

# Social Services Annual Report 2017/18



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If you are reading this report online there are links in the last section that give you further information about our services, initiatives and key documents. There is also a glossary at the back that may help explain unfamiliar words and terms.

The report sets out our improvement journey in 2017/18 and demonstrates how we have promoted well-being through our services. If you receive a service from us please let us know if you think this report is a fair reflection of your experiences over the past 12 months. We welcome any comments you have and your views are crucial if we are to continue to improve services to achieve your outcomes. You can contact us as follows:

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# Section 1: Introduction

**This is our second Social Services Annual Report as prepared under the requirements of the Social Services and Well-being (Wales) Act 2014 (SSWB Act) and Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), both of which place a statutory requirement on the Council to report annually on its social services functions.**

The new legislative framework has transformed social services in Wales. Councils are now required to support people in meeting their personal outcomes by focussing on well-being, choice and prevention. This report describes how we in Flintshire are developing our services to support people to improve their own well-being and achieving their personal outcomes.

2017/18 has been a year of streamlining services and achieving the best outcomes within the budget constraints of the Council. Processes and service delivery methods have been reviewed to ensure they are as efficient and effective as possible, whilst continuing to deliver good quality outcomes and support to the people of Flintshire. An example of this is the new partnership with Hft for the provision of learning disability day services and work opportunities. You can find out more about this in Section 4. The coming twelve months will be a 'year of practice', giving us the opportunity to embed these new ways of working, and concentrating on the delivery of high quality practice across services.

This report provides our stakeholders with a picture of how we have performed and improved over the last year. It highlights any challenges we have faced, what we have learnt and how our services are continuing to be shaped to meet the well-being outcomes of people in Flintshire. These stakeholders include the individuals and families using our services, our staff, councillors, the general public, our partners, regulators and Welsh Government. Engaging with stakeholders informs the development of our services and the areas we want to prioritise, which are highlighted throughout this report.

In the report we evaluate our performance against last year's improvement priorities. These priorities focus on well-being and are linked to the six National Outcomes Standards, which are:-

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

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

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

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

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

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

# Section 2: Director's Summary of Performance

Welcome to the seventh annual report for social services in Flintshire and our second under the requirements of the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). The report has two purposes, to report on how we have performed in the last year and to highlight our direction and priority action for the year ahead. It allows us to reflect on the hard work and achievements of the staff working with partners in supporting adults, children, families and carers across Flintshire.

Despite the very real financial and capacity pressures, teams have continued to maintain and improve the support we give to our most vulnerable citizens. We have continued to build upon our positive relationships working with partners in the statutory, independent and third sectors on our journey to greater collaboration and integration.

I'm pleased to report that good progress has been made across all of our services, which is illustrated throughout the report and is demonstrated by evidence that we are improving outcomes for our citizens and communities. There has been a great deal of focus on RISCA both as an authority and supporting Flintshire providers to have their voices heard through the

consultation processes and moving into support for the implementation of the changes that are required.

To help us understand the challenges facing the care sector in more detail we instigated a strategic review in partnership with our stakeholders and have identified a number of initiatives that can be developed further to support and strengthen the sector. An example includes the development of the Care@Flintshire website which supports providers in recruitment and retention, training, advertising events, sharing good practice and networking with each other.

This year has seen us enter into a partnership with Hft, a national charity specialising in supporting adults with learning disabilities to deliver day and work opportunities services across Flintshire. The service puts people at the centre of everything it does with Hft's fusion model based on Person-Centred Active Support. The new contract which started in February will help transform services to allow people to experience greater levels of inclusion, independence and choice. In addition we have committed to invest £4 million of our capital programme in a new community based learning disability centre which will replace the aging Glanrafon day centre in Queensferry. The new centre will be located very close to the existing one so as to minimise impact on the service and will provide a flagship community facility locally.

Last year saw the establishment of a multi-agency Early Help Hub in Flintshire. The Hub has been designed to enable the delivery of more timely and appropriate early intervention and support for families with greater needs. Support from the Hub is targeted to families with two or more ACEs (Adverse Childhood Experiences). In essence ACEs are traumatic experiences that occur before the age of 18 and are remembered throughout adulthood. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation, parental

## Section 2: Director's Summary of Performance

incarceration, mental ill health or drug abuse is present. Following a soft launch phase where over 300 families who did not meet the threshold for a statutory service received information, advice or support through one or more agencies in the Hub, we will be continuing to develop the service and provide the essential early intervention that is required. This approach has positive outcomes for families and reduces demand for statutory services. It supports families to maintain the relationships that matter to them and to protect them from harm in ways that take into account their own views as well as those of the professional staff involved.

Flintshire was successful in a bid to pilot the Welsh Government funded Childcare Offer. The scheme gives eligible working parents of children aged 3 and 4 up to 30 hours of free childcare/education a week. Early feedback indicates that the scheme supports people back into work, reduces the risk of poverty and supports the well-being of children by enabling them to have richer and more positive childhood experiences.

Our priorities for next year are to continue to safeguard and provide support to the most vulnerable members of our community. The Senior Management Team is committed to ensuring that on-going budget pressures do not place either our service users or staff at risk. The challenge will be to continue to manage demand, to do more with less and we will explore further opportunities for collaboration where that adds value to citizens and improves service efficiency.

During 2018/19 our approach will be family-based and we will focus on the opportunities available for care leavers. We will make sure we are giving people the right information to support their own well-being, review our commissioning and purchasing processes and continue with our capital

investment. The coming year will be a 'year of practice' when we build on assessment processes, invest in staff development and develop our succession planning.

There continue to be challenges ahead, not least in terms of budgetary pressures but also the changing complexity and demand for social care requires a fresh approach and different ways of working to make sure that they are sustainable for the future. We look forward to the year ahead and on behalf of our Cabinet Member for Social Services, Councillor Christine Jones and I, our thanks go to all the staff for their contribution in supporting vulnerable people in Flintshire.

We would like to thank all the individuals who have allowed us to share their stories to help bring to life the difference that all the hard work is making to people's lives and well-being.



**Neil Ayling**  
Chief Officer  
Social Services



**Councillor  
Christine Jones**  
Cabinet Member for  
Social Services

# Section 3: How are People Shaping our Services?

**It's important that people living in Flintshire have the services they need. For this we need to know what's working well, what needs improving and what people hope to see happening in the future. Here is a flavour of how we are making sure that people shape the services we provide.**

## How we listen

We use a range of methods to listen. Surveys are useful and this year again we have responded to the Welsh Government's request to collect data about the well-being of people using our services. Here is a broad summary of what the responses to our 2017/18 Citizen's Survey have told us:-

## What's working well for adults:

- The care, support and dedication of social care staff
- Access to community activities and volunteering
- Direct Payments scheme
- Being consulted and involved in decisions
- Being supported to live independently
- Being shown dignity and respect
- Receiving the right information and advice
- Supported accommodation enhancing quality of life

- Home adaptations
- Care and repair schemes

## What's working well for young people:

- Overall satisfaction with the quality of care and support
- Overall happiness about their lives with loving and supportive carers
- Overall satisfaction with the areas in which they live
- Praise for supportive and dedicated social workers
- Feeling safe and looked after
- Overall satisfaction with information and advice from social workers and carers
- Feeling respected

## What's working well for carers:

- Appropriate support for the carer and user of services
- Feeling involved in decisions
- Good adaptations to properties
- Feeling safe
- Good support from disability equipment provider NEWCES
- Good advice and information
- Having supportive families

## What needs improving for adults:

- Requests for more adaptations
- Dissatisfaction with charges for services
- Issues with communication, especially internal coordination of information
- Dissatisfaction with waiting times or eligibility for services
- Disagreement with social services decisions about how care is provided

## Section 3: How are People Shaping our Services?

- Better consistency of support workers for ongoing visits

### What needs improving for young people:

- Better social inclusion and more activities for young people and young people with disabilities
- Less frequent changes in allocated social workers
- Better contact arrangements

### What needs improving for carers:

- Better follow up checks as caring roles progress
- Better carer support once support packages end
- Better respite services for cared for people
- Improved accessibility outdoors
- More social interaction and involvement in activities for carers

Our next step is to review what people have told us and during 2018/19 we will identify the action we need to take to develop our services and approach in response to the feedback we have been given.

People are involved in shaping our services in a number of ways. We use surveys across Council services on an ongoing basis to find out what people have to say and an example of this is the North East Wales Community Equipment Service (NEWCES) survey. We are happy to inform that NEWCES currently surpasses national performance indicators for community equipment services in Wales. The vast majority of returns were positive this year and as a result no direct changes to this service have been made, our focus therefore is on sustaining excellent performance.

However, we work hard to make the changes that people do want. For example, a user of our mental health support services shared an idea to work with us to develop a small business where people could earn real wages in a supportive environment. This resulted in the designer of this report, Double Click Design and Print, becoming a social enterprise independent of the Council. People using the service began research into how Double Click could offer realistic opportunities whilst supporting people through their recovery journey. The model of a social firm was selected, combining market opportunity and a social mission, and all profits are generated back into developing the business.

Our commitment to improving outcomes for young people means that we need to find out how they feel about their support, the people they know, their rights and their opportunities. To achieve this we are working with Coram Voice and the University of Bristol on a programme called Bright Spots. This aims to improve the well-being of children and young people in care by promoting practices that have a positive influence on them. Funded by the Children's Commissioner for Wales, it involves distributing a survey called 'Your Life, Your Care' to looked after children aged 4-18 years. Our survey was run between February and March 2018 and, once the results are in, we will act on the views of our children and young people.

## Section 3: How are People Shaping our Services?



Alongside this work, the recent appointment of a Participation Officer for looked after children means that we are continuing to listen directly to them. Our well established children's forum, where young people meet with Elected Members, has been instrumental in making several changes to services. These include changing the format for children's reviews and improving hot meal provision in schools. This forum also influenced the appointment of the Participation Officer who holds fortnightly meetings with a participation group of young people. Topics discussed include proposed changes to assessment tools and national consultations. The participation group has already helped develop a Corporate Parenting Strategy and supported the Council's responses to the Population Needs Assessment Plan. Young people have also given feedback about the pathway plan document that looked after children will receive when they become care leavers, ensuring that the information recorded on this matters to them.

### How we work

So gathering feedback and acting on it is an important part of our improvement journey. Equally important is the development of working

practices that enhance quality through participation. Our Early Years and Family Support Service uses the Family Partnership Model, giving parents and practitioners a joint opportunity to evaluate the effectiveness of the service and make shared decisions about next steps.

In learning disability services there is a strategic planning group which includes users of services, parents and third sector representatives. People with a learning disability have committees within their supported work placements and are helped by advocacy groups to share their views. Their feedback is then brought to the planning group and used to inform future developments. An example of this is people who wanted to develop their leadership skills who were supported to chair rather than co-chair these planning meetings. Users of services are also involved in recruitment, and in mental health services this is achieved using the Involve Project. Supported by Unllais, a third sector organisation, individuals and their carers are trained to participate meaningfully in recruitment processes. This included interviewing for the County manager post that leads our Integrated Community Mental Health Teams (CMHT).

Flintshire has taken a lead in developing a new Integrated Autism Service (IAS), and from the onset this has been developed with people who have autism and their parents/carers. They have worked with us on everything, including recruitment (full panel members), staff training, pathways and procedures. People have defined their expectations and they work on both the operational and steering groups with officers, sharing in all the decisions made regarding IAS. Whilst we are in the early stages of operating this service and yet to confirm the difference it makes, the benefits of meaningful involvement in our early work has been positively noted by people with Autism Spectrum Disorder. One volunteer who works with us said:-

*'I found it very interesting that so much hard work is being done to help people like me'.*



## Section 3: How are People Shaping our Services?

In older people's services, the views of The Older People's Commissioner for Wales have been key in driving some of the changes we have made. One of the expectations of the Commissioner, as highlighted in her 2014 review 'A Place to Call Home', was that Councils should have effective ways in which the views of people living in care homes and their families are sought and used to support continuous improvement. The ambitious programme, 'Creating a Place Called Home...Delivering what Matters', stemmed from this. Our Contract & Commissioning Team has supported care providers in using a range of person-centred tools that help staff change the way they work, enabling people receiving care and support to have more choice and control in their lives. Since the programme began last year ten residential homes have achieved an accreditation in person-centred practice. Other homes are working towards this and the programme will now be extended to our domiciliary and nursing care services. The Older People's Commissioner recently praised this approach, saying:-

*"I am really pleased to see that Flintshire is taking such active steps in promoting quality of life issues across care homes in the area, through its 'Creating A Place Called Home and its Delivering What Matters' initiatives. There is evidence that this is being achieved on a true partnership basis, and actively involving care home staff and residents"*

### Planning with Partners

We continue to work hard with our third sector partners to support quality care provision. An example is with our carers services, where we used the expertise of the Carers Strategy Group to review these services and introduce changes. These include ensuring fairer access to carers grants and a commitment to improving support for carers of those with alcohol and substance misuse issues.

In mental health services we regularly review our service level agreements with third sector partners. We do this by meeting with them, users of the services and their carers. The extension of our Step Up Step Out volunteering programme is an example of a change that was made following a review. The feedback told us how popular this programme is and as a result we used an available grant to extend it to include people with Autism Spectrum Disorder. This is now in operation. A carer of one user of this service told us how her child has grown in confidence and enjoyed the social aspect of the programme. She said:-

*'It provides a valuable means of support for a vulnerable group of adults who often feel isolated and unsupported'.*



# Section 4: Promoting and Improving the Well-Being of Those We Help

Since the SSWB Act was introduced on 6th April 2016 the Council has developed a different approach within social services. The Act sets out the Welsh Government's commitment to improving the well-being of people receiving care and support services in Wales. We now want to know what matters to people living in Flintshire so that their decisions shape the care and support they receive. This is about giving people choice and control and enabling them, with the support of our services, to achieve their own well-being outcomes.

In this section, we will give a summary of how well we have performed during 2017/18, celebrating our improvements but also highlighting any challenges we have faced. We will focus on the priorities that we identified last year but will also comment on other relevant activities, all of which are aligned to one of the six National Quality Standards.

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

## Preparing for the Act

Last year we said that one of our priorities for 2017/18 would be to ensure compliance with the SSWB Act through our policies and procedures and we have worked to develop regional policies that support its key themes. These include assessment and eligibility, direct payments, complaints, advocacy and service user engagement. In both adults and children's services a full set of new assessment, support planning and review documentation has been produced. Our Workforce Development Team is working hard to support staff with these changes, as we explain in section 5.

We also committed to continue to develop our working practices and the way we involve the people who use our services. Within adult services our Single Point of Access (SPOA) team continues to have the 'What Matters' conversation with people seeking information, advice and assistance (IAA), focussing on people's strengths, prevention and early intervention. A Third Sector Co-ordinator post is now embedded within SPOA, providing expertise on the opportunities available to meet the needs of citizens through use of community assets and support offered through the third sector. In a twelve month period 3,400 adults received IAA services in Flintshire and, of these, 72% did not contact these services again.



## Section 4: Promoting and Improving the Well-Being of Those We Help

In children's services we have established a First Contact Team which brings together a newly formed, multi-agency Early Help Hub, our Team Around the Family, our children's front door. The team is co-located with our Family Information Service (FIS) which provides timely and extensive information and advice about the support available to families in Flintshire. In a twelve month period 16,000 people contacted the FIS by telephone with many others accessing information via the Flintshire website. Where children and families needed assistance and support we were able to complete 70% of assessments within statutory timescales. During 2018/19 we want to see improved timeliness of assessment for children and families and this will be an area we will review through our performance management arrangements.



The majority of people who took part in our 2017/18 Citizens Survey said that they were provided with the right information and advice, felt consulted and involved in decisions, and were shown dignity and respect by our services. Building on this, we have developed our client information system 'Paris' so that we are now recording outcomes in people's own words. This means that we are getting better at reflecting on the real impact of our work on everyday lives.

This extract, recorded in an application for reablement support to our resource panel, gives an example of this:-

***“The problem is I have been lying around in hospital ...and that I believe has taken away my ability, if you don't use it you lose it. Out of 10 I am currently***

*1, I am aiming for 6 or 7, that would translate into improving my upper body strength and transferring to my scooter as I usually would, I was preparing meals and drinks from that before”.*

### Being RISCA ready

There has been much focus over the past year on The Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA), which reflects the changing world of social care and its focus on quality and improvement. There are five main areas of change under the Act:

- The Act establishes Social Care Wales
- Regulation of the social care workforce
- Regulation of social care service providers
- New approach to inspection of local authorities and how they report
- Requirements for local authorities and Welsh Ministers in terms of market stability and oversight.

Throughout the development of the regulations to accompany RISCA we have worked with all providers of residential, nursing and domiciliary care services in Flintshire to make sure that their voices are heard. The Phase 2 consultation on the implementation of RISCA opened in early May 2017 and we hosted two workshops with these care providers to obtain their feedback on the regulations proposed. These consultations have influenced some of the actions of our Workforce Development Team this year, particularly the work done to support the domiciliary workforce to prepare for registration with Social Care Wales, and the support given to care providers in improving the knowledge required for the new enhanced role of Responsible Individual.

RISCA has placed more emphasis and accountability on the role of the Responsible Individual and the requirements for thorough and regular monitoring and reporting within all care services. We recognised this and have reviewed our own senior management structure, establishing a

## Section 4: Promoting and Improving the Well-Being of Those We Help

new management role within adult services to ensure we fully meet the requirements as detailed in the legislation.

Our in-house services are preparing for the implementation of the Act with all documentation, including the Statement of Purpose, being reviewed and updated. We are also developing our quality assurance process so that it captures well-being outcomes for people, a task that poses challenges here and throughout our service developments. Physical improvements, by their very nature, are easier to measure than improvements in emotional well-being, however, the focus of our work continues to be on measuring the real impact that our services are having on people's emotional as well as physical well-being. The examples we describe against NQS2 demonstrate this.

### Priorities for 2018/19

**Continue with our work to prepare for the implementation of RISCA.**

**Make the information on our website more meaningful for individuals to help them find the right information to support their well-being.**

**Further develop our quality assessment and care planning processes across social work teams.**

**NQS2: Working with people and partners to protect and promote people's physical and mental health and emotional well-being**

## Care Closer to Home

Good health and healthy lifestyles are important for well-being. We have been working with other Council services, partner organisations and groups of people living in Flintshire to develop cost-effective services that benefit the people using them.

We remain committed to providing 'step up, step down beds' within our in-house and independent care homes. This service is funded by the Integrated Care Fund and offers people a period of further assessment whilst trying to keep people out of hospital and closer to home. In the financial year 2017/18, a total of 219 admissions were made into these beds. Of these, 79 were step up (admissions from the community) and 140 were step down (admissions from hospital). Until 1st April, those who had been admitted in the year had spent a total of 5,864 nights within the beds provided. Of those who had been discharged within the year, 93 went home, 16 went into hospital, 69 went into long term care and 25 received further assessment.

The average age of adults entering residential care homes on a permanent basis in Flintshire for 2017/18 was 86 years. Our rate of delayed transfers of care (of people aged over 74 years) for social care reasons was 0.189%. This compares favorably with the Welsh average of 0.49% and translates to 25 older people in Flintshire remaining in hospital for longer than necessary in 2017/18.



## Section 4: Promoting and Improving the Well-Being of Those We Help

We are ensuring that our looked after children have access to primary health care by registering them all with a local GP, our aim being to register each child within 10 days of the start of their placement. In terms of support from Child and Adolescent Mental Health Services (CAMHS) we are advised that all looked after children who are appropriately referred to the service will be seen within 28 days. This marks a significant improvement for this cohort of children and young people which is welcomed. The timescales for supporting children and young people with neurological/behavioral needs is an area we will be reviewing with health to ensure that children and young people can be supported whilst they wait for an assessment. We also know that further work is needed by our health colleagues to ensure that there are timely health assessments for our looked after children.

With its focus on partnership and prevention the SSWB Act has shaped another of our key priorities this year, which is to continue to work in an integrated way with health services so that people are treated in the right place with the right skills. Research has proven that providing short periods of intensive support in people's own homes can improve patient care, reduce the likelihood of expensive hospital admissions and decrease the number of delayed hospital discharges. The Community Resource Team (CRT) is a partnership between the Council and Betsi Cadwaladr University Health Board (the Health Board). It is a crucial part of what we are doing to implement the 'Care Closer to Home' agenda, a priority for the Health Board and Public Service Board. Nurses, therapists and social care workers work together to support people in their own homes. The CRT offers a seven-day service and access to this support is available to anyone over 18 with multiple health and social needs who is at risk of hospitalization or would benefit from an expedited

hospital discharge. In 2017/18 the team estimated that is prevented over 2,500 bed nights in hospital through this support. This figure is set to increase with further expansion of the team in 2018/19. The CRT has been integrated within SPOA which is now accessible to both the public and professionals via a single contact telephone number, **01352 804443**. Opening hours have been extended and are:

General public: 8.30 am – 5 pm, Monday to Friday.  
Health referrals: 8 am – 5.45 pm, Monday to Friday  
(watch this space for expansion into weekends).

**The impact that the Community Resource Team is having in terms of outcomes for people is illustrated by the case study in Appendix 1.**

In children's services we have entered into the first year of our Repatriation and Prevention (RAP) project. This service is a partnership between Flintshire Council, the Health Board, Action for Children and Wrexham Council. The service provides targeted intensive therapeutic support for young people who are at risk of their placement breaking down. Support is provided to sustain community, foster, residential and adoption placements.

### What matters for carers

As well as our responsibilities towards the people living in Flintshire requiring care and support, we also have to make sure that people who provide unpaid care and support, mainly family and friends, receive the help they need.

This year we have worked on simplifying processes that identify carers and give them access to advice and support. Our referral process from SPOA through to the North East Wales Carers Information Service (NEWCIS) has been streamlined and now enables carers to be given information and

## Section 4: Promoting and Improving the Well-Being of Those We Help

advice when making initial contact with us, receiving a direct referral to NEWCIS should they choose. Using the 'What Matters' conversation, an assessment is carried out with the carer, either alone or jointly with the person they care for. The assessment is proportionate, centres on the carer's strengths and supports them to participate fully in the decisions that affect them. In 2017/18 1,885 carers in Flintshire were identified through SPOA and referred to NEWCIS.

Our Young Carers Service aims to improve the confidence and emotional resilience of our young people aged between five and eighteen years who provide care and support. It gives them a secure environment where they can draw on the support of their peers and also provides access to community groups to help them sustain their caring responsibilities in the long term. Once discharged, they are able to be re-referred into the service if circumstances become difficult or they need more intensive support. We want to help make sure that carers services across the region are fair and are continuing to contribute to the North Wales review of carers' services by exploring opportunities for working and sharing good practice with neighboring Councils.

Locally, our Carers Strategy Action Plan has been updated with refreshed actions for us, including an outcome-focused approach in evaluating the effectiveness of our carer services. The introduction of new carer service performance outcomes will tell us whether or not the things that matter to carers are being achieved and we will be providing evidence of this next year. What we do know, based on our existing performance data, is that overall our carers services are working well. Our 2017/18 Citizens Survey told us that carers in Flintshire feel supported, involved and safe. Some

carers, however, expressed concerns about feeling isolated once a support package has ended, difficulties in accessing outdoors and having to give up hobbies and activities because of caring responsibilities. We will tell you more in this section about some of our initiatives that are trying to address these concerns.

### Your Council, your services

We want to make sure that people living in Flintshire can contribute to the development of services that might benefit them. Our Older People's Engagement Worker project gives opportunities for older people's groups to contribute to the planning, development and evaluation of services. This project has developed a network of more than 50 older people's forums and groups in the county and provides support to the Flintshire 50+ Action Group, helping to raise its profile amongst older people through the production and distribution of its quarterly newsletter 'Codger's Quarterly', and planning events like the International Day for Older People celebration. Opportunities for members of the Action Group to represent the views of people aged 50+ in the county are provided through representation on committees and involvement in consultations about services, with recent opportunities including the Older People's Commissioner's 'Accessing GP services' consultation and the Health Board survey 'Living healthier, staying well: building a plan for older people.'

As well as social services, the Council as a whole continues to promote healthy lifestyles through developing initiatives that help people to be active and stay connected to others. Here are a few examples:

### Being age-friendly, being resilient

In October 2016 Leeswood & Pontblyddyn Community Council made a commitment to becoming age-friendly with support from Flintshire's

## Section 4: Promoting and Improving the Well-Being of Those We Help

Older People's Strategy Co-ordinator and Older People's Engagement Worker. This initiative, which is supported by several Big Lottery funded projects, explores the impact of community-based activities that are led by older people living in rural areas, gathering information from a range of engagement activities with local groups. This information has been used to identify the priorities for the community that will enable people living within it to age well and is highlighting the local skills, expertise and resources needed to support other communities through the age-friendly process.

In times of great change, living in communities that have the capacity to respond to economic, social or environmental challenges is important. 'Inspiring Resilient Communities' is one of the identified priorities of Flintshire's Public Services Board, as high levels of resilience have been proven to enable a community to prosper in the face of challenge. A working group is developing a framework for how community resilience work in Flintshire can be led and co-ordinated and we hope that the project outcomes will bring measurable improvements to community resilience in environmental, health, economic, social and cultural terms.

### Community transport: staying connected

Community transport is safe, accessible, cost-effective and flexible. It is being developed in Flintshire to directly address gaps in public transport provision and is of particular value to people who do not have access to a car or public transport. We believe that our Community Transport Scheme can help to reduce social isolation for people living in both our rural and urban areas.

Five broad areas that would benefit from the scheme have been identified, looking at gaps in current provision and potential future shortfalls. A range of schemes are being developed that addresses these gaps. One example is the Taxi-Bus scheme, which is a regular public bus service run by a licensed Hackney carriage or private hire operator, using a taxi or private hire vehicle. Just like a regular bus service it runs along a fixed route and to a scheduled timetable. Users can just turn up, usually at designated stopping places, and pay a fare similar to a regular bus fare. Passengers can also use their concessionary bus passes. Also recently introduced is the Flintshire Ring and Ride Service. This is a door-to-door service using cars or minibuses for people who need to travel to their GP surgery or other health-related appointments and find it difficult to use mainstream transport. Grant funding has also been secured through the Rural Community Development Fund to buy two minibuses for development of a community bus scheme in the Mold and Holywell areas. The schemes can either be run as demand-responsive or fixed route transport services to published timetables, available to the general public just as a local bus service would be.

### Well-being and the arts

We are very fortunate in Flintshire to have a regional arts centre, Theatr Clwyd, which is based in Mold. As well as hosting in-house and visiting theatre companies, the theatre is now developing projects that create experiences to enhance the health and well-being of people participating in them. Two examples are Cwmni55 and Arts from the Armchair.

Established in September 2017, Cwmni55 provides a weekly session exploring different aspects of creative theatre. It now has 32 members aged 55+ and offers a 'pay what you can scheme', making it financially accessible. We have received very positive feedback from group members telling us about the impact that participation is having on them. These comments include:

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*“A precious time which is just for me, away from caring responsibilities - exploring drama with like-minded people, and having fun!”*

*“Company 55 has been so enjoyable giving me a chance after being almost housebound for 5 years to get out and meet people with similar interest and to have fun and learn something, it also made me use my memory in a way I had not done since I retired. WONDERFUL!!!!”*

Arts from the Armchair (AFTA) is another group that meets weekly at Theatr Clwyd. This is a partnership between the theatre and Health Board, and participants are clinically referred via the Mold Community Hospital Memory Clinic. The group, which is led by a creative producer, invites actors, musicians, costume makers, scene painters and lighting and sound technicians along to actively encourage involvement from participants. One member of AFTA told us:

*“We imagine, plan, decide, think, choose and find. By doing these important processes we reconnect with these important functions. We need to stop disconnecting from them.”*

Our Flintshire Sounds service continues to offer music therapy to people over the age of 65 who have memory problems or dementia. They are encouraged to sing, play simple percussion instruments and move and dance wherever possible. This service gives people a chance to enjoy a shared reminiscence experience with carers, families and friends, and an opportunity to make new friends. Three sessions are held every week in Mold, Shotton and Holywell.

## Libraries and leisure: community benefits

We are working to make sure that Council services are community-focussed and are protected where budget pressures could result in the possible loss or reduction of these services. To maintain its library and leisure facilities the Council has worked with staff to develop an alternative delivery model that will be sustainable for Flintshire residents and rewarding for staff. This has led to the creation of Aura, a not-for-profit, community benefit society, which took on the management of leisure, libraries and heritage services in the county from 1 September 2017.

Aura aims to improve the quality of life for customers through providing popular culture and leisure opportunities that improve mental health and physical well-being. It offers a bespoke library delivery service to our housebound residents and to the people living in our residential care homes. It also provides a selection of innovative products and services specifically designed to support those living with dementia within our communities, for example dementia friendly reading collections, reminiscence ‘pop up pods’ and reminiscence boxes.

Aura leisure delivers the Flintshire National Exercise Referral Scheme (NERS), which provides a targeted and preventative approach to enable people who have health problems or who are at significant risk of developing disease to receive support in becoming more active. The support the scheme provides makes a world of difference in enabling people to participate in physical activity they would not otherwise do. Activities range from gentle circuit classes, strength and balance classes, back care, cardiac health activities, Tai Chi, walking football, indoor bowls, walking, swimming and gym based activity. This variety reaches a wide range of older adults providing them with safe and supported physical activity in an environment where they can socialise and have a regular routine of physical activity. For many, greater independence and social contact means a better quality of life.



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### Priorities for 2018/19

**Improve the emotional well-being and mental health of care leavers, including a commitment to helping them be ready for work.**

**Ensure all care leavers continue to have an allocated Personal Advisor to provide them with practical support and advice to help them live independently.**

**Recommission an integrated disability community support service with the community sector.**

**Implement the recommendations within the Carers Strategy.**

**NQS3: Taking steps to protect and safeguard people from abuse, neglect or harm**

### Safeguarding: what we do

We have a responsibility for ensuring that the right care and support is arranged for people living in Flintshire who are subject to or at risk of abuse and neglect, and for working with them to improve their well-being.

Operationally the Flintshire Safeguarding Unit continues to give information, advice, guidance and support to our internal teams, independent and public sector organisations and the public. In extreme cases, the prevention and management of risk requires the Unit to follow processes that result in punitive actions being taken against individuals, social care workers or organisations who have been proven to cause harm to adults or children.

This year we have seen an increase of 40% in adult protection enquiries because of the impact of the SSWB Act which re-defines the term 'Adult at Risk' and broadens its implications. Our response has been to realign the resources in our Safeguarding Unit, the result being that 84% of adult safeguarding enquiries are now being processed within the statutory requirement of seven days. Those referrals processed outside of this timescale are of a complex nature and are awaiting further information from a practitioner or agency. Safeguarding managers are able to effectively delegate tasks for high priority cases, meaning those enquiries that do not meet the national timescales are of a lower priority in terms of potential risk to the safety and well-being of those concerned.

The Unit is also actively managing the waiting list for Deprivation of Liberty Safeguards (DoLS) assessments. Urgent and review authorisations are being prioritised and new work is being done to review community DoLS applications.

For children, 91% of all initial child protection conferences take place within timescales compared with 74% last year. The timeliness of review conferences is stable at 98%, although demand has increased due to the recent increase in the numbers of children on the child protection register. In the last six months, there have been only three repeat registrations of children on our child protection register, suggesting that we are de-registering children appropriately. This is further evidenced by the average time that children spend on the register, which is ten months.

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### Safeguarding: a team effort

We recognise the vital contribution that other Council services like transport, education and leisure have in promoting well-being and a priority for us this year has been the development of a joined-up approach to safeguarding across all Council departments. This is being steered by the Corporate Safeguarding Panel. All areas within the Council now understand their safeguarding responsibilities and each has a safeguarding lead person with representation at the Panel, as do elected members. The Panel is co-chaired by the Chief Officer for Social Services and the Chief Officer for Education and Youth, an arrangement that facilitates cohesion between these two service areas. Information regarding the Corporate Parenting Strategy, for example, was recently included in a presentation to Elected Members, one of many steps that are helping us to improve links between safeguarding and other Council priorities.

The focus of the Panel this year has been the development of a new Corporate Safeguarding Policy and we are pleased to inform that this was signed off by elected members in October 2017. This policy is supported by a Corporate Safeguarding Communication Plan which is regularly updated by the Panel and actively used.

To achieve our aims a number of key activities have happened over the last twelve months which include:

- The introduction of a safeguarding section on the Council's website and internal internet that make it easier to find information and resources. [flintshire.gov.uk/safeguarding](http://flintshire.gov.uk/safeguarding)
- A presentation made by members of the Corporate Safeguarding Panel to 'Change Exchange', a forum where managers come together to share and learn. This raised awareness of safeguarding and highlighted some of the actions being taken by our Streetscene, Transportation and Community and Enterprise services to make safeguarding an integral part of the way they work.
- Awareness sessions have been delivered to both the Health and Social Care Overview and Scrutiny Committee and the Education and Youth Overview and Scrutiny Committee. The sessions gave Members an overview of the diversity of safeguarding and their role in keeping adults and children safe, providing an opportunity for a question and answer session at each meeting.
- Contracts with transport providers in Flintshire now include a safeguarding clause ensuring they attend appropriate training. The procurement team has also worked with our in-house legal services to develop safeguarding statements and clauses for all services to use within the procurement process.
- To make staff training more flexible and accessible, and to complement existing training that the Council provides, two safeguarding e-learning modules have been developed and made available on the Flintshire Academi Learning Pool website. The modules cover the different signs of abuse, how to raise concerns and how to keep adults and children safe. All employees are encouraged to complete the modules and they are now compulsory for new starters and apprentices.

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- AFTA Thought, an organisation specialising in training through drama, delivered six safeguarding training sessions during the year and a total of 389 employees attended from Community and Enterprise, Corporate Services, Governance, Planning and Environment, Education and Youth, Streetscene and Social Services. These sessions crafted scenarios that got to the heart of safeguarding, using the medium of drama to provoke thought and discussion.



**The real value of our safeguarding work can be measured by the impact that it is having on outcomes for vulnerable people. One example is given in the case study in Appendix 2.**

## Priorities for 2018/19

Embed learning from the child practice reviews, adult practice reviews and domestic homicide reviews. This will be actioned by:-

- **Holding events to share the learning from reviews with frontline practitioners and managers.**
- **Changing practice based on recommendations and action plans from reviews.**

**Develop advocacy to ensure we are compliant with legislative requirements.**

**NQS4: Encouraging and supporting people to learn, develop and participate in society.**

## Participation through learning

Learning and developing are important aspects of well-being and can help us thrive and flourish. The focus of our work continues to be on resilience and supporting people to participate in the things that matter to them, and none more so than in mental health services.

The Learning for Recovery and Well-being programme is now in its fifth year and has given over 500 people access to learning opportunities this year. The programme, which is a partnership between social services, the third sector and health, is open to people experiencing mental health issues and their carers. This year we are enhancing the programme by making links with GP surgeries and other community facilities. This is because we want to assist even more people to manage their own mental well-being and prevent them from needing the support of other mental health services.

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The Next Steps team gives people opportunities to learn, develop and participate in paid employment, voluntary work and educational training. Of the 157 individuals who used this service between April and November 2017, 28 received support to find or retain employment, 33 were supported to access a volunteering position and 47 were assisted to access either community based or further education. This year an accredited volunteer training course was developed which, as well as covering the practical aspects of volunteering like confidentiality and managing difficult situations, is designed to increase the confidence and self-esteem of those participating.

One person describes the impact that Next Steps has had on her well-being as follows:-

*“It gave me hope in hopelessness, belief in myself and the structured support that was necessary to make a path to a life where I can live positively with my mental health problems”.*

### Quality for children

As we said in our introduction, 2017/18 has been a year for reviewing services so that they not only continue to improve in achieving good outcomes for people, but are also as efficient and effective as possible.

The educational attainments of our looked after children are important to us and in 2017/18, 40% achieved the core subject indicator at key stages 2 and 4. During the year to 31 March 2018, 12% of looked after children experienced one or more changes in school during periods of being looked

after that were not due to transitional arrangements. We remain committed to safely reducing the number of looked-after children who are placed in residential care both inside and outside of Flintshire. There is no single response that can achieve this and a range of targeted and complementary approaches are needed to build family resilience and prevent needs from escalating. This includes enhancing services that provide support for stepping up and down from residential care, such as enhanced foster care, as well as strengthening early input in education services and developing the skills and expertise of staff within our schools.

We are pleased to share that in October 2017 the Council won a Fostering Excellence Award. The award was presented by the Fostering Network, the national charity for foster care, and Flintshire won the category ‘Fostering Friendly Employer of the Year’. Flintshire Council was the first Local Authority in Wales to become one of the Fostering Network’s fostering friendly employers.



However, there will always be a small minority of children who need highly specialist residential care and support, and last year we said that one of our priorities would be to ensure that processes for high cost children’s residential placements are well managed. We have developed a single process for sourcing these specialist placements. The Contract and Commissioning Team within our social services now provides a central point where key information is provided when sourcing and matching appropriate placements to children. Placements are reviewed by a multi-agency panel

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made up of operational and senior managers, an approach which oversees the efficiency of the process and scrutiny of decision-making. This new process ensures quality of care underpinned by robust financial scrutiny and contractual overview.

### Working parents: making a difference

Many of the examples given in this report demonstrate the importance of participation and we are continuing to progress services that enable people to contribute to society economically as well as socially. In 2016, we were one of seven Councils in Wales who successfully bid to pilot and become early implementers of the Welsh Government funded Childcare Offer (The Offer). This scheme gives eligible working parents of children aged 3 and 4 years a combined funded childcare and education offer of up to 30 hours a week. This is available for up to 48 weeks of the year inclusive of 9 weeks within school holiday periods. The scheme aims to support families with quality, flexible and affordable care and, by doing so, positively impacts on local economic regeneration by helping parents to participate in the workplace. Reducing a family's risk of poverty also supports the well-being of children by enabling them to have richer and more positive childhood experiences.

The development and delivery of The Offer has been led by social services. April 2017 saw the development of a bespoke system for eligibility checking and automated applications, enabling parents to register on-line and self-select registered childcare providers. By 31 January 2018 over 160 providers and just under 500 children were registered, with this figure increasing daily.

The pilot has highlighted some early challenges which have informed how we work to expand the scheme to other areas. Feedback we have received has been positive. One parent told us: -

*'I really appreciate it as I had no idea about the additional hours. This will make a difference to our family.'*

A childcare provider said:-

*'This is an example of this scheme really working as it has enabled the parent to seek work and actually get back into the workplace.'*

Information is available from the Family Information Service on **01352 703500** or email: **fisf@flintshire.gov.uk** and on-line at **www.flintshire.gov.uk/childcareoffer**.



### Potential with progression

Partnerships and multi-agency ways of working feature strongly in social services and this is particularly so with our Progression Model, which we continue to develop across our supported living services for people with learning disabilities.

We know that our traditional model of 24-hour care for people with learning disabilities, although successful in keeping people safe, can prevent some from taking positive risks and developing the skills needed to reach their full potential. The Progression Model was introduced in learning disability services in 2016. It is a partnership between citizens and their

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families, social services, the Health Board, independent care and support providers, an independent trainer and a community arts charity.

The good practice example already in place in Flintshire, Orchard Way, demonstrates how co-producing services that focus on people's strengths can help them to develop life skills and be more independent. This year we have worked with four more care providers to develop this approach. With funding from the Integrated Care Fund, the progression team has been strengthened with the introduction of a full-time social worker and a part time physiotherapist and occupational therapist. Their role is to take the learning and good practice from learning disability services and broaden this out to all services. They currently focus on supported living in learning and physical disability services, enabling individuals, family members and practitioners to achieve their personal outcomes and reducing their reliance on paid support.

To help with this we developed a Shared Approach to Positive Risk Taking policy which has helped change staff attitude towards risk, and sourced positive risk training for independent care provider managers and front-line staff, which has also supported changes in attitude and practice. There has been further investment in supportive technology and a range of tools designed to support, measure and monitor individual and service progression have been developed and introduced.

Progression is driven by a genuine desire to improve outcomes for people, however we recognise that this approach does reduce dependency on statutory services and that this helps us to be more efficient. An example is a reduction in support for three tenants of one supported living house from 107 hours to 70 hours per week.

## Learning Disability Services: doing things differently

Last year we began to work with users of services, families and staff to consider alternative delivery models for day services and work opportunities for adults with learning disabilities. These services provide respite and support for carers, as well as giving participants purposeful activities that enhance their skills and independence. This challenging work has continued to be a priority for us as we modernise our services whilst delivering financial efficiencies.

In March 2017, following a full and inclusive procurement process, Cabinet approved the appointment of a recommended provider, Hft, to deliver and transform Flintshire's learning disability day and work opportunities services. Hft, a national charity supporting adults with learning disabilities,



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brings a wealth of experience and proven track record as a high quality and progressive social care provider and shares our vision for transformation of these important and valued services. A contract was agreed in November 2017, for an initial 5 years with an option for 2 additional years. The service, which includes Glanrafon Day Centre, the work opportunities businesses and the work options job coaching team, successfully transferred on 1st February 2018.

### Priorities for 2018/19

**To achieve good residential placements locally and develop independent living skills.**

**To review and improve the current out of county offer within both adults and children's services. To review commissioning and purchasing processes including direct payments, spot purchases, frameworks and contracts.**

**To improve employment opportunities for care leavers through the actions of:-**

- **Implementing the BOOST Project, a programme of work experience using Council services to provide structured work experience opportunities and mentoring to care leavers, and actively providing corporate parent support.**
- **Promoting the Council's apprenticeship scheme to support care leavers.**

### NQS5: Supporting people to safely develop and maintain healthy domestic, family and personal relationship.

Councils in Wales have a responsibility to support people to safely develop and maintain healthy domestic, family and personal relationships. We have told you about some of the work that we are doing to help people stay connected to their families and the communities they live in. In the financial year 2017/18 we helped support 63% of our children to remain living with their families and 10% of our looked after children returned home from care. Up to 31 March 2018, 9% of looked after children had three or more placements during the year.

### Family support: an early response

The SSWB Act supports a shift towards early intervention and prevention. This means that we need to support families living in Flintshire to access the right care and support services before their needs escalate to crisis point.

Research shows that investment in early help services can prevent children entering the social care system, and can help to manage needs within families to avoid them intensifying. Families often achieve the best outcomes when we get involved early to provide advice and direct them to the appropriate services. A large proportion of the referrals we receive about children and families are not eligible for a statutory service, but benefit from support to access the wider range of services available. Last year we recognised the potential in creating an Early Help Hub located within children's services. Working with representatives from children

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and adult services, youth and education, housing, the police and health services, we laid the foundations for its implementation, sharing the wealth of knowledge and experience that this multi-agency approach offers. The Flintshire Early Help Hub brings statutory and non-statutory agencies together to share information about families and coordinate an early response before relatively simple problems escalate and become complex. Screening for the Early Help Hub is based on families who exhibit Adverse Childhood Experiences (ACEs), which are an indicator of needing early intervention. The Flintshire Early Help Hub was implemented in May 2017. Following a soft launch phase where over 300 families who did not meet the threshold for a statutory service received information, advice or support through one or more agencies in the Hub, we will be having a public launch of the Early Help Hub.

This approach reduces demand for statutory services and has positive outcomes for families. **Please read the case studies in Appendix 3 to find out more about how the Early Help Hub is supporting families to maintain the relationships that matter to them and to protect them from harm in ways that take into account their own views as well as those of the professional staff involved.**

### Family support: parenting programmes

The Flintshire Parenting Framework (2018) outlines a structure for further development of formal and informal parenting programmes and forms part of our wider strategy for early intervention and prevention. The aim is to develop a comprehensive range of parenting programmes that meet the needs of all parents and carers, matching support to individual

circumstances using the 'What Matters' conversation and allowing each individual to achieve their personal outcomes. Staff use child and family development models to build confidence in families, reduce isolation and promote positive family experiences in line with Welsh Government Guidance 'Parenting in Wales' and the Flintshire Framework. Parents using these programmes have told us that they come away feeling more confident, have stronger relationships with their children and know how to access further information, advice and support.

### Priorities for 2018/19

**Focus on taking a family based approach to our practice and using trauma informed practice to build resilience in families.**

**NQS6: Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.**

### Our homes, our assets

Last year we said that we were going to use capital investment to develop our building assets so that people in Flintshire have good places to live within communities where they can socialise, be active and remain independent.



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We know that living in suitable accommodation is fundamental to well-being. Our Strategic Housing and Regeneration Programme demonstrates our commitment to building more affordable council houses and we plan to build 500 new homes in Flintshire by 2021 in response to increasing demand.

This programme will benefit the regeneration of our towns and communities because our focus continues to be on supporting people to access accommodation that meets their needs both now and in the future, building homes for life where possible. Our 2017/18 Citizens Survey told us that having suitably adapted homes remains a concern for some people. The new homes we have built include design features such as adjustable work surfaces and walk in showers that allow for independent living, and also allow consideration for future adaptations that may be needed. Flint is an example of community regeneration in Flintshire, with 92 new affordable council homes, a new health centre and an extra care scheme in the process of being built.

### Independent living with Extra Care

Independent living is a key priority for us and we are continuing to work with our housing association partners to develop two further Extra Care schemes in Flintshire, using what we have learnt from the schemes we have already developed in Shotton (Llys Eleanor) and Mold (Llys Jasmine).

We are pleased to report that the development of Llys Raddington Extra Care in Flint town centre, a partnership with Ty Glas Housing Association, is nearing the end of its construction phase and the building is becoming a

clear landmark in the town. The operational planning has been the focus of our work during the last 12 months to ensure that the housing and care services will be ready and in place for its opening, which is expected in summer 2018. The scheme, as expected, has been extremely popular and we have received a high level of interest from potential residents. We are looking forward to opening the doors to our third and largest extra care scheme which will give older people more independent housing choice.

Our Holywell Extra Care scheme received full planning permission in October 2017 and, following extensive consultation we have agreed the detailed designs for the scheme, which is a partnership with Wales and West Housing Association. The legal purchasing of the land and site preparatory work is currently being taken forward and we are still on track to commence construction on site in 2018.

In disability services we are working closely with housing partners to secure appropriate accommodation for people with a physical and/or a learning disability. Specialist housing has been provided by housing associations to meet individual needs, both for people who require 24 hour supported



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accommodation and also others who can live more independently with pop-in or tenancy support.

### Learning Disability Services: community benefits

Despite unprecedented financial pressures we continue to invest in our capital programme and £4 million has been allocated for the construction of a brand-new learning disability day services facility which will replace the ageing Glanrafon day centre in Queensferry. The new centre, which will be located on the site of the former John Summers High School, will provide a flagship community facility.

The project is in the design phase, and a service working group meets regularly to discuss plans. Membership includes users of the service, their family members, staff from the Council, Hft staff and health colleagues such as nurses and occupational therapists. The group is working to produce a building design that allows for the development of skills, independence and social interaction, providing modern facilities and equipment to meet the care and support needs of adults with multiple and profound disabilities. Work has included gathering requirements using discussions and questionnaires and site visits to other centres, and we are now moving on to finalising more of the detailed material and equipment finished.

Planning permission was approved in February 2018, with construction starting on site early in the summer. It is anticipated that building work will be finished by Spring 2019.

## Children: being social, staying local

We want people living in Flintshire to have stability and a good quality of life, both economically and socially. This includes young people with disabilities and in our Council Plan for 2017-23 we make a commitment to improving outcomes for our young people through stable, local care placements.

Action for Children has been working in Flintshire for twenty years and since 2012 has operated from Arosfa in Mold. The property, which is owned by the Council, is currently a three-bed unit and is adapted with specialist equipment. It offers short breaks for children with profound disabilities in a safe and secure environment, enabling them to strengthen their independent living skills and socialise. The service is open for 324 nights a year and in the last three years 25 young people have used it.

We continually consult with stakeholders to understand their views on our services, and recent feedback told us that there is concern about the lack of available help to care for children during school holidays and when carers become unwell. Carers have told us that the pressures of juggling work and the physical and emotional demands of caring for children with disabilities can affect their own well-being. Young people themselves have said they would like a greater range of activities to do outside school and there is a real risk of



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social isolation for both them and their carers. The results of our 2017/18 Citizens Survey confirmed these views, with some young people expressing dissatisfaction at a lack of social interaction and activity. Again this is an area we will need to address in the coming year.

### Strengthening our care sector

We are working hard to strengthen partnerships and support people to live independently through our building assets. However, supporting people to live independent lives, whether in their own homes or in residential placements, also requires a strong care sector.

A comprehensive review of the residential care market in Flintshire was completed in 2016. The review included involvement with the Older People's Commissioner for Wales, Care Inspectorate Wales, Welsh Government, Care Forum Wales and the Health Board. It concluded that the current market is fragile. In residential care, bed occupancy levels are consistently at or near full capacity, meaning there is limited resilience to mitigate the impact of temporary or permanent closure of homes or beds or deal with winter pressures. The review also identified the need for a significant number of additional beds by 2020.

Many health and social care services are interdependent, therefore an integrated approach is required to find solutions to problems and overcome challenges. Through joint strategic working in Flintshire, the Council and Health Board have regularly discussed the challenges that are being faced across the health and social care system and our priorities for meeting those challenges. As well as the increased complexity of needs of people

living in residential care and projected increase in demand for services we face other significant challenges. These include delayed transfers of care (hospital discharges) and re-admissions to acute hospitals, unscheduled care and its impact on primary and secondary care services, the need to adopt a Discharge to Assess model to improve outcomes and reduce risk of increasing dependency on services, the delivery of care closer to home and the fragility of the care home and domiciliary service sector.

This year we decided to focus on one of these challenges and take a detailed look at the issues impacting on the fragility of the care home and domiciliary service sector. We wanted to identify the key factors affecting our local providers of care and support so that we could develop a plan to help them.

We set up a steering group that included our staff and representatives from local care and voluntary organisations. The work done, which has included participation in business reviews, has given us an understanding of the key issues broadly impacting our locality. The recruitment and retention of direct care staff has been raised as a particular concern, and research has shown that this is also a significant national challenge. We have also been working hard to support our care providers in preparing for the implications of RISCA by hosting several consultation workshops. These gave managers and owners an opportunity to ask questions and discuss the issues and changes affecting them.

Working in partnership with local organisations in this way means that, where possible, we can take the actions that they want. One notable success is the development of the Care@Flintshire website, which includes information on working in care, local job and training opportunities, community events and important changes within the care sector.

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One provider told us:

*'This is an excellent idea to improve communication between the providers, Flintshire County Council and the community.'*

We still have issues that we need to overcome, including the need to improve our capacity to provide care and support in rural areas and through the medium of Welsh. We are exploring options to address these challenges. For example, we have successfully applied to become part of the rural development agency Cadwyn Clwyd's 'Leader' programme. Through this we will explore the feasibility of setting up micro-care organisations. These operate on a small scale, usually employing five or less people, and focus on a small group of clients. This model could be an advantage to the rural areas in Flintshire and offers potential for providing greater accessibility to culturally appropriate support.

Also, whilst a significant level of support and activity is ongoing to strengthen the independent sector, evidence also suggests that to stabilise and strengthen care provision we need to increase capacity in our Council (in-house) services.

## Priorities for 2018/19

Continue with our work for the Flint and Holywell Extra Care projects.

Work to develop the new Glanrafon day service will continue, with the build currently being planned and a completion date of May 19 planned. As part of the preparation for the new building asset the disability service will be working with those who use the service and their families to prepare for the move.

Develop proposals for the expansion of the Council owned Marleyfield House Care Home.

Work with the third sector to ensure people can assess a greater range of activities for children with disabilities outside of school.

# Section 5: How We Do What We Do

## Our Workforce and How We Support their Professional Roles

### A regional view

We are committed to the North Wales Workforce Strategy which has a joined up approach to the workforce challenges and opportunities across the care sector in our region. The Strategy supports embedding the principles of the SSWB Act and is aligned to the North Wales Regional Partnership Board Priorities. Our commitment to this regional view is evident by the way that we continue to work hard to make sure that our workforce is suitably knowledgeable, skilled and competent to operate within the legal and cultural expectations of the new social care legislation in Wales.

### Social Work: a clear approach

We have been helped by the development of a clear approach that ensures effective social work practice across Wales. In January 2017 the Care and Social Services Inspectorate Wales or CSSIW (now Care Inspectorate Wales or CIW) and the Care Council for Wales (now Social Care Wales) published a new framework called 'The first three

years in practice. A framework for social workers induction into qualified practice and continuing professional education & learning'. This has three stages: induction to professional social work, growing in competence and confidence and a consolidation programme. Use of the framework in Flintshire has assisted us to make sure that social workers renewing their registrations are practicing confidently and helped us support 32 newly qualified social workers in their first 3 years of practice.

### Nurturing our leaders

Last year we highlighted some of the preparation work we did with our staff, including outcome-focussed training and events tailored for staff working within both adults and children's services. This year we have recognised the importance of developing the people who need to steer the changes we have been describing. With this in mind we have supported access to national programmes that develop our managers and those with management potential. These programmes include Step Up to Management, Social Services Practitioner, Middle Manager Development and Team Manager Development.

### Knowing what matters: frontline staff

We have stressed that our focus is on knowing what matters to people so that their decisions shape the care and support they receive. This can't be achieved without the vital contribution of our frontline care staff and the launch of a new induction framework for staff who provide direct care and support is a regional priority for Workforce Development Teams. Locally this has impacted on the structure of the Qualifications and Credit Framework (QCF) and our assessors have been involved in regional peer group sessions and workshops to prepare them for these changes. In total this year they have supported 52 social care staff members to achieve a

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level 2 to 5 QCF qualification in subjects that include health and social care, dementia care, mental health and autism.

For Flintshire Social Services staff a new induction guide “Inform Me” was introduced in March 2018. This supports new staff to understand local, regional and national priorities, and sets out expectations for social services roles. The Learning Outcomes Training Framework (LOFT) has also been developed, giving our Workforce Development Team a framework that further helps with the measurement of learning outcomes for training delivered by us and by local and regional training providers. A new training database has been rolled out, and the LOFT will be incorporated within this system to produce outcomes- based reporting on training.

### Working with partners

We have told you about the ways the Council is working with independent care providers and in-house services to help get them ready for RISCA. Our Workforce Development Team’s role is crucial in this and has included supporting the domiciliary care workforce to prepare for registration and improving the knowledge required for the role of Responsible Individual. This remains a priority area for us locally and regionally. Early this year, for example, workforce surveys were distributed and initial briefing sessions were delivered so that we could find out where there are risks and decide what the regional priority areas on registration requirements are, an example being qualification rates for domiciliary care.

### Looking ahead: what next?

If we are to continue on our improvement journey we need good staff. This

means we also have to think about the future. Succession planning has been important for us this year and we have carried out a scoping exercise to develop and retain our talented staff. Phase one has focused on the experiences of current managers to find out what support would enhance their capabilities and has identified a number of business critical roles that will need to be filled by new staff in the near future.

In developing a succession plan we want to make sure that it is outcomes-based, driven by our senior managers but inspired by all of our staff. Our aim is to create opportunities for talented staff to explore hidden potential within their own service areas and also to support them to build their capability and adaptability in taking on additional roles. Ways we will do this include developing a mentoring network across social services, building a library resource of staff career journeys and maps to inspire others, and introducing role profiling.

## Our Financial Resources and How We Plan For the Future

### Budgets: getting organised

This year we have worked closely with our finance team so that we can realign budgets to reflect our financial position. Budgets are closely monitored through individual service managers meeting with their finance officers, senior managers reviewing their service areas with finance managers and the social services accountant producing and presenting a detailed finance monitoring report for the Social Services Management Team on a monthly basis. In addition, efficiencies and the Medium Term Financial Strategy are reviewed at the Social Services Programme Board

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(which meets every 2 months) and a paper on overspend budget areas has been presented at the Health & Social Care Overview and Scrutiny Committee for review and challenge.

### Budgets: being resourceful

We are an active member in the North Wales Pooled Budget Group, working with colleagues to develop a non-risk sharing pooled budget agreement in line with all other regions in Wales. In addition, the North Wales Pooled Budget Group had created an Integration Agreement which sets out the governance processes for any future pooled budgets between two or more of the seven partner agencies in North Wales. A pooled budget remains a consideration as part of the proposed expansion of residential care at Marleyfield House, Buckley.

### Looking ahead: what next?

We will continue to work to ensure that revenue budgets are aligned and balanced, our income is maximised and pooled budgets are supported. For children's services there is a need to develop the local care market to reduce spending on out of county placements but investing in foster care services and the development of the local market. In adult services we will continue to look at other methods of delivering care for traditional high cost/low volume placements, again focussing on local services that provide quality outcomes and value for money. We want to ensure we have a cost-effective way to meet identified needs using commissioned contracts to achieve best outcomes and efficiencies/value for money. We intend to undertake a pilot exercise to align budget monitoring with performance data to better predict in year financial outturn.

## Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

### Who we are and how we make decisions

Elected Members, otherwise known as Councillors, have an important part to play in our governance. By this we mean the establishment of our policies and priorities and ensuring our continuous improvement. Flintshire Council has 70 elected members who represent their ward interests and participate in full Council meetings to oversee its performance. One member is elected to represent each portfolio area, such as social services, and each is known as a Cabinet Member. Together with the Leader and Deputy Leader, Chief Executive Officer and Chief Officers, Cabinet Members form the Council's cabinet. They are supported by Overview and Scrutiny Committees, and for social services this is the Health and Social Care Overview and Scrutiny Committee. Scrutiny committees work jointly to examine cross-portfolio issues. The joint Health and Social Care and Education and Youth Scrutiny Committee meetings, for example, discuss services for children and young people that cut across both social services and education.

Members are also involved in the governance and scrutiny of social services' programme of work through the Social Services Programme Board. This is attended by the Leader and Deputy Leader, the Cabinet Member for Social Services, Chief Executive and senior officers. The board challenges the financial controls around service delivery and gives direction to services to support their decision making.

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The officers of the Council are led by the Chief Executive Officer who is supported by Chief Officers responsible for each of the portfolio areas. The Chief Officer for Social Services has the statutory “Director of Social Services” role. The Council’s structural arrangements for both members and officers are clearly laid out. The constitution details how the Council operates, how decisions are made and the procedures that are followed to make sure that these decisions are efficient, transparent and accountable to local people. To support this the Code of Corporate Governance is the system by which Council’s direct and control their functions and relate to their communities

As part of the Council’s own internal governance arrangements we are required to maintain an effective system of internal audit. Our internal audit team undertakes a programme of planned audits throughout the year looking specifically at account records and the systems of internal control. It also does consultation work to support services and audits of special interest when arising issues need further investigation. The work of the internal audit team is overviewed by the Council’s audit committee.

### Prioritising and improving

As with previous years the Council’s priorities for improvement are contained within the Corporate Improvement Plan. In 2017/18 the plan was amended to reflect progress made in previous years, and new areas for concentrated effort in 2017/18. The Corporate Improvement Plan covers all the Council’s activities and is broken down into eight priority areas. Our priorities in social services are part of the “Living Well” category whose key

themes are independent living and integrated community, social and health services. You will have seen in the many examples we have given that these themes underpin all of our service developments and help us to promote the well-being of people living in Flintshire.

This diagram illustrates the Council’s priorities for 2017/18:





## Section 5: How We Do What We Do

### Supporting partnerships

To fulfil our commitment to work in an integrated way we have to build effective relationships with other people and bodies and, as this report has highlighted, partnership working is happening across all levels of the Council.

The Flintshire Public Service Board was established under the Well-being of Future Generations (Wales) Act 2015 and is at the heart of promoting a positive culture of working together. It concentrates energy, effort and resources on providing efficient and effective services to our local communities and part of its work is to build resilience and skills, some of which we told you about in Section 4.

Flintshire Social Services and the Health Board continue to work closely together with strategic meetings between the chief executives and leaders taking place bi-annually. Many joint operational meetings happen throughout the year including a six-monthly special scrutiny meeting where health colleagues are invited to attend and take questions from elected members. Ours is the largest of the six North Wales Councils and our social services teams are actively engaged in regional partnership working. Monthly leadership and heads of service meetings take place where strategic decisions that affect social services across north Wales are discussed. Flintshire Social Services is also actively engaged in the North Wales Regional Commissioning Board, the North Wales Regional Workforce Board and the North Wales More Than Just Words Forum (which promotes the use of the Welsh language in Health and Social Care). Our Chief Officer and Cabinet Member for Social Services attend the North Wales Regional Partnership Board which was established to improve

outcomes and well-being for all people in North Wales. This involves delivering care in a joined up way, helping people to live independently for longer and investing in preventative models of good care.

### Being co-productive

As we have stressed, co-producing our services with the people using them is important to us. In children's services we have a well-established forum where elected members hear directly from young people about their experiences and the things that matter to them. Recent issues brought to light have included:

- The views of young people about looked after reviews. They felt that they were too long, with questions that could be asked outside of the review meeting, and challenged why some questions were asked at all. Our independent reviewing officers then came to talk to the young people about the reviews and how they could be improved.
- The appointment of a Participation Officer. Young people set out what a good appointment would look like and developed questions for the interview process.
- The views of young people about school meals. They told us that the offer of a hot meal for free school meals is too narrow and as a result more choice will be available on the menu at a price that is within the free school meal allocation.

### Safeguarding and complaints

In Section 4 we told you about the work that our dedicated safeguarding unit does to protect adults and children. We are an active member of the North Wales Safeguarding Boards, adults and children, and their sub-groups, and in 2015 we established a Corporate Safeguarding Panel.

## Section 5: How We Do What We Do

We have given you examples of the actions we have taken over the past twelve months to ensure a joined-up approach in meeting our corporate safeguarding responsibilities as set out in the SSWB Act (2014). Both this Act and the Social Services Complaints Procedure Regulations 2014 require Councils to maintain a representations and complaints procedure for social services functions. The Welsh Government expects each Council to report annually on its operation of the procedure. In Flintshire this is done through an annual report to our scrutiny committee which provides details of the numbers of complaints received over a twelve month period together with a summary of issues raised and their outcomes.

Of the 4,099 adults who received care and support during 2017-18 from Social Services for Adults, 80 individuals complained about the service they received (2%). Of the 1,926 children and families who received care and support from Social Services for Children, 49 individuals complained about the service they received (2.5%). The number of complaints received across both service areas are consistent with previous years.

# Section 6: Accessing Further Information and Key Documents

## Flintshire County Council's - Key Strategic Documents:

Council Plan 2017/18

Annual Performance Report 2016/17

Medium Term Financial Plan

## Social Care Legislation & Information:

A Place to Call Home: A Review into the Quality of Life and Care of Older People Living in Care Homes in Wales

Code of Practice in relation to measuring social services performance

DEWIS Cymru

National Outcomes Framework

Regulation and Inspection of Social Care (Wales) Act 2016

The Social Services and Well-being (Wales) Act 2014

Well-being of Future Generation (Wales) Act 2015

## Glossary of Terms

**Adverse Childhood Experiences (ACEs)** A term used to describe a wide range of stressful or traumatic experiences that children can be exposed to when growing up. ACE's range from experiences that directly harm a child to those that effect the environment in which a child grows up.

**Advocacy** The act of speaking on the behalf of or in support of another person.

**Deprivation of Liberty Safeguards** Provide a legal framework that protects people living in care homes or hospitals who are vulnerable because of mental disorder and who lack the mental capacity to make decisions about their own accommodation and care needs.

**Direct Payments** Give users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them.

**Integrated Care Fund (ICF)** A funded stream from Welsh Government fund that “aims to drive and enable integrated working between Social Services, Health, Housing, the third and independent sectors..

**Looked After Children** A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

**Outcome-focused** The definition of outcomes is the impact or end results of services on a person's life. Outcome-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.

**Person-centred Care** An approach that moves away from professionals deciding what is best for a patient or service user, and places the person at the centre, as an expert in their own experience. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals and outcomes.

**Reablement** Supports a service focus on independence and harnesses the joint input of health and social services.

**Responsible Individual** Someone in charge of providing the service at an organisation or local authority. This may be the owner or someone with a senior role.

**Safeguarding** A term used to denote measures to protect the health, well-being and human rights of individuals, which allow people to live free from abuse, harm and neglect

**Service Level Agreement** A commitment between a service provider and a client. Particular aspects of the service – quality, availability, responsibilities – are agreed between the service provider and the service user.

**Social Enterprise** An organisation that applies commercial strategies to maximise improvements in human and environmental well-being – this may include maximising social impact alongside profits for external stakeholders.

**Statement of Purpose** A key document which sets out the vision for the service and its aspirations for meeting the needs of the people receiving care and support.

**Third Sector** The part of an economy or society comprising non-governmental and non-profit making organisations or associations, including charities, voluntary and community groups, co-operations etc

**Well-being** The state of being comfortable, healthy or happy.

## Appendix 1: Community Resource Team Case Study

Mrs. Swallow was referred to the CRT following a home visit by her GP, who was concerned that she had taken to her bed and wasn't eating or drinking. That day the CRT nurse and occupational therapist called to assess and found Mrs. Swallow upstairs in her bedroom. She lived in a cottage with very narrow, steep stairs and all her facilities (toilet, bathroom and kitchen) were downstairs.

Mrs. Swallow was observed transferring independently from her bed to a standing position, she already had a zimmer frame and was assessed as safe to mobilise with supervision. It was decided that Mrs. Swallow required carer support to assist with personal care, toileting and all meals and drinks. However, it was deemed unsafe for carers to be carrying food and drinks and hot bowls of water up and down the stairs. Following discussion, it was decided that Mrs. Swallow would go downstairs and live on the ground floor where all her facilities were. With close supervision from both the occupational therapist and nurse Mrs. Swallow was able to descend the stairs very slowly but quite safely and was made comfortable on a large sofa bed in the lounge.

Care calls commenced that evening and a package was set up consisting of four calls daily to support Mrs. Swallow with her personal care and to encourage diet and fluids. Mrs. Swallow received nurse visits daily to check her progress, monitor her observations and dietary and fluid intake. Bloods were also taken and close contact kept with the GP to arrange meal supplement drinks and a review of her medication.

Without this assessment and support Mrs. Swallow would have certainly been admitted to hospital.

## Appendix 2: Safeguarding Case Study

Baby X was born to a mother with additional needs and a diagnosis of autism. Baby X became known to child protection services due to the mother being in a domestically abusive relationship with the baby's father, who was known to mental health and drug and alcohol services. Initial concerns were that the mother did not have the capacity to look after the baby and that baby should be removed from her care. A person-centred approach was adopted and a multi-agency child protection plan reflected the needs highlighted within assessments made. Health services were asked to work in a slightly different way with the baby's mother, using visual aids and a picture story board for instructions. All professionals were asked to take a paced approach which included short sessions, these were then repeated until the mother felt confident and able to process the information shared with her. Throughout the child protection process the mother developed good relationships with professionals. At the third review Baby X's name was removed from the child protection register and ongoing support was placed with universal services. This example demonstrates that, when there is a clear and structured person-centred plan of care that directs multi-agencies towards outcome-focussed tasks, the results can be positive.

## Appendix 3: Early Help Hub Case Studies

### Referral 1

This referral was passed on to the Early Help Hub by children's services in August 2017 and this is an update on the outcomes of the EHH involvement for this family.

The initial referral was sent to children's services by the out of hours emergency duty team. Based on the information in the referrals Children's Services decision was for "no further action" and to pass to the EHH.

The referral relates to an incident where the mother had contacted the ambulance service after returning home to find her partner heavily intoxicated in a pool of vomit. She had been out of the family home for a short while and had left her partner caring for their young children. Within the referral it stated that the husband suffered from post-traumatic stress disorder. Further information obtained by the EHH members suggested that there had been previous incidents connected to the father's mental health.

There were concerns from EHH members regarding the safeguarding of the children not only in relation to this incident but future incidents, but the group's aim from the outset was to find a way to support the family to maintain its relationships in a manner that was also consistent with these safeguarding concerns.

EHH members were able to identify numerous sources of support that could be available to the family. The health visitor undertook a home visit and discussed the latest incident and the options for support for the family. The family was in agreement for support and subsequently a referral to the team around the family (TAF) service was made. The family was allocated a team around the family officer who has worked with them for the past 7 months.

The impact that having this support has had can be considered as positive. The outcomes measured within TAF indicated that there have been positive improvements in the family's circumstances and without the involvement of the EHH this could have been a very different scenario. Further incidents could have led to safeguarding concerns and possible statutory intervention.

## Referral 2

This referral was passed to the Early Help Hub from children's services very recently. It was a CID16 police referral that did not meet the threshold for statutory intervention. Ordinarily the decision on this referral would have been for "no further action" but having the EHH in place meant that it could be passed on for support to be considered.

The referral itself relates to a domestic incident within the family home. The referral contained information that suggested there may be some relationship issues between the family members and some physical and mental health difficulties. It also contained information that a family member was currently suffering from an illness. There appeared to be a number of issues within the family and it was clear that they could benefit from support.

Information regarding the family was requested from other agencies. It became apparent that this family were not known to other agencies. However there had been a previous referral to children's services in 2014. The referrer felt that the family needed support. The decision in 2014 was "no further action". There was no Early Help Hub to pass on to at that time and this referral was not shared or followed up by other agencies.

What this highlighted to the Early Help Hub members is that this family could and should have been offered support at the time that this referral was made in 2014. If the Early Help Hub was not currently in place this latest referral would also have received "no further action" and this family would yet again be offered no support.