



At: Gadeirydd ac Aelodau'r Pwyllgor
Archwilio Partneriaethau

Dyddiad: Dydd Gwener, 12
Gorffennaf 2013

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Annwyl Gyngorydd

Fe'ch gwahoddir i fynychu cyfarfod y **PWYLLGOR ARCHWILIO PARTNERIAETHAU, DYDD IAU, 18 GORFFENNAF 2013** am 9.30 am yn **YSTAFELL BWLLGOR 1A, NEUADD Y SIR, RHUTHUN.**

Yn gywir iawn

G Williams
Pennaeth Gwasanaethau Cyfreithiol a Democrataidd

AGENDA

RHAN 1 – GWAHODDIR Y WASG A'R CYHOEDD I FYNYCHU'R RHAN HON O'R CYFARFOD

1 YMDDIHEURIADAU

2 DATGAN CYSYLLTIAD

Dylai Aelodau ddatgan unrhyw gysylltiad personol neu gysylltiad sy'n rhagfarnu gydag unrhyw fater a nodwyd y dylid ei ystyried yn y cyfarfod hwn.

3 MATERION BRYG FEL Y'U CYTUNWYD GAN Y CADEIRYDD

Hysbysiad o eitemau y dylid, ym marn y Cadeirydd, eu hystyried yn y cyfarfod fel materion bryg o dan Adran 100B(4) Deddf Llywodraeth Leol 1972.

4 COFNODION Y CYFARFOD DIWETHAF (Tudalennau 5 - 14)

Derbyn cofnodion cyfarfod Pwyllgor Archwilio Cymunedau a gynhaliwyd 10 Mehefin 2013 (copi ynghlwm).

9.35 a.m. – 9.40 a.m.

5 GWASANAETHAU IECHYD MEDDWL PLANT A PHOBL IFANC (CAMHS)

Derbyn adroddiad gan y Rheolwr Gwasanaeth – CAHMS ac Anabledau, Gogledd Cymru i alluogi Aelodau i drafod materion sy'n gysylltiedig â CAHMS gyda chynrychiolydd o Fwrdd Prifysgol Betsi Cadwaladr.

9.40 a.m. – 10.10 a.m.

6 Y DIWEDDARAF AR DAITH I WAITH (Tudalennau 15 - 46)

Ystyried adroddiad gan Reolwr Lleol Taith i Waith (copi ynghlwm) er mwyn i Aelodau fonitro cynnydd a pherfformiad prosiect Taith i Waith o ran canlyniad cynaliadwy cadarnhaol i drigolion Sir Ddinbych ac o safbwynt y Cyngor fel prif noddwr.

10.10 a.m. – 10.40 a.m.

7 Y CYNLLUN MAWR: Y DIWEDDARAF AR Y PERFFORMIAD (Tudalennau 47 - 92)

Ystyried adroddiad gan y Swyddog Perfformiad a Chynllunio (copi ynghlwm) er mwyn i Aelodau ystyried perfformiad y Bwrdd Gwasanaeth Lleol ar y Cyd a'r partneriaid o ran gweithredu cynllun strategol integredig.

10.40 a.m. – 11.10 a.m.

~~~~~ **EGWYL ( 11.10 a.m. – 11.20 a.m.)** ~~~~~

**8 CYDFATERION GOFAL CYMDEITHASOL** (Tudalennau 93 - 168)

Ystyried adroddiad gan y Rheolwr Gwasanaeth Gwasanaethau Arbenigol a Rheolwr Gwasanaeth Busnes a Gofalwyr (copi ynghlwm) sy'n darparu'r wybodaeth ddiweddaraf i aelodau ar ddarpariaethau arfaethedig Bil Gwasanaethau Cymdeithasol a Lles Cymru yn ymwneud â diogelu oedolion diamddiffyn. Mae'r adroddiad hefyd yn cynnwys y sefyllfa ddiweddaraf yn ymwneud â Systemau Sicrwydd Ansawdd darpariaeth Gofal Cartref ac ymweliadau Aelodau Etholedig i wasanaethau mewnol.

**11.20 a.m. – 11.50 a.m.**

**9 GOFAL CARTREF - POSIBILRWYDD CYDWEITHIO** (Tudalennau 169 - 178)

Ystyried adroddiad gan Reolwr Gwasanaeth Busnes a Gofalwyr (copi ynghlwm) er mwyn i Aelodau ystyried y posibilrwydd o gydweithio i ddarparu gofal cartref, yn arbennig mewn ardaloedd gwledig.

**11.50 a.m. – 12.20 p.m.**

**10 RHAGLEN WAITH ARCHWILIO** (Tudalennau 179 - 206)

Ystyried adroddiad gan y Cydlynnydd Archwilio (copi ynghlwm) ynglŷn ag adolygu rhaglen waith y pwyllgor a darparu'r wybodaeth ddiweddaraf i aelodau ar faterion perthnasol.

**12.20 p.m. – 12.40 p.m.**

**11 ADBORTH GAN GYNRYCHIOLWYR PWYLLGORAU**

To receive any updates from Committee representatives on various Council Boards and Groups.

**12.40 p.m. – 12.50 p.m.**

**AELODAETH**

**Y Cynghorwyr**

Jeanette Chamberlain-Jones  
William Cowie  
Ann Davies  
Meirick Davies  
Alice Jones  
Pat Jones

Margaret McCarroll  
Dewi Owens  
Merfyn Parry  
Bill Tasker  
Huw Williams

**COPIAU I'R:**

Holl Gynghorwyr er gwybodaeth  
Y Wasg a'r Llyfrgelloedd  
Cynghorau Tref a Chymuned

Mae tudalen hwn yn fwriadol wag

## PWYLLGOR ARCHWILIO PARTNERIAETHAU

Cofnodion cyfarfod o'r Pwyllgor Archwilio Partneriaethau a gynhaliwyd yn Ystafell Bwllgor 1a, Neuadd y Sir, Rhuthun, Dydd Llun, 10 Mehefin 2013 am 2.00 pm.

### YN BRESENNOL

Y Cynghorwyr Jeanette Chamberlain-Jones (Cadeirydd), William Cowie, Ann Davies, Meirick Davies, Pat Jones, Margaret McCarroll, Dewi Owens, Bill Tasker a/ac Huw Williams

Sylwedyddion: Y Cynghorwyr Raymond Bartley, Martyn Holland a/ac Bobby Feeley

### HEFYD YN BRESENNOL

Cyfarwyddwr Corfforaethol: Moderneiddio a Lles (Cyfarwyddwr Statudol Gwasanaethau Cymdeithasol) (SE); Pennaeth Gwasanaethau Oedolion a Busnes (PG); Rheolwr Datblygu & Phrosiect Partneriaeth (LG); Rheolwr Gwasanaeth, Ardal y Gogledd (CC-N), Cydlynedd Craffu (RE) a Swyddog Gweinyddol Pwyllgorau (SLW).

### Cynrychiolwyr BIPBC

Neil Bradshaw, Cyfarwyddwr Cynllunio; Sally Baxter, Cyfarwyddwr Cynorthwyol Cynllunio, Strategaeth a Chysylltiad; Clare Jones, Cyfarwyddwr Cynorthwyol, Gwasanaethau Cynradd a Chymuned; Simon Pyke, Pennaeth Cyswllt Staff (Gweithrediadau) Iechyd Meddwl ac Anabledd Dysgu; Yvonne Harding, Pennaeth Cyswllt Staff (Nyrsio) Plant a Phobl Ifanc; Andrew Jones, Cyfarwyddwr Iechyd Cyhoeddus; Delyth Jones, Prif Ymarferydd Iechyd Cyhoeddus; Dr Judy Hart, Ymgynghorydd mewn Rheoli Clefydau Trosglwyddadwy, Iechyd Cyhoeddus Cymru.

## 1 YMDDIHEURIADAU

Derbyniwyd ymddiheuriadau am absenoldeb oddi wrth y Cynghorwr(wyr) Alice Jones a/ac Merfyn Parry

Cyn i'r cyfarfod ddechrau, darllenodd y Cadeirydd y datganiad canlynol:-

"Tynnwyd sylw'r Cyngor gan Home-Start Sir Ddinbych bod cofnodion cyfarfod y Pwyllgor Partneriaethau ddydd Iau 12 Gorffennaf 2012 mewn perthynas â phroses dendro Teuluoedd yn Gyntaf, yn rhoi argraff gamarweiniol o'r sefydliad hwnnw. Mae hyn yn ymwneud yn benodol at ddatganiad a wnaed gan y Pennaeth Cynllunio Busnes a Pherfformiad yn ystod y drafodaeth gydag Aelodau ynglŷn â bidiau consortia ar gyfer y rhaglen Teuluoedd yn Gyntaf, yr oedd Home-Start yn bartner mewn dau.

Derbynnir yn llawn bod y cofnodion yn creu argraff gamarweiniol am Home-Start ac felly hoffwn fanteisio ar y cyfle i gywiro unrhyw argraff a roddwyd bod costau Home-Start yn gymharol uchel; bod y sefydliad ond yn darparu gwasanaethau i blant dan bump oed a bod cyfraniad Home-Start i'r bidiau consortia dan sylw ond yn gysylltiedig â'r gwaith a wnaethpwyd eisoes bryd hynny. Mae'r Cyngor yn derbyn nad yw'r datganiadau hyn yn

gywir.

Roedd y drafodaeth yn y cyfarfod yn ymwneud â'r bidiau a gyflwynwyd gan wahanol gonsortia ac er fod Home-Start yn aelodau o ddau o'r rhain, ac felly â rhan mewn dau fid gwahanol ar gyfer gwahanol elfennau o'r rhaglen, roedd ffocws yr Aelodau presennol ar Home-Start ei hun, ac efallai bod hyn wedi cyfrannu at yr argraff gamarweiniol a roddwyd yn y cofnodion.

## **2 ETHOL IS-GADEIRYDD**

Yn unol â Chyfansoddiad y Cyngor gofynnwyd am CV/ Datganiadau oddi wrth rai â diddordeb ar gyfer swydd yr Is-gadeirydd. Cafwyd dwy CV cyn y cyfarfod a'u dosbarthu i'r holl Aelodau.

Cafodd y Cyngorydd E.A. Jones ei enwebu ar gyfer swydd Is-Gadeirydd y Pwyllgor ond nid oedd eilydd.

Cafodd y Cyngorydd Huw Williams ei enwebu a'i eilio ar gyfer swydd Is-gadeirydd y Pwyllgor.

***PENDERFYNWYD** penodi'r Cyngorydd Huw Williams yn Is-Gadeirydd am y flwyddyn i ddod.*

## **3 DATGAN CYSYLLTIAD**

Cafodd datganiadau o gysylltiadau personol eu gwneud gan y Cyngorwyr Jeanette Chamberlain-Jones, Ann Davies a Bill Tasker.

## **4 MATERION BRYN FEL Y'U CYTUNWYD GAN Y CADEIRYDD**

Dim.

## **5 COFNODION Y CYFARFOD DIWETHAF**

Cyflwynwyd Cofnodion y Pwyllgor Archwilio Partneriaethau a gynhaliwyd ar 25 Ebrill 2013.

Materion yn Codi:

Gofynnodd y Cyngorydd Meirick Lloyd Davies am gynnwys cyfeiriadau yn y cofnodion i'r achosion o lifogydd yn ardaloedd Ffordd Isaf Dinbych/ Cefnmeiriadog yn ei ranbarth etholiadol. Cyfeiriwyd yn benodol at y ffaith nad oedd preswylwyr a oedd yn byw yn y rhan wledig o Ffordd Isaf Dinbych wedi cael eu hysbysu bod lefelau'r afonydd yn codi a'r risg llifogydd canlyniadol a'r ffaith bod pont yn ardal Pont-y-Ddôl wedi cael ei chario ymaith gan goeden a oedd wedi diwreiddio a'i chario i lawr yr afon.

**PENDERFYNWYD** yn amodol ar yr uchod, cymeradwywyd cofnodion y cyfarfod a gynhaliwyd ar 25 Ebrill 2013 fel cofnod cywir.

## 6 Y DIWEDDARAF AR AD-DREFNU GOFAL IECHYD

Croesawodd y Cadeirydd gynrychiolwyr BIPBC i'r cyfarfod Pwyllgor Archwilio Partneriaethau.

Gofynnwyd nifer o gwestiynau i gynrychiolwyr BIPBC gan yr Aelodau fel a ganlyn:-

Gofynnodd y Cynghorydd Ann Davies a fyddai'r gwasanaeth llawdriniaeth frys yn cael ei drosglwyddo o Ysbyty Glan Clwyd (YGC) i Ysbyty Gwynedd (YG) ym Mangor, ac os felly a fyddai gan YG y gallu i ddelio â'r llwyth gwaith ychwanegol? Pa effaith fyddai'r trosglwyddo'n ei gael ar yr Adran D & AB yn YGC? Faint o staff YGC fyddai'n colli eu swyddi a beth fyddai'r gost o drosglwyddo staff o YGC i YG? Yn aml roedd problemau ar yr A55 a fyddai'n achosi oedi hir, pa effaith fyddai hyn yn ei gael ar y gwasanaeth llawdriniaeth frys?

Eglurodd cynrychiolwyr BIPBC nad oedd penderfyniad wedi'i wneud eto gan y Bwrdd i drosglwyddo gwasanaeth llawdriniaeth frys o YGC i YG. Byddai'n well gan y Bwrdd i gadw'r gwasanaeth llawdriniaeth frys yn YGC. Roedd y Bwrdd ar hyn o bryd wedi ymrwymo i gadw llawdriniaethau cyffredinol brys ar bob safle ac wedi ymrwymo i recriwtio llawfeddygon a meddygon iau.

Byddai'r Bwrdd angen sicrwydd o ran y capasiti theatrau yn YG os oeddent yn ystyried trosglwyddo gwasanaethau llawdriniaeth frys. Byddai achosion brys yn cymryd cysail ond byddai'n rhaid bodloni targedau amser gweithio hefyd.

O ran y gost, y flaenoriaeth fyddai darparu gwasanaeth da ac ymatebion brys gan bobl gymwys a phrofiadol, felly ni fyddai o reidrwydd yn gam arbed costau.

Mae clinigwyr wedi bod yn gysylltiedig â'r trafodaethau ynglŷn â'r Adolygiad Gwasanaethau Aciwt.

Eglurodd Cyfarwyddwr Cynllunio, BIPBC, wrth y Pwyllgor y byddai'r model yn cael ei newid ar gyfer Ysbytai Cyffredinol yn y dyfodol. Byddai Ysbytai Cyffredinol yn cael eu datblygu fel Canolfannau Arbenigol. Byddai'r Ganolfan Cardiolog sydd ar hyn o bryd yn YGC yn aros yn YGC ac roedd cyfleusterau newydd yn cael eu hadeiladu yno ar hyn o bryd.

Cododd y Cynghorydd Dewi Owens y mater o recriwtio a sut y gellid diogelu hyn.

Ymatebodd BIPBC gan nodi eu bod yn recriwtio ar hyn o bryd. Mewn rhai ardaloedd, roedd yn anodd recriwtio. Roedd llawer o feddygon y DU yn mynd i weithio dramor. Bu newid mewn swyddi hyfforddi ar gyfer meddygon iau. Roedd adolygiad yn cael ei gynnal ar hyn o bryd. Roedd y mater o recriwtio yn her ledled y DU, nid yng Nghymru yn unig. Roedd y Ddeoniaeth yn newid y nifer o swyddi hyfforddi ac yn edrych ar sicrhau gwell lleoedd hyfforddi ar gyfer darpar feddygon. Roedd BIPBC yn cwrdd â'r Ddeoniaeth yn rheolaidd i drafod materion.

Gofynnodd y Cyngorydd Jeanette Chamberlain-Jones am i Ymgynghorydd BIPBC fynychu cyfarfod y Pwyllgor Archwilio Partneriaethau yn y dyfodol fel rhan o ddirprwyaeth BIPBC. Cytunodd cynrychiolwyr BIPBC ond cadarnhawyd byddai Ymgynghorwyr angen o leiaf chwe wythnos o rybudd oherwydd eu hymrwymiaidau gwaith.

Mynegodd y Cyngorydd Margaret McCarroll bryder ynglŷn â'r nifer o ambiwlansys sy'n ciwio yn YGC. Ar un achlysur roedd 13 o ambiwlansys yn ciwio gyda chleifion yn aros i gael eu derbyn. Gofynnodd y Cyngorydd McCarroll pa effaith oedd gan brinder gwllau ar amseroedd aros y gwasanaeth ambiwlans a D&AB?

Roedd BIPBC yn ymwybodol o'r pwysau yn D&AB yn YGC. Nid oeddent yn gallu rhoi sylwadau ynglŷn â'r nifer o ambiwlansys yn aros. Roedd targed amser trosglwyddo o 15 munud a oedd yn darged a rannwyd gan y Gwasanaeth Ambiwllans a'r BIPBC. Unwaith eto, roedd hyn yn broblem ar draws y DU ac nid yng Nghymru'n benodol. Roedd gwaith yn cael ei wneud ar wella'r system ac i ddatrys y broblem hon.

Yn y gorffennol, bu problemau ynglŷn â heintiau a chafodd rhai wardiau eu cau dros dro er mwyn glanhau dwys.

Roedd effaith twf y genhedlaeth hŷn yn effeithio ar y Gwasanaeth lechyd i gyd. O fewn BIPBC, roedd nifer o wardiau gyda nifer fawr o gleifion bellach dros 90 oed.

#### Cyd-Fwrdd Iechyd a Gofal Cymdeithasol Sir Ddinbych

Diben Cyd-Fwrdd Iechyd a Gofal Cymdeithasol oedd i lunio, cytuno, mesur a monitro datblygiad iechyd a gofal cymdeithasol strategol ar lefel sirol gan sicrhau ffocws ar brofiad integredig ar gyfer cleifion/ defnyddwyr gwasanaeth, gan gynnwys:-

- (i) Ysgogi newid a thrawsnewid gwasanaethau, gan gynnwys blaenoriaethau ar y cyd a nodwyd yn y Cynllun Integredig
- (ii) Bod yn gerbyd i oruchwylio gweithredu gwasanaethau integredig ar y cyd
- (iii) Darparu trefniant llywodraethu ar y cyd ar gyfer gwasanaethau integredig y cytunwyd arnynt.

Ar y mater o ryddhau cleifion o'r ysbyty, holodd y Cyngorydd Ann Davies a oedd cleifion yn cael eu rhyddhau i'r gymuned heb i llythyrau rhyddhau gael eu hanfon at eu meddygon teulu. Gofynnodd y Cyfarwyddwr Cynorthwyol Cynllunio, Strategaeth ac Ymgysylltu BIPBC am fanylion unrhyw achosion penodol er mwyn galluogi cynnal ymchwiliadau. Bu problemau yn y gorffennol ynglŷn â llythyrau rhyddhau ac roedd PBP yn ceisio gwella manylion llythyrau rhyddhau. Cytunodd cynrychiolydd BIPBC i ymchwilio i'r mater ymhellach a rhoi diweddariad mewn cyfarfod yn y dyfodol.

Gwasanaethau Gofal Uwch yn y Cartref (HECS), mynegodd yr aelodau bryder nad oedd meddyg teulu arweiniol ardal wedi cael ei benodi ar gyfer de'r sir. Cadarnhaodd BIPBC fod meddyg teulu o Ddinbych, Dr Matt Davies, yn cefnogi gofal uwch yn yr ardal.



**PENDERFYNWYD** yn amodol ar yr uchod, derbyniodd a nododd y Pwyllgor y diweddaraf ar Ad-drefnu Gofal Iechyd.

## **7 DATBLYGU UN PWYNT MYNEDIAD AR GYFER IECHYD A GOFAL CYMDEITHASOL YN SIR DDINBYCH**

Cyflwynodd y Pennaeth Gwasanaethau Oedolion a Busnes (H:A&BS) adroddiad (a ddosbarthwyd yn flaenorol) yn darparu gwybodaeth i'r Pwyllgor ynglŷn â datblygu Pwynt Mynediad Sengl (SPA) ar gyfer gwasanaethau iechyd a gofal cymdeithasol cymunedol yn Sir Ddinbych. Roedd y Gwasanaeth hwn i fod i fynd yn fyw ddiwedd mis Hydref, 2013 ond gallai'r gwir ddyddiad mynd yn fyw fod tipyn ymhellach oherwydd yr angen i sicrhau a chadarnhau ffynonellau cyllid.

Roedd y prosiect yn cael ei gyflwyno mewn partneriaeth â BIPBC a'r sector wirfoddol a oedd wedi cefnogi'r datblygiad mewn amrywiaeth o ffyrdd.

Byddai'r costau a fyddai'n gysylltiedig â sefydlu'r Gwasanaeth yn cael ei ariannu gan y Rhaglen Cydweithredu Rhanbarthol, gyda'r costau gwasanaeth parhaus yn cael eu talu gan y partneriaid fel y byddai'n cael ei nodi yn y Cytundeb Adran 33 a oedd yn cael ei ddrafftio. Yn achos Cyngor Sir Ddinbych, byddai hyn o'r adnoddau presennol.

**PENDERFYNWYD** bod y Pwyllgor yn derbyn a chefnogi datblygu Un Pwynt Mynediad.

## **8 CYFLWYNO MESUR IECHYD MEDDWL CYMRU YN SIR DDINBYCH (GWASANAETHAU CYMORTH IECHYD MEDDWL SYLFAENOL LLEOL CYNT)**

Cyflwynodd y Pennaeth Staff Cysylltiol (Gweithrediadau) Iechyd Meddwl ac Anableddau Dysgu (ACS: MH&AD) adroddiad (a ddosbarthwyd yn flaenorol) i ddarparu gwybodaeth i'r Pwyllgor Archwilio Partneriaethau. Roedd Mesur Iechyd Meddwl Cymru'n rhoi cyfrifoldebau cyfreithiol ar Fyrddau Iechyd Lleol ac Awdurdodau Lleol mewn perthynas â chyflwyno'r pedair elfen o'r Mesur Iechyd Meddwl ar draws Oedolion a Phlant a Phobl Ifanc:-

- (i) Datblygu Gwasanaeth Iechyd Meddwl Gofal Sylfaenol
- (ii) Cyflwyno Cynllunio Gofal a Thriniaeth
- (iii) Yr hawl i ddefnyddwyr gwasanaeth sydd wedi cael eu rhyddhau i ofyn am ailasesiad
- (iv) Datblygu Gwasanaethau Eirioli ar gyfer cleifion dan orchymyn a chleifion anffurfiol o fewn y gwasanaeth.

Bellach roedd gan bob sir Reolwr penodedig i sicrhau bod y rhyngwyneb yn gweithio'n iawn.

Roedd Un Pwynt Mynediad (SPA) wedi cael ei gyflwyno er mwyn galluogi

meddygon teulu i gael un pwynt cyfeirio ar gyfer unrhyw fater lechyd Meddwl.

Roedd e-atgyfeiriadau wedi cael eu cyflwyno ar gyfer atgyfeiriadau lechyd Meddwl.

Mae gwasanaeth cwnsela ar gyfer meddygon teulu wedi cael ei gomisiynu i alluogi meddygon teulu i atgyfeirio i'r gwasanaeth ar unwaith.

Cyflwynodd Mesur lechyd Meddwl Cymru Gynllun Gofal a Thriniaeth (CTP) newydd a byddai'n rhaid cwblhau'r broses bontio i hwn erbyn mis Mehefin.

Disgwyliwyd o hyd am wybodaeth ynglŷn ag ailasesiad ar gyfer defnyddwyr gwasanaeth a gafodd eu rhyddhau.

Byddai'r Mesur lechyd Meddwl yn cynorthwyo gyda rheoli pobl a oedd mewn risg. Byddai'r Mesur yn galluogi asesu manwl a llunio cynllun gofal addas. Yr allwedd oedd sicrhau pan fo anghenion yn newid, bod y cynllun gofal a'r gwasanaeth yn ymateb i'r newid hwnnw.

Byddai gan bawb o fewn y gwasanaeth gynllun gofal. Unwaith y buasent yn ddigon da, buasent yn cael eu symud i ofal sylfaenol. Os, am unrhyw reswm, y buasent yn mynd yn sâl eto, buasent yn cael eu hatgyfeirio'n syth ac yn cael eu gweld yn gyflym iawn. Weithiau byddai D&AB yn atgyfeirio, neu'r gwasanaeth tu allan i oriau neu'r heddlu.

Gan ymateb i gwestiynau'r aelodau, dwedodd swyddogion BIPBC dylai darpariaethau'r Mesur helpu i sicrhau na ddylai nifer yr achosion o ddynladdiad neu hunanladdiad sy'n gysylltiedig ag iechyd meddwl gynyddu, a darparu mwy o hyblygrwydd rhwng gofal iechyd meddwl sylfaenol ac eilaidd. Cadarnhawyd hefyd bod y gwasanaeth Un Pwynt Mynediad yn wasanaeth hollol wahanol i'r Un Pwynt Mynediad a oedd yn cael ei ddatblygu ar gyfer lechyd a Gofal Cymdeithasol yn Sir Ddinbych. Cadarnhaodd swyddogion y Cyngor nad oedd unrhyw dystiolaeth hyd yma i awgrymu bod y Mesur yn rhoi pwysau ychwanegol ar wasanaethau gofal cymdeithasol yr Awdurdod.

**PENDERFYNWYD** bod y Pwyllgor yn cefnogi datblygu gwasanaethau o dan y Mesur ac yn cydnabod y perthnasau gwaith da rhwng lechyd a Gofal Cymdeithasol o ran darparu gwasanaethau iechyd meddwl yn Sir Ddinbych a'r newidiadau cysylltiedig mewn perthynas â'r ystod oedran llawn.

## **9 GWASANAETHAU IECHYD MEDDWL PLANT A PHOBL IFANC (CAMHS)**

Rhoddodd y Pennaeth Staff Cysylltiol (Nyrsio), Plant a Phobl Ifanc (SCS: C&YP) y newyddion diweddaraf ar lafar am y Gwasanaethau lechyd Meddwl Plant a Phobl Ifanc (CAMHS).

Roedd amseroedd aros yn bryder. Roedd Mesur lechyd Meddwl Cymru hefyd yn berthnasol i blant. O fewn Sir Ddinbych, ymchwiliwyd i gapasiti a chafodd clinigwyr eu tynnu oddi ar waith heb fod yn glinigol. Cynyddodd hyn y capasiti am y galw.

Roedd adnabod iechyd meddwl ac effaith iechyd meddwl yn un a gymerodd y Bwrdd hynod o ddifrif.

Yn Sir Ddinbych, roedd rhwng 50 a 70 o atgyfeiriadau bob mis. Daeth y rhan fwyaf o'r atgyfeiriadau drwy feddygon teulu. Cyflwynwyd negeseuon testun atgoffa i leihau'r cyfraddau "peidio mynychu". Cai apwyntiadau eu cynnig mor agos i'r cartref â phosibl. Byddai'r Ganolfan Plant newydd yn Ninbych, a fyddai'n agor cyn bo hir, yn cael ei ddefnyddio hefyd. Roedd 5.5 swydd ychwanegol wedi'u sefydlu Conwy a Sir Ddinbych.

Cytunwyd y dylid gwahodd clinigwr CAMHS i fynychu cyfarfod nesaf y Pwyllgor Archwilio Partneriaethau i drafod materion yn ymwneud â CAMHS ac y byddai papur manylach yn cael ei gyflwyno i'r cyfarfod Pwyllgor Archwilio Partneriaethau nesaf ym mis Gorffennaf.

***PENDERFYNWYD*** y byddai papur manylach yn cael ei gyflwyno yng nghyfarfod nesaf y Pwyllgor Archwilio Partneriaethau a gofyn i glinigwr CAMHS fod yn bresennol hefyd.

## 10 Y DIWEDDARAF AR WEITHIO'N LLEOL

Rhoddodd y Rheolwr Gwasanaeth, Ardal y Gogledd, Cyngor Sir Ddinbych (SM:NL) a'r Cyfarwyddwr Cynorthwyol, Datblygu Gwasanaethau Sylfaen a Chymunedol (AD:P&SD) (BIPBC) gyflwyniad, gan roi'r ddiweddraf i'r Pwyllgor ar weithio'n lleol.

Roedd gwaith yn parhau i wella gwasanaeth ar gyfer y boblogaeth leol. Roedd y canlynol yn y themâu allweddol ar draws y gwasanaeth:-

- Mwy o ofal tu allan i'r ysbyty
- Technolegau newydd
- Atebion lleol
- Gwasanaeth a thimau integredig
- Gwellu canlyniadau iechyd
- Cynnal annibyniaeth
- Effeithlonrwydd ac osgoi dyblygu.

Roedd newyddlen ar y cyd wedi cael ei chynhyrchu yng Ngogledd Sir Ddinbych. (Roedd copïau ar gael yn y cyfarfod). Roedd y cylchlythyr wedi bod yn erfyn cyfathrebu defnyddiol.

Cafwyd cyflwyniad PowerPoint, ac roedd hwn yn cynnwys yr hyn a gyflawnwyd, beth oedd y timau ardal wedi'i oresgyn a'r heriau yn y dyfodol.

Roedd gweithdy wedi cael ei gynnal o'r blaen ble roedd materion allweddol wedi cael eu nodi.

Roedd Cytundeb ar waith ar draws yr Awdurdodau Lleol ynghylch beth oedd y blaenoriaethau. Roedd gofalwyr wedi cael eu nodi fel blaenoriaeth bwysig.

Roedd broblem o hyd o ran cyd-leoli gan fod dod o hyd i le addas yn anodd.

Gofynnodd y Cynghorydd Jeanette Chamberlain Jones am i'r wybodaeth ddiweddaraf am weithio'n lleol gael ei gyflwyno i'r Pwyllgor Archwilio Partneriaethau mewn chwe mis gyda chwestiynau perthnasol yn cael eu hanfon at y Cydlynnydd Archwilio i'w hanfon ymlaen at yr AD:P&CSD.

**PENDERFYNWYD** bod y Pwyllgor yn derbyn a nodi'r cyflwyniad a bod adroddiad efo'r wybodaeth ddiweddaraf yn cael ei gyflwyno i'r Pwyllgor Archwilio Partneriaethau mewn chwe mis.

## 11 DIWEDDARIAD AR FATERION DIOGELU IECHYD

Cyflwynodd Cyfarwyddwr Iechyd y Cyhoedd (D:PH) a'r Prif Ymarferydd Iechyd y Cyhoedd (PPHP) Dr Judy Hart, Ymgynghorydd Rheoli Clefydau Trosglwyddadwy a gyflwynodd yr Adroddiad Tîm Diogelu Iechyd.

Nododd Dr Hart bod Geoff Lang wedi dymuno gwneud y Pwyllgor Archwilio Partneriaethau yn ymwybodol bod yr haint a dorrodd allan yn Ysbyty Glan Clwyd (YGC) bellach dan reolaeth. Argymhellwyd bod y prosesau yn YGC yn cael eu hadolygu. Er mwyn cynorthwyo gyda hyn, roedd arbenigwr allanol wedi cael ei recriwtio i gynorthwyo'r Bwrdd Iechyd cyfan. Byddai hyn yn cael ei arwain gan y Cyfarwyddwr Meddygol a'r Cyfarwyddwr Nyrsio.

O dan y Rheoliadau Rhagofalon Iechyd 2010, cafwyd hysbysiadau o afiechydon naill ai oddi wrth feddygon teulu neu feddygon ysbyty.

Cafodd un mater ei godi yn y Pwyllgor ynghylch traws-heintio, er enghraifft gallai nyrsys yn gwisgo eu gwisgoedd allan o'r ysbyty a hefyd meddygon sydd ddim yn gwisgo cot wen gario haint ar eu dillad.

Argymhellwyd gan y Cyfarwyddwr Cynllunio, BIPBC bod cynrychiolwyr o Rheoli Heintiau BIPBC yn mynychu cyfarfod o'r Pwyllgor Archwilio Partneriaethau yn y dyfodol i drafod y mater hwn yn fanylach.

**PENDERFYNWYD** bod y Pwyllgor yn derbyn a nodi'r cyflwyniad a bod cynrychiolwyr o Rheoli Haint BIPBC yn mynychu cyfarfod o'r Pwyllgor Archwilio Partneriaethau yn y dyfodol.

## 12 RHAGLEN WAITH ARCHWILIO

Cyflwynodd y Cydlynnydd Archwilio adroddiad (a ddosbarthwyd yn flaenorol) yn gofyn am farn yr Aelodau ar raglen waith y Pwyllgor yn y dyfodol ac yn rhoi diweddariad ar faterion perthnasol. Roedd rhaglen waith i'r dyfodol ddrafft (Atodiad 1), rhaglen waith i'r dyfodol y Cabinet (Atodiad 2) a chynnydd gyda Phenderfyniadau Pwyllgor (Atodiad 3) ynghlwm i'r adroddiad.

Cyfarfod 18 Gorffennaf 2013 – dylid anfon unrhyw gwestiynau ynghylch Iechyd Meddwl Plant a Phobl Ifanc (CAMHS) at y Cydlynnydd Archwilio i'w anfon ymlaen i BIPBC.

Dwedodd y Cydlynnydd Archwilio bod angen cynrychiolwyr o'r Pwyllgor Archwilio Partneriaethau ar gyfer pob un o'r Grwpiau Herio Gwasanaeth.

**PENDERFYNWYD –**

- (i) Yn amodol ar yr uchod, cymeradwyo'r rhaglen waith fel y'i nodwyd yn Atodiad 1 i'r adroddiad, a*
- (ii) Penodi'r aelodau canlynol yn gynrychiolwyr y Pwyllgor Archwilio Partneriaethau ar gyfer y Grwpiau Herio Gwasanaeth:-*

*Tai a Datblygu Cymunedol – Bill Tasker*

*Plant a Theuluoedd – Jeanette Chamberlain Jones*

*Oedolion a Gwasanaethau Busnes – Ann Davies*

*Gwasanaethau Cyfreithiol a Democrataidd – Meirick Lloyd Davies*

*Cynllunio Busnes a Pherfformiad – Huw Williams*

*Addysg, Cwsmeriaid a Chefnogaeth – Pat Jones*

*Addysg – Margaret McCarroll*

*Yr Amgylchedd a Phriffyrdd – Huw Williams*

*Cynllunio a Gwarchod y Cyhoedd – Meirick Lloyd Davies*

*Cyfathrebu, Marchnata a Hamdden - i'w gadarnhau*

*Cyllid ac Asedau - i'w gadarnhau*

*AD Strategol – i'w gadarnhau*

*ac y dylid cysylltu â'r tri aelod absennol o'r cyfarfod i ofyn a oes ganddynt ddi-ddordeb yn y swyddi gwag.*

**13 ADBORTH GAN GYNRYCHIOLWYR Y PWYLLGOR**

Dim.

**Daeth y cyfarfod i ben am 5.10 p.m.**

Mae tudalen hwn yn fwriadol wag

|                                 |                                                                              |
|---------------------------------|------------------------------------------------------------------------------|
| <b>Adroddiad i'r:</b>           | <b>Pwyllgor Archwilio Partneriaethau</b>                                     |
| <b>Dyddiad y cyfarfod:</b>      | <b>18 Gorffennaf 2013</b>                                                    |
| <b>Aelod/Swyddog Arweiniol:</b> | <b>Aelod Arweiniol Gofal Cymdeithasol a Gwasanaethau Plant/Taith i Waith</b> |
| <b>Awdur yr Adroddiad :</b>     | <b>Rheolwr Lleol, Taith i Waith</b>                                          |
| <b>Teitl:</b>                   | <b>Y Diweddaraaf ar Brosiect Taith i Waith</b>                               |

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## 1. Am beth mae'r adroddiad yn sôn?

Mae Taith i Waith yn cefnogi pobl sydd, oherwydd nifer o anafanteision, yn anweithredol yn economaidd neu'n ddi-waith drwy eu cynorthwyo i dderbyn addysg, hyfforddiant a chyflogaeth. Mae'r prosiect yn cael ei ddarparu ar draws pedwar awdurdod lleol (Ynys Môn, Conwy, Sir Ddinbych a Chonwy) gyda Sir Ddinbych yn Brif Noddwr. Yn wreiddiol, bu i'r prosiect sicrhau £26 miliwn dros gyfnod o bedair blynedd (1 Mawrth 2010 tan 28 Chwefror 2014); £13.8 miliwn gan Gronfa Gymdeithasol Ewrop sy'n cael ei weinyddu gan Lywodraeth Cymru. Yn dilyn ailbroffilio, cafodd y swm yma ei leihau i £16,741,880.

Mae'r prosiect yn cefnogi Blaenoriaeth 2, Thema 1 Rhaglen Weithredol ar gyfer Cydgyfeirio Cronfa Gymdeithasol Ewrop:

- Blaenoriaeth 2; cynyddu cyflogaeth a mynd i'r afael â segurdd economaidd
- Thema 1; cynorthwyo pobl i gael cyflogaeth gynaliadwy

Mae'r canlyniadau disgwylidig yn rhagolygon cyflogaeth tymor hir gwell ar gyfer trigolion sy'n dysgu sgiliau ac yn ennill cymwysterau newydd drwy'r prosiect. Bydd hyn yn ei dro yn hwb i'r economi leol ac yn lleihau tldi, amddifadedd a dibyniaeth ar fudd-daliadau a gwasanaethau'r Cyngor.

## 2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Mae'r adroddiad yn darparu'r wybodaeth ddiweddaraaf ac yn monitro cynnydd a pherfformiad prosiect Taith i Waith o ran canlyniadau cynaliadwy cadarnhaol i drigolion Sir Ddinbych ac o safbwynt y Cyngor fel prif noddwr.

## 3. Beth yw'r Argymhellion?

Argymhellir bod Pwyllgor Archwilio Cymunedau yn ystyried ac yn gwneud sylw ar y canlynol:

- Cydymffurfiaeth a chefnogaeth y prosiect i bolisiau, threfnau a meysydd blaenoriaeth CSDd ac amodau a thelerau Swyddfa Cyllid Ewropeaidd Cymru
- Trefniadau priodol o ran rheoli, monitro, gwerthuso, rheoli risg, defnydd o arian, cyrraedd targedau a dangosyddion

- Datblygu'r strategaeth gwblhau, gyda bod yr arian yn dod i ben ar 28 Chwefror 2014.

#### 4. Manylion am yr adroddiad

Fel prif noddwr y prosiect, mae Cyngor Sir Ddinbych yn gyfrifol am ddarparu'r prosiect yn unol ag amodau a thelerau Swyddfa Cyllid Ewropeaidd Cymru. Mae'r cydweithrediad rhanbarthol yn cael ei reoli gan Gytundeb Partneriaeth sydd wedi ei lofnodi gan y 4 awdurdod. Mae'r Bwrdd Rhanbarthol a'r Bwrdd Partneriaeth Lleol yn sicrhau ein bod yn bodloni'r gofynion. Mae swyddogion y prosiect hefyd yn cyflwyno adroddiadau i Gydweithredfa Gwella Gwasanaethau Cymdeithasol Gogledd Cymru i sicrhau bod yna arweinyddiaeth gorfforaethol.

Hyd yma mae'r prosiect wedi wynebu sawl her, gan gynnwys:

- Recriwtio a chadw staff (yn arbennig o ran graddfeydd amser a goblygiadau diswyddo)
- Sefydlu system ddogfennu a chronfeydd data ac ymateb i newidiadau Swyddfa Cyllid Ewropeaidd Cymru i ofynion y prosiect
- Cyflwyno'r Rhaglen Waith
- Cymhlethdod y broses gaffael a chanfod cyllid cyfatebol

Er gwaethaf yr heriau uchod, mae'r prosiect yn parhau i fynd rhagddo'n dda ac mae pob elfen yn dod ynghyd i sicrhau bod cyfranogwyr yn gallu cyflawni eu potensial. Mae ystod o weithgareddau ar gael i gynorthwyo pobl i oresgyn rhwystrau ac rydym ni'n falch iawn o weld y cyfranogwyr yn llwyddo.

Mae prosiectau sy'n derbyn nawdd Cronfa Gymdeithasol Ewrop yn atebol i nifer o ymweliadau archwilio a monitro yn ystod cyfnod y prosiect ac wedi hynny. Hyd yma, nid ydym ni wedi derbyn ymweliad ond gobeithiwn y bydd ymweliad yn cael ei drefnu cyn i'r prosiect ddirwyn i ben. Mae'r Tîm Rhanbarthol yn ymgymryd ag Ymweliadau Chwarterol y Prif Noddwr i sicrhau cydymffurfiaeth, i ddarparu cefnogaeth ac i roi arweiniad. Mae Cynllun Gwerthuso a Monitro yn cael ei gwblhau pob chwarter i sicrhau ein bod yn cymryd camau gweithredu allweddol y prosiect o fewn y graddfeydd amser a nodwyd. Mae methodoleg gadarn yn cefnogi'r Cynllun sy'n cynnwys adrodd ar statws, disgwyliadau a rheoli risg. *Atodiad 1 Cynllun Gwerthuso a Monitro Sir Ddinbych Mai 13*

Mae gan swyddogion y prosiect berthynas dda gyda swyddogion Swyddfa Cyllid Ewropeaidd Cymru gan gysylltu â'r Swyddfa'n rheolaidd a mynychu cyfarfodydd adolygu. Y problemau mwyaf hyd yma yw'r ymatebion i'r Rhaglen Waith a gofynion Cyllid Cyfatebol. Mae'r ddau fater wedi eu datrys, ond mae rhywfaint o waith o ran cyllid cyfatebol heb ei gwblhau.

Canmolwyd prosesau caffael y prosiect gan Swyddfa Cyllid Ewropeaidd Cymru a bu i'r Swyddfa rannu ein harferion gyda phrosiectau eraill Cronfa Gymdeithasol Ewrop. Bu iddyn nhw hefyd roi sylwadau cadarnhaol ar y cynllun gwerthuso a monitro ac ar y fethodoleg.

Mae'r rhan fwyaf o brosiectau Taith i Waith yn cael eu gweithredu dan Wasanaethau Oedolion a Busnes CSDd, ac eithrio 2 ddarpariaeth arbenigol sydd wedi eu caffael. Mae Canolfan Ferched Gogledd Cymru a Hafal yn gyfrifol am y ddarpariaeth arbenigol. Mae Swyddfa Cyllid Ewropeaidd Cymru yn mynnu bod yr holl hyfforddiant hefyd yn cael ei gaffael gan sicrhau bod gan bob darparwr cyfle teg i dendro am gontractau.



Yn dilyn yr ailbroffilio, yn rhanbarthol mae gofyn i'r prosiect gefnogi 4306 o gyfranogwyr (4555 cyn yr ailbroffilio). Hyd yma mae'r prosiect wedi cefnogi 3551 o gyfranogwyr. Mae Sir Ddinbych wedi cynyddu ei darged o 1615 i 2226 gan fod y sir eisoes wedi cefnogi 1851 o gyfranogwyr. (*Atodiad 2 Ffigyrau Cyrhaeddiad Targed Mai 2013*)

Mae'r prosiect wedi datblygu prosesau a phrotocolau sydd wedi cynorthwyo i symleiddio gwasanaethau. Mae cydweithio â chynlluniau a mentrau eraill o fewn gofal cymdeithasol, iechyd, addysg, hyfforddiant, tai a budd-daliadau, yn ogystal â darparwyr trydydd sector, wedi arwain at ddarparu gwasanaeth mwy holistig i'n gyfranogwyr. Drwy weithio'r ffordd yma, rydym ni wedi llwyddo i ddiwallu anghenion unigolion, cyfrannu at arbedion a, thrwy hynny, cyfrannu at gynladwyedd gwasanaethau.

Mae'r prosiect wedi derbyn adborth gwerthfawr gan Wavehill sydd wedi gwerthuso'r prosiect tair gwaith. Bydd y gwerthusiad olaf, a fydd yn cael ei gynnal cyn bo hir, yn ein cynorthwyo i rannu arferion da ac i adnabod gwersi a ddysgwyd. Mae'r gwerthusiad yn sail i'r strategaeth gwblhau ac yn dechrau dangos bod angen y math yma o gefnogaeth ar ôl i'r nawdd ddod i ben. Ond, yn y sefyllfa ariannol sydd ohoni, mae canfod ffynonellau ariannu eraill yn fwyfwy anodd. Yr unig awgrym yw datblygu mentrau cymdeithasol bychain. Nid ydym ni'n credu bod cwblhau'r prosiect yn gynnar yn ddewis gan ein bod ar y llwybr cywir i gyrraedd targedau ac yn fodlon bod yr ailbroffilio yn realistig. (*Atodiad 3 Targedau Sir Ddinbych Chwefror – Mai 2013*)

## **5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?**

Bu i'r prosiect fynd i'r afael yn uniongyrchol â'r hen flaenoriaeth gorfforaethol o Newid Demograffig. Mae'r prosiect bellach yn cyfrannu at y blaenoriaethau corfforaethol newydd - datblygu'r economi leol, gwella ansawdd addysg a sicrhau bod oedolion diamddiffyn yn cael eu diogelu ac yn gallu byw mor annibynnol â phosib. Yn Sir Ddinbych mae yna nifer cynyddol o bobl hŷn a phobl gydag anabledau ac anawsterau. Mae Taith i Waith yn cefnogi'r bobl yma ac yn eu cynorthwyo i ddatblygu sgiliau a derbyn hyfforddiant, addysg a chyflogaeth. Rydym ni'n cynorthwyo pobl i fod yn annibynnol ac i reoli eu bywydau; gan eu caniatáu i weithio, dysgu a chyfrannu at y gymuned.

Prif nod Taith i Waith yw cynorthwyo 4,306 o bobl ar draws 4 awdurdod drwy ddarparu cyfleodd cyflogaeth, annog pobl i gychwyn busnesau a lleihau nifer y bobl sy'n anweithredol yn economaidd ac yn derbyn budd-daliadau. Drwy hyn oll rydym ni hefyd yn cyfrannu at flaenoriaethau corfforaethol adfywio, lleihau amddifadedd a hybu cynladwyedd economaidd. Mae'r prosiect yn arfogi pobl i gyrraedd eu potensial a chyfrannu at economi'r ardal. Mae'r gefnogaeth rydym ni'n ei darparu yn cyfrannu at Gynllun MAWR Sir Ddinbych o ran gwella iechyd a lles pobl a'u hannog i fod yn hunangynhaliol.

Un o amcanion craidd y prosiect yw hyrwyddo annibyniaeth ymhlith pobl gydag anghenion gofal cymdeithasol a'u hannog i fynychu hyfforddiant a chanfod gwaith yn unol â Strategaethau Llywodraeth Cymru a'r DU.

## **6. Faint fydd hyn yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?**

Mae Taith i Waith yn ategu gwasanaethau eraill, yn ychwanegu gwerth ac yn lleihau'r pwysau sydd ar wasanaethau statudol. Mae'r holl gyllid yn gyllid allanol. *(Atodiadau 4a a 4b Adroddiad Ariannol Diwygiedig i Gydwethredfa Gwella Gwasanaethau Cymdeithasol Gogledd Cymru)*

## **7. Beth yw prif gasgliadau'r Asesiad o Effaith ar Gydraddoldeb a gynhaliwyd am y penderfyniad? Dylid cynnwys templed yr Asesiad o Effaith ar Gydraddoldeb a gwblhawyd fel atodiad i'r adroddiad.**

Er bod Taith i Waith yn cefnogi nifer o gyfranogwyr sy'n rhannu nodweddion wedi eu diogelu nid ydym ni yn yr achos hwn yn gofyn am benderfyniad nac am gynnig ar gyfer newid.

## **8. Pa ymgynghori sydd wedi digwydd?**

Cyflwynwyd adroddiad i'r Pwyllgor Archwilio ym mis Gorffennaf 2012 a chafwyd ymateb calonogol a chefnogol. Cafwyd ymateb tebyg gan y Bwrdd Moderneiddio ym mis Mehefin 2013. Wrth ddatblygu prosiect Taith i Waith, ymgynghorwyd â'r canlynol: Llywodraeth Cymru, Cyngor Gweithredu Gwirfoddol Cymru, prosiectau eraill sy'n derbyn nawdd Swyddfa Cyllid Ewropeaidd Cymru, Gwasanaeth Iechyd y Cyhoedd Gogledd Cymru, y Ganolfan Fyd Gwaith, darparwyr hyfforddiant, Strategaeth Dinas, mudiadau'r trydydd sector, swyddogion Gwasanaethau Cymdeithasol, darparwyr Addysg Bellach, Cydwethredfa Gwella Gwasanaethau Cymdeithasol Gogledd Cymru.

## **9. Datganiad y Prif Swyddog Cyllid**

Mae'n rhaid i'r prosiect sicrhau ei fod yn bodloni gofynion Swyddfa Cyllid Ewropeaidd Cymru a gofynion Llywodraeth Cymru ac yn datblygu strategaeth gwblhau glir.

## **10. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?**

Yn lleol mae'r risgiau'n cael eu hadnabod a'u sgorio yn ôl eu difrifoldeb ac yna'n cael eu cofnodi a'u monitro'n rheolaidd. Mae'r risgiau'n cael eu hadolygu yn ystod cyfarfodydd y Grŵp Cyflawni Lleol ac mae camau gweithredu i ddileu neu leihau risgiau yn cael eu penderfynu a'u gweithredu yn ôl yr angen. Mae'r risgiau'n cael eu casglu a'u cofnodi ar gofrestr risg rhanbarthol sy'n cael ei chyflwyno pob chwarter i'r Bwrdd Partneriaeth Rhanbarthol. Mae'r risgiau gweddilliol yn cael eu cynnwys yn y Log Risg ac yn cael eu monitro a'u hadolygu'n rheolaidd. Mae rhai o'r risgiau mwyaf a amlygwyd yn cynnwys effaith y dirywiad economaidd, dyblygu prosiectau ar draws y rhanbarth, effaith y Rhaglen Waith, newidiadau i'r prosiect a gofynion cyllid cyfatebol. Defnyddir offeryn Work Star i gynorthwyo gweithiwr cefnogi i fesur a chrynhai llwyddiannau 'canlyniadau sylfaenol', sydd wedi gostwng yn sgil y risg na fyddem ni'n canfod cymaint o waith llawn amser i'n cyfranogwyr fel y rhagwelwyd ar y dechrau. Mae hyn wedi darparu fframwaith gwerthfawr i staff

ac wedi eu galluogi i ddarparu cefnogaeth fwy systematig, mesuradwy a chyson ar draws y rhanbarth. (*Atodiad 5 Adroddiad Work Star, Atodiad 6 Dadansoddiad Risg Ailbroffilio Rhanbarthol*)

## **11. Pŵer i wneud y Penderfyniad**

Erthygl 6.3 o Gyfansoddiad y Cyngor

### **Swyddog Cyswllt:**

Rheolwr Lleol, Taith i Waith

Ffôn: 01824 706383

Mae tudalen hwn yn fwriadol wag

## Status Report

|                                        |                                           |                                    |               |
|----------------------------------------|-------------------------------------------|------------------------------------|---------------|
| <b>Project Name:</b>                   | <b>Taith I Waith/New Work Connections</b> | <b>Project Reference:</b>          | <b>80160</b>  |
| <b>Senior Responsible Owner (SRO):</b> | Jacqui Walker                             | <b>Date of last report:</b>        | February 2013 |
| <b>Local Authority:</b>                | Denbighshire                              | <b>Date of <u>this</u> report:</b> | May 2013      |

|              |                                                      |
|--------------|------------------------------------------------------|
| <b>RED</b>   | <b>Major concern not on track and not in control</b> |
| <b>AMBER</b> | <b>Minor concern not on track but in control</b>     |
| <b>GREEN</b> | <b>No concern on track and in control</b>            |

|                                            |                      |
|--------------------------------------------|----------------------|
| <b>Updated Risk Register attached?</b>     | YES/NO               |
| <b>Current Number of RED risks:</b>        | <i>insert number</i> |
| <b>No. of Exceptions Reports attached?</b> | <i>insert number</i> |

**If the RAG status is RED and a decision by the Regional Partnership Board is required, an Exceptions Report should accompany this report**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |
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| <p><b>PROGRESS REPORT</b></p> <p><i>Please provide details of Project progress and achievements to date together with an indication of future activity. Please also use this section to highlight any difficulties being encountered on the Project and how they are being addressed.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATUS:<br/>Red<br/>Amber<br/>Green</b> |
| <p>Participant Processes</p> <p><b>General</b> (relevant to all elements):</p> <ul style="list-style-type: none"> <li>The project caseworkers have continued to amend their case files following the lead sponsor visit and Work Star Audit, both of which were generally positive experiences.</li> <li>All elements have continued to ensure that all match funded work is recorded accurately and in accordance with guidelines. This included completing a scoping exercise.</li> <li>All elements have revised their targets and submitted them in order to inform the re-profile.</li> <li>The allocation process has been improved and is now attended weekly by the Senior Caseworker, the Senior Community Development Officer, and senior staff from the other 3 elements. Potential participants are then allocated to the most suitable case worker, element or external provider (LD, Women's Centre or Hafal). Complex cases are likely not to be accepted in future</li> <li>All elements apart from NWWC (who had a senior staff member absent due to bereavement) attended a series of regional 'share &amp; review' sessions which provided clarity and shared vision for all who attended. The content is being shared now across the project.</li> <li>All elements have had contact with Wavehill either through their participants having 'phone interviews or through attending meetings with the evaluator.</li> </ul> <p>LD</p> <ul style="list-style-type: none"> <li>All match funded participants are now registered on the database for the Work Opportunities Businesses. This was done over a three week period and involved staff from all the businesses meeting with service users and their families/appointees and explaining about NWC. As a part of this process the match funded instructors and team leaders within the businesses all received refresher training on the completion of the work stars. Additional admin support was given to the element in order to setup the newly registered participants on the database.</li> <li>Database problems have been resolved.</li> <li>Caseworkers have retrospectively completed Soft Outcome forms for their participants, as a result of initial confusion regarding the forms. This has proved a positive experience for participants as they have been able to look back on their journey.</li> <li>Manual Handling of objects training was arranged for all participants within the Work Opportunities</li> </ul> |                                            |

| <b>PROGRESS REPORT</b><br><i>Please provide details of Project progress and achievements to date together with an indication of future activity. Please also use this section to highlight any difficulties being encountered on the Project and how they are being addressed.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATUS:</b><br><b>Red</b><br><b>Amber</b><br><b>Green</b> |                                 |                 |                                 |  |
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| <p>businesses to take place in April.</p> <p>CDA</p> <ul style="list-style-type: none"> <li>Participants who want to learn basic IT now complete a registration form and on subsequent visits, a daily register showing work completed and time spent on each visit. IT Mentors are in the process of designing short unaccredited training courses for these participants with documentation produced for evidence.</li> <li>The Community Development Agency and its satellite centres are now approved centres for delivering ECDL.</li> <li>They currently offer IT and employability skills training sessions in 11 centres.</li> <li>Fast track processes for participants who are 'work ready' have been improved</li> <li>More courses are being offered in the South of the County working with Deeside College.</li> <li>They have also forged a partnership with Open Doors that will provide additional support to our work ready participants. They will provide employment agency style services, linking people to local employers and assisting them to apply for available jobs.</li> </ul> <p>Hafal</p> <ul style="list-style-type: none"> <li>Have appointed a new full time senior case worker who is well into her induction period</li> <li>Their admin assistant is now responsible for inputting all information on to the database and ensuring that all information is relevant and current.</li> </ul> <p>NWWC</p> <ul style="list-style-type: none"> <li>The next Open Day is scheduled for April 10<sup>th</sup>.</li> <li>We are trialling the Fast Track process with our IT Level 1 courses. We will evaluate how this has worked for us before Open Day on April 10<sup>th</sup> and will then agree how and whether to use this process for other courses as appropriate.</li> <li>There are now 18 women on the outreach caseload (covering Trefnant, Denbigh, Ruthin and Llangollen) and a NWWC NWC drop-in has been arranged for Monday mornings at the Upper Denbigh Community Project.</li> </ul> <p>Local Management Team</p> <ul style="list-style-type: none"> <li>This team focussed on collecting match funding information at the beginning of this quarter and latterly have liaised with Wavehill, who are doing an evaluation on the project, discussing experiences with both participants and staff.</li> <li>We have taken part in an initial Pause and Review style meetings to improve communication and effective working with the CDA which has already had a good effect. Inter element meetings have proved particularly effective recently with improved joint working and an increased focus on developing an effective exit strategy.</li> <li>We are looking into organising an event for stakeholders and possible to raise our profile, given our limited time available, and our looking into other sources of funding, given our important links to the Big Plan, Families 1<sup>st</sup> and other major cross county initiatives.</li> </ul> |                                                              |                                 |                 |                                 |  |
| <p>Staffing and Recruitment</p> <p>LD</p> <p>2 of the project caseworkers have received letters confirming the extension of their contracts until February 28<sup>th</sup> 2014, 1 caseworkers extension is still in discussions between management and HR.</p> <p>CDA</p> <p>Most posts are now filled across the project although there are some vacancies due to staff moving on:</p> <table border="0" data-bbox="71 1960 1361 2020"> <tr> <td>Full Time IT Mentor</td> <td>Post advertised, not yet filled</td> </tr> <tr> <td>Contact Officer</td> <td>Resigned, post to be advertised</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Full Time IT Mentor                                          | Post advertised, not yet filled | Contact Officer | Resigned, post to be advertised |  |
| Full Time IT Mentor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Post advertised, not yet filled                              |                                 |                 |                                 |  |
| Contact Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resigned, post to be advertised                              |                                 |                 |                                 |  |

| <b>PROGRESS REPORT</b><br><i>Please provide details of Project progress and achievements to date together with an indication of future activity. Please also use this section to highlight any difficulties being encountered on the Project and how they are being addressed.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>STATUS:</b><br><b>Red</b><br><b>Amber</b><br><b>Green</b> |
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| <p>We are currently exploring the prospect of taking on extra admin support following the resignation of a grade 4 administrator, in order to manage all the much increased recording burden on the database.</p> <p>Hafal<br/> We currently have:<br/> 1 x Practice Leader, 37.5 hrs per week<br/> 2x Caseworkers, 37.5 hrs per week<br/> 1x Caseworker, 15hrs per week.<br/> 1 x Admin Assistant, 15 hrs per week.</p> <p>We have appointed a new full time Practice Leader who will take responsibility for the Management of our New Work Connections delivery.</p> <p>Management Team<br/> Our 3 month Leonardo de Vinci Post Graduate placement which ended in April was a great success both for Pamela and for the project. Pamela has now returned to Italy but we hope that we might have other Ectarc placements in the future.<br/> We offered a short placement to a staff member from Housing, who is on the redeployment list and have 2 volunteers, one with learning disabilities, who provide support for about 1 day a week each, assisting with administrative and reporting aspects of the project.<br/> We have recruited a new full time administrator, who started with us in March after a period where we managed with only very limited support, 1 day a week. This has already helped enormously.<br/> We hope that for the final months of the project that we will have extra support with the data capturing obligations which become ever more pressing.</p>                                                                                                                                                                                  |                                                              |
| <p><b>Participant Activities</b></p> <p><b>LD</b><br/> All the newly registered participants in Jobfinding and the Work Opportunities Businesses- Aberwheeler, Meifod, Popty &amp; Taskforce, progress is be outlined in the Skills Checklist which is completed by all businesses on a 6 monthly basis and also the Work Stars which all match funded staff have been trained in completing.<br/> Several Participants who are actively working with the Job Finding Instructors have been successful in gaining therapeutic work placements. The Job Finding Stats of those in therapeutic work placements outside of the businesses are steadily increasing.</p> <p><b>Participants have completed the following courses or had these other positive outcomes:</b></p> <p>NVQ Level 2 in Horticulture<br/> Manual Training of objects<br/> Work star reviews<br/> new role in placements- opening post, date stamping and delivering the post<br/> completed a C.V with support.<br/> informal interviews<br/> attending the CDA to work towards their ECDL<br/> began their job as a relief domestic worker at Awelon day centre<br/> secured an interview in Morrisons<br/> offered an extra day in their therapeutic placement in TRB<br/> started a new placement at Rhyl Town Hall<br/> started a new placement at Gorwel Newydd<br/> attending a part time STEPS basic skills course.<br/> securing a therapeutic work opportunity at the Apollo Cinema Rhyl<br/> volunteering at the Kids Fun club<br/> therapeutic placement as a volunteer at Bodelwyddan Castle</p> <p><b>CDA</b><br/> Delivering 'Web for Work' courses over 3 weeks on a rolling programme</p> |                                                              |

## PROGRESS REPORT

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**STATUS:**

**Red  
Amber  
Green**

Delivering Employability Skills Course over 4 weeks on a rolling programme  
Specialised Interview Technique sessions are delivered as and when required  
IT mentors are currently delivering work clubs at the POP IN in Prestatyn and at the CDA.

### Hafal

During this quarter participants have undertaken a range of activities including:

- Varied volunteering opportunities.
- A number of our participants have been working very closely with DVSC and we have now been able to re-establish the Denbigh food co-op with our participants supporting the running of it.
- 1 participant is almost ready to become self employed in property maintenance having undertaken the relevant starting up your business training to achieve this.
- Agored Food prep course is being delivered to Ty Mor day centre.
- 1 participant is doing permitted work in the hospital to introduce / support her back into her nursing role
- Various computer courses are being undertaken

We will be offering cycle maintenance courses, Understanding Recovery and further Agored courses in the very near future.

We are continuing to work closely with Ty Mor and Trefeirian day centres as part of the match funding process and we are aiming to get as many participants as possible from the centres to engage and register with us.

It has been agreed that the day centre staff will identify relevant participants through their own assessment process and refer them on to us for us to register them. Day centre staff will keep their own records of general progress and contact etc. and we will keep basic records of courses attended and outcomes. We are asking the day centre staff to identify what training / courses these participants would like and we will be sourcing and funding them via the project.

We will be delivering AGORED courses around the concept of Recovery with the aim of helping these participants to gain a better understanding of Recovery and how it can benefit them personally. Areas highlighted in our Recovery plan include training / education and work / employment.

Referrals via our other routes still continue to come in at a steady rate and the team are working well across the county.

We continue to steer our participants towards training courses and will increase our targets around this significantly on further work with the day centres. Many of our participants however are not ready to work and we will struggle to improve targets in this area but will continue to do whatever we can to increase these figures.

### NWWC

The following is an overview of the activities women have undertaken and the support provided to them by NWWC over the last quarter.

#### Jobs

- Participant who had been made redundant from her catering role has put in place plans to continue to pursue her career in this field: attending Skills for Life course; updating CV and volunteering in NWWC cafe.
- Participant who had attended Market Trader course now established with market stall- self employed and trading as 'Second Sparkle'.
- One to one help for participant with condensing her CV, so making it suitable for application as a Personal Assistant at Airbus.
- Supported participants to apply for catering positions and secure an interview at the new Tesco on Prestatyn Retail Park. Roles also applied for at Costa Coffee, and New Look.
- Jobs Club continues- with seasonal work opportunities now becoming available caseworkers are



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| <p>helping women with applications as appropriate (e.g. Presthaven Sands, Clwyd Leisure, Rhyl Sun Centre).</p> <ul style="list-style-type: none"> <li>Supported 9 participants to complete Poundland application and helped prepare for guaranteed interview.</li> <li>Help given to 2 participants to complete MLocal application form, including identifying how candidates matched the person qualities noted in Morrisons literature.</li> </ul> <p><u>Courses</u></p> <ul style="list-style-type: none"> <li>The NWWC Enhancing Self Esteem to Achieve (ESTA) course will be running in Denbigh and Llangollen starting 10<sup>th</sup> and 12<sup>th</sup> April respectively.</li> <li>Participants undertaking courses in ECDL, Welsh, Basic Skills, CAIS Peer Mentoring Level 2, together with the range of NWC Training Provider courses.</li> <li>Research undertaken and phone calls made into courses in Wrexham and south of Denbighshire area for participant who lives in Llangollen. Cross county funding means all courses in Wrexham are too expensive and the provision in Llangollen is not as varied as in the north of the county.</li> <li>Participant signed up to confidence course as very first step in her journey towards work in the care sector. She has never worked, due to having been her husband's carer (so has received Carer's Allowance and Income Support top up) and as next step would like to complete Health and Social Care course to broaden her knowledge.</li> <li>Referral made for participant to attend Families First, Action for Children parenting classes.</li> <li>Need for entry level Basic Skills course identified. Work with Llandrillo College to establish this.</li> <li>Need identified for the Health &amp; Social Care course to be delivered closer to Rhyl and liaised with CDA about this. The Mochdre course is difficult to access given public transport times and coordinating this with childcare drop off and pick up times.</li> </ul> <p><u>Volunteering</u></p> <ul style="list-style-type: none"> <li>The second Common Ground Volunteer Training Programme completed in March and six NWC participants were engaged on this.</li> </ul> <p><u>Finance, benefits and debt</u></p> <ul style="list-style-type: none"> <li>Letter written to support participant's ESA appeal and support given to another participant in completing her DLA form.</li> <li>Attended Benefits Advice Shop with a participant to clear up confusion around deductions to housing benefit as result of receiving occupational pension.</li> <li>Attended JCP appointment with participant regarding her JSA claim (having helped her to make a Rapid Reclaim application).<br/>Worked with participant and Benefits Advice Shop to help participant understand calculations with regards taking a second pension.</li> </ul> |                                                              |
| <p><b>Employer Engagement</b></p> <p><b>LD</b><br/>Over the last 3 Months a number of new placements have commenced or have been set up with the view to placements commencing once a suitably matched participant is identified. Several meetings arranged for with new prospective employers.</p> <p>Staff attended meetings with DCC's HR Department and also Sally Ellis to discuss Denbighshire County Council moving forward on the subject of offering jobs which are real and at minimum wage or above for adults with Learning Disabilities. Jo &amp; Ann Marie are due to put a request forward to the CET and SLT with Sally's full support to gain approval for this. When Ann Marie &amp; Jo met with HR they shared with them lots of research of how this had been implemented in other local authorities.</p> <p><b>NWWC</b><br/>Catch up meeting with JCP in February. Discussed improvement in referrals between JCP and NWWC (greater understanding of voluntary nature of attendance at NWWC and three way meetings between advisors and caseworkers to introduce women to the work of the Centre). Also highlighted problems with</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |

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| using the Universal Job Match system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |
| <b>Management of project</b><br><br>Hafal<br>New project leader has been appointed and attended NWC training.<br><br>Management Team<br>The LM has continued to meet with all elements particularly to discuss match funding challenges but latterly to explore an exit strategy in more detail. We have also devised a stream lined MEP process and made more effective use of meetings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
| <b>Risk Management</b><br><br>Hafal<br>We need to continue to work on our exit strategy.<br><br>The Risk log will be updated to take into account the Match Funding issues that have been raised and consistently cause concern.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
| <b>Finance (including Match-Funding)</b><br>LD<br>Meetings have taken place between the LD Team Leader & Gwynfor Griffiths to assure our element is meeting its targets in relation to match funding.<br>Match Funded DCC Staff within this element have signed the Job Descriptions which provides evidence of match funding.<br><br>Hafal<br><br>Monthly timesheets are being submitted by relevant staff, however there have been a lot of on-going issues around match funding and the previous timesheets are no longer appropriate. We are now completing the new style timesheets.<br><br>NWWC<br>Managing Director met with the Finance team to discuss project expenditure progress on 20 <sup>th</sup> February. Match funding proportion is running at 44.36% as projected. Match funding evidence requests have been provided as required.<br>Claims for January, February and March 2013 have been submitted.<br><br>Management Team<br>Financial control and recording in general is accurate and efficient, we have robust financial management systems in place and all spending is recorded and monitored.<br><br>The position with regards to match funding has been tightened up significantly with greater emphasis on collecting documentation from each source of match funding. This process is ongoing but we still await confirmation that WEFO are happy with the evidence/proposals that we have submitted. Once this is confirmed and some questions regarding the Hafal reprofile are answered, we will be in a position to submit the Denbighshire reprofile in line with the reprofile of targets which is to be submitted to the regional team shortly. |                                                              |
| Transaction List – Please enter ‘Yes’ to confirm that you have submitted an electronic Transaction List.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                                          |
| <b>Procurement</b><br><br>Procurement rules have recently been clarified and this is being shared with all elements of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |

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| <p>The Fast Track Training Process set up with North Wales Training to book courses will be rolled out across the other 4 T&amp;E Providers to encourage closer relationships with their staff.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |
| <p><b>Monitoring and Evaluation</b></p> <p><b>LD</b><br/> The project caseworkers attended a session which involved feedback from the Lead Sponsors visit which took place in the summer, following the meeting caseworkers were able to make comments and amendments to their databases</p> <p><b>CDA</b><br/> IT Mentors have now completed a free online survey (<a href="http://www.kwiksurveys.com?s=OCNHMK_f10461a5">http://www.kwiksurveys.com?s=OCNHMK_f10461a5</a>) which could be used by participants to give their views.</p> <p>Monitoring and Evaluation Plans completed each quarter are discussed at the Performance Management group meeting. Any exceptions reports and options are put to the DDG for a decision</p> <p><b>Hafal</b></p> <p>continue to send out our own evaluation forms to all participants to seek their views on the project and respond appropriately to issues which may be highlighted.</p> <p><b>Management Team</b><br/> Each element, has produced clear and informative MEP; This has led to the LM having a clearer picture of the project as a whole and it is clear that the elements are using the MEP in a more constructive way.</p> <p>The next development will be for the LM to produce simplified formats of the individual MEP's for each element. This will make using the document easier and, therefore, increase its usefulness as a management tool for each element.</p>                                                                                                          |                                                              |
| <p><b>Equality and Diversity</b></p> <p><b>LD</b><br/> All work undertaken by our element is done to promote equality and diversity in the workforces of the employers we work with. We endeavour to get employers to have a better understanding of those participants with a learning disability. This is an area all caseworkers and staff actively promote.</p> <p><b>CDA</b><br/> The project follows DCC Equality and Diversity policy and most staff have now been on the DCC Equality and Diversity course, with others awaiting new dates.</p> <p>All project venues operate an open door policy regardless of age, race, religion, sexual orientation and aims to include all, subject to project eligibility and staff actively promote this with other organisations.</p> <p><b>Hafal</b><br/> All project staff adhere to both Hafal's own Equality and Diversity Policy as well as Denbighshire County Councils policy.</p> <p>Hafal's Shorts Steps Project continues to work with employers to raise awareness around work and mental health and we are also part of the Wales 'Time To Change' Campaign to fight stigma and discrimination around mental health. A number of our participants volunteer with this project, both at a local and national level.</p> <p>All participants have access to bi-lingual information and Hafal literature can also be obtained in a number of other languages. Support is also provided to support any participants who would require further assistance around any of these issues.</p> |                                                              |

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| <p>NWWC</p> <ul style="list-style-type: none"> <li>NWWC marked International Women's Day 2013 by working with course tutors and social group leaders to lead discussions around 'empowerment'. The impetus for this came from the international and Welsh IWD themes, which were both very positive (The Gender Agenda: Gaining Momentum and Visible Women: Empowering girls and women in Wales'). Having celebrated women's progress in previous years, we thought it was time for a look at where the women to attend the Centre feel they stand in today's society. Women discussed three questions: What does the word empowerment mean to you- how empowered are we really? Do women really have the same opportunities and respect as men? What's changed since your mother's day - do you think women and girls are more empowered since that time? All the tutors and group leaders reported positive and animated discussions flowing from these questions and responses have been collated.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
| <p>Environmental Sustainability</p> <p>LD<br/>A green champion to be nominated by the team. Only printing necessary documents. Trying to minimise the amount of paper held.</p> <p>Car Sharing when possible- or grouping visits together.</p> <p>Tony Owens, Nursery Manager at Aberwheeler has been visited by CPRW (The Campaign for the Protection of Rural Wales). They visited the nursery a few years ago, and were very impressed with how the nursery has developed over the past few years. Aberwheeler were told they are going to receive an award for "An initiative which has shown environmental good practice, taken landscape into consideration, restored important landscape features, promoted better environmental awareness and understanding and increasing public awareness." CPRW are getting in touch with Rhyl Journal, Free Press, Y Bedol, and the Flintshire Chronicle to do an article and The Post Office for Wales is the awards sponsor and will present the award.</p> <p>CDA<br/>Recycled goods i.e. paper etc are purchased using DCC Procurement process.</p> <p>All paper and cardboard is recycled through a local charity</p> <p>All staff arrange meetings/visits etc in local venues to reduce the car usage. Car sharing is advocated at all time wherever possible</p> <p>Signs are displayed around offices reminding staff to turn off lights etc.</p> <p>Hafal<br/>We have our green champion who is responsible for overseeing all aspects of environmental sustainability for the project and shares all relevant information with the team..<br/>Staff continue to car share where possible and arrange meetings in one particular location at a time to avoid as many unnecessary trips as possible.</p> <p>Participants are being encouraged and supported to use public travel where possible.</p> <p>NWWC<br/>We now have an iPad (funded by Communities 2 initiative) which is used to take notes during internal and external meetings, saving both time and paper resource.</p> <p>Management Team<br/>A meeting will be held with WEFO's cross-cutting themes team in November 2012. This, it is hoped, will reinvigorate and give direction to the project's approach to this.</p> |                                                              |
| <p><b>Publicity;</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <p><b>PROGRESS REPORT</b><br/> Please provide details of Project progress and achievements to date together with an indication of future activity. Please also use this section to highlight any difficulties being encountered on the Project and how they are being addressed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STATUS:</b><br>Red<br>Amber<br>Green |
| <p>LD<br/> A leaflet compiled by Pamela at the NWC local office was sent to all the participants within the Learning Disability Element which outlined the collaborative working between New Work Connections and the Work Opportunities services, giving our participants a clearer idea of what NWC is and how Work Opportunities falls within it.</p> <p>NWWC</p> <ul style="list-style-type: none"> <li>• Case study of participant who had gained employment put forward to WEFO (via DCC).</li> <li>• A participant agreed to be put forward for radio advert featuring experiences of those who have been on the project. The participant and her Caseworker will be attending recording session on April 25<sup>th</sup>.</li> <li>• NWWC's Family Resilience Caseworker attended the Families First fun day in Rhyl on March 28<sup>th</sup>. She promoted both the Family Resilience service and NWWC as a whole. Being located next to the CDA NWC stand helped with promoting NWC, both at NWWC and the CDA. The event was busy (with many women enquiring about courses) and the provision of bus transport to the venue worked well.</li> </ul> <p>Management Team</p> <p>This quarter has seen:<br/> Closer links have been made with key teams within Denbighshire in terms of referrals and alignment between the project and, for instance, Rhyl City Strategy, Families 1<sup>st</sup> providers and DCC teams including Housing, Education, Supporting People, Team around the Family, and Rhyl Locality Team. Publicity materials have reflected this</p> |                                         |
| <p><b>OUTSTANDING ACTIONS</b><br/> Please use this section to respond to any actions raised by WEFO resulting from, or since, your previous claim.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATUS:</b><br>Red<br>Amber<br>Green |
| <p>There were no outstanding actions raised by WEFO resulting from our previous claim.</p> <p>LD<br/> Complete the registration process of initially 40 service users within the work opportunities businesses onto New Work Connections</p> <p>Hafal<br/> Further development of our exit strategy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
| <p><b>SPECIAL CONDITIONS</b><br/> Please provide details on progress against any Special Conditions of grant that apply to this project.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATUS:</b><br>Red<br>Amber<br>Green |
| <p>The sponsor agrees that environmental specialists will be involved in the preparation and delivery of the environmental training. This training should be provided following the Local Authority procurement procedures</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |
| <p>This is included in the Framework Agreements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
| <p>The sponsor agrees to complete the WEFO Participant database every 12 months from the start date of the project until the end of the project period</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| <p>Database is being used to store all Participant data in Denbighshire including those Participants serviced by the current External Providers. The data included is interrogated and used to create reports to inform the Target Strategy and the Indicators for the Claim.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------|
| <b>SPECIAL CONDITIONS</b><br>Please provide details on progress against any Special Conditions of grant that apply to this project.                                                                                                                                                                                                                                                                                                                           |  |  | <b>STATUS:</b><br>Red<br>Amber<br>Green |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                         |
| The sponsor agrees to submit a robust exit strategy within 12 months of the offer of grant being accepted                                                                                                                                                                                                                                                                                                                                                     |  |  |                                         |
| The Exit Strategy discussed at meetings with all element leads involved and taking an active part. The Exit Strategy document has been updated and issued to all elements for perusal and feedback prior to meetings being held where feedback will be gathered to inform and further develop the strategy as we move forward.                                                                                                                                |  |  |                                         |
| The sponsor agrees to provide unpaid work experience within the workshop environment. Any participant who receives a wage subsidy will only do so if they are moved onto real work experience with a procured employer                                                                                                                                                                                                                                        |  |  |                                         |
| Opportunities within the authority are available to some participants, i.e. Cefndy Healthcare, Aberwheeler Nurseries, Popty Catering and Meifod who currently provide a number of placement opportunities, particularly for those with specific barriers to employment.                                                                                                                                                                                       |  |  |                                         |
| The BCO has continued to strengthen relationships with DCC departments who are tasked with implementing a work placement programme. It has been agreed that information, documents and ideas will be shared with a view to any placement opportunities first being offered to the Project. Some departments have also agreed to inform the BCO of job vacancies as they arise to ensure that they are identified at the time of being advertised.             |  |  |                                         |
| Both the local & regional NWC offices offer volunteering placements to NWC participants.                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                         |
| The joint sponsors can provide paid work experience with the Local Authority without going through procurement, as long as it can be demonstrated that the work experience will not displace another employee of employment opportunity                                                                                                                                                                                                                       |  |  |                                         |
| Currently all work experience placements are unpaid, with a range of opportunities being provided to participants and further opportunities being explored. The Project would ensure that correct procedures were followed in the event of any participant being offered a paid work placement with the expectation being that there would be a real (additional) job vacancy and that the participant would more than likely be carrying out a 'work trial'. |  |  |                                         |
| Any participant who is in receipt of a wage subsidy can only do so for a period of 26 weeks                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                         |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                         |

|                                                                                                                                       |             |             |              |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|--------------|-----------------------------------------|
| <b>OUTPUTS</b><br>Each Element should complete this for their own targets and performance<br>(This table shows data provided by NWWC) |             |             |              | <b>STATUS:</b><br>Red<br>Amber<br>Green |
| <b>Percentage of Outputs completed to date:</b>                                                                                       |             |             |              |                                         |
| <b>Number of participants</b>                                                                                                         | <b>1620</b> | <b>1619</b> | <b>99%</b>   |                                         |
| <b>Number of participants gaining qualifications</b>                                                                                  | <b>1000</b> | <b>115</b>  | <b>11.5%</b> |                                         |
| <b>Number of participants entering employment</b>                                                                                     | <b>314</b>  | <b>69</b>   | <b>21.9%</b> |                                         |
| <b>Number of Participants entering further learning</b>                                                                               | <b>250</b>  | <b>13</b>   | <b>5.2%</b>  |                                         |
| <b>Number of Participants gaining other positive outcomes</b>                                                                         | <b>1620</b> | <b>1181</b> | <b>72.9%</b> |                                         |
| <b>Number of Participants receiving support with caring responsibilities.</b>                                                         | <b>230</b>  | <b>11</b>   | <b>4.7%</b>  |                                         |

|                                                 |              |  |
|-------------------------------------------------|--------------|--|
| <b>Percentage of Outputs completed to date:</b> | <b>59.8%</b> |  |
|-------------------------------------------------|--------------|--|

**LESSONS LEARNT/GOOD PRACTICE IDENTIFIED** *List any experiences that would inform or benefit the other projects and/or WEFO*

**LD** - We are continuing to build strong links with employers, this means we can continue to monitor the progress a participant is making. Employers are fully aware that they can contact the caseworker/jobfinder if the need arises. Caseworkers/Jobfinders regularly make visits to placements or make phone calls. None of our participants are in a job where no contact is made. There is always a link. We have demonstrated good inter element working over the last few months, having worked very closely with Keith Allchin, Fiona Thomas and Kate Badham who assisted us with process of registering all the service users within the work opportunities businesses, the initial work star completion and Work Star training to our staff.

**NWWC**  
Following a Caseworker suggestion, in July the team started contacting women by text on the mornings of appointments to remind them, with the intention to reduce 'did not attends'. This was reviewed in August and staff feel it has been working well. For some women it does act as a reminder, and they then attend. For others, it acts as a prompt to get in touch and say they will not be attending and another appointment is then arranged.

Where women secure work with an immediate or almost immediate start date and are then unable to attend a meeting with their Caseworker, we have started sending Workstars and Participant Outcomes forms out for them to complete. This is agreed in a telephone call beforehand. This practice started in July and all five that were sent out were returned. However, evidence of work is sometimes not included in the return. As a team, we agreed not to use the employer/employee evidence form as part of this practice, as if fully completed, it would include personal information such as NI number. There was one instance where a completed Workstar got lost in the post on its way back to us and in this case, it was confirmed that we could still claim this job outcome, as the participant had signed the Outcomes form, with a note that she had secured work.

We have begun to put in place practices to promote closer working with JobCentre Plus. The impetus for this came from some women receiving letters suggesting that attending the Jobs Club at the Centre was compulsory. We will be presenting to the advisor team on October 4th to ensure all the advisors are aware of what North Wales Women's Centre offers as a whole and the New Work Connections project within that. It was also agreed that where an Advisor feels that a woman would benefit from visiting the Centre, but may be unlikely to take that step herself, an NWC Caseworker will meet with both the Advisor and the woman at her next JCP appointment. This will allow the Caseworker to explain the work of the Centre and the NWC project and to answer any questions the woman may have before she visits. In this way, JCP Advisors will also develop a better understanding of the Centre and build closer working relationships with Caseworkers.

One of our Caseworkers put forward the suggestion that, in cases where we know a participant has gone into work but we are unable to secure evidence from them for this, that the NWC project explore the possibility of JCP providing confirmation that a participant has gone into work or stopped claiming benefits. We are pleased that this will be discussed with JCP at a regional meeting in late September.

**CHANGES TO THE PROJECT** *has the project been affected by any other changes not already detailed in this report*

We are proposing a reduction of targets and de-commitment of funds in the recent re profile

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**These are the project results from the latest claim. The Target figures have just been re-profiled and therefore the Target to Date column is based on the figures prior to the changes being made. The '% to Final Target' Column shows the %age actually achieved to date.**

| <b>Total</b>                                                                           | <b>Final Target</b> | <b>Target to Date</b> | <b>Latest Actual</b> | <b>% to latest Target</b> | <b>% to Final Target</b> |
|----------------------------------------------------------------------------------------|---------------------|-----------------------|----------------------|---------------------------|--------------------------|
| Participants                                                                           | 2236                | 1615                  | 1851                 | 114.6%                    | 82.8%                    |
| Female Participants                                                                    | 1136                | 838                   | 873                  | 104.2%                    | 76.8%                    |
| Participants - Economically inactive and unemployed                                    | 2236                | 1495                  | 1851                 | 123.8%                    | 82.8%                    |
| Economically inactive                                                                  | 1118                | 810                   | 565                  | 69.8%                     | 50.5%                    |
| Unemployed                                                                             | 1118                | 800                   | 1286                 | 160.8%                    | 115.0%                   |
| NEET Participants                                                                      | 67                  | 108                   | 56                   | 51.9%                     | 83.6%                    |
| BME Participants                                                                       | 61                  | 45                    | 56                   | 124.4%                    | 91.8%                    |
| Older Participants                                                                     | 695                 | 511                   | 492                  | 96.3%                     | 70.8%                    |
| Participants with work-limiting health condition or disability                         | 992                 | 886                   | 577                  | 65.1%                     | 58.2%                    |
| Lone Parents                                                                           | 211                 | 145                   | 235                  | 162.1%                    | 111.4%                   |
| Employers assisted or financially supported                                            | 30                  | 18                    | 19                   | 105.6%                    | 63.3%                    |
| Participants gaining qualifications - Economically inactive and unemployed             | 600                 | 389                   | 216                  | 55.5%                     | 36.0%                    |
| Qualification level - Basic Skills                                                     | 305                 | 414                   | 105                  | 25.4%                     | 34.4%                    |
| Qualification level - At Level 2                                                       | 252                 | 31                    | 103                  | 332.3%                    | 40.9%                    |
| Qualification level - At Level 3                                                       | 40                  | 30                    | 6                    | 20.0%                     | 15.0%                    |
| Qualification level - At Level 4 and above                                             | 3                   | 2                     | 2                    | 100.0%                    | 66.7%                    |
| Participants Entering Employment                                                       | 167                 | 182                   | 90                   | 49.5%                     | 53.9%                    |
| Participants Entering Further Learning                                                 | 100                 | 163                   | 17                   | 10.4%                     | 17.0%                    |
| Participants Gaining other Positive Outcomes                                           | 1650                | 1248                  | 379                  | 30.4%                     | 23.0%                    |
| Employers adopting or improving Equality & Diversity Strategies and Monitoring systems | 15                  | 8                     | 14                   | 175.0%                    | 93.3%                    |
| Receiving Support with Caring Responsibilities                                         | 150                 | 181                   | 30                   | 16.6%                     | 20.0%                    |

**We have put strategies in place to address areas of delivery where there is a shortfall against targets and are working very hard to ensure that all targets are met. The Positive Outcomes criteria was changed by WEFO and this has reflected badly on our positive outcome results. We are however, carrying out an extensive piece of work which will enable us to pick up positive outcomes that were not originally recorded which will address the shortfall in this area.**

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**Appendix 3**

|                                                                                   | dec 12 -<br>feb 13 | mar 13 -<br>may 13 | <b>Diff</b> |
|-----------------------------------------------------------------------------------|--------------------|--------------------|-------------|
| <b>Participants</b>                                                               | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 1435               | 1851               | <b>416</b>  |
| <b>Female Participants</b>                                                        | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 669                | 873                | <b>204</b>  |
| <b>Participants - Economically inactive and unemployed</b>                        | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 1435               | 1851               | <b>416</b>  |
| <b>Economically inactive</b>                                                      | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 461                | 565                | <b>104</b>  |
| <b>Unemployed</b>                                                                 | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 974                | 1286               | <b>312</b>  |
| <b>NEET Participants</b>                                                          | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 37                 | 56                 | <b>19</b>   |
| <b>BME Participants</b>                                                           | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 37                 | 56                 | <b>19</b>   |
| <b>Older Participants</b>                                                         | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 408                | 492                | <b>84</b>   |
| <b>Participants with work-limiting health condition or disability</b>             | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 409                | 577                | <b>168</b>  |
| <b>Lone Parents</b>                                                               | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 178                | 235                | <b>57</b>   |
| <b>Employers assisted or financially supported</b>                                | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 11                 | 18                 | <b>7</b>    |
| <b>Participants gaining qualifications - Economically inactive and unemployed</b> | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 43                 | 216                | <b>173</b>  |
| <b>Qualification level - Basic Skills</b>                                         | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 24                 | 105                | <b>81</b>   |
| <b>Qualification level - At Level 2</b>                                           | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 15                 | 103                | <b>88</b>   |
| <b>Qualification level - At Level 3</b>                                           | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 4                  | 6                  | <b>2</b>    |
| <b>Qualification level - At Level 4 and above</b>                                 | <b>Total</b>       | <b>Total</b>       |             |
| <b>Claimed</b>                                                                    | 0                  | 2                  | <b>2</b>    |

Appendix 3

|                                                                                                   |              |              |             |
|---------------------------------------------------------------------------------------------------|--------------|--------------|-------------|
| <b>Participants Entering Employment</b>                                                           | <b>Total</b> | <b>Total</b> |             |
| Claimed                                                                                           | 50           | 90           | <b>40</b>   |
| <b>Participants Entering Further Learning</b>                                                     | <b>Total</b> | <b>Total</b> |             |
| Claimed                                                                                           | 9            | 17           | <b>8</b>    |
| <b>Participants Gaining other Positive Outcomes</b>                                               | <b>Total</b> | <b>Total</b> |             |
| Claimed                                                                                           | 1012         | 379          | <b>-633</b> |
| <b>Employers adopting or improving Equality &amp; Diversity Strategies and Monitoring systems</b> | <b>Total</b> | <b>Total</b> |             |
| Claimed                                                                                           | 7            | 14           | <b>7</b>    |
| <b>Participants receiving support with Caring responsibilities</b>                                | <b>Total</b> | <b>Total</b> |             |
| Claimed                                                                                           | 9            | 30           | <b>21</b>   |

**NEW WORK CONNECTIONS**

**DENBIGHSHIRE RE-PROFILE JUNE 2013**

| CATEGORY                         | Approved Profile |               |                  |                  | Total Revised Profile May 2013 |               |                  |                  | Difference      |                |                 |                   |
|----------------------------------|------------------|---------------|------------------|------------------|--------------------------------|---------------|------------------|------------------|-----------------|----------------|-----------------|-------------------|
|                                  | Match Funding    |               | ESF<br>£         | Total<br>£       | Match Funding                  |               | ESF<br>£         | Total<br>£       | Match Funding   |                | ESF<br>£        | Total<br>£        |
|                                  | Actual<br>£      | In Kind<br>£  |                  |                  | Actual<br>£                    | In Kind<br>£  |                  |                  | Actual<br>£     | In Kind<br>£   |                 |                   |
| Accommodation                    | 7,680            | 0             | 4,632            | 12,312           | 0                              | 0             | 4,954            | 4,954            | -7,680          | 0              | 322             | -7,358            |
| Administration                   | 0                | 0             | 10,691           | 10,691           | 0                              | 0             | 15,654           | 15,654           | 0               | 0              | 4,963           | 4,963             |
| Depreciation                     | 0                | 0             | 0                | 0                | 0                              | 0             | 0                | 0                | 0               | 0              | 0               | 0                 |
| Estates                          | 0                | 0             | 0                | 0                | 0                              | 0             | 0                | 0                | 0               | 0              | 0               | 0                 |
| Procurement                      | 1,048,428        | 0             | 1,706,147        | 2,754,575        | 683,316                        | 0             | 1,076,357        | 1,759,673        | -365,112        | 0              | -629,790        | -994,902          |
| Health & Safety                  | 0                | 0             | 0                | 0                | 0                              | 0             | 0                | 0                | 0               | 0              | 0               | 0                 |
| Human Resources                  | 0                | 0             | 43,729           | 43,729           | 0                              | 0             | 56,217           | 56,217           | 0               | 0              | 12,488          | 12,488            |
| ICT                              | 0                | 0             | 15,180           | 15,180           | 0                              | 0             | 10,665           | 10,665           | 0               | 0              | -4,515          | -4,515            |
| Legal & Professional             | 0                | 0             | 23,266           | 23,266           | 0                              | 0             | 21,243           | 21,243           | 0               | 0              | -2,023          | -2,023            |
| Marketing & Promotion            | 0                | 0             | 53,071           | 53,071           | 0                              | 0             | 31,100           | 31,100           | 0               | 0              | -21,971         | -21,971           |
| Overheads                        | 85,334           | 0             | 0                | 85,334           | 85,334                         | 0             | 0                | 85,334           | 0               | 0              | 0               | 0                 |
| Staff                            | 1,699,010        | 65,991        | 2,222,101        | 3,987,102        | 1,519,898                      | 51,117        | 2,186,526        | 3,757,542        | -179,112        | -14,874        | -35,575         | -229,560          |
| Travel & Transport               | 0                | 0             | 81,944           | 81,944           | 0                              | 0             | 58,939           | 58,939           | 0               | 0              | -23,005         | -23,005           |
| <b>Total</b>                     | <b>2,840,452</b> | <b>65,991</b> | <b>4,160,762</b> | <b>7,067,205</b> | <b>2,288,549</b>               | <b>51,117</b> | <b>3,461,656</b> | <b>5,801,321</b> | <b>-551,903</b> | <b>-14,874</b> | <b>-699,107</b> | <b>-1,265,883</b> |
|                                  |                  |               |                  | TRUE             |                                |               |                  | TRUE             |                 |                |                 | TRUE              |
| Intervention Rate                |                  |               | 58.8742%         |                  |                                |               | 59.6701%         |                  |                 |                |                 |                   |
| % Difference to Approved Profile |                  |               |                  |                  |                                |               |                  |                  | -19.5007%       |                | -16.8024%       | -17.9121%         |

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## Appendix 5

|                      |              |
|----------------------|--------------|
| Select Participant   | De11081084J* |
| Status               |              |
| Complete with result |              |

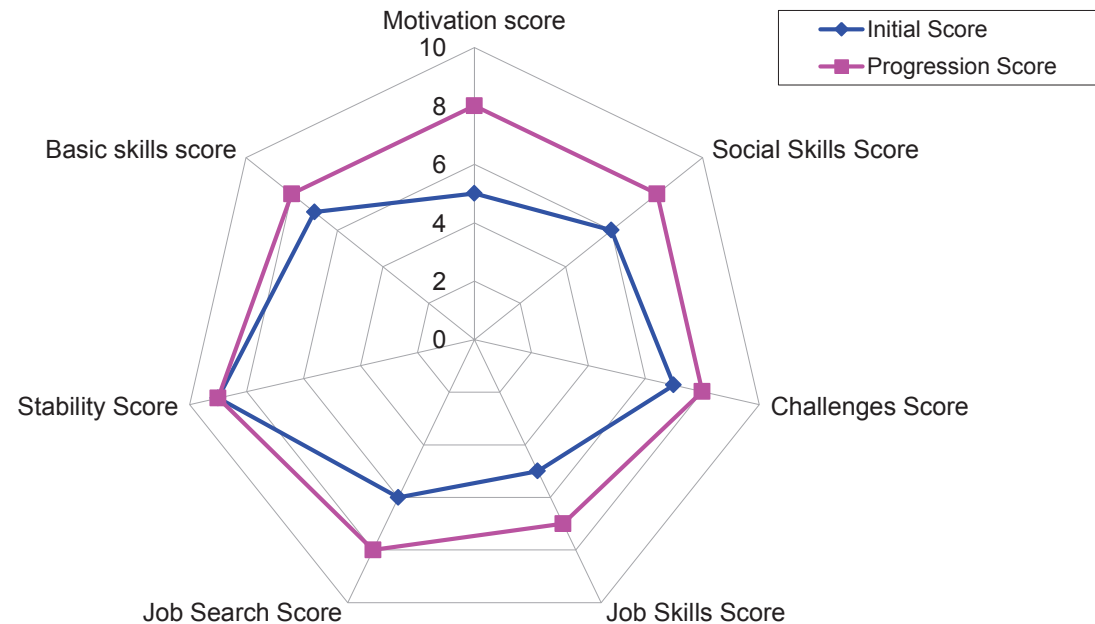
|                         |          |
|-------------------------|----------|
| Initial Assessment Date | Review ? |
| Tuesday 02 August 2011  | YES      |

|                        |          |
|------------------------|----------|
| Last Review Date       | Review ? |
| Friday 14 October 2011 | YES      |

|                             |                                                                               |
|-----------------------------|-------------------------------------------------------------------------------|
| Referral Start Date         | Thursday 07 July 2011                                                         |
| Year of Birth               | 1954                                                                          |
| Age                         | 56                                                                            |
| NETS                        | FALSE                                                                         |
| Employment Status           | Economically Inactive<br>(excluding those in full time education or training) |
| Completion Date             | Monday 17 October 2011                                                        |
| Early Leaver                | FALSE                                                                         |
| Gender                      | Female                                                                        |
| Lone Parent                 | FALSE                                                                         |
| Disabled                    | FALSE                                                                         |
| Work Limiting Condition     | TRUE                                                                          |
| Sensory Impairment          | Yes                                                                           |
| Age Range                   | 55-64                                                                         |
| Ethnicity                   | White- british                                                                |
| BME                         | FALSE                                                                         |
| Number of Positive Outcomes | 1                                                                             |

|               | Motivation score | Social Skills Score | Challenges Score | Job Skills Score | Job Search Score | Stability Score | Basic skills score | Total |
|---------------|------------------|---------------------|------------------|------------------|------------------|-----------------|--------------------|-------|
| Initial Score | 5                | 6                   | 7                | 5                | 6                | 9               | 7                  | 45    |

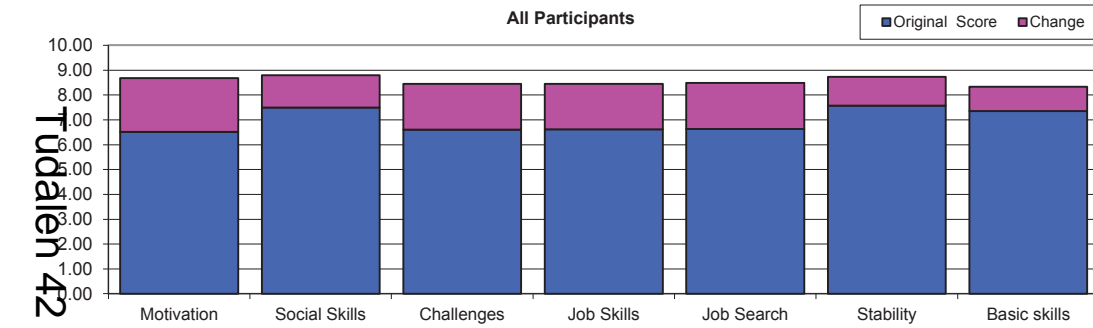
|                   | Change Motivation | Change Social Skills | Change Challenges | Change Job Skills | Change Job Search | Change Stability | Change Basic Skills | Total |
|-------------------|-------------------|----------------------|-------------------|-------------------|-------------------|------------------|---------------------|-------|
| Progression Score | 8                 | 8                    | 8                 | 7                 | 8                 | 9                | 8                   | 56    |



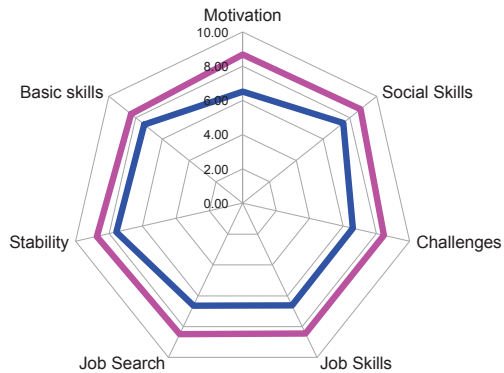
Appendix 5

# NWC WORKSTAR ANALYSIS

| Averages      | Original Score | Progress Score | Change       |
|---------------|----------------|----------------|--------------|
| Area          | TOT            | TOT            | TOT          |
| Motivation    | 6.52           | 8.68           | 2.17         |
| Social Skills | 7.50           | 8.80           | 1.30         |
| Challenges    | 6.60           | 8.45           | 1.85         |
| Job Skills    | 6.62           | 8.45           | 1.83         |
| Job Search    | 6.63           | 8.48           | 1.85         |
| Stability     | 7.57           | 8.73           | 1.17         |
| Basic skills  | 7.35           | 8.33           | 0.98         |
| <b>Total</b>  | <b>48.78</b>   | <b>59.93</b>   | <b>11.15</b> |



All Participants



Original Score  
Progress Score

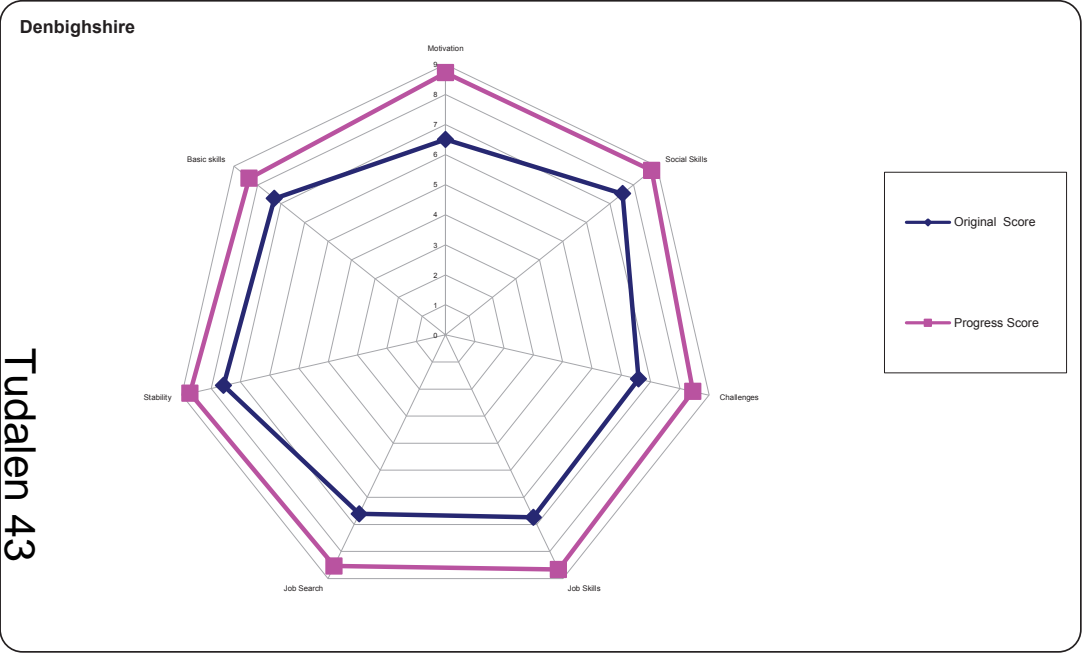
total sample size = 60

## MENU

|                                |                                   |
|--------------------------------|-----------------------------------|
| Gender                         | ALL                               |
| Age Range                      | ALL                               |
| Early Leaver                   | ALL                               |
| Disabled                       | ALL                               |
| Work Limiting Health Condition | ALL                               |
| Ethnicity                      | ALL                               |
| BME                            | ALL                               |
| Completed                      | ALL                               |
| Status                         | Completed and moved to Employment |
| Local Authority                | ALL                               |

Appendix 5

# Overall Progression Star for Denbighshire



Mae tudalen hwn yn fwriadol wag

| TARGETS                                                                   | Revised Target | Achieved to 31.05.2013 |      | % to be achieved | Risk (RAG) | Strategic Actions                                                                                                                                                                                                                                                                                                                                                                                                                      | Mitgated Risk (RAG) |
|---------------------------------------------------------------------------|----------------|------------------------|------|------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Participants                                                              | 2236           | 1851                   | 385  | 17%              | G          | We will engage with more people in order to hit even the revised targets, we initially had large numbers of unemployed participants and are now focussing on recruitment of economically inactive. We are also working to improve and develop work skills through education and training initiatives.                                                                                                                                  | G                   |
| Female Participants                                                       | 1136           | 873                    | 263  | 23%              | A          | This target has increased in line with the increase in participant numbers and taking on Genesis participants. No action required.                                                                                                                                                                                                                                                                                                     | G                   |
| Participants Economically Inactive                                        | 1118           | 565                    | 553  | 49%              | A          | We will record all our match funded participants within the LD services and Mental Health Day centres thus making this an achievable target.                                                                                                                                                                                                                                                                                           | A                   |
| Participants Unemployed                                                   | 1118           | 1286                   | -168 | -15%             | G          | no action required                                                                                                                                                                                                                                                                                                                                                                                                                     | G                   |
| NEETs                                                                     | 75             | 56                     | 19   | 25%              | A          | We are working on new initiatives to engage with this target group, meeting with youth groups and training providers to put relevant and required support in place. We are negotiating with the Potential Project to ensure that participants are served as effectively as possible and we'll be attending events targeted at school leavers during May and June.                                                                      | G                   |
| BME                                                                       | 65             | 56                     | 9    | 14%              | G          | We will engage with the Philippine community many of whom live in the Glan Clwyd area.                                                                                                                                                                                                                                                                                                                                                 | G                   |
| Older Participants                                                        | 695            | 492                    | 203  | 29%              | A          | no action required                                                                                                                                                                                                                                                                                                                                                                                                                     | G                   |
| Participants with a work limiting health condition                        | 992            | 577                    | 415  | 42%              | A          | We plan to ensure that participants are aware of the implications and advantages to the project of accurate recording. New participants from the LD sector and Mental Health day centres will all have a WLHC.                                                                                                                                                                                                                         | G                   |
| Lone Parents                                                              | 275            | 235                    | 40   | 15%              | G          | no action required                                                                                                                                                                                                                                                                                                                                                                                                                     | G                   |
| Employers assisted (financially supported)                                | 30             | 18                     | 12   | 40%              | A          | No action necessary. Target already achieved and more interest is being shown in engaging with our BCO.                                                                                                                                                                                                                                                                                                                                | G                   |
| Participants gaining qualifications – economically inactive or unemployed | 600            | 216                    | 384  | 64%              | R          | We will further develop training opportunities across the County including Fast track courses for specific skills shortages.                                                                                                                                                                                                                                                                                                           | A                   |
| Qualification level – Basic Skills                                        | 305            | 105                    | 200  | 66%              | R          | Negotiations are under way with training providers to provide one to one delivery for those with low level basic skills. This will enable us to engage with higher numbers of participants with basic skills needs.                                                                                                                                                                                                                    | A                   |
| Qualification level; Level 2                                              | 252            | 103                    | 149  | 59%              | R          | We will further develop training opportunities across the County including Fast track courses for specific skills shortages.                                                                                                                                                                                                                                                                                                           | A                   |
| Qualification Level; Level 3                                              | 40             | 6                      | 34   | 85%              | R          | We will further develop training opportunities across the County including Fast track courses for specific skills shortages.                                                                                                                                                                                                                                                                                                           | R                   |
| Qualification level; Level 4                                              | 3              | 2                      | 1    | 33%              | A          | Due to the limited time available for achievement of this target will aim to engage with under graduates who have come up against barriers to completion.                                                                                                                                                                                                                                                                              | A                   |
| Participants entering employment                                          | 167            | 90                     | 77   | 46%              | A          | Further develop partnership with Open Doors to ensure that all work ready participants are made aware promptly of all work opportunities. Also continue to work closely with JCP and develop fast track courses to meet the needs of those closest to the work place who may need vocational training.                                                                                                                                 | A                   |
| Participants entering Further Learning                                    | 100            | 17                     | 83   | 83%              | R          | We are, however, working to engage with those who need occupational focus and guidance, identifying learning opportunities that will enable them to progress into gainful employment in the long term. We aim to encourage participants on JSA to take part in 'Steps to employment' which will provide training and work experience coupled with funds. However figures are unlikely to increase until toward the end of the project. | R                   |

|                                                                                         |      |     |      |     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
|-----------------------------------------------------------------------------------------|------|-----|------|-----|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>Participants gaining other Positive Outcomes</b>                                     | 1650 | 379 | 1271 | 77% | R | We hope to undertake a piece of work that will allow us to capture many other positive outcomes that have previously not been recorded on the database. We will ensure that all the participant records are checked against files and that the development plan section of the database is updated with unaccredited training courses that have been completed, voluntary placements entered and interviews secured. We will also gain positive outcomes through the fast track training provision of short courses and with match funded participants from LD & Hafal who are being put on the data base late.                                | A      |
| <b>Employers adopting or improving Equality and Diversity Strategies and Monitoring</b> | 15   | 14  | 1    | 7%  | G | This target is met. No further significant action is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G      |
| <b>Participants receiving support with Caring Responsibilities</b>                      | 150  | 30  | 120  | 80% | R | We will be monitoring all financial assistance requested for caring responsibilities to ensure that they are recorded accurately. We are meeting with NEWCIS to further develop links to support Carers with training and skills updating alongside volunteering and employability training. Also, NWWC have promised to update their figures, currently not reflected on the database and the local administration will shortly be doing a trawl through the financial request forms to ensure that all retrospective requests for child care or adult care have been recorded accurately as it seems that this has not been done in the past | R<br>A |

|                                 |                                                                  |
|---------------------------------|------------------------------------------------------------------|
| <b>Adroddiad i'r:</b>           | <b>Pwyllgor Archwilio Partneriaethau</b>                         |
| <b>Dyddiad y cyfarfod:</b>      | <b>18 Gorffennaf 2013</b>                                        |
| <b>Aelod/Swyddog Arweiniol:</b> | <b>Yr Arweinydd/Pennaeth Cynllunio<br/>Busnes a Pherfformiad</b> |
| <b>Awdur yr Adroddiad:</b>      | <b>Y Swyddog Cynllunio a Pherfformiad</b>                        |
| <b>Teitl:</b>                   | <b>Diweddariad ynglŷn â Pherfformiad Y<br/>Cynllun MAWR</b>      |

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## **1. Am beth mae'r adroddiad yn sôn?**

- 1.1 Pwrpas yr adroddiad hwn yw rhoi diweddariad i'r Pwyllgor Archwilio Partneriaethau ynglŷn â pherfformiad y Bwrdd Gwasanaethau Lleol (BGLI) a'i bartneriaid wrth gyflawni Rhan I y Cynllun MAWR 2011-14. Mae'r adroddiad yn cynnwys 'Adroddiad Eithriadau Cryno', a gefnogir gan benodau manylach ynglŷn â phob un o wyth deiliant y Cynllun MAWR.

## **2. Beth yw'r rheswm dros lunio'r adroddiad hwn?**

- 2.1 Er mwyn darparu gwybodaeth yn ymwneud â chyflawni'r Cynllun MAWR.

## **3. Beth yw'r Argymhellion?**

Bod y Pwyllgor yn rhoi ystyriaeth i gynnwys yr adroddiad ac yn cynnig sylwadau yn unol â'i bwerau i fonitro cyflawniad y Cynllun a'i ddeilliannau.

## **4. Manylion am yr Adroddiad.**

- 4.1 Cynllun MAWR Sir Ddinbych: 2011-14 yw'r Cynllun sy'n ysgogi gwaith Partneriaethol yn Sir Ddinbych. Mae'r Cynllun MAWR yn cael ei gyflawni ar y cyd rhwng asiantaethau mewn partneriaeth â'i gilydd. Y Bwrdd Gwasanaethau Lleol sy'n atebol am Y Cynllun MAWR, a'r bwrdd hwnnw sy'n dal yr asiantaethau sy'n ffurfio'r bartneriaeth (gan gynnwys Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC), y Trydydd Sector, Heddlu GC, Gwasanaeth Tân ac Achub GC, Iechyd Cyhoeddus Cymru, Cyngor Sir Ddinbych<sup>1</sup>) i gyfrif am roi camau gweithredu ar waith wrth gyflawni'r Cynllun MAWR a'r wyth deiliant sy'n perthyn iddo.
- 4.2 Mae'r adroddiad hwn yn cynnwys gwybodaeth am eithriadau i bob un o'r deilliannau, gan alluogi aelodau i ganolbwyntio ar y manau gwan.

---

<sup>1</sup> Noder nad yw'r rhestr hon yn un gyflawn

Mae'r adroddiad hwn hefyd yn cynnwys gwybodaeth ynglŷn â'r hyn sy'n mynd yn dda. Mae gwybodaeth fanylach ynglŷn â phob deiliant ar gael gan y Tîm Partneriaethau a Chymunedau. Mae'r Adroddiad Perfformiad sydd wedi ei atodi yn rhoi manylion ynglŷn â pherfformiad partneriaid mewn perthynas â'r Cynllun MAWR yn ei gyfanrwydd. Mae ein gallu a'n profiad wrth adrodd ar Gynllun Integredig Sengl cyfan yn unigryw yng Nghymru.

- 4.3 Mae'r Adroddiad Perfformiad yn ddogfen dechnegol. Bydd y Bwrdd Partneriaethau Strategol yn rhoi ystyriaeth i gynnwys yr adroddiad, yn gwneud y newidiadau angenrheidiol ac yn cymeradwyo'r gwerthusiadau cyffredinol ar 24 Gorffennaf 2013.
- 4.4 Mae'r dangosyddion llwyddiant y mae'r Cynllun MAWR yn ceisio'u gwella yn adlewyrchu problemau sy'n hir dymor ac yn anhydrin. Mewn rhai achosion, mae'r dangosyddion yn dangos gwelliant, tra bo eraill wedi aros fel ag yr oeddynt. Nid yw hyn yn destun pryder ac mae i'w ddisgwyl. Mae rhagor o gamau gweithredu wedi troi'n wyrdd ers cyflwyno'r adroddiad ger bron y Pwyllgor Archwilio ym mis Rhagfyr 2012.
- 4.5 Mae gan y partneriaid bellach lai na blwyddyn i gyflawni Rhan I y Cynllun MAWR. Mae'r meysydd y mae angen canolbwyntio arnynt a rhoi rhagor o sylw iddynt yn cynnwys:
- Gwella deilliannau i bobl y Rhyl, sydd yn parhau yn gyffredinol waeth na deilliannau gweddill y sir. Mae angen ymyrraeth o hyd (ac mae hynny eisoes wedi ei gynllunio) mewn perthynas â Chanol Tref y Rhyl.
  - Parhau i ddarparu cymorth integredig i deuluoedd diamddiffyn.
  - Mae angen bod rhagor o sylw'n cael ei roi i asesu'r anghenion mewn ardaloedd gweledig ac mae hynny'n dod i'r amlwg wrth gwblhau gwaith yn asesu anghenion cymunedau ar gyfer Rhan II y Prosiect MAWR.
  - Cyfarch anghysonderau iechyd mewn ardaloedd difreintiedig a chynyddu'r nifer sy'n rhoi'r gorau i ysmegu.
  - Mapio a gwella sgiliau sylfaenol plant, pobl ifanc ac oedolion.
  - Parhau i gyflawni prosiectau'r BGLI i wella'r economi leol.
- 4.6 Ar y cyfan, nid oes unrhyw rwystrau mawr rhag cyflawni Rhan I y Cynllun MAWR a hyderwn y bydd yn cael ei gyflawni.
- 4.7 Mae gwaith sylweddol eisoes ar y gweill yn bwydo gwybodaeth i ddatblygiad Rhan II y Cynllun MAWR, a fydd yn dechrau yn 2014. Bydd y gwaith hwn yn cynnwys: asesiadau o anghenion cymunedau; ymgysylltu ac ymgynghori; cynllunio camau gweithredu a strwythurau partneriaethol; a chynllunio cynnyrch.



- 5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?**
- 5.1 Mae'r Cynllun Corfforaethol yn cyd-fynd â'r Cynllun MAWR; mae synergedd rhwng saith blaenoriaeth y cynllun corfforaethol ac wyth deilliant y Cynllun MAWR.
- 6. Faint fydd hyn yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?**
- 6.1 Mae'r BGLI yn atebol am y Cynllun MAWR ac mae Bwrdd Partneriaeth Strategol mewn bodolaeth sy'n gyfrifol am ei gyflawniad. Caiff y Cynllun MAWR ei ariannu gan sefydliadau sydd mewn partneriaeth â'i gilydd yn Sir Ddinbych (y sector cyhoeddus) o fewn cyllidebau presennol/craidd a thrwy gyfrwng comisiynu craff.
- 7. Beth yw prif gasgliadau'r asesiad a gynhaliwyd ynglŷn ag effaith y penderfyniad ar gydraddoldeb?**
- 7.1 Cwblhawyd asesiad o'r anghenion cydraddoldeb pan ddatblygwyd Rhan I y Cynllun MAWR, ac mae hyn wedi cael ei ddyfynnu'n genedlaethol yng nghyhoeddiad Cymdeithas Llywodraeth Leol Cymru (CLILC) "Cydraddoldeb a chynlluniau cyfan | Nodyn cyngor ar gyfer awdurdodau lleol yng Nghymru".
- 7.2 Mae'r fethodoleg sydd wedi bod yn cael ei defnyddio gan y partneriaid wrth gynnal asesiadau parhaus o anghenion cymunedau wedi cael ei addasu a'i gwella'n sylweddol, gan integreiddio cydraddoldeb trwy roi ystyriaeth i'r nodweddion hynny sy'n cael eu diogelu. Mae rhestr wirio i helpu partneriaid gyda'r fethodoleg newydd wedi cael ei llunio ar ffurf drafft (gyda chefnogaeth gan Swyddog Cydraddoldeb Corfforaethol Cyngor Sir Ddinbych, a Chymdeithas Llywodraeth Leol Cymru (CLILC), a'n bwriad ni yw bod yn esiampl ledled Cymru yn hyn o beth.
- 8. Pa ymgynghori sydd wedi digwydd?**
- 8.1 Adroddir ynglŷn â pherfformiad wrth y partneriaid a'r byrddau partneriaeth yn rheolaidd a nhw sydd yn rheoli perfformiad.
- 8.2 Mae BIPBC ar hyn o bryd yn cynnal ymgynghoriad dwys ynglŷn â newidiadau i'r GIG. Bydd i hyn effaith ar y Cynllun MAWR, yn enwedig mewn perthynas â modelau o weithio ar y cyd, ffurfweddiad gwasanaethau a gofal iechyd ar sail ardal.
- 8.3 Cafodd y Cynllun MAWR ei ddatblygu yn dilyn ymgysylltu ac ymgynghori manwl a chadarn.

## **9. Datganiad y Prif Swyddog Cyllid**

9.1 Tra nad oes unrhyw oblygiadau ariannol uniongyrchol yn perthyn i'r adroddiad hwn, mae'r Cynllun MAWR yn ddogfen strategol bwysig sy'n tanategu ansawdd darparu gwasanaethau mewn nifer o feysydd. Gallai unrhyw broblemau mewn perthynas â pherfformiad fod â goblygiadau i gyllid y Cyngor.

## **10. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?**

10.1 Gallai ailstrwythuro o fewn rhai o'r asiantaethau sydd mewn partneriaeth â'i gilydd beryglu'r 'berchnogaeth' sydd dros gamau gweithredu o fewn y Cynllun MAWR, gan arwain at golli momentwm o ran eu cyflawni ac anawsterau o ran cael gafael ar adroddiadau perfformiad.

## **11. Pŵer i wneud y Penderfyniad**

11.1 Erthyglau 6.3.1 a 6.3.4 o Gyfansoddiad y Cyngor.

### **Swyddog Cyswllt:**

Swyddog Perfformiad a Chynllunio  
Ffôn: 07775 028155

## Guidance on performance

### Indicators of Success

Each BIG Plan outcome has Indicators of Success (shared indicators, for which no single partner is responsible, eg crime rate). Some Indicators of Success have benchmarks; others do not. Where no benchmarks are available, eg residents' survey data, baseline data is used to assess performance.

Performance is summarised taking into account two factors:

- position against benchmark/baseline (better than; similar to; or worse than benchmark/baseline), and;
- trend i.e. whether performance is improving (▲), static (◀▶), or deteriorating (▼)

These two factors generate a ROYG status:

|                                           |                                              |                                              |                                              |
|-------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| Worse than<br>benchmark/baseline<br>(Red) | Similar to<br>benchmark/baseline<br>(Orange) | Similar to<br>benchmark/baseline<br>(Yellow) | Better than<br>benchmark/baseline<br>(Green) |
|-------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|

### Performance measures

Each BIG Plan outcome has performance measures. Most measures have baseline data. Where none is available this is generally because the measure is new.

Performance is summarised taking into account two factors:

- position in comparison to the target, and;
- trend i.e. whether performance is improving (▲), static (◀▶), or deteriorating (▼)

These two factors generate a ROYG status:

|                                |                        |                  |                      |
|--------------------------------|------------------------|------------------|----------------------|
| Requires intervention<br>(Red) | Acceptable<br>(Orange) | Good<br>(Yellow) | Excellent<br>(Green) |
|--------------------------------|------------------------|------------------|----------------------|

## Summary Exceptions Report

This is a summary of exceptions relating to each of the BIG Plan outcomes. The report is supported by individual chapters which provide detailed performance information for each outcome. The 'overall evaluation' has been determined by taking into account:

- our Indicators of Success for each outcome, and
- the level of confidence that outcomes for people in Denbighshire will improve during the remainder of The BIG Plan.

### Chapter 1: OUTCOME 1: Older people lead independent and fulfilled lives

| Evaluation                                                                                                                                                                                                                                                                                                                        | Overall Evaluation |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| While there is not geographical equity of support, this is not necessarily concerning as more older people are leading independent and fulfilled lives with less support. Older people's needs, and the needs of vulnerable people more generally, are being explored as part of the community needs assessment already underway. | Yellow (Good)      |

### Chapter 2: OUTCOME 2: People and places in Rhyl benefit from regeneration activity

| Evaluation                                                                                                                                                                                                                                                                       | Overall Evaluation  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Communities in Rhyl are slowly benefiting from regeneration, and educational outcomes are improving. However, outcomes for people in Rhyl are still generally worse than the rest of the county. Intervention is still required (and is planned) in respect of Rhyl Town Centre. | Orange (Acceptable) |

### Chapter 3: OUTCOME 3: Children and young people in Denbighshire achieve and have skills for life

| Evaluation                                                                                                                                                                                                   | Overall Evaluation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Youth Support Services were acknowledged by Estyn as good; demonstrated by improved outcomes for learners. Basic skills are of concern and are being mapped. Support is being strengthened for young carers. | Yellow (Good)      |

### Chapter 4: OUTCOME 4: Vulnerable families in Denbighshire are supported to live a life free from poverty, where they can be independent and flourish

| Evaluation                                                                                                                                                        | Overall Evaluation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| The needs of vulnerable families are complex and therefore programmes will take considerable time to demonstrate improved outcomes for families. Early indicators | Orange             |

|                                                                                                                                                                                                                                     |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| show that integrated support for families has started to improve since the introduction of The BIG Plan. Denbighshire's programme is recognised across Wales as being at the forefront of outcome-focused, strategic commissioning. | (Acceptable) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|

**Chapter 5: OUTCOME 5: Needs of our rural communities are recognised and met**

| Evaluation                                                                                                                                                                                                                                                                                                                                                                                                       | Overall Evaluation  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Indicators suggest that the experiences of people living in rural areas have not changed, or in some cases worsened, since the introduction of The BIG Plan. Rural areas have improved access to advocacy but transport remains an issue for young people. Rural areas feature strongly in the ongoing community needs assessment currently underway, which will inform the development of The BIG Plan Part II. | Orange (Acceptable) |

**Chapter 6: OUTCOME 6: People in Denbighshire have healthy lifestyles**

| Evaluation                                                                                                                                                                                                                                                                                                                                                                                  | Overall Evaluation  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| People in Denbighshire generally have a good level of health and wellbeing. However inequalities in health outcomes for people living in deprived areas remain concerning. Smoking cessation is a public health priority at present. Addressing health inequalities will feature more prominently in ongoing community needs assessment, to inform the development of The BIG Plan Part II. | Orange (Acceptable) |

**Chapter 7: OUTCOME 7: Children, young people and vulnerable adults in Denbighshire are safe**

| Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Overall Evaluation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Recorded crime has fallen significantly in Denbighshire; however this has not improved our position in relation to similar areas. The number of children on the child protection register for over 12 months has more than doubled since 2010/11, consistent with national trends. More adults are safer as a result of adult protection. The Families First programme will have a direct impact upon this Outcome, and the implementation of a Talk To Me suicide prevention strategy will strengthen performance in respect of this Outcome. The community needs assessment is exploring community cohesion in detail, which is likely to feature in The BIG Plan II. | Yellow (Good)      |

**Chapter 8: OUTCOME 8: Denbighshire has a thriving and sustainable economy and a skilled workforce**

| Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Overall Evaluation  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| At a very difficult time economically, Denbighshire is providing a good level of support for people to volunteer and gain employment. Basic skills levels are concerning and action is being taken to map and address basic skills issues. The LSB is taking a strong lead on people-based economic issues. Its contribution and relationship to regional and county-level Economic and Community Ambition strategies will be set out in The BIG Plan Part II. | Orange (Acceptable) |

## Chapter 1: **OUTCOME 1: Older people lead independent and fulfilled lives**

**What this means:** This means we will promote a positive and empowering image of ageing and move towards models of health and social care that address the ‘whole’ needs of each individual. We want to enable older people to live independently and safely in their own home for as long as possible through community-based support, reablement and intermediate care. We will work together to reduce the need for health and social care, focusing on interventions in older people’s communities.

| Status Updated | Updated by:                             | Evaluation Summary                                                                                                                                                                                                                                                                                                                | Overall Evaluation |
|----------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Q4 2012/13     | To be signed off by SPB on 24 July 2013 | While there is not geographical equity of support, this is not necessarily concerning as more older people are leading independent and fulfilled lives with less support. Older people’s needs, and the needs of vulnerable people more generally, are being explored as part of the community needs assessment already underway. | Yellow (Good)      |

### What’s going well

- The impact of reablement is positive for older people. More older people come into contact with the reablement service, but fewer need support. This is evidence of more older people living independently.
- While there is not geographical equity of support, this is not necessarily concerning as more older people are leading independent and fulfilled lives with less support. There is an intelligence gap relating to the needs of people in rural areas, and the ability of support services to meet those needs raises philosophical questions. For instance, partners are careful not to ‘pull’ older people into ‘systems’ when their outcomes could be better without intervention.
- The North Wales Carers Information and Consultation Strategy was approved by Welsh Government in January 2013 and training and consultation activities are planned to meet the needs of staff and carers.

### What concerns us and what we’re doing about it

- The BIG Plan Part I includes an action to expand reablement services across the county. The practical logistics of providing the Home Enhanced Care Service in South Denbighshire are being explored, and as stated above, geographical equity is not always the most appropriate solution.

### Outlook

- The next BIG Plan will need to reassess the most appropriate Indicators of Success. For instance, the focus of current indicators is people living with support, whereas in the future, partners may wish to use indicators for people living independently without support.

- Older people's needs, and the needs of vulnerable people more generally, are being explored as part of the community needs assessment already underway.

| INDICATORS OF SUCCESS                                                                                                                                          | 2010/11 Data            | 2011/12 Data | 2012/13 Data | Performance                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|--------------|-------------------------------------------------------------------------------|
| Percentage of older people aged 65 and over supported in the community                                                                                         | 83.34                   | 84.24        | 89.32        | Similar to benchmark / ▲                                                      |
| Percentage of older people who agree Denbighshire County Council has helped them to live independently (Residents' Survey)                                     | 71                      | -            | -            | Better than baseline / ▲                                                      |
| The rate of delayed transfers of care during the year for social care reasons per 1,000 population aged 75 or over                                             | 0.71                    | 0.5          | 1            | Better than benchmark / ▲                                                     |
| Percentage of carers of older people that are assessed and, where appropriate, receive carer's services                                                        | 85.2                    | 97.5         | 95.28        | Similar to benchmark / ◀▶                                                     |
| Percentage of carers whose health and wellbeing improves following support                                                                                     | -                       | -            | -            | Indicator under development with Welsh Government. Data expected end of 2014. |
| Number of older people (aged 65 or over) participating in physical activity and wellbeing opportunities through day centres and other community based settings | Baselines being checked |              | 410          | Target not met / trend not available                                          |

| PERFORMANCE MEASURES                                                                                                     | Q1&2 2012/13 | Q3&4 2012/13 | Target | Performance                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------|----------------------------------------------|
| Net number of service users in receipt of Assistive Technology                                                           | 218          | 486          | -      | Not yet available / benchmark not available* |
| Number of step-down patients within Enhanced Care                                                                        | 93           | 99           | -      | Yellow / ▲                                   |
| Percentage of adults no longer needing social care services following involvement from the Intake and Reablement Service | 67           | 72           | 70     | Green / ▲                                    |
| Percentage of Carers identified by the partnership                                                                       | -            | 1475         |        | Yellow / trend not available                 |
| Percentage of staff within the partnership area who have undertaken training (in respect of the Carers Strategy)         | -            | 26           |        | Yellow / trend not available                 |
| Percentage of carers of adult service users who were offered an assessment in their own right                            | 81.63        | 90.10        | 100.   | Red / ▲                                      |

\* Performance status not available. Work is underway to define this measure and make regional comparisons.

| Key <sup>1</sup>      | Action /Lead Partner <sup>2</sup>                                                                                                                                                                               | Overall Status    | Performance       |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| 1.1.1                 | Support the work of Denbighshire's locality teams to develop seamless, co-ordinated, safe accessible locality services (BCUHB)                                                                                  | Not yet available | Not yet available |
| 1.1.2<br>(ABS125a2)   | Develop a Single Point of Access, Assessment and Care Co-ordination across health and social care partners in Denbighshire (DCC)                                                                                | In progress       | Green             |
| 1.2.1                 | Continue to develop different forms of supportive housing in Denbighshire eg extra care (DCC)                                                                                                                   | Complete          | Yellow            |
| 1.2.2                 | Increase the number and range of people accessing the Home Enhanced Care Service and extend across Denbighshire (BCUHB)                                                                                         | Not yet available | Not yet available |
| 1.2.3<br>(ABS210a)    | Enhancing the use of assistive technology to support adults to remain safe and independent (DCC)                                                                                                                | In Progress       | Green             |
| 1.3.1<br>(ABS123a2ii) | Work jointly with Health and the Third Sector to develop a Regional Carers Strategy and action the requirements of the new Carers Measure (Wales) (DCC)                                                         | In Progress       | Green             |
| 1.3.2                 | Support the development of the North Wales Carers Strategy and develop quantitative and qualitative measures to assess the difference the Strategy makes (DCC)                                                  | In Progress       | Yellow            |
| 1.4.1                 | Work with colleges to provide social care and nursing training on dementia (DCC)                                                                                                                                | In Progress       | Green             |
| 1.4.2                 | Explore potential for supporting carers to recognise early onset signs to ensure appropriate support services can be put in place at an early stage (DCC)                                                       | In Progress       | Green             |
| 1.4.3                 | Structuring a Dementia Action Plan (DVSC)                                                                                                                                                                       | Closed            | Green             |
| 1.4.4                 | Engaging with G.P surgeries in search of a Dementia Champion, either G.P. or Practice Nurse (DVSC)                                                                                                              | In Progress       | Green             |
| 1.4.5                 | Training: collating information on training for medical staff, health care practitioners to include pharmacists (DVSC)                                                                                          | In Progress       | Green             |
| 1.4.6                 | Organising events in the community to raise awareness, with an aim to make Denbighshire a Dementia Friendly Community (DVSC)                                                                                    | In Progress       | Green             |
| 1.4.7                 | Working in partnership with the third sector (DVSC)                                                                                                                                                             | In Progress       | Green             |
| 1.4.8                 | Working closely with the locality Matron to provide information resources for the District Nurses (DVSC)                                                                                                        | In Progress       | Green             |
| 1.5.1<br>(ABS201a)    | Reduce poverty and promote economic wellbeing (formerly "Welfare Rights advice partnership to provide support for people affected by the benefits system and training people to go to appeals tribunals") (DCC) | In Progress       | Green             |
| 1.5.2<br>(ABS109a)    | Develop Citizen directed support (DCC)                                                                                                                                                                          | In Progress       | Green             |

<sup>1</sup> 'Key' is the reference number used for each action.

<sup>2</sup> Lead Partner either refers to partner leading the activity or the partner nominated to provide updates on the activity.



| Key <sup>1</sup> | Action /Lead Partner <sup>2</sup>                                                                                                                                     | Overall Status | Performance |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 1.5.3            | Support early intervention to help people (including younger people) self-manage their own chronic conditions to live independently and prevent deterioration (BCUHB) | In Progress    | Yellow      |

## Chapter 2: **OUTCOME 2: People and places in Rhyl benefit from regeneration activity**

**What this means:** Providing leadership and coordination to tackle the key challenges to the wellbeing and economic circumstance of people living in a deprived area and to build the relationship between partners and the communities they serve. We must ensure regeneration is coordinated and people feel the benefits. “The concentration of deprivation in the poorest communities in Wales can necessitate a focus on place.” (Child Poverty Strategy for Wales, 2011).

| Status Updated | Updated by:                          | Evaluation                                                                                                                                                                                                                                                                       | Overall Evaluation  |
|----------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Q4 2012/13     | Rhyl Going Forward Programme Manager | Communities in Rhyl are slowly benefiting from regeneration, and educational outcomes are improving. However, outcomes for people in Rhyl are still generally worse than the rest of the county. Intervention is still required (and is planned) in respect of Rhyl Town Centre. | Orange (Acceptable) |

### What’s going well

- A Strategic Outline Case (SOC) for a new Community Hospital facility in the North Denbighshire locality (circa £22m capital costs) has been approved. Models to generate more work for local people are being explored.
- Educational outcomes for young people in Rhyl are significantly better than in 2010 and are continuing to improve, although attainment at KS4 is below the excellence threshold of 61.5% (best in Wales figure).
- Rhyl City Strategy’s ‘Open Doors’ service has registered over 1,200 jobseeking customers since it opened, of which 181 have secured employment. Rhyl City Strategy is also delivering a dedicated programme to stimulate enterprise growth across Denbighshire.

### What concerns us and what we’re doing about it

- While educational outcomes and participation rates are improving, young people’s access to employment remains concerning. This will be addressed by a new LSB ESF funded project (see outcome 8).
- As expected, the opening of the new shopping development in Prestatyn has had a negative impact on Rhyl, and made the need to develop a coherent regeneration strategy and secure additional funding for the town centre even more pressing. That said, the recently announced New Regeneration Framework from Welsh Government (Vibrant and Viable Places) would seem to offer a potential source of funding in the future.

### Outlook

- The progression of the Rhyl Harbour project, combined with the proposals for the renewal/refurbishment of the major leisure facilities on the seafront gives

cause for real optimism. Clearly, there is still a long way to go, but if the projects are delivered it should result in a significant increase in visitor numbers with associated economic benefits.

- The work currently being undertaken on the Denbighshire Economic and Community Ambition Strategy will provide the context to develop a much more coherent and robust approach to promoting Rhyl as a place to live, work and invest. This should provide a real opportunity for Rhyl to position itself in the wider Denbighshire and North Wales context, and to more effectively attract new investment into the town.

| INDICATORS OF SUCCESS                                                                                                                                | 2010/11 Data                                                                                                         | 2011/12 Data                                                                                                          | 2012/13           | Performance                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------|
| Fewer or no Rhyl Lower Super Output Areas (LSOAs) will be in the top 5 most deprived areas in Wales (Wales Index of Multiple Deprivation)            | 1st most deprived : Rhyl West 2; 4th most deprived : Rhyl West 1; 5th most deprived : Rhyl South West 2 (WIMD, 2008) | 1st most deprived : Rhyl West 2; 7th most deprived : Rhyl West 1; 12th most deprived : Rhyl South West 2 (WIMD, 2011) | -                 | Better than baseline / ▲                                                        |
| Percentage of working age population claiming Jobseeker's Allowance in Rhyl West and Rhyl South West (count as at September)                         | 15.5<br>6.6                                                                                                          | 15.5<br>7.8                                                                                                           | 15.5<br>7.8       | Worse than benchmark / ◀▶                                                       |
| Number of vacant town centre properties in Rhyl                                                                                                      | 47<br>(12.1%)                                                                                                        | 59<br>(15.4%)                                                                                                         | 58<br>(15.2%)     | Similar to baseline / ◀▶                                                        |
| STEAM tourism industry direct employment (coastal Denbighshire)                                                                                      | £2,763m                                                                                                              | £2,723m                                                                                                               | Not yet available | Worse than baseline / ▼ *                                                       |
| STEAM total revenue from tourism (coastal Denbighshire)                                                                                              | £177.09 m                                                                                                            | £176.42 m                                                                                                             | Not yet available | Similar to baseline / ◀▶ *                                                      |
| Town centre footfall                                                                                                                                 | -                                                                                                                    | -                                                                                                                     | -                 | Not yet available. These are new indicators and data will be available shortly. |
| Tenure (owner occupation / private rented / RSL)                                                                                                     | -                                                                                                                    | -                                                                                                                     | -                 |                                                                                 |
| Type of housing                                                                                                                                      | -                                                                                                                    | -                                                                                                                     | -                 |                                                                                 |
| Percentage of KS4 pupils who achieved Level 2, including English/Welsh and Mathematics at Rhyl High School and Blessed Edward Jones R.C. High School | 36 and 37 respectively                                                                                               | 44.70 and 39.50 respectively                                                                                          | Not yet available | Better than baseline / ▲                                                        |

\* Benchmarks are not yet available; without them robust analysis is difficult.

| PERFORMANCE MEASURES                                                                                                                                          | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|-------------|
| Programmes delivering Outcome 2 are extensive and managed by a range of Boards. Performance measures are numerous and are monitored by each programme's Board | -               | -               | -      | -           |

| Key    | Action /Lead Partner                                                                                                                                                                                 | Overall Status | Performance |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 2.1    | West Rhyl - Create an attractive neighbourhood where people want to live (DCC)                                                                                                                       | In Progress    | Orange      |
| 2.2    | Tourism - Create new business and job opportunities by increasing visitor numbers and visitor's spend (DCC)                                                                                          | In Progress    | Yellow      |
| 2.3    | Town Centre - Create new business and job opportunities by supporting investment in retail, but also by introducing new uses and diversifying the town centre economy (DCC)                          | In Progress    | Orange      |
| 2.4    | Live & Work in Rhyl - Improving neighbourhoods in the whole of Rhyl so they are attractive and desirable places to live (DCC)                                                                        | In Progress    | Orange      |
| 2.5    | People & Jobs - Linking workless people and employers, tackling barriers to work, improving health of workforce (Rhyl City Strategy)                                                                 | In Progress    | Green       |
| 2.6    | Skills - Tackling the lack of essential skills and qualifications and coordinated focus on key sectors (Rhyl City Strategy)                                                                          | In Progress    | Green       |
| 2.7    | Stimulating growth & opportunity - Development of new enterprise and growth of existing companies, development of social enterprise and stimulation of sole trading environment (Rhyl City Strategy) | In Progress    | Green       |
| 2.8    | Prosperous Communities - reducing inequalities in income and opportunity (Communities First)                                                                                                         | In Progress    | Yellow      |
| 2.9    | Learning Communities - promote a culture of learning (Communities First)                                                                                                                             | In Progress    | Yellow      |
| 2.10   | Healthier Communities - improved health & wellbeing for all (Communities First)                                                                                                                      | In Progress    | Yellow      |
| 2.11.1 | Development of a model of care which is based on holistic needs and integrated working (BCUHB)                                                                                                       | In Progress    | Yellow      |
| 2.11.2 | Explore and develop appropriate models of community health development workers (BCUHB)                                                                                                               | In Progress    | Yellow      |
| 2.11.3 | Target health developments to meet the identified health needs of the population including older people, older people with mental health needs, children and families (BCUHB)                        | In Progress    | Yellow      |

\* These actions replace the priorities in The BIG Plan. These revised actions represent the current work streams for Rhyl.

## Chapter 3: **OUTCOME 3: Children and young people in Denbighshire achieve and have skills for life**

**What this means:** Enabling children and young people to achieve their potential to give them the best chance in life. This is not just academic potential but will include skills to help children and young people to take advantage of life's opportunities. It means supporting our children and young people (including looked after children, young carers, disabled children and young people, children and young people in poverty, high achievers) to participate effectively in education, employment, training or any other meaningful activity.

| Status Updated | Updated by:                             | Evaluation                                                                                                                                                                                                   | Overall Evaluation |
|----------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Q4 2012/13     | To be signed off by SPB on 24 July 2013 | Youth Support Services were acknowledged by Estyn as good; demonstrated by improved outcomes for learners. Basic skills are of concern and are being mapped. Support is being strengthened for young carers. | Yellow (Good)      |

### What's going well

- Improvements in young people's basic skills, addressed through primary and secondary education, are positive. The Potential Programme has supported over 100 pupils to achieve level 2 success in Year 1 (in most cases this equates to two higher GCSE grade equivalence), and over 90 per cent of leavers have progressed to college courses at 16. In all cases attendance has greatly improved.

### What concerns us and what we're doing about it

- It is unclear how effectively partners are meeting the basic skills needs of adults. Restructuring of provision of adult and community learning by colleges locally should help improve adult's basic skills, and basic skills generally are being mapped to establish the current position (led by the LSB). Welfare reform is highly concerning and challenging, but could also provide new opportunities to work with people with basic skills needs.
- Improvements to support to identify young carers at school and better meet the needs of young carers more holistically are being made, with sign posting and referral resources. The Schools Information Management system has been customised to record information about young carers and will be used by all schools in Denbighshire. Over time, this will enable tracking of attendance and attainment outcomes for young carers and will also improve our evidence base for regional commissioning.

### Outlook

- We are confident that outcomes for learners will continue to improve subject to the above weaknesses being addressed.

| INDICATORS OF SUCCESS                                                                                                                                                           | 2010/11<br>Data        | 2011/12<br>Data        | 2012/13           | Performance               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-------------------|---------------------------|
| Percentage attendance at primary school                                                                                                                                         | 94.30                  | 94.50                  | Not yet available | Better than baseline / ▲  |
| Percentage attendance at secondary school                                                                                                                                       | 91.70                  | 92.90                  | Not yet available | Better than baseline / ▲  |
| Percentage of KS4 pupils who achieved Level 2 (the equivalent of 5 GCSEs, grade A*-C)                                                                                           | 71.44                  | 82.7                   | Not yet available | Better than benchmark / ▲ |
| The percentage of days lost due to fixed-term exclusions in secondary schools                                                                                                   | 0.16                   | 0.09                   | Not yet available | Similar to baseline / ◀▶  |
| Percentage of further Education 16-19 learners, with literacy skills below Level 1 (the level considered to be required to be able to function satisfactorily in everyday life) | 52.2                   | 40.2                   | Not yet available | Better than baseline / ▲  |
| Percentage of further Education 16-19 learners, with numeracy skills below Level 1 (the level considered to be required to be able to function satisfactorily in everyday life) | 67.3                   | 60.4                   | Not yet available | Better than baseline / ▲  |
| Percentage of learners eligible for free school meals achieving Level 2 threshold at KS4, including English/Welsh and Maths                                                     | 28.2<br>(58.1 non-FSM) | 24.8<br>(61.6 non-FSM) | Not yet available | Worse than benchmark / ▼  |
| Percentage of Year 11 learners not in education, employment or training (NEET)                                                                                                  | 4.4                    | 3.6                    | 2.9               | Better than benchmark / ▲ |
| Young carers attend and achieve at school                                                                                                                                       | -                      | -                      | -                 | Not yet available         |
| Percentage of pupils achieving A* - C in GCSE Welsh First Language                                                                                                              | 71.3                   | 68                     | Not yet available | Similar to baseline / ▼   |
| Percentage of pupils achieving A* - C in GCSE Welsh as a Second Language Full Course                                                                                            | 82.20                  | 90                     | Not yet available | Better than baseline / ▲  |

| PERFORMANCE MEASURES                                                                  | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target      | Performance                               |
|---------------------------------------------------------------------------------------|-----------------|-----------------|-------------|-------------------------------------------|
| The number settings with absence management policies in place                         | 10<br>(100%)    | 10<br>(100%)    | 100         | Green / ◀▶                                |
| The percentage attendance for under 5s                                                | 76.1            | -               | 80<br>(TBA) | New data collection method in development |
| The percentage of families receiving accreditation through the pilot scheme           | 38              | 75.5            | -           | Green / ▲                                 |
| The percentage of parents moving on to other learning as a result of the pilot scheme | -               | 84.6            | 50          | Green / trend not available               |
| The percentage of parents going into work as a result of the pilot scheme             | -               | 65.6            | -           | Green / trend not available as            |

| PERFORMANCE MEASURES                                                                                                                    | Q1&2<br>2012/13                            | Q3&4<br>2012/13                            | Target | Performance                                |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|--------|--------------------------------------------|
|                                                                                                                                         |                                            |                                            |        | measurement technique changed              |
| The percentage of parents with improved their basic skills as a result of the pilot scheme                                              | 96                                         | 97.5                                       | 90     | Green / ▲                                  |
| The percentage of children increased their literacy/numeracy                                                                            | 98                                         | 100                                        | 95     | Green / ▲                                  |
| The percentage learners transferring to Welsh medium mainstream schools                                                                 | 258<br>(98.1%)*                            | Not yet available                          | -      | Green / trend not available                |
| The percentage of seven-year-old children taught through the medium of Welsh                                                            | 242<br>(23.2%)*                            | Not yet available                          | -      | Green / trend not available                |
| Number of incidences of bullying                                                                                                        | -                                          | -                                          | -      | Not yet available.                         |
| The number of mothers with Post Natal Depression identified and percentage supported                                                    | 0                                          | 9                                          | 9      | Green / trend not available                |
| The number of young people engaging in Potensial each year as a result of the partnership                                               | 1684                                       | 1009                                       | 275    | Green / ◀▶                                 |
| The percentage of partners using the common identification tool                                                                         | 0                                          | 100                                        | -      | Green / ▲                                  |
| The number of NEETs identified in the cohort provided with support as a result of using the common identification tool                  | Not yet available                          | Not yet available                          | -      | Data will be available for the next report |
| The percentage of individual Young People contacted (Reach) as a percentage of Youth population (11-25 year olds)                       | 12                                         | 27                                         | 25     | Green / ▲                                  |
| The percentage of individual Young People gaining recorded learning outcomes as a percentage of Reach                                   | 80                                         | 89                                         | 60     | Green / ▲                                  |
| Income gains for and number of young carers under 26 years in families with either/both adults in receipt of Disabled Living Allowance  | £154,970<br>(52 people; 23 out of poverty) | £350,808<br>(43 people; 24 out of poverty) | -      | Green / ▲                                  |
| The number of young carers under 26 years raised above the 60% median income poverty line and percentage of the total with income gains |                                            | 34                                         | -      | Green / trend not available                |
| The number of young carers referrals - Action for Children (Families First)                                                             | 31                                         | 32                                         | -      | Green / ▶▶                                 |
| The number of young carers referrals - Social Services (DCC)                                                                            | 14                                         | 24                                         | -      | Green / ▲                                  |
| The percentage of young carers assessments completed of all known young carers identified - Action for Children (Families First)        | 65                                         | 66                                         | 100    | Green / ▶▶                                 |
| The percentage young carers assessments completed of all known young carers identified - Social Services (DCC)                          | 100                                        | 100                                        | 100    | Green / ▶▶                                 |

| PERFORMANCE MEASURES                                                                                                                           | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|-----------------------------|
| The percentage of individual Young People gaining a recognised accreditation as a percentage of Reach                                          | 6               | 12              | 10     | Green / ▲                   |
| The percentage of Young People with recorded learning outcomes who've engaged in Welsh language and culture specific provisions (URDD post)    | -               | 92              | 10     | Green / trend not available |
| The percentage of YP gain record of achievement from participation in welsh language / culture activity                                        | 29              | 45              | -      | Green / ▲                   |
| The number Welsh learners participating in using welsh socially                                                                                | -               | -               | -      | Deleted                     |
| The number of individual Young People contacted through schools & youth organisations in order to raise the profile of Welsh language activity | 1350            | 2163            |        | Green / ▲                   |
| The number localities with a Welsh language programme of activity in place                                                                     | 6               | 6               | 6      | Green / ◀▶                  |

\* 2011/12.

| Key   | Action /Lead Partner                                                                                                                                                                                                                                         | Overall Status | Performance |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 3.1.1 | Support families to make informed choices that ensure children experience a timely transition from childcare provision to foundation phase (DCC)                                                                                                             | Closed         | Green       |
| 3.1.2 | Ensure all settings implement an "absence" management policy to support attendance for under 5s (DCC)                                                                                                                                                        | In Progress    | Yellow      |
| 3.1.3 | Pilot accredited family learning opportunities for families with children up to the age of 11 (DCC)                                                                                                                                                          | Complete       | Green       |
| 3.1.4 | Implement the Potensial project in each secondary school as defined by the ESF bid criteria (DCC)                                                                                                                                                            | In Progress    | Green       |
| 3.1.5 | Support the work of the Denbighshire Engagement group in bringing together key providers of opportunities to young people who are NEET (Careers Wales)                                                                                                       | In Progress    | Yellow      |
| 3.1.6 | Develop a web based communication platform for providers including Reach the Heights ESF partners (Careers Wales)                                                                                                                                            | Closed         | Green       |
| 3.2.1 | Implement a regional commissioning approach to commissioning young carers service to support integration into universal service provision/ improved social, health and education outcomes, reduce potential for statutory Social Services intervention (DCC) | In Progress    | Green       |
| 3.2.2 | Offer 'Rights 4 Life' assessments to all young carers and their families (DCC)                                                                                                                                                                               | In Progress    | Green       |
| 3.2.3 | Implement the Young Carers Strategy and respond to identified needs (DCC)                                                                                                                                                                                    | In progress    | Yellow      |
| 3.2.4 | Improve identification of young carers and their support through a new referral process (DCC)                                                                                                                                                                | In Progress    | Yellow      |
| 3.3.1 | Improve the qualifications students receive in their basic skills at the end of statutory education (DCC)                                                                                                                                                    | In Progress    | Yellow      |



| Key   | Action /Lead Partner                                                                                                                                                                                 | Overall Status | Performance              |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|
| 3.3.2 | Supporting the engagement of partners to enrich the basic and life skills within informal settings by increasing the formal/informal accreditation rates of young people in informal settings. (DCC) | Complete       | Green                    |
| 3.4.1 | Continue to work with partners eg Menter Iaith, Urdd, Mudiad Meithrin to promote Welsh language through membership of the Welsh in Education Strategic Group and Early Entitlement Group (DCC)       | In Progress    | Green                    |
| 3.4.2 | Work in partnership with Mudiad Meithrin to promote Welsh medium education and to ensure that 100% of learners transfer to Welsh medium mainstream schools (DCC)                                     | In Progress    | Green                    |
| 3.4.3 | Support the implementation of the Welsh in Education Scheme across schools and partners                                                                                                              | In Progress    | Orange                   |
| 3.5.1 | Support the development of Community Focused Schools as valuable resources for both learners and communities (DCC)                                                                                   | In Progress    | Yellow                   |
| 3.6.1 | Ensure cohesion between agencies/programmes delivering support to improve family resilience (DCC)                                                                                                    | In Progress    | Yellow                   |
| 3.6.2 | Ensure representation on the EMHWP steering group and contribute to the development of an EMHWP strategy (DCC)                                                                                       | In Progress    | Update not yet available |
| 3.6.3 | Develop and implement an anti bullying strategy (DCC)                                                                                                                                                | In progress    | Orange                   |
| 3.6.4 | Contribute to the development of a North Wales Peri Natal Mental Health Strategy (BCUHB)                                                                                                             | In Progress    | Orange                   |
| 3.6.5 | Ensure that all mother's mental health is assessed ante natal, postnatally - at 8 weeks and 8 months (BCUHB)                                                                                         | In Progress    | Green                    |
| 3.6.6 | To develop support groups for mothers with post natal depression (BCUHB)                                                                                                                             | In Progress    | Orange                   |
| 3.7.1 | Supporting the Partnership delivery of a wide ranging general and vocational curriculum in the three local transformation areas (DCC)                                                                | Closed         | Green                    |

## Chapter 4: **OUTCOME 4: Vulnerable families in Denbighshire are supported to live a life free from poverty, where they can be independent and flourish**

**What this means:** Fewer families will be living in poverty than would be the case if we were not focusing resources in this area. This also means that the most vulnerable children and families will have improved health, education and economic outcomes and feel confident and optimistic about their futures. We realise that this is a tough aspiration. We are currently facing the most challenging economic climate seen in recent years, and during this time we want to do as much as we can to cushion the effects of unemployment and reduced public spending on vulnerable families.

| Status Updated | Updated by:                             | Evaluation                                                                                                                                                                                                                                                                                                                                                                                            | Overall Evaluation  |
|----------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Q4 2012/13     | To be signed off by SPB on 24 July 2013 | The needs of vulnerable families are complex and therefore programmes will take considerable time to demonstrate improved outcomes for families. Early indicators show that integrated support for families has started to improve since the introduction of The BIG Plan. Denbighshire's programme is recognised across Wales as being at the forefront of outcome-focused, strategic commissioning. | Orange (Acceptable) |

### What's going well

- Integrated support for families has started to improve since the introduction of The BIG Plan. The Team Around the Family and Family Information Service have been further enhanced and supported. There is evidence that Children and Family Services' time is being freed up to work on more complex cases. While Children and Family Services does not yet have systems in place to capture the impact of early intervention on the number of referrals received at the 'front door' of the service, they are able to monitor the activity in relation to cases moving between Team Around the Family (TAF)/Families First and Children and Family Services. Monitoring shows that 89 families (191 children under the age of 18) were supported by TAF in 2012/13 - of which only 9 were referred up to Children and Family Services – and 67 cases were referred from Children and Family Services, with 42 going to the TAF team (the rest either taken to Families First Panel, or not eligible or no further action). Achievements and improvements for families can be seen very soon after the start of TAF involvement.
- The strategically commissioned Families First programme in Denbighshire is recognised across Wales as being at the forefront of taking a strategic commissioning, outcome-focused approach to delivery of the Families First

programme. The programme is holistic; family focused and takes a 'whole family' approach, and has a very successful training programme. A recent Fun Day (28 March 2013) saw over 450 family members, who were given information about the programme in Denbighshire.

- Denbighshire Advice Network has been cited nationally by Welsh Government as good practice for its strong and effective networking and partnership working. For more information, see page 101 of the Welsh Government's Advice Services Review Final Research Report [here](#).

### **What concerns us and what we're doing about it**

- The causes of a baby to be born with a low birth weight are complex and wide ranging, with far reaching outcomes for mothers and their babies. New projects to reduce smoking in pregnancy in Rhyl and Denbigh (where smoking is more prevalent) and integrated midwifery care should improve outcomes for mothers and babies.
- In the last three years, the number of First Time Entrants entering the Youth Justice Service has reduced. In the last few quarters this trend has evened off and is beginning to climb slightly. Although the number of First Time Entrants has been declining it has been evident for some time that this has left an increasingly complex and diverse client base, which requires more specialised and multi-agency interventions.
- Educational outcomes for pupils eligible for free school meals are worse than those who are ineligible.
- Housing options for unemployed single people under the age of 35 years are restricted in Denbighshire. Shared Housing is the only realistic affordable option for this client group. Partners are working closely to:
  - develop strategies to address the prevailing "culture" of no house sharing within Denbighshire, and address the risks and challenges house sharing poses
  - raise housing standards, and
  - support the private rented sector.

### **Outlook**

- The Families First programme, in its entirety, is in place and the programme will now be moving into the second year of delivery where a robust monitoring and evaluation of the service provision will be undertaken in line with the locally developed Monitoring and Evaluation Framework.
- The impact of the programme is beginning to emerge on an individual family basis through family feedback forms and case study data. The programme will soon be able to demonstrate the difference it is making for families at a county level. The indicators of success will take time to be affected due to the long term nature of the indicators and the frequency or infrequent availability of the data.

| INDICATORS OF SUCCESS                                                                                                                                                                                                                       | 2010/11 Data        | 2011/12 Data                | 2012/13           | Performance                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------|-------------------|--------------------------------------------|
| The percentage of children in poverty (proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of median income) <sup>3</sup> | 22.1                | Not yet available           | Not yet available | Similar to benchmark / ◀▶                  |
| Percentage of Year 11 leavers not in education, employment, or training                                                                                                                                                                     | 4.4                 | 3.6                         | Not yet available | Better than benchmark / ▲                  |
| The proportion of 18-24 year olds claiming Jobseeker's Allowance (September annually)                                                                                                                                                       | 9.7                 | 10.2                        | 9.7               | Worse than benchmark / ▼                   |
| Percentage of pupils eligible for free school meals who achieve the Foundation Phase Indicator (in teacher assessments) compared to pupils who are not eligible for free school meals.                                                      | -                   | FSM - 71.4 (Non FSM - 81.7) | Not yet available | Worse than benchmark / trend not available |
| The percentage of pupils eligible for free school meals who achieve the Core Subject Indicator at KS2, compared to pupils who are not eligible for free school meals.                                                                       | 69.4 (86.0 non-FSM) | 64.6 (87.6 non-FSM)         | Not yet available | Worse than benchmark / ▼                   |
| The percentage of pupils eligible for free school meals who achieve the Level 2 threshold including a GCSE A*-C in English/Welsh and Maths, at the end of KS4 compared to pupils who are not eligible for free school meals.                | 28.2 (58.1 non-FSM) | 24.8 (61.6 non-FSM)         | Not yet available | Worse than benchmark / ▼                   |
| Percentage of half day sessions (overall absence) missed by pupils of compulsory school age attending maintained primary schools and eligible for free school meals compared to those pupils who are not eligible for free school meals     | 7.9 (5 non-FSM)     | Not yet available           | Not yet available | Better than benchmark / ▲                  |
| Percentage of half day sessions (overall absence) missed by pupils of compulsory school age attending maintained secondary schools and eligible for free school meals compared to those pupils who are not eligible for free school meals   | 13.7 (7.8 non-FSM)  | 12.9 (7.3 non-FSM)          | Not yet available | Better than benchmark / ▲                  |
| Percentage of children fully immunised by their 4th birthday                                                                                                                                                                                | -                   | 82.3                        | Not yet available | Similar to benchmark / trend not available |
| Percentage of live births with a birth weight of less than 2500g                                                                                                                                                                            | 6.50                | Not yet available           | Not yet available | Better than benchmark / ▲                  |

<sup>3</sup> The current child poverty population measure used by the Welsh Government does not account for children raised above the 60 per cent median poverty lines after their or their parents' entitlement to Disability Living Allowance plus linked benefits and tax credits have been secured; therefore it overestimates levels of child poverty and underestimates the impact of income maximisation services. This is being considered nationally prompted by the Families First Performance Learning Set.

| INDICATORS OF SUCCESS                                                                                                                      | 2010/11<br>Data | 2011/12<br>Data   | 2012/13           | Performance                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|-------------------|------------------------------------------------------------------------------|
| Numbers of conceptions under age 16 years per 1000 female residents aged 13 to 15.                                                         | 5.2             | Not yet available | Not yet available | Better than benchmark / ▲                                                    |
| The proportion of children in reception class who are overweight or obese                                                                  | -               | -                 | -                 | Not yet available from Welsh Government. Expected imminently                 |
| The number of households with dependent children accepted as eligible, unintentionally homeless and in priority need.                      | 35              | 35                | Not yet available | Similar to baseline / ◀▶                                                     |
| The number of homeless households with dependent children in temporary accommodation at the end of the period.                             | 30              | 15                | Not yet available | Better than baseline / ▲                                                     |
| Children in need by parental capacity (domestic abuse)                                                                                     | 13.27           | 28                | Not yet available | Analysis not yet available. This is a new national Families First indicator. |
| First time entrants to Youth Offending Teams                                                                                               | 212             | 145               | 125               | Better than baseline / ▲                                                     |
| Percentage achieving Key Stage 1 Core Strategic Indicator                                                                                  | 82.4            | 79.8              | Not yet available | Worse than baseline / ▼                                                      |
| Percentage of service users with mental health needs leaving support to live independently, who fully achieve their mental health outcomes | 46.5<br>(118)   | 45.3<br>(115)     | Not yet available | Similar to baseline / ▼                                                      |
| Percentage of offenders who re-offend                                                                                                      | 37.4*           | -                 | Not yet available | Better than baseline / ▲                                                     |

\* Data for January-December 2010.

| PERFORMANCE MEASURES*                                                                                                                                                                | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|--------------------------------------------------|
| The number of Flying Start parent/carers enrolled                                                                                                                                    | -               | 142             | -      | Green/ trend not available                       |
| The percentage of parents completing programme/package reporting improvement on parenting measures and/or child behaviour measures using validated before and after evaluation tools | -               | -               | -      | Not yet available. **                            |
| The percentage of parents completing LAP/NAP reporting improved confidence in supporting their child's communication, language and numeracy skills                                   | 99              | 100             | -      | Green / ▲                                        |
| The percentage of parents having completed the LAP/NAP programme reporting that they play more with their child                                                                      | 99              | -               | -      | LAP/NAP in place but data is not yet available** |
| The percentage of parents completing the LAP/NAP course reporting that they are sharing a book with their child at least once a day                                                  | 99              | -               | -      | LAP/NAP in place but data is not yet available** |

| PERFORMANCE MEASURES*                                                                                 | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance       |
|-------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|-------------------|
| The number of children whose needs have lessened as a result of early intervention through this grant | 13<br>(52%)     | 15              | 25     | Green / ▲         |
| The number of hits on FIS website                                                                     | 1069            | 1325            | 2500   | Yellow / ▲        |
| The number of contacts with families via email/telephone/outreach                                     | 3666<br>(45.8%) | 5117            | 8000   | Green / ▲         |
| The number of in-depth enquiries                                                                      | 140<br>(14%)    | 1736            | 1000   | Green ▲           |
| The percentage FIS customers satisfied with service received                                          | -               | -               | 9      | Not yet available |
| Total confirmed State Benefit and Tax Credit gains                                                    | £8,226,905      | £10,817,152     | -      | Green / ▲         |
| Children and adults raised above UK poverty lines                                                     | 533             | 1735            | -      | Green / ▲         |
| Households raised out of fuel poverty                                                                 | 148             | 419             | -      | Green / ▲         |

\* Families First performance measures to be included from 2013/14

\*\* See comments on Flying Start on page 33.

| Key   | Action /Lead Partner                                                                                                                                                                                                                                        | Overall Status | Performance |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 4.1.1 | Complete a review of FIS and develop an action plan to implement the recommendations from an IT and information perspective (DCC)                                                                                                                           | Closed         | Green       |
| 4.2.1 | Implement actions prioritised by the Families First project board from FF action plan to develop a criteria & infrastructure for supporting vulnerable families through an integrated team around the family approach (DCC)                                 | Complete*      | Green       |
| 4.3.2 | Develop an action plan for spending the childcare component of the School Effectiveness Grant (DCC)                                                                                                                                                         | Closed         | Green       |
| 4.3.3 | Implement actions prioritised by the Families First project board from the Families First action plan to provide support into employment and access to affordable childcare to maximise the household income of vulnerable individuals and families (DCC)   | Complete*      | Green       |
| 4.4.1 | Implement actions prioritised by the Families First project board from the Families First action plan to develop a coordinated programme of family support intervention that meets the range of needs of vulnerable families (DCC)                          | Complete*      | Green       |
| 4.5.1 | Implement actions prioritised by the Families First project board from the Families First action plan to develop a consistent and coordinated parenting education programme from prenatal onwards, that includes grandparents and the extended family (DCC) | Complete*      | Green       |
| 4.5.2 | Develop and deliver a multi agency immunisation plan to achieve national immunisation target of 95% for all childhood immunisations with a particular focus on targeting families and areas with low uptake (BCUHB)                                         | In Progress    | Yellow      |
| 4.5.3 | Work in partnership with schools to continue providing immunisation programmes in all high schools (BCUHB)                                                                                                                                                  | In Progress    | Yellow      |

| Key   | Action /Lead Partner                                                                                                                                                              | Overall Status | Performance |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 4.5.4 | Develop better linked networking and support groups including parent led support groups (DCC)                                                                                     | In Progress    | Yellow      |
| 4.5.5 | Work together with parenting coordinator, parenting operational group and families first parenting learning set to develop a 'menu' of parent programmes (DCC)                    | In Progress    | Yellow      |
| 4.5.6 | Promote flying start in 'the new areas' through non-threatening activities for parents with bookstart and language and play (DCC)                                                 | In Progress    | Yellow      |
| 4.6.1 | Implement actions prioritised by the Families First project board from the Families First action plan to provide more inclusive services to families with disabled children (DCC) | Complete*      | Green       |
| 4.6.2 | Working in partnership to ensure appropriate support is in place for children with additional needs through the early years to access childcare and education (DCC)               | In Progress    | Green       |
| 4.7.1 | Support the delivery of the house share crisis intervention project including development and deliver provider training on house share as an option (DCC)                         | In Progress    | Orange      |
| 4.7.2 | Support the delivery of supported housing projects (DCC)                                                                                                                          | In Progress    | Green       |
| 4.7.3 | Support the implementation of the Acute Care Tenancy Support (ACTS) project to help prevent bed blocking in the mental health service (DCC)                                       | In Progress    | Green       |
| 4.8.1 | Prolific and other Priority Offenders (CSP)                                                                                                                                       | In Progress    | Green       |
| 4.8.2 | Prevent and Deter (CSP)                                                                                                                                                           | In Progress    | Green       |
| 4.8.3 | Warning Letters (CSP)                                                                                                                                                             | In Progress    | Green       |
| 4.8.4 | Acceptable Behavior Contracts & ABC meetings (CSP)                                                                                                                                | In Progress    | Green       |
| 4.8.5 | ASB Review Group meetings (CSP)                                                                                                                                                   | In Progress    | Green       |
| 4.8.6 | PPO housing projects (HAG) (CSP)                                                                                                                                                  | In Progress    | Green       |
| 4.8.7 | ONSET Assessment for Prevent (CSP)                                                                                                                                                | In Progress    | Green       |
| 4.8.8 | Motor Education Programme (CSP)                                                                                                                                                   | In Progress    | Green       |

\* Monitoring of the implementation of these commissioned projects will be included in the 2013/14 report.

## Chapter 5: **OUTCOME 5: Needs of our rural communities are recognised and met**

**What this means:** People, including children and young people, living in rural areas will feel recognised, valued and listened to. Whilst it is not always possible to ensure every service is available in every rural area, we will work with communities to understand which services are most important to them and how they can be delivered more effectively.

| Status Updated | Updated by:                             | Evaluation                                                                                                                                                                                                                                                                                                                                                                                                       | Overall Evaluation  |
|----------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Q4 2012/13     | To be signed off by SPB on 24 July 2013 | Indicators suggest that the experiences of people living in rural areas have not changed, or in some cases worsened, since the introduction of The BIG Plan. Rural areas have improved access to advocacy but transport remains an issue for young people. Rural areas feature strongly in the ongoing community needs assessment currently underway, which will inform the development of The BIG Plan Part II. | Orange (Acceptable) |

### What's going well

- Members and Denbighshire County Council will be developing area-based plans to better account for rural areas.
- The extension of the Llangollen railway into Corwen is continuing, although progress has been hampered by the extreme weather conditions and the accumulations of snow which closed the railway line. The Railway is also progressing the 'Cyfenter' application which will provide funding for the temporary station.
- The proportion of service buses that are accessible in the county rose to 96 percent in 2013.

### What concerns us and what we're doing about it

- Assessing needs in rural areas requires more focussed attention.

### Outlook

- Rural areas are featuring strongly in the ongoing community needs assessment currently underway, which will inform the development of The BIG Plan Part II.

| INDICATORS OF SUCCESS                                 | 2010/11 Data | 2011/12 Data | 2012/13 | Performance      |
|-------------------------------------------------------|--------------|--------------|---------|------------------|
| Older people living in rural areas feel less isolated | -            | -            | -       | Data development |



|                                                                                                                                      |       |       |                     | agenda                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|-------|-------|---------------------|--------------------------------------------|
| Percentage of young people that are satisfied with the frequency of buses (Denbighshire Residents Survey)                            | -     | 70*   | -                   | Similar to benchmark / trend not available |
| Percentage of young people that are satisfied with the cost of a journey (Denbighshire Residents Survey)                             | -     | 17*   | -                   | Worse than benchmark / trend not available |
| Percentage of young people that are satisfied that buses arrive on time (Denbighshire Residents Survey)                              | -     | 64*   | -                   | Similar to benchmark / trend not available |
| Percentage of residents that are satisfied with the frequency of buses (Denbighshire Residents Survey)                               | 81    | 86*   | -                   | Better than baseline/ ▲                    |
| Percentage of residents that are satisfied with the cost of a journey (Denbighshire Residents Survey)                                | 54    | 64*   | -                   | Better than baseline / ▲                   |
| The percentage of principle (a) and non principle (B and C) roads that are in overall poor condition                                 | 13.04 | 11.25 | 10.5                | Better than benchmark / ▲                  |
| Percentage of residents that residents are 'very satisfied' with their local area as a place to live (Denbighshire Residents Survey) | 33    | 39**  | -                   | Better than baseline / ▲                   |
| Number of rural entrepreneurial initiatives will be supported                                                                        | -     | 20    | No longer collected | Exceeded target / trend not available      |
| More tourists are attracted to the region (coastal Denbighshire) (000s)                                                              | 4,757 | 4,958 | -                   | Better than baseline / ▲*                  |

\* Benchmarks are not yet available; without them robust analysis is difficult. Data for young people is analysed by comparing responses of under 25s to over 25s, eg young people's satisfaction with the cost of a journey is lower (17% as opposed to 64%).

\*\* 86% were 'satisfied'.

| PERFORMANCE MEASURES                                                                                                           | Q1&2<br>2012/13 | Q3&4<br>2012/13  | Target | Performance                 |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|--------|-----------------------------|
| Number of new and existing enterprises financially assisted (RDP, LIF, Denbighshire's own grants)                              | 20              | Project complete | -      | Green / trend not available |
| Number of service users using the Access to Advocacy service (rural areas only)                                                | 369             | 529              | 528    | Green / ▲                   |
| Percentage of service users using the Access to Advocacy service that feel more confident following support (rural areas only) | 84              | 78               | 80     | Green / ▼                   |

| Key   | Action /Lead Partner                                                    | Overall Status | Performance |
|-------|-------------------------------------------------------------------------|----------------|-------------|
| 5.1.1 | Raise awareness of all advocacy services available in the county (DVSC) | In Progress    | Green       |

|                         |                                                                                                                                                                                               |             |                                                                 |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|
| 5.1.2<br>(ABS123a1viii) | Establish the 'Village Agent' (community Information points) in four community / town councils (DCC)                                                                                          | Closed      | Green                                                           |
| 5.1.3                   | Enable communities to take control through community voice and participatory budgeting etc, and If successful in obtaining funding for Community Voice programme, support its delivery (DVSC) | In Progress | Green                                                           |
| 5.2.1<br>(HIA005)       | Review of proportion of bus journeys from major population centres to main regional A&E hospitals taking less than 30 mins (reflecting Taith) (DCC)                                           | Closed      | Green                                                           |
| 5.2.2<br>(HIA006)       | Review accessibility of buses - percentage with low floors, availability of accessible stops (DCC)                                                                                            | Closed      | Green                                                           |
| 5.2.3                   | Promote public transport services and concessions through the new CLIC website (DCC)                                                                                                          | Not Started | Orange                                                          |
| 5.3.1<br>(EO4A7)        | Rural Denbighshire Business Creation and Development Project (DCC)                                                                                                                            | In Progress | Green                                                           |
| 5.3.2                   | Denbighshire Rural Development Plan Partnership to meet its responsibilities under the WG Funding Agreement to deliver Axis 3 and Axis 4 (DCC)                                                | In Progress | Green                                                           |
| 5.4.1                   | Complete phase one (temporary platform) to support the extension of the Llangollen railway into Corwen (DCC)                                                                                  | In Progress | Yellow                                                          |
| 5.4.2                   | Explore phase two options for a new station/complex at Corwen (DCC)                                                                                                                           | In Progress | Orange                                                          |
| 5.5.1                   | With local communities, deliver two participatory budgeting projects (DCC)                                                                                                                    | In progress | Orange                                                          |
| 5.6.1                   | LSB to lobby nationally for improved broadband provision (LSB)                                                                                                                                | Not started | To be addressed by the Economic and Community Ambition Strategy |

## Chapter 6: **OUTCOME 6: People in Denbighshire have healthy lifestyles**

**What this means:** People living in Denbighshire will be healthy and make informed decisions that result in individuals feeling and being as healthy as possible. It also means individuals, families and communities taking responsibility for their own health and wellbeing. The negative impacts of drinking, smoking, poor diet, taking risks with sexual health and inactive lifestyles will be reduced.

| Status Updated | Updated by:                             | Evaluation                                                                                                                                                                                                                                                                                                                                                                                  | Overall Evaluation  |
|----------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Q4 2012/13     | To be signed off by SPB on 24 July 2013 | People in Denbighshire generally have a good level of health and wellbeing. However inequalities in health outcomes for people living in deprived areas remain concerning. Smoking cessation is a public health priority at present. Addressing health inequalities will feature more prominently in ongoing community needs assessment, to inform the development of The BIG Plan Part II. | Orange (acceptable) |

### What's going well

- People in Denbighshire generally have a good level of health; although people living in deprived areas tend to experience worse health outcomes.
- All schools in Denbighshire have now agreed to support the delivery of sexual health advice and contraception in the school drop-ins delivered by the school nurses, involving close working with the youth service in delivering this provision, including C card.

### What concerns us and what we're doing about it

- Obesity and smoking are big issues in Denbighshire, particularly in deprived wards, and these are national and global issues. An obesity pathway is being implemented, and all pregnant women are weighed, and weight and nutrition is discussed. Health Visitors are working with families on a one-to-one basis to improve nutritional knowledge and Cook and Eat groups are being delivered in Rhyl and Denbigh.
- Smoking cessation has been identified as a tier 1 target in the NHS Wales Delivery Framework 2013/14 and Future Plans (5% of smokers make a quit attempt via smoking cessation services, with at least a 40% CO validated quit rate at 4 weeks). This target has been met in Denbighshire (2011/12 and 2013/14) but not in other counties across North Wales. In addition to this, the Chief Medical Officer has set a 90 day challenge for the system to significantly increase footfall into the current services, this ends in August 2013. This target will be reflected and measured in future BIG Plan reports.
- Certain parts of society are conscientious objectors to the principle of vaccination. Implementation of the immunisation action plans is progressing well but it will always be a struggle to persuade some parents of the

importance of vaccination. Regarding the measles outbreak: BCUHB is providing MMR vaccination catch up sessions for those school age children who are not up to date with the two dose MMR schedule. North Wales is not in the outbreak area, so therefore, we do not have to bring forward any doses of the MMR earlier than intended (unless instructed to do so by Public Health Wales). The hard work of school nurses and health visitors with the collaboration of school staff and other partners, as well as GP practices, has proved essential to deliver this urgent vaccination programme and this is very much appreciated.

## Outlook

- Addressing health inequalities will feature more prominently in ongoing community needs assessment, to inform the development of The BIG Plan Part II.

| INDICATORS OF SUCCESS                                                              | 2010/11 Data      | 2011/12 Data      | 2012/13           | Performance               |
|------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|---------------------------|
| Number of people presenting with alcohol misuse issues per 100,000 residents       | 541               | Not yet available | Not yet available | Similar to benchmark / ▼  |
| Number of people presenting with substance misuse issues per 100,000 residents     | 298               | Not yet available | Not yet available | Similar to benchmark / ▲  |
| Percentage of adults who reported being a current smoker (daily, occasional)       | 23                | Not yet available | Not yet available | Similar to benchmark / ◀▶ |
| Conception rate under 18 per 100,000 females                                       | 35.2              | Not yet available | Not yet available | Better than benchmark / ▲ |
| Abortion rate under 18 per 100,000 females                                         | 15                | Not yet available | Not yet available | Similar to benchmark / ▲  |
| Percentage breastfeeding at birth                                                  | 56.45             | Not yet available | Not yet available | Similar to benchmark / ▼  |
| Percentage breastfeeding at 8 weeks                                                | Not yet available | Not yet available | Not yet available | Not yet available         |
| Percentage of adults in Denbighshire that are overweight                           | 54                | Not yet available | Not yet available | Similar to benchmark / ◀▶ |
| Percentage of adults who meet physical activity guidelines in the past week        | 34                | Not yet available | Not yet available | Similar to benchmark / ◀▶ |
| Percentage of adults in Denbighshire know how to look after their mental wellbeing | 50.8              | Not yet available | Not yet available | Similar to benchmark / ◀▶ |

| PERFORMANCE MEASURES                                                             | Q1&2 2012/13 | Q3&4 2012/13 | Target | Performance                  |
|----------------------------------------------------------------------------------|--------------|--------------|--------|------------------------------|
| The number of teachers/youth workers who have received substance misuse training | -            | 0            | -      | Orange / trend not available |

| PERFORMANCE MEASURES                                                                                                                                          | Q1&2<br>2012/13 | Q3&4<br>2012/13                                    | Target                    | Performance                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------|---------------------------|------------------------------|
| The number of young people participating in substance misuse sessions                                                                                         | -               | 808                                                | -                         | Green / trend not available  |
| The number of times support has been provided to schools during substance misuse incidents                                                                    | -               | 3                                                  | -                         | Green / trend not available  |
| The percentage of teachers' and youth workers' who are confident dealing with substance misuse incidents                                                      | -               | Not yet available                                  | -                         | Not yet available            |
| The percentage of young people who have knowledge of the physical effects, risks and consequences of legal and illegal substances                             | -               | 96                                                 | 96                        | Green / trend not available  |
| The percentage of young people who have knowledge of the psychological effects, risks and consequences of legal and illegal substances                        | -               | 96                                                 | 96                        | Green / trend not available  |
| The percentage of young people who have knowledge of the social impact of illegal and legal substances                                                        | -               | 95                                                 | 95                        | Green / trend not available  |
| The number volunteers trained to deliver peer support groups in order that mothers have more access to support                                                | 9               | 7                                                  | -                         | Green / ▼                    |
| The number of premises registered with breastfeeding welcome scheme                                                                                           | 21              | 17                                                 | -                         | Yellow / ▼                   |
| The percentage settings that report HPSS making a positive difference to the setting                                                                          | 100             | Not yet available                                  | -                         | Not yet available            |
| The number parents that report their child care setting (participating in HPSS) setting makes a positive difference to my child's health and well being       | 20              | Not yet available                                  | -                         | Not yet available            |
| The number of settings implementing Healthy Pre School scheme across the county                                                                               | 20              | 27                                                 | 27                        | Green / ◀▶                   |
| The number of children supported through Healthy Pre School scheme across the county                                                                          | 1000            | 1164                                               | 1164                      | Green / ▲                    |
| The number of Early years settings who achieve the WG Healthy and Sustainable Preschool Scheme criteria for nutrition and oral health                         | 0               | 4                                                  | 27                        | Green / ▲                    |
| The percentage of Nursery settings who meet criteria for a quality award for best practise and nutrition for preschools                                       | 0               | 86                                                 | 100                       | Green / ▲                    |
| The percentage of Childminders and playgroups who provide foods / snacks in line with national nutrition guidelines                                           | 100             | -                                                  | -                         | Not yet available            |
| The percentage of pregnant women/new mums with a BMI of 30                                                                                                    | -               | 28.08                                              | -                         | Yellow / trend not available |
| The percentage (identified) front line staff trained in Smoking Brief Intervention Training                                                                   | -               | 80<br>(Flying Start)<br>0 (Team Around the Family) | -                         | Yellow / trend not available |
| The number of appropriate referrals made to Stop Smoking Wales (this is actually the number of people treated by Stop Smoking Wales and the pharmacy service) | 467             | 470                                                | 221<br>(quarterly target) | Yellow / ▲                   |

| PERFORMANCE MEASURES                                                                                                                                                 | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|---------------------|
| The percentage of schools with health drop in sessions that have been extended to include sexual health services (C Card, contraception and emergency contraception) | -               | 80              | -      | Yellow / ▲          |
| The number of children and young people receiving SRE education sessions                                                                                             | 3177            | 1256            | -      | Green / ◀▶          |
| The number settings providing the c card scheme                                                                                                                      | -               | 21              | -      | Green / ▲           |
| The percentage uptake of HPV 3rd dose for Year 8                                                                                                                     | 84.20           | 85.60*          | 90     | Orange / ▲          |
| The percentage uptake of 3 in 1 teenage booster                                                                                                                      | 83.60           | 81*             | 95     | Orange / ▼          |
| The percentage uptake MMR 1st dose (by 16 years of age)                                                                                                              | 95.60           | 95.60*          | 95     | Green / ◀▶          |
| The percentage uptake 5 in 1 at 1 year of age                                                                                                                        | 95.80           | 96*             | 95     | Green / ▲           |
| The percentage uptake MMR 1st dose at 2 years of age                                                                                                                 | 92.90           | 96*             | 95     | Green / ▲           |
| The percentage uptake MMR 2nd dose at 5 years of age                                                                                                                 | 89.20           | 92.60*          | 95     | Yellow / ▲          |
| The percentage uptake 4 in 1 (Pre-School Booster) at 5 years of age                                                                                                  | 90.70           | 92.80*          | 95     | Yellow / ▲          |
| The percentage uptake MMR 2nd dose (by 16 years of age)                                                                                                              | 88              | 84.80*          | 95     | Orange / ▼          |
| The percentage completion rate for the 16 week National Exercise Referral Scheme intervention programme                                                              | 51**            | 50***           | 43     | Green / ◀▶          |
| Number of attendances at leisure activities by disabled people (including mental health and age related)                                                             | 3280            | 3770            | 2000   | Green / ▲           |
| Number of people aged 60 and over who access structured activities through the Free Swim initiative (per 1000 population)                                            | 5230            | 5016            | 5230   | Yellow / ▼          |
| Number of people aged 16 and under who access structured activities through the Free Swim initiative (per 1000 population)                                           | 4740            | 5481            | 4740   | Green / ▲           |
| Number of older people (aged 65 or over) participating in physical activity and wellbeing opportunities through day centres and other community based settings       | 205             | 205             | 500    | Target not met / ◀▶ |

\* Data as of December 2012. Annual data and comparisons will be available June 2013.

\*\* 2011/12

\*\*\* 2012/13

| Key   | Action /Lead Partner                         | Overall Status | Performance |
|-------|----------------------------------------------|----------------|-------------|
| 6.1.1 | Delivery of Choose Life presentations (CSP)  | In Progress    | Green       |
| 6.1.2 | Young Persons substance Misuse Service (CSP) | In Progress    | Green       |

| Key   | Action /Lead Partner                                                                                                                                                                                                                      | Overall Status | Performance |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 6.1.3 | Motivational Enhancement Team Service (CSP)                                                                                                                                                                                               | In Progress    | Green       |
| 6.1.4 | Harm Reduction Team Service (CSP)                                                                                                                                                                                                         | In Progress    | Green       |
| 6.1.5 | Shared Care Service (CSP)                                                                                                                                                                                                                 | In Progress    | Green       |
| 6.1.6 | Basic Drug and Alcohol Awareness Training (CSP)                                                                                                                                                                                           | In Progress    | Green       |
| 6.1.7 | Night Shelter (CSP)                                                                                                                                                                                                                       | In Progress    | Green       |
| 6.1.8 | Dewi Sant Centre (CSP)                                                                                                                                                                                                                    | In Progress    | Green       |
| 6.1.9 | Implementation of a whole school approach to Alcohol Misuse Prevention to include alcohol policy development, adult led interventions/interventions and provision of training for staff to deliver sessions (Conwy and Denbighshire SMAT) | In Progress    | Yellow      |
| 6.2.1 | Provide training to key front line staff (to include Flying Start and TAF) working with pregnant women to record smoking status, deliver smoking cessation brief advice/intervention and refer to specialist support services (DCC)       | In Progress    | Yellow      |
| 6.2.2 | All key front line staff (as above & to be defined) to provide advice about the dangers of smoking and to advise on passive smoking issues (DCC)                                                                                          | Complete       | Green       |
| 6.2.3 | Develop smoke free policies for children's playgrounds, sports grounds and schools as identified in the Tobacco Control Action Plan for Wales (2011) (DCC)                                                                                | Complete       | Green       |
| 6.2.4 | Develop a comprehensive Tobacco Control Plan for Denbighshire and implement plan (DCC)                                                                                                                                                    | In progress    | Green       |
| 6.3.1 | Deliver sex and relationship education in year 6 (growing up sessions), in partnership with the schools (BCUHB)                                                                                                                           | Closed         | Green       |
| 6.3.2 | Support the extension of school-based sexual health advice through school nurses (BCUHB)                                                                                                                                                  | In Progress    | Orange      |
| 6.3.3 | Deliver sex and relationship education in Year 9 (sex, contraception, relationships) (BCUHB)                                                                                                                                              | Closed         | Green       |
| 6.3.4 | Contraceptive advice including emergency hormonal treatment and pregnancy testing is available in all high schools (BCUHB)                                                                                                                | Closed         | Orange      |
| 6.3.5 | Pilot project with a cluster of primary schools and secondary school to improve SRE at transition between primary and secondary schools (DCC)                                                                                             | Closed         | Green       |
| 6.3.6 | Support extension of C-card scheme across the county in appropriate venues including through school nurses and youth settings (BCUHB)                                                                                                     | In Progress    | Yellow      |
| 6.3.7 | Implementation of Empower to Choose project (Long acting reversible contraception LARC) (BCUHB)                                                                                                                                           | In Progress    | Yellow      |
| 6.3.8 | Training and supporting teachers, youth workers, staff working with young people in sexual health education (BCUHB)                                                                                                                       | In Progress    | Green       |

| Key             | Action /Lead Partner                                                                                                                                                                                                                                                                                       | Overall Status | Performance |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 6.3.9           | Education sessions in all special schools: Training and supporting teachers, youth workers, staff working with young people in sexual health education (BCUHB)                                                                                                                                             | In Progress    | Green       |
| 6.4.1           | Identify and train volunteers to offer breastfeeding peer support across the county to meet identified needs (BCUHB)                                                                                                                                                                                       | In Progress    | Green       |
| 6.4.2           | Increase the number of premises accessed by mothers and babies which are registered as members of the breastfeeding Welcome Scheme (DCC)                                                                                                                                                                   | In Progress    | Yellow      |
| 6.4.3           | To support the implementation of the Healthy Pre School Scheme in 20 settings (2011/2012, 25 settings 2012/13, and 30 settings (2013/1014) following the Welsh Government scheme (DCC)                                                                                                                     | Complete       | Green       |
| 6.4.4           | Contribute to the development of the national HSS database as a mechanism for collecting "what difference" information (DCC)                                                                                                                                                                               | Not Started    | Orange      |
| 6.4.5           | Continue to support the delivery of evidence based healthy eating initiatives within the county delivered by partner agencies. (BCUHB)                                                                                                                                                                     | In Progress    | Green       |
| 6.4.6           | Contribute to the North Wales maternal obesity strategic group, with a priority focus on maternal obesity (BCUHB)                                                                                                                                                                                          | In Progress    | Orange      |
| 6.4.7           | Following the review of Play provision, oversee the development of an action plan to meet the review recommendations (DCC)                                                                                                                                                                                 | In Progress    | Orange      |
| 6.4.8           | Work together with partners to develop and implement Creating an active Denbighshire Action Plan (based on Denbighshire Leisure Strategy) (DCC)                                                                                                                                                            | In Progress    | Green       |
| 6.5.1           | Development of "Talk to Me" suicide and self-harm prevention strategy (DCC)                                                                                                                                                                                                                                | In Progress    | Green       |
| 6.6.1           | Continue to deliver 'Let's walk Denbighshire' programme (through the work of the walking coordinator) (DCC)                                                                                                                                                                                                | In Progress    | Green       |
| 6.6.2           | Deliver free-swim initiative to under 16 and over 60s across the county (DCC)                                                                                                                                                                                                                              | In Progress    | Green       |
| 6.6.3 (CML015a) | Work with Social Services to enhance opportunities for older people (e.g. Housebound Library Service, Lost in Art) (Formerly "Support positive activities for older people programme in order to enable older people to maintain levels of independence through participation in physical activity") (DCC) | In Progress    | Green       |
| 6.6.4           | Develop the disability coordinator role in order to promote inclusively of activities (DCC)                                                                                                                                                                                                                | In Progress    | Green       |
| 6.6.5           | Continue to deliver GP referral scheme (DCC)                                                                                                                                                                                                                                                               | In Progress    | Green       |
| 6.7.1           | Develop and deliver a multi agency targeted plan to achieve national immunisation target of 95% for 3-1 teenage booster and 90% HPV within Denbighshire (BCUHB)                                                                                                                                            | In Progress    | Yellow      |
| 6.7.2           | Work in partnership with schools to continue providing immunisation programmes in all high schools. Support and encourage consent by delivering information sessions particularly where there is low uptake. Provide domiciliary immunisation to children if required (BCUHB)                              | In Progress    | Yellow      |



## Chapter 7: **OUTCOME 7: Children, young people and vulnerable adults in Denbighshire are safe**

**What this means:** That children, young people and vulnerable adults are protected from abuse, neglect, discrimination and exploitation, and live in safe and secure housing. Parents, carers, families, communities and services all have a role to play in keeping them safe and helping them keep themselves and each other safe.

| Status Updated | Updated by:                             | Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Overall Evaluation |
|----------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Q4 2012/13     | To be signed off by SPB on 24 July 2013 | Recorded crime has fallen significantly in Denbighshire; however this has not improved our position in relation to similar areas. The number of children on the child protection register for over 12 months has more than doubled since 2010/11, consistent with national trends. More adults are safer as a result of adult protection. The Families First programme will have a direct impact upon this Outcome, and the implementation of a Talk To Me suicide prevention strategy will strengthen performance in respect of this Outcome. The community needs assessment is exploring community cohesion in detail, which is likely to feature in The BIG Plan II. | Yellow (Good)      |

### What's going well

- Estyn highlighted safeguarding in Denbighshire as effective and Denbighshire County Council is building on these strong foundations by implementing a safeguarding action plan.
- There has been a significant increase in the number of fixed penalties issued for environmental crime in Denbighshire in 2012/13 as a result of the introduction of Xfor enforcement. 98 per cent of fixed penalty notices issued were for littering, with approximately 3 per month in the last quarter for dog fouling. The majority of FPNs issued are issued in Rhyl and Prestatyn.
- More adults, where protection concerns have been raised, have experienced a reduction or removal of the risks they are facing. Events to raise awareness of adult protection took place in June 2013 in relation to International Elder Abuse Awareness Day.

### What concerns us and what we're doing about it

- Recorded crime has fallen significantly in Denbighshire; however this has not improved our position within our most similar group (MSG). The MSG has also experienced a significant decline in recorded crime (approximately 10 per cent), negating any notable improvements in Denbighshire or Conwy.

More than two thirds of crime is either Theft & Handling of Stolen Goods, Violence Against the Person or Criminal Damage.

- The number of children on the child protection register for over 12 months has more than doubled since 2010/11, consistent with national trends, and this increase is also due to an increase in chronic cases of neglect and emotional abuse related to domestic abuse. In line with the provisions in the Family Justice Review, all cases of children on the child protection register for over 12 months are currently being reviewed by the Service Manager for Safeguarding and Quality Practice to see if further action is required.
- Little progress was made over the year to map current provision for domestic abuse, and develop a model for future provision. This was mainly due to confusion over the relationships between different domestic violence projects and initiatives, and their governance. A local action plan will be developed during 2013-14.

### Outlook

- The Families First programme (for example, family resilience, Team Around the Family and parenting in particular, family support etc) will have a direct impact upon this outcome. Performance measures will be included here in the 2013/14 report.
- The implementation of a 'Talk To Me' suicide prevention strategy will strengthen performance in respect of this outcome.
- The community needs assessment is exploring community cohesion in detail, which is likely to feature in The BIG Plan II.

| INDICATORS OF SUCCESS                                                                       | 2010/11 Data                      | 2011/12 Data                      | 2012/13                    | Performance              |
|---------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|----------------------------|--------------------------|
| Rate of all recorded crime per 1,000 people                                                 | 69.02                             | 70.1                              | 60.584                     | Worse than benchmark / ▲ |
| Fewer children will be injured on the road per 1,000 (Child casualties by class, NW Police) | -                                 | -                                 | -                          | Not yet available        |
| The number of prosecutions for environmental crime by DCC and CBCC                          | 253                               | 319                               | 1778                       | Better than baseline / ▲ |
| Number of 0-18 year olds admitted to hospital as an emergency due to injury or poisoning    | -                                 | -                                 | -                          | Not yet available        |
| Rate of accidental fires in dwellings per 1,000                                             |                                   |                                   |                            |                          |
| - Rhyl West                                                                                 | 2.53                              | 2.51 (p)                          | Not yet available          | Better than baseline / ▲ |
| - Rhyl South West                                                                           | 0.57                              | 0.37 (p)                          |                            |                          |
| - Denbighshire                                                                              | 1.06                              | 0.97 (p)                          |                            |                          |
| Number of injuries from accidental fires in dwellings (excluding precautionary checks)      |                                   |                                   |                            |                          |
| - Rhyl                                                                                      | 5 non-fatal injuries/0 fatalities | 4 non-fatal injuries/0 fatalities | 2 total non-fatal injuries | Better than baseline / ▲ |
| - Denbighshire                                                                              | 7 total non-fatal                 | 9 total non-fatal                 | 8 total non-fatal          | Better than baseline / ▲ |

| INDICATORS OF SUCCESS                                                                                    | 2010/11 Data        | 2011/12 Data        | 2012/13             | Performance                                                                                                         |
|----------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|
|                                                                                                          | injuries/1 fatality | injuries/1 fatality | injuries/1 fatality |                                                                                                                     |
| Number of children on the child protection register for over 12 months                                   | 7                   | 16                  | 15                  | Better than baseline / ▲                                                                                            |
| Increase number of call to domestic abuse helpline                                                       | -                   | -                   | -                   | Deleted as recording methods have changed. The system could only capture landline calls and so data was unreliable. |
| Increase the number of referrals to MARAC                                                                | -                   | 199                 | 161                 | Worse than baseline / ▼                                                                                             |
| Increase agencies / staff trained to use CAADA DASH RIC2                                                 | -                   | 184                 | 128                 | Worse than baseline / ▼*                                                                                            |
| Percentage of adult protection referrals completed where the risk has been managed                       | 92.68               | 87.35               | 96.91               | Better than baseline / ▲                                                                                            |
| Age-standardised mortality rates per 100,000 population, where suicide was the underlying cause of death | 11.22               | -                   | -                   | Worse than benchmark / ▼                                                                                            |

\* Better than target

(p) Provisional data.

| PERFORMANCE MEASURES*                                                                                                                 | Q1&2 2012/13 | Q3&4 2012/13 | Target | Performance         |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------|---------------------|
| The number of home fire safety checks throughout the county                                                                           | 1653         | 3186         | 3000   | Green / ▲           |
| The percentage of front line staff trained in Home Safety Awareness                                                                   | 33           | -            | -      | Not yet available** |
| Number of referrals for installation of home safety equipment and home safety checks on Flying Start targeted areas & Families First) | 79           | 72           | 63     | Green / ▼           |
| The number of children in safer environments after home safety equipment installations                                                | 103          | -            | -      | Not yet available*  |

\* Families First performance measures to be included from 2013/14.

\*\* Several performance measures and qualitative outcome measures have not been reported in this BIG Plan update as a result of significant changes taking place in the programme which has resulted in a lack of capacity to carry out the necessary work. An outline of the changes and the reasons for them is provided below:

- Restructure of the Flying Start programme to improve outcomes for families within the Flying Start areas
- Staffing shortages are being addressed to increase capacity
- Co-location plans are underway. Awaiting decision on funding
- Development of Capita, a performance management system, to enable partners to track outcomes for children supported by Flying Start

- The boundaries of the Flying Start area needed to be revised to remain within the specified cap numbers, remove partial streets which created difficulties for frontline staff and to ensure Flying Start was only operating in areas in the top 10% of the WIMD as per Welsh Government guidelines. The boundaries for the expansion areas of Rhyl South East 4 and Prestatyn Central 2 are currently being identified in preparation for the roll out of full Flying Start Services from April 2014.
- The Flying Start programme across Wales is being expanded from 2013-14 to enable all areas with high Income Benefit take up in the top 10% of the WIMD to benefit from the programme.

| Key   | Action /Lead Partner                         | Overall Status | Performance |
|-------|----------------------------------------------|----------------|-------------|
| 7.1.1 | Smartwater (CSP)                             | In progress    | Green       |
| 7.1.2 | Safer Towns Award (CSP)                      | In progress    | Green       |
| 7.1.3 | Neighbourhood Watch (CSP)                    | In progress    | Green       |
| 7.1.4 | Secure by Design (CSP)                       | In progress    | Green       |
| 7.1.5 | Operation SANTA (CSP)                        | In progress    | Green       |
| 7.1.6 | Emrys Ap Iwan (CSP)                          | In progress    | Green       |
| 7.1.7 | Safer Homes (CSP)                            | In progress    | Green       |
| 7.2.1 | Multiagency Visit to Licensed Premises (CSP) | In progress    | Green       |
| 7.2.2 | Test purchasing (CSP)                        | In progress    | Green       |
| 7.2.3 | Management of the night time economy (CSP)   | In progress    | Green       |
| 7.2.4 | Effective use of CCTV (CSP)                  | In progress    | Green       |
| 7.2.5 | Alcohol Controlled Areas (CSP)               | In progress    | Green       |
| 7.2.6 | Effective Signage (CSP)                      | In progress    | Green       |
| 7.2.7 | Anti Social Behavior Officer (CSP)           | In progress    | Green       |
| 7.2.8 | Graffiti Removal and Clean ups (CSP)         | In progress    | Green       |
| 7.2.9 | Community Mobilization (CSP)                 | In progress    | Green       |

| Key    | Action /Lead Partner                                                                                                                                                                             | Overall Status | Performance |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 7.2.10 | Effective use of intelligence (CSP)                                                                                                                                                              | In progress    | Green       |
| 7.2.11 | Neighborhood Management (CSP)                                                                                                                                                                    | In progress    | Green       |
| 7.2.12 | School Community Police Officers (CSP)                                                                                                                                                           | In progress    | Green       |
| 7.2.13 | Anti-Social Behavior and Licensing Tasking (CSP)                                                                                                                                                 | In progress    | Green       |
| 7.3.1  | Provision of targeted injury prevention training to key workers (DCC)                                                                                                                            | Not started    | Yellow      |
| 7.3.2  | Provision of home safety assessments to prioritised households and supply and install suitable high quality home safety equipment (CSP)                                                          | Complete       | Green       |
| 7.4.1  | Deliver the Rhyl South West/Rhyl West Home Fire Safety Project (NW Fire and Rescue Service)                                                                                                      | In Progress    | Yellow      |
| 7.4.2  | Deliver the Phoenix Project working with young people who may be or have been, involved in anti – social behavior or bullying or have behavioral problems at school (NW Fire and Rescue Service) | Complete       | Green       |
| 7.4.3  | Work in partnership with other organisations, to increase agency referrals of the people most at risk for Home Fire Safety Checks (NW Fire and Rescue Service)                                   | Complete       | Green       |
| 7.4.4  | Deliver a local Talk to Me action plan (DCC)                                                                                                                                                     | In Progress    | Green       |
| 7.5    | Raise awareness of abuse and neglect in vulnerable adults through the work of Denbighshire's Adult Protection Committee (DCC)                                                                    | In Progress    | Yellow      |
| 7.6.1  | Multi Agency Risk Assessment Conference (CSP)                                                                                                                                                    | In progress    | Green       |
| 7.6.2  | Independent Domestic Violence Coordinator (IDVA) (CSP)                                                                                                                                           | In progress    | Green       |
| 7.6.3  | Teenage Relationship & Sexual Violence (CSP)                                                                                                                                                     | In progress    | Green       |
| 7.6.4  | Safer Homes (CSP)                                                                                                                                                                                | In progress    | Green       |
| 7.6.5  | Reclaim the Night Domestic Abuse and Sexual Awareness Raising Event (CSP)                                                                                                                        | In progress    | Green       |
| 7.6.6  | CAADA DASH RIC Agency Training (CSP)                                                                                                                                                             | In progress    | Green       |
| 7.6.7  | Domestic Abuse Forum (CSP)                                                                                                                                                                       | In progress    | Green       |
| 7.6.8  | Local Safeguarding Children Board (CSP)                                                                                                                                                          | In progress    | Green       |

| Key   | Action /Lead Partner                                                                                                                                        | Overall Status | Performance |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 7.6.9 | White Ribbon Relay (CSP)                                                                                                                                    | In progress    | Green       |
| 7.7.1 | The LSCB ensures that there are mechanisms in place to identify and support vulnerable families, children in need, and children in need of protection (DCC) | Complete       | Green       |
| 7.7.2 | The LSCB ensures that staff are aware of, and confident in using the revised NW Mental Health and Substance Abuse Protocol (DCC)                            | In Progress    | Green       |
| 7.7.3 | The LSCB works with/ via the MARAC Steering Group to map current provision for domestic abuse, and develop a model for future provision (DCC)               | Not Started    | Orange      |

## Chapter 8: **OUTCOME 8: Denbighshire has a thriving and sustainable economy and a skilled workforce**

**What this means:** That businesses and social enterprises in Denbighshire will be prosperous and fit for our communities now and in the future, and the county will have a skilled and supported workforce. Infrastructure in the county will be suited to the needs of external investors and will be “business friendly”, attracting more opportunities to Denbighshire. “A robust recovery by the wider private sector is therefore vital to helping people into work and to tackling child poverty” (Child Poverty Strategy for Wales, 2011).

| Status Updated | Updated by:                             | Evaluation Summary                                                                                                                                                                                                                                                                                                                                                                                                                                             | Overall Evaluation  |
|----------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Q4 2012/13     | To be signed off by SPB on 24 July 2013 | At a very difficult time economically, Denbighshire is providing a good level of support for people to volunteer and gain employment. Basic skills levels are concerning and action is being taken to map and address basic skills issues. The LSB is taking a strong lead on people-based economic issues. Its contribution and relationship to regional and county-level Economic and Community Ambition strategies will be set out in The BIG Plan Part II. | Orange (Acceptable) |

### What's going well

- In addition to the priorities in their Single Integrated Plans, the LSB has identified a single key focus, which relates to the economy; the intention being to influence the Regional Economic Development Agenda (through links with the North Wales Economic Board); to market the Area as a Place for Business and lobby regionally and nationally for Business Infrastructure.
- The LSB is championing a number of exciting new projects to increase inclusion, improve skills and employment and improve support for the local workforce and volunteers. These will be important support programmes at a time of welfare reform changes and will improve the basic skills of participants. Some specific highlights:
  - A number of digital inclusion training sessions have been delivered and four Volunteer Digital Champions have been trained and deployed across the county. 200 people were assisted as at May 2013.
  - ESF funding for a new LSB project called 'Progressive Engagement Pathways (PEP)' has been awarded. The new and very exciting PEP project will increase collaborative working, smarter commissioning and strategic coordination of NEET provision across Conwy and Denbighshire - thereby decreasing duplication of services and additionally increasing the number of engaged 19+ young people.
- Millennium Volunteers were presented with their Award Certificates during Volunteers Week in June 2013. DVSC are continuing to seek alternative

funding sources to support the volunteer development work. DVSC has also been working with WVCA to raise the profile of Investing in Volunteering.

- The six North Wales local authorities are collaborating to establish a regional framework to procure the twenty-first century schools' building programme (for projects valued over £4.35 million). At the heart of the procurement strategy is the need to deliver community benefits with particular emphasis on targeted recruitment and training in the region. There has been extensive consultation with the construction industry and key stakeholders, with a view to the framework being usable from November 2013.

### What concerns us and what we're doing about it

- While educational outcomes and participation rates are improving, young people's access to employment remains concerning. This is being addressed by the PEP project.
- It is not clear how effectively partners are meeting the basic skills needs of adults. Restructuring of adult and community learning by colleges locally should help improve adult's basic skills. Welfare reform is highly concerning and challenging but could also provide new opportunities to work with people with basic skills needs. The LSB is mapping basic skills in Denbighshire.
- Business survival rates are slightly lower than the Wales benchmark. The Economic and Community Ambition Strategy is expected to support conditions that will enable businesses to flourish.

### Outlook

- The local and regional landscape has changed since the development of The BIG Plan. The LSB is taking a strong lead on people-based economic issues, such as skills, workforce issues and financial and digital inclusion. Its contribution and relationship to regional and county-level Economic and Community Ambition strategies will be set out in The BIG Plan Part II.

| INDICATORS OF SUCCESS                                                                                                                                                           | 2010/11<br>Data | 2011/12<br>Data | 2012/13           | Performance              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-------------------|--------------------------|
| Percentage of further Education 16-19 learners, with literacy skills below Level 1 (the level considered to be required to be able to function satisfactorily in everyday life) | 52.2            | 40.2            | Not yet available | Better than baseline / ▲ |
| Percentage of further Education 16-19 learners, with numeracy skills below Level 1 (the level considered to be required to be able to function satisfactorily in everyday life) | 67.3            | 60.4            | Not yet available | Better than baseline / ▲ |
| Percentage of KS4 pupils achieving the level 2 threshold including English/Welsh and Mathematics                                                                                | 43.86           | 52.5            | 54.72             | Better than baseline / ▲ |
| Adults in Denbighshire have good basic skills                                                                                                                                   | -               | -               | -                 | Being mapped by the LSB  |
| Percentage of working age population, aged 16-64, in employment (for year ending December)                                                                                      | 67.5            | 70.4            | 68.9              | Worse than baseline / ▼  |
| Percentage of Year 11 learners not in education, employment or training (NEET)                                                                                                  | 4.4             | 3.6             | 2.9               | Better than baseline / ▲ |
| Number of new and existing enterprises financially                                                                                                                              | -               | 20              | Project           | Target exceeded          |



| INDICATORS OF SUCCESS                                                                                         | 2010/11<br>Data | 2011/12<br>Data | 2012/13                                                                                | Performance                                 |
|---------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------------------------------------------------------------------------|---------------------------------------------|
| assisted (RDP, LIF, Denbighshire's own grants)                                                                |                 |                 | complete                                                                               | / trend not available                       |
| Percentage enterprise survival rates in Denbighshire after one, two and three years (businesses born in 2009) |                 |                 | Survival after 1 year: 89.6<br>Survival after 2 years: 71.9<br>Survival after 3 years: | Worse than benchmark / trend not applicable |
| Number of young people engaged with the Millennium Volunteer Scheme                                           | 334             | 433             | 421                                                                                    | Similar to baseline / ▲                     |
| Number of hours spent by young people participating in the Millennium Volunteer Scheme to achieve the Award   | 54,050          | 63,500          | 29,450*                                                                                | Better than baseline / ▲                    |
| Number of Denbighshire public and third sector organisations providing volunteering opportunities             | 200             | 210             | 221                                                                                    | Better than baseline / ▲                    |
| Number of volunteering opportunities                                                                          | 301             | 210             | 265**                                                                                  | Better than baseline / ▲                    |
| Number of public and third sector organisations working towards Investing in Volunteers award                 | 0               | 1               | 1                                                                                      | Similar to baseline / ◀▶                    |
| Number of public and third sector organisations achieved Investing in Volunteers award                        | 0               | 3               | 1                                                                                      | Worse than baseline / ▼                     |

\* The figure appears lower this year because a significant number of young people were late in sending their records of hours back, and their certification will awarded in 2013-14. If their hours were included in 2012/13 then the total number of hours would be 66,250.

\*\* A major change in the Volunteer Wales website occurred at the beginning of the year, undertaken by WCVA for all of Wales; activity on placement and advertising of opportunities was disrupted for two months.

| PERFORMANCE MEASURES                                                                                                  | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance                                                                                |
|-----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|--------------------------------------------------------------------------------------------|
| Financial inclusion measures                                                                                          | -               | -               | -      | Performance measures being confirmed and will be included once signed off by Project Board |
| The percentage of unemployed beneficiaries of the Digital Inclusion project completing First Click course             | -               | 100             | -      | Green / trend not available                                                                |
| The percentage of beneficiaries of the Digital Inclusion project who have increased confidence in using digital media | -               | -               | -      | This indicator will be measured for future periods using a new evaluation tool             |

| PERFORMANCE MEASURES                                                                                                               | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance                                             |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|---------------------------------------------------------|
| Workforce Development measures                                                                                                     | -               | -               | -      | Performance measures will be included in 2013/14 report |
| The percentage of people with learning disabilities and/or a physical or sensory impairment currently supported in work placements |                 | 100             |        | Green / trend not available                             |
| The percentage of people with learning disabilities and/or a physical or sensory impairment working towards qualifications         |                 | 1009            | 275    | Green / trend not available                             |
| The percentage of people with learning disabilities and/or a physical or sensory impairment gained qualifications                  |                 | 1.05            |        | Green / trend not available                             |
| Total sales revenue for work opportunities businesses (Meifodl; Aberwheeler; Popty; Taskforce) meets or exceeds revenue targets    | 166699          | 164340          | 181146 | Orange / ▼                                              |
| The percentage of volunteering placements filled as a percentage of those advertised                                               | 81.75<br>(327)  | 51.75*<br>(207) | 400    | Yellow / ▼                                              |
| The number of volunteer coordinators                                                                                               | 133             | 227             | 150    | Green / ▲                                               |
| The number of volunteers directly managed by Volunteer Coordinators in the public and third sectors                                | 1834**          | 2270**          | -      | Yellow / ▲                                              |
| The number of young people engaging in Potensial each year as a result of the partnership                                          | 1684            | 1009            | 275    | Green / ◀▶                                              |
| The percentage of individual Young People contacted (Reach) as a percentage of Youth population (11-25 year olds)                  | 24              | 27              | 25     | Green / ▲                                               |
| The percentage of individual Young People gaining recorded learning outcomes as a percentage of Reach                              | 56              | 89              | 60     | Green / ▲                                               |
| The percentage of individual Young People gaining a recognised accreditation as a percentage of Reach                              | 11              | 12              | 10     | Green / ▲                                               |
| The number people supported by Fit for Work                                                                                        | 350             | 212             | 150    | Green / ▼<br>(although target exceeded)                 |
| The percentage of people successfully returning to work after a period of sickness absence                                         | 81              | 85              | -      | Green / ▲                                               |
| The percentage of people who believed Fit for Work Scheme had helped them return more quickly than if they had not had the service | 84              | 75              | -      | Green / ▼                                               |
| The percentage of people who believed they would still be able to do their current job six months later                            | 82              | 91              | -      | Green / ▲                                               |
| The number of people with a learning disability and/or physical or sensory impairment participating in NWC programme               | 410             | 361             | -      | Green / ▼                                               |
| The number of people with a learning disability and/or physical or sensory impairment that have secured a "positive outcome"       | 313             | 146             | -      | Green / ▼<br>FNEET                                      |

| PERFORMANCE MEASURES                                                                                                      | Q1&2<br>2012/13 | Q3&4<br>2012/13 | Target | Performance                 |
|---------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|-----------------------------|
| as a result of the New Work Connections programme                                                                         |                 |                 |        |                             |
| The number of people with a learning disability and/or physical or sensory impairment helped into a work placement by NWC | -               | 62              | -      | Green / trend not available |

\* A major change in the Volunteer Wales website occurred at the beginning of the year, undertaken by WCVA for all of Wales; activity on placement and advertising of opportunities was disrupted for two months.

\*\* Likely to be an underestimate

| Key             | Action /Lead Partner                                                                                                                                                                                                            | Overall Status | Performance                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|
| 8.1.1           | Deliver the Joint LSB's Financial Inclusion Project to mainstream financial inclusion across sectors and improve financial literacy to contribute to a reduction in poverty (LSB ESF Funded Project)                            | In progress    | Green                                                                     |
| 8.1.2/<br>8.3.2 | Improve the qualifications students receive in their basic skills at the end of statutory education (DCC)                                                                                                                       | In Progress    | Yellow                                                                    |
| 8.1.3/<br>8.3.3 | Supporting the engagement of partners to enrich the basic and life skills within informal settings by increasing the accreditation rates of young people in informal settings (DCC)                                             | Complete       | Green                                                                     |
| 8.1.4           | Deliver the Digital Inclusion project to target Denbighshire's digitally excluded individuals (people with disabilities; the unemployed (NEETS); the over 50s; and people in Social Housing) (LSB ESF Funded Project)           | In progress    | Green                                                                     |
| 8.1.5           | Complete LSB project to map NEETs (project's aims and objectives to be determined) (LSB ESF Funded Project)                                                                                                                     | Complete       | Green                                                                     |
| 8.1.6           | Improve tracking of 19+ NEETS to achieve a more coordinated, cost effective service provision, reducing duplication (LSB ESF Funded Project)                                                                                    | Not started    | Job Descriptions/Advert are being drawn up with a view to recruiting ASAP |
| 8.1.7           | Improve basic skills within identified geographic "hot spot" areas ( DVSC on behalf of LSB)                                                                                                                                     | In progress    | PID to go to September LSB.                                               |
| 8.3.1/<br>8.6.4 | Deliver the LSB Workforce Development Project to share good practice and develop apprenticeships and work experience, workforce skills and training strategies, coaching and employee engagement (LSB ESF Funded Project) (DCC) | In progress    | Green                                                                     |
| 8.4             | Promote the use of Local Labour Agreements and Community Benefit Clauses in procurement by public sector partners (NW Local Authorities)                                                                                        | In progress    | Green                                                                     |
| 8.5.1           | Support FFW extension in terms of geographical area, eligibility criteria and lifespan (Rhyl City Strategy)                                                                                                                     | In Progress    | Green                                                                     |
| 8.6.1           | Promote volunteering opportunities, work experience, and internships on behalf of third sector and public organisations through Volunteering Wales website (DVSC)                                                               | In Progress    | Green                                                                     |
| 8.6.2           | Produce 10 case studies (5 from third sector and 5 from public sector) exploring benefit of volunteering to the volunteer and the organization (DVSC)                                                                           | In Progress    | Green                                                                     |
| 8.6.3           | Map volunteering in Denbighshire County Council to develop policies and procedures supporting and rewarding volunteering (DCC)                                                                                                  | In Progress    | Yellow                                                                    |

| Key   | Action /Lead Partner                                                                                                                                                                                  | Overall Status | Performance |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| 8.7.1 | Provide meaningful work placements, with opportunities to gain new qualifications and support personal progression, for people with a learning disability and/or physical or sensory impairment (DCC) | In Progress    | Yellow      |
| 8.7.2 | Support the development of new markets and customers for work opportunities businesses across Denbighshire to stimulate business (DCC)                                                                | In Progress    | Yellow      |
| 8.7.3 | Continue to deliver and develop New Work Connections across the county to provide volunteering and employment opportunities (DCC)                                                                     | In Progress    | Green       |

**Adroddiad i'r:** Pwyllgor Archwilio Partneriaethau

**Dyddiad y Cyfarfod:** 18 Gorffennaf 2013

**Aelod/Swyddog Arweiniol:** Yr Aelod Arweiniol ar gyfer Gwasanaethau Gofal Cymdeithasol, Oedolion a Phlant/Pennaeth Gwasanaethau Oedolion a Busnes

**Awduron yr Adroddiad:** Rheolwr Gwasanaeth: Gwasanaethau Arbenigol a'r Rheolwr Gwasanaeth: Busnes a Gofalwyr

**Teitl:** Materion Gofal Cymdeithasol

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## 1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad yn rhoi diweddariad i'r Pwyllgor Archwilio Partneriaethau ar:

- 1.1 Darpariaethau bwriedig sydd wedi'u cynnwys yn y Bil Gofal Cymdeithasol a Lles (Cymru) yn ymwneud â diogelu oedolion diamddiffyn.
- 1.2 Systemau Sicrhau Ansawdd mewn perthynas â chyflenwi Gofal Cartref ac ymweliadau gan Aelodau Etholedig i wasanaethau mewnol.

## 2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Gofynnodd Aelodau am ddiweddariad ar y meysydd gwaith hyn yn y Pwyllgor Archwilio Partneriaethau ym mis Mawrth 2013.

## 3. Beth yw'r Argymhellion?

Dylai Aelodau ystyried yr adroddiad ac:

- 3.1 Argymhell fod y Cabinet yn cytuno i newid y trefniadau presennol ar gyfer diogelu oedolion, yn unol â phob partner ar draws Gogledd Cymru, i'r dewis a ffafir o gael Bwrdd Diogelu Oedolion Dwy Haen i Ogledd Cymru. Mae'r gwerthusiad opsiynau ynghlwm yn Atodiad 1.
- 3.2 Gwneud sylwadau ar y Systemau Sicrhau Ansawdd sydd yn eu lle ar gyfer gwasanaethau gofal.

## 4. Manylion am yr adroddiad

### Diogelu

- 4.1 Mae'r Bil Gwasanaethau Cymdeithasol a Lles (Cymru) yn rhoi gofyniad ar bartneriaid i ddatblygu'r trefniadau diogelu oedolion presennol i greu rhaglen ddiogelu oedolion yn lleol, rhanbarthol ac yn genedlaethol. Ar hyn o bryd yng Ngogledd Cymru mae trefniant rhwydwaith i rannu gwybodaeth a rhoi cymorth cyfoedion a'r farn sy'n amlygu ei hun yw bod angen symud y rhaglen ddiogelu oedolion i greu fframwaith ranbarthol gadarn.
- 4.2 Yn lleol, mae gan Sir Ddinbych Bwyllgor Diogelu Oedolion sy'n cynnwys yr awdurdod lleol, yr heddlu, grwpiau iechyd, y 3ydd sector a'r sector annibynnol. Maent yn cydweithio i herio a mynd i'r afael â chamdriniaeth a hyrwyddo hawliau oedolion

diamddiffyn. Mae ganddynt swyddogaeth monitro ansawdd ac maent yn adolygu arferion a threfnau yn rheolaidd, gan gynnwys adborth o adroddiadau (e.e. Adolygiadau Achosion Difrifol), er mwyn gwella gwasanaethau a chanlyniadau ar gyfer unigolion.

4.3 Mae Rhan 7 y Bil sy'n ymwneud â diogelu yn nodi'n glir beth yw'r gofynion ar gyfer y Byrddau Diogelu Oedolion a gaiff eu datblygu ac yn amlinellu'r amcanion canlynol:

- a) Diogelu oedolion yn ei ardal, sydd:
  - Gydag anghenion gofal a chymorth (a yw'r awdurdod lleol yn diwallu'r anghenion hynny ai peidio), ac
  - Yn profi, neu sydd mewn perygl o brofi, camdriniaeth neu esgeuluso, ac
- b) Atal oedolion yn ei ardal rhag bod mewn perygl o gamdriniaeth neu esgeuluso.

4.4 Bydd rheoliadau statudol ar y Byrddau Diogelu Oedolion yn amlinellu'r ardaloedd yng Nghymru lle bydd byrddau diogelu (a fydd yn cael eu galw'n ardaloedd byrddau diogelu). Mae trafodaethau yn ystod yr ymgynghoriad wedi arwain at y dealltwriaeth y bydd Gogledd Cymru yn parhau i fod yn un rhanbarth.

4.5 Opsiwn a Ffafrir

Mae pedwar opsiwn wedi'u hystyried fel modelau ar gyfer Gogledd Cymru a'r opsiwn sy'n cael ei ffafrio yw Opsiwn 4 – Bwrdd Diogelu Oedolion Gogledd Cymru gyda dwy haen. Mae'r opsiwn hwn yn galluogi Awdurdodau Lleol Gogledd Cymru i gydweithio mewn parau i ddatblygu tri Bwrdd Diogelu Oedolion gan ddefnyddio'r hyn a ddysgwyd o fodel presennol Gwynedd ac Ynys Môn. Y bwriad yw fod Sir Ddinbych yn gweithio gyda Chonwy. Fodd bynnag, mae elfennau o ddiogelu oedolion y gellid ystyried eu cyflawni'n rhanbarthol, er enghraifft hyfforddiant, perfformiad ac archwilio, polisi ac adolygiadau achosion difrifol.

Byddai'r strwythur hwn yn cynnig cydbwysedd rhwng gweithio rhanbarthol a gallu gweithio yn effeithiol ar draws ffiniau tra'n parhau i gynnal cyswllt lleol.

4.5.1 Gwendidau

- Dryswch posibl dros atebolrwydd rhwng y rhanbarth a'r is-ranbarth
- Sicrhau cynrychiolaeth ar y lefel cywir ar gyfer elfennau rhanbarthol ac is-ranbarthol
- Angen arweinyddiaeth gryf ar bob lefel
- Effaith bosibl ar allu uwch reolwyr yr holl asiantaethau – gorfod mynd i fwy o gyfarfodydd nac o'r blaen

4.5.2 Cryfderau

- Mae'r gwasanaethau plant yn arbrofi â'r model a gellir trosglwyddo'r gwersi a ddysgir
- Llai o ddyblygu
- Mae'n caniatáu arloesi
- Yn cynnig y posibilrwydd o ostwng y galwadau ar adnoddau – pobl ac ariannol
- Mae Gwynedd ac Ynys Môn eisoes wedi dechrau ar y daith o sefydlu bwrdd ar y cyd ac mae'r gwersi a ddysgir o hyn ar gael

4.6 Mae'r opsiwn dwy haen hwn yn cael ei ffafrio oherwydd:

- Mae'r model hwn yn caniatáu datblygu strwythurau mewn ffyrdd sy'n taro cydbwysedd derbyniol, wedi'i reoli'n dda rhwng rhaglenni lleol a rhanbarthol
- Mae'n cynnal y gallu i fod yn ymatebol i faterion ac arferion lleol

- Gallai elfennau diogelu oedolion rhanbarthol greu proffil uwch a chynyddu dylanwad Bwrdd Gogledd Cymru yn rhanbarthol ac yn genedlaethol
- Byddai'r model hwn yn haws i'w reoli ar gyfer sefydliadau Gogledd Cymru gyfan
- Mae'n cryfhau'r rhaglen o weithio ar y cyd yng Ngogledd Cymru
- Bydd cael yr un model ar gyfer byrddau diogelu oedolion a phlant yn dod â chyfartaledd i ddiogelu oedolion a phlant
- Dros amser, gallai'r model hwn ddod â'r cyfle o gyfuno rhai meysydd cyffredin o ran arferion diogelu ar draws y gwasanaethau plant ac oedolion
- Gall y model hwn hefyd greu'r cyfle am gefnogaeth busnes integredig fel sail i ddiogelu plant ac oedolion ar draws Gogledd Cymru.
- Yn bwysicaf oll, mae'r model hwn yn ein caniatáu i ddatblygu arbedion effeithlonrwydd ar yr un pryd â gwella canlyniadau i oedolion diamddiffyn drwy gynyddu'r gallu i rannu gwersi ac arloesi yn ogystal â sicrhau safon cyffredin o ymateb i ddinasyddion ar draws Gogledd Cymru.

### Monitro Gofal Cartref

- 4.7 Fel y bydd Aelodau'n cofio o'r adroddiad ar fonitro gwasanaethau gofal annibynnol ym mis Ionawr, mae'r Cyngor yn monitro ansawdd gwasanaethau gofal cartref mewn sawl ffordd. Mae'r rhain yn cynnwys adborth o weithgarwch adolygu y timau gwaith cymdeithasol, ymweliadau contract gyda darparwyr, adborth gan ddefnyddwyr gwasanaeth a gofaluwr, ac adborth gan AGGCC a Sefydliadau 3ydd Sector sy'n gweithio gydag unigolion a gofaluwr. Mae datblygu contract rhanbarthol a Rhestr o Ddarparwyr Cymeradwy wedi cefnogi'r gwaith hwn.
- 4.8 Yn rhanbarthol, mae gwaith yn cael ei wneud i ddatblygu fframwaith fonitro y gall pob Awdurdod Lleol ei ddefnyddio. Yn y cyfamser, mae Sir Ddinbych wedi datblygu ei phroses ei hun, sy'n cyd-fynd ar y cyfan â'r gwaith Rhanbarthol (gweler Atodiad 2 i gael manylion y broses hon). Datblygwyd y fframwaith i ymateb i'r gofyniad i Gyngor Sir Ddinbych sicrhau fod gwasanaethau yn cyfateb â'r canlyniadau a ddynodir ar gyfer defnyddwyr gwasanaeth, sicrhau cydymffuriad gyda'r Safonau Isafswm Cenedlaethol a Chytundeb Gofal Cartref Gogledd Cymru a'i fanylebau. Nod y fframwaith fonitro hefyd yw cydnabod arfer da a sicrhau fod risg a pherfformiad yn cael eu rheoli'n briodol mewn partneriaeth â Darparwyr a chomisiynwyr, sydd i gyd yn rhannu'r un gwerthoedd drwy ymrwymo i gyflawni'r ansawdd a'r gwerth gorau posibl o ddarpariaeth gwasanaeth.
- 4.9 I brofi'r broses, defnyddiwyd y fframwaith hon ar gyfer un digwyddiad monitro prawf. Gadawyd holiadur a bydd rhai'n cael eu postio i weithwyr gofal. Byddwn hefyd yn anfon holiaduron at rai defnyddwyr gwasanaeth a gofaluwr a byddwn yn holi cwestiynau i eraill dros y ffôn. Yn ystod y sgwrs hon, os mynegir unrhyw bryderon, bydd gwiriadau dirybudd yn cael eu cynnig a'u trefnu fel sy'n briodol. Mae'r digwyddiad arbrawf cyntaf hwn wedi'i gyflawni gyda darparwr mawr sy'n hanesyddol wedi bod yn flaenllaw o ran dulliau gweithio newydd a gwell. Mae gweithio gyda nhw wedi bod yn ddefnyddiol er mwyn profi, datblygu a diwygio'r broses. Mae'r darparwr penodol hwn, er enghraifft, yn cyflawni ei wiriadau dirybudd ei hun, mewn cytundeb â'r defnyddiwr gwasanaeth, i sicrhau bod gofal yn cael ei gynnig ar amser ac yn briodol.
- 4.10 Y cam nesaf fydd cyflwyno'r broses hon i bob darparwr gofal cartref. Er mwyn paratoi, anfonwyd holiaduron hunanasesu i oddeutu 20 darparwr, er nad yw ymatebion a dderbyniwyd hyd yn hyn wedi nodi unrhyw feysydd pryder, nid ydym yn dibynnu ar y wybodaeth hon yn unig. Gwiriwyd adroddiadau AGGCC ar y cyd â'r hunanasesiadau hyn fel y mae ffurflenni adborth a gwblhawyd gan staff sy'n cynnal yr adolygiadau. Bydd yr holl wybodaeth hon yn cael ei defnyddio i hysbysu'r ymateb i fonitro contractau.

- 4.11 Nid oes unrhyw ddigwyddiad monitro blynyddol yn ddigonol i sicrhau gwasanaethau o ansawdd. Mae'n hanfodol fod monitro cyson a pharhaus yn digwydd. Yn Sir Ddinbych, mae'r gwaith parhaus hwn yn cael ei wneud gan Swyddogion Gofal yn y Gymuned (SGG) sy'n cynnal yr adolygiadau gofal. Maent yn llenwi ffurflenni adborth i roi gwybod i'r Tîm Contractau am arfer da a gwael. Dros yr ychydig fisoedd nesaf, bydd y tîm SGG yn ymuno â'r Tîm Contractau i wella cyfathrebu a gwaith ar y cyd ymhellach a chynyddu ansawdd.
- 4.12 Mynegwyd pryderon am y posibilrwydd y bydd gofalwyr yn teimlo na allant gwyno. Gallai hyn fod ynglŷn ag ansawdd y gwasanaethau a ddarperir i'r person maent yn gofalu amdano a lefel y gwasanaethau a ddarperir ac a yw'r rheiny yn diwallu eu hanghenion eu hunain. Penderfynwyd cynyddu rôl yr Aseswyr Gofalwyr, gan gynyddu'r gwaith a gomisiynwyd gyda NEWCIS i ganiatáu rhagor o waith parhaus gyda Gofalwyr. Gyda chaniatâd y Gofalwr a'r Defnyddiwr Gwasanaeth, bydd y deilydd y swydd hon hefyd yn gallu cynnal gwiriadau dirybudd lle bo hynny'n briodol i fonitro ansawdd darpariaeth gwasanaeth.
- 4.13 Rhoddwyd ystyriaeth ofalus i'r mater o ddefnyddio gwiriadau dirybudd yn fwy eang nac yn 4.11 uchod a barn yr Adran, yn seiliedig ar nifer o ystyriaethau moesegol ac ymarferol, gan gynnwys ymchwil o'r modd y mae Sir y Fflint wedi rheoli eu proses, yn ogystal ag adborth gan Aelodau Etholedig a Sefydliadau 3ydd Sector ar lefel y pryder, yw na ddylem fwrw ymlaen â'r opsiwn hwn ar hyn o bryd. Fodd bynnag, os yw gwaith a wneir gan NEWCIS yn dangos bod pryder eang ynglŷn ag ansawdd, bydd y mater hwn yn cael ei ailystyried.

#### Ymweliadau gan Aelodau

- 4.14 Rhwng mis Ionawr 2013 a mis Ebrill 2013 adolygwyd adroddiad ar ymweliadau â Darparwr Mewnol a'i addasu i ddiwallu'r gofynion ar gyfer sefydliadau Mewnol a chynlluniau Byw yn y Gymuned. Digwyddodd yr ymweliad cyntaf dan y dull hwn gyda Chynllun Byw i'r Anabl. Dangosodd yr adborth positif fod trigolion yn cael eu trin gydag urddas a pharch, yn byw mewn amgylchedd diogel a sicr, gyda dodrefn a ffitiadau o safon uchel yn y cartref.
- 4.15 Trefnwyd tri o ymweliadau pellach ar gyfer mis Gorffennaf. Trefnir gweddill yr ymweliadau o fis Medi ymlaen drwy drafodaeth gydag Aelodau Etholedig perthnasol.

### **5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?**

Mae'r ddau faes gwaith hyn yn cyfrannu'n uniongyrchol at y flaenoriaeth gorfforaethol o ddiogelu pobl ddiamddiffyn a'u galluogi i barhau i fyw'n annibynnol.

### **6. Beth fydd yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?**

#### 6.1 Diogelu

Bydd y model hwn yn cael ei ddatblygu i ddechrau gan ddefnyddio gallu rhanbarthol. Gwnaed cais i'r Gronfa Waith ar y Cyd Rhanbarthol sy'n cynnwys swydd rheoli prosiect i gefnogi'r datblygiad hwn. Os bydd y cais yn llwyddo, bydd yr arian hwn ar gael am 3 blynedd fodd bynnag, mae'r model a ffafrir yn cynnig y cyfle i gyfuno rhai meysydd cyffredin o arfer diogelu ar draws gwasanaethau plant ac oedolion sydd â'r posibilrwydd o arwain at swyddogaeth cefnogi busnes integredig fel sail i ddiogelu plant ac oedolion ar draws Gogledd Cymru.



## 6.2 Monitro Gofal Cartref

Mae'r broses yn cael ei gweithredu gan ddefnyddio adnoddau staffio presennol a drwy gyfuno'r Tîm Contractau ac Adolygu. Mae Tîm Contractau Sir Ddinbych yn eithriadol o fach o ran nifer ac mae'n bosibl y bydd y lefelau staffio presennol yn annigonol i ddarparu monitro o'r ansawdd sydd angen. Bydd hyn yn cael ei adolygu wedi i'r newidiadau gael eu gweithredu'n llawn ac i'r monitro gael ei werthuso.

## 7. **Beth yw prif gasgliadau'r Asesiad o Effaith ar Gydraddoldeb a gynhaliwyd am y penderfyniad? Dylid cynnwys yr Asesiad o Effaith ar Gydraddoldeb a gwblhawyd fel atodiad i'r adroddiad.**

Casgliad yr Asesiad o Effaith ar Gydraddoldeb (ynghlwm yn Atodiad 3) ar gyfer y Bwrdd Diogelu oedd y byddai effaith gadarnhaol drwy safoni arfer ar draws Gogledd Cymru, gan godi proffil diogelu oedolion a chynnig llywodraethu cadarn y gallai'r Bwrdd gyflawni ei waith oddi tano.

## 8. **Pa ymgynghoriadau a gynhaliwyd?**

### 8.1 Diogelu

Cafodd uwch swyddogion Gofal Cymdeithasol a Sefydliadau eraill Gogledd Cymru, e.e. yr Heddlu, BCU, eu cynnwys wrth gytuno pa opsiwn a ffafriwyd.

### 8.2 Monitro Gofal Cartref

Mae Darparwyr Gofal Cartref wedi'u cynnwys wrth ddatblygu'r broses. Mae wedi'i seilio ar waith Rhanbarthol sy'n cynnwys y chwech Awdurdod Lleol a chydweithwyr lechyd. Mae cyfuno'r Tîm Contractau ac Adolygu wedi bod yn destun ymgynghori gyda holl Dimau Gweithredol y Gwasanaethau Oedolion.

## 8. **Datganiad y Prif Swyddog Cyllid**

Os yw'r cais am arian rhanbarthol yn llwyddo, dylid cynnwys cost gweithredu'r trefniadau diogelu bwriedig o fewn yr arian sydd ar gael. Os yw'r cais yn aflwyddiannus, dylid adolygu'r achos busnes i asesu a oes rhinwedd i ddatblygu'r prosiect gan ddefnyddio adnoddau presennol. Dylid adolygu'r safbwynt o ran arbedion effeithlonrwydd posibl wrth i'r prosiect ddatblygu. Nodir cynigion i ddatblygu'r swyddogaeth monitro contractau. Gellid creu'r gallu o fewn y swyddogaeth fonitro yn y dyfodol os bydd prosiectau caffael cenedlaethol a rhanbarthol yn datblygu'n llwyddiannus a chynnwys contractau gofal cymdeithasol o fewn eu cylch gorchwyl.

## 9. **Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?**

Dyluniwyd y trefniadau a amlinellir yn yr adroddiad hwn o ran systemau sicrhau ansawdd ar gyfer gwasanaethau gofal i liniaru yn erbyn y risgiau nad yw'r gofal a'r cymorth a ddarperir i ddefnyddwyr gwasanaethau a'u gofalwyr o ansawdd uchel.

## 10. Pŵer i wneud y Penderfyniad

Amlinellir y trefniadau ar gyfer rheoli'r modd y caiff oedolion diamddiffyn eu diogelu yn Mewn Dwylo Diogel (2000), dogfen arweiniad gan Lywodraeth Cymru. Mae hwn yn gosod dyletswydd ar Awdurdodau Lleol a phartneriaid perthnasol i ymchwilio a monitro materion diogelu oedolion.

Mae Erthygl 6.3.4(b) Cyfansoddiad y Cyngor yn nodi swyddogaeth pwyllgorau archwilio mewn perthynas â chyflawniad Gwasanaethau'r Cyngor, ac mae Erthygl 6.3.4(ch) yn nodi y gall pwyllgorau archwilio wneud argymhellion i'r Cabinet yn deillio o ganlyniadau'r broses archwilio.

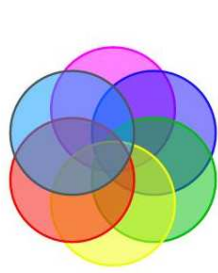
### **Swyddogion Cyswllt:**

Rheolwr Gwasanaeth: Gwasanaethau Arbenigol

Rheolwr Gwasanaeth: Busnes a Gofalwyr

Ffôn: 01824 706636

Ffôn: 01824 706556



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## North Wales Adult Safeguarding Integration and/or Collaboration: The way forward

### Context

The Social Services and Well-Being (Wales) Bill and Sustainable Social Services: A Framework for Action brings a different context to adult safeguarding. The current arrangements is a network arrangement for sharing information and peer support. The emerging view is that there is a need to move the adult safeguarding agenda into a robust regional framework.

### Purpose of the report

This report

- 1) Presents the options
- 2) Is a vehicle for decision making
- 3) Explores the appetite for seeking closer synergy across adult and children safeguarding

These were initial discussions in December which paved the way to a regional North Wales Workshop which was held on 25<sup>th</sup> January 2013 with a range of stakeholders from statutory organisations. The discussions at that workshop have influenced the formulation of the options within this report.

### Background

The Social Services and Well-Being (Wales) Bill and Sustainable Social Services: A Framework for Action places a requirement upon partners to develop the current adult protection arrangements into an adult safeguarding agenda both locally, regionally and nationally. A

statement letter from Gwenda Thomas, Deputy Minister for Children and Social Services dated 19<sup>th</sup> October 2012 communicated some clear messages around Welsh Government's direction of travel in light of its recent consultation on the Bill. Furthermore, part 7 of the Bill relating to safeguarding clearly states the requirements for Safeguarding Adults Boards and clearly sets out the objectives of the Safeguarding Adults Board as:

(a) To protect adults within its area who:

- Have needs for care and support (whether or not a local authority is meeting any of those needs, and
- Are experiencing, or are at risk of, abuse or neglect, and
- To prevent those adults within its area from becoming at risk of abuse and neglect

The Bill also prescribes that Safeguarding Boards must produce an 'annual plan' at the beginning of each financial year setting out its proposals for achieving its objectives within that year and a report must be published by 31<sup>st</sup> July of each year on how it has exercised its functions in the preceding financial year, and the extent to which it implemented the proposals in its annual plan for the preceding financial year.

The WG agenda therefore, is firmly set around the requirement to develop Adult Safeguarding Boards as a means of strengthening adult safeguarding across Wales.

Statutory regulation on Adult Safeguarding Boards will set out the areas in Wales for safeguarding boards (to be referred to as safeguarding board areas). In reflecting upon discussions during consultation it is anticipated that the North Wales footprint will remain one region.

### **Joint working with Children Safeguarding Board**

Notwithstanding the fact that it is fully acknowledged that the complexities and possible risks and practice concerns associated with integrating safeguarding frameworks across both children and adult services need to be carefully considered, this is however, something that should be pursued. This would place North Wales as a region in a position of strength as the national direction of travel evolves and is clarified.

## **Engagement of Elected Members in Adult Safeguarding**

Consideration needs to be given to the active engagement of elected members within adult safeguarding. There is acknowledgement that this has been in need of some strengthening and is inconsistent. This will provide a framework of ensuring political accountability for safeguarding.

## **Current Landscape – Adult Safeguarding**

Currently the Local Authorities of Wrexham, Flintshire, Denbighshire and Conwy undertake adult safeguarding activities on an individual basis. Gwynedd and Anglesey Council's however are working collaboratively to develop a joint Safeguarding Adults Board. Although this development is currently in its infancy a shadow joint board has now been established and has met once.

The 3 sub-regional Local Safeguarding Children's Board (LSCB) in North Wales has already taken steps ahead of recent communications from Welsh Government to develop a shadow LSCB.

## **Summary of Options to be considered**

- 1 Maintain the status quo – 4 North Wales Adult Safeguarding Board and 1 Sub-regional Adult Safeguarding Board (Gwynedd and Anglesey)
- 2 Three North Wales Adult Safeguarding Boards
- 3 Single North Wales Adult Safeguarding Board
- 4 Two-tier North Wales Adult Safeguarding Board

The feedback from the workshop held on 25<sup>th</sup> January 2013 can be found in Appendix 1.

## **Options**

- 1 **Maintain the status quo – 4 North Wales Safeguarding Boards and 1 Sub-regional Adult Safeguarding Board (Gwynedd and Anglesey)**

Given the clear direction provided within the Social Services and Well-being (Wales) Bill, the option of maintaining the status quo in 4 of the North Wales Local Authority areas is unlikely

to be commended by the Welsh Government. A North Wales Adult Protection forum exists in North Wales however, this is a network arrangement for information sharing and peer support.

This option is least favourable as:

- It is not in line with the requirements of the Deputy Minister
- It is resource intensive
- It does not bring about efficiency
- The current arrangement is a network and not a decision making forum

## **2 Three Sub-regional North Wales Adult Safeguarding Boards (Wrexham and Flintshire, Denbighshire and Conwy, Gwynedd and Ynys Mon).**

There are a number of strengths and weaknesses to this option; the most significant weakness is the requirement for appropriate resources and duplication of work in particular for the regionally structured organisations such as North Wales Police and Betsi Cadwaladr University Health Board. This model is already being progressed by Gwynedd and Anglesey and therefore, there will be shared-learning available to develop this model. Local Authority members and officers may find a three board structure may initially be more palatable and more acceptable from a governance point of view.

This model would also mirror the established LSCB structure and again learning from this development would be shared.

This option is not favourable as:

- It is not within the spirit of the Welsh Government's footprint underpinning collaboration across boundaries.
- It does not bring about efficiency and sufficiently reduce duplication
- It continues to be resource intensive
- It is not conducive to innovative collaboration and forward thinking around governance and accountability frameworks across agency boundaries
- May be deemed as being overly cautious.

### **3 Single North Wales Adult Safeguarding Board**

Given that 4 Local Authorities currently have individual safeguarding arrangements and Gwynedd and Anglesey sub-regional arrangements, it would be challenging to comfortably move from the current structure to a single board. Governance and accountability arrangements would need to be considered carefully and there would be potential dilution of links with local services and remoteness from practice. This model would also run the risk of becoming detached from frontline staff and the public. Given that safeguarding currently lies within individual or sub-regional arrangements Local Authority members and officers would need to be assured that this model would provide transparent and robust governance and accountability for adult safeguarding as the statutory duty for safeguarding lies with the Director of Social Services as clearly stated in the Roles and Responsibilities of that post.

The strengths of this option include the potential for greater efficiency, reduced duplication and effective shared learning. A single safeguarding board also brings the potential to bring a broader range of skills, knowledge and experience to the safeguarding agenda. This option would no doubt, be preferred by Welsh Government and organisations that work across North Wales.

This option is less favourable as:

- Whilst the aspiration of the Deputy Minister is to have regional adult safeguarding board, to move from a local arrangement straight to a regional arrangement would require great confidence in the new model and the North Wales footprint covers a very large geographical area
- It would be too remote from practice
- It would prove hard to hold a large number of representative agencies to account
- The agenda could become unmanageable which would impact on the effectiveness of the Board
- Governance issues and accountability would become remote and impact on statutory duty of the Director of Social Services.

### **4 Two tier- North Wales Adult Safeguarding Board**

This option would enable 3 x 2 Local Authorities to work together to develop a Safeguarding Board and to develop using the learning from the current Gwynedd and Anglesey model. However, there are elements of adult safeguarding that could conceivably be carried out on a regional basis for example, training, performance and audit, policy, and serious case reviews.

This structure would provide a balance between regional working and being able to work effectively across boundaries whilst continuing to maintain local links.

With regard to weaknesses this option would present the most potential for confusion around accountability, securing representation at the right level for both sub-regional and regional elements and would require strong leadership at each level. This could impact on the capacity of senior managers of all agencies; some members would find that they have more meetings to attend than previously, for example however, this would have less capacity implications on pan North Wales organisations.

The most notable strengths for this options include the fact that this model is now being piloted in children safeguarding via the LSCB's and early indications would suggest its potential as a future model that could be fully integrated. Duplication would be lessened, and it allows for innovation, evolution and offers the potential to reduce demand on resources, both people and financial. The general broad direction of travel as outlined in the Bill is a National Board for Children and Adults. There is lots to learn from children safeguarding boards and this structure would allow us to achieve equity.

This is the favoured option as:

- This model is currently being piloted in children's safeguarding through the LSCB model and early indications are encouraging and positive
- Gwynedd and Anglesey have started on the journey of establishing a joint board and the learning from this is available
- It allows for the structures to be developed in ways which strike an acceptable and well-managed balance between local and regional agendas
- It maintains the ability to be responsive to local issues and practice



- The regional adult safeguarding elements could create a higher profile and increase the North Wales Board's influence regionally and nationally
- This model would be more manageable for the pan-North Wales organisations
- It strengthens the collaborative agenda in North Wales
- Having the same model for adults and children safeguarding boards will bring about equity for both adult and children safeguarding in readiness for any direction from Welsh Government
- Over time, this model will bring about the opportunity to merge some common areas of safeguarding practice across children and adults e.g. training, policies and procedures, performance and audit, serious case reviews.
- This model will also bring a real opportunity for integrated business support to underpin children and adult safeguarding across North Wales.

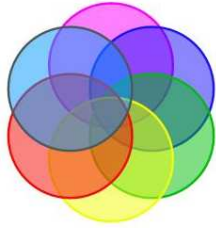
## **5 The favoured option – a two tier Adult Safeguarding Board**

The potential structure for this option consists of:

- One Regional Adult Safeguarding Board
- Three Sub-regional Adult Safeguarding Boards (Gwynedd/Anglesey; Conwy/Denbighshire; Flintshire/Wrexham)
- To underpin the above, four regional sub-groups:
  - Training
  - Policies and procedures (linking to National work)
  - Performance and Audit
  - Serious case reviews

### **Next Steps:**

- 1) The collaborative of NWSSIC, NASH and safeguarding leads for the Betsi Cadwaladr University Health Board, North Wales Police and North Wales Ambulance Service are invited to form a view around the preferred option.
- 2) Provide a clear steer to the current adult protection forum in relation to their existence and any forward work programme
- 3) Consider the resources needed to take forward



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## APPENDIX 1

### Regional Adult Safeguarding Workshop Friday 25<sup>th</sup> January 2013 Optic, St Asaph Business Park

A North Wales Adult Safeguarding Workshop was arranged via NWSSIC, led by Jenny Williams, Director of Social Services, CCBC who is the North Wales lead Director for Safeguarding. The event was attended by an excellent mix of colleagues from Local Authorities, BCUHB, North Wales Police and the North Wales Ambulance Service.

The following attached documents were available to attendees either through prior circulation or on the day:



The workshop was opened by Jenny Williams and introductions were made. The opening presentation is attached:

[attach Jenny's presentation]

A presentation was then given by Anwen Davies, Head of Adult Services, Anglesey Council and Ann Lloyd Jones, Senior Manager, Adult Services, Gwynedd as they have already started on a journey to transform their individual POVA forums into a joint Safeguarding Board.



During both these presentations there was recognition that in Gwent a number of Authorities are working together to develop a joint Safeguarding Board and attached is a presentation "Improving

Adults Safeguarding: Establishing the Gwent wide Adult Safeguarding Board” prepared by Stephen Gillingham of Blaenau Gwent Council. This will provide some insight into the work undertaken thus far in Gwen.



GWASB ADSS  
Presentation Novemb

### **Workshop Session 1**

Attendees were asked to think about Adult Safeguarding in the context of local, sub-regional and regional. The feedback from this session included:

#### **General**

Robust accountability is key

Moving from local straight into regional is a huge step

Need to have clear direction whichever model is agreed

Statutory responsibility for safeguarding sits at different levels within partner organisations e.g.

Director of Social Services in some

Opportunity to develop an equal structure to that of Children's.

#### **Local**

Local Authority members may prefer and feel more confident in a local approach

Vast variation in the resources available per Local Authority area

#### **Sub-regional**

Sub-regional is more suitable for pan North Wales organisations

Already established joint working i.e. 3 x 2 LA's

May be more acceptable to members

Would mirror the current LSCB arrangements

Current capacity in children's sub-groups could be utilised

Prudent to move to a sub-regional model initially to replicate the Gwynedd/Anglesey work

Sub-regional children's model seems 'manageable' at present

#### **Regional**

Challenging without a sub-regional framework

Pan North Wales organisations would benefit more than Local Authorities

Provides opportunity to pool resources and use more efficiently  
Geography and demographics challenging  
Difficult to 'sell' to members  
Some elements need to become regional as quickly as possible e.g. data collection  
Corporate agenda  
Systems approach could be used from the start  
Variation in the resources per Local Authority area  
Initially introduce a shadow regional board

The afternoon workshop sessions provided the opportunity to consider 5 specific areas in more depth based on the areas within the SSIA toolkit:

- 1) Establishing the Board's Strategic direction and Improving Outcomes
- 2) Establishing effective governance
- 3) Building capacity
- 4) Operational Delivery
- 5) Commissioning, QA Performance and resource management

Feedback from this session included:

#### **Establishing the Board's Strategic Direction and Improvement Outcomes**

The Board needs to have a clear vision of the outcomes it wants to achieve:

- Board to agree the outcomes
- Appropriate people to be around the table
- Links and cascading of information to bridge the knowledge gaps
- Clearly defined strategic objectives
- Consider already established 10 priorities
- Identify most appropriate Chair (?Independent)
- Co-chair – ?service user or Carer
- Communication strategy
- Baseline measures – performance framework
- Map progress
- Common vision – what is it?
- Strategic priorities
- Advise on plan
- Service user involvement

- Feedback from family early on
- Adult Proactive review?
- Best Practice guidance
- Mechanism for feedback
- Safeguarding issues – solution might not be a POVA investigation – priority is to put measures in place to protect
- Prevention needs to be considered – balance between prevention and protection
- Sub-groups – need to include DOLS, and MH legislation
- Support carers and support abusers in addressing their behaviours.

### **Establish Effective Governance**

- Determine membership at the appropriate level to regional/sub-regional
- Independent Chair for regional level
- Mechanism to determine multi-agency representation and service users
- Robust Terms of Reference for both groups
- Probably membership at different levels to each Board
- Effective links between Boards
- Element of shared governance and accountability between regional and national level
- Clearly agreed agendas to avoid duplication i.e. terms of reference for each group crucial
- Locally based organisations need governance structures to enhance assurance
- Regional Board may ask a sub-regional Board to lead on a particular issue or work stream
- Regional Board should provide strategic direction and develop work plan (strategic) taking sub-regional issues
- Taking the political (local) dimensions into account how to take 6 LA's and get appropriate reps
- WAF
- Minute taking and dissemination responsibilities
- Reporting mechanism
- How to involve service users – consider this carefully
- Identify key priorities
- Develop website to share information
- Links between adult protection and other e.g. CP, DV
- Community safety partnerships – how does communication happen?
- Development of training strategy

- What is the role of the regulator?
- Financial implications

### **Building Capacity**

- Adult processes should reflect existing children's processes and aligned where appropriate to eliminate and reduce duplication and increase capacity
- MAPPA – where does this sit?
- DA for a – how are they linked?
- Collective regional intelligence should release operational capacity
- Creates opportunity for early intervention work
- Creating standardised reporting frameworks, practice and referral thresholds at the outset should ensure common practice and less 'purposeless' work
- Clear Terms of Reference and reporting responsibilities for all groups again to avoid duplication
- Opportunity to review 'what works' in children's LSCB/Safeguarding on local, regional and national level
- Identify whether there is duplication or gaps e.g. policy groups
- Avoid bureaucracy and being SMART about key members, agenda and being outcome focussed.

### **Operational Delivery**

- Serious care reviews – need national guidance that talks to all – none feed into each other. No read across departments which causes confusion and delay.
- Effective delivery – must begin strategically to feed down and guide practice – accountability at board level and independent member
- Reporting framework for each organisation - also for each independent/individual forum, must feed up/down and be accountable to the Board
- Information sharing
- Where will adult protection sit in hierarchy
- Remit and purpose – pre-requisite to delivery
- Standardisation of data collection/reporting
- Standardisation of POVA Co-ordinator role and the strategy meeting
- Training for DLM should be clarified/standardised
- Issues in relation to data protection, MC, DOLS

- Guidance regarding when to become involved when service user does not consent
- Different thresholds – police very different
- 2 referrals at present to children and adults – duplication for staff – need one point of contact also – same referral also for MARAC
- For people who work across Authorities – referral practice different in each area = not best quality referrals as a result
- Escalating concerns dealt with differently across local authorities – absence from joined up governance lead
- Clarity regarding what is POVA and what is practice
- Regional training group with steer/direction that feeds into each agency – needs clarity of role and responsibility
- Need to link into LSCB agenda for training.

#### **Commissioning, QA Performance and resource Management**

- Information should be available for self- funders to inform them where they can go for support – regional approach to this information/material
- Quality assurance and service standards to be explicit within contracts and specifications
- Contract monitoring needs to be robust in the areas of safeguarding and dignity
- Reviews should be centred on the individual but look at a whole range of aspects
- Standardised application of the POVA/Escalating concerns guidance
- Collate an overview of what is happening in terms of individual providers
- Contract monitoring co-ordination and intelligence can be regional but local delivery is required
- Standard contract monitoring practices/procedures/framework across partner organisations not just LA's

#### **Next Steps/Way Forward**

Drawing on the views captured, an options paper to be developed following this workshop. First draft will be shared with the current POVA forum and following any amendments will be circulated to colleagues within partner organisations. These options will need to be considered so that the next stage can be agreed.





## Denbighshire County Council

### Adult & Business Services

#### Contract & Quality Monitoring Framework for Domiciliary Care Services

#### (Based on the North Wales Quality Monitoring Framework)

Draft 1.3

May 2013

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## 1) Introduction:

This interim Contract and Quality Monitoring Framework has been developed to respond to the requirement for Denbighshire County Council to ensure that services meet the identified outcomes of service users, ensure compliance with the National Minimum Standards and the North Wales Domiciliary Care Agreement and specifications. The monitoring framework also aims to recognise good practice and ensure risk and performance is managed appropriately in partnership with Providers and commissioners, who all share the same values by being committed to achieve the best possible quality and value from service provision.

The principal of this Framework is to provide a structured, standardised and efficient approach for gathering qualitative and quantitative data in relation to each Service Provider's performance. This will in turn be used to inform and support any decisions on monitoring actions relating to contract compliance and for contributing to improving outcomes and service quality. Any monitoring activity conducted is done so in a coordinated and supportive manner, which aims to minimise duplication and disruption to the Service Providers.

Please note, this interim Framework is subject to change in line with involvement and guidance from the North Wales Social Services Improvement Collaborative (NWSSIC).

It is essential that quality and contract monitoring is a positive process, which enables Denbighshire County Council and Service Providers work together to address any issues that may arise and work towards the improvement in the performance and quality of services. It should also give recognition to and share areas of notable practice, whilst retaining focus on the following areas;

- Ensure that Service Providers are complying with the requirements of the North Wales Domiciliary Agreement;
- Ensure that the Service Providers are performing effectively;
- Encourage on-going communication between partners, Service Providers and Service Users;
- Support in the regular feedback regarding the effectiveness and quality of the delivered services.

## 2) Format of the North Wales Quality Monitoring Framework:

A copy of the North Wales Quality Monitoring Framework, attached in Appendix One, forms the monitoring matrix in which the Monitoring Officer will utilise to measure each Service Provider against the Service Outcomes as set out in the North Wales Domiciliary Care Agreement.

Monitoring Visits are conducted in accordance with Clause 65, Monitoring & Review, of the North Wales Domiciliary Care Agreement;

“The service user can expect the Service to be reviewed on a regular basis and they will be encouraged to provide feedback on their care and their views as listened to.”

Quality Monitoring visits are not statutory inspections. The role of the Monitoring Officer is to ensure the quality of services provided and contractual obligations and outcomes are being met. They are also intended to look at areas of notable practice and if applicable, poor practices. They also offer an opportunity to discuss how to improve on areas and provide support in achieving such outcome.

It is also envisaged that Monitoring Visits provides an opportunity for the Service Provider to discuss service delivery and their performance in a supportive and constructive manner to ensure service users achieve their outcomes successfully. It also provides an opportunity for providers to raise any issues regarding the performance of the Commissioner.

The methodology of the Quality Monitoring Visit is to support and ‘add value’ to the already detailed inspection carried out by regulatory bodies such as CSSIW / CQC. It also aims to ensure Service Outcomes are achieved and continually built upon.

The North Wales Quality Monitoring Framework covers five key outcomes which reflect the quality standards as part of the North Wales Domiciliary Care Agreement;

**Outcome 1** – Service users live as independently as possible;

**Outcome 2** – Service users have choice and control over their lives;

**Outcome 3** – Service users’ health and wellbeing will be promoted;

**Outcome 4** – Service users feel safe, secure and protected;

**Outcome 5** – Service users are treated with dignity and respect;

The measures of the above outcomes are detailed as following;

- **Outcomes** – Describe what impact a service user wants a service / intervention to have. Outcomes should be concrete, unambiguous and easily measured. They should be relevant to the service user, provider and commissioner.

- **Outcome measures** – measure the effect of intervention (process) rather than the number of times it was delivered, i.e. measures the impact for the service user of the interventions (processes).
- **Process measure** – are the steps (or interventions) required in order to achieve the outcome(s). These are of interest as they track inputs and whether or not they are leading to specific outcomes.

### 3) Quality Assurance

The Framework has been developed in order to gather information regarding the quality level of the service provision and delivery through the following nine main service outcomes;

- Service users live as independently as possible;
- Service users have control over their lives being able to make choices;
- Service users are full citizens, enjoying the same rights and responsibilities as other and are encouraged to build and maintain relationships with positive interactions;
- Service users have opportunities to fulfil their ambitions, maintain, learn and improve skills;
- Service users are supported to maintain or improve their health;
- Service users feel safe and secure with freedom from discrimination and harassment;
- Service users are treated with dignity and respect;
- Service users are protected from financial abuse;
- Service users received high quality services.

The assurance of quality will be monitored through scheduled and non-scheduled visits and through collating and analysing qualitative / quantitative information covering the following areas;

- Standard / quality of care;
- Staffing / Training / Supervision Arrangements / Development;
- Policies & Procedures;
- Complaints & Compliments Procedures;
- Incident Reporting;
- Key Working arrangements.

#### 4) Frequency of Quality Monitoring Visits:

A Quality Monitoring Visit may be scheduled, unscheduled or in response to an issue or Escalation of Concerns. As a minimum, Denbighshire County Council, Adult & Business Services is committed to conduct a Quality Monitoring Visit to all Domiciliary Service Providers annually.

#### 5) Proactive Monitoring Process:

This process refers to any planned / scheduled visit conducted annually to monitor and evaluate a Domiciliary Service Provider's performance in accordance to their contractual obligations under the North Wales Domiciliary Framework Agreement.

Please Refer to Appendix Two for Flowchart of Proactive Monitoring process.

#### 6) Reactive Monitoring Process:

This process refers to any unplanned or as a response to issues or concerns raised.

Please Refer to Appendix Three for Flowchart of Reactive Monitoring process.

#### 7) Components of the Framework:

##### a) Pre Visit Form:

The Service Provider will be required to submit a Pre Monitoring Form (**Form A1**) on an annual basis, these will be dispatched approximately 28 working days prior to any monitoring visit is scheduled to be conducted. Service Providers are also encouraged to include a copy of their CSSIW Self Assessment / Evaluation, information should be submitted to the Department before the deadline specified on the form.

Providers should take care to ensure that their assessments are accurate and ask for guidance from the Department where necessary.

In addition, Service Providers will be asked to complete the Policy & Procedures Assessment Form (**Form A2**) which aims to measure the content of the Organisation's policies and procedures. The Provider is requested to complete this ahead of any scheduled visit in order to streamline and focus any site visit conducted. A Random selection of policies / procedures will be requested to be made available for observation by the Monitoring Officer ahead or during a visit.

A copy of the Pre Visit Forms (**A1 & A2**) can be found in Appendix Four.

##### b) Pre Monitoring Evaluation:

Prior to the monitoring visit taking place, the Monitoring Officer will evaluate the submitted information which will have been collated data from a range of sources, such as;

- Regulatory Body Notices;

- Regulatory Body Inspection Reports;
- Discussion with relevant Workforce Development Coordinators;
- Feedback from Partner Authorities both strategic and operational colleagues, including Safeguarding Coordinators;
- Feedback from Service Users, carers and family members or Advocate.

The information will then determine the scope and focus of the Monitoring Visit.

The Monitoring Officer will ensure written records are kept of all preparatory discussions and meetings. These records form part of the audit trail and will be stored securely in electronic format relating to the individual establishment.

The Monitoring Officer will summarise findings and the scope / focus of the monitoring visit within the first part of the Monitoring Report.

#### **c) Service User / Relative Feedback:**

**[Process under development regionally]** However during this interim period Denbighshire County Council is committed to seek the thoughts and opinions of service users and their relatives (where applicable), with this as part of Routine Statutory Review / Re assessment of needs, the Social Worker / Reviewing Officer will actively seek feedback and report back to the Commissioning & Contracts Team accordingly.

This Monitoring Framework also intends to introduce a questionnaire that captures such feedback as part of routine contract monitoring mechanisms (both proactively and reactively). This questionnaire will either be completed as a postal 'mail-shot' and or through telephone 'interviews' with service users in receipt of Domiciliary Services.

A copy of the Service User Questionnaire (**Form 2**) can be found in Appendix 5).

#### **d) Support / Care Worker Feedback:**

Feedback from Support / Care Workers enables the Monitoring Officer to evaluate the employee's perspective; it also provides the Commissioner to ensure that the Service Provider has complied with Legislative and Contractual obligations during recruitment process and on-going employment.

A copy of the Support / Care Worker Feedback Form (Form 3) can be found in Appendix Six.

#### **e) Professionals (Internal & External) Feedback:**

The Monitoring Officer will actively seek feedback from professionals who visit and or commission services from the Service Provider at the time of the Quality Monitoring exercise.

The Monitoring Officer will also source feedback from internal Social Care Reviewing Teams as part of Statutory Service Reviews in addition to the POVA Team, Complaints Team and the Financial Assessment Team (this list is not exhaustive).

A copy of the Professionals feedback form (**Form 4**) can be found in Appendix 7.

**f) Monitoring Visit:**

Monitoring visits are not statutory inspections. The role of the Monitoring Officer under the function of this Framework aims to provide a streamlined and consistent approach to on-going monitoring. It also aims to allow an opportunity for the Service Provider to discuss service delivery and their performance in a supportive and constructive manner.

The Monitoring visit forms part of a periodic review and on-going quality and contract monitoring process and or in direct response to any escalation of concern.

Monitoring visits will be based on factors such as; this list is not exhaustive;

- Length of time since last monitoring visit;
- Number of service users who are in receipt of services;
- Number and type of actions required following last monitoring visit;
- Reactive visits based on concerns / complaints raised by service users, relatives, staff, CSSIW, Neighbouring Local Authorities or the Health Board etc;

Generally the Department aims to conduct scheduled monitoring visits within a period of two weeks following the deadline of returning the Pre Monitoring Information. However there may be occasions when a monitoring visit and or follow up is scheduled with the Registered Manager / Owner. The Department also reserve the right to carry out additional visits that are not scheduled, such additional visits will be conducted when specific concerns are identified, e.g. complaints are received from Service users, their relatives or advocate, CSSIW, Social Work / Nursing Professionals or any other key stakeholders.

The visit will commence with an opening meeting with the Registered Manager or equivalent duty manager / senior. This meeting will discuss the scope and focus of the audit and any corrective / developmental action plan from the previous monitoring visit. The Monitoring Officer will keep written notes of observations / findings / evidence as the monitoring visit progresses. These notes will form part of the audit trail and will be stored securely in electronic format relating to the individual establishment.

The visit may also include, this list is not exhaustive;

- Tour of the building / facilities;
- Observation of interaction between staff and service users (where possible)
- Discussions with staff;
- Spot checks of documents or sources of information relating to service users care and support;
- Checks of policies and procedures and how they are implemented;
- Checks on staff training / supervision / development records;



- Specialist input – audit / stakeholders etc.

To conclude the Monitoring Visit, a closing meeting will take place with the Registered Manager or equivalent duty manager / senior. This meeting will discuss the findings of the visit and identify in brief any immediate corrective action that should be taken to mitigate any identified risk or safeguarding issue.

Denbighshire County Council reserves the right to carry out additional visits which are not scheduled. Such visits will be conducted when specific concerns are identified, e.g. via complaints from service users, Social Workers, CSSIW, family / advocates or any other key stakeholders.

We also reserve the right to carry out non scheduled visits where there are concerns regarding employees or if there are any other serious concerns.

#### **g) Monitoring Report:**

A draft monitoring report will be completed within 14 working days of the monitoring visit, any recommendations along with acknowledgement to notable practice will be included as part of this report.

The draft report will be sent electronically, where possible, to the Contracts / Commissioning Manager(s) for their comments and or any further actions.

The timescale to return the draft report is ten working days, where the Monitoring Officer will be responsible for making any changes to the final copy.

The final written report will be completed within 28 working days of the visit. The final draft should be distributed to all relevant stakeholders.

The Monitoring Officer will follow up any recommendations made within the report. This will be done through, email, telephone, letter or another visit.

A copy of the Monitoring Report Template (R1) can be found in Appendix Eight.

#### **h) Recommendations:**

Once the monitoring visit is completed the Monitoring Officer will discuss briefly the overall outcome of the visit with the Service Provider.

Any recommendations will be recorded as part of the Monitoring Report and where these require action, the Service Provider is expected to formally acknowledge any identified shortfalls and produce an action plan with clear timescales to resolve / mitigate such areas for development or improvement.

A copy of the action plan should be received by the Monitoring Officer within 10 working days of receiving the final monitoring report. The Monitoring Officer may conduct an additional visit to review progress accordingly.

If significant concerns are identified then these will be duly dealt with in accordance with the appropriate Safeguarding or Escalating Concern Process / Procedures.

## 8) Safeguarding:

If through the course of intelligence gathering / monitoring exercises, there are any concerns raised regarding safeguarding the Monitoring Officer will report these in accordance to the All Wales Protection of Vulnerable Adults Procedure and / or Child Protection Procedures.

Any Safeguarding processes will take precedence over any monitoring activity.

## 9) Escalating Concerns:

**[Process under development regionally]** However, Denbighshire County Council is committed to ensure that all concerns raised with the Department are recorded and dealt with accordingly. At present, the Department applies various methods to investigate, resolve and mitigate re-occurrences of issues with Service Providers in order to promote the safeguarding of individuals and the integrity of services whilst monitoring trends and promoting service growth and continuous improvement.

The Department may for example deal with concerns through one or more of the following methods (this list is not exhaustive);

- Instigate a review / re-assessment of a Service User's needs (conducted by the Care Coordinator);
- Issue a contract compliance letter to the Service Provider, requesting a formal response and or action plan as to how the Provider will remedy / mitigate the issues raised;
- Meet with the Service Provider in addition to any routine or planned monitoring exercise to present, investigate and resolve issues with the Provider;
- Instigate a Safeguarding / POVA referral and or attend Strategy Meetings as required;
- Advise on formal complaints procedures;
- Discuss matters arising with the Service Provider through telephone / email correspondence and or site visits;
- Routine professional perspective of practitioners sourced to aid monitoring decisions and actions;
- Regular Provider forum meeting held to discuss notable practices / changes to legislation etc;
- Regular Quality Circle meetings held to discuss with a cross-section of practitioners emerging trends etc.

The accumulation of such actions / intelligence gathering informs the Department on the frequency of any follow up action / visits. It also factors whether the commissioning of new packages of care should be suspended until such time where the Department is confident that issues are resolved and improved.

## 10) Temporary Suspension of New Packages of Care:

A temporary suspension of placements may be placed on a Domiciliary Provider where there is sufficient evidence to suggest the safety of service users, staff and or the organisation may be at risk. There are a variety of reasons that may cause a suspension, for example;

- Escalation of concerns;
- POVA / Safeguarding;
- Financial issues;
- Health & Safety;

The decision to place a temporary suspension of new packages of care shall be made as a result of an Escalation of Concerns meeting, with representation from multi agencies having evaluated the evidence to suggest significant risk to both service users and staff. A risk assessment must be undertaken to evidence the rational in proceeding to place a temporary suspension on a service provider and an action plan to remedy / mitigate identified or potential risk must be drawn up by the service provider and approved by the commissioner.

**North Wales Quality Monitoring Framework for Domiciliary Care - Monitoring Tool**

**Working definitions:**

- **Outcomes:** describe what impact a service user wants a service / intervention to have. Outcomes should be concrete, unambiguous and easily measured. They should be relevant to the service user, provider and commissioner.
- **Outcome measures** – measure the effect of the intervention (process) rather than the number of times it was delivered i.e. measures the impact for the service user of the interventions (processes)
- **Process measures** – are the steps (or interventions) required in order to achieve the outcome(s). These are interest as they track inputs and whether or not they are leading to specific outcomes.

**Evidence Source**

**Code:**

|          |                                                                                                                                                                         |          |                          |          |                                                     |          |                                                           |          |                                 |          |                              |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|----------|-----------------------------------------------------|----------|-----------------------------------------------------------|----------|---------------------------------|----------|------------------------------|
| <b>A</b> | Contents of S.U file: Service Delivery Plan / Risk Assessments / Pen Pictures/ Care Plans/ change of circumstances forms/ additional observation forms (BCU)/MAR charts | <b>B</b> | Daily Records / Logs     | <b>C</b> | Service user Questionnaire                          | <b>D</b> | Service User guide/Statement of Purpose/Mission Statement | <b>E</b> | Complaints & Compliment records | <b>F</b> | Pre-monitoring questionnaire |
| <b>G</b> | Policies and Procedures                                                                                                                                                 | <b>H</b> | Training Matrix/ Records | <b>I</b> | Supervision Matrix/ Records/ Staff or Team Meetings | <b>J</b> | Feedback from professionals                               | <b>K</b> | Interview with Manager / Staff  | <b>L</b> | Accident / Incident records  |

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|   |                                              |   |               |   |                                            |   |                                         |   |                                                          |   |                                                                     |
|---|----------------------------------------------|---|---------------|---|--------------------------------------------|---|-----------------------------------------|---|----------------------------------------------------------|---|---------------------------------------------------------------------|
| M | Record of Number & Outcome of POVA referrals | N | CSSIW Reports | O | CSSIW Registration/ Regulatory Information | P | Providers QA Reports/ Improvement Plans | Q | Recruitment & Induction policy and procedures/ ID Badges | R | Feedback from Purchasers internal depts (Social Workers, FAO's etc) |
| S | Feedback from Care Workers                   |   |               |   |                                            |   |                                         |   |                                                          |   |                                                                     |

**KEY:**

Records

Feedback

Staffing

Environment

| <b>Outcome 1 - Service Users live as independently as possible</b>                                                                                                                      |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                        |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Evidence Sources: A, B, C, F, H, J, K, S                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                        |                                       |
| Outcome Measures                                                                                                                                                                        | Process Measure                                                                                                                      | Successful Measurement                                                                                                                                                                                                                                                                                                        | Method of Measure                                                                                   |                                        |                                       |
|                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               | Pre- Monitoring                                                                                     |                                        | During Monitoring                     |
| 1.1<br>Service Users are supported and encouraged to maintain their existing skills and learn new ones enabling them to be as independent as possible<br><i>Contract clause: 14, 69</i> | 1.1.1 Service Users are enabled to maintain and develop their skills                                                                 | Evidence of staff or some staff receiving reablement training<br>Service Delivery plans are outcome based Personal profiles are available for service users Service users have an activity plan (particularly younger adults)<br>Staff training plan is available<br>Evidence that hours of care have been reduced/maintained |                                                                                                     |                                        | Content of Service user file          |
|                                                                                                                                                                                         | 1.1.2 Service Users are cared for by Care Workers who have received reablement training                                              |                                                                                                                                                                                                                                                                                                                               | Pre-Monitoring questionnaire Sec 2<br>Provider's training matrix<br>Care Worker questionnaire Sec 2 |                                        |                                       |
|                                                                                                                                                                                         | 1.1.3 Service Users are encouraged to maintain their independence or to be reabled                                                   |                                                                                                                                                                                                                                                                                                                               | Care Worker questionnaire Sec 3                                                                     | Daily Record/logs user file            | Contents of Service                   |
|                                                                                                                                                                                         | 1.1.4 Service Users are supported to identify and achieve their goals and ambitions and support plans demonstrate their independence |                                                                                                                                                                                                                                                                                                                               | Care Worker questionnaire Sec 3                                                                     | Contents of Service user file          |                                       |
| 1.2<br>Service Users will contribute to the service delivery plan and will have a service which meets their needs as an individual<br><i>Contract clause: 14, 68</i>                    | 1.2.1 Service Users are involved and take part in reviews                                                                            | 100% of service users have been reviewed during the last 12 months<br>Signature of Service user/family member/advocate or significant other on review documentation                                                                                                                                                           | Pre-monitoring questionnaire Sec 4                                                                  | Interview with Manager/staff user file | Contents of Service Daily record/logs |
|                                                                                                                                                                                         | 1.2.2 Service User's support levels are appropriately adjusted (increased or decreased as required)                                  |                                                                                                                                                                                                                                                                                                                               | Feedback from Purchaser's Internal Depts Professional's feedback                                    | Daily Record/logs user file            | Contents of Service                   |

|     |                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                               |
|-----|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1.3 | Service Users are supported by trained and competent staff team<br><i>Contract clause: 14, 69</i> | 1.3.1 The Provider keeps accurate records of staff training and supervision                                                                                                                  | 100% of staff have an individual training plan<br>Supervision records are available for staff evidencing 3 monthly supervision for all staff and monthly supervision for managers<br>100% of staff have received an annual performance review/appraisal during last 12 months<br>Minimum of 50% of care staff have NVQ2/QCF<br>100% of staff inducted to Care Council for Wales Induction within 12 weeks of employment<br>Evidence of specialist training where specialist services are commissioned | Pre-Monitoring questionnaire Sec 2<br>Provider's training matrix                                                          | Interview with Manager/staff<br>Contents of service user file |
|     |                                                                                                   | 1.3.2 There are sufficient number of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of service users who use the service at all times |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pre-Monitoring questionnaire Sec 2<br>Provider's training matrix<br>Care Worker questionnaire Sec 2<br>Copy of staff rota | Interview with Manager/staff<br>Contents of service user file |
|     |                                                                                                   | 1.3.3 The Provider will endeavour to provide a consistent service                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Service User questionnaire Sec 3<br>Copy of staff rota                                                                    | Interview with Manager/staff<br>Contents of service user file |

### Outcome 2 - Service Users have choice and control over their lives

Evidence Sources: A, C, D, F, K, S,

| Outcome Measures                                                                                        | Process Measure                                                                                        | Successful Measurement                                                                                                               | Method of Measurement                                                  |                               |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------|
|                                                                                                         |                                                                                                        |                                                                                                                                      | Pre-Monitoring                                                         | During Monitoring             |
| 2.1<br>Service Users are at the centre of all planning and decision making<br><i>Contract clause: 6</i> | 2.1.1 Service Users are involved in the initial assessment carried out by the Provider                 | 100% of service delivery plans are outcome focussed<br>100% of service delivery plans are signed by service user/Carer/family member | Pre-monitoring questionnaire Sec 4<br>Service User questionnaire Sec 3 |                               |
|                                                                                                         | 2.1.2 Service delivery (support) plans (SDPs) are outcome focussed and tailored to service user needs. |                                                                                                                                      | Blank SDP received from Provider                                       | Contents of Service user file |

|     |                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                       |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
|     |                                                                                                                                                                                         | <p><b>2.1.3</b> Service User/ Carer/ Representative sign the service delivery plan and the Provider sends a copy to the Purchaser</p>                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Pre-monitoring questionnaire declaration<br/>Service User questionnaire Sec 3</p>                      | <p>Contents of Service user file<br/>Interview with Manager/staff</p> |
| 2.2 | <p>Service Users are able to make informed choices around possible risks to their day to day life<br/><i>Contract clause: 14, 67</i></p>                                                | <p><b>2.2.1</b> Service Users are involved in the development of risk assessments which are reviewed in a timely manner</p>                                                                                           | <p>Risk assessments are in place for 100% of service users<br/>Provider can evidence how risks are managed 100% of risk assessments are signed by service user/carer/family member<br/>There is evidence that evaluation of risk assessments takes place<br/>There is evidence that risk assessments are up to date<br/>Service delivery plans reflect the care provision that service users receive</p> |                                                                                                           | <p>Contents of Service user file</p>                                  |
|     |                                                                                                                                                                                         | <p><b>2.2.2</b> Service User's rights to take informed risks are respected by the Provider in the context of balancing the need for preference, choice, safety and effectiveness.</p>                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | <p>Contents of Service user file</p>                                  |
| 2.3 | <p>Clear information is provided to Service Users from the outset, outlining the individual agreed service to be provided and how that can be changed<br/><i>Contract clause: 6</i></p> | <p><b>2.3.1</b> Service Users are routinely provided with meaningful communication and information in appropriate formats which explains their rights and responsibilities e.g. SU guide and statement of purpose</p> |                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Service User questionnaire Sec 3<br/>Service User guide<br/>Statement of Purpose/Information packs</p> | <p>Contents of Service user file</p>                                  |
|     |                                                                                                                                                                                         | <p><b>2.3.2</b> Service User are issued with a personal file and this is located in the Service User's premises and the service user will be aware of it</p>                                                          | <p>100% of service users are given a copy of the service user guide and statement of purpose<br/>The statement of purpose contains the minimum requirements<br/>100% of service users receive a copy of their service delivery plan</p>                                                                                                                                                                  | <p>Service User Questionnaire Sec 3</p>                                                                   | <p>Contents of Service user file<br/>Interview with Manager/staff</p> |



|                   |                                                                                                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                        |                                                                             |                                                                   |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------|
|                   |                                                                                                                                                       | <p><b>2.3.3</b> Service User files will, as a minimum, contain activity related to the care plan, service delivery plan, weekly rota of call times and Care Worker names, emergency arrangements and on-call contact numbers and the service user guide</p> | <p>Service delivery plans are sent to the Purchaser (unless a specific arrangement has been agreed between Purchaser and Provider)</p>                                                                 |                                                                             | <p>Contents of Service user file Interview with Manager/staff</p> |
|                   |                                                                                                                                                       | <p><b>2.3.4</b> Service Users are assisted to access translation services where required</p>                                                                                                                                                                |                                                                                                                                                                                                        | <p>Service User questionnaire Sec 2</p>                                     | <p>Interview with Manager/staff</p>                               |
| <p><b>2.4</b></p> | <p>Service Users are provided with information packs about the service prior to their individual service commencing<br/><i>Contract clause: 6</i></p> | <p><b>2.5.1</b> Service users are informed who their Care Worker(s) will be</p>                                                                                                                                                                             |                                                                                                                                                                                                        |                                                                             |                                                                   |
|                   |                                                                                                                                                       | <p><b>2.4.1</b> Service Users are introduced to new Care Workers wherever possible</p>                                                                                                                                                                      | <p>There is evidence that service users are informed when their Care Worker is changed<br/>There is evidence that service users receive a rota detailing their visit times and Care Worker name(s)</p> | <p>Care Worker questionnaire Sec 3<br/>Service User questionnaire Sec 3</p> |                                                                   |
|                   |                                                                                                                                                       | <p><b>2.4.2</b> Service Users are informed if there is a change in their named Worker.</p>                                                                                                                                                                  |                                                                                                                                                                                                        | <p>Service User questionnaire Sec 3<br/>Care Worker questionnaire Sec 3</p> |                                                                   |

|                                                                                      |                               |                                      |                                    |                                 |
|--------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------------------------|---------------------------------|
| <p><b><u>Outcome 3 - Service Users health and wellbeing will be promoted</u></b></p> |                               |                                      |                                    |                                 |
| <p>Evidence Sources: C, E, F, G, J, K, P, R, S,</p>                                  |                               |                                      |                                    |                                 |
| <p><b>Outcome Measures</b></p>                                                       | <p><b>Process Measure</b></p> | <p><b>Successful Measurement</b></p> | <p><b>Method of Monitoring</b></p> |                                 |
|                                                                                      |                               |                                      | <p><b>Pre-Monitoring</b></p>       | <p><b>During Monitoring</b></p> |

|     |                                                                                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 3.1 | <p>Service Users expect their service to be reviewed on a regular basis and are encouraged to provide feedback regarding their care and their views are listened to</p> <p><i>Contract clause: 1, 14, 37, 65</i></p> | <p><b>3.1.1</b> Service users are given the opportunity to input into the Providers quality assurance checks on a regular basis</p>                                       | <p>Provider can confirm/evidence number of questionnaires sent out to service users</p> <p>Format of service user feedback questionnaire is appropriate</p> <p>Provider can confirm how returned questionnaire are evaluated</p> <p>Provider can confirm how the results of its QA activity is fed back to service users and care staff</p> <p>There is evidence that the Provider undertakes QA activities and produces a report of the findings</p>                              | <p>Pre-monitoring questionnaire Sec 5</p> <p>Service user questionnaire Sec 3</p> <p>Provider's QA report</p> |                                           |
|     |                                                                                                                                                                                                                      | <p><b>3.1.2</b> Service Users are given the opportunity to provide feedback on services received and this is evidenced</p>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Pre-monitoring questionnaire Sec 5</p> <p>Service user questionnaire Sec 3</p> <p>Provider's QA report</p> |                                           |
|     |                                                                                                                                                                                                                      | <p><b>3.1.3</b> Where Service Users are receiving input from other professionals there is evidence that Provider's Care Workers actively engage with these colleagues</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Professional's feedback</p>                                                                                | <p>Interview with Manager/staff</p>       |
| 3.2 | <p>Service Users are supported by staff who will recognise when they need specialist help</p> <p><i>Contract clause: 14, 69</i></p>                                                                                  | <p><b>3.2.1</b> Service Users receive care from Care Workers who have access to their organisation's policies and procedures and work to these at all times</p>           | <p>100% of Care workers have access to the Provider's policies and procedures</p> <p>Provider can evidence that where policies and procedures have been changed Care Workers are informed</p> <p>Provider can evidence completion of regulation 26 where required</p> <p>Provider can evidence appropriate accident/incident records</p> <p>Provider can evidence that service users are reviewed</p> <p>Provider can evidence that they actively request service user reviews</p> | <p>Policies and procedures checklist</p> <p>Care worker questionnaire sec 1</p>                               | <p>Interview with Manager/staff</p>       |
|     |                                                                                                                                                                                                                      | <p><b>3.2.2</b> Providers keep accurate records of any accidents or incidents involving Care Workers and Service Users and take appropriate action to these</p>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Pre-monitoring questionnaire Sec 6</p>                                                                     | <p>Compliments and complaints records</p> |
|     |                                                                                                                                                                                                                      | <p><b>3.2.3</b> Service Users and Care Workers will have a known process on how to raise issues</p>                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Service user questionnaire Sec 3</p> <p>Care worker questionnaire Sec 3</p>                                |                                           |

|  |  |                                                                                                                              |  |                                                                     |  |
|--|--|------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
|  |  | 3.2.4 Service User are reviewed in a timely manner when Care Workers identify that the needs of the service user has changed |  | Professional's feedback<br>Feedback from Purchaser's internal depts |  |
|--|--|------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|

**Outcome 4 - Service Users feel safe, secure and protected**

Evidence Source: C, E, F, G, H, I, J, K, L, O, R, S,

| Outcome Measures                                                                                                        | Process Measure                                                                                                                                                      | Successful Measurement                                                                                                                                                                                                                                                                 | Method of Measure               |                              |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|
|                                                                                                                         |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                        | Pre- Monitoring                 | During Monitoring            |
| 4.1<br>Service Users can expect a consistent service by having staff who are reliable<br><i>Contract clause: 14, 28</i> | 4.1.1 Care workers sign a timesheet at the Service User's home or the Provider can evidence which Care Worker has provided care to each service user at any one time | 100% of Care workers sign a log sheet<br>Care worker rotas reflect the signed log sheets<br>Provider can evidence that service users are informed of a change to their Care Worker<br>100% of Care Workers have an ID badge<br>Where provided 100% of Care Workers wear their uniforms |                                 |                              |
|                                                                                                                         | 4.1.2 Care Workers are issued with identification badges and these are worn or available to show at all times.                                                       |                                                                                                                                                                                                                                                                                        | Care Worker questionnaire Sec 1 | Interview with Manager/staff |
|                                                                                                                         | 4.1.3 Service Users can expect their Care Workers to be wearing their uniforms when they are on duty (where this is provided).                                       |                                                                                                                                                                                                                                                                                        | Care Worker questionnaire Sec 1 | Interview with Manager/staff |

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|     |                                                                                                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |                              |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------|
| 4.2 | The service meets with WAG Government regulations and CSSIW regulations and sets out in writing to the Service User the way in which care and support has been agreed to be carried out to meet the Service User's outcomes<br><i>Contract clause: 6</i> | 4.2.1 The Provider's Registered Manager is registered with the Care Standards Act 2000                                                                                   | Provider can evidence that the Registered Manager is registered with the Care Standards Act 2000<br>Provider has informed the Purchaser of any change to the Registered Manager<br>Provider can demonstrate that it complies with all statutory or other provisions<br>Provider maintains a valid registration with the CSSIW (or CQC) |                                                                                                            | Interview with Manager/staff |
|     |                                                                                                                                                                                                                                                          | 4.2.2 The Purchaser is informed of any change in the appointment of the Registered Manager                                                                               |                                                                                                                                                                                                                                                                                                                                        | Pre-monitoring questionnaire Sec 1                                                                         |                              |
|     |                                                                                                                                                                                                                                                          | 4.2.3 The Provider can demonstrate that they comply with all statutory or other provisions to be observed in connection with the delivery of this service                |                                                                                                                                                                                                                                                                                                                                        | Pre-monitoring questionnaire declaration                                                                   |                              |
|     |                                                                                                                                                                                                                                                          | 4.2.4 The Provider maintains a valid registration with the CSSIW (or CQC)                                                                                                |                                                                                                                                                                                                                                                                                                                                        | Pre-monitoring questionnaire                                                                               |                              |
|     |                                                                                                                                                                                                                                                          | 4.2.5 The Provider's Managers are appropriately registered with the Care Council for Wales                                                                               |                                                                                                                                                                                                                                                                                                                                        | Pre-monitoring questionnaire Sec 1                                                                         |                              |
| 4.3 | The Service is provided 365 days and nights (366 in a leap year) with emergency support for out of office hours<br><i>Contract clause: 6, 63</i>                                                                                                         | 4.3.1 Service Users and Care Workers will have access to appropriate arrangements for support by appropriately qualified colleagues at all times including out of hours. | Provider can evidence that the service is available 24 hours per day and 365 days a year<br>Provider can evidence that its business continuity plan is adhered to                                                                                                                                                                      | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 3<br>Policies and procedures checklist |                              |
|     |                                                                                                                                                                                                                                                          | 4.3.2 The Provider has in place a robust business continuity plan                                                                                                        |                                                                                                                                                                                                                                                                                                                                        | Policies and procedures checklist                                                                          | Interview with Manager/staff |

|            |                                                                                                                                                                                                |                                                                                                                                           |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                              |                                                                                                                  |                              |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>4.4</b> | <p>The Service can evidence reliability, flexibility and consistency of good standards and support to Service Users within a framework of open communication<br/><i>Contract clause: 6</i></p> | <p><b>4.4.1</b> Service Users are cared for by Care Workers who have been recruited via a robust recruitment policy and procedure.</p>    | <p>Provider can evidence that policies and procedures are reviewed annually<br/>Provider can evidence that 2 references are received for new staff</p>                                                                                                                                                     | Pre-monitoring questionnaire Sec 2<br>Policies and procedures checklist<br>Care Worker questionnaire Sec 1                                                                                   |                                                                                                                  |                              |
|            |                                                                                                                                                                                                | <p><b>4.4.2</b> Service Users are cared for by a consistent group of staff</p>                                                            |                                                                                                                                                                                                                                                                                                            | <p>Provider can evidence that CRB are renewed every 3 years<br/>Provider can evidence that staff sign a contract of employment</p>                                                           | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire 1st question<br>Service user questionnaire Sec 3 |                              |
|            |                                                                                                                                                                                                | <p><b>4.4.3</b> The Provider can evidence good staff retention</p>                                                                        |                                                                                                                                                                                                                                                                                                            | <p>Provider can evidence that enhanced CRB/DBS's are undertaken<br/>Provider can evidence that where convictions/cautions are identified through CRB/DBS a risk assessment is undertaken</p> | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire 1st question<br>Service user questionnaire Sec 3 |                              |
|            |                                                                                                                                                                                                | <p><b>4.4.2</b> The Provider has a Whistle Blowing Policy and Staff are aware of this</p>                                                 |                                                                                                                                                                                                                                                                                                            | <p>Provider has low staff turnover</p>                                                                                                                                                       | Policies and procedures checklist                                                                                | Interview with Manager/staff |
| <b>4.5</b> | <p>Service Users' personal information will be handled in an appropriate and confidential manner in line with relevant legislation<br/><i>Contract clause: 14, 59</i></p>                      | <p><b>4.5.1</b> The Provider can demonstrate that they have appropriate policies and procedures in place and that they are adhered to</p> | <p>Provider has policies and procedure in place which are reviewed regularly<br/>Provider can evidence that staff receive training which includes confidentiality and data protection<br/>Care Workers sign to confirm that they have understood the importance of confidentiality and data protection</p> | Policies and procedures checklist                                                                                                                                                            | Interview with Manager/staff                                                                                     |                              |
|            |                                                                                                                                                                                                | <p><b>4.5.2</b> The Provider can demonstrate that all staff receive training that includes confidentiality and data protection</p>        |                                                                                                                                                                                                                                                                                                            | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 2<br>Provider's training matrix                                                                                          | Care worker files                                                                                                |                              |
|            |                                                                                                                                                                                                | <p><b>4.5.3</b> Service Users will be cared for by Care Workers who understand the importance of confidentiality and data protection</p>  |                                                                                                                                                                                                                                                                                                            | <i>Service user questionnaire Sec ?</i><br>Provider's training matrix                                                                                                                        | Interview with Manager/staff                                                                                     |                              |

|     |                                                                                                  |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |                                          |                              |
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|     |                                                                                                  | 4.5.4 The Provider can demonstrate that Data Protection is maintained at all times                                                                                                                             |                                                                                                                                                                                                                                                                 | Service user questionnaire Sec ?         | Interview with Manager/staff |
| 4.6 | Reporting and invoicing systems interface with the Purchaser's team<br><i>Contract clause: 6</i> | 4.6.1 The Provider's invoices accurately reflect the Services delivered                                                                                                                                        | Provider's invoices reflect the services delivered to service users                                                                                                                                                                                             | Feedback from Purchaser's internal depts |                              |
|     |                                                                                                  | 4.6.2 The Provider submits Notification of absence form within the required timescales i.e. cancellation or known hospital stay - 24 hours before the absence; unplanned absence within 24 hours of occurrence | Provider completes and submits change of circumstances forms to the Purchaser<br>Provider completes notification of absence forms and submits to the Purchaser<br>Number of complaints received by the Purchaser from service users relation to charging is low | Feedback from Purchaser's internal depts |                              |
| 4.7 | The provider has procedures for handling Service Users' monies<br><i>Contract clause 31</i>      | 4.7.1 The Provider has a policy and procedure on handling Service Users monies and Care Workers adhere to this                                                                                                 |                                                                                                                                                                                                                                                                 | Policies and procedures checklist        |                              |
|     |                                                                                                  | 4.7.2 Service Users are reviewed when there is evidence that Service Users are become incapable of managing their financial affairs                                                                            | Provider can evidence that completed financial transaction sheets are audited<br>Provider can evidence that risk assessments are completed in relation to financial aspects of a service user's care                                                            | Professional's feedback                  | Interview with Manager/staff |
|     |                                                                                                  | 4.7.3 The Provider can demonstrate that accurate financial records are being kept in the form of receipts and transactions                                                                                     | Provider can evidence that care worker signatures are received in relation to service user keys<br>Provider can evidence the safeguards put in place around how key safe numbers are given out to care workers                                                  | Policies and procedures checklist        | Interview with Manager/staff |
|     |                                                                                                  | 4.7.4 The Provider has a policy and procedure relating to Service User keys and key safes and Care Staff adhere to                                                                                             |                                                                                                                                                                                                                                                                 | Policies and procedures checklist        |                              |

|     |                                                                                                       |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                |
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|     |                                                                                                       | these                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                |
| 4.8 | The Service User receives a service that has evidence of good management<br><i>Contract clause: 6</i> | 4.8.1 The Provider can demonstrate that Care Workers are appropriately qualified                                                                        | Provider can evidence Care Worker training via training plans<br>Provider can evidence that the Manager has the appropriate registration and qualifications<br>Provider can demonstrate that staff receive supervision every 3 months for Care Worker and monthly for Managers<br>Provider can evidence how Care Workers are communicated with<br>Provider can demonstrate and confirm how staff team meetings take place | Pre-monitoring questionnaire Sec 2<br>Care worker questionnaire Sec 2<br>Provider's training matrix           |                                                |
|     |                                                                                                       | 4.8.2 The Provider can demonstrate that the Manager of the service has the appropriate registration and qualifications                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           | Pre-monitoring questionnaire Sec 2                                                                            | Interview with Manager/staff Care worker files |
|     |                                                                                                       | 4.8.3 The Provider can evidence a staff training plan                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           | Pre-monitoring questionnaire Sec 2<br>Provider's training matrix<br>Qualification and supervision matrix      |                                                |
|     |                                                                                                       | 4.8.4 The Provider can demonstrate that Care Workers receive regular supervision sessions and any requirements identified in such sessions are actioned |                                                                                                                                                                                                                                                                                                                                                                                                                           | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 1<br>Qualification and supervision matrix | Interview with Manager/staff                   |
|     |                                                                                                       | 4.8.5 The Provider can demonstrate that Care Workers are being communicated with and attend staff team meetings                                         |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                |
| 4.9 | The Provider meets all the                                                                            | 4.9.1 The Provider holds a current CSSIW/CQC registration                                                                                               | Provider can confirm that it holds a current CSSIW/CQC registration<br>Provider can confirm that Care Staff are                                                                                                                                                                                                                                                                                                           | Pre-monitoring questionnaire<br>CSSIW/Regulatory information                                                  |                                                |

|      |                                                                                                                                         |                                                                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                     |                                                           |
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|      | legislative and regulatory requirements and works to a programme of continuous improvement<br><i>Contract clause: 6</i>                 | 4.9.2 The Provider can demonstrate the required registration of Care Staff with the Care Council for Wales                                         | appropriately registered with the Care Council<br>Provider can demonstrate that 100% of staff have the appropriate CRB/DBS checks<br>Provider can demonstrate that CRB/DBS checks are undertaken every 3 years                        | Pre-monitoring questionnaire Sec 1                                                                  | Interview with Manager/staff                              |
|      |                                                                                                                                         | 4.9.3 The Provider can demonstrate that the appropriate DBS checks are carried out and reviewed                                                    |                                                                                                                                                                                                                                       | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 1                               |                                                           |
| 4.10 | Robust policies and procedures are in place and staff are familiar with them and work to them at all times<br><i>Contract clause: 6</i> | 4.10.1 The Provider can demonstrate that all relevant Policies and Procedures are in place and that policies are reviewed and/ or updated annually | 100% of Care Workers have received a staff handbook                                                                                                                                                                                   |                                                                                                     | Interview with Manager/staff                              |
|      |                                                                                                                                         | 4.10.2 The Provider can evidence that all Care Staff have received the relevant induction training                                                 |                                                                                                                                                                                                                                       | Pre-monitoring questionnaire Sec 2<br>Care Worker questionnaire Sec 1<br>Provider's training matrix |                                                           |
|      |                                                                                                                                         | 4.10.3 The Provider can evidence that all Care Staff receive a staff handbook                                                                      |                                                                                                                                                                                                                                       | Care Worker's questionnaire Sec 1                                                                   |                                                           |
| 4.11 | Accurate records are maintained about Service User's services<br><i>Contract clause: 6</i>                                              | 4.11.1 There are routine and practical mechanisms in place to record incidents/ accidents and any action taken following these                     | Provider can evidence accident/incident records<br>There is evidence of other agencies being contacted as a result of incidents e.g. safeguarding, information commissioner<br>Provider can evidence that regulation 26 is adhered to |                                                                                                     | Accident/Incident records<br>Interview with Manager/staff |
|      |                                                                                                                                         | 4.11.2 Incident reports demonstrate which other agencies have been informed and what action has been taken to mitigate reoccurrence; evident       | Purchaser's safeguarding information confirms the Provider's information<br>Provider can confirm that 100% of staff receive safeguarding training including POVA                                                                      |                                                                                                     | Accident/Incident records<br>Interview with Manager/staff |



|  |                                                                                                                                                               |  |                                                                                                                     |
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|  | of learning                                                                                                                                                   |  |                                                                                                                     |
|  | <b>4.11.3</b> There are effective means to monitor and review incidents, concerns, complaints that have potential to become an abuse or safeguarding concern. |  | Feedback from Purchaser's internal depts<br>Accident/Incident records Interview with Manager/staff Risk assessments |
|  | <b>4.11.4</b> Learning from incidents in relation to behaviour that challenges is clearly documented and triggers identified.                                 |  | Accident/incident records                                                                                           |
|  | <b>4.11.5</b> The Provider can evidence that Review of Service meeting are requested when the Service User's needs change                                     |  | Pre-monitoring questionnaire Sec 4<br>Feedback from Purchaser's internal depts<br>Professional's feedback           |
|  | <b>4.11.6</b> The Provider has a complaints/ compliments register and can evidence the outcome of any complaint received                                      |  | Pre-monitoring questionnaire Sec 6<br>Service user questionnaire Sec 3<br>Complaints/compliments records            |
|  | <b>4.11.7</b> The Provider can demonstrate that POVA referrals are made at appropriate times                                                                  |  | Professional's feedback from Purchaser's internal depts                                                             |
|  | <b>4.11.8</b> Service User's Risk assessments are updated as required                                                                                         |  | Contents of Service User file                                                                                       |

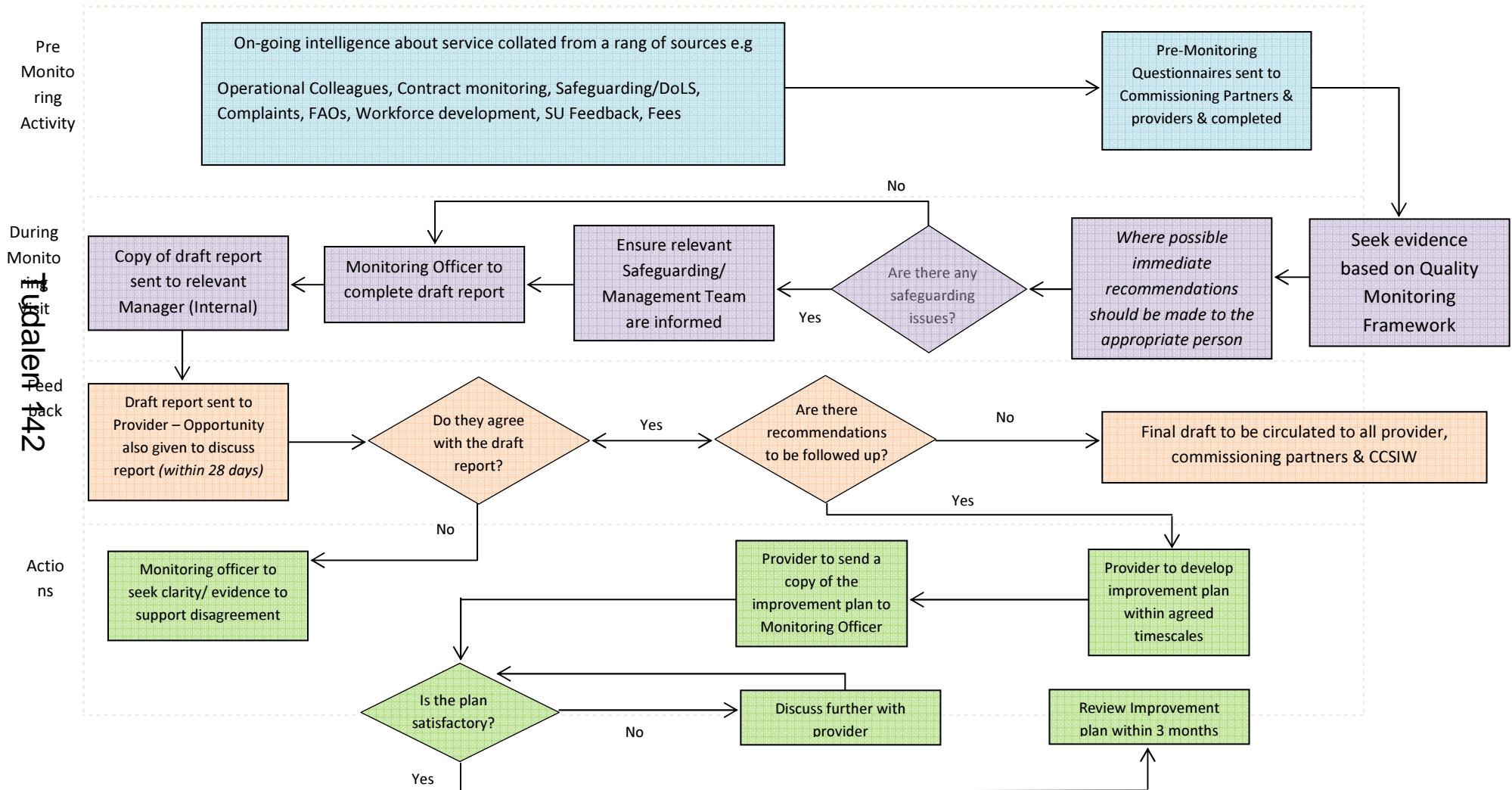
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| 4.12 | There will be a formal agreement in place between the Purchaser and Provider<br><i>Contract clause: 1</i>  | 4.12.1 The Provider is an 'approved' provider                                                                                                                                                       | Provider complies with the completion of pre-monitoring information received from the Purchaser Provider co-operates during pre-monitoring visits Where identified Provider works with Purchaser to improve service delivery/quality | Regional APL/Signed contract             |                               |
|      |                                                                                                            | 4.12.2 The Provider has signed the North Wales Domiciliary Care agreement                                                                                                                           |                                                                                                                                                                                                                                      | Regional APL/Signed contract             |                               |
|      |                                                                                                            | 4.12.3 The Provider actively participates in any request prior, during and after contracts monitoring visit.                                                                                        |                                                                                                                                                                                                                                      | Feedback from Purchaser's internal depts |                               |
| 4.13 | Care workers who transport Service Users have appropriate vehicle insurances<br><i>Contract clause: 34</i> | 4.13.1 The Provider has policies and procedures in place on the transportation of Service Users                                                                                                     | Provider can evidence that vehicles used to transport service users have the relevant MOT, Tax, Insurance (business cover)<br>Provider can evidence that care workers who transport service users have a valid driving licence       | Policies and procedures checklist        | Interview with Manager/staff  |
|      |                                                                                                            | 4.13.2 Service Users are transported only when this is specified in the Care Plan and Service Delivery Plan                                                                                         |                                                                                                                                                                                                                                      |                                          | Contents of Service User file |
|      |                                                                                                            | 4.13.3 The Provider checks and maintains a record of the status of the Care Worker's driving licence, and when care workers are using own vehicle MOT and insurance certificate on an annual basis. |                                                                                                                                                                                                                                      |                                          | Interview with Manager/staff  |

| <b>Outcome 5 - Services Users are treated with dignity and respect</b> |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |                                                                                                |                              |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|
| Evidence Sources: B, C, F, G, H, K, M, P, S,                           |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |                                                                                                |                              |
| Outcome Measures                                                       | Process Measure                                                                                                                        | Successful Measurement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Method of Measure                                                                                                                                                                                                                                                          |                                                                                                |                              |
|                                                                        |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Pre- Monitoring                                                                                                                                                                                                                                                            |                                                                                                | During Monitoring            |
| 5.1                                                                    | Service Users are able to make informed choices, express their personal choices and feel listened to<br><i>Contract clause: 14, 68</i> | 5.1.1 There are effective means of receiving and acting upon feedback from Services Users and any other persons.<br><br>5.1.2 There are systems for gathering, recording and evaluating accurate information about quality and safety of the care and support provided and its outcomes.<br><br>5.1.3 Ensure staff that Service Users are aware how to raise concerns<br><br>5.1.4 Staff support Service Users to make decisions about their support and how this is delivered<br><br>5.1.5 There is evidence in daily log sheets that Service User's choices are recorded | Provider can demonstrate that service user feedback/views is acted upon<br>Provider can demonstrate that Care Workers are aware of the Whistle Blowing policy and procedure<br>Provider can demonstrate that service users are aware how to make a complaint or compliment | Pre-monitoring questionnaire Sec 5<br>Provider's QA report<br>Service user questionnaire Sec 2 |                              |
|                                                                        |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            | Provider's QA report                                                                           | Interview with Manager/staff |
|                                                                        |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            | Service User questionnaire Sec 3                                                               |                              |
|                                                                        |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            | Care Worker questionnaire Sec 3<br>Service User questionnaire Sec 1 and 2                      |                              |
|                                                                        |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |                                                                                                | Daily records/logs           |
| 5.2                                                                    | The Provider's Code of Practice includes a                                                                                             | 5.2.1 POVA referrals have been appropriately made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Provider can confirm the number of regulation 26 made in the last 26<br>Providers incident book clearly record                                                                                                                                                             | Feedback from Purchaser's Internal depts - Number and outcome of POVA referrals                |                              |

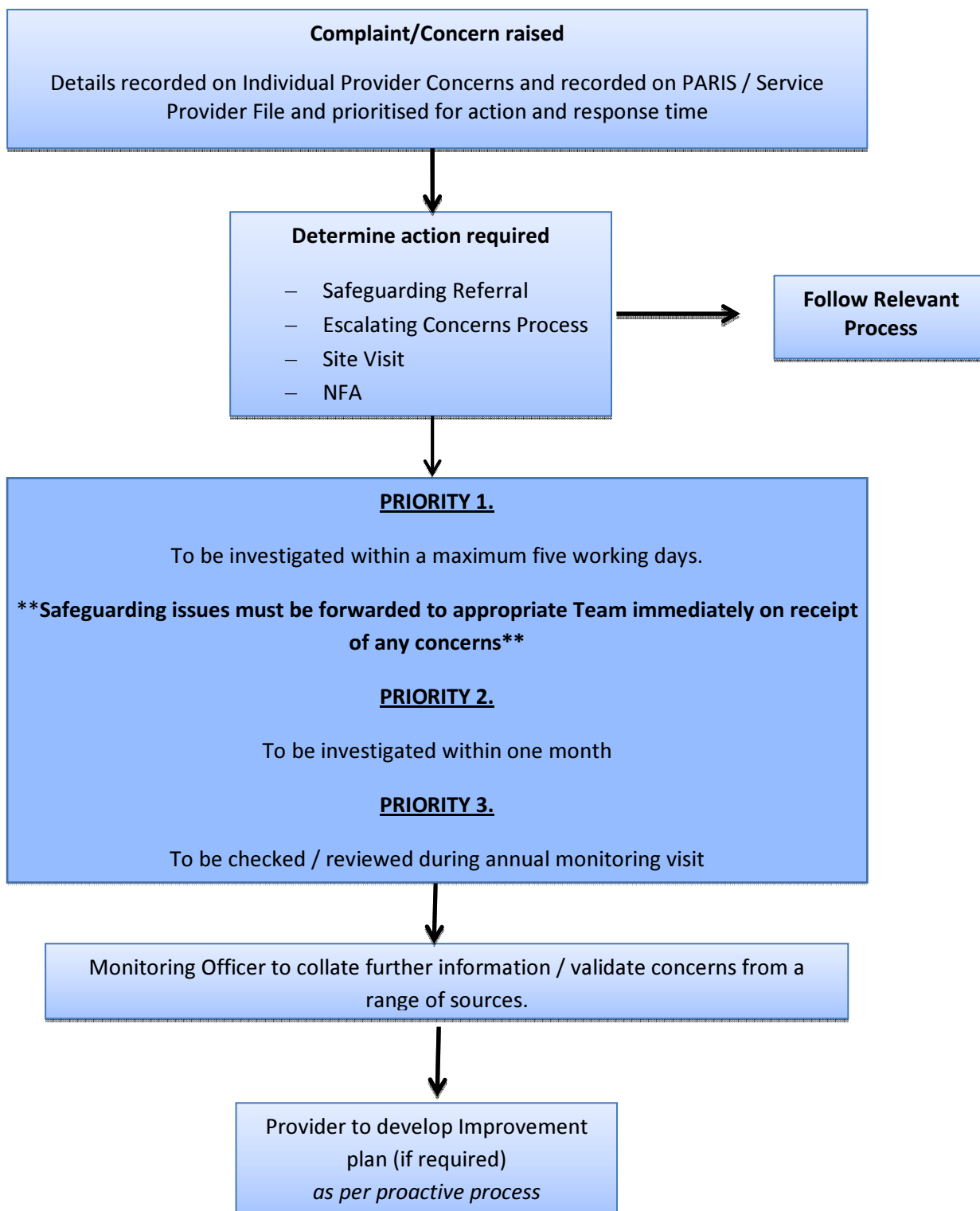
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|     | statement of Service User's rights<br><i>Contract clause: 6</i>                                                                                                | <p><b>5.2.2</b> staff induction and training programmes specifically address protection from abuse.</p>                                                | <p>POVA incidents Provider can demonstrate that safeguarding referrals have been made<br/>Purchaser's safeguarding can confirm that POVA referrals have been made<br/>Provider can confirm that staff receive training on whistle blowing<br/>Provider can confirm the number and outcome of all complaints received<br/>Provider can confirm that complaints have been actioned within appropriate timescales</p> | <p>Care Worker Questionnaire Sec 2<br/>Pre-monitoring questionnaire Sec 2<br/>Provider's training matrix<br/>Qualification and supervision matrix</p> |                                                                            |
|     |                                                                                                                                                                | <p><b>5.2.3</b> A record of all outcomes to complaints are kept and the Provider can demonstrate appropriate action within appropriate timescales.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Pre-monitoring questionnaire Sec 6</p>                                                                                                             | <p>Complaints/compliments records</p>                                      |
|     |                                                                                                                                                                | <p><b>5.2.4</b> Awareness of whistle blowing policy and procedures is included in induction training.</p>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Policy and procedures checklist<br/>Provider's training matrix</p>                                                                                 | <p>Interview with Managers/staff</p>                                       |
| 5.3 | Service Users will be supported in line with their cultural, spiritual, sexual and dietary needs and their preferences respected<br><i>Contract clause: 48</i> | <p><b>5.3.1</b> Personal preferences are clearly reflected on and adhered to as part of a service user's service delivery plan.</p>                    | <p>Provider can demonstrate that services are delivered to the service user's preference<br/>Provider can demonstrate that literature and documents are available in other languages and formats according to service user preference<br/>Provider can demonstrate that Care Workers have received equality training</p>                                                                                           | <p>Care Worker questionnaire Sec 3</p>                                                                                                                | <p>Contents of service user file</p>                                       |
|     |                                                                                                                                                                | <p><b>5.3.2</b> Staff induction and training programmes specifically include equality training</p>                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Care Worker questionnaire Sec 2<br/>Provider's training matrix</p>                                                                                 |                                                                            |
|     |                                                                                                                                                                | <p><b>5.3.3</b> Services can be delivered in the language choice of Service Users</p>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Service User questionnaire Sec 2<br/>Pre-monitoring questionnaire Sec 3</p>                                                                        | <p>Interview with Manager/staff for other languages (apart from Welsh)</p> |
| 5.4 | Service Users will be treated with dignity and respect and be addressed                                                                                        | <p><b>5.4.1</b> Care staff undertake induction and relevant on-going training in promoting dignity and respect.</p>                                    | <p>Provider can demonstrate that person profiles exist where appropriate<br/>100% of Care Workers have received Dignity and respect training<br/>100% of Care Workers have received</p>                                                                                                                                                                                                                            | <p>Provider's Training matrix<br/>Care Worker questionnaire Sec 2<br/>Pre-monitoring questionnaire Sec 2</p>                                          |                                                                            |

|     |                                                                                                                                                             |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                            |
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|     | <p>politely, treated courteously and will, where possible receive all communication in a language of their choice</p> <p><i>Contract clause: 15, 51</i></p> | <p><b>5.4.2</b> Service Users are asked for their views and these are recorded</p>                                                          | <p>confidentiality training which includes data protection</p>                                                                                                                                                                                                                                                                                                 | <p>Provider's QA report<br/>Pre-monitoring questionnaire Sec 5</p>           |                                                            |
|     |                                                                                                                                                             | <p><b>5.4.3</b> Provider has a robust confidentiality policy and procedure and care staff adhere to this</p>                                |                                                                                                                                                                                                                                                                                                                                                                | <p>Policies and procedures checklist<br/>Care worker questionnaire Sec 1</p> |                                                            |
|     |                                                                                                                                                             | <p><b>5.4.4</b> All staff are working to maintain the dignity and respect of Service Users</p>                                              |                                                                                                                                                                                                                                                                                                                                                                | <p>Service User questionnaire Sec 2</p>                                      |                                                            |
| 5.5 | <p>Service Users will be able to understand the information provided to them by the Provider</p> <p><i>Contract clause: 15, 38</i></p>                      | <p><b>5.5.1</b> Information provided to service users is available in/ can be provided in different formats</p>                             | <p>Provider can demonstrate that literature and documents are available in other languages and formats according to service user preference Provider can demonstrate that service users are given the opportunity to comment on the services they receive</p> <p>Provider can demonstrate that the results of any QA activity is shared with service users</p> |                                                                              | <p>Interview with Manager/staff</p>                        |
|     |                                                                                                                                                             | <p><b>5.5.2</b> Service Users are given the opportunity to input into the Provider QA process by providing feed back.</p>                   |                                                                                                                                                                                                                                                                                                                                                                | <p>Provider's QA report<br/>Pre-monitoring questionnaire Sec 5</p>           |                                                            |
|     |                                                                                                                                                             | <p><b>5.5.3</b> Service User choices are recorded in service delivery plans which are signed by the Service User/ Carer/ Representative</p> |                                                                                                                                                                                                                                                                                                                                                                | <p>Care Worker questionnaire Sec 3<br/>Service User questionnaire Sec 3</p>  | <p>Contents of service user file    Daily records/logs</p> |

**Proactive Monitoring Process**



## Reactive Monitoring Process



Form  
A1

Provider  
ID:  
(for office use only)

**Domiciliary - Pre Visit Monitoring Questionnaire**

The deadline for returning this form is:

**Section 1. Service Provider Information**

Name of Provider:

Company Name:

Registered Owner:

Registered Manager:  Date appointed:

Contact Address:

Post Code:  Tel:

E-mail:  Fax:

CSSIW / CQC Registration Number:

Date of last CSSIW Inspection:

Has there been any change in registration / ownership in the last 12 months?  
If answering "yes" please provide details:

**Section 2. Organisational Information**

Please provide a summary of your service (alternatively please attach a copy of your Statement of Purpose):



### Section 3. Service User Groups

Older People  Learning Disabilities  Elderly MH

Mental Health  Physical Disabilities

Any other category(s): (please specify)

### Section 4. Service Capacity

How many Denbighshire County Council funded service users are currently in receipt of services from your organisation?

How many privately funded services users within Denbighshire are currently in receipt of services from your organisation?

What areas of Denbighshire do you deliver services to?

All  North  South

Do you deliver services to other Local Authorities within North Wales?

Do you deliver services to other Local Authorities within Wales / England?

What is the percentage of the services you carry out within Denbighshire?

Please provide an estimate of how many of your current private service users in receipt of personal care would be eligible for services / care if they requested for an Assessment by Denbighshire?

### Section 5. Employment & Management of Staff

Is the Registered Manager registered with the Care Council for Wales / England?

How many care staff do you employ in total?

Of the care workers how many were appointed in the past 12 months? F/T:  P/T:

How many care workers have left in the past 12 months? F/T:  P/T:

How many of your care / support workers are Welsh speakers?

What is the current rate of pay for your:

|                            |                      |
|----------------------------|----------------------|
| Team Leader / Senior Carer | <input type="text"/> |
| Care Staff / Support Staff | <input type="text"/> |
| Nursing Staff              | <input type="text"/> |

Do you pay travel / subsistence to your care / support workers?

Do any of your staff have a record of police convictions / cautions / reprimand or warnings

If answering "yes" please provide general nature of convictions etc

Do any of your staff appear on the ISA barred list?  
If answering "yes" please provide general details

### Section 6. Training

Have all staff received mandatory training in line with registration?

Please provide details of specific training above basic / mandatory training:  
(include details on who provided the training and number of staff attended / accredited)

### Section 7. Incident Reporting & Complaints

How many incidents of falls have occurred within the past 12 months?

How many Regulation 26 Notifications have you completed in the last 12 months?

How many formal complaints have you received in the last 12 months?

How many compliments have you received in the last 12 months?

### Section 8. Compliance

Do you have any Regulatory Enforcement notices in place?

If answering "yes" please provide details

Do you have any Health & Safety Enforcement notices in place?

If answering "yes" please provide details

Do you have any Improvement / Action Plans in place in line with your Regional Domiciliary Agreement?

If answering "yes" please provide details

### Section 8. Supporting Documents

Please supply an up to date copy the following documentation as part of your submission:

Quality Assurance Report (Reg 23)

Statement Purpose (if included)

Training Matrix

Recent Staffing Rota (last 4 weeks)

### Section 9. Additional Information

Please provide us with any additional information you would like us to know (Please inform us of any awards or achievements attained in the last 12 months)

Denbighshire County Council are currently piloting this form as part of its Contract Monitoring Process. We would appreciate if you could provide us with feedback over the format and questions included within this Monitoring Form, eg are the questions relevant / is there anything else you feel we should be capturing?

### Section 10. Declaration - This document must be signed by the registered manager / owner

Are you compliant with regulation under The Care Standards Act

Are you compliant with the Terms & Conditions as set out in the North Wales Domiciliary Agreement

The information provided as part of this submission is an accurate account, any false or misleading information may be dealt with under Contract Compliance arrangements

Signed:

Designation:

Date:

**Thank you for your time to complete this document**

**Please return this form to: [paul.jones@denbighshire.gov.uk](mailto:paul.jones@denbighshire.gov.uk)**

**Office Use Only:**

Date form received:

Confirmation of supporting documents received:

Receiving Officer Initials:

|  |
|--|
|  |
|  |
|  |



# Domiciliary Care Questionnaire

**Please help us to find out**

*Domiciliary – Service User Feedback*

|                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What is this survey about?</b>                                                                                                                                                                                                                                                                      |
| Denbighshire County Council, Adult & Business Services would like to know about the experiences of people who receive Care at Home (Domiciliary Care).                                                                                                                                                 |
| <b>Why is this survey important?</b>                                                                                                                                                                                                                                                                   |
| This survey will enable us to learn from your experiences, helping us to improve the service provided.<br>Completing this form is your chance to tell us what you think of the services you are receiving, what is being done well and what could do better.                                           |
| <b>Will the information I give remain confidential?</b>                                                                                                                                                                                                                                                |
| All the information that you give will be treated in the strictest confidence, used only for the purpose of this survey and no individuals will be identifiable in any report. We may use the information to aid our monitoring visits with the service provider, but your details will not be shared. |
| <b>How do I fill it in?</b>                                                                                                                                                                                                                                                                            |
| All you need to do is tick the box that best fits with your views for each question.                                                                                                                                                                                                                   |
| <b>Who should fill it in?</b>                                                                                                                                                                                                                                                                          |
| The answers should be given from the point of view of the person who is receiving a service. If you need some help to fill it in, you could ask other members of your family, or a friend, or your advocate if you have one.                                                                           |
| <b>How should I return the completed form?</b>                                                                                                                                                                                                                                                         |
| Please return it to us in the prepaid envelope provided. There is no need for a stamp.                                                                                                                                                                                                                 |

## General Information

Name of Service Provider / Care Agency:

Your Gender:

Male

Female

Which area of Denbighshire do you live in? (e.g. Rhyl, St Asaph, Ruthin etc):

When you were assessed by Social Services, were you asked of your preferred language? (eg. Welsh, English etc):

Yes

No

What is your preferred language?

When you were assessed by Social Services, were you asked whether you preferred a male or female Care Worker?

Yes

No

Was this preference met? Yes

No

How long has this agency been providing a home care service for you?

Less than 6 months

6 months to 1 year

1-2 years

More than 2 years

Does the care you receive help you?

Yes

Neither  
Agree or  
Disagree

No

Q1 Are you satisfied with the care provided?

Please comment:

Q2 Do the Care Workers arrive on time?

Please comment:

Q3 Do the Care Workers stay for the agreed length of time?

Please comment:

|                                                                                    |                                                                                                                                   |                                                                             |                          |                          |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------|--------------------------|
| Q4                                                                                 | <b>Do the Care Workers treat you and your home with respect?</b>                                                                  | <input type="checkbox"/>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:                                                                    |                                                                                                                                   |                                                                             |                          |                          |
| Q5                                                                                 | <b>Are the Care Workers appropriately dressed?</b>                                                                                | <input type="checkbox"/>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:                                                                    |                                                                                                                                   |                                                                             |                          |                          |
| Q6                                                                                 | <b>Have you found that staff have appropriate attitudes – are they helpful, polite and sensitive?</b>                             | <input type="checkbox"/>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:                                                                    |                                                                                                                                   |                                                                             |                          |                          |
| Q7                                                                                 | <b>Do you feel that the Care Workers who support you know your needs and are trained / experienced enough to meet your needs?</b> | <input type="checkbox"/>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:                                                                    |                                                                                                                                   |                                                                             |                          |                          |
| Q8                                                                                 | <b>Are you confident that Care Workers are discreet about your situation and care needs?</b>                                      | <input type="checkbox"/>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Q9                                                                                 | <b>Have you been given adequate written information about the Provider delivering your Care?</b>                                  | <input type="checkbox"/>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment:                                                                    |                                                                                                                                   |                                                                             |                          |                          |
| Q10                                                                                | <b>Thinking about the Service User folder kept at your home, are the following documents included as part of that file?</b>       | Please tick where content is present in the folder or N/A if not applicable |                          |                          |
| Service Provider Information (e.g Statement of Purpose)                            |                                                                                                                                   |                                                                             |                          |                          |
| Copy of Terms & Conditions                                                         |                                                                                                                                   |                                                                             |                          |                          |
| Contact Telephone Number for the Provider (including out of hours contact details) |                                                                                                                                   |                                                                             |                          |                          |
| Complaints Procedure                                                               |                                                                                                                                   |                                                                             |                          |                          |
| Statement of Confidentiality                                                       |                                                                                                                                   |                                                                             |                          |                          |

|                                                |                                                                                                                                                                    |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule of Visits / Care Calls                |                                                                                                                                                                    |
| Detailed Programme of Care                     |                                                                                                                                                                    |
| Risk Assessments                               |                                                                                                                                                                    |
| Record or Log of Visits / Care Calls Completed |                                                                                                                                                                    |
| Medication Sheet                               |                                                                                                                                                                    |
| Money Transaction Sheets and Receipts          |                                                                                                                                                                    |
| Key Holding Information                        |                                                                                                                                                                    |
| Q11                                            | <b>Were you visited by the Manager within 2 weeks of the Service commencement date?</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Please comment:

|     |                                                                                                                                                                 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q12 | <b>Were you introduced to the Care Workers before they started working with you?</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please comment:

|     |                                                                                                                                                                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q13 | <b>Did you / do you have a chance to comment on whether or not you are happy with your particular Care Workers?</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please comment:

|     |                                                                                                                                |
|-----|--------------------------------------------------------------------------------------------------------------------------------|
| Q14 | <b>Do you have a regular group of Care Workers?</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|-----|--------------------------------------------------------------------------------------------------------------------------------|

Please comment:

|     |                                                                                                                                                                   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q15 | <b>Are you consulted about the way you wish support provided is to be carried out?</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please comment:

|     |                                                                                                                 |
|-----|-----------------------------------------------------------------------------------------------------------------|
| Q16 | <b>What happens if a Care Worker is ill, unable to visit or significantly delayed in arriving at your call?</b> |
|-----|-----------------------------------------------------------------------------------------------------------------|

Please describe:



|                 |                                                                                                                                                       | Yes                      | No                       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Q17             | Have you ever had cause to complain?                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Q18             | If yes, was your complaint dealt with promptly and to your satisfaction?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment: |                                                                                                                                                       |                          |                          |
| Q19             | Is there anything you would like to change about your package of Care?                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Please comment: |                                                                                                                                                       |                          |                          |
| Q20             | Are you happy for your comments to be shared with the Provider during routine Quality Monitoring activity carried out by Denbighshire County Council? | <input type="checkbox"/> | <input type="checkbox"/> |

**Please feel free to provide us with additional comments on what you feel the Domiciliary Care Provider has done well.**

**Please feel free to comment on what you feel the Domiciliary Care Provider could do better.**

If you want to discuss any of your answers and would like someone to contact you, please write your name, address and telephone number here:

**Thank you for completing this questionnaire, your views are important to us.**

**Please return your completed form to use using the envelope provided (No stamp is required)**

## North Wales Domiciliary Care Monitoring Framework

### Support / Care Worker Feedback Questionnaire

To monitor standards and improve services it is important to receive your views. This is a confidential questionnaire and you do not need to provide your name, all information provided will be kept in accordance with the Data Protection Act 1998.

|                                                      |
|------------------------------------------------------|
| Provider Name:                                       |
| How long have you been employed by this Provider?    |
| What is your job role/job title within the Provider? |
| Do you work full time or part time?                  |

#### 1) Recruitment and Induction:

|                                                                                                            | Yes | No | N/A |
|------------------------------------------------------------------------------------------------------------|-----|----|-----|
| Did you complete an application form prior to starting work?                                               |     |    |     |
| Did you provide the name of 2 referees when you applied to work for this Provider?                         |     |    |     |
| Was one of these your previous employer?                                                                   |     |    |     |
| Did your employer obtain written references?                                                               |     |    |     |
| Did you have a formal interview?                                                                           |     |    |     |
| Was your enhanced CRB/DBS completed and returned before you started work?                                  |     |    |     |
| Is your enhanced CRB/DBS renewed every 3 years?                                                            |     |    |     |
| Do you have a job description?                                                                             |     |    |     |
| Do you have a contract of employment?                                                                      |     |    |     |
| What notice are you contractually required to give?                                                        |     |    |     |
| Do you have at least quarterly one to one supervision sessions with your manager?                          |     |    |     |
| Do you have an annual appraisal?                                                                           |     |    |     |
| Did you have a 12 week induction based on the Care Council for Wales Induction framework?                  |     |    |     |
| Did you receive a Code of Practice?                                                                        |     |    |     |
| Have you been issued with an I.D Card?                                                                     |     |    |     |
| Have you been issued with a uniform?                                                                       |     |    |     |
| Have you received a staff handbook?                                                                        |     |    |     |
| Does this as a minimum provide information on whistle blowing and governance?                              |     |    |     |
| Do you have open access to the company's policies and procedures?                                          |     |    |     |
| Were you asked to sign to confirm that you will adhere to the Provider's confidentiality policy/procedure? |     |    |     |
| Were you asked to sign to confirm that you will adhere to                                                  |     |    |     |

|                                                  |  |  |  |
|--------------------------------------------------|--|--|--|
| the Provider's data protection policy/procedure? |  |  |  |
| Do you attend regular team meetings?             |  |  |  |
| How often are team meetings held?                |  |  |  |

## 2) Training:

| Have you received training in the following areas: -                                                 | Yes | No | Refresher      |
|------------------------------------------------------------------------------------------------------|-----|----|----------------|
| Moving and Handling to All Wales Passport Standard                                                   |     |    |                |
| Emergency First Aid                                                                                  |     |    |                |
| Safeguarding (POVA)                                                                                  |     |    |                |
| Food Hygiene/ Food Safety                                                                            |     |    |                |
| Infection Control                                                                                    |     |    |                |
| Fire Safety                                                                                          |     |    |                |
| Medication                                                                                           |     |    |                |
| Dementia                                                                                             |     |    |                |
| Reablement                                                                                           |     |    |                |
| Equalities                                                                                           |     |    |                |
| Do you have an NVQ/QCF in Health and Social Care?                                                    |     |    | Specify level: |
| If no, have you been offered NVQ/QCF assessment?                                                     |     |    |                |
| Is the moving and Handling training that you have received the All Wales Passport Standard training? |     |    |                |
| If not, specify:                                                                                     |     |    |                |
| Please list any other training you have received:                                                    |     |    |                |

## 3) Job Role:

|                                                                 | Yes | No | N/A |
|-----------------------------------------------------------------|-----|----|-----|
| Are you introduced to Service Users before your first visit?    |     |    |     |
| Did you receive sufficient shadowing as part of your induction? |     |    |     |
| Do you get paid mileage?                                        |     |    |     |
| Is travelling time factored into your rota?                     |     |    |     |
| Is the travelling time factored sufficient                      |     |    |     |
| If no, please specify                                           |     |    |     |
| How do you get informed of any changes to your rota?            |     |    |     |

|                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------|--|--|--|
| Do you feel you have sufficient time to read and understand Service Delivery Plans?                  |  |  |  |
| Do you feel you have sufficient time during calls to complete Service Deliver plan objectives?       |  |  |  |
| If you have answer no, please provide examples why not                                               |  |  |  |
| Do you feel your induction and training have provided you with the skills to carry out your role?    |  |  |  |
| Do you feel able to discuss any concerns with knowledgeable managers as and when necessary?          |  |  |  |
| When on calls do you feel you have support available in the office and out of hours if needed?       |  |  |  |
| Are Service Users encouraged to take active part in decision making about the Services they receive? |  |  |  |
| Are Service Users encouraged to maintain their independence or to be reabled                         |  |  |  |
| If yes, please provide examples:                                                                     |  |  |  |

**Please provide any further information you feel may be relevant:**

**If you want to discuss any of your answers and would like someone to contact you, please write your name, address and telephone number here:**

**Thank you for completing this questionnaire.**



## Adult & Business Services

### Contract & Quality Monitoring Report for Domiciliary Care Services

(Based on the North Wales Quality Monitoring Framework)

DRAFT TEMPLATE

Name of Establishment: [Insert name]

Date of Report: [Insert date]

**Version 1.1**

|          | <b>Contents</b>                                                                                                                                                                                                                                                                                                                                                                                             | <b>Page</b> |
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| <b>1</b> | Basic Information                                                                                                                                                                                                                                                                                                                                                                                           | 3           |
| <b>2</b> | Purpose of Quality Monitoring                                                                                                                                                                                                                                                                                                                                                                               | 3           |
| <b>3</b> | Summary Statement of Purpose (as described by the Service Provider)                                                                                                                                                                                                                                                                                                                                         | 3/4         |
| <b>4</b> | Pre Monitoring Visit Information <ul style="list-style-type: none"> <li>• Provider’s Pre Monitoring Visit Questionnaire</li> <li>• Regulatory Body Inspection Report</li> <li>• Regulatory Body Requirements / Notifications</li> <li>• Partners’ Pre Monitoring Feedback</li> <li>• Service User / Relatives’ Feedback</li> <li>• Changes to the Management Structure within the last 12 months</li> </ul> |             |
| <b>5</b> | <b>Outcomes</b>                                                                                                                                                                                                                                                                                                                                                                                             |             |
|          | <b>Outcome 1</b> – Service users live as independently as possible                                                                                                                                                                                                                                                                                                                                          |             |
|          | <b>Outcome 2</b> – Service users have choice and control over their lives                                                                                                                                                                                                                                                                                                                                   |             |
|          | <b>Outcome 3</b> – Service users health and well being will be promoted                                                                                                                                                                                                                                                                                                                                     |             |
|          | <b>Outcome 4</b> – Service users feel safe, secure and protected                                                                                                                                                                                                                                                                                                                                            |             |
|          | <b>Outcome 5</b> – Service users are treated with dignity and respect                                                                                                                                                                                                                                                                                                                                       |             |
| <b>6</b> | Closing Summary /                                                                                                                                                                                                                                                                                                                                                                                           |             |
| <b>7</b> | Recommendations                                                                                                                                                                                                                                                                                                                                                                                             |             |
|          | <b>Appendices:</b>                                                                                                                                                                                                                                                                                                                                                                                          |             |
| <b>1</b> | Evidence Source Code:                                                                                                                                                                                                                                                                                                                                                                                       |             |



## 1. Basic Information

|                                                           |  |
|-----------------------------------------------------------|--|
| Name of Service Provider:                                 |  |
| Address:                                                  |  |
| Registered Owner:                                         |  |
| Registered Manager:                                       |  |
| Local Authority:                                          |  |
|                                                           |  |
| Name of Monitoring Officer:                               |  |
| Name of most Senior Member of Staff present:              |  |
| Number of Hours contacted by Denbighshire County Council: |  |
| Date & Time of Monitoring Visit:                          |  |

## 2. Purpose of Quality Monitoring

Quality Monitoring aims provide a structured evaluation of service delivery as a whole and to ensure that a service is meeting the identified outcomes of service users and is compliant with national Minimum Standards and the North Wales Domiciliary Care Agreement and specifications.

The principal of this approach to quality monitoring is to work in partnership with providers and commissioners. It aims to provide a structured, standardised and efficient approach for gathering qualitative and quantitative evidence from a range of stakeholders in relation to each Service Provider's performance, minimising duplication and disruption where possible.

Quality Monitoring aims to recognise good quality of service and will also be used to inform and support decision making, ensuring risk and performance are managed appropriately.

## 3. Summary Statement of Purpose *(as described by the Service Provider)*

#### 4. Summary of Pre Monitoring Visit Information

*Pre Monitoring Visit Questionnaire:*

*Regulatory Body Inspection Report:*

*Regulatory Body Requirements / Notifications:*

*Partners Pre Monitoring Feedback:*

*Service User / Relatives' Feedback:*

*Changes to the Management Structure within the last 12 months:*

#### 5. Outcomes

**Outcome 1: Service users live as independently as possible**

**Evidence Source: A:C: H:L: M: O**

**Outcome 2: Service users have choice and control over their lives**

**Evidence Source: A: B: C: D: F: G : I: L: R**

**Outcome 3: Service users' health and wellbeing will be promoted**

**Evidence Source: A: B: C: F: G: L: P: Q: R**

**Outcome 4: Service users feel safe, secure and protected**

**Evidence Source: A: C: D: F: H: L: M**

**Outcome 5: Service users are treated with dignity and respect**

**Evidence Source: A: C: F: H: T: U: V: W**

#### 6. Closing Summary

#### 7. Recommendations

---

**Signed on behalf of Denbighshire County Council**

**Monitoring Officer:**

**Date:**

**Senior Manager:**

**Date:**

**Signed on behalf of Domiciliary Care Provider:**

**Date:**

**Designation:**

**Appendix One:**

**Evidence Source Code:**

|          |                                                                     |          |                                       |          |                                              |          |                          |          |                                            |          |                                      |
|----------|---------------------------------------------------------------------|----------|---------------------------------------|----------|----------------------------------------------|----------|--------------------------|----------|--------------------------------------------|----------|--------------------------------------|
| <b>A</b> | Service Delivery Plan / Risk Assessments / Pen Pictures/ Care Plans | <b>B</b> | Daily Records / Logs                  | <b>C</b> | Service user and relative feedback / views   | <b>D</b> | Activities Schedule      | <b>E</b> | Complaints & Compliment records            | <b>F</b> | Observations                         |
| <b>G</b> | Record of service user forum / meetings                             | <b>H</b> | Training Matrix                       | <b>I</b> | Confirmation of CRB checks                   | <b>J</b> | Supervision Matrix       | <b>K</b> | Feedback from visiting professionals       | <b>L</b> | Interview with Manager / Staff       |
| <b>M</b> | Staffing rota                                                       | <b>N</b> | Accident / Incident records           | <b>O</b> | Record of Number & Outcome of POVA referrals | <b>P</b> | Visitors log             | <b>Q</b> | Suitability of private space               | <b>R</b> | Telephone / ICT facilities available |
| <b>S</b> | Recruitment & Induction policy                                      | <b>T</b> | Menus                                 | <b>U</b> | MAR Charts                                   | <b>V</b> | Secure medicine cabinets | <b>W</b> | Copies Secondary Care Passport/ equivalent | <b>X</b> | Physical environment                 |
| <b>Y</b> | Financial transaction records (inc P.A)                             | <b>Z</b> | Lockable facilities for service users |          |                                              |          |                          |          |                                            |          |                                      |

**KEY:**

|         |          |          |             |
|---------|----------|----------|-------------|
| Records | Feedback | Staffing | Environment |
|---------|----------|----------|-------------|

## APPENDIX 3

# North Wales Adult Safeguarding Integration and Collaboration 07 May 2013

Equality Impact Assessment

# North Wales Adult Safeguarding Integration and Collaboration

Contact: <Name of person and service>

Updated: <DD.MM.YY>

## 1. What type of proposal / decision is being assessed?

A new or revised policy

## 2. What is the purpose of this proposal / decision, and what change (to staff or the community) will occur as a result of its implementation?

The purpose of this proposal is to collaboratively (6 local authorities, health board, North Wales Police, Voluntary sector and Providers) meet the requirements within the Social Services and Well-Being (Wales) Bill and Sustainable Social Services: A Framework for Action which places a requirement upon partners to develop the current adult protection arrangements into an adult safeguarding agenda both locally, regionally and nationally. North Wales will adopt a two-tier North Wales Adult Safeguarding Board. This enables 3 x 2 Local Authority areas to work together to develop a Safeguarding Board. There will be elements of adult safeguarding that will be carried out on a regional basis i.e., training, performance and audit, policy and serious case reviews. There will be a positive effect on staff in standardising practices and learning across the whole of North Wales and this will impact positively on the outcomes for the community.

## 3. Does this proposal / decision require an equality impact assessment? If no, please explain why.

*Please note: if the proposal will have an impact on people (staff or the community) then an equality impact assessment **must** be undertaken*

Yes

Yes

## 4. Please provide a summary of the steps taken, and the information used, to carry out this assessment, including any engagement undertaken

*(Please refer to section 1 in the toolkit for guidance)*

The steps that North Wales is taking is to adhere to the requirements within the Social Services and Well-Being (Wales) Bill and the Sustainable Social Services: A Framework for Action. A workshop was held in January 2013 where key stakeholders that included health, local authorities, police, voluntary sector and provider representative. The outcome report from the stakeholder event can be found in appendix XXX

**5. Will this proposal / decision have a positive impact on any of the protected characteristics (age; disability; gender-reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation)?**

*(Please refer to section 1 in the toolkit for a description of the protected characteristics)*

Yes. The positive impact will be to standardise practice across North Wales, raise the profile of adult safeguarding and provide robust governance under which the Board will conduct its business.

**6. Will this proposal / decision have a disproportionate negative impact on any of the protected characteristics (age; disability; gender-reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation)?**

No please refer to 5 above.

**7. Has the proposal / decision been amended to eliminate or reduce any potential disproportionate negative impact? If no, please explain why.**

|                 |                                                                                            |
|-----------------|--------------------------------------------------------------------------------------------|
| <Please Select> | There has been no amendments as four options were considered by stakeholders (see 8 below) |
|-----------------|--------------------------------------------------------------------------------------------|

**8. Have you identified any further actions to address and / or monitor any potential negative impact(s)?**

|                 |                                                                                                                                                                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <Please Select> | Four options were considered and the Two-tiered North Wales Adult Safeguarding Board was agreed by the stakeholders to be the one that would have the most positive impact for both staff and the community. No further actions required. |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Action(s)         | Owner        | By when?   |
|-------------------|--------------|------------|
| <Please describe> | <Enter Name> | <DD.MM.YY> |
| <Please describe> | <Enter Name> | <DD.MM.YY> |

|                                                |              |            |
|------------------------------------------------|--------------|------------|
| <Please describe>                              | <Enter Name> | <DD.MM.YY> |
| <Please describe>                              | <Enter Name> | <DD.MM.YY> |
| <Unrestrict editing to insert additional rows> | <Enter Name> | <DD.MM.YY> |

---

## 9. Declaration

Every reasonable effort has been made to eliminate or reduce any potential disproportionate impact on people sharing protected characteristics. The actual impact of the proposal / decision will be reviewed at the appropriate stage.

|              |            |
|--------------|------------|
| Review Date: | <DD.MM.YY> |
|--------------|------------|

| Name of Lead Officer for Equality Impact Assessment | Date       |
|-----------------------------------------------------|------------|
| <Type Name>                                         | <DD.MM.YY> |

**Please note you will be required to publish the outcome of the equality impact assessment if you identify a substantial likely impact.**

---



|                                 |                                                                                                                      |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Adroddiad i'r:</b>           | <b>Pwyllgor Archwilio Partneriaethau</b>                                                                             |
| <b>Dyddiad y cyfarfod:</b>      | <b>18 Gorffennaf 2013</b>                                                                                            |
| <b>Aelod/Swyddog Arweiniol:</b> | <b>Aelod Arweiniol Gofal Cymdeithasol a Gwasanaethau Oedolion a Phlant / Pennaeth Gwasanaethau Oedolion a Busnes</b> |
| <b>Awdur yr Adroddiad :</b>     | <b>Rheolwr Gwasanaeth: Busnes a Gofalwyr</b>                                                                         |
| <b>Teitl:</b>                   | <b>Gofal Cartref, Posibilrwydd Cydweithio</b>                                                                        |

---

## **1. Am beth mae'r adroddiad yn sôn?**

Mae'r adroddiad yn darparu gwybodaeth i Aelodau Etholedig ynglŷn â'r posibilrwydd o gydweithio i ddarparu gofal cartref, yn arbennig mewn ardaloedd gwledig.

## **2. Beth yw'r rheswm dros lunio'r adroddiad hwn?**

Gofynnodd Aelodau am adroddiad i ystyried y posibilrwydd o gydweithio i ddarparu gofal cartref, yn arbennig mewn ardaloedd gwledig. Mae'r adroddiad hwn yn darparu gwybodaeth ynglŷn â'r galw a darpariaeth gofal cartref Sir Ddinbych.

## **3. Beth yw'r Argymhellion?**

Argymhellir bod Aelodau yn ystyried yr adroddiad ac yn cefnogi'r gwaith parhaus i ganfod ffyrdd amgen o ddiwallu'r galw am ofal cartref mewn ardaloedd gwledig.

## **4. Manylion am yr Adroddiad**

4.1 Mae hi'n anoddach fyth canfod gofal cartref a gall comisiynu gofal o'r fath mewn ardaloedd gwledig fod yn gostus dros ben, yn arbennig yn ne'r Sir. Awgrymwyd y gellir mynd i'r afael â'r broblem drwy gydweithio ag Awdurdodau cyfagos. Fel arall, awgrymwyd y gellir tendro contractau bloc.

4.2 Mae data wastad wedi awgrymu na fyddai'r dewisiadau uchod yn datrys y broblem ond mae'r wybodaeth bellach wedi ei mapio ac yn haws ei deall. Mae'r mapiau yn Atodiad 1 a 2 yn dangos bod y galw mewn rhai ardaloedd mor isel na fyddai creu contractau bloc yn rhesymol. Mae'r mapiau hefyd yn dangos bod y galw am ofal cartref yn isel iawn ger ffiniau'r Sir.

4.3 Rydym ni wedi ymgynghori ag Awdurdodau cyfagos ynglŷn ag ardaloedd lle mae'r galw yn isel ac ardaloedd lle mae'r ddarpariaeth yn isel. Mae Gwynedd wedi llunio map (Atodiad 3) sy'n dangos canlyniadau tebyg. Nid yw Conwy wedi mapio eu darpariaeth ond mae cymhariaeth flaenorol wedi dangos nad yw'r un meysydd yn peri anawsterau. Mae Sir y Fflint yn defnyddio map ac

rydym ni yn y broses o dderbyn copi. Ar hyn o bryd nid oes ardaloedd lle mae'r galw yn debyg. Mae Wrecsam hefyd wedi gofyn p'un ai ydyn nhw'n defnyddio system fapio er mwyn cymharu.

- 4.4 Lle ceir anawsterau wrth ganfod pecyn gofal priodol, mae Brocer Gofal yn cysylltu â darparwyr Awdurdodau cyfagos. Fodd bynnag, oherwydd y pellter, prin yw'r adegau lle mae'r darparwyr hyn yn gallu cynorthwyo. Mae'r mapiau yn dangos bod y galw mwyaf yng nghanol y sir ac felly ymhellach i ffwrdd o Awdurdodau eraill.
- 4.5 Mae gwaith wedi ei wneud yn lleol ac yn rhanbarthol i gymharu costau gofal cartref ac i ystyried model pennu cost rhanbarthol. Mae datganiadau Sefyllfa'r Farchnad hefyd yn cael eu cynhyrchu i ddangos galw a chyfeiriad pob Awdurdod Lleol. Bwriad hyn oll yw darparu gwybodaeth a fydd yn sail i gynlluniau busnes ar gyfer darparwyr ac annog datblygu o fewn ardaloedd penodol. Fodd bynnag, mae galw isel mewn rhai ardaloedd gwledig yn golygu y byddai hyfywedd busnesau yn yr ardaloedd hynny yn amheus.
- 4.6 Nid yw cydweithio ag Awdurdodau eraill yn ateb addas ar hyn o bryd – ond bydd gwybodaeth ranbarthol ar sefyllfa'r farchnad yn cael ei diweddarau'n rheolaidd a gall y sefyllfa newid. Yn y cyfamser, mae angen canfod atebion amgen.
- 4.7 Gall Taliadau Uniongyrchol i ariannu Cymorthyddion Personol fod yn wasanaeth addas i rai pobl. Fodd bynnag, mae hi'n anodd canfod Cymorthyddion Personol yn yr ardaloedd hynny. Cynigir gweithio gyda Mudiad Rowan i hysbysu cyfleodd ac i annog pobl i ymgeisio am y math yma o waith.
- 4.8 Ateb posib arall yw sefydlu Menter Gymdeithasol. Fodd bynnag, mae'n rhaid i fentrau cymdeithasol fod yn fusnesau hyfyw. Mae'r mapiau'n dangos pa mor isel yw'r galw mewn rhai ardaloedd ac, o ystyried hynny, byddai'n rhaid i Fenter Gymdeithasol gynnig gweithgareddau neu wasanaethau nad ydyn nhw ar hyn o bryd yn cael eu hariannu gan y Gwasanaethau Cymdeithasol. Byddai hefyd angen cydweithio â Gwasanaethau eraill yr Awdurdod a gweithio gyda mudiadau perthnasol.
- 4.9 Yn y cyfamser, mae'n briodol nodi, er yr awgrymiadau i'r gwrthwyneb, bod darpariaeth gofal cartref ar gael, hyd yn oed mewn ardaloedd gwledig. Mae oedi o ran trosglwyddo gofal yn isel iawn yn Sir Ddinbych ac mae canfod gofal cartref yn gyflym - yn aml iawn dim ond dau neu dri diwrnod sydd yna rhwng ceisio am ofal cartref a'i ganfod.

## **5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?**

Mae darpariaeth gofal cartref yn cefnogi'r Flaenoriaeth Gorfforaethol i sicrhau bod pobl ddiamddiffyn yn cael eu diogelu ac yn gallu byw mor annibynnol ag sy'n bosibl.

## **6. Faint fydd hyn yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?**

Rhagwelir y bydd datblygu darpariaeth amgen ar gyfer gofal cartref mewn ardaloedd gwledig yn niwtral o ran cost. Mae gwaith datblygu o'r fath yn cael ei wneud ar sail cynaladwyedd tymor hir yn wyneb galw sy'n cynyddu ac adnoddau sy'n lleihau.

**7. Beth yw prif gasgliadau'r asesiad a gynhaliwyd ynglŷn ag effaith y penderfyniad ar gydraddoldeb? Dylid cynnwys templed yr Asesiad o Effaith ar Gydraddoldeb a gwblhawyd fel atodiad i'r adroddiad.**

Gan nad oes newid yn y cynnig, nid oes angen ymgymryd ag Asesiad Effaith ar Gydraddoldeb. Cynhelir asesiad pan gaiff newidiadau neu gynigion newydd eu hystyried.

**8. Pa ymgynghori a gynhaliwyd gyda'r Pwyllgorau Archwilio ac eraill?**

Fel y nodwyd uchod, nid oes ymgynghoriad wedi ei gynnal gan nad oes newid yn y cynnig. Mae trafodaethau wedi eu cynnal yn rhanbarthol i fesur ac i ddangos y galw.

**9. Datganiad y Prif Swyddog Cyllid**

Bydd angen asesu manylion a goblygiadau cost unrhyw gynnig amgen yn ofalus cyn ei weithredu.

**10. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?**

Mae'n bosib na fydd atebion amgen ar gael ac y bydd comisiynu pecynnau gofal priodol mewn ardaloedd gwledig yn dod yn fwyfwy anodd. Bydd datganiadau Sefyllfa'r Farchnad, Strategaethau Comisiynu a gwaith rhanbarthol yn parhau i ddarparu gwybodaeth yn hyn o beth.

**11. Pŵer i wneud y Penderfyniad**

Erthygl 6 o Gyfansoddiad y Cyngor

**Swyddogion Cyswllt:**

Rheolwr Gwasanaeth: Busnes a Gofalwyr

Ffôn: 01824 706556

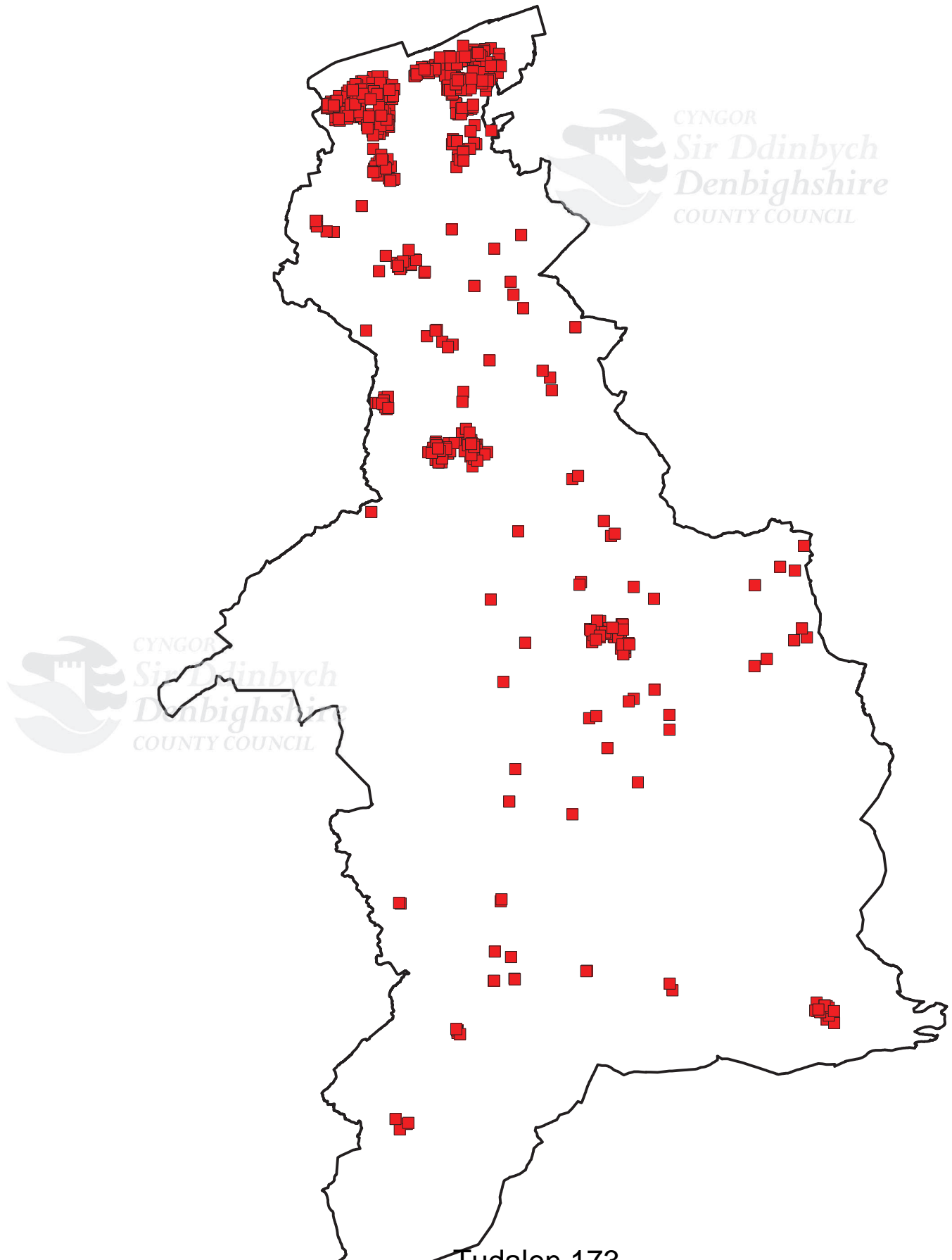
Mae tudalen hwn yn fwriadol wag



# Denbighshire Domiciliary Care Clients As of 17/05/2013



Graddfa/Scale: 1: 230000  
Dyddiad/Date: 19/06/2013



Mae tudalen hwn yn fwriadol wag



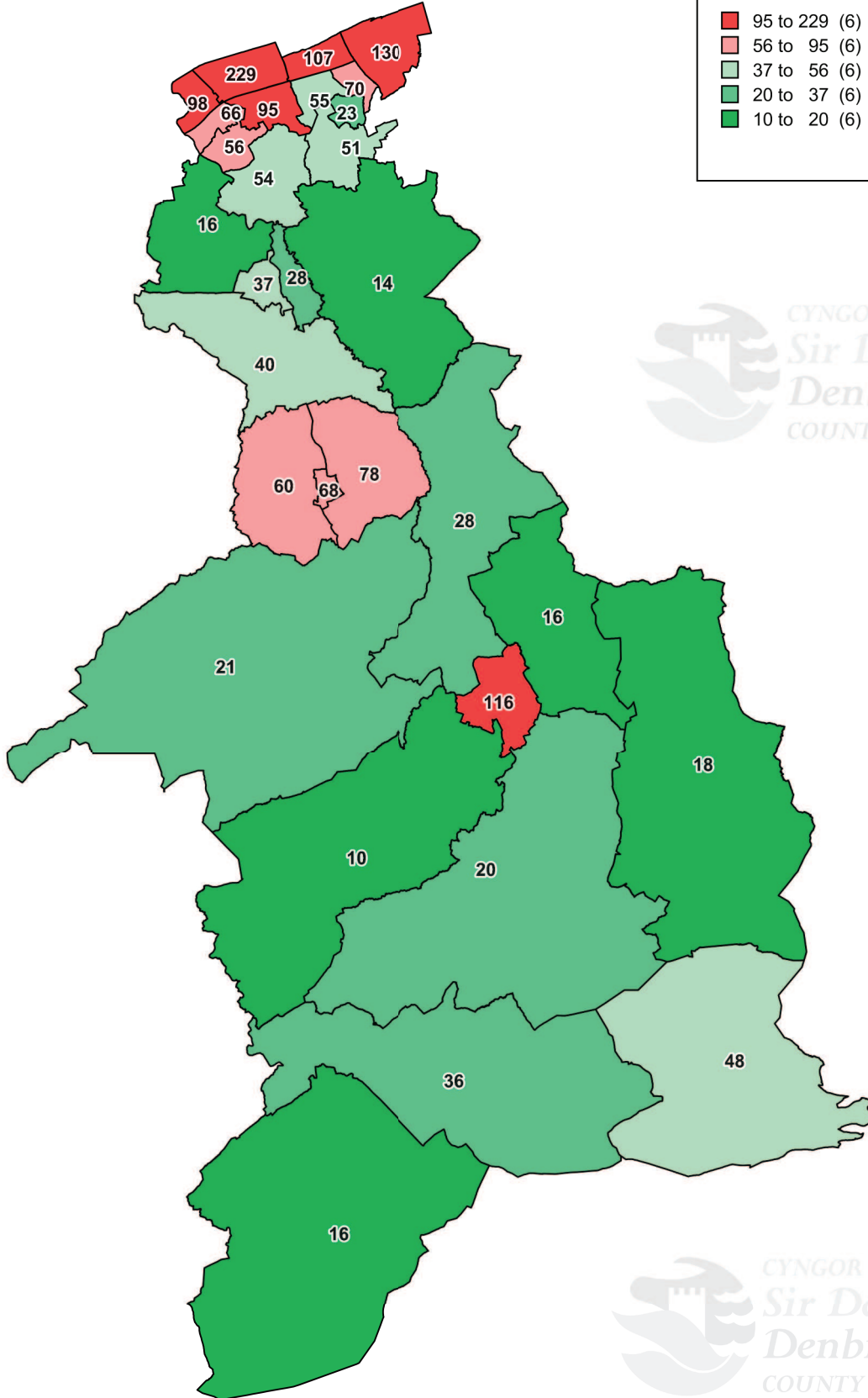
Graddfa/Scale: 1: 250000  
 Dyddiad/Date: 05/06/2013

Number of Clients per Electoral Division  
 17/05/2013



No. of Clients per Electoral Division  
 As at 17/05/2013

- 95 to 229 (6)
- 56 to 95 (6)
- 37 to 56 (6)
- 20 to 37 (6)
- 10 to 20 (6)

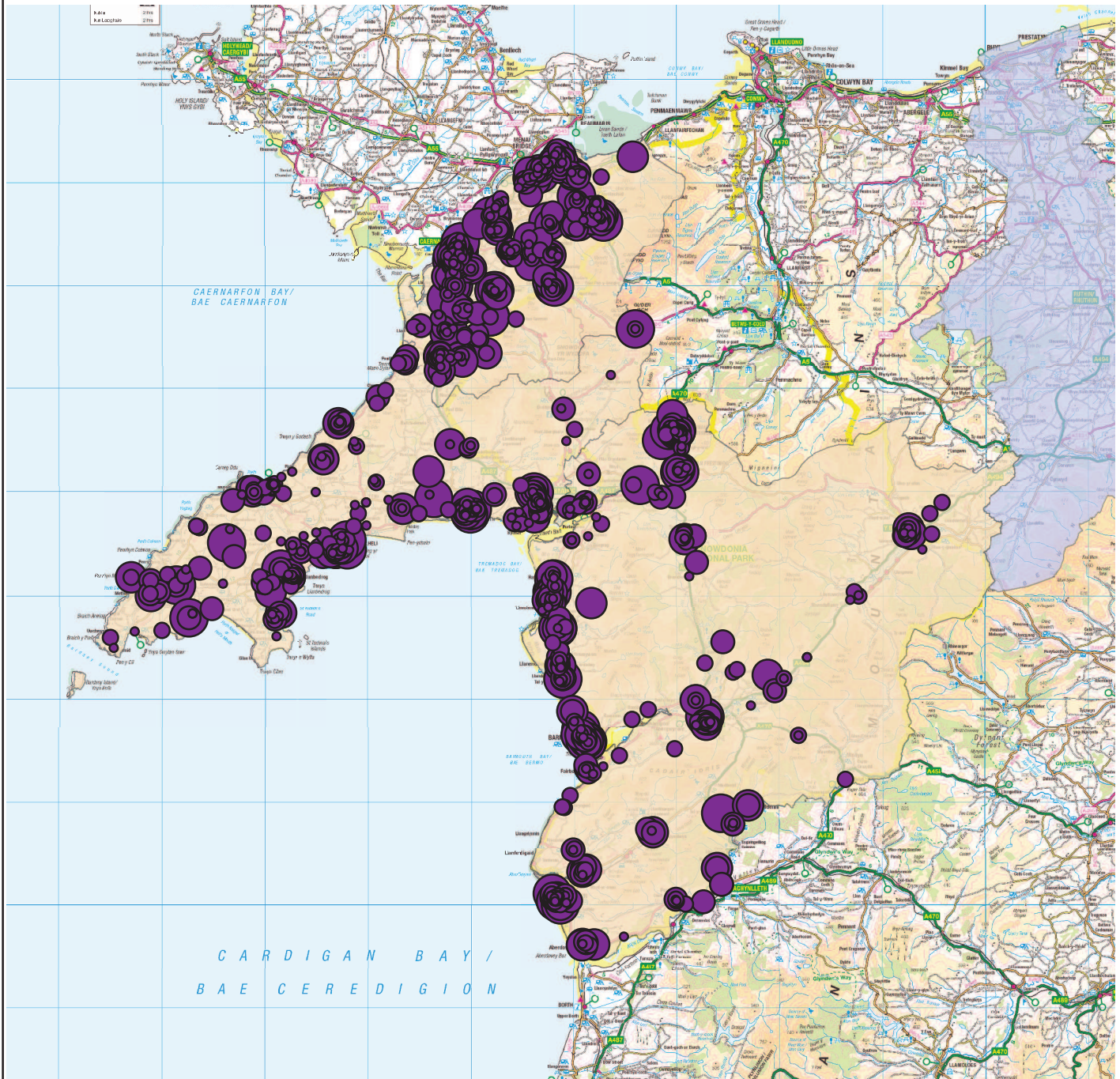


Mae tudalen hwn yn fwriadol wag



# Darpariaeth Gofal Cartref yng Ngwynedd - Mehefin 2013

## Domiciliary Care in Gwynedd - June 2013



- Allwedd
- Gofal Cartref**
- Oriau Gofal Cartref**
- 0 - 4.9
  - 5 - 9.99
  - 10 - 14.99
  - 15 - 19.99
  - 20 +



Allythyrchir y map hwn o Ddelynydd yr Ordnance Survey  
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hawffraint y Goron a gall hyn arwain at eryriad neu achos sifil.  
Cyngor Gwynedd - 100023387 - 2007

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Cyngor Gwynedd - 100023387 - 2007

Mae tudalen hwn yn fwriadol wag

|                             |                                          |
|-----------------------------|------------------------------------------|
| <b>Adroddiad i'r:</b>       | <b>Pwyllgor Archwilio Partneriaethau</b> |
| <b>Dyddiad y cyfarfod:</b>  | <b>18 Gorffennaf 2013</b>                |
| <b>Awdur yr Adroddiad :</b> | <b>Cydlynnydd Archwilio</b>              |
| <b>Teitl:</b>               | <b>Rhaglen Waith Archwilio</b>           |

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## 1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad yn cyflwyno rhaglen gwaith i'r dyfodol y Pwyllgor Archwilio Partneriaethau i'r aelodau ei hystyried.

## 2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Gofyn i'r Pwyllgor adolygu a chytuno ar ei raglen gwaith i'r dyfodol, a rhoi'r wybodaeth ddiweddaraf i aelodau ar faterion perthnasol.

## 3. Beth yw'r Argymhellion?

Argymhellir y dylai'r Pwyllgor Archwilio:

- 3.1 Ystyried yr wybodaeth a ddarparwyd a chymeradwyo, adolygu neu addasu ei raglen gwaith i'r dyfodol fel y mae'n ystyried yn briodol; ac
- 3.2 Enwebu cynrychiolydd i fod ar Fforwm Rhiantu Corfforaethol y Cyngor.

## 4. Manylion am yr Adroddiad

- 4.1 Mae Erthygl 6 Cyfansoddiad y Cyngor yn nodi cylch gorchwyl, swyddogaeth ac aelodaeth pob Pwyllgor Archwilio. Mae rheolau trefniadaeth pwyllgorau archwilio yn Adran 4 o'r Cyfansoddiad.
- 4.2 Mae Cyfansoddiad Cyngor Sir Ddinbych yn gofyn i bwyllgorau archwilio baratoi rhaglen waith a'i hadolygu. Drwy adolygu a blaenoriaethu materion mae modd i aelodau sicrhau bod y rhaglen waith yn cael ei harwain gan yr aelodau.
- 4.3 Ers sawl blwyddyn bellach mae pwyllgorau archwilio Sir Ddinbych wedi cyfyngu nifer yr adroddiadau y maen nhw'n eu derbyn pob cyfarfod i 4 adroddiad (nid yw hyn yn cynnwys adroddiad y Pwyllgor ar y rhaglen waith). Amcan y dull hwn yw hwyluso cael trafodaeth fanwl ac effeithiol ar bob eitem.
- 4.4 Gofynnir i'r Pwyllgor ystyried rhaglen waith ddrafft ar gyfer cyfarfodydd i ddod fel y nodwyd yn atodiad 1 a'i chymeradwyo, ei hadolygu neu ei diwygio yn ôl yr angen. Wrth benderfynu ar raglen waith, gofynnir i aelodau ystyried:
  - materion yn codi gan aelodau'r Pwyllgor

- materion wedi eu cyfeirio gan y Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio
  - perthnasedd i flaenoriaethau'r Pwyllgor/Cyngor/Cymunedau
  - Cynllun Corfforaethol y Cyngor ac Adroddiad Blynyddol y Cyfarwyddwr Gwasanaethau Cymdeithasol
  - llwyth gwaith cyfarfodydd
  - amseroldeb
  - canlyniadau
  - gwybodaeth a materion allweddol i'w cynnwys mewn adroddiadau
  - swyddogion a/neu aelodau'r Cabinet y dylid eu gwahodd (gan ystyried a yw eu presenoldeb yn angenrheidiol neu yn ychwanegu gwerth)
  - cwestiynau i'r swyddogion / aelodau arweiniol y Cabinet.
- 4.5 At hyn, wrth ystyried eitemau i'w cynnwys yn y rhaglen waith, efallai y byddai aelodau'n cael budd o ystyried y cwestiynau canlynol wrth benderfynu a yw eitem yn addas neu beidio:
- beth yw'r mater dan sylw?
  - pwy yw'r budd-ddeiliaid?
  - beth sy'n cael ei ystyried mewn man arall?
  - beth sydd ar y Pwyllgor angen ei wybod?
  - pwy sy'n gallu cynorthwyo?
- 4.6 Fel y nodwyd ym mharagraff 4.2 mae Cyfansoddiad Cyngor Sir Ddinbych yn gofyn i bwyllgorau archwilio baratoi rhaglen waith a'i hadolygu. I gynorthwyo gyda blaenoriaethu adroddiadau, os yw swyddog yn credu bod eitem yn haeddu cael ei chynnwys ar agenda'r Pwyllgor mae'n rhaid iddo/iddi ofyn yn ffurfiol i'r Pwyllgor dderbyn adroddiad ar yr eitem. I wneud hyn, mae'n rhaid cyflwyno 'ffurflen gais' sy'n nodi diben, pwysigrwydd a chanlyniadau posib yr eitem. Mae un ffurflen gais wedi dod i law er ystyriaeth y Pwyllgor. Mae'r ffurflen yn cyfeirio at Un Llwybr Mynediad at Dai - Polisi Dyraniadau Cyffredin (gwelwch Atodiad 2). Mae gofyn i'r Pwyllgor ystyried y cais hwn.
- 4.7 Rhaglen Waith y Cabinet  
Wrth benderfynu ar eu rhaglen waith mae'n bwysig fod pwyllgorau archwilio yn ystyried rhaglen waith y Cabinet. Ar gyfer y diben hwn, mae rhaglen waith y Cabinet wedi ei chynnwys yn Atodiad 3.
- 4.8 Datblygiad Penderfyniadau'r Pwyllgor  
Yn Atodiad 4 mae tabl yn crynhoi penderfyniadau diweddar y Pwyllgor a gwybodaeth am y datblygiadau yn sgîl y penderfyniadau.
- 4.9 Gwasanaeth Rhanbarthol Cynllunio Rhag Argyfwng  
Roedd adroddiad gyda'r wybodaeth ddiweddaraf ar ffurfio Gwasanaeth Rhanbarthol Cynllunio Rhag Argyfwng i fod i gael ei ddosbarthu i aelodau'r Pwyllgor ym mis Gorffennaf. Fodd bynnag, gan mai ond yn ddiweddar y penodwyd swyddog prosiect a gan nad yw'r Bwrdd Trawsnewid wedi ei ffurfio'n iawn eto, roedd yn rhy fuan i ddarparu

adroddiad cynnydd i aelodau. Mae swyddogion yn rhagweld y bydd modd cyflwyno adroddiad i'r aelodau ym mis Medi.

## **5. Fforwm Rhiantu Corfforaethol**

Gofynnwyd i bob Pwyllgor Archwilio yn ddiweddar enwebu cynrychiolydd i fod ar Fforwm Rhiantu Corfforaethol y Cyngor. Bydd aelodau etholedig yn ymwybodol o'u dyletswyddau a'u cyfrifoldebau fel rhieni corfforaethol i Blant Sy'n Derbyn Gofal yn y Sir (gweler llythyr i'r Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol dyddiedig Mehefin 2012 – Atodiad 5a sydd ynghlwm). Mae'r Fforwm Rhiantu Corfforaethol, y mae ei haelodau'n cynnwys uwch Swyddogion, aelodau'r Cabinet a'r Pwyllgor Archwilio, yn cyfarfod bob chwarter i fonitro a chefnogi gwasanaethau i blant sy'n derbyn gofal. Mae copi o gylch gorchwyl y Fforwm ynghlwm wrth Atodiad 5b. Cynhelir cyfarfodydd nesaf y Fforwm ddydd Gwener, 6 Medi a dydd Gwener, 13 Rhagfyr, rhwng 1pm a 3pm yn Neuadd y Sir, Rhuthun. Gofynnir i Aelodau enwebu cynrychiolydd o'r Pwyllgor i fod ar y Fforwm.

## **6. Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio**

- 6.1 Dan drefniadau archwilio'r Cyngor mae Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio yn gweithredu fel pwyllgor cydlynu. Cynhaliwyd cyfarfod cyntaf y grŵp eleni ar 27 Mehefin 2013 a thrafodwyd dwy eitem a gyfeiriwyd at y grŵp gan y Pwyllgor hwn yn ystod cyfarfod mis Ebrill.
- 6.2 Yr eitem gyntaf a ystyriwyd oedd pa bwyllgor a ddylai ystyried Strategaeth Rheoli Perygl Llifogydd y Cyngor, yn dilyn yr ymgynghoriad cyhoeddus a chyn ei chyflwyno i'r Cyngor Sir i'w mabwysiadu. Roedd aelodau'r grŵp o'r farn y dylai'r Strategaeth gael ei harchwilio gan y Pwyllgor Archwilio Cymunedau ac felly mae'r eitem wedi ei rhoi ar raglen waith y pwyllgor a bydd yn cael ei thrafod ar 17 Hydref 2013.
- 6.3 Mae'r pwyllgor hwn wedi mynegi pryderon ynghylch llwyth gwaith y rhaglen gwaith i'r dyfodol a chwestiynu a yw cyfarfod pob chwe wythnos yn ddigonol. Trafododd y grŵp y pryderon hyn a daethpwyd i gasgliad bod cyfarfod pob chwe wythnos yn briodol er mwyn rheoli'r rhaglenni gwaith yn effeithiol. Os oes mater brys i'w drafod yna gellir cynnal cyfarfodydd ad hoc.

## **7. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?**

Bydd archwilio effeithiol yn gymorth i'r Cyngor gynnal y blaenoriaethau corfforaethol yn unol ag anghenion cymunedau a dymuniadau trigolion. Bydd datblygu ac adolygu'r rhaglen waith gydlynol yn barhaus yn cynorthwyo'r Cyngor i fonitro ac adolygu materion polisi.

- 8. Beth yw prif gasgliadau'r asesiad a gynhaliwyd ynglŷn ag effaith y penderfyniad ar gydraddoldeb? Dylid cynnwys templed yr Asesiad o Effaith ar Gydraddoldeb a gwblhawyd fel atodiad i'r adroddiad.**

Ni chynhaliwyd Asesiad o Effaith ar Gydraddoldeb er diben yr adroddiad hwn gan nad yw ystyried rhaglen waith i'r dyfodol y Pwyllgor yn debygol o gael effaith andwyol neu annheg ar bobl sy'n rhannu nodweddion sydd wedi'u diogelu.

- 9. Faint fydd hyn yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?**

Mae'n bosib y bydd yn rhaid i wasanaethau neilltuo amser swyddog i gynorthwyo'r Pwyllgor gyda'r eitemau a nodwyd yn y rhaglen waith a chydag unrhyw gamau gweithredu yn dilyn ystyried yr eitemau hynny.

- 10. Pa ymgynghori sydd wedi digwydd?**

Does dim angen cynnal ymgynghoriad ar yr adroddiad hwn Fodd bynnag, mae'r adroddiad ei hun a'r ystyriaeth a roir gan y Pwyllgor i'w raglen waith ar gyfer y dyfodol yn gyfystyr ag ymgynghoriad gyda'r Pwyllgor o ran ei raglen waith.

- 11. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau? I**

Nid oes risg wedi ei ganfod o ran y Pwyllgor yn ystyried ei raglen waith. Fodd bynnag, wrth adolygu ei raglen waith yn rheolaidd gall y Pwyllgor sicrhau bod meysydd sy'n peri pryder yn cael eu hystyried a'u harchwilio fel y maen nhw'n dod i'r amlwg a bod argymhellion yn cael eu gwneud er mwyn mynd i'r afael â nhw.

- 12. Awdurdod i wneud penderfyniad**

Yn unol ag Erthygl 6.3.7 Cyfansoddiad y Cyngor mae'n rhaid i bwyllgorau archwilio'r Cyngor baratoi rhaglen waith a'i hadolygu.

**Swyddog Cyswllt:** Cydlynnydd Archwilio  
Rhif Ffôn: (01824) 712554  
E-bost: [dcc\\_admin@denbighshire.gov.uk](mailto:dcc_admin@denbighshire.gov.uk)

**Note: Items entered in italics have not been approved for submission by the Committee. Such reports are listed here for information, pending formal approval.**

| Meeting      | Item (description / title)                                                                           | Purpose of report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Expected Outcomes                                                                                                                                                                                                                                                                                                            | Author                                        | Date Entered                        |
|--------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|
| 26 September | 1 Higher Education in North East Wales<br><br>(For September/October 2013)<br><br><b>[Education]</b> | To provide an update of the progress made and recent developments following the Review of Higher Education in North Wales                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Monitoring of the provision of higher education in North East Wales and the progress made following the Review, particularly in relation to work undertaken with local businesses (e.g. apprenticeships) and the impact on the local economy.                                                                                | Mark Dixon /<br>Professor<br>Michael Scott    | September 2012                      |
|              | 2 Deeside College/Coleg Llysfasi<br><b>[Education]</b>                                               | To consider current and future developments for the college locally, and as a new merged college with Yale College (including data on student enrolment/qualifications; progression e.g. apprenticeships, employment or FE; how the College works with Coleg Glynllifon; financial information i.e. funding and spending; other partnership arrangements). The report also to include details of the College's delivery plan going forward and whether all the benefits identified in the Deeside College/Coleg Llysfasi merger plans will have been achieved by August 2013. | Assurances that the College is delivering a high quality education which meets the needs of Denbighshire students, contributes to the County's economic development and a better understanding of the College's role within Denbighshire and the Council along with an opportunity to have an input into future developments | College Principal/Hywyn Williams/John Gambles | March 2013 (rescheduled April 2013) |
|              | 3 Community Safety                                                                                   | To detail the Partnership's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Effective monitoring of the                                                                                                                                                                                                                                                                                                  | Graham                                        | September                           |

| Meeting    |   | Item (description / title)                                                                             | Purpose of report                                                                                                                                                    | Expected Outcomes                                                                                                                                                                                                                                                                                | Author                                     | Date Entered                          |
|------------|---|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|
|            |   | Partnership<br><b>[Crime and Disorder Scrutiny]</b>                                                    | achievement in delivering its 2012/13 action plan and its progress to date in delivering its action plan for 2013/14                                                 | CSP's delivery of its action plan for 2012/13 and its progress to date in delivering its plan for 2013/14 will ensure that the CSP delivers the services which the Council and local residents require                                                                                           | Boase/Siân Taylor                          | 2012                                  |
|            | 4 | Regional Collaboration on Economic Development                                                         | To monitor the progress achieved with the establishment of a North Wales Economic Ambition Board and the development of an economic ambition strategy for the region | A confident and outward looking region which has a diverse high quality economy which provides a broad range of quality sustainable employment opportunities for residents and improves their lives                                                                                              | Rebecca Maxwell/Peter McHugh               | July 2012 (rescheduled February 2013) |
|            | 5 | <i>Developing Scrutiny Arrangements for the Joint Conwy and Denbighshire Local Service Board (LSB)</i> | <i>To consider potential scrutiny arrangements for the Joint LSB</i>                                                                                                 | <i>The formulation of proposals for future scrutiny of the Joint LSB</i>                                                                                                                                                                                                                         | <i>Beverley Moore/Diane Hesketh</i>        | <i>April 2013</i>                     |
|            | 6 | <i>Single Access Route to Housing – Common Allocations Policy (CAP)</i>                                | <i>Pre-decision scrutiny of the detail contained within the CAP for those being placed on the single common waiting list.</i>                                        | <i>To influence the final version of the CAP prior to its submission to Cabinet for approval and adoption</i>                                                                                                                                                                                    | <i>Sue Lewis</i>                           | <i>July 2013</i>                      |
|            |   |                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                            |                                       |
|            |   |                                                                                                        |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                            |                                       |
| 7 November | 1 | Families First                                                                                         | To evaluate and monitor the providers' progress to date in delivering their services, the Families First Action Plan and outcome 4 of the BIG Plan                   | A thorough analysis of the projects' delivery to date will ensure all commissioned projects are on target to deliver the expected outcomes in line with their tender objectives and ensure better outcomes for service users and effective and efficient use of the financial resources provided | Alan Smith/Diane Hesketh/Jan Juckes-Hughes | January 2013                          |



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| Meeting         | Item (description / title)                                                    | Purpose of report                                                                                                                                                                                                    | Expected Outcomes                                                                                                                                                                                                                 | Author                            | Date Entered                                                                                                 |
|-----------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------|
|                 | 2 Regional Commissioning Hub for high cost low volume placements              | (i) Detail the progress to date with the establishment and running of the hub and the benefits realised to date from its establishment; and<br>(ii) details of the scoping exercise on high cost dementia placements | Evaluation of the Hub's effectiveness in delivering efficiency savings with respect to the procurement of good value high cost placements and identification of any slippages, risks or future measures that may need to be taken | Vicky Poole                       | December 2012<br>(rescheduled March 2013)                                                                    |
|                 | 3 Regional Passenger Transport Service                                        | To consider the final business case for a proposed regional passenger transport service                                                                                                                              | To ensure that the business case for proposed service meets the need of local residents and the Council prior to its submission to Cabinet for approval                                                                           | Rebecca Maxwell                   | March 2013                                                                                                   |
|                 | 4 Heritage and Arts Assets                                                    | To give an update on the effectiveness of new business practices put in place under the review of the service                                                                                                        | Evidence based recommendations with a view to further improving the offer to the public with limited resources                                                                                                                    | Steve Parker/Samantha Williams    | Dec 2012<br>(transferred from Communities Scrutiny Committee March 2013 and rescheduled by SCVCG April 2013) |
| 19 December     | 1                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |                                   |                                                                                                              |
| 6 February 2014 | 1 Regional School Effectiveness and Improvement Service<br><b>[Education]</b> | To detail the progress achieved following the establishment of the RSEIS, the benefits realised to date from its establishment, any problems or                                                                      | Evaluation of the effectiveness of the RSEIS to date in delivering economies of scale and specialist support to complement the County's                                                                                           | RSEIS Chief Executive/Karen Evans | January 2013                                                                                                 |

| Meeting  | Item (description / title)                                                | Purpose of report                                                                                                                              | Expected Outcomes                                                                                                                                                                                                                  | Author                   | Date Entered |
|----------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|
|          |                                                                           | issues encountered since its establishment which are yet to be resolved and any proposals to expand the Service's remit                        | education service. Identification of slippages, risks, service gaps or future pressures with a view to recommending mitigating action                                                                                              |                          |              |
| 13 March |                                                                           |                                                                                                                                                |                                                                                                                                                                                                                                    |                          |              |
| 10 April |                                                                           |                                                                                                                                                |                                                                                                                                                                                                                                    |                          |              |
| May/June | 1<br>Community Safety Partnership<br><b>[Crime and Disorder Scrutiny]</b> | To detail the Partnership's achievement in delivering its 2013/14 action plan and its progress to date in delivering its action plan for 2014/ | Effective monitoring of the CSP's delivery of its action plan for 2013/14 and its progress to date in delivering its plan for 2014/15 will ensure that the CSP delivers the services which the Council and local residents require | Graham Boase/Siân Taylor | May 2013     |

**Future Issues**

| Item (description / title)                                | Purpose of report                                                                                                                                                                                                                                                                                                               | Expected Outcomes                                                                               | Author    | Date Entered |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>Next meeting with BCUHB:</b><br>(late 2013/early 2014) | To report on the progress with the development and roll-out of the localities service. The report to include the progress achieved with respect to co-location arrangements, the outcomes/impact framework, appointment of GPs locality leaders and buy-in by GPs to the HECS service and the work undertaken to support carers | Improved life experiences for service users and seamless working between Health and Social Care | BCUHB/DCC | June 2013    |

|                                                                                                                                           |                                                                                                                                                                                                                               |                                                                                                                                      |             |               |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| Hygiene and Infection Control                                                                                                             | To receive facts and statistics with respect to the extent of hospital acquired infections within the Health Service in North Wales                                                                                           | Assurances that all possible steps are being taken to minimise the risk to patients of acquiring infections whilst in hospital       | BCUHB       | June 2013     |
| Update following conclusion of inquiry undertaken by the National Crime Agency in to historic abuse in North Wales Children's' Care Homes | To update the Committee of the outcome of the National Crime Agency (NCA) investigation in to the abuse of children in the care of the former Clwyd County Council, and to determine whether any procedures require revision. | Determination of whether any of the Council's safeguarding policies and procedures need to be revised in light of the NCA's findings | Sally Ellis | November 2012 |

**For future years**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Information/Consultation Reports**

| <b>Information / Consultation</b> | <b>Item (description / title)</b>              | <b>Purpose of report</b>                                                                                                                                                                                                                                                                                                              | <b>Author</b>                  | <b>Date Entered</b>                   |
|-----------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|
| Information (September 2013)      | Regional Emergency Planning Service            | To report the progress to date with the establishment of a regional service and the transitional arrangements from the present service to the new regional service, in order to ensure the provision of a resilient and robust Emergency Planning Service that will meet the needs of local residents when emergency situations occur | Rebecca Maxwell/Mike Hitchings | April 2013 (rescheduled June 2013)    |
| Information (September 2013)      | Programme and Project Boards                   | To outline the composition and membership of all Programme and Project Boards which the Council host or participate in, their funding structures, their membership and the elements of all Plans and Strategies which they are charged with delivering                                                                                | Alan Smith                     | December 2012 (rescheduled June 2013) |
| Information (September 2013)      | <i>North East Wales Hub Food Waste Project</i> | <i>To monitor the progress of the project in constructing the facility and working towards full service delivery, and to identify any slippages with the Project's completion.</i>                                                                                                                                                    | <i>Jim Espley</i>              | <i>September 2012</i>                 |

08/07/13 - RhE

**Note for officers – Committee Report Deadlines**

| Meeting      | Deadline            | Meeting    | Deadline          | Meeting     | Deadline          |
|--------------|---------------------|------------|-------------------|-------------|-------------------|
| 26 September | <b>12 September</b> | 7 November | <b>31 October</b> | 19 December | <b>5 December</b> |

Partnerships Scrutiny Work Programme.doc

| <b>PROPOSAL FORM FOR AGENDA ITEMS<br/>FOR SCRUTINY COMMITTEES</b>                                       |                                                                                                           |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF SCRUTINY COMMITTEE</b>                                                                       | Partnerships                                                                                              |                                                                                                                                                                                                                                                       |
| <b>DATE OF MEETING /<br/>TIMESCALE FOR<br/>CONSIDERATION</b>                                            | September/October 2013                                                                                    |                                                                                                                                                                                                                                                       |
| <b>TITLE OF REPORT</b>                                                                                  | Single Access Route to Housing – Common Allocations Policy                                                |                                                                                                                                                                                                                                                       |
| <b>P<br/>U<br/>R<br/>P<br/>O<br/>S<br/>E</b>                                                            | <b>1. Why is the report being proposed? (see also the checklist overleaf)</b>                             | The Single Access Route to Housing is to develop one common waiting across North East Wales. The Common Allocation Policy (CAP) is way to allocate Council/Housing using a banding scheme. The CAP has been subject to extensive public consultation. |
|                                                                                                         | <b>2. What issues are to be scrutinised?</b>                                                              | The detail contained within the CAP for those being placed on the single common waiting list.                                                                                                                                                         |
|                                                                                                         | <b>3. Is it necessary/desirable for witnesses to attend e.g. lead members, officers/external experts?</b> | Project Manager – Single Access Route to Housing                                                                                                                                                                                                      |
|                                                                                                         | <b>4. What will the committee achieve by considering the report?</b>                                      | Feed in comment on the details of CAP and influence the final version of it                                                                                                                                                                           |
|                                                                                                         | <b>5. Score the topic from 0 – 4 on aims &amp; priorities and impact (see overleaf)*</b>                  | <b>Aims &amp; Priorities</b>                                                                                                                                                                                                                          |
|                                                                                                         | 4                                                                                                         | 4                                                                                                                                                                                                                                                     |
| <b>ADDITIONAL COMMENTS</b>                                                                              | Various elements of the Sarth project has been to Scrutiny on a number of occasions previously            |                                                                                                                                                                                                                                                       |
| <b>REPORTING PATH – what is the next step? Are Scrutiny's recommendations to be reported elsewhere?</b> | The next step is take it to Cabinet for decision                                                          |                                                                                                                                                                                                                                                       |
| <b>AUTHOR</b>                                                                                           | Sue Lewis                                                                                                 |                                                                                                                                                                                                                                                       |



Cabinet Forward Work Plan

Appendix 3

| Meeting | Item (description / title) |                                                              | Purpose of report                                                                                                            | Cabinet Decision required (yes/no) | Author – Lead member and contact officer |
|---------|----------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|
| 30 July | 1                          | Finance Report Update                                        | To update Cabinet on the current financial position of the Council                                                           | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|         | 2                          | The former North Wales Hospital: a Compulsory Purchase Order | To approve a compulsory purchase order for the former North Wales Hospital                                                   | Yes                                | Graham Boase                             |
|         | 3                          | Adult Safeguarding                                           | To consider future options for the arrangements for Adult Safeguarding                                                       | Yes                                | Cllr Bobby Feeley / Phil Gilroy          |
|         | 4                          | Food Review Task & Finish Group                              | To approve the recommendations of the Task & Finish Group following a review into food procurement and regulatory practices. | Yes                                | Cllr David Smith / Hywyn Williams        |
|         | 5                          | Developing 'An Excellent Council Close to the Community'     | To consider how the Council progresses with the theme of Bringing the Council Closer to the Community                        | Yes                                | Cllr Hugh Irving / Hywyn Williams        |
|         | 6                          | North Office Accommodation Study                             | To consider the work undertaken in respect of the North Denbighshire Office Accommodation Review.                            | tbc                                | Cllr Julian Thompson-Hill / David Lorey  |

Cabinet Forward Work Plan

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| Meeting             | Item (description / title) |                                                                       | Purpose of report                                                                                                                                               | Cabinet Decision required (yes/no) | Author – Lead member and contact officer |
|---------------------|----------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|
|                     | 7                          | Three Counties Procurement Service                                    | To consider proposals for the merger and implementation of a three counties (Gwynedd, Denbighshire and Flintshire) procurement and category management service. | Yes                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                     | 8                          | Items from Scrutiny Committees                                        | To consider any issues raised by Scrutiny for Cabinet's attention.                                                                                              | tbc                                | Scrutiny Coordinator                     |
|                     |                            |                                                                       |                                                                                                                                                                 |                                    |                                          |
| <b>24 September</b> | 1                          | Finance Report Update                                                 | To update Cabinet on the current financial position of the Council                                                                                              | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                     | 2                          | Annual Performance Review 2012/13                                     | To review the draft Annual Performance Review for 2012-13 and to recommend the report for adoption by full Council                                              |                                    | Cllr Barbara Smith / Tony Ward           |
|                     | 3                          | Corporate Plan QPR: Quarter 1 2013/14                                 | To monitor the Council's progress in delivering the Corporate Plan 2012 -17                                                                                     | Tbc                                | Cllr Barbara Smith / Tony Ward           |
|                     | 4                          | Vibrant and Viable Places - Funding bid for Rhyl Town Centre projects | To update members on progress.                                                                                                                                  | No                                 | Cllr Hugh Evans / Tom Booty / Sian Owen  |



Cabinet Forward Work Plan

| Meeting           | Item (description / title) |                                                                   | Purpose of report                                                                                                                                                     | Cabinet Decision required (yes/no) | Author – Lead member and contact officer |
|-------------------|----------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------|
|                   | 5                          | Faith Based Provision                                             | To note the findings of the formal consultation on the faith review and to consider whether to proceed to the publication of the proposal by way of statutory notice. | Yes                                | Cllr Eryl Williams / Jackie Whalley      |
|                   | 6                          | Response to the Consultation on Town and Area Plans               | To consider the response to the consultation on town and area plans                                                                                                   | Tbc                                | Cllr Hugh Evans / Rebecca Maxwell        |
|                   | 7                          | Specialist Accommodation Protocol                                 | To consider the protocol following a consultation exercise                                                                                                            | Tbc                                | Sally Ellis                              |
|                   | 8                          | Corporate Safeguarding Committee                                  |                                                                                                                                                                       | Tbc                                | Sally Ellis                              |
|                   | 9                          | Items from Scrutiny Committees                                    | To consider any issues raised by Scrutiny for Cabinet's attention.                                                                                                    | Tbc                                | Scrutiny Coordinator                     |
|                   |                            |                                                                   |                                                                                                                                                                       |                                    |                                          |
| <b>29 October</b> | 1                          | Finance Report Update                                             | To update Cabinet on the current financial position of the Council                                                                                                    | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                   | 2                          | Approval of Contract Award for Sub-regional Young Carers' Service | To award the contract                                                                                                                                                 | Yes                                | Vicky Allen                              |
|                   | 3                          | Items from Scrutiny Committees                                    | To consider any issues                                                                                                                                                | Tbc                                | Scrutiny Coordinator                     |

Cabinet Forward Work Plan

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| Meeting                |   | Item (description / title)            | Purpose of report                                                           | Cabinet Decision required (yes/no) | Author – Lead member and contact officer |
|------------------------|---|---------------------------------------|-----------------------------------------------------------------------------|------------------------------------|------------------------------------------|
|                        |   |                                       | raised by Scrutiny for Cabinet's attention.                                 |                                    |                                          |
|                        | 4 | Common Allocation Policy              | To update Cabinet on the current position                                   | Tbc                                | Sue Lewis                                |
|                        |   |                                       |                                                                             |                                    |                                          |
| <b>26 November</b>     | 1 | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                        | 2 | Items from Scrutiny Committees        | To consider any issues raised by Scrutiny for Cabinet's attention.          | Tbc                                | Scrutiny Coordinator                     |
|                        |   |                                       |                                                                             |                                    |                                          |
| <b>17 December</b>     | 1 | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                        | 2 | Corporate Plan QPR: Quarter 2 2013/14 | To monitor the Council's progress in delivering the Corporate Plan 2012 -17 | Tbc                                | Cllr Barbara Smith / Tony Ward           |
|                        | 3 | Items from Scrutiny Committees        | To consider any issues raised by Scrutiny for Cabinet's attention           | Tbc                                | Scrutiny Coordinator                     |
|                        |   |                                       |                                                                             |                                    |                                          |
| <b>14 January 2014</b> | 1 | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |

Cabinet Forward Work Plan

| Meeting            | Item (description / title) |                                       | Purpose of report                                                           | Cabinet Decision required (yes/no) | Author – Lead member and contact officer |
|--------------------|----------------------------|---------------------------------------|-----------------------------------------------------------------------------|------------------------------------|------------------------------------------|
|                    | 2                          | Items from Scrutiny Committees        | To consider any issues raised by Scrutiny for Cabinet's attention.          | Tbc                                | Scrutiny Coordinator                     |
| <b>18 February</b> | 1                          | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                    | 2                          | Items from Scrutiny Committees        | To consider any issues raised by Scrutiny for Cabinet's attention.          | Tbc                                | Scrutiny Coordinator                     |
| <b>25 March</b>    | 1                          | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                    | 2                          | Corporate Plan QPR: Quarter 3 2013/14 | To monitor the Council's progress in delivering the Corporate Plan 2012 -17 | Tbc                                | Cllr Barbara Smith / Tony Ward           |
|                    | 3                          | Items from Scrutiny Committees        | To consider any issues raised by Scrutiny for Cabinet's attention           | Tbc                                | Scrutiny Coordinator                     |
| <b>29 April</b>    | 1                          | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|                    | 2                          | Items from Scrutiny Committees        | To consider any issues                                                      | Tbc                                | Scrutiny Coordinator                     |

### Cabinet Forward Work Plan

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| Meeting       | Item (description / title) |                                       | Purpose of report                                                           | Cabinet Decision required (yes/no) | Author – Lead member and contact officer |
|---------------|----------------------------|---------------------------------------|-----------------------------------------------------------------------------|------------------------------------|------------------------------------------|
|               |                            |                                       | raised by Scrutiny for Cabinet's attention.                                 |                                    |                                          |
| <b>27 May</b> | 1                          | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|               | 2                          | Items from Scrutiny Committees        | To consider any issues raised by Scrutiny for Cabinet's attention.          | Tbc                                | Scrutiny Coordinator                     |
| <b>June</b>   | 1                          | Finance Report Update                 | To update Cabinet on the current financial position of the Council          | Tbc                                | Cllr Julian Thompson-Hill / Paul McGrady |
|               | 2                          | Corporate Plan QPR: Quarter 3 2013/14 | To monitor the Council's progress in delivering the Corporate Plan 2012 -17 | Tbc                                | Cllr Barbara Smith / Tony Ward           |
|               | 3                          | Items from Scrutiny Committees        | To consider any issues raised by Scrutiny for Cabinet's attention           | Tbc                                | Scrutiny Coordinator                     |

*Note for officers – Cabinet Report Deadlines*

| <i>Meeting</i> | <i>Deadline</i> | <i>Meeting</i>   | <i>Deadline</i>     | <i>Meeting</i> | <i>Deadline</i>   |
|----------------|-----------------|------------------|---------------------|----------------|-------------------|
|                |                 |                  |                     |                |                   |
| <i>July</i>    | <b>16 July</b>  | <i>September</i> | <b>10 September</b> | <i>October</i> | <b>15 October</b> |

Updated 04/07/2013 - SP

## Progress with Committee Resolutions

| Date of Meeting | Item number and title                                     | Resolution                                                                                                                                                                                    | Progress                                                                                                                                                                                                |
|-----------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 June 2013    | 9. Children and Adolescent Mental Health Services (CAMHS) | <i><b>RESOLVED</b> that a detailed paper would be presented at the next Partnerships Scrutiny Committee meeting and also the attendance of a CAMHS clinician would be requested.</i>          | Item included on the current meeting's agenda and Betsi Cadwaladr University Health Board's (BCUHB) Service Manager - CAMHS and Disabilities will be attending the meeting for discussion on the report |
|                 | 10. Update on Locality Working                            | <i><b>RESOLVED</b> that the Committee receive and note the presentation and an update report to be provided to the Partnerships Scrutiny Committee in six months.</i>                         | Report scheduled into the work programme for the next six monthly meeting with BCUHB representatives                                                                                                    |
|                 | 11. Update on Health Protection Issues                    | <i><b>RESOLVED</b> that the Committee receive and note the presentation and that representatives from BCHBU Infection Control to attend a future Partnerships Scrutiny Committee meeting.</i> | Item scheduled into the work programme for the next six monthly meeting with representatives from BCUHB                                                                                                 |

Mae tudalen hwn yn fwriadol wag

Tudalen 198



**APPENDIX 1**

Eich cyf/Your ref  
Ein cyf/Our ref: MB/GT/02350/12  
To:

Elected Members, including Lead  
Members for Children & Young  
People's Services and Children's  
Social Services

June 2012

c.c. Lead Director for Children &  
Young People  
Directors of Social Services and  
Heads of Children's Social  
Services

Dear Elected Member

When you became an Elected Member you also become responsible for ensuring that the council acts as a good corporate parent to the children in its care. The role of the corporate parent is to seek for children in public care the same outcomes every good parent would want for their own children. The local authority has a legal and moral duty to provide such loyal support to the children it is responsible for looking after.

The importance of your responsibilities as corporate parents cannot be overemphasised. Elected Members have a key responsibility to ensure that the children in their care are able to thrive. These children will often have faced significant challenges and will need the help of powerful adults who have a responsibility to advocate for them as their corporate parents.

Elected members, managers and staff have different tasks and levels of responsibility, but all must take an active part in listening to the child and ensuring the best possible care and opportunities are available for children in care. Corporate parenting responsibilities will only be delivered when there is clear political commitment and leadership and when senior managers agree that this is a priority and make it explicit in strategic and business plans.

The Children Act 2004 places a duty on statutory partners to safeguard and promote the welfare of children. This includes Local Health Boards, NHS Trusts, Police, The Probation Service, Youth Offending Teams, Prison Governors and Youth Support Services amongst others. This will include assisting local authorities in their corporate parenting responsibilities. The Lead Member for Children and Young People's Services and the Lead Director for Children and Young People's Services, along with the Lead Member for Social Services and the Director of Social Services, should be responsible for leading improvements in corporate parenting and for ensuring that looked after children are seen as a priority by the whole authority. It is of equal importance to ensure that children and young

people have a chance to shape and influence the parenting they receive. Strategic planning in respect of these arrangements, including recognition of the contribution of partners to improvement in outcomes for the children and young people concerned, and participation of children and young people in the planning process, is now carried out through the single integrated plan led by the Local Service Board. Guidance on the integrated planning responsibilities of local authorities and their partners is to issue in June 2012

It is important to bear in mind that it is not just social services that impact upon these children. Once a child is in care, all members and officers of the council, as their corporate parents, need to be concerned about that child as if they were their own. This concern should encompass their education, their health and welfare, what they do in their leisure time and holidays, how they celebrate their culture and how they receive praise and encouragement for their achievements. It is of equal importance to ensure that children and young people have a chance to shape and influence the parenting they receive. Children in care have a right to have a voice in their care and their future, to be truly listened to when they want to contribute or raise something. They also have a right to access independent professional advocacy to support them when they need someone on their side to stop, start or change something and it is part of your role as a corporate parent to ensure that they are actively offered this service. This is vital to safeguard the child or young person and contributes to the quality assurance of the services they receive. The guidance in relation to advocacy is found at this link:

<http://wales.gov.uk/topics/childrenyoungpeople/publications/complaint/?lang=en>

Effective Corporate Parenting is a vital part of the high quality, responsive, citizen centred social care services that are described in the Social Services (Wales) Bill. The purpose of this Bill is to give us the legislation we need to deliver the Welsh Government's white paper "*Sustainable Social Services for Wales: A Framework for Action*" and to make sure that we have the social services that we want to see in Wales.

It also provides, for the first time, a coherent legislative framework for social services in Wales. The Bill makes legislative proposals in the following areas:

- maintaining and enhancing the wellbeing of people in need;
- giving citizens a stronger voice and real control;
- ensuring a strong national direction and local accountability for delivery;
- safeguarding and protection;
- regulation and inspection; and
- adoption and transitions for disabled children and young people.

Although consultation on the Social Services (Wales) Bill ended on 1 June, the consultation documents can be found at this link:

<http://wales.gov.uk/consultations/healthsocialcare/bill/?lang=en>

In June 2009 I issued jointly with the Welsh Local Government Association revised guidance to elected members on their corporate parenting role. I have set out in the annexes to this letter the Welsh Government's expectation of corporate parents. The document can be found at this link:

<http://wales.gov.uk/topics/childrenyoungpeople/publications/corporateparent/?lang=en>

Elected Members should be able to ask and receive satisfactory answers to the following sort of questions:

- Are children safe?
- Have they got good homes in a secure and caring environment?



- Are they placed within the local authority area, close to their homes and communities, if not, why not?
- Do they get decent schooling?
- Are they being drawn out of antisocial behaviour?
- Are they healthy?
- Are they thriving and developing socially and emotionally as they should?
- Are they able to participate meaningfully in planning the services they receive?
- Are we giving them enough help to cope with the problems they have in growing up?
- How well do we prepare them for their transition to adulthood?
- Are we ambitious enough for them?
- Do we help them achieve to the maximum of their ability?
- Do we have high aspirations for them and show pride in their achievements?
- Can we help them cope with their failures?
- Can we cope with the problems they give us?

It is with the corporate parent that responsibility and accountability for the wellbeing and future prospects of children in care ultimately rest. I hope that you will approach your corporate parenting responsibilities with the enthusiasm and commitment they deserve.

Yours faithfully

A handwritten signature in cursive script that reads "Gwenda Thomas".

**Gwenda Thomas AM**

Y Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol  
Deputy Minister for Children and Social Services

## THE WELSH GOVERNMENT'S EXPECTATION OF THE LOCAL AUTHORITY AS CORPORATE PARENT

### The Welsh Government expects local authorities to:

- Provide care, a home, and access to health and education and other public services to which all children are entitled according to their needs;
- Ensure that children are placed close to home, wherever possible, in placements that meet their needs including any special health and education needs;
- Provide a mixture of care and firmness to support the child's development, and be the tolerant, dependable and available partner in the adult/child relationship even in the face of disagreements;
- Prevent offending and reoffending, bearing in mind that antisocial behaviour damages the young person as well as victims and the wider community;
- Protect and educate the child against the perils and risks of life by encouraging constructive and appropriate friendships, and discouraging destructive and harmful relationships;
- Celebrate and share their children's achievements, supporting them when they are down;
- Recognise and respect their growth to independence, being tolerable and supportive if they make mistakes;
- Provide consistent support and be available to provide advice and practical help when needed;
- Advocate their cause and trouble-shoot on their behalf when necessary;
- Be ambitious for them and encourage and support their efforts to get on and reach their potential, whether through education, training or employment.
- Provide occasional financial support, remember birthdays and Christmas or annual celebrations within the individual child's religion and culture;
- Encourage and enable appropriate contact with family members – parents, grandparents, aunts, uncles and brothers and sisters.
- Help them to feel part of the local community through contact with neighbours and local groups.
- Be proactive, not passive, when there are known or suspected serious difficulties.

**QUESTIONS FOR ELECTED MEMBERS TO ASK****Children in Care**

- How many children are looked after by your council, whether on a care order or through voluntary arrangements:
- What is their ethnic and cultural background?
- What type of placement are they in – with friends and family, foster care, residential homes or secure units?
- How many are in placements outside your local authority area?
- How much is your council spending on services for looked after children?
- Do all of your looked after children have an allocated social worker?
- How many placement moves have children had?
- How many attend school regularly and how many are excluded from school?
- What progress are they making and how well are they doing at examinations and teacher assessments?
- Is every effort being made to avoid their having to move schools?
- How many are registered with a GP, have access to a dentist and receive regular health assessments?
- How many children run away or otherwise go missing from residential care and foster care?
- How many children have a statement of special educational need or are on school action or school action plus programmes?
- How many children are involved in offending behaviour?
- What action is your authority taking in partnership with other agencies to reduce this?
- What mechanisms does your authority have for hearing the views of children and young people about services and providing feedback for those involved?
- How well does your authority train and support its foster carers?

**Care Leavers**

- How many young people leave care at the ages of 16, 17 and 18 and where do they go to live?
- How many young people who left care after the age of 16 are still in touch with the local authority?
- How many are in education, training or employment?
- How many are in suitable housing with support if needed?
- How many go on to University?
- How much is spent on after care services, including direct financial assistance to care leavers?
- How do you ensure that their views are taken into account to inform service development?

Mae tudalen hwn yn fwriadol wag

**DENBIGHSHIRE COUNTY COUNCIL CORPORATE  
PARENTING FORUM**

**Terms of Reference**

- 1.** To ensure that the whole Council and partner agencies have a joint commitment to Corporate Parenting in order to achieve continuing improvements in outcomes for looked after children and young people.
- 2.** To inform and advise relevant parts of the council on issues relating to Looked After Children.
- 3.** To oversee the Corporate Parenting Strategy to ensure outcomes fulfil the Council's responsibilities towards looked after children, advising on and monitoring the council's performance against the pledge given to Denbighshire's Looked After children and young people, together with key performance indicators, educational attainments and other activities in relation to looked after children's achievements.
- 4.** To ensure children in care are able to participate in plans for their care and developments for service planning and delivery.
- 5.** To consult with looked after children, young people and their carers and celebrate their achievements.
- 6.** To actively promote work experience and work opportunities for care leavers within the Council.

Mae tudalen hwn yn fwriadol wag