



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Performance Evaluation Report 2014–15

Flintshire County Council
Social Services

October 2015

This report sets out the key areas of progress and areas for improvement in Flintshire County Council Social Services for the year 2014–15

Annual Review and Evaluation of Performance 2014 - 2015

Local Authority: Flintshire County Council

This report sets out CSSIW's evaluation of Flintshire County Council's performance in delivering its social services functions.

1. Summary

- 1.1. The council is facing significant challenges in accommodating the new responsibilities created by the Social Services and Well-being (Wales) Act 2014. It is realistic about the risks posed by increasing demand, meeting greater complexity of need and growing budgetary pressures. In response, it has developed a number of new service models as part of a strategic transformation programme that is increasingly focused upon the goal of creating an integrated preventative system for care.
- 1.2. The council accepts that the early benefits and achievements gained through its reablement programme can no longer be achieved on the same scale, and anticipates increasing numbers of older people in particular who will have ongoing support or complex care needs.
- 1.3. As a consequence, it is developing improved access arrangements, investing in smarter commissioning and forging stronger and more integrated working arrangements with an outcome focus. In particular, there is more confidence that the new working structure being implemented by Betsi Cadwaladr University Health Board (BCUHB) will provide a more solid locality focus.
- 1.4. Adult safeguarding arrangements are in transition and require strengthening in order to provide a more consistent response. Thresholds are inconsistently applied and adults at risk need to have a stronger voice and be at the centre of working practice.
- 1.5. Children's services has recently been subject to a CSSIW inspection and a report has been issued separately that provides greater detail regarding the outcome. However, the council needs to review its early intervention and prevention arrangements to ensure a timely and consistently appropriate response. Re-referral rates have significantly increased and the reasons for this need to be understood and addressed.
- 1.6. Life chances for looked after children require sustained commitment and determination if they are to improve. Whilst recent outcomes have been good, there are indications that corporate parenting is not as effective as

it could be. A significant number of placements are not in the immediate area, school placements are not as stable as they were and health assessments are not routinely undertaken. The council needs to review how to address these issues in order to deliver the best possible outcomes for current looked after children.

2. Response to last year's areas for improvement

Identified improvement last year	Progress in 2014-15
Strategic planning with Betsi Cadwaladr University Health Board (BCUHB)	This remains work in progress, but the council has expressed some optimism of a greater locality focus with the new Executive Board.
Shaping and commissioning higher-quality nursing home care in the local area	This remains work in progress and the council has identified this as a significant risk in meeting need.
Timely reviews for children in need – this has deteriorated despite being an area for improvement last year	Improved, although 85 reviews were not conducted in a timely way affecting 76 children and young people.
Addressing the fall in numbers of known carers	Significant improvement in the number of known carers and those subsequently provided with a service.
Timescales in processing complaints, particularly in children's services	Improved in adult services, but this remains an area of weakness in children's services despite a significant fall in the number of recorded complaints.
Initial child protection conference timescales	Some progress but more needs to be done to ensure all are timely.
Statutory visits for looked after children	Significantly improved with over 90% now meeting minimum visit requirements.
Health assessments for looked after children	This has weakened even further with only 165 out of 303 health assessments undertaken during the year when due.
Timely Personal Educational Plans for looked after children	Improved, although eight looked after children did not have a timely Personal Education Plan.
Outcomes for young adults who were formerly looked after	Improved as most are in contact with the council, in suitable accommodation and in either education, employment or training.
Data collation associated with commissioning to test impact and value for money	Remains work in progress.

Sickness absence levels	Improved in children's services.
Reviewing the impact of recent senior management structural changes	Too early to determine and this will need to be reviewed further.

3. Visits and inspections undertaken during the year

- 3.1. CSSIW conducted an inspection during May and June 2015 that looked at access to services and the quality of work in children's services during the past year. In particular, the inspection looked at the impact for children, young people and their families and how well the council responded to their needs.
- 3.2. CSSIW also carried out an inspection of fostering services during February and March 2015 that found many things were being done very well, such as good awareness of child need and a real commitment to providing high quality information. The council is aware of the need to find more people willing to be foster carers.
- 3.3. There has also been significant attendance at a range of multi-agency meetings during the year that has enabled CSSIW to assess how well adults at risk are safeguarded.
- 3.4. CSSIW additionally met with council senior managers at agreed points in the year to review performance and discuss progress against key areas for improvement. CSSIW also attended a number of council scrutiny committee meetings where elected members hold local decision makers to account.

4. Areas for follow up by CSSIW next year

- 4.1. Adult safeguarding arrangements
- 4.2. Community mental health service arrangements
- 4.3. Access, assessment and care management arrangements in children's services.

5. Our inspection and review plan for 2015-16

- 5.1. National review of domiciliary care services
- 5.2. National review of services for people with a learning disability

- 5.3. National review of care planning arrangements for looked after children.

6. The extent to which the experiences and outcomes for people who need care and support are improving their wellbeing

Adults

Overview

- 6.1. More people who need care and support can access a range of services that have been modernised and transformed in recent years to better promote and support independent living. These include the Living Well service that supports people with dementia at home and the reablement programme, that provides timely and intensive support to assist people in maintaining or regaining their independence.
- 6.2. Set within the context of life expectancy increasing at a rate of two years per decade, the council is experiencing sharply growing demand, as evidenced by a 28% increase in referrals to the reablement service during the past year. It has so far responded well and has been able to evidence good outcomes with 63% of people accessing reablement services either having support levels reduced or no longer needed as a consequence.
- 6.3. This is further evidenced by greater provision of home care support that is increasingly focused upon those with more complex needs, particularly for those requiring more than 20 home care hours a week. Correspondingly there has been a fall in the numbers who need relatively limited support.
- 6.4. Overall, significantly fewer people are supported in the community when compared to the previous year, on 31 March 2015 – however, when compared over the course of the whole year, there is little difference in numbers. This suggests that the council is working well to support independence with similar numbers accessing services, but fewer requiring these longer term.
- 6.5. The council is conscious that such outcomes cannot be sustained without a further re-evaluation of its role. It is realistic about the challenges presented by growing demand, increasing complexity of care and budgetary pressures. In addition, the Social Services and Well-being (Wales) Act 2014 has encouraged a renewed focus upon prevention and early intervention. The council has responded by committing to an agenda that recognises its responsibilities to continue to meet the needs of vulnerable people, whilst placing increasing

emphasis upon empowering people and communities to take responsibility for their own wellbeing.

- 6.6. The council recognises that it cannot work in isolation to achieve this and it will require much stronger strategic working relationships with Betsi Cadwaladr University Health Board, in particular, if it is to be successful in the longer term.
- 6.7. Experiences and outcomes for people remain good overall, and in many areas operational working relationships with health colleagues are reported to be very effective. For example, people still continue to benefit from timely hospital transfer and discharge arrangements that are amongst the best in Wales.
- 6.8. More people can now organise their own care services through the provision of direct payments and Citizen Direct Support, with numbers increasing from 302 in 2013-14 to 378 in 2014-15. This significantly helps in enabling people to have more choice, flexibility and control in maintaining their independence
- 6.9. The council is adopting the progression person-centred development model for learning disability services that aims to better realise aspirations in achieving independence. This approach promotes the learning of new skills and helping people to safely do as much as they can for themselves. This is creating some fresh thinking and exploration of alternative ways of delivering services through social enterprises and pooling of direct payments to commission support.
- 6.10. Safeguarding arrangements for adults at risk remain underdeveloped and require strengthening. Response is not always as timely as it could be and thresholds are inconsistently applied. As a consequence some incidents have not been appropriately considered as safeguarding concerns. Social workers are too often absent from strategy meetings, and advocacy support not always routinely considered even when it be may beneficial to do so. Adults at risk need to be more central to the process and have their voices heard.
- 6.11. The council has begun to address a number of these issues, and the recent integration of adults and children's safeguarding with strengthened line management arrangements provides a more robust structure to progress, but this will require sustained attention.

Key national priorities

Preventative and early intervention services

- 6.12. The council continues to invest in a range of preventative and early intervention services such the Night Time Response Service. Still at the pilot stage, it enables a small team of responders to offer advice and practical support for up to eight weeks, free of charge. Shortly to be evaluated, it is anticipated that it will provide valuable support for a range of service users at that critical overnight period that can sometimes be the difference in effectively maintaining independence.
- 6.13. The council has announced the further development of extra care sites in Flint and Holywell that will complement its existing provision at Mold and Shotton. The Llys Jasmine scheme has recently won a Local Authority Building Control Cymru Award in the best social or affordable new housing development category.
- 6.14. Far more people were able to access minor adaptations that can often be crucial in supporting them to remain independent at home. However, too many wait too long for the council to undertake major adaptations to their properties with the average number of days taken to deliver a Disabled Facilities Grant increasing from 247 in 2013-14 to 322 in 2014-15. The council needs to consider the impact this has on the quality of people's lives, notwithstanding longer-term health and social care savings.
- 6.15. More carers have been identified, up from 776 in 2013-14 to 1,087 in 2014-15 with a corresponding increase in the number offered and accessing an assessment of their needs. More were provided with a service, the highest number in North Wales, and this represents a very positive response to issues identified last year.

Integration of health and social care services for older people with complex needs

- 6.16. The Single Point of Access (SPoA) initiative is being developed in order to provide a more streamlined and consolidated response by health and social services. It is intended to ensure that people can rapidly access information that can potentially support self care where possible, whilst also providing better co-ordination of preventative and rehabilitative services where necessary. Although it has not yet made the same progress of some other councils across North Wales, it is confident that it will be fully operational by the end of March 2016. The council reports that it has adopted an incremental approach to its introduction, but also acknowledges some issues in agreeing resource commitments with

BCUHB. SPoA implementation will require sustained attention in order to ensure that remaining milestones are met and the service becomes fully operational within anticipated timescales.

- 6.17. The council outlined its plans for the development and the roll out of Enhanced Care Services throughout Flintshire as part of its 2013 statement of intent for older people with complex needs. However, it has recently identified risks with the current model that require further reevaluation of planned funding arrangements. In order to progress this, it has signalled its intent to plan with BCUHB in a way that better explores opportunities that are more sustainable and support locality working.
- 6.18. The statement of intent also signalled the development of co-terminus locality structures with BCUHB and the establishment of locality leadership teams driving local agendas. However, although there is joint working with health colleagues, plans for co-location have yet to be fully realised.

Areas of progress

- Night Time Response Service pilot
- Direct Payments expansion
- Development of progression model of supporting independence for people with a learning disability.

Areas for improvement

- Local strategic planning arrangements with BCUHB
- Timeliness of major adaptations to properties that enable people with disabilities to remain at home
- Implementation of SPoA.

Children and young people

Overview

- 6.19. Flintshire has almost 36,000 children and young people under the age of 19 years, the highest total and also the largest proportion in North Wales. Projections suggest that this number will fall over the next 15 years to less than 33,000 by 2030. Welsh Index of Multiple Deprivation

analysis indicates that the majority of areas within the county are less deprived than the Welsh average, with the third lowest rate of children living in workless households.

- 6.20. The council has experienced a further significant increase in the number of referrals with 1,825 received during the past year. This compares to 1,220 the previous year and 709 the year before that. This represents a trend increase of 72% and 50% respectively and such marked increases should prompt some meaningful evaluation in order to understand the reasons for such variances and their scale.
- 6.21. The council makes decisions about how to respond to initial contacts very quickly, but screening processes need to be reviewed in order to improve the consistency of decision-making. Considerably fewer referrals reach assessment stage than elsewhere in Wales and this proportion has risen sharply to over 70% during the past year, representing 1,304 of 1,825 referrals received. The proportion that did proceed for initial assessment was correspondingly significantly lower than elsewhere in Wales and this needs to be considered against a marked increase in re-referrals. These now constitute over a quarter of all referrals, having risen from 13% to 26%. For the 479 referrals concerned, this could potentially represent unnecessary delays in accessing potential sources of help, or that too many cases are closed before sustainable changes have been achieved - this has notably increased from 158 the previous year. The council needs to explore and understand the reasons for such sharp variances and consider whether opportunities for early intervention are being missed.
- 6.22. Whilst those who are able to access an assessment of their needs generally experience a timely response, the council needs to do more to ensure that children are seen whenever possible. Effective safeguarding systems invariably incorporate a child-centred approach and anyone working with children should see and speak to the child. However, fewer children are now seen, the proportion falling from 90% to 77% over the past year, and the council needs to question why so many children are not seen as part of the assessment process.
- 6.23. The council has recently developed a consolidated safeguarding unit that co-locates the children's and adults safeguarding teams. It is anticipated that this will improve consistency of practice with a single line management structure accountable to the senior manager for safeguarding. Child protection work is routinely undertaken by qualified staff, and most processes associated with child protection are timely and generally well managed. However, the quality of child protection plans is variable and they need to be more consistently child focused. Fewer children are now on the Child Protection Register with numbers

having fallen from 133 to 75 over the past year, with the council having the lowest rate per 10,000 child population in Wales - 23 compared to the national average of 47 when reported at 31 March 2015.

- 6.24. Children in need numbers have increased slightly from 399 in 2013-14 to 415 in 2014-15, although this remains significantly less than the 577 recorded two years ago. The quality of child in need plans is too variable and this has resulted in mixed outcomes, with instances where cases were closed before impact or sustainability factors could be measured or known. Review timeliness is better, with 74% carried out within timescales, but more work needs to be done to reach the level of other councils in North Wales and it is a concern that this has now been a priority for improvement for two years.
- 6.25. Children and young people with disabilities wait too long for the council to arrange major adaptations to their properties to better meet their needs. Although the numbers directly affected are considerably fewer than adults, at just two, the waiting time is greater, with the average number of days taken to deliver a Disabled Facilities Grant having increased from 257 in 2013-14 to 619 in 2014-15.
- 6.26. The council is reaching more young carers with the numbers known increasing from 21 to 39 during the past year. This is encouraging, particularly when all had access to an assessment of their needs and significantly more were also provided with a service.

Key national priorities

Preventative and early intervention services

- 6.27. The council has a good range of intensive early-years initiatives that specifically target child poverty and families at risk of poor outcomes. These include those developed as part of the Welsh Government-funded Families First programme that works alongside other initiatives such as Flying Start, Communities First and the Integrated Family Support Services (IFSS). Families First funded programmes include Flintshire Parenting Strategy, the Family Intervention Service, the Quest Project, and Y Teulu Cyfan (The Whole Family).
- 6.28. Two family centres based in Buckley and Gronant provide a further range of services such as Flintshire Community Parents, Chatterbox Playtimes, Early Entitlement, Foundation Phase and these are complimented by other initiatives such as the Flintshire Breastfeeding Project.

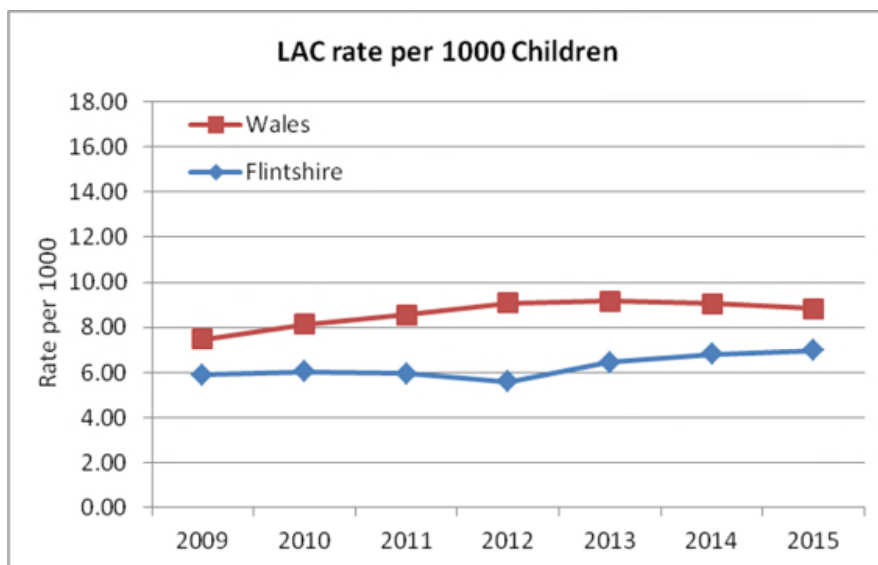
- 6.29. However, the council's first contact arrangements do not provide a consistent response and this is impacting upon timeliness with a consequent risk to good outcomes. Whilst there is an effective and consistent response to child protection concerns that indicate a child is at immediate risk of significant harm, this is not always the case when this may not be so apparent. As a consequence, the council is currently reviewing the resilience of its contact arrangements.

Looked after children

- 6.30. The council recorded a small increase in the number of looked after children at 31 March 2015, compared to the same point the previous year; up to 224, from 219. The trend has been upwards for the past three years, although this has been relatively incremental with a rate per 1,000 children, at just under seven, below the Welsh average of just under nine. There has been an increase in the numbers of younger children becoming looked after, with the pre-school age band representing almost a quarter of those being cared for.
- 6.31. There were 20 adoptions during the year - seven of these were arranged with consent, four of which were with current foster carers. Thirteen were arranged through placement orders, one of which was with current foster carers.
- 6.32. There were 197 care orders, 89 interim care orders and 44 placement orders granted over the year, together with 83 single periods of accommodation under Section 20 of the Children Act 1989. The council also initiated six emergency placement orders - the highest number in North Wales.
- 6.33. Living close to home can offer looked after children much-needed stability. Safeguarding factors aside, out-of-area placements need to be justified and there should be sufficient investment in local provision in order to meet need. Of the 224 looked after children, the council placed 52 outside of Flintshire, of which 20 were in England and not necessarily close to the border. The experiences of children and young people most affected will need to be key considerations within the council's current review of its placement strategy.
- 6.34. Education lies at the heart of achievement with stable school placements being an important factor in improving the life chances for looked after children. The council therefore needs to do more to address the increasing numbers of those who experience frequent changes of school, with the trend showing year-on-year increases for the past three years, and now accounting for over 18% of looked after children, directly affecting 25 of them. Whilst some of these may have

been for positive reasons, the council needs to understand the reasons for this sustained increase and adopt strategies to secure improvement.

- 6.35. Likewise, Personal Education Plans serve as a valuable tool for ensuring that targets and actions are clearly documented and that progress is carefully tracked. They also provide a valuable opportunity to listen to children and capture their aspirations. This was an improvement priority last year and, although there has been some improvement, eight out of the 31 children affected did not have a timely plan. More needs to be done to ensure that all looked after children are promptly supported at crucial stages in their lives when becoming looked after or changing school.
- 6.36. Looked after children should expect to have the same opportunities as others, including being healthy and safe. Some have complex needs that can only be met by social services and its partners operating collaboratively. However, basic access to health assessments serves as a core aspect of corporate parenting and it remains an issue for the council that despite this being an improvement priority, performance has weakened, with little more than 50% of looked after children having emotional and physical health assessments when they should do. The council was the only one in North Wales not to report on dental health checks. The recent appointment of a nurse specifically dedicated to looked after children will hopefully address these issues, but this will require focused attention in order to secure prompt improvement.
- 6.37. Outcomes for former looked after children are more positive, with almost all still in touch with the council at age 19, in suitable housing and in education, employment or training.



Numbers of LAC as at 31 March							
	2009	2010	2011	2012	2013	2014	2015
Flintshire	193	196	194	181	208	219	224

Areas of progress

- Increase in the numbers of known young carers and those also provided with a service
- Outcomes for former looked after children at age 19.

Areas for improvement

- The management of contact arrangements at the front door
- The sharp rise in the number of re-referrals to children's services
- The number of children who are not seen by social workers as part of the assessment process
- Quality of child protection plans
- Timeliness of child in need reviews
- Timeliness of adaptations to properties that enable children and young people with disabilities to be supported at home
- The number of out of area placement for looked after children
- The number of school changes for looked after children
- Health care arrangements for looked after children.

7. The extent to which leadership, governance and direction for the council is promoting improvement in outcomes and wellbeing for people who need care and support

- 7.1. The council has reviewed its leadership arrangements and has approved a new operating model for senior managers that is considered leaner and smarter. The new single tier of chief officer is supported by managers with lead, but cross-cutting, roles across social services.
- 7.2. The departure of the previous long-serving head of children's services has had a significant impact with a discernable loss of expertise in the period when the post remained unfilled on a permanent basis. This has

resulted in a loss of impetus that has only recently begun to be addressed through the appointment of a senior manager with a lead role for children's services.

- 7.3. There is clear political support for prioritising children's services in particular, and elected members are active and knowledgeable about strategic aims and key challenges for social services as a whole. The linked cabinet member meets regularly with senior managers and scrutiny arrangements are well established. However, reports provided to scrutiny members are not always sufficiently detailed, to provide the means of effectively measuring real outcomes relating to the quality of services, and the experiences of people who have come into contact with social services.
- 7.4. The council has signalled its intention to adopt a smarter commissioning approach that is more focused upon outcomes. In adult services this has resulted in the roll out of the Living Well initiative and a new initiative called 'Creating a place called home – delivering what matters' in partnership with Helen Sanderson Associates. The aim is to improve person-centred practice in care homes across the county and improve the quality of care.
- 7.5. The council is aware of the need to more proactively plan to meet need and has identified key commissioning risks that exist within the local social care market. There is a lack of placement choice in nursing home care and this is an issue that will require sustained attention with health board partners in order to develop a workable strategy that delivers.
- 7.6. Contract monitoring arrangements continue to be very effective at driving improvement in the quality of care, whilst also providing an important means of early safeguarding risk mitigation and support. This has been recognised by the Older People's Commissioner for Wales, who highlighted the council's approach to outcomes-based quality monitoring and the development of the quality circle approach. Developed in partnership with CSSIW, this serves as a highly effective multi-agency forum for sharing information as part of an increasingly co-ordinated and effective monitoring process.
- 7.7. Performance management systems are insufficiently developed and are too focused upon analysis and reporting against national indicators rather than the experiences of people. The absence of a coherent, consistent and systematic evaluation of practice means that the impact of the council's work in improving the quality of children's lives is largely unmeasured and therefore unknown. More work needs to be done to ensure that the views of children are routinely captured and used to drive service improvement.

- 7.8. The council produces an annual report that details complaints and compliments and this is used to identify themes and response timeliness. However, this requires improvement as CSSIW has identified a number of areas where reporting was inaccurate. This has been brought to the council's attention and it is reviewing its quality control processes relating to this matter.
- 7.9. The 56 complaints received by adult services during the year represents a slight reduction in numbers, with fewer correspondingly progressing to the independent investigation stage of the process. Response has improved with 95% meeting the stage one timescale of 10 working days. The largest proportion of complaints related to learning disability services, at 21 of the 56 recorded – 15 of which related specifically to a review of short term care that the council had anticipated and made arrangements to support through an independent panel process.
- 7.10. Children's services experienced a significant fall in the number of complaints, with 48 received compared to 87 the previous year. Response has not significantly improved despite the marked decrease in numbers. Although 79% of stage one investigations were within timescales, this remains work in progress and requires more focused attention. The most significant proportion of complaints concerned fieldwork services.

Areas of progress

- The appointment of a senior manager with a lead role for children's services
- Quality circle initiative highlighted by the Older People's Commissioner as a key multi-agency quality monitoring approach
- 'Creating a place called home – delivering what matters' programme
- Timeliness of response to complaints in adult services.

Areas for improvement

- Quality of information provided to elected members that supports more effective evaluation of the quality of services, and the experiences of people who have come into contact with social services
- Placement choice in nursing home care
- Timeliness of response to complaints in children's services.