<br>**Telephone:** 01352 702670<br>**E-mail:** Jackie.goundrey@flintshire.gov.uk |
| **8.00** | **GLOSSARY OF TERMS** |
| 8.01 | None |

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