# Flintshire County Council Social Services

**Annual Performance Report** 





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

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

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

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## 1. Introduction

We are pleased to share our third annual report about Social Services in Flintshire. The services we deliver as part of the Council are vitally important to adults, children and families. We provide social care services directly and in collaboration with partner agencies such as Betsi Cadwaladr University Health Board, independent sector care providers, voluntary and charitable organisations. We are currently providing services to 3,305 adults and 843 children with an annual budget of £55 million for 2013/2014.

This report looks at our performance in 2013/2014, our priorities for 2014/2015, the challenges we face and the opportunities we can take as we continue to move forward.

During the year we have spent valuable time listening and learning from people who use our services so that we can better understand how our performance impacts on peoples lives.

Our staff are central to the delivery of good quality services and our greatest asset and speaking to them face to face provides the opportunity for sharing our joint vision of the future. Our vision is to work with people to achieve healthy, independent, fulfilling lives, safeguarding vulnerable local people and building strong communities.

Our plans for the future delivery of services are set against a backdrop of wanting to do better whilst meeting increasing demand from a larger population with less money. This includes an increase in the number of children on the Child Protection Register, more children with significant disabilities, an ageing population with more complex care and support needs and carers and young carers who need support to help them to continue in their caring role.

### Modernisation

During 2013/2014 our ambitious programme to modernise social care in Flintshire has gained momentum. Our Modernising Social Services Board has focussed on delivering sustainable change to improve outcomes for people and maximise efficiency across Children's and Adult Services. The Board is made up of Councillor Christine Jones, corporate colleagues and senior managers from social services. During the year Councillor Jones, who is Cabinet Member for Social Services, has worked tirelessly to support the improvement initiatives that are bringing about change for the people of Flintshire. This includes an active role as Older Peoples Champion and Recovery Champion for Mental Health Services as well as involvement in the development of social enterprises.

Our modernisation programme responds to the <u>Social Services and Well Being (Wales)</u> <u>Act</u> which places greater legal obligations on local authorities and their partners to enhance well being, independence and safeguarding of people and their carers, including greater

integration of social care and health services. It is clear that the increased demands on social care will continue and the need for change in how we deliver those services has been identified in Flintshire County Councils **Corporate Priorities** which you can read more about in section 2. Our Modernisation Programme will continue in 2014/2015.

### How are we performing?

Our assessment is that Flintshire Social Services has made real improvements in both performance and the quality of services this year. This can be demonstrated through:

- supporting more people to stay living independently at home after a period of Reablement
- providing early support to families to help prevent problems increasing
- more people being in control of their own support through personal budgets
- opening of our second <u>extra care</u> scheme which includes specially designed apart ments for people with dementia
- our strong Fostering Service which provides stable positive support to children and young people
- recognition of services at national award ceremonies, including our Mental Health Services and Kinship Carers
- positive relationships with our care provider partners
- being fully committed to involving the people who use our services and having improved quality monitoring processes
- delivering services within budget whilst meeting increasing demand from a larger population

### The Financial Challenges

The financial challenges for local government have been

widely reported on in the press. The budget for Social Services in Flintshire in 2014/2015 is just under £56.5m. We need to ensure that we continue to use this money efficiently and effectively to secure good outcomes for vulnerable children and adults. This is in the context of delivering £15m in efficiencies across the Council in both 2014/2015 and in 2015/2016. We will achieve this through value for money reviews. The reviews focus on how we make better use of our resources whilst delivering more integrated, joined up and customer focussed services. We envisage that in some instances this will require us to change the way in which



services are delivered but our focus will be on ensuring that positive outcomes are delivered. Whilst we do not want to underestimate the challenges we face, we want you to know that we are confident of the real difference we are able to make to the lives of people across Flintshire. Our corporate commitment to protect frontline services remains as strong as ever.

Neil Ayling, Chief Officer Social Services

# 2. A Well Governed and High Performing Council

Flintshire is a well governed and high performing Council. We have a clear sense of purpose and direction and have set four shared priorities with our partners at a County level, and eight priorities for the Council itself.

### **Council Priorities**

The Council's priorities and sub-priorities for action are set out in our annual improvement Plan. The Improvement Priorities and sub priorities for 2014/2015 are summarised below:

SUB-PRIORITY	IMPACT
HOUSING	
Extra Care Housing	Helping more people to live independently and well at home
Modern, Efficient and Adapted Homes	Improving the choice and quality of local housing
Achieve the Welsh Housing Quality Standard	Improving quality of life for our tenants through improved housing
LIVING WELL	
Independent Living	Improving quality of life
Integrated Community Social and Health Services	Enabling more people to live independently and well at home
ECONOMY AND ENTERPRISE	
Business Sector Growth in Deeside	Creating jobs and growing the local economy
Town and Rural Regeneration	Making local communities viable
Social Enterprise	Supporting and creating new forms of local business
SKILLS AND LEARNING	
Modernised and High Performing Education	Improving learning provision to get better learning outcomes
Apprenticeships and Training	Meeting the skills and employment needs of local employers
COMMUNITY SAFETY	
Community Safety	Keep people and communities safe
Traffic and Road Management	Improving road safety
POVERTY	
Welfare Reform	Protecting people from poverty
Fuel Poverty	Protecting people from poverty
ENVIRONMENT	
Transport Infrastructure and Services	People being able to access employment, local services and facilities
Carbon Control and Reduction	Reducing our carbon impact on the natural environment

MODERN AND EFFICIENT COUNCIL	
Organisational Change	Managing services well to achieve our priorities
Financial Strategy	Protecting local front-line public services and delivering Council priorities through the best use of our resources
People Change & Development	The Council has sufficient capability and capacity to operate effectively as a reduced sized organisation
Asset Strategy	Having the right buildings in the right places for the right uses
Procurement Strategy	Making our money go further through smarter procurement
Access to Council Services	Achieving customer focused, modern and efficient access to council services

The main ways in which Social Services will contribute to our Corporate Priorities in 2014/15 will be through:

- 1. Improving quality of life through the promotion of independent living.
- 2. Helping more people to live independently and well at home through integrated community Social and Health Services.
- 3. Improving the opportunities for the growing numbers of Looked After Children, with a focus on learning opportunities and educational attainment.

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

### **Partnership Priorities**

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

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

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

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

We acknowledge that over recent years there have been challenges in ensuring effective and consistent partnership working with Betsi Cadwaladr University Health Board (BCUHB). As a large organisation BCUHB have previously sought to develop single regional approaches that have not always reflected local priorities, differences and strengths. We are encouraged by more recent working relationships and refreshed strategic direction being led by BCUHB's new Executive Board. As this new relationship is developing, and whilst it is taking a positive direction, we will continue to review the success and pace of partnership working with BCUHB as part of our approach to risk management.

### Working with members

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

### **Organisational Change**

During 2013/2014 the Council developed and adopted a new operating and senior management structure. The transition to the new Chief Officer Team has gone well, and at a fast pace. We will need to continue this transformation to ensure that the Organisation, including Social Services, has sufficient capability and capacity to operate effectively as a reduced sized organisation. We are all up beat about the next phase of change despite the amount that needs to be done to meet the financial challenges which lie ahead.

### Resources

The Council has succeeded in setting balanced budgets whilst investing in key priorities, meeting growth in service demands and absorbing the cost impacts of inflation. The Council has achieved this through developing internal programmes of change and reform to make efficiencies. The scale and pace of efficiencies required over the coming years is unprecedented. During 2014 we will be updating, and further developing, a comprehensive Medium Term Financial Plan to ensure that we continue to respond to the medium and longer term financial challenges ahead. Within this context we were pleased to recently receive our best ever annual improvement report from the Wales Audit Office (WAO) which reflects our commitment to remain a high performing organisation despite the challenging landscape.

# 3. A Stronger Voice and Real Control for People

### **Carers**

We value the vital role carers, including young carers, play in the delivery of social care. We are committed to working in partnership with carers and have been actively involved in the regional Carers Strategic Group developing the North Wales Carers Information and Consultation Strategy 2012 – 2015. We have commissioned a new local information booklet for carers which will be published later this year.

We commission a wide range of services for carers which are coordinated by **NEWCIS**. The Bridging the Gap scheme was launched in April 2013 with an investment of £50k to provide carers with flexible breaks and replacement care which is sometimes needed at short notice. 173 requests were received by NEWCIS between April 2013 and January 2014, with 16 of these being for emergency breaks.

### Bridging the gap case study

A carer was admitted to hospital unexpectedly, and had a longer stay than was expected. The carer's partner had dementia and even though family members supported them, one daughter was on holiday abroad and the other worked and had a family of her own.

Bridging the Gap was put in place to support the carer and their family. A number of visits per day were arranged whilst the daughter was in work and until more family support was available. When the carer returned from hospital a home visit was arranged.

Bridging the Gap prevented an admission into care for the carer's partner, who had not used such services before and would have found this a daunting experience without their partner and other family members around them.

Last year we increased short break provision for children and young people with disabilities by moving our respite care service to Arosfa, a larger adapted building, which is able to offer more flexible breaks. This has increased available provision by 54% and in real terms means that 23 children were able to stay between April and December 2013, an increase of six families. Children visiting benefit from a new Sensory Room and projects for 2014/2015 include updating the digital technology available to children during their visits. We know that the move to Arosfa has been positive because families have said:

"The building is very smart, new and clean and purpose built. It looks very homely with photos of the children and decorations. The standard of care has been excellent, very much cater for the individual child and ---- their needs taken into consideration"

"very accommodating when it comes to requesting dates of care"

"Communication is very good. A phone call the night before my child goes in and also communication book I write in and staff inform me of what my son has done"

"X loves coming to Arosfa and participates in various activities but also allowed to chill out when she wants or needs to"



The summer Play Schemes give families and carers of children with disabilities short break opportunities during the school summer holidays whilst the children benefit from structured play and individual activities. In 2013 83 children with a range of disabilities and health needs attended the sessions held in local special schools, with 19 children (23%) being new attendees. Feedback reinforces the value families place on this service.

"I chose the club because of its facilities for disabled children, access, trained staff, understanding and because my son loves it! Which is the most important reason!"

"My child is safe and comfortable in the Holiday Club. I know her needs are being met (and more). She is understood on every level. She can play at her own pace and has the opportunity for lots of new experiences. She gets the chance to play with old friends and make new friends. I have complete trust in the staff, each and every child is their priority and it shows!"

### **Young Carers**

The Young Carers Strategy Group has a clear measurable multi- agency plan for action and in 2013/2014 we have continued to work with our partners to reach young carers with a particular focus being in schools and colleges. We recognise that we need to strengthen how we record the numbers of young carers that we are supporting during the coming year as part of a wider approach to understand the difference we are making.

Our 'Access to Action Card' (A2A card) for young carers, Looked After Children and care leavers was requested and developed by young people who are part of **Barnardo's Cymru** Flintshire Young Carers or supported by Flintshire Children's Services and who find it difficult to explain their status in school to teachers and when they need instant access to Council services. We are pleased to report that all schools in Flintshire and Coleg Cambria's Flintshire sites have signed up to use of the A2A card. Young carers have told us:



"Using the A2A card was really positive and the teacher was really helpful" (Young Carer)

"I didn't feel embarrassed about showing the card because everyone knows what the card is for" (Young Carer)

"Glad I've got it just in case I need it" (Looked After Child)

"The teacher gave me extra time for my home work. We discussed it privately and they were really understanding" (Young Carer)

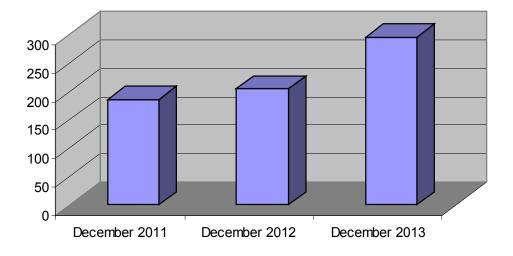
### **Direct Payments**

Direct Payments enable people to take control over their care arrangements. For example, a person may choose to receive a monthly payment to purchase their own care instead of receiving support arranged by social services or to purchase an item of equipment to meet their assessed needs. We are making Direct Payments more flexible and responsive to individual needs and are proud to have developed "provider administered Direct Payments". They are becoming increasingly popular particularly amongst older people ensuring that they can access the flexibility and control a Direct Payment offers without any associated concerns of administering the funds themselves. In January 2014, 32 provider administered Direct Payments had been approved with 53% of these being for older people.

From April to December 2013 there were a total of 296 people using Direct Payments across Adults and Children's Social Services, an increase of 31% from the same period in 2012/2013 (205).



### **Service Users receiving Direct Payments**



### **Dignity in Care**

Promoting dignity in care is a cornerstone of our approach in the delivery of services. Promoting and supporting peoples self respect means we are committed to providing services on an individual basis and ensure that wherever possible people receive a service that meets their particular needs, choice and aspirations.

### **Involving people and gathering feedback**

We have a set of Involvement Standards which are our commitment to the way we involve people across our services and have systems to record brief details of involvement activity, including the outcome. This helps to ensure our involvement activities are meaningful and that the people who take part receive timely feedback on what was said. Some of the ways we have involved children and adults include

- Young people with disabilities and their families commenting on the development of the new Transition Team
- being involved in the recruitment of staff across Children's and Adults services
- Organising and co-hosting the Pride of Flintshire Ceremony for Looked After Children and Care Leavers
- Us UnLtd, a youth led social enterprise for and led by young people who have experienced homelessness, run regular focus groups for young people and care leavers
- Older people were involved in a "Communities 2.0" project to test a range of digital technology to assess what was suitable to introduce in day service and residential care settings.



We also commission independent organisations to help

find out what people who receive services, and those that know them best, have to say about their care and support. One example of this is **Care Checkers**. In consultation with people with dementia and their families Care Checkers obtained crucial feedback to help us develop the "dementia road" (section 4). They have also undertaken consultation with people with disabilities and learning disabilities to inform the review of both supported living and day services.

We have developed a standard questionnaire across Adult Social Services which can be tailored with specific questions dependent on the purpose of the questionnaire. Key messages coming from the responses are that people are accessing a wide range of support and services that they rate as very positive in improving their quality of life and confidence in their own abilities and skills. Care plans and staff delivering support also receive consistent praise.

A range of satisfaction questionnaires is in use in Children's Services and the findings are presented to Senior and Team Managers to influence service development. One recent example of this approach were comments on the standard of building work during an adaptation for a disabled child and this has been referred to Housing to follow up on. However responses to questionnaires from young people have dropped and we will be redoubling our efforts to improve feedback from them in 2014/2015, making more use social media to gather their views.

CareChecker

Learning from compliments and complaints received is important and inform our policy and practice. We seek to resolve complaints at the earliest possible stage and our compliments and complaints team provides training for managers and works with them to ensure complaints are addressed. Our performance management process includes quarterly reporting to the Health and Social Care Overview and Scrutiny Committee and to Senior Management Children and Adults Performance meetings. The robust lessons learnt process has led to improved services and most importantly for people who make representation supports the resolution of complaints at the earliest opportunity. We produce an annual report on our complaints procedure which includes examples of actions we have taken as a result of complaints. Examples include:

What you said: Help is needed in situations where parents are in disagreement with each other regarding their children and which may have an effect on their children's emotional wellbeing.

What we did: Piloted a new mediation process for parents in dispute with each other so childcare arrangements can continue with minimal disruption (e.g. weekend arrangements, collections to and from school etc.).

What you said: Clearer information is needed that explains the reasons why commissioned transport cannot be used by service users who do not meet the eligibility criteria.

What we did: Introduced new concessionary transport guidelines for both staff and service users.

Compliments are equally valued, recognising where a member of staff has gone over and above what is expected from them. Compliments received during the year about the work of Social Services staff included:

A letter of thanks commending the Llys Gwenffrwd staff describing them as

"The most compassionate people I have ever met".

"I cannot thank them or praise them enough for not only the care but the love and affection they showed towards her"

A Childcare Social Worker received a compliment from a mother who said:

"Thank you so much for your support. I know you are always there if I need you. Due to your encouragement I am going to carry on with my head held high and try to continue making all the right decisions. Thank you so much."

### Welsh Language

The Welsh Government framework called 'More Than Just Words' Strategic Framework for Welsh Language services in Health, Social Services and Social Care" aims improve services for those who need or choose to receive their care in Welsh. Our More Than Just Words Action Plan sets out the practical steps we will take to strengthen Welsh service provision in Flintshire.

During 2013 we have mapped welsh language skills across our workforce and developed new workforce initiatives. We have strengthened our approach by accepting the Active Office principle and including welsh language requirements into our commissioning and planning systems. In October 2013 Jo Williams, Welsh Government Strategy Implementation Manager visited us to evaluate our progress. She expressed her enthusiasm for many of the changes Flintshire are developing, stating she was extremely impressed with proactive and energetic way in which we are steering this framework.

### A stronger voice and real control for people priorities for 2014/2015

- Develop and agree our Action Plan to deliver on the requirements of the Social Services and Well Being (Wales) Act to put in place integrated arrangements to undertake proportionate and outcome focussed assessments that focus on 'what matters' to a person.
- Consolidate Year 1 actions and deliver on Year 2 actions in our More Than Just Words action plan to strengthen Welsh service provision locally, as set out in the 'More Than Just Words' Strategic Framework for Welsh Language services in Health, Social Services and Social Care.
- 3. Continue to expand the take-up of Direct Payments and Citizen Directed Support to promote greater choice and control.
- 4. Complete the review of our Involvement Action Plan learning from the evidence gathered to ensure people who use services and their carers are able to make meaningful contribution to service planning and delivery.
- 5. Increase the range of opportunities and technology, including social media, for children, young people and their families to provide good quality feedback so that we are able to incorporate feedback into our lessons learnt process.
- 6. Train more Elected Members on their role as a <u>Corporate Parent</u> to ensure that they understand the part they play in helping children and young people who are in care to have the best outcomes.

# 4. Smarter Commissioning

In 2013/2014 we are pleased to have had three commissioning strategies approved. All three strategies aim to support people to maintain their independence, secure good quality <u>outcomes</u> and achieve value for money.

The Learning Disability Commissioning Strategy 2012 - 2018 adopts the 'progression model'. The building blocks of this model are:

- An assessment of the persons abilities and strengths
- Individualised support planning
- Enabling people to be as independent as possible
- 'Just enough support' to promote wellbeing and ensure they are safe
- An ethos of promoting independence and positive risk taking

Fundamental to delivering this approach is to give people with learning disabilities more choice of where they live and who supports them to live as independently and safely as possible. Service users and carers were amongst the partners who developed the plan with an initial consultation workshop providing invaluable information about their expectations and needs. People told us about "living independently" "what makes a good home", and about "short term care". An easy read version of the strategy explains the vision for the future, how we will get there and how we will know we have achieved the vision from the perspective of the service user, the commissioner and the provider. As part of this strategy we are undertaking value for money reviews of our in-house learning disability services.

The Mental Health Commissioning Strategy 2013 - 2018 builds on a joint vision with Health. Our strategy will see us build on the strong foundations to further promote the recovery approach, by increasing the training, education and work opportunities we offer. Our Mental Health Services were winners in the <a href="Care Council for Wales">Care Council for Wales</a> Social Care Accolades 2013.

In January 2014 approval was received for Double Click Design, one of our Mental Health Support Services, to be developed as a Social Enterprise. As a social enterprise with primarily social objectives whose surpluses are reinvested for that purpose in the business or in the community, Double Click Design will provide a combination of training, placements and eventually paid employment in IT, graphic design, customer services, marketing and administration.

Flintshire Mental Health Support Services was successful in winning a Social Care Accolade in 2013 in the category "Better Outcomes through Working Together". The service is working to embed a recovery orientated approach in the delivery of support through: Accommodation Support, Social Support and Occupational and Educational Support. The main aim is to listen to the needs and aspirations of people and to tailor support to each individual, helping them to achieve personal goals and to have hope in their lives. Progress includes:

### Policy and process

- A revised statement of purpose with a "Recovery Champion" in each team to promote the recovery approach and share good practice with their peers
- Team training days focussing on recovery which service users help to deliver. Staff and service users also attend Wellness Recovery Action Planning training together
- Support plans better record personal goals and achievements
- Service user feedback survey has questions which reflect recovery principles
- Service user led and open access groups have been developed

### Joint working

- With Children's Services to assist in safeguarding children and for parents and children to have regular safe contact;
- · With Housing to help find accommodation;
- With the voluntary sector leading to services employing volunteers and having close links with Peer Mentoring scheme and Involve project hosted with Unllais

### **Outcomes for service users**

During the last year includes: 70 people volunteering, 61 people accessing training, 54
people accessing education, 12 people obtaining paid employment, 8 people accessing
work placements and 2 people being supported to retain their jobs.

### Our future plans involve

- Further development of groups run by people with lived experience and the expansion of peer mentors
- Enabling service users to have better links with and access to community facilities and more support for people to take up Direct Payments
- Development of social enterprise in order for people to be able to take up paid employ ment and have valued roles within society

The final adult commissioning strategy to receive approval in 2013 was the Older People [Dementia Care Long Term Placements] Commissioning Strategy 2013 - 2018. It's focus is primarily residential care services with the overarching objective being to ensure that people living with dementia have access to high quality person centred dementia care in the most appropriate settings to meet their needs and that there is sufficient provision available within Flintshire's boundaries. We are undertaking exciting ground breaking work with local providers including working collaboratively with an independent Home to remodel the services they provide to adopt a proven model which shows that people with dementia matter and supports them to have a quality of life. We would want this to be a joint commissioning strategy with our partners in Health but given that Betsi Cadwaladr University Health Board extends across the whole of North Wales recognise that we will need to work towards this goal through a regional collaborative approach, involving Social Services colleagues in the other five Local Authorities. Shared visions of integrated services for high cost, low volume placements and community services, specifically joined up service arrangements that support people early on the 'Dementia Road' and as the illness progresses, are key.

The "Dementia Road" below clearly illustrates the views of all stakeholders which were sought as part of the consultation for the commissioning strategy including the views of people with dementia and their families were instrumental.

### The Dementia Road

### Being diagnosed · Early diagnosis & GP screening · Local specialist services · Timely information and advice for families/ carers The dementia progresses, declining capacity & mobility; Continence, health and behaviour problems Informed social workers • Informed & responsive G.Ps • Information & advice for families / carers to help them to continue caring & deal with D Progressive changes Ε · Prompt access to services & equipment like telecare, adaptations, continence supplies М · Timely input from Community Psychiatric N Living in a care home - People & approach A Strong leadership; friendly & welcoming Open visiting policy ·Adopt best practice in person centred R dementia care, all staff trained in the approach "Life Stories" & staff who can translate these into daily practice Α ·Families actively involved - see Care D Checker feedback Everyone's responsibility, including visiting families to support residents to stay active e.g. in running of the home, social activities •Opportunities to go on outings and take part in activities ·Residents supported to keep links to their community ·Care provided in the preferred language •Involvement of young people & volunteers ·People can remain in the home as the illness progresses

### Living at home with dementia

- · Carers treated as equal partners by all agencies
- · Named point of contact for family
- · Good communication between all agencies
- Quality support at home e.g. Living Well
- · Consistency in paid carers
- · Advice & support to carers
- · Respite in own home
- Dementia friendly communities / activities with volunteers who have understanding e.g. luncheon clubs, dementia café, memory support friends, young
  - Community services e.g. chiropody, handyman

### There might be a time in hospital

- Number of moves in hospital kept to a minimum
- · Hospital staff trained in dementia
- Effective and timely discharges, good planning with families, carers and care homes

### Deciding about long term care

- Support at home for as long as possible, including care at night
- · good planning for timely moves, get it right first time
- Informed choice access to inspection reports,
- •Approved Provider list, alternative like Extra Care
- People & families know what "good dementia care" looks like
- Advice & support from people who understand dementia and know the person & family

### Living in a care home - the environment

- In Flintshire
- · Clean and odour free
- Appropriately designed and decorated for people with dementia
- •Space to wander indoors and outside
- (I like to walk the dog with my granddad)
  The Home makes use of telecare

### Living in a care home – links with community based services and Home providers

- Timely "in reach" from key community based services to prevent unnecessary hospital admissions or move to other home e.g. GPs, CPNs, OTs, Social workers
- Responsive out of hours service
- Opportunity for Home providers to meet to share best practice



We remain firmly committed to collaborative working through the <u>Regional Commissioning Hub</u> which includes all local authorities across North Wales and Betsi Cadwaladr University Health Board to maximise regional capacity and rationalise the costs of high cost, low volume residential placements that provide quality accommodation and packages of support. Examples of our regional approach include

- Savings of £300k for the period 2012/2014 for Learning Disability Care Home placements
- All out of county residential placements for Looked After Children being made via the Regional Commissioning Hub since May 2013 and our documentation being adopted by the Hub for use on a wider regional basis.
- Development of a regional framework in Children's Services and <u>domiciliary and</u> residential contracts in Adult Services which include quality monitoring outcomes
- Agreeing a business case and specifications to commission a regional advocacy service for vulnerable children and young people to ensure that their voices are fed into commissioning intentions, with a view to launch this service early in 2015.

It is important to work in partnership with Providers to improve standards and outcomes for people who use services and we have successfully worked alongside Providers to sign off improvement plans where necessary. We place greater emphasis on observing and evaluating the parts of a service that impact most on people's daily lives in Care Homes so we can measure the outcomes achieved for those residents. We have started to apply a "judgment framework" in recent Monitoring Reports as we believe this approach will aid the development of a shared understanding of quality and best practice. We also believe that people who use our services and their families should play a key role in our contract monitoring process. People are invited to share their views by completing a quality assurance questionnaire but we want to strengthen involvement and as such we are asking what people want to see in a contract monitoring report and how they wish to be involved.

Our <u>collaborative</u> approach has seen positive joint work with the <u>Supporting People Team</u> to commission a number of initiatives and support services. Examples include:

 Developing an integrated approach for 16-17 year olds who present as homeless (section 7)

 An Activity Coordinator in Llys Jasmine Extra Care Scheme, providing activities and events for tenants, supporting healthy ageing and a stimulating environment whilst promoting two way community engagement



### **Smarter Commissioning Priorities for 2014 /2015**

- 1. Further develop our programme of commissioning strategies and <u>market position</u> <u>statements</u> taking opportunities for collaboration with Health and other partners where money will be saved and the quality of services is maintained.
- 2. Evaluate our "judgement framework" approach in Contract Monitoring to develop a shared level of understanding of levels of practice
- 3. Progress plans to develop agreed Social Enterprises, including Double Click Design and explore options for the development of further viable social enterprises such as the Sure Start Crèche.
- 4. Develop and agree a plan to implement a night support service for people with a frailty and / or disability to support greater independence, working with health providers including G.P.s
- 5. With partners, launch the regional advocacy service to ensure that the voices of vulnerable children and young people are heard

# 5. A Strong and Professional Workforce

Our workforce will always be our most valuable asset to support people to achieve their best outcomes and lead independent lives. Modernising to deliver quality services and meet the challenges ahead must go hand in hand with modernising our workforce. Our approach to performance management is strong and we are reviewing our strategies for communication across the workforce to foster shared aims and strengthen close working. Our investment in training has continued, and 2013/2014 saw increasingly numbers accessing a range of new training opportunities including:

### Wellness Recovery Action Planning

(WRAP)-Popular since its inception in 2008, our success in adopting the 'train the trainer' approach means that we do not incur costs for the delivery of these courses. In 2013/2014 52 people attended WRAP and we continue to promote the attendance of staff with people who use the services to promote communication and trust. Ten people who use services and four members of staff have completed the WRAP Educator course enabling them to deliver the 2 day WRAP course and 14 people have undertaken the Educator 5 day course.

### Dementia

29 members of staff have attended the Qualifications Credit Framework (QCF) at Level 2 or 3 (19 at level 2 and 10 at level 3). The qualifications aim to give people an understanding of the mainfeature of dementia, the principles of a person centred care and communication with people withdementia. Understanding and managing behaviour and to explore relationships. We continue to deliver dementia awareness training to wider workforce groups and have pioneered high level andvanced dementia training for managers, Occupational threrapists and social workers However we are concious that services to meet the needs of people with dementia continue to evolve and we will review the delivery of our dementia training to ensure we continue to be able to equip staff with the most current knowledge and deliver quality service.

### Direct Payments and Citizen Direct Support

22 People attended Direct Payments and Personal Budgeting training. Our second successful open event in partnership with a not for profit organisation in November 2013 saw over 100 people attending. The open event promoted personal budgets, information about being a personal assistant and information about employing personal assistants.

### Reablement

Following the successful delivery of an intense period of Reablement training in 2012/2013, a further 17 members of staff have attended Reablement training this year. The course is designed to ensure staff have the appropriate skills, knowledge and attributes for delivering a community-based service which focuseson enablement and increasing independence.

### Looked After Children

A range of courses delivered to 102 members of staff including foster carers. This includes courses targeted at the new Transition Team to ensure staff transfering from Adult services were fully conversant with LAC requirements. Courses included Hear to Listen: Hearing the Voice of the Child: 21 staff, Childrens Advocacy: 19 staff, Peadiatric First Aid for Foster carers: 5 staff, Managing emergency foster placements: 9 staff.

### Safeguarding

We are piloting the Care Council Safeguarding Adults & Children safeguarding awareness course across our workforce. 165 members of staff have attended safeguarding training and a further 13 training on The Deprivation of Liberty. Ten members of staff from Adult services attended Domestic Abuse Stalking and Harrassment training which as part of a coordinated community response to domestic abuse supports the use of the standardrisk assessment tool for high risk victims.

Independent sector care staff access a range of the courses we provide for free and care providers we commission support from take up the opportunity to access "training vouchers" from us. The vouchers enable their staff to access training provided by other training organisations that meet both our and the **Care Council for Wales standards**. Our contracts with the independent sector specify our expectations for training over and above the minimum standards required by registration with **CSSIW** and the Workforce Development Team works with our Commissioning Team to monitor the number of vouchers being used by different independent sector agencies.

The training of the next generation of social workers is vital for Flintshire and the work we do with other Welsh counties has been held aloft in the national press by central government advisers, as an example of best practice when supporting student social workers. Our Workforce Development Team currently supports 33 students and works collaboratively with our colleagues in the region to invest in the future social care workforce.

Over 150 staff received recognition for qualifications they have obtained in the last 12 months. We know that people also learn in other ways and this has been evidenced as part of our commitment to More Than Just Words. In 2013 we developed weekly informal conversational Welsh groups where staff may come to practise existing skills, learn new ones and develop their confidence. The conversational groups have been well received, acknowledging that not everyone learns in the same way and at

the same pace. We know this because comments received are illustrated by:

"The Welsh Groups are really friendly informal environments. Everyone is at different levels, but we encourage each other to speak freely so we are learning from each others pronunciations or mispronunciations...as is often the case, but it's all part of the fun. I really enjoy the groups and would recommend them".

### **Workforce Absence**

We continue to make progress with our ongoing priority to address work absence across Social Services and our panel of senior managers and Human Resource representatives oversees and proactively manages absence. This approach combined with close working with Occupational Health, has contributing to the reduction of long term absences. In December 2013 we were on target to meet 2013/2014 intentions. We will pilot a new electronic data collection and monitoring system in 2014 to allow us to improve the management of sickness absence information.

A Strong and Professional Workforce Priorities for 2014 / 2015

- 1. Pilot and evaluate a new electronic data collection and monitoring system to better enable us to review the reasons for and rate of absence for the social care work force and set targets for further reduction
- Commission the delivery of training and qualifications to ensure the workforce is equipped to deliver services in accordance with the Social Services Care and Well Being (Wales) Act and the Welsh Language More Than Just Words Strategic Framework.
- 3. Deliver a programme of training to support the Public Law Outline Evidence Matters
- 4. Complete the benchmarking review of our Workforce Development Team to ensure we are a quality training provider that delivers value for money

# 6. Stronger Safeguarding

Supporting people to live independent lives in safe communities will rightly always be one of the Councils main priorities. We have strengthened our Adult Safeguarding Team, identified as an area for attention by <u>CSSIW</u>, and this has been a positive step forward in providing a more consistent approach to decision making and application of legislation. The appointment of a social worker to the Safeguarding Team, whose role is to conduct person centred investigations and to work alongside the Commissioning Team, is proving a good use of resources securing positive outcomes for vulnerable people

From 1 April to 31 December 2013 193 vulnerable adults were referred to us, which was nearly double the number completed in the whole of the previous year. In 99% of these cases we were able to reduce or remove the risk to the service user; in the remaining small number of cases people made a personal choice to accept a higher level of risk.

We have brought together our Children's Safeguarding Managers and Independent Review Officers into an enhanced Children's Safeguarding Unit. The Unit has an internal consultancy role supporting front line staff and our Performance Development Forum

which underpins service development and promotes positive working relationships. 74 Children's Social Service staff have

completed training on the new assessment and screening Risk Model Tool in order that they can routinely assess and analyse risk of significant harm. We are implementing processes which will enable improved reporting on information from external agencies.

We have recruited a Therapist with specific remit for Looked After Children to focus on placements at risk at the point of transition. This arrangement with Action for Children will be evaluated in 2014.

Another key element in our arrangements to safeguard vulnerable children and families is our Flintshire Family Project which we commission Action for Children to provide and who work closely with Children's Service Managers and the Safeguarding Team. There has been a change in the nature of referrals to more vulnerable families with children and young people, who have been subject to, are at risk of or who have witnessed abuse. The more complex needs arising require longer term therapeutic interventions to enable them to sustain the effective changes that the referrer and therapist have identified.

What people have told us about the Flintshire Family Project

"I wanted less anger and aggression in the home, better relationships between my son's and for them to understand that it is not ok to treat each other and me they way they do, just because this was what they had grown up with. We have learnt to listen to each other and manage our angry feelings; we have had an opportunity to talk to each other about our past experiences of domestic abuse and move forward." (Parent)

"For her to have an understanding of why she cannot live with her parents and the role of responsible adults to keep children safe. From the work done, she began to accept boundaries and guidance rather than shout and create chaos. It was good to have ongoing feedback and communication with the therapist. I found the service extremely friendly and professional." (Member of staff)

In a challenging climate where the number of children on the Child Protection Register has continued to increase all of our key performance indicators for Children's Safeguarding remain well above the All Wales average. All children on the Child Protection Register have an allocated social worker, and 98% of these children have had their child protection plans reviewed within statutory timescales.

The online postcard system set up by the Flintshire and Wrexham Local Safeguarding Children Board (FWLSCB) enables all stakeholders to give feedback and it continues to be promoted. From April to October 2013 25 online postcards were received, tripling the number received for the same period in 2012. Enquires ranged from requests for general information and training, to potential child protection enquires.

We recognise that we need to extend the ways in which children and young people locally can give feedback on their experiences of the child protection system in line with 'Don't Make Assumptions'. We are looking at how we can use social media to better receive and evaluate feedback and we are also considering expanding our regional advocacy arrangements to include other partners including Health to encompass more of our vulnerable young people.

In March 2014 the Wales Audit Office undertook a National Study on Safeguarding which included fieldwork in Children's Social Services in Flintshire and we look forward to receiving the national findings from the local government study and a local summary for the Council.

### **Stronger Safeguarding Priorities for 2014 /2015**

- 1. Explore and confirm options for regional safeguarding arrangements
- 2. Agree options and implement procedures to take forward cross service Safeguarding arrangements in Adults and Children's Service
- 3. Consider and where appropriate implement recommendations arising from the Welsh Audit Office Study on Safeguarding.

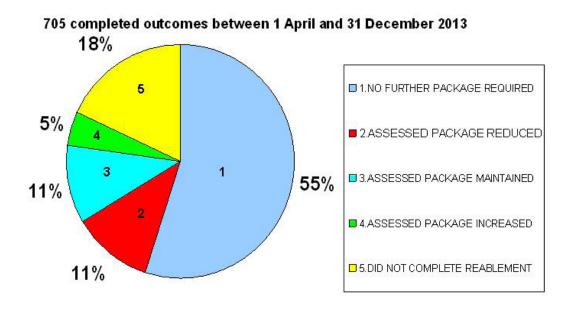
# 7. Driving Forward more Integrated and Preventative Services

### For Adult Social Services:

### **Intermediate Care**

Intermediate Care describes a wide range of services which focus on <u>prevention</u>, <u>rehabilitation</u>, <u>reablement</u> and recovery and they can help avoid unnecessary hospital admissions and delayed discharge and inappropriate admission to residential care. We have secured significant funding from the Welsh Government Intermediate Care Fund for 2014/15. The funding will be targeted at supporting frail older people, to maintain their independence in their own homes and will have strong integrated working with Health and our other partners.

The number of adults who have benefited from our Reablement Service has continued to increase and in 2013, there were a total of 1370 referrals to Reablement; an increase of 46% on 2012. Between April and December 2013, a period of Reablement was competed for 692 referrals and the chart below shows that 75% of all adult service users completing a period of Reablement required a package of care which was the same or less than they had previously, or no package of care.



### A Telehealth case example:

Mrs Jones\* is 100 years of age and has a history of chronic kidney disease, rheumatoid arthritis, osteoporosis and hypertension. She lives alone in her own bungalow and has had 4 falls recorded in the past six months. The 4th fall resulted in fractured femur and admission into Countess of Chester Hospital. Following surgery mobility was reduced with partial weight bearing with a wheeled frame and Mrs Jones was transferred to Deeside Hospital for rehabilitation and was there for 10 weeks.

The Hospital Social Work Team completed an assessment and identified Reablement intervention with 4 calls a day. Reablement services started 23rd December and continued until the end of January. Mrs Jones confidence has returned, with improved mobility within the home. Mrs Jones is managing all meal times independently and back to her pre accident routines. Telecare equipment has been installed and a bath lift provided so that Mrs Jones can bathe independently

Mrs Jones has been informed about Age Connects services, Library Home Services and will call us when she feels ready to return to her routine shopping trip and we will assess to rebuild confidence with outdoor mobility.

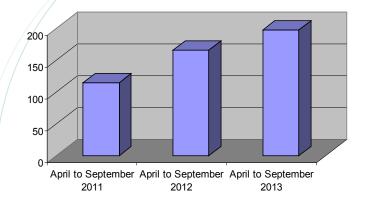
Mrs Jones said "I have been very happy with the service and all are very nice, it has been excellent".

Granddaughter said "Flintshire Social Services have been very good I must say". (\*Names have been changed to ensure client confidentiality)

### Telecare and Telehealth

<u>Telecare</u> supports independence and facilitates less intrusive support in people's lives through a range of sensors and detectors. Carers are also supported to be able to continue with their caring role. As part of our Reablement approach, we have seen a steady growth in the number of people using Telecare to 198 for the period April to September 2013 as compared to 166 for the same period in 2012 and 115 in 2011, an increase over 2 years of 72 %.

### Number of people using Telecare services



All young people with disabilities in transition from Children's to Adult Services are assessed for Telecare equipment enabling them to be more independent and in control of their own lives.

We chair the North Wales Regional Telecare Programme Board which has been extended to include the trial of <u>Telehealth</u>. Telehealth equipment helps people with chronic conditions to live as safely and independently as possible in the community, accommodating timely safe discharge from hospital and supports the prevention of avoidable and unnecessary hospital admissions. We have invested in increasing our capacity to hold a store of Telecare and Telehealth equipment locally so that we are able to respond efficiently to more local people. This is evidenced by the increased number of people accessing Telehealth equipment in Flintshire, 46 people with equipment in December 2013 compared to 12 people in December 2012, an increase of 74%.

### A Telehealth case example:

Mr Smith\* has chronic lung disease and his Telehealth equipment is connected to the local authority Care Connect Monitoring Centre.

The Nurse Case Manager was alerted by messages picked up automatically on her mobile phone that although his vital signs readings were within the range set as appropriate for his condition, he had given negative answers to questions asked. She was able to quickly visit and it was obvious that his condition had been aggravated. Swift treatment was put in place avoiding the need for unplanned hospital admission over the weekend.

Patients struggling to breathe often do not wish to use the telephone to speak with anyone, however with Telehealth equipment, readings can be reviewed and trends analysed. As patients live with their chronic diseases each day, Telehealth encourages self empowerment via use of the equipment coupled with a Nurse Case Manager to educate, encouraging pro-activeness and more control of their own health.

Mr Smiths GP receives summaries of his condition and intervention and is able to scan them onto his records to ensure they are up to date.

(\*Name has been changed to ensure client confidentiality)

### Extra care

In October 2013 we opened our second Extra Care Scheme in partnership with Wales and West Housing Association (WWHA) in Mold. The scheme provides 63 apartments and bungalows, including 15 apartments specially designed for people with dementia providing person centred flexible support. We believe we are the first in Wales to offer this model of support for people with dementia and are pleased that initial feedback from tenants is very positive. Everyone moving into Llys Jasmine is offered a period of Reablement to maximise their independence and well being.



A selection of comments received in the first weeks after opening:

"In just over 3 weeks of living in her new home, independence has improved from having 4 calls a day to "pop ins" to check all is ok"

"Her skin care has never been so good" District Nurse

"I have never heard my mum laugh so much for years" Daughter

Our next plan for Llys Jasmine is to establish a Dementia Café which will provide a resource for tenants and for people with dementia living in the community and their carers and families. We are currently developing plans for a further two Extra Care schemes in Flintshire by 2016/2017.

People with learning disabilities, physical disabilities and acquired brain injury have told us they want more choice in where they live and who they live with (section 4). During 2013 we have worked with First Choice Housing Association and people with learning disabilities to scope different models of accommodation and support and in 2014/2015 we will be working with the Housing Association to ensure the development of a small apartment complex enables people to live as independently as possible in their own homes. People with physical disabilities and acquired brain injury were fully involved in the retendering of their support for supported living arrangements, choosing to use Direct Payments to give them more flexibility.

### **Locality Working**

We have continued to strengthen our joint working with Health and in December 2013 the first co-located team of Social Workers, Occupational Therapists and Districts Nurses became based within Holywell Community Hospital. This approach improves communication and our effectiveness of working together. The second team will be co-located in 2014/2015 and the final locality team in 2015/2016.

Enhanced Care at Home (HECs) is a core element of the locality working model which we implemented in our North West locality area in September 2013 with the two other locality areas following by the summer of 2014. HECs brings together our Reablement Team and the Crises Intervention Team from Health and provides short term "step up" intensive community based care as a realistic alternative to hospital admission or "step down" support to enable early discharge from hospital. The service has been welcomed as illustrated:

"This service is second to none! The peace of mind it gives is fabulous. My mother was comfortable in her home and cared for and monitored in the same way as she would have been in hospital. Thank you all very much".

The partnership approach we have taken with Health in locality working demonstrates our commitment to the integration of care for older people. We have developed our local plan to take forward the regional Statement of Intent on Integrated Care for Older People with Complex Needs so that we can deliver better outcomes for older people, ensuring that they have a positive experience of care and support and equality of service.

### **Recovery Approach**

The recovery approach focuses on wellbeing, identifying the strengths people have to build

on to achieve meaningful lives and not become dependent on long term social care irrespective of their mental health problems.

We recognised that we needed to do more to fully embed the recovery approach for people with mental health problems to enable them to help to manage their own recovery.

Our Feedback survey in 2013 indicated that 76% of respondents felt that they had received enough support from the services and all indicated that they wanted to become more independent and to move further along in their recovery by undertaking valued roles within society. We have prioritised supporting people to access information, find paid and voluntary work, education and training from the feedback received and our Commissioning Plan reflects this. We know that the recovery approach continues to deliver positive outcomes because people have told us:



"Both, Double Click and Growing Places are encouraging and supportive. Neither judge people and treat everyone equally. I feel very lucky to be part of them".

"The ongoing work is helping me to fit into society, building my confidence and independence".

Our Recovery approach was widely recognised when we won a national Social Care Accolade, reflecting the continued, genuine commitment of all members of the team to work in true partnership with the person as well as with partner organisations to ensure pathways out of services (section 4). In further recognition of this wonderful achievement and our approach we have been invited to speak about it at a UK wide Mental Health conference in December 2014.

### **Mental Health Measure**

In 2013/2014 we have worked with Betsi Cadwaladr University Health Board on the Mental Health (Wales) Measure (Welsh Government legislation), focusing on Assessment and Care Planning to ensure we adopt a recovery ethos and the further embedding of the recovery approach across all services.

### **Single Point of Access**

Flintshire is the host organisation for a regional programme to transform access to Health and Social Care by the development of a Single Point of Access (SPOA) programme. SPOA will create a new streamlined system across North Wales providing equal access to advice, assessment and community health and social care services. Key principles will be people and families getting the right support, in the right place, at the right time. The SPOA will be developed regionally but delivered locally. We have appointed a project manager to take the development forward in Flintshire and envisage the SPOA will build on our already well established First Contact team. Our target is to launch SPOA in Flintshire by 2016.

### For Children's Social Services

We have continued to make progress in embedding our model of early intervention that supports the whole family. The initiatives will mean better outcomes for children and value for money as fewer children will need to go into care. Here is a summary of the initiatives we have in place:



### **The Families First Programme**

The <u>Families First</u> Programme reduces the impact of poverty on families in Flintshire and is making sound progress and the new Challenging Years programme offers support to parents of teenagers.

The Taith Y Teulu Team support families in need who do not meet the threshold for Children's Services. They are fully operational and working to support families referred to them by the Team around the Family Project.

In September 2013 we held an event to publicise our QUEST and NOVUS projects. The projects provide complementary support, concentrating on parents, particularly single parents, to help support them to get out of unemployment and back into the work place, by enabling them to develop the skills required by their personal development plan, including communication, numeracy and literacy.

"It has been very beneficial to me and inspirational. I know it will help me and my children in the future".

"I have struggled to find what it was I wanted to do when I go to work but now I have a definite plan". The Sure Start Crèche Service continues to deliver services to enable parents to attend courses. The long term aim is to develop this into a Social Enterprise and discussions are ongoing to take this forward.

Finally in December 2013 as part of the Families First initiative we submitted a bid to the Lottery scheme to expand the delivery of family focussed services from the Gronant Centre.

# Our new 212ter

### **Integrated Family Support Service**

Our <u>Integrated Family Support Service</u> (IFSS) was formally launched with Wrexham in September 2013. The first such initiative in North Wales it provides support to vulnerable families to improve their quality of life chances through an integrated family focussed

multi-agency approach which bridges Children's and Adults services in local authorities and health. The IFSS enables parents to improve their parenting capacity and can involve the wider family.

### Children in Need

As part of our ongoing commitment to organisational value for money reviews we commissioned an independent consultant to review and benchmark our Supervised Contact Arrangements for Children in Need. We will now explore the benefits of developing a specific Child in Need Team.

### Flying Start

Multi agency teams deliver the Flying Start Programme with eligible parents of 2-3 year olds receiving quality free childcare, parenting support, an enhanced health visitor service and help for early language development. Construction of a new Flying Start Centre in Deeside began in January 2014 and is due to open in September 2014. It doubles the number of local children who are able to receive childcare services and facilities with the full range of services under one roof. We are encouraged by the Deputy Minister for Tacking Poverty's comments that the Flying Start programme is progressing well in Flintshire.

### Flintshire Fostering Service

We have completed a full and detailed Systems Thinking review of our Flintshire Fostering Service following a positive inspection report from CSSIW. Six options for change were presented to the Modernising Social Services Board in October 2013 and an action plan has been developed and progress will be reviewed in 2014.

We received a positive annual report from CSSIW and came second in the inaugural Grandparents Association Local Authority Kinship Care Awards in 2013. CSSIWs 2014 inspection of our Fostering Service was again very positive. Our pool of foster carers has continued to increase with the figure now standing at 102 approved carers.

Our electronic training facility for Kinship carers delivered through a specialist provider has gone from strength to strength with over 120 licences being issued to carers to complete on- line training. This enables them the freedom to complete the training at any time of the day without impacting on their caring commitments. To find out more about fostering in Flintshire visit www.flintshire.gov.uk/foster.

### **Volunteer Mentor Project**

The volunteer mentor project provides a range of supports for Looked After Children, care leavers or children in need to develop independent living, personal and social skills. We currently have 26 volunteers come from all walks of life and have good retention with over 54% being with the service for over 18 months. 36 young people received support from a volunteer from April to December 2013.

We know the volunteer mentor service works because all the young people who have completed a survey would recommend it to other young people and could state one way in which having a mentor had helped them.



### **Homes for our Care Leavers**

The Housing support needs of our care leavers is important to us and the impact of Welfare Reforms heightens the need to ensure appropriate accommodation given the increased restrictions placed upon the payment of benefits to this group of young people. Our aim is to see an expansion of the housing options on offer for all our care leavers who will be equipped with skills to live independently. We continue to work in collaboration with Housing to address the issue and this includes completing joint assessments within agreed protocols with the <u>Supporting People Team</u>.

Following a commissioned report from the British Association for Adoption and Fostering on a review of supported lodging schemes in Flintshire we have developed Nightstop which provides a safe alternative to bed & breakfast accommodation in a family home for 16 - 18 year olds. Between April 2013 and the end of February 2014 270 nights of accommodation support were provided with over £2,000 savings in accommodation costs. Positive move on outcomes were achieved for the nine young people supported.

We are working to develop joint systems with the Housing Options team to support young people between the ages of 18 – 24 who are recognised under the Children (Leaving Care) Act 2000 or Southwark Judgement.

### Transition

Our joint Transition Team across Children's and Adult Services has been operational since July 2012 with staff members transferred and relocated to one team. Initially young people with disabilities over the age of 16 transferred to the Transition and we are now working towards all young people transferring at 14 years. An independent review of the new service showed we were making positive progress to provide consistent services for young people with disabilities. We await the recommendations from the North Wales collaborative research on ageless disability services which we expect in summer 2014 to further inform best practice. This will be considered alongside feedback from the young people and their families and the independent review of the Team to inform future development in Flintshire.

### The Youth Justice Service

The Council has identified Community Safety as one of its eight priorities and in 2013/2014 our aim was to improve victim engagement within the restorative justice process, reducing the fear of crime, supporting victims and encouraging mediation opportunities. The Youth Justice Service (YJS) have set up a reporting system to capture work undertaken with victims of crime and we are reviewing our victim strategy to set targets for 2014/2015. The multi agency YJS continues to work closely with partners and other agencies, including Children's Services in order to secure the best possible outcomes for young people and their families. Case managers have a particular knowledge and expertise in dealing with young people who display sexally harmful behaviours and work cases in partnership with Action for Children.

"Flintshire Sorted" - Young People's Drug and Alcohol Team continues to develop its range of services to minimise the impact of substance misuse by children and young people.

Dedicated 'Link' staff at secondary schools across Flintshire support the education and awareness of drug and alcohol issues. Targeted

support is provided for young people at increased risk and less resilience of using substances. "Flintshire Sorted" is the only referral based service for young people with identified substance misuse issues that impact on their lives and 1-1 referrals are received from all agencies with young people assessed and treatment interventions are provided within the

national time frames.



### Driving forward more Integrated and Preventative Services Priorities for 2014/2015

- 1. Agree plans to extend our extra care provision by providing two more schemes with 60 units in each location and establish a Dementia Café at Llys Jasmine to provide a resource for people living with dementia and their carers both in extra care and in the wider community.
- 2. Progress the Single Integrated Plan (SIP) in the three localities through improved communication and agreed governance arrangements to address the key health, social care and well being needs of the population and implement our local plan to take forward our commitment to the Statement of Intent on Integrated Care for Older People with Complex Needs
- 3. Further progress the locality model of working, including Enhanced Care Services (ECS) and maintain our successful Reablement and Recovery approaches, through extended local use of Telecare and Telehealth technologies and Intermediate Care Funding
- 4. Complete the review of the Children's teams and Flintshire Fostering Service to provide better outcomes by providing timely and effective support to children and families in need and improve the customer experience
- 5. Work with our partners to develop alternative housing and support models to meet the housing needs of care leavers, other young people and people with disabilities
- 6. Through the Integrated Family Support Service use a whole family approach to reduce the numbers of Looked After Children and care proceedings and reduce re-referral rates
- 7. As part of the Families First Initiative and pending the outcome of the Lottery bid, consider options to expand the delivery of family focussed services from the Gronant Centre
- 8. Work collaboratively with regional partners to develop and agree a Single Point of Access (SPOA) Plan for Adult Services in Flintshire

# 8. Evidencing our Improvement

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

### **External inspection:**

For 2013 these have included

- Arofsa our short break facility for young people with disabilities which received
  an unannounced inspection in April. The inspection report was very positive with
  inspectors noting "there is a strong sense of person centred care, because there are
  detailed systems in place to identity the individual requirements of the young people
  using the service".
- Our three residential homes for older people all received positive reports with particular reference to the recruitment of volunteers extending the range and number of activities on offer and staff having more engagement in their role as key workers leading to greater understanding of the expected outcomes of the activity for each person.
- CSSIW (Care and Social Services Inspectorate Wales) Annual Council Performance Evaluation. This evaluation is in response to the Director of Community Services' Annual Performance Report for Social Services (ACRF) 2012, drawing on various evidence including improvement plans, audit reports and inspection reports, and the regulatory work of CSSIW completed during the year. The report sets out the areas of progress and areas for development for Flintshire Social Services, for the year 2012-13. We were pleased with the final evaluation, which notes the council is forward looking and innovative. Inspectors recognised we continue to make progress in a number of key areas and are able to evidence a range of positive outcomes which have been delivered through our strategic modernisation of services. We were proud to note the Inspectors recognition that our performance against a significant range of national indicators remains amongst the best in Wales. The evaluation also noted our intention for more people to live independently through Reablement and the development of a range of preventative services and provision of good support to young people leaving care and access to accommodation has improved.

### Internal assessment

- Monitoring of the Directorate, Head of Service Plans (HOS) and internal plans. Senior managers monitor their progress and report on this to <u>Social Care and Health Overview</u> <u>and Scrutiny Committee</u>, and reflect how well we are performing in our priority areas. Our Modernising Social Services Board oversees and drives forward service change contributing to the Councils priorities, in particular the Living Well priorities that the department leads on.
- The Outcome Agreement. This includes themes that are a priority for our Directorate Improved quality and length of life, with fairer outcomes for all Good social care allows people a better quality of life Children and young people grow up as active citizens and achieve the highest possible standards of wellbeing.

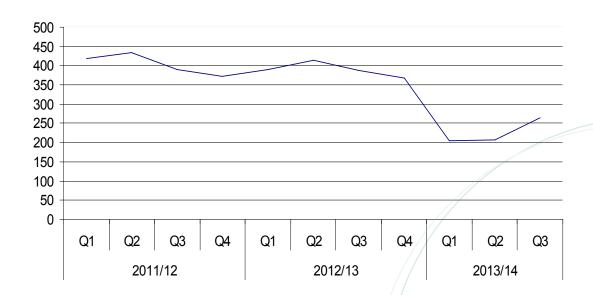
- Compliments, Complaints and other service user feedback. In order to improve services, we need to know what users think. We use this feedback to inform the decisions we make about the way we deliver our services.
- <u>Strategic Equality Plan</u> 2012 to 2016. Our **Strategic Equality Plan** details the objectives, actions and targets we must deliver on to fulfil our statutory public sector duties under the Equality Act 2010 to advance equality and eliminate discrimination.

### **Managing our Performance**

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

In 2013/2014 we have reduced the times taken to deliver <u>major adaptations</u> which are important for people's independence at home. Between April and December 2013 64 major adaptations were completed in owner occupied properties; this is slightly fewer than in the same period last year. However, we have reduced the time that people have to wait, and the average time taken to complete a major adaptation was 230 days. This is better than the All Wales average of 271 days and an improvement on our average for last year.

# Average number of days taken to deliver a Disabled Facilities Grant



The project to pilot a Social Services Inspection Agency (SSIA) 'Outcomes Framework' for child protection ended in July 2013. The focus of the project was on child protection planning and delivery that is outcome focussed for the young person and not process driven. Social workers recorded the project has resulted in them having an increased understanding of outcomes and the outcome led approach which has seen a move away from needs or service led practice. On a wider level the project has recommended to SSIA that an outcome led approach be more widely delivered across Wales, having the potential to be transformative for people who use services and social workers alike.

You have already read about some of our main areas for improvement in Children's and Adult Social Services and we have included below further examples from 2013 which we believe evidence our continuing improvement.

- The Modernising Social Services Board commissioned two successful Systems Thinking reviews. Systems Thinking acknowledges that performance is governed by how a service is designed and most importantly the approach starts with the customer, what do they want from the service, rather than what works for the service. The review of our Flintshire Fostering Service resulted in us improving and streamlining the process for training and approving foster carers, making it shorter and simpler for applicants with less likelihood that they will drop out of the process. We have also changed the way we supply foster carers with the equipment needed by each child or young person, making this more straightforward. We also used the Systems Thinking process to review our Financial Assessment and Charging Team (FACT) processes. We found out that the most frequent contact was from people who use services whose circumstances had changed, resulting in queries about charges for services. We have been able to achieve a number of "quick wins" to streamline our processes to address this and have an action plan to take forward more improvements.
- We have improved our "front door" service in 2013/2014 within the context of a significant increase in the number of referrals received. In 2012/13 there were 709 referrals compared to 1,220 in 2013/2014. Positively for all children referred to us a decision was made for 99.2% of referrals within one working day and 85% of initial assessments are completed within seven working days. This means that children, young people and their families receive the support they need and others are signposted appropriately as soon as possible.
- We have worked hard to improve the stability of placements for children looked after by the Local Authority with 6.5% of children experiencing three or more changes of placement. Sometimes placements do break down and a change of placement can be a positive move for the individual, for instance where they move to a longer term arrangement. 97% of our Looked After Children had a Permanency Plan at their second review, an increase from 94% in 2012/2013. Whilst there has been an increase in the number of looked after children moving school during 2013/2014 we know that some of the changes were a 'managed' move to prevent permanent exclusions to keep children in education. The others were 'foster placement' or 'returning to parents' moves with education provision in the new home community rather than continue to travel distances to former home placements.

- With respect to the Looked After Children and young people, we have a number of high
  profile performance indicators and all of these are currently performing above target. All
  our targets for safeguarding are set above the All Wales average and Flintshire's
  performance is among the best in Wales against the national indicators for safeguarding
  children. We have achieved this in a challenging climate where the number of children
  on the Child Protection Register has continued to increase.
- We work in partnership with Barnardos to identify children and young people who have a caring role and whilst this is a positive service we need to enhance and extend the take up.
- Providing aids and adaptations to people is crucial to improving independence. The self assessment project gives people control over the assessment process and enables people to identify the need for small pieces of equipment and minor adaptations such as grab rails and stair rails to help with everyday activities. Introduced in April 2013 it offers a fast track service for people who have low level needs which could be met without the need for a face to face assessment. In the first six months, 97 referrals were received for self assessment. Of those that resulted in an intervention, 72% were provided with equipment or a minor adaptation without the need for a home visit. Over 90% of people felt that their needs had been met fully in this way and almost three quarters found the form easy or very easy to complete (73%). We are continuing to offer self assessment for small pieces of equipment in Adult Services and are monitoring the impact it has on our minor adaptations programme. We are considering piloting this approach in Children's Services.
- We commissioned with an independent provider who said they could competitively supply and fit minor adaptations across the County thereby assisting in maintaining people in their own homes. We received positive feedback from customers who experienced the service with 100% of respondents said they were "very satisfied". We have decided to extend the pilot to undertake a continued in depth evaluation of the service and ensure we are receiving best value for money with a view to going out to tender locally or regionally in the longer term.

### **Evidencing Our Improvement Priorities for 2014 / 2015**

- Improve the timeliness of major adaptations and evaluate the impact of the extended minor adaptations and self assessment projects to inform further service improvements and options to increase people's independence.
- 2. Further improve the data collection for Carers and Young Carers to meet the outcomes for the Carers Strategies (Wales) Measure
- Consider the findings of research underway on parent's perceptions of the Child Protection process and take appropriate action.
- Develop a coherent quality assurance framework which draws together information about the quality of our services into a single quarterly report

# 9. Glossary

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

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

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

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

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

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

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

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

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

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

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

dementia. Both schemes feature state of the art alarm systems and 24 hour care is available on site.

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

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

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

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

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

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

**Local Service Board** – A local Leadership Team of Flintshire's public service bodies (Council, Police, BCU Health Board, Further and Higher Education, Probation, Fire and Rescue, Environment Agency, Voluntary Sector). It has four principal roles as a set of local leaders: to take ownership of the community strategy; provide oversight and monitoring of relevant partnerships; identify common issues as public bodies/employers and promote effective joint working in the design and provision of public services.

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

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

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

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

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

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

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

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

**Reablement** - Reablement is an approach which aims to maximise independence, choice and quality of life. This means that all people who wish to access Social Care Services undergo a period of assessment and support to enable them to live as independently as possible, thus minimising the requirement for ongoing support. Reablement is a short term assessment and intervention service which is person centred and outcome focused. As such the duration of the Reablement will vary for each person (from a few days to a maximum period of six weeks). During the Reablement phase there will be regular reviews to assess progress against agreed outcomes.

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

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

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

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

Strategic Equality Plan - In producing our plan we meet our statutory Public Sector Equality Duties under the Equality Act 2010 to advance equality, eliminate unlawful discrimination, victimisation and harassment, and foster good community relations in our employment, policy, procurement and service delivery functions. The Strategic Equality Plan replaces and builds upon the progress we have made through the previous Equality Schemes. The Strategic Equality Plan alongside the Diversity and Equality Policy and Welsh Language Scheme sets out the Council's commitment to equality. The Strategic Equality Plan is integrated across the ten Council improvement priorities.

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

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

