



Director of Social Services  
Annual Performance Report  
2014-15

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## FOREWORD

I am pleased to present my Annual Report 2014-15 for Denbighshire County Council. The purpose of this report is to outline how well we have delivered social services in the past year and what our priorities for improvement are for 2015-16. The report provides a detailed assessment of how effective social services are for adults, children and families in Denbighshire.

It may be useful for me to begin by explaining a few significant structural changes that were made or planned during the past year. Following a review by the Chief Executive of the council's senior management structure, Housing Support Services have joined with Adult & Business Services to create a new service which we have called 'Community Support Services'. The name of the new service reflects our focus on 'community' (a key part of our sustainability strategy) and on 'support' (a key part of the move away from prescribing care and towards supporting independence).

A more fundamental change, which we have begun preparing for, is the proposal to bring together the Education Service and Children and Families Service to create a new service, 'Education and Children's Services'. Joint-services covering education and children's services have been compulsory in England for over a decade and are increasingly common in Wales. It is a model that works in other parts of North Wales, and we believe it will work in Denbighshire too. In fact, bringing education and children's services together presents a real opportunity to improve outcomes for children.

My first year with Denbighshire County Council has been both exciting and challenging. The current environment is one of unprecedented change for social care in Wales. Delivering better health and social care services within ever tighter financial constraints demands a very different way of thinking and behaving. It demands widespread and sustainable cultural change and requires us to build on the trust between organisations. This includes strengthening our relationships to support citizens to deliver the results that matter most to them. It means working more collaboratively and creatively to ensure better value for money and that we do the right things at the right time. The challenge is to ensure that we continue to support the most vulnerable who are at risk and less able to manage their own lives.

We are now firmly within the implementation phase of the new Social Services and Wellbeing (Wales) Act which comes into force in April 2016. The Act creates an environment in which the aspirations and expectations of citizens can be more appropriately realised and we are all working hard to ensure we are ready for its implementation.

Social Services is not just about local authority services. Effective Social Services is a direct result of effective partnerships – partnerships with citizens, people who use services and their carer's, statutory sector partners and the community and voluntary sector. It's about all of us. I would like to thank all our staff and partners who have

supported me this year for their hard work, determination and professionalism. This truly is a team effort.



Nicola Stubbins  
Director of Social Services

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## INTRODUCTION

This report looks at the performance of social services in Denbighshire during 2014/15, and sets out our priorities for 2015/16 and beyond. The report provides a detailed assessment of how effective services are for adults, children and families in Denbighshire.

My overall assessment is that we continued to provide high quality social services for the residents of Denbighshire during 2014/15. Our performance is generally very good, and we achieved excellent performance in some key areas. We also improved in areas that we identified for improvement in last year's report. We are also making real progress with our aim to transform social services in response to the challenges posed by the financial position and the Social Services and Well-being (Wales) Act 2014, and this is explored in more detail throughout this report.

Clearly, not everything went as well as we had planned, and there are areas where improvements could still be made. The table below summarises some of our key strengths during 2014/15 and some of the challenges that lie ahead for 2015/16:

Strengths
<ul style="list-style-type: none"><li>• As part of our Corporate Plan priority to support people to remain independent, we pledged to reduce the number of adults who needed residential care during the year by 200, from 815 in 2012 to 615 by 2017. The total for 2014/15 was 697, which means we are making good progress towards our ambition. The number of adults supported in residential care on 31<sup>st</sup> March 2015 was 499, down from 579 on 31<sup>st</sup> March 2012.</li><li>• We increased support to carers, which we identified as a challenge in last years' report. We increased the number and percentage of carers who were offered (and then had) an assessment or review of their needs in their own right, and also the number and percentage of carers who went on to receive a service.</li><li>• Despite a small increase in the number of adults experiencing a delayed transfer of care from hospital for social care reasons, we still compare favourably to the majority of other councils in Wales with regard to this.</li><li>• Customer satisfaction survey responses show that virtually all adult service users felt that they were treated with dignity and respect, and that the support they received from the council helped them to live as independently as possible; helped them to feel safe and secure in their home; and improved the quality of their life.</li><li>• Another Corporate Plan priority was to have fewer repeat referrals to child protection services, and to ensure that the re-referral rate remains below 20% (we expect the rate to consistently fall within the 15-20% range each year). During 2014/15, the rate fell to 15.1%, and the number of re-referrals fell to 101 from 133 during 2013/14.</li><li>• Children &amp; Family Services have worked hard on providing preventative services and on intensive intervention when people first become involved with the department. This saw the numbers of referrals reduce from 773 in 2013/14 to 670 in 2014/15, and the number of core assessments undertaken rise from 120 to 170. We also improved the proportion of initial and core assessments that were undertaken within timescale during 2014/15.</li></ul>

- We improved our performance in relation to planning for permanence amongst our looked after children population, and 100% of children had a plan in place at the time of their second review. We reduced the number of children who experienced three or more placements during the year and, where changes in placement exceeded three, this was generally for positive reasons such as trying to re-integrate families. We made significant progress in ensuring looked after children have personal education plans in place and have worked hard with colleagues from health to improve our performance in relation to completing health checks.

### Challenges

- Managing the transition to the new service, bringing together the Education Service and Children and Families Service to create 'Education and Children's Services'.
- Despite the improvements we made during 2014-15, we need to continue improving attendance at work across the whole of social services.
- We need to continue to increase the use of Support Budgets, to give people more freedom to choose the services that meet their assessed needs, and who provides them.
- We need to continue to respond to the challenges raised by the Supreme Court deprivation of liberty ruling from March 2014.
- Despite the improvements we made during 2014-15, we need to continue to reduce the number of looked after children who experienced three or more placements during the year, and to try to ensure that any exceptions to this are for positive reasons.
- We need to improve the proportion of statutory visits to looked after children that take place within timescales.

The council continues to face a real challenge because of the impact of increasing demands and reducing financial resources. The council's overall revenue budget reduced in cash terms by £3.5 million in 2014/15, and there has been a further £4 million reduction for 2015/16. Savings and cuts of over £7 million per year have been necessary to meet demand and cost pressures within the budget. The impact of these continued budget reductions on social services is two-fold. First, social services must take responsibility for sharing the overall burden by reducing its own budgets. Second, when other service budgets are being cut, it inevitably becomes more difficult for the council to invest further in preventative services and strategies to enhance wellbeing, because the benefits of this work are difficult to quantify and will not be seen for many years.

In terms of increasing demand, the council is dealing with the impact of changes to the demographic profile of the county as well as changing public expectations. Our society has changed in recent years, and continues to change. The general population is ageing, and there are many more adults with complex disabilities. There are an increasing number of children with significant disabilities who rightly have high expectations of services. Furthermore, family and community structures are changing, and there continue to be high rates of family breakdown.

Like many authorities in Wales, Denbighshire is seeing increases in the number of people with a learning disability; older people with complex care needs and whose support needs are extensive; and carers who need support to help them continue to support vulnerable people. Overall the numbers of looked after children and children on the child protection register has remained relatively static, although we often see some fluctuation in numbers.

It is clear that we cannot respond to these demands with reducing resources and traditional models of social care. We therefore need to change the way we deliver services if we are to successfully meet the needs and expectations of vulnerable people. The need for change has been identified within the council's Corporate Plan for 2012/17, which includes the following priorities:

- ensuring vulnerable people are protected and are able to live as independently as possible; and
- modernising the council to deliver efficiencies and improve services for our customers.

Social services in Denbighshire are focussed on delivering against these priorities through the Service Plans for both Community Support Services and Children & Family Services.

Denbighshire's Wellbeing Plan (Single Integrated Plan) has now been launched and also has a strong focus on wellbeing and enabling people to become resilient and independent. This plan is a key strategic document demonstrating the commitment of all our public and third sector partners to work together to achieve positive outcomes for the citizens of Denbighshire.

The Council has developed a range of innovative approaches to understanding and interpreting the nature and needs of our communities. For example on the children and families side the use of intelligence-led approaches to inform the focus of developments on vulnerable families and children with disabilities.

In order to clarify the role that the council needs to play to support people to be independent, we have developed the "SID" model, which stands for "Supporting Independence in Denbighshire". The SID model can apply to anyone, from a young, disabled person to an 85 year old with dementia, and it illustrates the type of support that a person could expect to be available to them at different stages of their life. Most people will fit within the first part of the model, where no support from the council is required and people are supported by family, friends and social groups to be active, connected and contribute to the community. The model then progresses through various stages, including "advice & information" and "re-ablement", through to managed social care support when people have more complex and long-term needs.

We are now starting to communicate the SID model to a wider audience, so that our communities understand what support they can expect at different stages of their life, and so that our partners understand the role that they can play in this joined-up vision for supporting independence in Denbighshire. For the council, this means ensuring that our own services, such as housing, highways, planning, environmental services and leisure, are designed to optimise independence. The SID model will not work unless the general environment in Denbighshire support people with low level needs through accessible buildings and services that have an enabling culture.



## AREAS FOR IMPROVEMENT IDENTIFIED FOR 2014-15

In last years' Annual Report, I identified a number of specific challenges which we needed to focus on during 2014/15. In September last year, the Care and Social Services Inspectorate Wales (CSSIW) published its evaluation of Denbighshire Social Services performance for 2013-14. Despite being extremely positive overall, this report also contained a number of specific areas for improvement. These challenges and areas for improvement are highlighted below, alongside an analysis of the progress we made during 2014/15.

### Challenges from the Directors' Report 2013-14

#### A. Ensure all carers are offered a review or assessment of their needs

- Increasing the proportion of carers (of adults) who are offered an assessment or review of their needs in their own right was identified by the service as a priority for improvement for 2014/15. Progress was made, with performance during 2014/15 increasing to 93.7% from 89.4% during the previous year. Despite this increase, this remains an issue that is discussed regularly with Team Managers to ensure that officers record this activity properly on PARIS.
- The number and percentage of carers (of adults) who have had an assessment or review of their needs also increased, from 463 (30.5%) in 2013/14 to 482 (31.7%) in 2014/15. The number and percentage of carers (of adults) who were provided with a service also increased from 442 (95.5%) in 2013/14 to 466 (96.7%) in 2014/15.

#### B. Continue to increase the use of Direct Payments and Individual Service Funds to give people more freedom to choose the services that meet their assessed needs and who provides them

- Training sessions were held for operational teams, and quarterly Steering Groups meetings were held to promote take-up. As a result of this, take-up increased during 2014/15, although not substantially.
- During 2014/15, the number of Direct Payments for adult social care increased to 162 (including Direct Payments, Individual Service Funds, Citizen-Directed Support and one off carers grant payments), from 117 during the previous year. Clearly there is room for further improvement in this area, and we have therefore developed an action plan to improve take-up of Support Budgets (our generic term for all of these). There are many issues to resolve, including the perception that it is often too difficult for service users to manage a direct payment, especially the complex requirements around employing personal assistants.
- The use of Direct Payments is also being considered by Children & Family Services as part of a broader piece of work to review and re-design the delivery of assessment based services for disabled children. At the end of 2014/15, there were 29 Direct Payments in Children & Family Services, through the Intensive Family Support Service (IFSS).

### C. Continue improving attendance at work

- Both services were focussed on this during 2014/15, and were assisted by the implementation of the new corporate attendance at work procedures. Sickness absence for Adult & Business Services at the end of 2014/15 stood at 11.58 days per full-time equivalent (FTE) employee. This compares to 12.71 days per FTE employee at the end of 2013/14. Although 11.58 days per FTE employee is still unacceptable, it does represent an 8.9 % reduction in sickness absence during the year. Sickness absence for Children & Family Services during 2014/15 stood at 9.92 days per FTE employee, compared to 13.55 days per FTE employee during 2013/14. Although we would expect to be able to improve further, this reduction by 3.63 days per FTE employee represents a 26.8% reduction in sickness absence during 2014/15, which is a significant improvement.

### D. Continue to increase the completion of statutory visits to looked after children within timescales

- Our performance at the end of 2014/15 was 88.3%, compared to 89% at the end of 2013/14. This is therefore an area where we have been unable to improve during 2014/15. Although the position has improved in recent years (performance during 2011/12 was 83.7%), we have struggled to push it higher. Most of the children are visited much more frequently than that, but it does not always contain all the required elements to be considered a statutory visit. We monitor this indicator on a monthly basis, and subsequently challenge practice. There can be various reasons why deadlines are missed, some of these are acceptable and some are not, and there are no indicators of worker related patterns in the missed events. We continue to point out to staff the requirements for compliance and highlight patterns of performance. Whilst this has improved performance in recent years, it is still not at a level we are satisfied with and therefore remains as a key area for improvement for the service.

### E. We need to continue to improve educational and health outcomes for looked after children

- There has been an overall improvement in the indicators relating to educational outcomes for looked after children during 2014/15. The percentage of children looked after who have experienced one or more changes of school which were not due to transitional arrangements, is higher this year (at 21.2%, compared to 8.1% in 2013/14). However, this relates to 22 children, and 18 of the 22 were for positive reasons, such as: moving back with parents; an adoption placement; long-term foster placement, etc.
- The percentage of children looked after with a Personal Education Plan within 20 school days of entering care or joining a new school was 22.2% (8 out of 36) during 2013/14. However, we achieved 100% (53 out of 53) during 2014/15, which is a significant improvement.
- During 2014/15, 88.9% of looked after children eligible for assessment at the end of Key Stage 2 had achieved the Core Subject Indicator, as determined by Teacher

Assessment. This is a very small cohort of Children, and 88.9% represents 8 out of 9 children. The one child who did not achieve the Core Subject Indicator had a Statement of Special Education Need. The comparable figure for 2013/14 was 83.3%, so the position has improved slightly.

- The percentage of looked after children eligible for assessment at the end of Key Stage 3 achieving the Core Subject Indicator, as determined by Teacher, has also improved. For 2014/15, this stood at 44.4% (4 out of 9), compared to 20% (2 out of 10) in 2013/14. Of the 5 children who did not achieve the Core Subject Indicator this year, 2 had a Statement of Special Education Need, 1 was 'School Action' and 2 were 'School Action Plus', meaning that they were all receiving additional support.
- The average external qualifications point score for 16 year old looked after children (in any local authority maintained learning setting) was 164 at end of 2013/14. The figure for 2014/15 improved substantially to 439. There were only 4 children in this cohort for 2014/15, and all did very well.
- The picture in terms of health outcomes for looked after children during 2014/15 is mixed. The percentage of looked after children who have had their teeth checked by a dentist during the year was 59.9%, which is very similar to the previous year. This is partly a recording issue as it is often difficult to obtain the necessary evidence of the date the visit took place in order to record it on PARIS.
- The percentage of health assessments for Looked after Children due in the year that were undertaken increased to 73.5% during 2014/15 compared to 38.4% in 2013/14. This is a significant improvement, although clearly there is still room for further improvement.
- The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement reached 100% during 2014/15 compared to 97.6% in 2013/14.

F. Responding to the challenges raised by the Supreme Court Deprivation of Liberty Safeguards (DoLS) ruling from March 2014.

- A Supreme Court Judgement in March 2014 revised the test in relation to a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights. The court ruled that all people who lack the capacity to make decisions about their care and residence, and lack the option to leave their care setting, are deprived of their liberty. The court also ruled that the person's compliance or lack of objection to their placement, the purpose of it or the extent to which it enables them to live a relatively normal life for someone with their level of disability are irrelevant to whether they are deprived of their liberty. This ruling has sparked a considerable increase in DoLS case numbers nationally regarding care home placements, and also applications to the Court of Protection to authorise deprivations of liberty in supported living.
- In Denbighshire the number of applications increased to 221 in 2014/15, from an average of 15 annual applications in previous years. 46 assessments were completed, and 43 standard authorisations were granted. Each application was risk

assessed and a priority order for undertaking the assessments was developed in line with practice nationally.

- We also undertook an exercise to identify individuals living in community living projects who are likely to be deprived of their liberty in accordance with the revised test. There are at least 50, and these will require applications to the Court of Protection. Two applications are in the process of being made to the Court as a way of testing the process as it is clear that the impact on the Court of Protection due to this increase means that applications may take some time to be heard. Prior to the Judgement, there were 4 trained best interest assessors available within the council to carry out these assessments. We have since trained a further 10. Arrangements are also in place for the capacity in the role of the Supervisory Body (a Local Authority responsibility) to be increased.
- It should be noted that each assessment carries a cost, in time and money, and we are still awaiting guidance from Welsh Government on their view of how this should be applied in Wales.

G. Maintaining stable placements for children and young people, and minimising the number of moves they experience (whilst recognising that this is not always possible).

- 9.9% of children looked after had three or more placements during 2014/15, which is a slight improvement from 10.4% during 2013/14. This means that 16 children had three or more placements during 2014/15, compared to 17 children during 2013/14. We monitor placement moves closely, and they can often be for positive reasons, for example returning to the family, adoption, etc. Where there is a concern about movements, these are considered at the Intensive Intervention Panel to make sure we maximise stability. Our performance is about in line with the all Wales benchmark of 10%.

## **Areas for improvement in CSSIW Annual Performance Report 2013-14**

A. Evaluating the quality of life and outcomes for people with learning disabilities living in the many supported living services.

- Person Centred Planning (PCP) reviews are undertaken with service users across all settings within the learning disability service, including the individuals living in supported houses / community living. On an annual basis the findings from these reviews are summarised under the headings: what's working / what's not working / what's important for the future. These findings are evaluated and consideration is then given at the PCP Steering Group to how best to respond to some of the findings. In the past this has resulted in development of new services, learning lessons, and changing the way we deliver support.
- A social work post has now been established to specifically review the support delivered to individuals within supported living services with particular focus on delivering outcomes for individuals.

- We are currently reviewing the way in which we monitor and support the supported living arrangements with a view to being more outcome focused. The aim is for individuals to be enabled to progress as far as possible within the limits of their disability. To this end we are reviewing some of the monitoring roles currently in place with a view to becoming less bureaucratic and enabling staff to support individuals to achieve their outcomes.
- B. Increasing rates of assessment and support for carers.
- As highlighted earlier in this report, during 2014/15 we increased the number and percentage of carers who were offered (and then had) an assessment or review of their needs in their own right, and also the number and percentage of carers who went on to receive a service.
- C. Following changes to leadership and the staffing infrastructure, ensure that the Protection of Vulnerable Adults (POVA) process is operated in a timely, consistent and authoritative manner across the authority.
- Monthly meetings are being held with locality Designated Lead Managers (i.e. team managers and senior practitioners) to discuss the role, share good practice and problem solve.
  - A meeting took place in January 2015 to discuss the content of the POVA level 6 training in order to target the areas identified via the POVA audits, and by the team managers and senior practitioners themselves.
  - An audit of a sample of POVA cases is carried out on a quarterly basis to monitor compliance with the Wales Interim Policy and Procedure and ensure consistency of approach. Actions identified via audit are monitored via the monthly meetings with locality DLMs.
- D. Defining a clear strategy and research process for listening to and capturing the experiences and outcomes for children and young people, especially around the recently re-shaped early intervention and children and families support services and in services to looked after children.
- Early conversations have taken place with Glyndwr University with a view to strengthening the social care students research base (core business for the university but working in partnership with social care to maximise learning and development for both organisations). Consideration will be given to the potential for Denbighshire to become an established research organisation and support will be sought from the university to assist with key evaluation activities. It is also the intention to work closely, and reach an agreement with, Public Health Wales to integrate intelligence approaches within each organisation.
  - The Voice of the Child project aims to utilise the various multi and social media tools available to us in order to improve levels of engagement and consultation with children, young people and their families. We have carried out extensive research into current best practice in this area, and into the potential innovative methods of communication and engagement. We have also consulted with our key stakeholders to understand what methods of communication they currently use, and

what the barriers to engagement currently are. The project is still in an early phase, but some new products have already been launched, such as a Facebook page and Twitter account for Children & Family Services. Future plans for 2015/16 include looking into the benefits of creating 'closed' Facebook group for looked after children and foster carers; revising the process for how children and young people participate in their looked after reviews; and the use of blogs, briefing videos, audio recordings and podcasts.

E. Information provided by the council could be further enhanced through the use of mobile technology such as apps and with the preparation and publication of easy-read on-line versions being so that they are accessible to children but also to those who find reading difficult.

- A new project has been established in the service that is looking at how to improve the engagement of children, young people and families in our service delivery and how we can improve our processes for capturing, hearing and responding to their voice. Children, young people and families will be actively involved in this project and there will be an increased use of mobile technology and social media in our approach to engagement and involvement. This project is also linking very closely with a task group that has been set up by the Regional Safeguarding Children's Board (RSCB) Local Service Delivery Group that is looking at strengthening the voice of children and young people in safeguarding processes and activities. The outcomes framework pilot will compliment this well with regards to a different conversation with children and families that is focussed on the identification and achievement of personal outcomes.

F. Being clear about the type of services families are signposted to if they do not meet the assessment threshold in order to access the Children and Family Service (only 10% of all assessed meet the threshold).

- Team Around the Family and the wider Families First programme is our primary source of support for those families that do not meet the threshold for the Service and there is a clear pathway for families in accordance with their fluctuating needs with a strong focus on supporting families to be independent and resilient and thus not dependent on statutory services.
- The new Children and Family Support Gateway is a key development that covers the spectrum of need from information and advice through to child protection and children in care. The Gateway's further development will include improved signposting to Family Information Service and under the new Social Services and Wellbeing Act (2014) will become the Information, Advice and Assistance response which will automatically develop a more comprehensive knowledge base about the range of services.

G. Evaluating the new intervention methods used and assessing the impact upon the quality of life for children and their families.

- The pilot of the national outcomes framework will help to identify more personal outcomes for children in these areas and will be incorporated into practice.

H. Improved outcomes for looked after children, in particular health, dental and educational outcomes and employment opportunities. Increase the council's support to looked after children through employment and apprenticeship opportunities and information on rights and entitlements.

- New arrangements have been put in place to increase the completion of health assessments and registration with health practitioners with the appointment of a full time nurse specifically for looked after children (LAC). The LAC nurse post has greatly assisted with the health checks aspect, as this post is less focussed on process and more focussed on improving outcomes for individual children. Performance improvements are now starting to show, with 73.5% of the required health assessments for Looked after Children being undertaken during 2014/15, compared to 38.4% in 2013/14. The focus on personal education plans has seen an improvement in performance up to 100% during 2014/15, up from 22.2% the previous year.
- The focus of attention will now be on monitoring the effectiveness of the new arrangements and for ensuring there are robust arrangements in place within Health and Education in order to ensure that there the service is not solely reliant on one or two dedicated post holders.
- The pilot of the national outcomes framework will help to identify more personal outcomes for children in these areas and will be incorporated into practice.
- The availability of employment and apprenticeship opportunities across the Council/County are explored as and when young people require placements, and the 14+ team report that there is positive engagement from the range of Council services in providing options. Avenues and opportunities are continually explored through the Corporate Parenting Forum.
- A review of the impact of the waking hours family support service is to be undertaken as a priority in the 2015/16 business plan.

I. Improving placement stability for looked children

- As discussed earlier in the report, 9.9% of children looked after had three or more placements during 2014/15, which is a slight improvement from 10.4% during 2013/14. Performance in relation to this is constantly monitored throughout the year to ensure we respond in a timely way to concerns. The service provides narrative on planned and positive moves for young people and continues to train foster carers so that a range of placements can be offered. Placement support meetings are held following placement disruptions and feedback on all placements are monitored through the quality assurance framework in order to ensure all learning is gleaned and acted upon.
- A project is underway to expand the range of foster care placements that are available for looked after children with disabilities who require short break placements. The progress of the project is being monitored through the Disability Services Transformation Programme.

## **MODERNISING SOCIAL SERVICES AND ENHANCING WELLBEING**

Two years ago, the Welsh Government set out its vision for the future of social services in Wales in its paper “Sustainable Social Services: A Framework for Action”. This document put in place a framework for meeting the challenges facing social services in the next decade and beyond, and sets out priorities for action. Delivery of the Sustainable Social Services agenda is supported by the Social Services and Wellbeing (Wales) Act 2014, which became law on 1<sup>st</sup> May 2014.

In response to “Sustainable Social Services”, and to prepare ourselves for the Act, we established a 5 year programme to modernise social services. The programme aims to transform the way that social care is viewed and delivered in Denbighshire. The changes will redefine the responsibility of individuals, families and communities for maintaining their own health and wellbeing. This will require a change in culture and a greater focus on promoting resilience, independence, self-care and community support.

Changing the way we work, even when this is for positive reasons, can be challenging. We recognise that the level of change required will involve difficult decisions about the way some services are delivered and that these will not always be popular. We will have to manage this change effectively and ensure that we listen to and involve staff, elected members and communities in the modernisation programme. Some of the work we are currently taking forward as part of the programme is summarised below:

### **Single Point of Access**

In July 2014, we launched a new single point of access, assessment and care co-ordination for preventative and rehabilitation work for adults across Denbighshire. This includes the provision of information, signposting to general community services, and the integration of a range of intermediate care and short-term health and social services. The Single Point of Access (SPoA) is part of a staged approach to a fully integrated health and social care community service model that will eventually incorporate longer term community support and in-patient bed-based care and a full range of council services aligned to an ageing population. The SPoA has started to build the bridge between health, social care and the 3<sup>rd</sup> sector. By enabling professionals across the spectrum to work in an integrated way, we are able to support the citizens of Denbighshire more effectively by removing duplication; reducing complexity; and removing bottlenecks in the system to ensure smooth transition for citizens.

Although the SPoA has now been operational for less than a year, there is evidence that it has started to improve joint-working between social services, health and the 3<sup>rd</sup> Sector for the benefit of citizens. For example, the SPoA has enabled the council to work together with health to improve patient flow from acute hospitals. This involves a SPoA representative attending bed meetings and working with the Senior Nurse to identify whether there are any delays with the aim of removing blockages in the system. This also



provides an opportunity to increase the understanding and awareness of services available in the community to support people when they are discharged from hospital.

Intermediate Care Funding was used to fund two SPoA operators for a six month weekend working pilot, where they were supported by two Social Workers. This pilot was extended until May 2015, and the early indications are that it has been a success. The 3<sup>rd</sup> Sector Coordinator role within the SPoA has been extended for 6 months following confirmation of further funding, and therefore the contract with the British Red Cross has been extended. This post is promoting the value of the 3<sup>rd</sup> Sector in contributing to the health and wellbeing of the residents of Denbighshire. This post provides a central resource for raising the profile of the non-statutory sector services available within the county to enable more informed advice, guidance, signposting and referrals within the Single Point of Access and beyond. We have also been developing a system for accepting direct GP referrals to the SPoA, we hope that this will be introduced in the near future.

The creation of the Community Services Partnership Manager role within the SPoA has been of critical importance as it brings an overview of pathways as well as knowledge of the processes and an understanding of the blockages to providing clinical and specialist knowledge and advice.

Representatives from a range of services physically sit within the SPoA to ensure links into their services and enable preventative rapid response and other intermediate care services as well as provision of a comprehensive range of information, advice and assistance. Coordination is much easier by bringing these service representatives together into one team.

The SPoA has access to all health and social care systems, which was one of the major achievements in relation to setting up the service, because it provides a rich source of intelligence which is used to better meet the needs of individuals and professionals alike.

*“The 3<sup>rd</sup> Sector being embedded within the SPoA Team from the start has provided citizens with additional choices of support. I have found the main area of support is Loneliness & Isolation and we can offer information, advice & assistance during one telephone call to improve citizens’ wellbeing. 3<sup>rd</sup> Sector organisations have been very supportive of the SPoA & feedback I have received is that 3rd Sector organisations feel the gaps are closing between Health & Social Care & 3<sup>rd</sup> Sector, with the SPoA providing closer partnership working. Knowledge sharing is key to the SPoA, with 3<sup>rd</sup> Sector organisations providing training sessions to staff about services offered by the 3<sup>rd</sup> Sector. The main message I would like to make is, if you don't know who can offer support then we know someone who can”. **3<sup>rd</sup> Sector Coordinator***

*“From a British Red Cross perspective, the benefits of integrated working with statutory services cannot be understated. The impact we as an organisation, and the whole of the 3<sup>rd</sup> Sector, can make to the people of Denbighshire has been so enhanced by the creation of a Single Point of Access and the Directory of Services. This partnership approach to working is a credit to all those involved in its conception and implementation”. **British Red Cross***

## **The National Outcomes Framework**

We are currently taking part in a pilot aimed at developing a consistent way of understanding how successful local authorities are in supporting people to maintain or improve their wellbeing. The pilot requires social care professionals to engage people in a different type of conversation aimed at identifying the personal outcomes that are important to them and that they wish to work towards achieving. Outcomes will be different for each person, and the discussion about how to achieve those outcomes will start from the perspective of what resources they already have at their disposal (e.g. family network; friends; community groups, etc.). Support and care from social services will only be discussed if those outcomes can only be met with support from the council. This National Outcomes Framework (NOF) pilot is also testing out a scoring and recording mechanism to enable the Welsh Government to see how successful local authorities have been at supporting people to achieve their outcomes.

Denbighshire is unusual in that we have decided to pilot the NOF in both Children & Family Services and Adult Social Care. The Children & Family Services pilot is focussing specifically on outcomes for children who are on the cusp of becoming looked after across the whole of the county. For adults, we are testing the approach in two specific geographical areas. The Social Services Improvement Agency (SSIA) has provided an intensive 3-day training course for each group of staff, with the aim of developing the collaborative skills required to have these different conversations with people. The training has been so well received that we are currently organising additional training for all our remaining adult social care teams because we want all our practitioners to be working in this collaborative and outcome-focussed way.

## **Community-Led Conversations**

We are also taking part in the national “Community-Led Social Work Programme” which is being run by the National Development Team for Inclusion (NDTi). We are one of a small number of local authorities who are testing a different way of working that is more community focused, geared around promoting independence and aims to reduce bureaucracy (therefore freeing up more time to support people to identify and achieve their personal outcomes). The idea behind what we are calling “Community-Led Conversations” is that multi-disciplinary teams (including social care professionals as well as health and 3rd sector staff), will go out into our communities so that people are able to come along and have a “what matters” conversation, and get support to develop strategies for achieving the outcomes that are important to them.

This project takes a truly person-centred approach to supporting local people, and it seeks to support and empower people to gain/maintain independence; remain living in their own homes for longer; and achieve outcomes that are important to them. Most importantly it will be a preventative approach that strengthens the person’s resilience and seeks to avoid future crises. It will reach out to local people who are encouraged to get involved and are treated as equals, working alongside practitioners, each person valued for their unique knowledge, expertise and experience.

We are piloting this approach with two of our locality cluster teams; one in the south of the county, and one in the north. We are also using these two clusters to pilot the National Outcomes Framework, as the two projects clearly support each other and have similar aims.

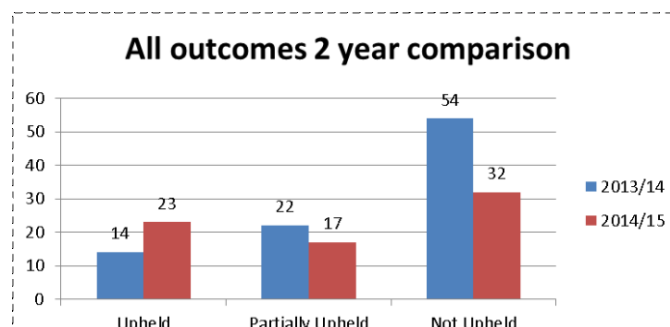
## CUSTOMER FEEDBACK

An essential part of delivering efficient and effective services is ensuring that we listen and respond to customer feedback and complaints. We already have robust systems for gathering and analysing customer feedback, although the Social Services and Wellbeing Act 2014 will place additional requirements on us from 2016/17.

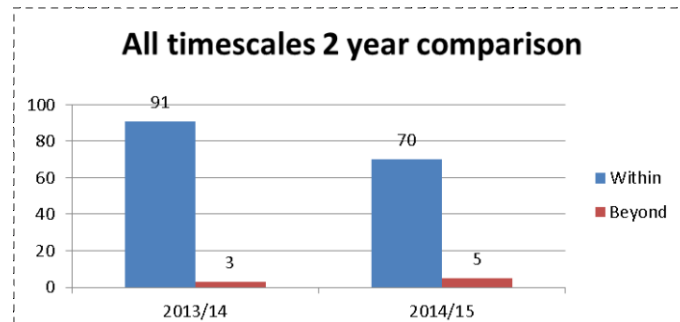
During 2014/15, we implemented a new national statutory complaints process, which involved delivering training to all of our front-line practitioners. The new process places more emphasis on early resolution of the complaints via a timely discussion between the complainant and the relevant practitioner or manager.

We produce a separate annual report which provides an overview of customer feedback alongside a review of the effectiveness of our complaints process. The main findings of the annual report for 2014/15 are as follows:

- Overall, the number of complaints and compliments received during 2014/15 decreased compared to 2013/14, and there were fewer complaints about both Children & Family Services and Adult Social Services.
- This is the 2<sup>nd</sup> consecutive year where the number of complaints has fallen, and the number of complaints received during 2014/15 (75) is more than 36% lower than the number of complaints received during 2012/13 (118). We believe that this is partly due to more effective complaint handling at the early stage and the impact of the new complaints procedure which was introduced during 2014/15.
- All complaints and praise are recorded against one of our seven core standards, and the largest category for complaints continued to be '*involvement and participation*' in 2014/15. This suggests that our continued focus on giving people increased voice and control over how they are supported to achieve their personal outcomes is correct because this is important to service users and their carers.
- During 2014/15, the percentage of complaints that were upheld or partially upheld increased to a 56%, from 40% during 2013/14. This is probably because the new complaints procedure allows us to deal with invalid and lower level complaints quickly and outside of the formal complaints procedure. The discussion element of the new procedure is also proving worthwhile in preventing time spent on not upheld complaints. The chart below shows that number of complaints that were upheld or partially upheld during 2014/15 was actually fairly similar to the number during the previous year, i.e. 40 in 2014/15 compared to 36 in 2103/14.



- The percentage of complaints dealt with within timescale decreased slightly during the last year, from 97% in 2013/14 to 93% in 2014/15. However, as shown in the chart below, the number of complaints dealt with beyond the statutory timescale actually only increased from 3 in 2013/14 to 5 in 2014/15. Due to the volume of overall complaints being less than in the previous year, this small increase has had a disproportionate negative impact on our performance in terms of the percentage of complaints dealt with within timescale.



When complaints are upheld, action plans are drawn up when it is recognised that changes need to be made. Action plans are monitored until all the actions have been completed. For the majority of complaints, the improvements made are very specific to the service user involved, and therefore cannot be highlighted within this report. However, there are some examples of changes implemented that will improve performance across the whole service, including:

- A complaint relating to our Protection of Vulnerable Adults (POVA) procedure allowed us to identify areas of weakness and make improvements throughout the year. Further focus has been given to adhering to timescales and training has been provided to designated lead managers. As part of the review of our central administration function, we also increased the administrative support to the POVA process.
- Improvements were made to the phone system for our Children and Families Support Gateway following a complaint. For example, if the voicemail system is busy and someone leave a message, an e-mail will notify the team so that the caller can be called back quickly.
- The process for authorising the purchase of essential items for services users under receivership has been streamlined following a complaint about a delay in this process.

As well as responding to complaints when people feel that something has gone wrong, we have developed a number of questionnaires to help us understand the general views of service users about the quality of social care services and the impact they have on their lives. Instead of listing the findings of all our customer feedback questionnaires here, we have included a summary of our findings within the relevant sections of this report.

## SUPPORTING OUR WORKFORCE

The most important asset we have in terms of the ability to deliver and commission high quality services is the social care workforce. We are committed to supporting and developing the workforce to ensure that we are able to give best possible levels of advice, information, support and care to our communities. Our focus on training and development includes the whole social care workforce in Denbighshire, not just council employees. Training is often provided in partnership with the 3<sup>rd</sup> sector, for example carer awareness training was delivered on a number of occasions last year in partnership with the North East Wales Carers Information Service (NEWCIS).

### Training and Development

During 2014/15, there were over 4,500 training attendances by whole sector social care staff, the majority of these attendances were through the Social Care Workforce Development Programme (SCWDP). In addition, Denbighshire County Council staff studied for accredited qualifications. On 22<sup>nd</sup> June 2015, the SCWDP Annual Awards Ceremony will take place, which will recognise over 140 staff from the social care sector for achieving qualifications during 2014/15. The position at the end of 2014/15 was that:

- 100% of managers / deputy managers, and 84% of care workers / officers / assistants, within local authority residential services for elderly and elderly mentally infirm people held the recommended occupational qualification.
- 100% of managers, and 72% of senior domiciliary care workers / care workers, in local authority domiciliary care services for adults held the recommended occupational qualification.
- 100% of managers and 67% of family support workers in local authority domiciliary care services for children held the recommended occupational qualification.
- 80% of managers and 61% of care staff in the independent domiciliary sector for adults held the recommended occupational qualification.
- 97% of managers and 64% of care staff in the independent residential sector for adults held the recommended occupational qualification.
- 61% of active foster care households have at least one foster carer holding the recommended qualification.

### Flexible Working

As part of our Corporate Plan priority about modernisation, the council has placed a lot of emphasis on flexible working in recent years, and social services have been working hard to support new ways of working. Flexible working will enable us to provide a better service to the public because staff will have easy access to information due to improved technology, regardless of location. Our response times will also be faster due to the reduction of delays in communication. Flexible working will also provide benefits for staff, including a reduction in travel, and an improved ability to manage work/life balance. We

have invested in mobile devices (e.g. laptops) for all our front-line staff, so that they do not have to return to their office base in order to complete administrative tasks. The increased flexibility means that practitioners are now able to spend more time in the community with clients as opposed to travelling or sitting in the office. This also means that we have been able to reduce the number of offices we work from, which in turn protects front-line services because less money is spent on office accommodation. During 2014/15, our support for flexible working enabled us to vacate our office in Prestatyn, and further office rationalisation is expected during 2015/16.

## **Workforce Profiling**

During 2014-15, we published a new workforce strategy for 2014-17 to ensure that it was consistent with our vision for the future and the requirements of the Social Services and Well-being Act. The strategy has since been guiding our work to review the structures and roles within our adult social care locality teams. During 2014-15, we completed our re-structure of management within those teams, reducing the number of Team managers from four to two, whilst increasing the number of senior practitioners to support those managers. We introduced 5 geographical clusters (roughly based upon GP areas) which will enable us to work much more closely within those communities as well as improving our partnership working with health. We are also in the process of re-profiling those teams with the aim of reducing the number of qualified social work and occupational therapist professionals, and increasing the number of vocationally trained staff. This will ensure that professionally trained staff will only become involved in work that requires that level of professional expertise; hence we will be re-professionalising those roles.

In terms of Children & Family Services, the focus has been on creating stability in the workforce and retaining our best staff. We currently have a stable group of well trained and experienced staff, and this is reflected in some of the good performance highlighted throughout this report.

## WELSH LANGUAGE

We are committed to ensuring that people can access information, advice, assistance and support through the medium of Welsh. We are also committed to increasing the use of Welsh at work. While not all staff will be fluent in Welsh, we do expect that all will demonstrate a sense of place and enthusiasm for Wales, while making practical arrangements to meet language needs. In order to deliver the requirements of “More Than Just Words/ Mwy Na Geiriau”, we have developed a Welsh language statement and established a Welsh language strategy group (chaired by the Director of Social Services). 2014/15 was Year 2 of our associated Welsh language action plan, and progress made during the year against each objective of the strategy included:

### Service planning and delivery (Objective 1):

- The Single point of Access has recruited two Welsh speaking staff and is ensuring that the “active offer” is evident at the first point of contact (e.g. options of language preference on the telephone).
- Monitoring our customer experience questionnaire which includes a question asking whether people were provided with a service in the language of their choice.

### Commissioning and the ‘Active Offer’ (Objective 2)

- Undertaking a Welsh language community profile (using census data) and using the information as part of planning and commissioning of services and service delivery.
- Through the contract monitoring process, officers are ensuring that commissioned services are available through the medium of Welsh.

### Workforce Development (Objective 3)

- Increasing the confidence of our own staff to speak the Welsh language within work, for example by establishing a buddy scheme and arranging a monthly lunchtime group to offer additional support between Welsh language lessons.
- A Welsh awareness induction session is presented for all new social work students within the council.

### Leadership (Objective 4)

- Established a Welsh language strategy group (chaired by the Director of Social Services) and appointed a Welsh language champion to provide support and direction for Welsh language priorities.
- Funded two places for managers to attend a three-day “Welsh language skills for managers” course to boost language confidence and competence.
- Managers have attended a half day “language awareness” course and have also been encouraged to attend a half day Welsh learner course (level 1).



### Education, Learning and Development (Objective 5)

- Provided language sensitivity training to staff (including the whole sector).
- Advertised the availability of Welsh language training opportunities (within our social services departments and to the whole sector).
- Funded two places for staff to attend a week-long Welsh language residential course at Nant Gwrtheyrn.
- Developed and distributed guidance and information about the use of Welsh, to include out of office messages, and developed a short bilingual guide of basic Social Services phrases.

### Strategies and Policies (Objective 6)

- Undertook impact assessments to identify what impact (positive or adverse) policy decisions have on opportunities for people to use the Welsh language.

## WORKING WITH OTHERS

We take great pride in our positive track record for delivering improvement, and for our commitment to partnership working. Across North Wales, there is a strong recognition of the need to work within a regional footprint, both to accommodate the Local Health Board structure and to maximise efficiencies; whilst also being responsive to local need and historical service developments. This results in service planning and delivery needing to operate on a regional, sub-regional and local level. Some of our partnership working, at a regional, sub-regional and local level, is summarised below.

### The North Wales Commissioning Hub

In 2012/13, we established the North Wales Commissioning Hub (NWCH), which is a collaboration between the six North Wales authorities and the Betsi Cadwaladr University Health Board (BCUHB). The Hub, which is hosted by Denbighshire County Council, delivered some real improvements in the commissioning of services for people with complex needs (adults and children), including:

- From the start of the Hub to date it has supported partners in identifying suitable placement options for 77 children and young people, and around 210 adults with complex needs.
- Leading on the development of a regional outcomes framework for quality monitoring of care homes for adults. This included developing processes for collating and analysing intelligence on quality from a range of sources, and the development of the regional information sharing protocol for the quality monitoring of adult residential care homes.
- Leading on the development of a regional Escalating Concerns Policy and Process for North Wales for commissioned adult services including Residential (including Nursing) Care Homes, Domiciliary Care, Supported Living and Day Services.
- Leading on the development of a regional Escalating Concerns Policy and Process for North Wales for commissioned Children & Young People Residential Care Placements.
- Leading on negotiations with regards to the fostering framework for commissioning independent foster agencies (IFA's). Savings have been generated to date totalling £133,520 regionally on an annual basis, with Denbighshire saving £20,743 annually through renegotiation of existing placement fees with IFA's on the framework. In addition, cost avoidance on new placements made through the framework totals £134,352 regionally, with Denbighshire avoiding costs of £14,428 on an annual basis.
- Development of a Children & Young Peoples Regional Pre-Placement Agreement. The contract has been approved by North Wales Heads of Children's Services and is awaiting final sign off by BCUHB before issuing to providers.
- As part of the Regional Collaboration Fund, the Hub led on the development of a regional Dementia Service Specification.
- Publication of a regional Market Position Statement for Children's Residential Care.

The Institute of Public Care at Oxford Brookes University are currently undertaking a review of the future of the Hub, linked to the wider regional commissioning agenda. Outcomes of the review are expected to be known by the end of June 2015.

## **The Social Care Workforce Development Programme**

The Denbighshire SCWDP Partnership continues to be proactive in engaging with Health Workforce leads, working in partnership on training programmes such as General Health Practitioner Training, Age Awareness and the new Fundamentals of Care in Nursing Homes as well as ensuring health Workforce development colleagues are aware of Social Services and Well-being (Wales) Act training. The partnership also identifies additional funding streams and supports recruitment and retention initiatives such as local jobs/careers events. The implementation of Act will be central to the work of the partnership during 2015/2016 to ensure integration of the principles of the Act into the training plans for the coming year.

The Partnership responds to changing local needs and priorities and adapts to provide more flexible approaches to training delivery taking account of workload, shift patterns and needs of the service or employer. This has resulted in a shift away from traditional one day training events to shorter more focused communication and engagement type events that enable maximum staff attendance and a cost effective use of Workforce and SCWDP grant resources.

There also continues to be strong links with the Regional Social Care in Partnership (SCiP) North Wales and Denbighshire's Service Manager for Workforce Development continues in the role as Chair of the North Wales SCiP.

## **The North Wales Adoption Service**

The North Wales Adoption Service (NWAS) has now completed its 5th year of activity. Following the launch of the Nation Service in Wales on 5th November 2014, NWAS has now been integrated into the National Adoption Service as one of five identified collaboratives. The National Service is underpinned by the Adoption and Children Act 2002 (Joint Adoption Arrangements) Wales) Directions 2015 which came into force on 31st January 2015. Further detail regarding the outcomes of the adoption service can be found later in the report (page 43).

## **Regional Safeguarding Arrangements**

The North Wales Regional Safeguarding Board has continued to promote effective multi-agency practice in protecting children. It has overseen continued improvement in the training of staff and in updating policies and procedures. The regional board is supported by four regional sub-groups and sub-regional local service delivery groups. There is a Conwy and Denbighshire Local Service Delivery Group which consists of key multi-agency professionals who focus on front line practice. This delivery group have put in place more effective ways of listening to the voice of children, and of organising child protection core groups. It has also funded and supported training across all the agencies involved with children.

Denbighshire Children & Family Services have also contributed significantly to establishing the child practice review process for learning from child deaths and significant incidents

involving children across the area, where agencies had involvement and lessons can be learned. There are different levels of review and for extensive reviews (of which we had one last year), it involves an independent review of what happened followed by analysis of where practice could be better and a learning event with practitioners where that learning can be embedded in front line practice. We have run one such event locally, and the practitioners and key family members involved were positive about the usefulness of the event.

## **Working with Betsi Cadwaladr University Health Board**

The Director of Social Services is now an Associate Member of Betsi Cadwaladr University Health Board, which allows her to contribute to strategic development and decision making across both health and social care.

Within 2014/15, the Children and Families Therapeutic Service has worked hard to successfully incorporate the multi-disciplinary Integrated Family Support Team (IFST) as a response to the requirements embedded in the Children and Families (Wales) Measure 2010. Three additional staff have been recruited to fulfil the functions of the IFST obligations: a substance misuse specialist social worker; an intervention specialist social worker; and a learning disability specialist nurse. Denbighshire's Therapeutic Service/IFST is fully integrated across Children and Family Services and some workers are embedded into the local Child and Adolescent Mental Health (CAMH) Service for 20% of the working week, undertaking approximately 10 neurodevelopmental assessments and 12 individual therapy cases for children aged 5-18 per year. Planning is underway for other team members to be embedded into community Substance Misuse and Adults Complex Needs services.

Members of the Therapeutic Service/IFST have successfully completed joint programmes of work alongside North Wales Adoption Service, NSPCC, Conwy and Denbighshire Youth Justice Service and North Wales Probation Service. As well as working with families with substance misuse issues as required, Denbighshire's Therapeutic Service/IFST also work with families affected by domestic abuse, mental health, learning disability and sexually harmful behaviour.

The Therapeutic Service/IFST has worked hard again during 2014/15 to service a range of referrals from all areas of Children and Families services. There have been 107 individual interventions completed: of which 11 were highly intensive IFST cases; 30 were for Intake families; 33 for the Intensive Family Service; 27 for Looked After Children and 6 statutory social work cases due to staffing issues within Children and Families Service.

## **Working together as a council**

We also recognise the importance of maximising the resources available within the council and as such we have worked closely with wider council services in Denbighshire to deliver services. Examples include:

- Transforming existing holiday services for children to support the integration of disabled children and young people into mainstream leisure and youth activities.
- Rolling out a tool kit for providers to assess their capability to offer integrated services to children and young people with additional needs.
- Setting up a small grant pot to enable providers to access funds for equipment to improve accessibility for disabled children.
- Completing the review of the process for managing Disability Facilities Grants, working closely with Planning & Public Protection Services.
- Developed the role of warden in our sheltered housing provision to support independent living for service users.
- Identified the triggers for accessing adult social care in the County and started process to review universal services to improve people's wellbeing and ability to live independently.

## ADULT SOCIAL SERVICES: PERFORMANCE

### What we are about

We aim to ensure that vulnerable people are protected and able to live as independently as possible. For most people this means working with them so that they can continue to live in their own home and participate in their local community to the extent they wish. Towards the end of 2014/15, a senior management re-structure in the council meant that Adult & Business Services inherited two elements of the Housing & Community Development Services, namely the Supported Independent Living Service (SIL) and Homelessness and Housing Options. The service also changed its name to Community Support Services, partly to reflect the additional functions, and partly because the previous name did not adequately reflect our support role within the community. Therefore Adult Social Services is now a function within Community Support Services.

### The services we provide

The type of service we offer depends on a person's needs. Depending on their individual circumstance, we could offer someone:

- information and advice e.g. about community services, benefits, and how to claim them;
- signposting to services available in their community;
- support that helps people to regain or develop their skills and confidence to take care of themselves safely;
- equipment and home adaptations to assist people with daily living activities;
- care and/or support in a person's home;
- respite/support for carers such as advice on healthy living or arranging for some short term care to enable carers to have a break from caring responsibilities;
- day services;
- support in alternative accommodation, e.g. Extra Care Housing, to enable greater independence; and
- care in a residential or nursing home for people with specific high level care needs.

There are two main aspects of the work we delivery. First, there is work around promoting wellbeing, prevention and early intervention in order to remove, reduce or delay the need for ongoing managed care and support. Second, there is the work to support adults with complex and / or long term care needs. The following sections assess our performance in relation to these two areas, and evaluate the impact we have made during 2014/15.

## **PREVENTION, EARLY INTERVENTION & ENHANCING WELLBEING**

As discussed earlier in this report, our vision is to prevent the need for ongoing support from social services by enabling people to be as independent as possible for as long as possible, so they are free to live active and fulfilling lives within their own communities. We want to prevent or delay the need for formal care and support from social services, and for low-level needs to be supported by family/friends, supportive communities and the 3<sup>rd</sup> Sector. Some people will always have more complex needs, and will therefore require some level of managed care and support, but even then our approach is to support people to be as independent as possible. Everything we do is geared around this principle, and we have therefore continued to develop our services to provide a strong focus on supporting people to maintain or regain their independence.

This report has already discussed how the National Outcomes Framework pilot, and our Community-Led Conversations project, are changing the way that we work with people to help them identify what is important to them, and to support them to develop strategies for achieving their personal outcomes. We have also discussed the Single Point of Access, which aims to provide good quality information, advice and assistance, as well as managing referrals into formal services where necessary. Other examples of how the service supports people to lead an independent life include:

- Older People's Strategy;
- Reablement;
- Telecare and assistive technology;
- Equipment; and
- Extra Care Housing

### **Older People's Strategy**

In 2014/15, the work of our Older People's Strategy Officer has focussed on combatting loneliness and on ageing well. Loneliness is one of the factors that affect early care home and hospital admissions, and one of the reasons that people contact social care services or their GP. Evidence tells us that loneliness is a significant and growing issue for many older people. The impacts can be devastating and costly, with comparable health impacts to smoking and obesity. The Older people's Strategy is working with the UK Campaign to End Loneliness and others to develop a Loneliness Measurement Tool that can be used to assess whether services/interventions have been successful in reducing loneliness or social isolation. We are working with local communities to establish an action plan to combat the long term problems that loneliness can bring, and during 2015-16 we aim to hold a Learning Exchange on loneliness and social isolation with communities. We are also developing an Ageing Well in Denbighshire programme to reflect and support the national Ageing Well in Wales programme.

## Reablement

Reablement is short-term support which is designed to develop people's confidence to manage as many tasks as possible on their own rather than having other people do things for them. Last year, we provided reablement support to 346 people, including 325 people to help them return to their own home from hospital. Of the 346 people who received homecare reablement support, 207 required no further support from social services following the intervention. This shows that the reablement approach is producing real and sustained benefits for residents. We have also been developing the role of Health & Social Care Practitioners, and since January 2015 they have also been receiving referrals to support with early or weekend discharges from hospital. Between 1st January and 31st March 2015, they supported 23 hospital discharges.

We also have a customer questionnaire which enables us to evaluate the experience of residents receiving a reablement service. During 2014/15, the questionnaire responses were extremely positive, including:

- 99% of people felt that they were treated with dignity and respect (same as in 2013/14);
- 98% of people said that the support they received helped them to live more independently (up from 95% in 2013/14); and
- 97% of people said that the support they received helped them to feel safe and secure (up from 95% in 2013/14).

### People told us:

*"I was spoken to as an equal".*

*"Their positivity gave me the confidence to do things. It gave me my confidence back".*

*"I feel very safe in my own home".*

## Telecare

Telecare is a range of equipment that uses sensors and an alarm system which is plugged into the telephone socket. This alerts a carer or a monitoring centre when a person needs help or something has been detected such as gas or smoke and an appropriate response can be instigated. By the end of 2014/15, there were 1,626 people with Telecare in Denbighshire, which is up from 1,550 at the end of the previous year.

## Equipment

We have an Integrated Community Equipment Service (CESI), which is a formal partnership with the Betsi Cadwaladr University Health Board (BCU). The service provides and manages a wide range of equipment to help people live safely at home. In 2014/15 we provided 1,632 people with equipment. This is a decrease from the previous year, but this is because people began being signposted to other solutions following the introduction of the Single Point of Access during 2014/15.



## Extra Care Housing

In the Council's Corporate Plan 2012/17, we have said that we would like to see more Extra Care Housing across Denbighshire. For many people, we believe that Extra Care Housing is a better alternative to residential care, because people will be more able to remain as an active member of the community. Denbighshire already has three highly successful Extra Care Housing schemes, but we aim to have two additional schemes in operation by 2017 (containing a total of around 100 units), with yet another scheme in the development phase.

The development of additional Extra Care Housing will also enable us to achieve another one of our Corporate Priorities, i.e. to reduce the number of people in residential care. We believe that a large proportion of people currently living in residential care homes in Denbighshire could lead a much more active, independent, and fulfilling life within an Extra Care Housing environment.

We continued to explore options to develop additional extra care housing schemes during 2014/15, and we have had positive discussions with a number of potential partners in relation to a number of potential developments. We are confident that significant progress will be made during 2015/16, and that work will begin on one or two new schemes in the coming year.

## SUPPORTING ADULTS WITH COMPLEX AND / OR LONG TERM CARE NEEDS

Whilst our emphasis is on prevention and early intervention, we recognise that an ageing population has complex, long term care needs that require responsive support tailored to individual needs. Where specialist/long term services are needed we are committed to ensuring that we provide high quality, responsive services that focus on meeting people's needs in their own community wherever possible. At all stages our aim is to ensure that people are able to have a strong voice and control over their support arrangements. Progress in these areas can be summarised as follows.

### Providing high quality services - progress made in 2014/15:

It is important to review people's care plans in a timely fashion so that we can ensure that it still meets the needs of the individual, and that talk to people about the impact that the care and support is having on their lives. We increased the number of care plan reviews undertaken, whilst maintaining the number of care plans that were reviewed on time. Due to the increase in the number of reviews needing to be reviewed (1,871 compared to 1769 the previous year), the proportion that we were able to review on time reduced to 88.3%. However, it is likely that this will still represent "excellent" performance compared to other councils in Wales because 88.3% would have placed us comfortably within the top quarter of councils in Wales during 2013/14.

We use a questionnaire to help us to understand the views of service users and carers about the quality of services. We give the questionnaire to service users at the point of re-assessment. The completion rate during 2014/15 was 47%, so we are confident that the views are genuinely representative of service users. The results show that:

- 98% of service users were either fully or partially satisfied with the services they received.
- 98% were either fully or partially satisfied the services were meeting their needs
- 98% were either fully or partially satisfied that the services improved their quality of life.

This is what people told us in their feedback:

*"It means a lot to be able to stay at home. Suggestions were put to me, but it was my decision to make. There wasn't anything forced on me, or I wasn't told I should have certain things, it was all my decision, thank you for that".*

*"Definitely it is very, very good. You (social services) have assisted me and discussed all my needs and you act upon them".*

*"I am frustrated that I cannot do the things I used to do, but the carers allow and maintain my independence".*

*"I know without the support from the agency and family I may have to go to a home, so yes it does improve my quality of life".*

## Monitoring the quality of care

We have robust mechanisms in place to monitor the quality of care provided by the independent sector and our own in-house services. About 95% of the care and support provided via the council is delivered by the independent sector, and we therefore place a great deal of emphasis on contract management and monitoring.

Each year we aim to make an unannounced visit to every independent care provider in Denbighshire. We have a schedule for these monitoring visits, but we will revise the schedule and prioritise particular providers if we have concerns based on information we receive from customer feedback, complaints or from the Care and Social Services Inspectorate Wales (CSSIW). We will also make additional visits, or implement our 'escalating concerns' process where necessary. We use a standard process which determines what our contracts officers monitor care homes against, and this process developed in conjunction with the North Wales Commissioning Hub. We have also developed a similar system for monitoring domiciliary care agencies. We also liaise with neighbouring local authorities to get feedback on the quality of provision for providers in those areas that provide service to Denbighshire residents.

During 2014/15, our contracts officers visited 27 homes. Of these, one subsequently closed and three were subject to the 'escalating concerns' process and required a number of follow up visits, often in conjunction with CSSIW Inspectors. Also, a number of extra visits were made to several other care homes where lower level concerns had been raised. Four Community Living Providers were also reviewed who between them were responsible for a total of 15 projects, and follow-up meetings were held with three providers to address issues that had arisen.

We were unable to visit as many as many domiciliary care agencies as we would have liked last year because of some staff recruitment issues. However, a new process has now been developed, and it is anticipated that all domiciliary care providers will receive a visit during 2015-16.

It is important to note that quality monitoring is not a stand-alone function undertaken solely by our contracts officers, and that we have a joined-up approach to this important issue. For example, Designated Lead Managers will alert our contracts officers when they receive a POVA (Protection of Vulnerable Adults) referral, and will involve them at an early stage (e.g. in the strategy discussion) so that contracts officers can determine whether or not the issues raised impact on contract compliance etc. Contracts officers therefore attend strategy meetings where it is appropriate, and will undertake investigations where it is felt there are underlying contractual issues which have contributed to the safeguarding concern. In any case, this is another valuable source of information that is often relevant to the monitoring process.

Reviewing officers also play a role in monitoring the quality of provision. We do not have figures for the whole of last year, as the new Reviewing Team was in its infancy and a system for collecting the figures was devised until part way through the year. However,

during the last six months of 2014/15, reviewing officers conducted 145 reviews in a total of 44 homes within Denbighshire, and 29 reviews in homes outside Denbighshire.

When conducting a review of a service users' care plan, our reviewing officers also monitor the quality of service provision (prompted by a checklist), and feed back their findings to our contracts officers. This enables the Contracts Team to have much more robust data and intelligence upon which to base their findings when they visit and report upon providers.

During 2014/15, we also aligned our contract monitoring activities with our customer feedback work, so we could ask service users for their views about the care and support they received at the same time as we visited the provider. This way, we are able to get a much better understanding of the quality of the care provided.

## **Protecting vulnerable adults**

We have effective systems in place to make sure that vulnerable people are safeguarded. We work well with other agencies, and last year 322 people from across the social care workforce attended POVA (Protection of Vulnerable Adults) training, which is a 27% increase on the number of people attending training the previous year. In addition to this, 107 staff from across the council attended training through our new corporate safeguarding training programme. This recognises that staff in other council services come into regular contact with the public, and therefore have a responsibility and opportunity to safeguard vulnerable people (children and adults). We also have posters that explain the types of abuse a vulnerable person may suffer and who to contact if someone has concerns.

During 2014/15, there were 73 vulnerable people referred to us where we undertook an investigation into their circumstances via the Protection of Vulnerable Adults (POVA) process. We effectively worked with these people and agencies to ensure that the risk was fully managed for all of the 73 referrals investigated.

## **Carers**

We value the role of carers and appreciate this can be challenging and demanding. We aim to improve the quality of life of carers and support them to achieve their potential so that they, and the people they care for, can live fulfilled lives. During 2014/15, we continued to focus one-off funding to develop Carers' services that address our agenda to support independence. This included:

- support for parents of older service users with learning disabilities via project worker support for the service user; and
- additional support for Carers following assessment to assist them in accessing on-going support and support to address any issues in regard to services for the cared for person.

In addition, we commissioned short term funded services to raise the awareness of Carers. This included:

- Carers Community Support Development Project – two project officers are working with local communities, and local services such as leisure, libraries, colleges and arts services to improve Carer awareness and assist in developing new initiatives to support Carers within community settings.
- Carers Champions hosted within the 3rd sector are supporting the new integrated teams to ensure that there is good Carer support within each of the new locality clusters. One Champion is based with the Single Point of Access, and also works alongside the multi-disciplinary team to identify and support Carers at the point of discharge from hospital.

A review of the provision of sitting services for Carers was completed during 2014/15 and resulted in the setting up of a Carers Panel that meets regularly to consider all applications for Carers sitting services and also 'one off' grants. This provides a consistent and equitable approach to the provision of these services for Carers who are most in need of this type of support. Work has also been undertaken to ensure that we have a consistent operational approach, ranging from assessment and application processes through to care brokerage and reviews. The Carers Emergency Card was also re-launched as an in-house, sustainable service during 2014/15.

Our performance in terms of supporting carers improved again during 2014/15, as demonstrated by the following:

- We offered 1,522 carers an assessment or review of their needs, which is a slight increase from 1517 during the previous year.
- The proportion of carers who were offered an assessment or review of their needs in their own right increased to 93.7%, up from 89.4% in the previous year.
- 482 carers went on to have an assessment or review of their needs, which is an increase compared to 463 during the previous year.
- 466 of the carers who were assessed or reviewed were subsequently provided with a service, which is again up slightly from 442 during the previous year.

# CHILDREN AND FAMILY SERVICES: PERFORMANCE

## What we are about

We aim to ensure that all vulnerable children are safeguarded and are able to live in secure, stable and loving families. We have strong ambitions for the children and young people we support and aim to ensure they all have opportunities for success and are enabled to grow into healthy, well rounded adults.

## The services we provide

We recognise the importance of providing the right support to children and families at the right time. This involves working closely with other agencies to combine our effort so that we:

- help prevent problems arising;
- respond early before problems escalate, and
- provide effective support when intensive help is needed from statutory services.

The services we provide include:

- information, advice and signposting people to help and support;
- supporting families to care for their children safely, and to reduce the risk of family breakdown;
- helping children in need, disabled children and young carers;
- supporting looked after children and care leavers;
- providing stable, secure placements through fostering and adoption, and
- child protection to ensure vulnerable children are safe.

## SUPPORTING FAMILIES IN A TIMELY AND EFFECTIVE WAY

The early intervention service continued to go from strength to strength during the past year with more and more families being supported at an earlier stage. In response to feedback from families and stakeholders we re-shaped the Families First delivery model for 2014/15 to enable a more targeted and co-ordinated response for all families receiving support throughout the whole programme. We have also strengthened our links with other key anti-poverty programmes within Denbighshire (Flying Start and Communities First) to ensure available resources are maximised and more opportunities offered to families.

A key element of the Families First programme is the Team Around the Family (TAF) which is a key early intervention and prevention response to support families as quickly as possible to prevent their issues escalating and placing the family at risk. TAF is a key layer of support that prevents a step-up to formal support from Children and Family Service, along with an effective step-down out of the service. In 2014/15 TAF received 167 new referrals. Only 18 families were stepped-up to the Children and Family Service and 36 families were stepped-down. We collect feedback from families about the value of the service via our 'Have Your Say' surveys, and the feedback is extremely positive overall. This is what people told us in their feedback:

*"I really appreciated all the help my co-ordinator gave me, she was easy to talk to and I felt she listened to my needs and understood me. I could not have done this without the help from TAF. Thank you, much appreciated".*

*"The Co-ordinator has been fantastic. Keep up the great work".*

*"The Co-ordinator was amazing - a phone call away. [Name removed] is now on the right track and getting all the help he needs. A big thank you to all the team".*

We continue to meet with colleagues in Health, Education and the Police twice a week to consider referrals and ensure the appropriate agency responds to the family to address their issues.

During the past year we have continued to develop a more pro-active approach to working more directly with families that really promotes positive outcomes. As mentioned earlier in this report, we are piloting the National Outcomes Framework for cases where children are on the cusp of becoming looked after. It is currently too early to evaluate the impact of the pilot, but it is clear that the training has had a real impact on staff and is helping to support that culture change within the service.

Children & Family Services have worked hard again during 2014/15 on providing preventative services and intensive intervention services when people first become involved with the department. This has resulted in a reduction in the number of referrals made into the service from 773 in 2013/14 to 670 in 2014/15. As significant is the reduction in the proportion of re-referrals from 17.2% in 2013/14 to 15.1% in 2014/15. We would expect the re-referral rate to consistently fall within the 15-20% range each year, so we consider the reduction to 15.1% to be a positive development. The number of re-referrals also fell to 101 during 2014/15, compared to 133 during 2013/14.

## HELPING CHILDREN IN NEED, DISABLED CHILDREN AND YOUNG CARERS

### Children in need and their families

A lot of work has been done over the past year to extend the range of support provided to children in need and their families to empower and skill the parents, build family resilience and ultimately prevent admissions into care. A key area of development has been the expansion of the family support service to a 7 day waking hour provision that delivers intensive 4-6 week plans that are aimed at motivating families to make real change. This is what people told us after they received a service from the Family Support Team:

*“The support was very helpful”*

*“Gave me confidence to speak to somebody about the issues I had”*

*“All of the help with my problems with benefit claims and confusing letters was really helpful - without their support the letters would still be unopened and nothing sorted!”*

*“Helping find myself and my family a lovely home”*

*“Listened to us and helped resolve issues”*

Staff within the service have been focussing on how they engage children and young people and how they hear their voice, obtain their views and build this into care planning and review. Implementing evidence based tools such as the graded care profile and ‘signs of safety’ and the roll-out of these with partners such as health visitors is critical in ensuring consistency in approach and language. This commitment has been evident in the levels of performance in key areas of practice such as:

- the proportion of statutory visits held within timescales, which remained fairly static at 88.3% despite a 5% increase in the number of visits that were due during the year (1,299 in 2014/15 compared to 1,240 in 2013/14);
- the proportion of child protection reviews held within timescales, which again remained fairly static at 99.6% despite a 31% increase in the number of reviews that were required due during the year (276 in 2014/15 compared to 211 in 2013/14);

### Disabled Children

The disability services transformation programme has made progress with the aim of ensuring disabled children develop, that they are able to access services to support their needs and that their independence is promoted throughout the county. Training in disability awareness and in developing inclusive play opportunities for children with additional needs has been accessed by 72 people providing services. A disability tool kit



and self-assessment for service providers has been rolled out to over 50 service providers, primarily sports clubs and early years' service providers throughout the county. Plans are in place to roll out the tool kit to voluntary organisations. A small grant fund has been introduced to support these organisations in providing equipment.

The council already provides a range of services during school holidays, including sports, countryside services and arts and crafts clubs. These services can now be accessed by children with additional needs, following the training programme. Plans are in place to coordinate access to the services for disabled children, and to market this inclusive provision more widely from summer 2015.

Children and families services are currently accessed by 74 children and young people with additional needs. These services include short breaks and domiciliary care. The assessment process has been reviewed in line with the Social Services and Wellbeing Act, and the menu of short break options reviewed to ensure independence is promoted.

## Young Carers

Until April 2014, the six North Wales Local Authorities commissioned Young Carers projects individually. Provision for Young Carers in Denbighshire has since been sub-regionally commissioned via a three year contract (2014-2017) awarded to "Powys Carers' Services" (known as WCD Young Carers) by Denbighshire, Conwy and Wrexham in partnership with Betsi Cadwaladr University Health Board.

The previous service model remained in place for the first 5 months of 2014, during which a restructuring exercise took place to reconfigure the service to an Outreach Worker model. A significant change in the new model is the offer of individual support sessions as part of a specific support plan. These sessions enable Outreach Workers to provide tailored emotional and practical support to Young Carers. The Outreach Worker model enables Outreach Workers to support Young Carers through the following activities:

- Young Carer assessments
- Peer support groups
- Individual support to young carers
- Contribution to family meetings and multi-agency meetings
- Liaison with youth services, education, housing, children's services, mental health services, substance misuse services and primary and secondary health care
- Referral and signposting to appropriate agencies and activities

WCD Young Carers received 43 new referrals from Denbighshire during 2014-15, in addition to working with the Young Carers who had previously received a service via the previous provider.

*“With one in twelve children being a young carer, at risk of becoming isolated and disadvantaged for life, our challenge has been raising awareness amongst young carers of the support they can access as well as raising awareness amongst our communities about how they can support Young Carers. The team have exceeded expectations and with around 50 - 70 referrals per month, more and more Young Carers are accessing the support they need to care and to succeed in their own lives. Team members are passionate about the Young Carers that they work with and always go that extra mile to help them get the most out of life. The commissioners have been a source of support and advice and the spirit of collaboration between health services and three county councils has created the conditions to support more Young Carers. Our challenge over the next year will be to build on our work with community members and professionals across the communities of Conwy, Denbighshire and Wrexham to ensure that we are collectively supporting Young Carers. WCD Young Carers will continue to strive to do high quality one to one support and group work, however, the African proverb says 'It takes a village to raise a child'; and for young carers to succeed, their communities, schools and other services need to know how to support them too.”* **WCD Young Carers**

## LOOKED AFTER CHILDREN AND CARE LEAVERS

Corporate Parenting within Denbighshire continues to be of importance with an established Corporate Parenting Forum where elected members and senior managers scrutinise and challenge performance and quality of services in promoting positive outcomes. There is strong interest amongst elected members to further raise the profile of Corporate Parenting across the council, this will be a key focus of the revised Corporate Parenting Strategy.

### Looked After Children

During 2014/15 there has been a slight decrease in the number of looked after children within Denbighshire from 164 at 31<sup>st</sup> March 2014 to 162 at 31<sup>st</sup> March 2015 (which excludes respite). There was a slight reduction in the number and proportion of looked after children who experienced three or more placement moves during the year, from 17 (10.4%) in 2013/14 to 16 (9.9%) in 2014/15. It is also important to highlight that for many of these children the placement moves were for positive reasons which include being placed for adoption and returning home.

We continued to keep a strong focus on permanence and ensuring looked after children are provided with loving and stable homes. We were able to maintain the excellent performance in relation to ensuring that 100% of first placements of looked after children began with a care plan in place, and we improved our performance by ensuring that there was 100% completion of permanence plans at second review during 2014/15.

As highlighted earlier in this report, improved health, dental educational and employment outcomes for looked after children were highlighted by the Care and Social Services Inspectorate for Wales (CSSIW) as an area for improvement last year.

### Health

New arrangements were put in place to increase the completion of health assessments and registration with health practitioners with the appointment of a full time nurse specifically for looked after children (LAC). The LAC nurse post has greatly assisted with the health checks aspect, as this post is less focussed on process and more focussed on improving outcomes for individual children. Performance improvements are now starting to show, for example, 73.5% of the required health assessments for Looked after Children were undertaken during 2014/15, compared to 38.4% in 2013/14, which is a significant improvement

However, the picture in terms of health outcomes for looked after children during 2014/15 was still mixed. The percentage of looked after children who have had their teeth checked by a dentist during the year was 59.9%, which is very similar to the previous year. This is partly a recording issue as it is often difficult to obtain the necessary evidence of the date the visit took place in order to record it on PARIS.

The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement improved to 100% during 2014/15 compared to 97.6% in 2013/14.

## **Education**

There has been an overall improvement in the indicators relating to educational outcomes for looked after children during 2014/15.

For the second year running there were no children looked after who were permanently excluded from school during 2014/15, although there was an increase in the number of looked after children receiving a fixed-period exclusion.

The percentage of children looked after who have experienced one or more changes of school which were not due to transitional arrangements, is higher this year (at 21.2%, compared to 8.1% in 2013/14). However, this relates to 22 children, and 18 of the 22 were for positive reasons, such as: moving back with parents; an adoption placement; long-term foster placement, etc.

The percentage of children looked after with a Personal Education Plan within 20 school days of entering care or joining a new school was 22.2% (8 out of 36) during 2013/14. However, we achieved 100% (53 out of 53) during 2014/15, which is a significant improvement.

During 2014/15, 88.9% of looked after children eligible for assessment at the end of Key Stage 2 had achieved the Core Subject Indicator, as determined by Teacher Assessment. This is a very small cohort of Children, and 88.9% represents 8 out of 9 children. The one child who did not achieve the Core Subject Indicator had a Statement of Special Education Need. The comparable figure for 2013/14 was 40% (2 out of 5), so the position has improved.

The percentage of looked after children eligible for assessment at the end of Key Stage 3 achieving the Core Subject Indicator, as determined by Teacher, has also improved. For 2014/15, this stood at 44.4% (4 out of 9), compared to 20% (2 out of 10) in 2013/14. Of the 5 children who did not achieve the Core Subject Indicator this year, 2 had a Statement of Special Education Need, 1 was 'School Action' and 2 were 'School Action Plus', meaning that they were all receiving additional support.

The average external qualifications point score for 16 year old looked after children (in any local authority maintained learning setting) was 164 at end of 2013/14. The figure for 2014/15 improved substantially to 439. There were only 4 children in this cohort for 2014/15, and all did very well.

## **Employment**

The availability of employment and apprenticeship opportunities across the Council/County are explored as and when young people require placements, and the 14+ team report that there is positive engagement from the range of Council services in providing options.

Avenues and opportunities are continually explored through the Corporate Parenting Forum.

## Care Leavers

Care leavers were positive about the support they received from their personal advisors which was timely and effective. There was financial and practical support for young people to take up university places. There was also evidence that young people were being empowered to have an effective voice and engage meaningfully in the decisions that affect their lives.

Summary of performance relating to care leavers:

- 100% (9 out of 9 young people) in contact with the authority at the age of 19;
- 88.9% (8 out of 9 young people) known to be in suitable, non-emergency accommodation; and
- 55.6% (5 out of 9 young people) known to be engaged in education, training or employment

## FOSTERING AND ADOPTION

### Fostering

In the last year, we have continued to establish and support our young person's forum, 'Kic Club', where our looked after children can meet and discuss issues that are important to them, where their views are sought and where they can influence the service. There has been a new recruitment drive (Love Fostering) and a rebranding of the service to make us more visible in what is a competitive market. Six new foster carers have been approved so far, with others still in the assessment process, providing the local authority and our looked after children with an improved choice of placements.

### Adoption

As discussed earlier in the report, the North Wales Adoption Service (NWAS) has now completed its 5<sup>th</sup> year of activity, and has now been integrated into the new National Adoption Service (NAS) for Wales as one of five identified collaboratives. During a visit to the NWAS in June 2014, the service was highlighted by the Welsh Government and the Welsh Local Government Association (WLGA) as being an example of good practice in terms of collaborative working.

*"I'm delighted by the success of the NWAS, which has been operating for several years, in placing more children in forever homes. This is exactly the type of collaborative working I want to see happening and the NAS for Wales will help ensure this success is replicated across Wales".* **Gwenda Thomas, Deputy Minister for Social Services<sup>1</sup>.**

*Projects like the North Wales Adoption Service demonstrate local government's ability to work together on the development and improvement of local services for the benefit of the communities which they serve. The NWAS has already made a significant contribution to improving adoption services at a regional level and to ensuring that services remain responsive to the needs of children and adoptive families.* **Councillor Mel Nott (Bridgend), WLGA spokesperson for Health and Social Care<sup>1</sup>.**

Since the establishment of the NWAS, the number of children being found a permanent home increased from 44 in 2011/12 to 53 in 2013/14. Although there was a slight reduction in the overall number of children adopted across North Wales during 2014/15 (48), the number remains higher than before the establishment of the NWAS. Seven of those 48 children were from within Denbighshire.

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<sup>1</sup> Welsh Government News, Thursday 26th June 2014 (Gwenda Thomas was Deputy Minister for Social Services at that time).

## **SAFEGUARDING AND CHILD PROTECTION**

Activity in relation to the number of children on the Child Protection Register continued to fluctuate according to need throughout the year, however there was an overall reduction in the total number from 85 children at 31<sup>st</sup> March 2014 to 78 children at 31<sup>st</sup> March 2015.

There continued to be a strong focus on managing child protection processes during 2014/15, as is evident in our strong, and improved, performance. 100% of initial child protection conferences and 93% of initial core group meetings were held within timescales, compared to 99% and 91% respectively during the year.

A full complement of Safeguarding and Reviewing Officers were recruited and this has ensured there has been a high level of scrutiny of work with children and their families, and a high level of family engagement in attending conferences and putting in place child safety and protection plans. A 'Signs of Safety' approach is being adopted to running child protection conferences and this is a way of engaging families and professional more in being clear about risk and protective factors and will hopefully improve how children are protected and parents helped to better parent their children. Children and young people are encouraged to participate in the risk management process.

As part of the contractual requirements for the Families First programme, all projects are required to ensure safeguarding arrangements are in place and that these are reported at regular contract reviews. In addition, all projects are required to complete a self-audit tool for safeguarding (children, young people and adults) on an annual basis.

As highlighted earlier in the report, 107 staff from across the council attended training through our new corporate safeguarding training programme. This recognises that staff in other council services come into regular contact with the public, and therefore have a responsibility and opportunity to safeguard vulnerable people (children and adults). There was also a dedicated Middle Managers Conference on the topic of safeguarding during 2014/15, and Children & Family Services are raising awareness about child protection and safeguarding across the council's other front line services.

## FUTURE PLANS

As mentioned earlier, our 2015/16 Service Plans are designed to support the delivery of our corporate priorities to:

- ensure vulnerable people are protected and able to live as independently as possible; and
- modernise the council to deliver efficiencies and improve services for our customers

Below is a summary of activities we aim to progress during 2015/16, and some of the results that we expect to see. It is possible that we will add to these as the regulations for the new Social Services and Wellbeing (Wales) Act 2014 are rolled-out.

We will plan and manage the transition to a single Education and Children's Service.
We will review our in-house provider services and, if appropriate, consult with all stakeholders about whether it is possible to meet people's needs in a different way that would be more efficient and cost-effective.
We will continue to implement our new workforce strategy to ensure we can deliver services as outlined within the Social Services and Well-being Act.
We aim to continue reducing sickness absence across social services.
Denbighshire will have two additional Extra Care Housing schemes in operation (containing a total of around 100 units) by 2017, with another scheme in development. We expect at least one of these schemes to begin construction during 2014/15.
We will continue to deliver against our Welsh Language Action Plan to meet the requirements of "More Than Just Words/ Mwy Na Geiriau".
We will review the roles & responsibilities within the Adult Complex Disabilities Team, and consider whether it is feasible to develop a whole of life disability service.
We will continue to test a different way of working with citizens by implementing the pilots of the National Outcomes Framework and the 'Community Led Conversations' programme.
We will continue to prepare for the implementation of the Social Services and Wellbeing (Wales) Act 2014
We will further improve our approach to assessing risk in relation to vulnerable children, including continuing to embed the 'Signs of Safety' approach to running child protection conferences