

SOCIAL SERVICES AND HOUSING SCRUTINY COMMITTEE

Minutes of a meeting of the Social Services and Housing Scrutiny Committee held in the Conference Room, Ty Nant, Prestatyn on Thursday 6th December 2007 at 10.00 a.m.

PRESENT

Councillors T.K. Hodgson (Chair), J. Chamberlain Jones, D. Hannam, N. J. Hughes.
Councillors P.A. Dobb, M. Ll. Davies and M.M. Jones attended as observers.

ALSO PRESENT

Corporate Director Social Services, Head of Adult Services, Performance and Quality Manager (C. McLeod), Scrutiny Support Officer (J. Curran) and Committee Clerk (Mrs. J. V. Pring). The Head of Housing Services attended for part of the meeting.

APOLOGIES

Apologies were received from Councillors N. Hugh-Jones and M. Webster.

MEMBERSHIP

The Scrutiny Support Officer advised that, following recent Cabinet changes and a change in political allegiance, there were now three Independent seats on the Committee. One of these had yet to be filled.

1. APPOINTMENT OF VICE-CHAIR

It was proposed by the Chair that the appointment of Vice-Chair should be deferred until the Committee had achieved full membership.

RESOLVED that the appointment of Vice-Chair be deferred until all seats on the Committee had been taken up.

2. URGENT MATTERS

The Chair referred to a meeting of the Voluntary Sector Grants Steering Group on 12th December 2007 which he would be unable to attend. It was agreed that Councillor N.J. Hughes would attend in his place.

Members were also informed of preliminary discussions by the Welsh Assembly regarding a Legislative Competence Order to introduce a fairer and more consistent system for domiciliary charges. The Chair referred to the potential impact this may have in terms of threatening the department's flexibility. No action was required at this stage other than to note that Local Authorities would be consulted in due course.

3. MINUTES

The minutes of the meeting held on 8th November 2007 were submitted. Councillor J. Chamberlain Jones wished to re-iterate her views regarding the uncomfortable position she had been put in due to the lack of prior consultation on the Health, Social Care and Well-Being Strategy (page 2).

RESOLVED that the minutes of the meeting held on 8th November 2007 be approved.

Matters arising

Item 5 (Joint Risk Assessment) - The Corporate Director stated that a meeting had been held with regulators the previous day and that feedback had been very positive. The Relationship Manager's letter to the Authority would confirm that the risk levels had reduced considerably. Members welcomed this information.

In response to the Chair's concerns that the inclusion of an Action Points sheet was creating additional and unnecessary paperwork, the Scrutiny Support Officer explained that it was just one of the options being tried as a way of addressing the Wales Audit Office's recommendations that scrutiny meetings needed to be more focused and outcome based. As the Corporate Director felt that it was a useful tracking system for officers, it was agreed that a monthly action sheet would be circulated to officers only and that Members would receive the information on a biannual basis.

4. FOSTERING AND ADOPTION SERVICE ANNUAL REPORT

The Service Manager Resources and Specialist Services (Children's Services) [D.Hynes] presented a report, previously circulated, which provided an overview of the work of the Adoption and Fostering Panel as set out in its Annual Report (April 06 – March 07).

The Annual report, a copy of which had been attached to the covering report provided an overview of the role, function and work of the Adoption and Fostering Panel; services provided by the Family Placement Team; statistical information about foster carers, adopters and children and key service developments.

The covering report provided information on the business of both the Adoption and Fostering Panels together with the developments of the respective services and the Service Manager highlighted the key points arising. Referring to the adoption service he stated that it was encouraging that almost twice as many children had been placed for adoption in the last four years as in the preceding seven years.

Under the Welsh Assembly's policy initiative, 'Making the Connections', an improvement grant had been made available to produce a feasibility study into the expansion of the existing North Wales Consortium. The aim of the study was to

review current arrangements, to test the feasibility of various options for improving effectiveness and outline an implementation plan.

Officers responded to Members' questions and comments, indicating that :-

- The availability of carers to foster older children with more challenging needs was limited,
- There were no automatic barriers for prospective carers who held strong religious beliefs
- All children being placed for adoption received full medical assessments
- There was no perceived gap in terms of placing children with Welsh speaking families
- Consideration was always be given to placing children with their extended family and a number of Kinship Carers had taken on the role as a result.

Members commended the Team on the work being undertaken and congratulated all involved for the improvements made to the service. The Chair emphasised the benefits to the Committee of Councillor J Chamberlain Jones's appointment on the Adoption and Fostering Panels.

RESOLVED that the report be received.

5. SUPPORT TO FOSTER CARERS

The Service Manager Resources and Specialist Services (Children Services) [D. Hynes] presented a report, previously circulated, on the current support and training provided to Denbighshire's Foster Carers. The report had been produced in response to a request from Councillor J Chamberlain Jones following concerns regarding the out of hours duty service.

The report acknowledged that Fostering was not always easy due to the difficulties many children had lived through including the trauma of being separated from their families. For this reason all prospective Foster carers were assessed and trained and were expected to meet and maintain high standards. It was also essential that foster carers were given whatever help and support they needed to provide the level of care required by Denbighshire's looked-after children.

The report provided details of the types of training and supervision provided for carers and the support and advice available through the Foster Care Forum and Association.

In respect of Out of Hours Support, all Foster Carers had access to the department's Emergency Duty Team during evenings and weekends which was manned by both day time child care and adult social workers. The acknowledged weaknesses with this system in general had led to plans to set up a dedicated Emergency Duty Team involving Wrexham, Flintshire and Denbighshire. This would provide a rota of staff with specific knowledge of fostering and family placement available to all foster carers in the three Counties. Although there had been a small number of individual examples of foster care dissatisfaction, the low use of the helpline and the lack of

concern expressed via questionnaires indicated that out of hours support was not a significant issue for the majority of foster carers.

In response to concerns expressed by Councillor D. Hannam, officers confirmed that the removal of children from their homes during the night would be a very rare occurrence and would only be undertaken in extreme circumstances.

The Chair suggested that the report should be submitted to the next meeting of the Corporate Parenting Forum in January 2008 to ensure all Members of the Forum were aware of the level of support provided.

RESOLVED that

*(a) the report be received and officers commended on the work undertaken, and
(b) the report be submitted to the next meeting of the Corporate Parenting Forum in January 2008.*

6. JOINT COMMISSIONING STRATEGY FOR OLDER PEOPLE LIVING IN DENBIGHSHIRE

The Head of Adult Services, presented a report, previously circulated on the main findings and conclusions outlined in the draft joint health and social care commissioning strategy for older people living in Denbighshire.

The Strategy was the first to be produced and its purpose was to shape the vision, principles and priorities for health, social services and other agencies towards developments which provided a sustainable range of services to meet individuals and community needs.

The Health and Social Care Partnership for Denbighshire had worked to produce an agreed approach to joint strategic commissioning in order to manage the challenges faced in delivering holistic services for older people. The main challenges, aims and principle themes were detailed in the report.

Following completion of the consultation period an Action Plan would be developed to identify the best use of finite resources to address the health and social care needs in the community for the next three year period.

The Chair expressed concern that the financial pressures on the Authority would be considerable. As the Local Health Board would have its own pressures he felt that Members needed to be mindful of potential tensions.

Councillor P A Dobb referred to the launch of the Intermediate Care Programme and expressed her disappointment at the lack of 'well-being' support for the elderly. She also stated that concerted lobbying efforts would be required to highlight the needs of Alzheimer sufferers living in the south of the County.

Members agreed that the potential conflict between the Local Health Board and the Authority regarding funding would present considerable challenges. In response to Councillor J. Chamberlain Jones's comments that there was no substitute for good

nursing, good food and clean hospitals, the Head of Adult Services stated that the Strategy did not cover hospital care. However Councillor Chamberlain Jones felt that this type of strategy would not be needed if good hospital care was provided in the first place. Councillor D Hannam added that some older people only received the care they needed when their needs became desperate. She felt that there were many practical things which could be done to avoid problems of isolation and loneliness. The Corporate Director stated that it would be a struggle to invest the levels needed to fund all the gaps but it was hoped that the Extra Care Housing initiatives could assist in providing the base to develop a reliable support network.

Councillor N J Hughes referred to the possibility of the merging of the three Health Boards and asked what effect this would have. Officers stated that this could put local social services under pressure and would impact on the provision of community services. The Corporate Director referred to a draft Community Services Framework which had been developed by the Local Health Board to provide a framework for how all partners will commission and deliver enhanced community-based services. Further information would be presented to Members at the next meeting of the Committee.

The Head of Adult Services also responded to Members' questions on issues relating to the Authority's Charging Policy for Domiciliary and Day Care.

RESOLVED that the findings and commissioning intentions outlined in the draft joint commissioning strategy be endorsed.

At this juncture (11.40 a.m.) the meeting was adjourned for a refreshment break.

7. USE OF ADULT PROTECTION PROCEDURES IN DENBIGHSHIRE

The Head of Adult Services introduced a report, previously circulated, submitted by the Protection of Vulnerable Adults (POVA) Co-ordinator, informing Members of annual performance in respect of Adult Protection in compliance with statutory guidance.

The report referred to the key policy document 'North Wales Policy and Procedure for the Protection of Vulnerable Adults' which informed practice when responding to alleged or confirmed abuse of vulnerable adults. The Assembly document 'In Safe Hands' stated that Local Authorities had the responsibility for taking the lead role although this did not diminish the role of partner agencies who would continue to have their respective responsibilities with regard to responding to incidents as described in the Procedures.

The report confirmed that statistics showed that the reporting of incidents of alleged or actual abuse had steadily increased over the last five years. This was likely to be due to awareness raising, closer working with key partners and continued reporting in the media of adult protection issues.

Several appendices had been attached to the report to provide a range of cases analyses. Reference was also made to training issues, performance indicators and liaison with partner agencies. Also attached to the report was a copy of an action

plan which showed that, although progress had been made in some areas, officers were keen to continue improving and developing practice. A full-time co-ordinator had been appointed in September 2006 and work continued to increase. The Action Plan would need careful monitoring to ensure that practice and outcomes were improved for vulnerable adults.

In response to a question from the Chair, the POVA co-ordinator stated that Denbighshire received slightly fewer referrals than Conwy but that the picture across Wales did not vary significantly. She circulated copies of leaflets which had been produced to raise awareness of abuse. She also highlighted the importance of training as a key way of ensuring good practice.

The Head of Adult Services commended officers for the work undertaken in what was becoming an increasing pressure on the Service.

RESOLVED that the report be received and the important nature of a corporate approach to the Protection of Vulnerable Adults be acknowledged.

8. PARIS SYSTEM

The Performance and Quality Manager (C. McLeod) presented a report, previously circulated, on the development of a new IT system (PARIS) and plans for its implementation.

The system had been developed and procured following collaboration with Flintshire and Conwy Councils and the model supplied by In4Tek Ltd was regarded as having the greatest potential of meeting current and future business systems requirements. Specifically the PARIS system could integrate the workflow and process requirements of both Unified Assessment and the Integrated System. Staff from the three Authorities had worked together to produce a 'gold' copy of the system which would meet the needs of all three Councils.

The report provided Members with details of the detailed project plan currently being developed for the implementation of the system and also provided information on issues relating to project management and continued collaboration between the three Authorities.

In response to concerns raised by the Chair regarding the interface with the Health Service's computerised systems, the Performance and Quality Manager explained that PARIS provided an opportunity to meet both current and future needs. In meeting the Assembly's aim to produce a Social Care Index by 2010, outputs would be developed to enable the linking of data between PARIS and the Health Service. The key was in obtaining accurate, reliable information and to ensure that all public services were connected to a universal network. The Chair acknowledged the work being undertaken but was concerned that it could take another three years before systems would be compatible. However officers confirmed that electronic information was not the sole enabler as other initiatives and co-locators would feature in meeting the future needs of the service.

RESOLVED that the report be received and that a further progress report be submitted in June 2008.

9. REVIEW OF QUARTERLY PERFORMANCE REPORTS – QUARTER 2

The Scrutiny Support Officer presented a report, previously circulated, relating to the performance of individual service units within the remit of the Committee against agreed targets.

The officer highlighted the following issues which needed further consideration :-

Children's Services

- Looked after Children with Care Plans in Place.

There would be a need to maintain 100% performance during the remainder of the year to enable the target of 95% to be achieved.

It was noted that improvements were continuing in respect of the time taken to assess referred children.

Adults Services

- Support for older People

Owing to the rise in the number of older people living in the County the indicator which recorded the rate of older people helped to live at home was currently behind the target set for 2007/08.

It was noted that performance in respect of Delayed Transfer for Social Care reasons remained strong.

Housing Services

- Letting of Dwellings

Performance during the second quarter continued to be outside the set target (45 calendar days) with a significant increase from the average 53 calendar days to 77 calendar days during the second quarter. Many of the properties in quarter 2 had been subject to the full refurbishment programme as part of the Welsh Housing Quality commitment, and this had considerably, but unavoidably, increased the void period. Analyses of comparative information with other Local Authorities showed that overall 51% of the indicators were performing in the top half which was just below the position for the Authority overall at 52%.

Appendix 2 to the report provided details of progress made against actions within the Improvement Plan and Appendix 3 provided a summary of the performance by quartile for the 18 indicators monitored on a regular basis by the Committee. Councillor J. Chamberlain Jones queried the types of affordable housing being built as some seemed very small for family homes. The Head of Housing Services explained that the enforceable space standards varied according to the basis of provision but this was being reviewed.

In response to concerns regarding the standard of workmanship and complaints from tenants in connection with the Housing Improvement programme, the Head of Housing Services reminded Members that the replacement of windows, kitchens and bathrooms involved major work and some degree of disruption was inevitable. However he would be happy to follow-up any specific issues or areas of concern with the contractors.

In response to a question from the Chair regarding the slippage in the performance for the letting of dwellings, the officer confirmed that he was hopeful of reaching the target of 45 days in quarters 3 and 4.

RESOLVED that the report be received.

10. SCRUTINY WORK PROGRAMME

The Scrutiny Support Officer presented a report, previously circulated, on matters for consideration in respect of the Committee's future work programme. A copy of the Work Programme had been attached as an appendix to the report. The report detailed one item, relating to Performance Evaluation, had been added to the work programme and one previously identified item had been deferred from today's meeting to the January 2008 meeting.

Members were also advised that a special joint scrutiny meeting had been provisionally scheduled to take place on Thursday 17th January 2008 at 2 p.m. to consider any proposals resulting from the consultation of the Council's draft Health, Social Care and Well-being policy. It was agreed that Councillors T.K. Hodgson, D. Hannam and N.J. Hughes would represent the Committee at the meeting.

An information report had been circulated to Members in respect of the development of office accommodation at Brighton Road, Rhyl. Members were also invited to the official opening ceremony which would take place on Thursday 20th December at 3 p.m.

Live issues

- Rhyl Primary Care Centre. An update from the Local Health Board indicated that good progress had been made with the Care Contractors and more information regarding the configuration of services would be available in due course.
- Housing Applications. Details of the current position regarding the inputting of Housing Applications were provided. The position continued to stabilize and new processes were now in place to continue to reduce the backlog and identify urgent cases for investigation.
- Supporting People. Members were reminded of the seminar to be held on Thursday 13th December 2007.

RESOLVED that the Work Programme be approved and actions be taken as agreed.

In closing the meeting the Chair wished Members and officers a Happy Christmas and New Year.

The meeting closed at 1 p.m.

Social Services & Housing Scrutiny Committee

10th January 2008

Report by the Head of Business Support & Development

BUDGET 2008/9 UPDATE

1. Purpose of Report

- 1.1 To advise members of progress with the budget setting exercise for 2008/9 with particular reference to the Social Services & Housing Directorate.
- 1.2.1 To seek members' views on the proposals for cost saving and the directorate's prioritisation of the bids for additional resources for service pressures next financial year. The Committee's views will be made known to Cabinet at the next appropriate meeting.

2. Reason for Submission of Report

- 2.1 It is part of the normal budget setting process for Cabinet to seek the views of Scrutiny Committees on the detailed budget proposals for directorates for the following financial year.

3. Position to date

- 3.1 Cabinet has received reports on the Provisional WAG funding settlement for 2008/9 to 2010/11, together with the likely impact of inflation in 2008/9 and the proposals from directorates on savings and bids for additional resources. Members are requested to refer to the relevant papers from the last 2 Cabinet meetings for the detail.
- 3.2 It is clear that the poor level of additional financial support from the Assembly will make it difficult for the Council to provide additional resources for services and keep Council Tax increases low, without identifying further spending savings. This work is continuing with CET looking to identify further savings in spending for the next 3 years.
- 3.3 The directorate's current proposals are detailed in appendix 1 & 2 to this report and members' comments on the deliverability and reasonableness of these proposals will be passed on to Cabinet.

4. Directorate Commentary

Regulators view Social Services in Denbighshire as a department serving some people well, with good prospects for improvement. At the next Joint Review in 2009/10, the aim is to be a department judged to be serving most people well with good/excellent prospects of improvement. Robust resource planning and evaluation of the use of resources will be key aspects of the Joint Review Team's judgment at that time

There are three key messages to highlight with regard to the Directorate's approach to budgetary management and planning. The first is that the Directorate has consistently managed within available resources – even with previous significant pressures. The second is that demographic projections produced for the last three years have proved generally to be a reliable indicator of future needs.

The third is a proactive approach to planning. The identification of future demographic pressure is a key driver in the Directorate's strategic planning and rather than simply accept the inevitable pressures on the horizon, there is proactive development to address the major growth in demand. Some examples are listed below:

- **Extra Care Housing** – a more beneficial and cost effective alternative to traditional residential care
- **Learning Disabilities** – a strategy has been developed to try to contain costs in a service where demand locally is growing rapidly
- **Telecare** – introduction of electronic detection and monitoring equipment into people's homes should reduce the reliance on homecare and other services
- **Children's Specialist Foster & Residential Placements** – have been extensively reviewed and investment in preventative services has meant that costs have been contained in recent years
- **Supporting People** – is likely to be reduced in future and reserves are being accrued now to minimise the impact on the council's budget in future
- **Homelessness** – investment in preventive Homelessness services has reduced reliance on costly bed and breakfast accommodation

The proactive approach is critical when considered against a demographic 'time bomb', where national projections highlight significantly increased demand on services over the coming years. In particular, the growth listed below is likely to have a significant impact:

- An estimated 42% increase in over 85's in Wales in the next ten years
- Epidemiological evidence says that, short of dramatic breakthroughs in medical interventions, 25% of those over 85 will have dementia and 33% of those will require 24 hour care
- The number of under 16's is set to fall by 7% by 2016 – however, the numbers of children being referred to social services is increasing
- The number of people with learning disabilities is rising and a 23% increase forecast by 2012

These national headlines are reflective of the local position and will have a real impact in 2008/09 and beyond. The budget pressures calculated for 2008/09 were based mostly on demography. Most service development bids have either been contained or invest-to-save initiatives proposed that can be funded from current balances. Children's services for example are containing pressures of over £170k next year.

Previous settlements have seen some welcome additional investment in social care however this has not really delivered additional activity as it has been used to meet increases in pay and prices, which in the health and social care sector have outstripped RPI inflation by 2% annually. For example, nursing and care home fees increased last year by an average of 4.2% in Wales (compared to standard inflation of 2.5%).

In the current budget setting climate, it is also useful to be aware of some of the context of the SSA debate. The most important point is that SSA should not be used as a budget setting guide or target – this is made clear by one branch of WAG. However, this is being ignored nationally and therefore the following points are highlighted:

- Adult Services is broadly at SSA
- Children's services is over SSA but the gap is now reducing (part of the reason for being over SSA was the impact of drastic rises in residential care costs, e.g. unit costs of private sector placements rose nationally by 45% between 2000 – 2004)
- Denbighshire's social services spend above SSA is not high or unusual compared to available data
- Denbighshire's gap between budget and SSA is not widening as quickly as the average across England and Wales
- Housing is below SSA

The Directorate's budget submission included £1.5m of pressures that are directly due to increasing population growth and the growing cost of independent sector provision and are to a great extent unavoidable. It is accepted that not all of the demographic impact will hit from 1st April but to counter this, the growth factors applied for the year have been dampened to match previous growth in Denbighshire, rather than simply apply national rates. Also, limiting the increases in fees to providers is problematic, particularly given the recent 'Vale of Glamorgan' ruling.

The latest budget position, assuming a 3.5% increase in Council Tax allows for pressures of £500k in Social Services & Housing, leaving a significant shortfall in funding. This poses significant challenges ***particularly for Adult Services. The predicted cost of the increase in demand for services to people with learning disabilities is £646,000. Added to this the steady growth in demand for services for older people which is predicted to be a cost of £362,000 in comparison with an under spend this financial year of £131,000 and the continued growth in demand for people with physical disabilities predicted to cost an additional £242,000 in 2008/09. If we tighten eligibility criteria for services any further we are just storing problems for the future***

as small investments in preventive work now can save much greater cost in the future.

It should be remembered that the 3.5% tax proposal is arrived at after this directorate has agreed an efficiency target of £675k for next year, by far the highest amount across all directorates, achieving 87% of the original target. Therefore, it would be disproportionate if further efficiencies were imposed on Social Services & Housing, effectively diverting funding from the directorate to balance other pressures.

The Directorate will continue to manage its budgets prudently and continue to plan effective strategies for the future. In the short-term however, there is likely to be a shortfall of 1 million in the budget for 2008/09 even if we receive additional funding of £500k and the continued PIG money for Homelessness. It is crucial to ensure that balances from the current financial year are available next year to help reduce the gap between budget and service demand. Officers of the Directorate are also looking for further areas for savings in order to manage this shortfall but no costed proposals have been prepared as yet.

In summary:

- The Directorate has continued to manage within its budget
- Denbighshire was one of three councils in Wales not to overspend last year on social services
- Previous demographic projections have proved accurate
- Key pressures are being absorbed within existing resources by proactively seeking new or different methods of service delivery
- Inflation in the social care sector is rising faster than general RPI
- The SSA debate is flawed, nevertheless, the position in Denbighshire is not unusual
- There is no significant capital input for social services, though schemes are successfully developing with external funding

5. Consultation Carried Out

Two rounds of Directorate meetings with Lead Members have been held to review savings proposals and bids for additional resources. Cabinet have debated the position at two meetings to date. CET has considered the position on several occasions. A seminar for all members on the budget is planned for early January.

6. Implications on Other Policy Areas

The level of resources available and the cost effectiveness of service delivery, impacts upon all the services of the Council.

7. Background Papers

Cabinet budget setting reports to meetings on 27 November and 18 December.

8. Recommendations

- 8.1 That members review the directorate savings proposals and bids for additional resources in 2008/9 and comment accordingly to Cabinet.

Contact Officers:

<i>Roberta Hayes</i>	<i>Head of Business Support and Development</i>	<i>ext 6552</i>
<i>Richard Weigh</i>	<i>Senior Management Accountant</i>	<i>ext 6090</i>
<i>Roger Parry</i>	<i>Financial Controller</i>	<i>ext 6132</i>

Appendix 1 Savings Proposals

Proposals for Social Services & Housing

Saving proposals that fit the definition of Efficiency Savings

Details of proposals	£000	Potential Impact on Service
1. Adult Services		
i) Restructure day care provision.	37	This will be challenging but is deliverable.
ii) Reduction in staffing budgets.	55	Challenging but can be delivered over staffing budgets of £14.5m
iii) Joint Commissioning	40	Continue to develop joint procurement and other initiatives to achieve efficiencies in service delivery.
iv) Hospital Discharges Service (Older People)	40	Reductions in the amount home care provided under the '6 weeks free homecare' scheme by external agencies.
v) Telecare Service (Older People). Wider introduction of electronic detection and other equipment into people's homes to delay/prevent more substantial care needs.	70	There should be some reduction in homecare and residential care costs as a result of this preventative measure. The £70k highlighted is thought to be deliverable - at least £50k is deliverable.
vi) Mental Health . Relocation to Westbourne Avenue Rhyl will result in accommodation efficiencies.	10	Deliverable now that Westbourne Avenue has been secured.
Total Adult Services	252	
4. Business Support & Development		
i) Reductions in stationery and printing costs	17	Less printing for training sessions plus ensuring that elements for printing and stationery are maximised in external grant applications.
ii) Staff savings	16	Workforce development team costs to be funded by external grant, plus some reduction in hours of the team.
iii) Staff Travelling	34	Pro rata reduction in all travelling budgets across the directorate, not just BSD.
Total Business Support & Development	67	
5. Children & Family Services		
i) Reduce costs of placements for children looked after (none disabled)	78	This will be challenging but deliverable it will be achieved by continuing to :- a) reduce the total number of children in full time care of the council to approximately a 12 month average of 130 from April 2008 b) continuing to reduce dependency on independent sector fostering providers c) reducing void costs (if any) for fostering/residential care by selling placements to other authorities

ii) Re-commission family centre services	90	Opportunities exist to rationalise the range of services currently provided by the family centre to use other programmes/sources of funding and avoid the duplication of services i.e. parenting programmes. Although reducing some volumes of services, the approach will also lead to the strengthening and further development of other important services such as supervised contact
iii) Children's voluntary organisations	30	The use of this budget will be more focussed for 2008/9, detailed service specifications have been developed organisations will be in a position to bid to deliver a range of support services to vulnerable children. The reduction of £30k will not affect local providers – this relates to funding provided to national organisations who are unlikely to re-bid as the range of services they have historically provided no longer meet the strategic priorities of children's services
iv) Reduce agency social work staff	50	Ongoing approach to growing permanent workforce in children's services reduction in use of 1fte agency social worker
Total Children & Families	248	
Directorate Efficiency Savings Total	567	

B. Other Savings proposals

Details of proposals	£000	Potential impact on service
1. Adult Services		
i) Extension of charges for mental health services.	30	Deliverable in total. Further analysis of exactly how the £30k will be achieved over the service is needed.
ii) Additional scope to charge for learning disability services due to introduction of AVSC.	40	Introduction of AVSC
iii) Older people – running down of Llys Nant as part of the Extra Care development in Prestatyn.	30	This is a realistic efficiency as there should be a reduction in direct costs as the numbers using Llys Nant reduce.
iv) Enhanced Keyring Scheme	8	
Total Other Savings	108	
Directorate Total Savings	567 108 675	Efficiency Other Savings Total

Appendix 2 Prioritised Pressures

Table 1 Prioritised Demographic & Statutory Pressures

	Area	Pressure	£'000
1	Learning Disability	Demographic Growth	646
2	Housing - Homelessness	Removal of Grants	161
3	Older People (i)	Demographic Growth	363
4	Recruitment & Retention	Removal of Grant	47
5	Children's Services (ii)	Placements for Disabled Children	130
6	Mental Health	Demographic Growth	199
7	Physical Disability	Demographic Growth	242
8	Older People	Advocacy Services	25
9	Learning Disability	Implement New Strategy	100
		Total	1,913

(i) Note implications of the Vale of Glamorgan ruling have become more immediate with indications other councils are allowing big increases in fees to mitigate the risk of challenge.

(ii) Bid has been reduced by £70k from original paper in October.

Table 2 Prioritised Service Development & Growth Bids

	Area	Pressure	£'000
1	Physical Disability	Work Connections Grant Funding Ends	60
2	Physical Disability Stores	Funding for Project Manager ends before project goes live	35
3	Business Support	Project Manager for PARIS	40
4	Cefndy Enterprises	Investment in R&D	75
5	Housing Strategy (iii)	Collaboration Projects	13
6	Business Support	Mobile Working Devices	15
		Total	238

(iii) Housing bid has been reduced by £25k from the original as external funding for empty homes initiative secured

Table 3 Prioritised Corporate Bids

	Area	Pressure	£'000
1	Child Protection	Training programme to comply with Children Act 2004.	25
2	N Wales Race Equality Network (iv)	Development of a drop-in centre in Denbighshire	17
		Total	42

(iv) This is a new bid added since the last meeting

The total pressures bid are therefore £2.193m.

SOCIAL SERVICES AND HOUSING SCRUTINY COMMITTEE

10TH JANUARY, 2008

REPORT BY THE DIRECTOR OF SOCIAL SERVICES AND HOUSING

COMMUNITY SERVICES FRAMEWORK

1. Purpose of report

1.1 To seek members comments on the draft Community Services Framework, developed by the Local Health Board in conjunction with partners, which has been out for consultation.

2. Reason for submission of report

2.1 The strategic direction of the NHS increasingly is to care for patients as close to their homes and communities as is safe and feasible. Denbighshire's Community Services Framework begins to set out plans for the further development of this strategic direction in the County. As such, it is a crucial document with significant implications both for local communities and local government services.

3. Background

3.1 "Design for Life", "Design for North Wales" (the secondary care review) and a range of other strategy documents, have all set out the strategic direction for the NHS.

3.2 Secondary care reviews across Wales were criticized widely for setting out a vision of less dependence on acute hospital care but without specifying what community services were to be put in place instead. "Design for North Wales" argued that the number of hospital beds in North Wales need not increase in line with demographic increase, as long as best practice in hospital management, and development of appropriate community services, was implemented.

3.3 Implementation of secondary care reviews in Wales has essentially been delayed pending the production of "Community Services Frameworks", to be produced as key elements of Health, Social Care and Wellbeing Strategies 2008/11. Essentially, they are required to set out the infrastructure of community services which will enable health service (and social care service) change.

3.4 Denbighshire's Community Services Framework is to be finalized by the end of March 2008, though it will be refined over time. Plainly it does not yet include some crucial information eg modelling of the future volume of community services, or how their cost is to be met. We hope that a newly funded "Making the Connections" project will assist with this across North Wales. The Framework is intended to cover all service groups. However, it plainly does not cover them equally well at present (eg services for children).

4 Consultation carried out

4.1 The draft Community Services Framework has been distributed widely for comment, consultation running in parallel with the Health Social Care and Wellbeing Strategy consultation.

4.2 In addition, a focused workshop was held on October 31st, with significant input from local government.

5 Implications on other policy areas

5.1 As implied above, particularly in 3.4, changes in the configuration of NHS services to an increased emphasis on delivery in communities, have implications for many local government services- not least social care. The strategic direction offers many opportunities for more effective joint service delivery. However, the level of resources available to implement the Community Services Framework is crucial.

6 Background papers

Draft Community Services Framework attached

7 Recommendation

7.1 It is recommended that members comment on the draft Community Services Framework to inform the consultation process

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Draft

Denbighshire Community Services Framework

Denbighshire LHB

November 2007

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1 Background: The Strategic Context

This Community Services Framework (the Framework) for 2008-2011 outlines how Denbighshire Local Health Board, working closely with all partners, will commission and deliver enhanced community based services to provide for and improve the health, social care and well being needs of the local population. This Framework has been written in line with Welsh Assembly Government guidance outlined in the *Community Services Framework (2007)*.

This Framework forms a key element of the Denbighshire Health, Social Care and Well Being Strategy (HSCWB) for 2008-2011 in particular relation to the delivery of community based services. This Framework will form an Appendix to the HSCWB Strategy but will also stand as a document in its own right. As such, the Framework is an overarching strategic document that describes how Denbighshire Local Health Board working with its partners shall commission and develop improved, integrated community based services to ensure that:

- More people can be supported to remain fit and healthy for longer;
- More people can be better supported to live independent lives in their own homes and communities;
- Community based health and social care services are enhanced so that health and social care problems are more easily and effectively addressed locally to people in their own homes and local communities;
- There is reduced reliance on acute hospital admissions or admissions to a care home;
- Members of the public and local communities are engaged in discussions about what must be done to promote and protect health and how local community services can be developed and commissioned.

In commissioning and providing enhanced community services, this Framework reflects the way forward in locally implementing a number of key national documents including: *Designed to Improve Health and the Management of Chronic Conditions in Wales (2007)*; *Fulfilled Lives and Supportive Communities (2006)*; and, *Design for North Wales (2006)*. The latter document sets out a vision for the provision of secondary care services in North Wales over the next 20 years, which includes the delivery of more health and social care outside of the acute hospital setting in appropriate and safe community based settings, nearer to people's own homes.

The core objective of developing and commissioning services that meet people's needs locally is further reflected in *Designed for Life (2005)*; *Commissioning A World Class Service in Wales (2006)*; *Beyond Boundaries (2006)*; and, *Making The Connections (2006)*. All of these national strategies emphasise the importance of 'delivering the right service, to the right person, at the right time, in the right place, at the right cost'.

Furthermore, this Framework is also founded on the delivery of health and social care services that are based on the 'Citizen Model' outlined by Beecham in *Beyond Boundaries (2006)*.

Finally, this Framework is also informed by the ongoing work being undertaken within Denbighshire to agree the Children and Young People's Plan.

2 Outline of The Key Elements contained Of The Framework

Having set out the broad strategic context of this Framework, the remainder of this document is presented in the following sections:

- An outline of what is meant by '**community services**' is given in Section 3 to ensure there is clear understanding of the range of services covered by this Framework.
- An **overarching strategic vision** for the commissioning, redesign and delivery of community services is presented in Section 4, with this to be further refined through feedback from the consultation exercise within the health and social care community, including the views of the public and service users.
- The commissioning and delivery of existing and enhanced community services within Denbighshire further rests upon a number of **core building blocks**, a set of guiding principles to both shape and inform the strategic direction for community services. Section 5 of this Framework presents these core building blocks.
- Section 6 of this Framework then outlines the process by which Denbighshire Local Health Board, together with its health and social care partners and with the public and service users, will agree the final Framework by the end of March 2008 for implementation by 1st April 2008.

3 What is Meant by 'Community Services'?

'Community Services' refer to all services delivered in community settings which impact upon the local population's health, social care and wellbeing. Community services therefore include: services delivered by health, county council and social care agencies; services provided by the full range of public sector agencies, including those delivered by

Education and Youth Workers, the Police Force and the Fire Service; services delivered by a wide range of voluntary sector organisations; and services provided through the independent sector.

'Community Services' also encompasses community based services that are capable of responding flexibly to the needs of the Denbighshire population including: services which support people during times of crisis; services which enable people to live as independently as possible whilst living with a chronic or long term condition; services which provide rehabilitation; preventative services which seek to eliminate or reduce the onset of crisis, accident or ill health; and, general health promotion/improvement services.

Furthermore, 'Community Services', are, by definition, services that are provided to people either in their own homes or close to their own homes in a range of community based settings. A core aim of this Framework is to both enhance the efficiency and effectiveness of existing community services as well as transfer more of the care presently provided in an acute hospital setting or in care homes into community settings closer to where people live their every day lives. Evidence from other parts of the UK demonstrates that services, previously provided in acute hospitals and/or care homes can be appropriately and safely provided in community settings. This evidence shows that community based care can be as effective a means of meeting people's care needs as acute hospitals/care homes, not least because services are more easily accessible by the local population in their time of need.

It would be impossible to list all the community services covered by the definitions above, but some of the key community services included in this Framework include:

- Primary and community based health services, including general practice, dentistry, community pharmacy and optometry;
- Generic community services, including Health Visiting, community nursing and midwifery services, chronic conditions case management, and services to support those with a Mental Health or Learning Disability need;
- Access to diagnostic tests within community settings;
- Access to therapy services within the community, including Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry and Dietetics;
- Intermediate Care services (services which act as the 'link' between acute hospital and community based care);
- Community hospitals;

- The full range of County Council social services for the needs of children and adults;
- County Council Housing services including services for the homeless, sheltered housing and adaptations to people's homes;
- County Council Education and Youth Services;
- Leisure Services;
- County Council transport services;
- Welsh Ambulance NHS Trust services (emergency and non emergency transport);
- Voluntary Sector services, including day centres and respite care home support;
- Independent sector services, including residential and nursing home services;
- Other services that support health independence and wellbeing, including Telecare, Young Peoples Health Advisors (School Nurses) and Health Improvement services such as the Smoking Cessation Service.

4 The Strategic Vision For Community Services within Denbighshire

As this Framework is an Appendix to the 2008-2011 HSCWB Strategy for Denbighshire, it adds value to the delivery of the HSCWB strategy by providing an overall strategic direction for the commissioning and delivery of enhanced community based services to improve the health, social care and well being of the people of Denbighshire.

In essence, this Framework is a strategic driver for Denbighshire Local Health Board and its partner organisations to work together to create a well resourced, integrated, effective and coordinated network of community based health and social care services across Denbighshire. This network's primary purpose is to secure the delivery of more accessible and locally provided community services, which both meet the diverse needs of the Denbighshire population and also improve their health, social care and well being.

Services within the network will more effectively prevent health and social care problems arising in the first place, as well as tackling them early when they do arise so that people's independence, health and well being are protected and maintained within their own communities/homes wherever possible. This includes reducing the need for an acute hospital or care home admission, where an appropriate community based alternative exists or can be developed. Where there is a need for an acute hospital or care home admission, this should be as short as safely possible with effective health and social care services in place to support individuals back into their own homes and communities.

Community services will be commissioned and delivered in such a way as to enable people to live healthy, independent and fulfilled lives irrespective of their age or general life condition.

It is recognised that there are groups of adults and children within the local community whose needs are particularly complex and long term. One of the core aims of this Framework is to ensure that the network of community services developed within Denbighshire is sufficiently flexible to provide care to meet different levels of need at different times for different groups within the local population.

Importantly, this strategic vision inherently means commissioning and providing proactive services which support individuals without them becoming overly dependent or reliant on services, however and wherever services are provided, thus further enhancing people's independence. Equally, this strategic vision also recognises and respects the fact that individuals have a personal responsibility to protect and promote their own health, social care and well being. This means recognising that at times, individuals will choose either not to take advantage of the care available to them or to disregard the advice or support they are being offered.

Converting this strategic vision into practice will require the redesign and reconfiguration of existing community services to ensure 'best fit' between services which meet people's needs and the resources available to fund those services. It is envisaged that community services will be designed and configured around a 'locality' based model of care (see section 5.2). This will include more community services being provided closer to or in people's homes than is presently provided, some of this replacing care that is presently provided in acute hospitals or in care homes.

5 Core Building Blocks of the Framework

There are 12 core building blocks or principles upon which this Framework is based. These building blocks provide the basis for an inclusive strategy to deliver community health and social care services through an integrated network of services across Denbighshire. These are:

1. The HSCWB Strategy Priority Themes for 2008-2011;
2. The agreement and development of a 'Locality' based model for health and social care service commissioning and delivery of care;
3. The creation of shared service locations;

4. The planning of services based on the '5 levels' model of care, the model used as the basis for the agreed draft Joint Commissioning Strategy for the Older Person in Denbighshire;
5. Completion of a service mapping exercise of existing community services within Denbighshire to map current demand for services as well as to help forecast future demand for services. From this, current and future service gaps can be identified which then provide basis for enhancing community services. This may also include identifying areas of service provision for which there is no longer a need, with the resources for such services being reallocated to support the delivery of other services for which a need has been identified.
6. Making use of existing, extensive needs assessments that have already been completed, including those for the HSCWB Strategy; the Draft Joint Commissioning Strategies for the Older Person and for Adult Mental Health services; the Social Services Physical and Sensory Impairment Commissioning Strategy; and, the initial work carried out to inform the Denbighshire Children and Young People's Plan.
7. Taking account of Denbighshire Local Health Board's Primary Care Estates Strategy as well as Denbighshire County Council's Local Development Plan, currently under development;
8. The delivery of services on the basis of care pathways;
9. The creation of a health and social care workforce training and development plan to support and develop staff to enable them to enhance their skills and their ability to work across traditional organisational boundaries;
10. The development of Information Technology to both support community based staff as well as to support individual patients/clients to be cared for whilst remaining in their own homes;
11. The involvement of the public and local communities in both the creation of this Framework as well as in the planning and commissioning of service;
12. The agreement of a financial strategy to support delivery of the vision for community services. This will involve completion of a financial review of both the costs of delivering current health and social services within Denbighshire and the identification of the levels of investment that may be needed to enhance the provision of community services.

5.1. HSCWB Strategy Priority Themes for 2008-2011

This Framework is central to the delivery of the new Denbighshire HSCWB for 2008-2011. Community health and social care services must thus be commissioned,

redesigned and delivered in such a way as to ensure services address the 8 key priority themes contained in the HSCWB Strategy for 2008-2011. These are:

- Reducing Poverty and Improving Social Inclusion
- Environment
- Positive Lifestyles
- Early Intervention and Crisis Support
- Changing Needs – Responsive Services
- Longer Term Needs
- Protecting and Safeguarding
- Right Services in the Right Place

5.2. Development of a 'Locality' Based Model of Health and Social Care Community Services

In order to ensure that community services in Denbighshire can be effectively and efficiently delivered, and are sufficiently responsive to the needs of different communities within the county, a locality based approach to the planning, delivery and evaluation of services is proposed. The locality approach to organising community services reflects good practice that has been a feature of a number of health and social care developments across the UK. A recent systematic review on organisational improvements in patient care, although not specifically addressing the locality leadership model of care, found that patient outcomes were generally improved by multidisciplinary teams, integrated care services and computer systems, and that cost savings were reported from integrated care services (*Organisational Interventions to Implement Improvements in Patient Care: A Structured Review of Reviews*, Implementation Science 2006 1:2, Michel Wensing, Hub Wollersheim, Richard Grol). This suggests that improvement to patient outcomes relies on systems approaches (i.e. the care pathway) that are features of the community service model proposed in this Framework.

Denbighshire Local Health Board's Primary Care Estates Strategy, which was approved by the Welsh Assembly Government early in 2006, adopted the principle of the delivery of primary and community based services through a "hub and spoke" arrangement, whereby

- as wide a range of services as could be provided safely and efficiently at a locality level would be delivered through extended primary healthcare teams working from primary care centres;

- more specialised services which require a larger population to make them viable would be delivered from a resource centre within each identified locality.

In considering the definition of the localities, given that Denbighshire has a sparsely populated rural south and a more densely populated north, it was recognised that localities would need to be appropriately identified to balance the following:

- the efficiency of providing services to a slightly larger population density. Some strategies and plans nationally refer to populations of up to 50,000 constituting a locality, although the population size for an agreed locality needs to be balanced with ensuring local geographical accessibility to services;
- differing needs of the different areas of Denbighshire;
- the need to ensure adequate access to services, taking into account travelling time, to the whole county;
- the availability of robust baseline data.

As a result the Primary Care Estates Strategy identified the following four localities for Denbighshire:

- **North West** – Rhyl area (including Rhuddlan; also allowing for some resource centre based services to be accessible to communities in Prestatyn, Kinnel Bay and Abergele)
- **North East** – Prestatyn area – for primary care centre services and some enhanced services to be provided from an augmented care centre, with further resource centre services to be provided from Rhyl
- **Central** – St Asaph and Denbigh and surrounding areas
- **South** – Ruthin, Corwen and surrounding areas; certain services for the Llangollen population (with General Medical Services for Llangollen being provided by Wrexham Local Health Board, there is a need for a collaborative approach to development of community services in this area.)

The purpose of the locality model, as set out above, is to ensure equity and efficiency in the delivery of services. The application of the model breaks down as detailed in the following sections.

5.2.1. Services to be provided within each locality

The partners supporting the development and implementation of the Community Services Framework have agreed the following core services should be available and based within **each** of the four localities:

- General Medical Services (GP services) encompassing a wide range of services delivered locally
- Community pharmacist services
- Dental services
- Optometry services
- Practitioners with special interests
- Diagnostic services – simple diagnostic tests and more near patient testing to improve access to care
- Therapy services – physiotherapy, occupational therapy, podiatry, speech and language therapy, dietetics
- Counselling / psychotherapy services
- Chronic Conditions Management services
- District nursing
- Health visiting/Family Support
- Community Mental Health Teams
- Schools – primary and secondary
- Young People's Health Adviser service (formerly school nursing)
- Youth Service
- Sexual Health Services
- Advice services including CAB and other welfare rights services
- One Stop Shop for council services
- Services for Carers
- Leisure services
- Single Point of Access
- First Contact Officer (DCC)
- Day Services including day hospital
- Residential and nursing care services
- Respite care services
- Home care packages for social care need
- Voluntary sector services
- Independent sector services

These services will be modernised and enhanced to ensure they are fit for the future. More services will work in an integrated way, bringing management and delivery of services within one structure. This applies particularly to community nursing.

As described in *Designed To Improve Health and the Management of Chronic Conditions in Wales (2007)*, community nursing teams, currently managed as separate elements, are to be brought together under one single management structure in each of the four localities. It is the intention that these locality based community nursing teams forge strong links with primary care teams and also with local community hospitals. Local proposals have already been developed to remodel District Nursing services on this basis, with the aim being to develop a flexible workforce, with a single point of access, with links into County Council services. The aim is to provide equitable access to District Nursing services within each locality, including strong links with the Voluntary Sector. Plans to remodel Health Visiting services are also at the early stages of development.

There is also agreement on the greater integration of other services such as those for older people within a single locality structure, bringing health and social care together. The partners are proposing piloting this approach within the north east (Prestatyn) locality, given the relatively higher proportions of older people in this locality. A similar pilot approach will also be adopted at the same time in South Denbighshire (Corwen, Llangollen or Ruthin, to be decided)

Community mental health and social care services are already integrated under a single management structure; community mental health teams are based within three of the four localities, with the Prestatyn locality being served by the CMHT for Rhyl.

5.2.2. Services which outreach into each locality

There are a range of further community services which deliver a layer of additional community services across more than one locality in Denbighshire. Access is thus ensured for each of the localities, but for reasons of efficiency and specialism / expertise, dedicated teams are not replicated (duplicated) in each locality. These services include the following.

- Learning Disability community teams – already integrated health and social care services, provided from one base within the Central locality in Denbigh

- More specialised mental health services such as Crisis Resolution / Home Treatment services, based within the North West and covering North West, north east and central localities currently, with plans for expansion into the rural south
- Intermediate Care Rapid Response team – currently based in north and south localities
- Substance misuse services provided by the Community Drug and Alcohol Team
- Employment opportunities – a mix of services in different localities
- Services for homeless people – there is a concentration of a number of services on the Rhyl locality, including the Dewi Sant Centre and the night shelter

5.2.3. Services which are managed in different structures

There are a number of services where the four locality model does not fit comfortably and there will be a need for the Local Health Board with its partners to adapt the model to ensure no artificial barriers are created which prevent the delivery of high quality services.

Some examples of this are:

- Children and families services – the four locality model does not apply as well to delivery of children's services. The Local Authority is currently considering a methodology which will cluster children's services around six secondary school catchment areas. The NHS will need to work closely with the Local Authority to ensure that the differing geographical models do not create barriers to effective service planning and delivery.
- Housing services – similar locality models used, but with Rhuddlan belonging to the Prestatyn locality
- Police services – four locality model but with Rhuddlan and St Asaph belonging to the north west (Rhyl) locality

The LHB and partners will ensure that service models are flexible enough to take account of differences where necessary.

5.3. The Creation of Shared Service Locations

Delivering enhanced community services through a locality based model of care will afford staff delivering services in health and social care the opportunity to work more closely together and to operate from the same base. The use of shared service locations - bringing together in one place a mix of health and social care staff on one site – will help reduce professional and organisational boundaries, eliminate service

duplication and also improve staff's ability to provide seamless integrated services to the local population, as well as make maximum use of limited resources.

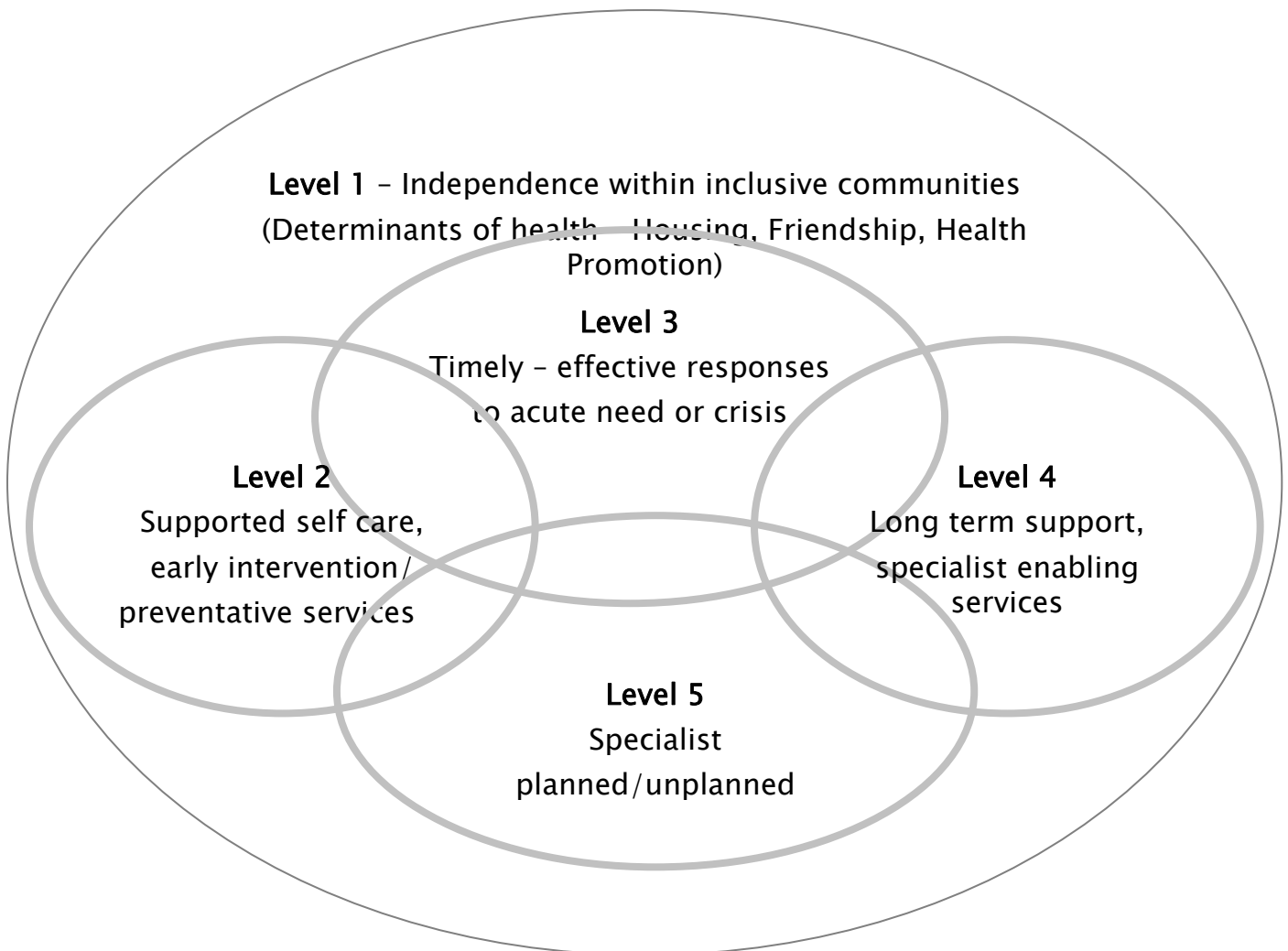
There are already some examples of co-location of staff within Denbighshire, including the co-location of health and social care services on single sites in Adult Mental Health services; Integrated Children's Services in Denbigh; integrated Learning Disability services in Henllan; and, the co-location of health and social services in Rhyl as part of the development of the new Intermediate Care service for Denbighshire.

5.4. Adoption of the '5 levels' model of care

The model of care used to develop the draft Joint Commissioning Strategy for Older People will also be used as the basis for planning and delivering community services. This model is based on 5 levels of care (presented overleaf) and is represented as an 'eggs' model to encompass all 5 levels of care. This model aims to describe and map services on the basis of the needs being fulfilled. The model can also be applied across all services whereas the traditional 4 tier 'triangle' model of care used in other national strategies can differ in terms of interpretation of the tiers within different services (for example, differences between the Tiers in substance misuse services as compared to chronic conditions management).

Within this model, the levels of need, intervention and care are broad descriptors and not mutually exclusive. The aim is to reduce barriers between services and increase integration between health and social care at all points. The principle of the model is that at each level of care and support, people will have access to the 'lower' levels as well as services relevant to that level. The risk of social exclusion increases as people progress towards the 'higher' levels of care.

The Five Levels Model of Care



Adapted from Peter Fletcher Associates-Five Levels of Care

Within this model of care, and wherever appropriate, people are enabled to remain in the 'lower' levels of care. There is an emphasis on promoting good health and preventing problems. Where needed, an assessment will be undertaken to determine what service or support is required to maximise independence. The model presumes a focus on community based services, and the use of resources as effectively and flexibly as possible in order to have the greatest health and social care impact in meeting people's needs.

A detailed definition of each of the 5 levels of care is given in Appendix One of this document.

5.5. Mapping of Existing Community Services

This Framework is also being informed by a service mapping exercise to provide a full understanding of the range of health and social care services currently delivered within

Denbighshire and to also help predict future demand for community services within the county. From this, current and anticipated future service gaps will be identified, with these then forming the basis of plans to enhance the delivery of services in localities within Denbighshire. A key element of this work will be for partners to agree core outcomes measures against which current and future community based services are commissioned, including how services will be monitored to ensure that services meet the identified health, social care and well being needs of the local population. This will help ensure that, over time, the best balance is being achieved between limited financial resources and positive health and social care outcomes for the local population.

The service mapping exercise is currently 'work in progress' at the time of producing this draft Framework and is being undertaken by Denbighshire Local Health Board in conjunction with its health and social care partners and local service planning groups, including the voluntary sector and carers. The aim is to complete this service mapping by the end of December 2007 to coincide with the ending of the consultation exercise. This Framework will then be revised to take account of the current and anticipated future service gaps which emerge as a result of the service mapping as well as to take account of the feedback received during the consultation exercise.

The mapping of children's services is being undertaken through the Children and Young People's Frameworks Partnership, linked to the production of the single Children and Young People's Plan (CYPP). The timescale for delivery of the detailed mapping and the final CYPP is longer than that of the Community Services Framework. The Framework will aim to identify priority issues in relation to services for children and young people but the detailed work will be completed later.

In agreeing identified service gaps, a further key element to the service mapping exercise will be to be for partners to agree outcome measures against which services can be commissioned, funded and monitored to demonstrate improvements in services to the local population.

A template for completion of the service mapping exercise has been created to capture existing community based services and to identify service gaps for a range of core groups within Denbighshire, these including:

- Services to Older People
- Services to Adults with Mental Health Problems

- Services to those with Learning Disabilities
- Services to people living with Physical and Sensory Impairment, including Chronic/Long Term conditions
- Services for Children, Young People and Maternity Services;
- Sexual Health Services
- Services for the Homeless
- Services for Domestic Abuse Victims
- Services for those with a Substance Misuse
- Services for Carers

The template has also been designed to take account of:

- The 8 new priorities contained within the new draft HSCWB Strategy for 2008-2011
- The '5 levels of care' model. The main focus of this model shall initially be Levels 3 and 4 of the model, these being: services that are time limited, intensive interventions to meet high level short term needs to prevent admission to hospital/care home and support early discharge (Level 3); and, services that provide longer term support for people who are able to continue living at home if supported well (Level 4). The final Framework will also take full account of the services required to deliver care at Levels 1, 2 and 5 for the population of Denbighshire.
- The availability of and need for services to be provided for each of the four localities within Denbighshire, (see Section 5.2.)

5.6. Needs Assessments

The commissioning and delivery of community based services must take account of the needs of the local population. Rather than conduct a new needs assessment exercise to inform this Framework, there is already a wealth of up to date existing information that has been gathered during 2007 as part of the needs assessment exercises completed to inform the new Denbighshire HSCWB Strategy for 2008-2011; the draft Joint Commissioning Strategies for the Older Person and for Adult Mental Health; the Social Services Physical and Sensory Impairment Commissioning Strategy; and, early work undertaken to establish the needs of Children and Young People. Further data is also available from the 2001 Census and from that gathered by the National Public Health Service.

Together with the new HSCWB Strategy priority themes and the service gaps identified through the service mapping exercise, the data generated from these various needs

assessments and other sources provides the health and social care community with a rich source of detailed information on which to design, commission and deliver community based services to meet the needs of the local population.

5.7. Primary Care Estates Strategy and Local Authority Local Development Plan

This Framework takes account of the plans contained in Denbighshire Local Health Board's Primary Care Estates Strategy and Denbighshire County Council's draft Local Development Plan, both of which are based on the need to develop and strengthen community based services to the population of Denbighshire, the former being based on planning integrated primary care services on a locality basis.

5.8. Delivering Services on the Basis of Care Pathways

The Welsh Assembly Government's strategy for community services includes an emphasis on the agreement and use of care pathways. Care pathways provide clarity for service users on the nature and level of service they can expect to be provided at any stage of their care. Care pathways are based on the individual's journey through health (primary, community, secondary) and social care, including long term care in the community. Care pathways not only provide clarity for the service user, but are also fundamental in planning services across health and social care organisations to achieve integration of service delivery. Care pathways also help inform staff training and development needs.

There has already been some progress within Denbighshire in the development of care pathways, including the development of care pathways for the management of chronic/long term conditions which focus on outcomes and which follow the patient through the health and social care aspects of diagnosis, treatment and rehabilitation. Other examples of care pathways already in use include the End of Life Care Pathway and the Continence Pathway, with others currently being developed including a Generic Long Term Conditions Care pathway and the Established Heart Failure Care pathway.

5.9. Workforce Training and Development Strategy

Delivering the vision for community services through a locality based model of care on the basis of care pathways requires a clear strategy to address the training and development needs of staff in all disciplines within health and social care. The strategy will also recognise that staff may be apprehensive of the implications of service redesign on their roles and responsibilities. The strategy will therefore also make clear how staff

and their managers will be supported through the change management process implicit in development of enhanced levels of community based care.

Increasingly, staff will be required to work both within and across traditional organisational boundaries. Staff will be required to continue to develop a broader and more flexible range of skills to meet people's needs in community settings, this being particularly true for those working with the challenge of delivering seamless care in the more rural parts of Denbighshire, particularly within South Denbighshire. The Denbighshire Workforce Strategy will detail the HR processes that will support all staff and their managers to implement the changes implicit in this Framework. The impact of the changes required by all staff to implement the changes contained in this Framework cannot be underestimated and the Workforce strategy will contain a clear plan for including staff and their representatives in implementing changes to their roles and skill base. Links with academic and other educational plans and training programmes will also be referenced within the Workforce strategy.

The Workforce Strategy will also consider the opportunities for the development of pooled funding arrangements between health and social care to support the ongoing development of generic workers within Denbighshire, capable of working across the traditional health and social care spectrum.

Furthermore, the Workforce Strategy will consider how to further enhance leadership and managerial competencies amongst those responsible for managing staff to better equip them to support staff with the changes in their roles and responsibilities that implementing this Framework will require. There will also be a strong emphasis on supporting leaders and managers to further develop their senior level partnership working skills and competencies to engender multi-agency working and sharing of practice across all agencies.

The Workforce Strategy will also require clarity and agreement about job titles for staff to ensure the general population are not confused by seemingly similar but different job titles currently used by staff within health and social care.

A further element of the Workforce Strategy will be to consider how developments in Information Technology can assist staff in their day to day role as well as enabling staff to share information more effectively across organisational boundaries. Provided individual patients/clients give their consent to information about them being shared with

other professionals involved in their care, improved Information Technology can help reduce duplication of documentation when caring for the same patients/clients. It can also mean that patients/clients are not required to repeat the same information to different health and social care professionals involved in their care.

There are already examples within Denbighshire of new ways of working by staff in both health and social care to support changes in community service delivery. For example, as part of the development of the new Intermediate Care service, the role of the Health and Social Care Support worker is being piloted, with these staff being competent to deliver both health and social care support.

A further example of new ways of working within Denbighshire has been the adoption of the Case Management role in community nursing services. *Supporting People with Long Term Conditions (2005)* stated that individuals with highly complex needs, living in their own homes or in residential/ nursing care settings often receive disjointed care. These people often have multiple problems and may not receive all the services they require to meet their multiple needs. They can end up being admitted to an acute hospital bed when improved care provided in the community could have prevented the need for hospital care. Two case managers have been introduced as a pilot project in Rhyl and Prestatyn to coordinate access to all services needed by individuals with highly complex needs (including medical, nursing, pharmacy and social care). Case managers support individuals to remain living in their own homes and communities, promote their independence and well being, and prevent the need for an avoidable hospital or care home admission.

5.10. The Development Of Information Technology

There is a clear role for Information Technology to support the development of enhanced community based services, both to support staff in the delivery of care (as outlined in Section 5.9 above) as well as to promote the use of alternative care technologies, designed to support people to remain living in their own homes. The development of both Telehealth and Telecare within Denbighshire are two examples of the role Information Technology can have to support people in the community. A key element of the implementation of this Framework will be to identify further opportunities for using Information Technology to support enhanced care provision in the community, and to support staff in further developing their skills and competencies. Where possible, this will include the development of shared, common information systems between health and social care agencies, including improving the electronic sharing of information

between the acute Trusts and the County Council to support the delivery of shared health and social care.

5.11. Involving the Public and Local Communities

Enhancing the delivery of services within people's own homes and communities will require service redesign and reconfiguration. In particular, some services currently provided in an acute hospital or care home are able to be safely and appropriately provided in community settings. There is a clear need to inform and involve the public and local communities in this work. First, through the consultation period planned for this Framework, the public and local communities will have an opportunity to both comment on and contribute to the development of this Framework. The consultation for this Framework will take place as part of the consultation exercise for the HSCWB strategy during November and December 2007.

Secondly, there will be a series of public workshops held during January-March 2008 to further engage the public and local communities in the development of this Framework. These workshops will be designed both to provide feedback to the public on the outcome of the consultation exercise as well as to share details of the outcomes of the service mapping exercise currently underway (see Section 5.5).

Thirdly, it is envisaged that service users, their carers and representatives will continue to be involved in local service planning groups within Denbighshire that are already involved in the development of this Framework.

Finally and in line with *Shaping Services Locally (2004)*, discussion and consultation with Community Health Councils is also being sought to ensure that the public voice is fully represented in the development of this Framework.

5.12. Financial Strategy

There is a clear need for this Framework to be underpinned by an explicit financial strategy. This strategy has to take account of the challenging financial climate within which all partner agencies operate. It will be necessary for partners to balance the current and anticipated future demands for community based services with resource availability over time.

The financial strategy will include an analysis of the current resources invested in community services by partners in Denbighshire, and will also identify areas of potential

future additional cost pressures due to the changing demographics of Denbighshire and the year on year increases in inflation. This financial analysis will be completed for Denbighshire as a whole, as well as by locality.

The financial strategy will identify the level of resource needed for plans to meet gaps and shortfalls in community services which are agreed as part of the consultation process described in Section 5.11. The financial strategy will also identify the broad levels of investment to be released through the reconfiguration of secondary care services to support the implementation of this Framework, and will link with the detailed modeling of these resources which is being undertaken through the secondary care reconfiguration project. The financial strategy will also take account of areas of service provision for which service mapping has shown there to no longer be a need, with the finances for such services then being reallocated to support the delivery of other services for which a need has been identified.

The financial strategy to support this Framework should therefore make clear the rebalancing of resources that will be required across the partnership to deliver the new models of community support, both in terms of transition costs to support service changes as well as ongoing costs to maintain enhanced community based services once these have been put in place. There will be a requirement to pump prime new services in order to achieve this rebalancing prior to the release of resources from secondary care. The partners in Denbighshire will seek to secure transitional funding from the Welsh Assembly Government to enable this shift to occur.

The financial strategy will also inform the overall prioritisation of service changes to be implemented during 2008-2011, as identified both through the consultation process as well as to taking account of wider complementary service changes within secondary care and within primary, community and social services. This prioritisation will consider service changes where investment in a given service change may realise longer term cost savings which can then be reinvested into other service changes over time ('invest to save').

6 Way Forward

A finalised Community Services Framework for 2008-2011 is to be completed by the end of March 2008 for implementation from 1st April 2008, with this coinciding with the timescales for the finalisation of the HSCWB strategy for Denbighshire.

Regular progress reports are given to the Denbighshire Lead Officer's Group and Strategic Partnership Board. Regular reports are also given to the Strategic Partnership Group for Conwy and Denbighshire Local Health Boards, established to oversee the development of the Community Services Frameworks within both counties.

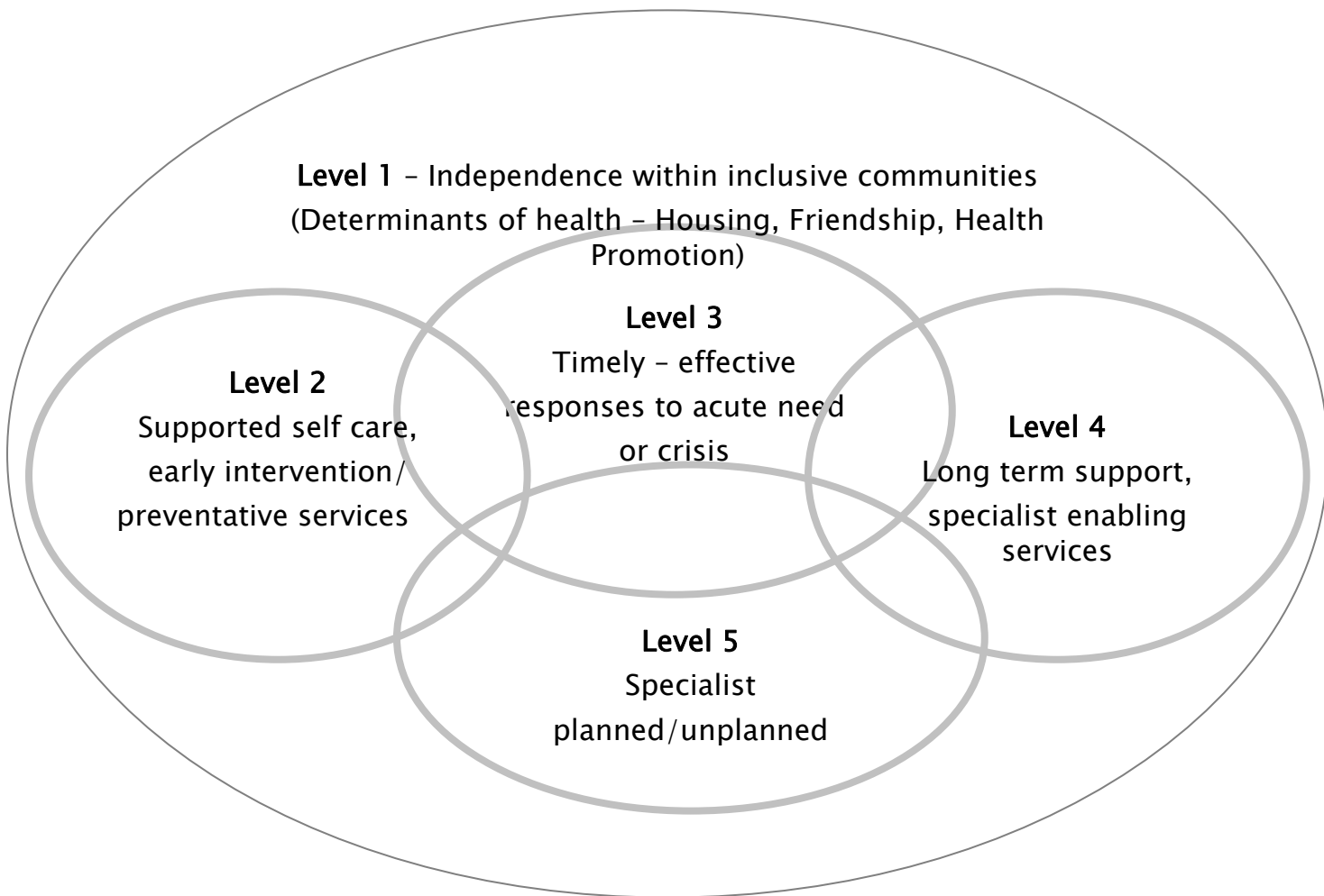
The finalised Framework will be signed off by Denbighshire Strategic Partnership Group, having been endorsed at a formal Board meeting of Denbighshire Local Health Board and by Cabinet within Denbighshire Social Services.

The following timescale has been agreed:

- **31st October 2007**: Workshop held with all partners in the health and social care community to consider an earlier draft of this Framework, with particular discussion having taken place to discuss the strategic vision for community services, the core building blocks/principles, the locality model of care and the financial strategy for this Framework.
- **Monday 12th November 2007**: re-issue further revised draft Framework to all partner organisations for further feedback prior to completing the draft Framework for consultation.
- **26th November 2007- 31st December 2007**: Issue draft Framework for public consultation as part of the consultation for the draft HSCWB strategy already underway.
- **31st December 2007**: completion of service mapping (Section 6) and completion of consultation period.
- **January to March 2008**:
 - Second workshop to be held with all partners in the health and social care community to discuss the outcome of the consultation exercise and service gaps identified through the service mapping exercise.
 - Series of workshops for the public will also be held to engage them and to share and discuss the outcome of the consultation and service mapping exercise.
 - An outline Financial Strategy, Workforce Training and Development Plan, Information Technology plan and a 3 year Action Plan which identifies priority areas for implementing this Framework will also be produced.
- **1st April 2008**: Start implementation of the new Community Services Framework.

21st November 2007

APPENDIX ONE: THE FIVE LEVELS MODEL OF CARE



Adapted from Peter Fletcher Associates-Five Levels of Care

Level 1

Education, training and awareness raising to promote self-help in the Community:

- Voluntary sector activities
- Homestart (Cymorth Funded Project)
- Education for the general population and sign-posting

Level 2

Low level preventative services offering minimal intervention and that act as key components in promoting quality of life and independence. Access to services is usually through self-referral, avoiding the need for an assessment.

- Advocacy
- Exercise programmes
- Self Management programmes e.g. Expert Patient Programmes
- 'Healthy lifestyle' packages and person skills e.g. nutrition, smoking and alcohol cessation

Levels 1 and 2

People who are generally well and able to live fairly independent lives

Services provided at home or in the local community that help and support people to remain fit, healthy and independent, thereby reducing dependence on residential services and acute hospital care

Requirements:

- An expansion of prevention, screening and home based technology
- Services in Levels 1 and 2 may necessitate investment in capital, running costs and educational development

Level 3

Time-limited, intensive interventions delivered as part of the intermediate care structure to meet high level short term needs that prevent admission to hospital/care home setting and support early facilitated discharge:

- community hospitals
- chronic disease management
- Crisis intervention – Home treatment services

Level 4

Longer term support for people who are able to continue living at home:

- Community hospitals
- Extra Care Housing
- Health Visiting
- Carer and respite support

Levels 3 and 4

For people with more significant needs, who have chronic conditions or who require rapid access to health and social care

Services provided in levels 3 and 4 will ensure that everyone has rapid access to an appropriate member of the primary care and/or social care team.

Effective and rapid diagnosis will be available locally, followed by timely treatment, help and support or advice on self-care as required

Requirements:

- Significant shift in skills required by health, social care and voluntary sector staff
- Some GPs will need to take on more specialist skills
- Pharmacists, Therapists and Nurses will need to further extend their skills
- Significant capital and revenue investment will be required to provide services

Level 5

Services for people with complex needs. They will probably be high intensity users of planned/unplanned acute or community care services:

- Hospital Care
- Residential and/or nursing home care
- NHS continuing Health Care

Level 5

Services in Level 5 will provide access to care provided by the District General Hospital and Community Hospitals

Community support should be available to patients/clients once they have been discharged. Patients and carers may require detailed social care arrangements

Appendix 2

DENBIGHSHIRE DRAFT COMMUNITY SERVICES FRAMEWORK 2008-2011 Denbighshire Local Health Board Consultation

INTRODUCTION

Each Local Health Board in Wales is required to produce a Community Services Framework for implementation over the 3 year period 2008-2011 in line with Welsh Assembly guidance outlined in *Community Services Framework (2007)*. Denbighshire Local Health Board, in consultation with its partners, has produced a draft Community Services Framework now being issued for wider consultation both within the health and social care community as well as with the public and service users.

This draft Framework outlines how Denbighshire Local Health Board, working closely with all its partners, will commission and deliver community based health services to improve the health, social care and well being needs of the Denbighshire population. This draft Framework is both intended to be an Appendix to the draft Denbighshire Health, Social Care and Well Being Strategy 2008-2011 as well as being a strategic document in its own right.

This draft Framework contains a number of key sections:

- Provides a definition of what is meant by 'community services'
- Contains an overarching strategic direction to guide the commissioning and delivery of community based services
- Details 12 core building blocks upon which the Framework is based
- Sets out a proposed range of core services that should be available in each of 4 localities in Denbighshire
- Timetable for completion of the finalised Framework by 31st March 2008.

Denbighshire Local Health Board wishes to seek your views on the content of the draft Community Services Framework, for which a consultation questionnaire is provided as attached. This should be returned, by **31st December 2007**, to:

Lynne.Barnett@denbighshirelhb.wales.nhs.uk

Lynne Barnett
Directorate of Development and Performance Management
Denbighshire Local Health Board
Ty Livingston
HM Stanley Hospital
St Asaph
LL17 ORS

01745 589608

The draft framework is available in Welsh as is the consultation questionnaire, copies of which can be provided by contacting Lynne Barnett as detailed above.

**DENBIGHSHIRE DRAFT COMMUNITY SERVICES
FRAMEWORK 2008-2011
Denbighshire Local Health Board**

CONSULTATION RESPONSE FORM

Responses to be received by 31st December 2007

1. Do you agree with the strategic vision for community services as described in the draft Framework?

Yes

No

If no, please provide suggested changes:

2. Do you agree with the core services proposed for each locality in Denbighshire, as set out in the draft Framework?

Yes

No

If no, please provide details:

- 3. Does the adoption of the 4 specified localities within Denbighshire, as set out in the draft Framework, cause you or your organisation any concerns?**

Yes

No

If yes, please provide details:

- 4. Do you or your organisation have any concerns about any other aspect of the draft Framework?**

Yes

No

If yes, please provide details:

5. Are there any major gaps or issues which we haven't included in the draft Framework that you or your organisation would wish to see included?

Yes

No

If yes, please describe these:

6. Please feel free to add any other comments you or your organisation wish to include as part of your response to the draft Framework.

Thank you for completing this questionnaire. Please return this consultation response by 31s December 2007 to:

Lynne.Barnett@denbighshirelhb.wales.nhs.uk

Lynne Barnett
Directorate of Development and Performance Management
Denbighshire Local Health Board
Ty Livingston
HM Stanley Hospital
St Asaph
LL17 ORS

Social Services and Housing Scrutiny Committee

10th January 2008

Report by the Safeguarding and Reviewing Manager

**Report on Safeguarding Children in Denbighshire
December 2006 – December 2007**

1. Purpose of Report

To update members on the work of the Denbighshire Safeguarding Children Board in progressing the safeguarding agenda.

To inform members of the progress made in addressing the areas for improvement identified in the 2006 Review of Children's Services inspection report.

2. Reason for Submission of Report

To enable the committee to review progress over the last year, in this key area of work.

3. Denbighshire Safeguarding Children Board

3.1 Denbighshire Safeguarding Children Board (**DSCB**), was established in October 2007 in response to the requirement in Section 31(1) of the Children Act 2004, that every local authority in Wales establish a Local Safeguarding Children Board (**LSCB**) in their area to replace the existing Area Child Protection Committees (**ACPC**). DSCB is now the key statutory mechanism for agreeing how partner agencies work co-operatively to safeguard and promote the welfare of children and young people in Denbighshire and for ensuring that what they do is effective. Statutory partners include the Police, Health, Probation, and Youth Justice. Adult Services and representatives from key agencies from the voluntary sector are also members of the Board.

3.2 DSCB meets bi-monthly to oversee and monitor the work being undertaken with children and their families in the County. Over the last year the Board has made significant progress in developing and reviewing its work programme in order to meet its broader safeguarding responsibilities. Membership of the Board has been reviewed to meet the requirements of the Act and a strong partnership approach has been developed. Much of the work identified by the Board is taken forward by a structure of multi-agency sub groups. These are:

- **Practice and procedures group** – this group monitors working practices in child protection and develops inter-agency procedures to improve practice and co-operative work. An example of its work this

year is the development of inter-agency procedures for investigating allegations against people who work with children.

- **Audit group** – The Audit group monitors core data on child protection activity and undertakes practice audits at the direction of the Board. This year the group has undertaken audits of core groups and re-registrations to the child protection register.
- **Denbighshire and Conwy joint training group** – The training group develops and presents a rolling programme of child protection training which is open to all agencies working with children. The basic child protection training course is run on a monthly basis and this year the group have also presented one day training on Neglect and Case Conferences and Core Groups. The group is also responsible for presenting Joint Investigation and Achieving Best Evidence training for investigating social workers and police officers.
- **Serious Case Review group** – this group meets on an exceptions basis and is responsible for reviewing cases where a child has died or has been seriously injured as a result of abuse or neglect, for identifying lessons that can be learnt, disseminating findings from the Review and for ensuring that recommendations are implemented. Criteria for when a Review should take place is set out in The Local Safeguarding Children Boards (Wales) Regulations 2005. The regulations also introduce a new requirement, that a Serious Case Review should take place where a child has been killed by a parent with a mental illness. A serious case review is currently being undertaken into the circumstances surrounding the homicide of 2 children who were killed by their mentally ill father. The Review is being undertaken jointly with the Mental Health Partnership and is nearing its conclusion.

3.3 The Act and subsequent guidance contained in Safeguarding Children: Working Together Under the Children Act 2004 (Welsh Assembly Government, 2006), introduces a wider remit for LSCB safeguarding activities than those undertaken by the ACPCs they replaced. Whilst the core and primary business of DSCB remains the protection of children from abuse and neglect, it now has a more wide ranging duty to oversee and promote safeguarding activities in relation to the welfare of all the children in Denbighshire. This year for example, members of DSCB have worked with several local community organisations to ensure they have robust child protection policies and procedures in place. The Board has also supported and facilitated the NSPCC 'Safe Communities' project. This project provides safeguards for children in their communities by providing local voluntary groups working with children with a free 'Toolkit' containing information and training on policies and procedures to ensure children in their groups are safe. DSCB has also supported the Common Assessment Framework project (the CAF). The CAF project is a pilot project working in Denbigh which trains professionals working with children to identify lower level unmet needs at an early stage and with the permission of the family, access services to meet those needs to avoid escalation.

3.4 Child protection activity - A total of 41 initial Child Protection Conferences have been held since April this year and at the time of writing this report, there

are 56 children's names on the Child Protection Register, including 3 registrations of children who are living temporarily in Denbighshire and who remain the responsibility of their home area. Levels of registration vary throughout the year (See Appendix 1 for information on trends). Just over 45% of the children registered in November were registered under the category of neglect (Welsh average 48%, English average 41%), with 30% registered under emotional abuse and 16% under the category of physical abuse. Just over 3% of children were registered under the category of sexual abuse, with a further 5% registered for neglect and physical abuse. All children on the child protection register have an allocated Social Worker and all reviews of children on the register take place within statutory timescales. In this respect, Denbighshire continues to be one of the best performing Councils in Wales.

- 3.5 The Safeguarding and Reviewing Manager reports to the Board on child protection activity on a bi-monthly basis and any significant changes to patterns of registration are investigated. As an example, in July/August 2007 it was noted that the number of registered children who had been subject to a previous period of child protection registration was high (39% of all registered children). An audit of these cases was undertaken to establish whether there were any patterns or common practice issues contributing to re-registration. The audit highlighted a strong link between emotional abuse and neglect and re-registration, with two thirds of the sample being registered in both periods under these categories. Recommendations from the audit included ensuring that a child in need plan is put in place on de-registration and that these plans are regularly reviewed. Recommendations from the audit have now been implemented.

4. **Areas for Improvement**

- 4.1 The 2006 Review of Children's Services identified the following areas for improvement in respect of safeguarding activity:
- Regularity of core groups
 - Regularity of visits to see children on the Child Protection Register
 - Case conference recommendations not consistently followed up
 - Skill base and experience of child protection work in some teams
- 4.2 The Review identified that 'the regularity of some core group meetings was inconsistent in some cases and needs to be improved'. To address this issue, in May 2007, the DSCB commissioned the Audit Group to undertake an audit of Core Group meetings and processes. While there were examples of good practice, the audit confirmed the Review findings that there was a lack of consistency in compliance with timescales, chairing, minuting and distribution of minutes of meetings and variations in the extent to which the detailed child protection plan drawn up at Core Group meetings followed the outline plan agreed at the Child Protection Conference.
- An Action Plan has been agreed by the Board to address the recommendations from the Review and the Core Group audit report. This includes the establishment of improved systems for monitoring the timeliness of meetings and ensuring that case conference recommendations are followed up, the development of an inter-agency core group protocol and the production

of improved information for professionals, parents and young people on the role of the core group. A Working Group has been set up to take the actions forward and ensure improved performance. The group will report to the Board in March 2008. The percentage of initial core group meetings held on time is now a core performance indicator. Denbighshire's performance for 06/07 was 52.5%, below the Welsh average of 61.8%. The target for 07/08 has been set at 85% and we are now on course to achieve that figure.

- 4.3 Performance in child protection work, including the frequency of visits to children on the Register, is routinely monitored by the Safeguarding and Reviewing Unit and any concerns about individual cases are reported to the Team Manager responsible. The Safeguarding and Reviewing Officers keep an 'Issues Log' which identifies areas of good and poor practice and the Logs are discussed monthly at Senior Management Team meetings. In addition, Team Managers routinely audit case files in monthly supervision and the Service Manager for Child Protection undertakes random case file audits.
- 4.4 Staff retention in the Social Work Teams has improved and Team Managers and Social Workers have taken advantage of training opportunities. All of the Team Managers have now undertaken management training with external consultants and two are undertaking the NSPCC risk management course. All members of staff have personal development reviews and appraisals of their performance on an annual basis.

5. **Future Directions**

- 5.1 In October 2007, following a period of consultation and discussion with partner agencies in both Denbighshire and Conwy, agreement in principle was reached to establish a joint LSCB covering both areas. The boundaries between the two local authorities, Health services and the Police are not co-terminous and there is an additional cost in resources and time if the same representatives from these agencies sit on two Boards. Other advantages to having a joint Board include more capacity for meeting the broader safeguarding agenda, the ability to agree and share best practice across both areas and to agree common policies and procedures and the capacity to provide more meaningful data across a larger population. A joint Board will also provide greater opportunities for joint planning and commissioning of safeguarding resources. The success of joint work across the two authorities can already be demonstrated by the work of the joint Conwy and Denbighshire LSCB Training group. While arrangements for terms of reference and governance of the Board still need to be finalised, it is anticipated that the first meeting of the joint Denbighshire/Conwy Board will be held in the Spring/early Summer of 2008.

6 **Recommendation**

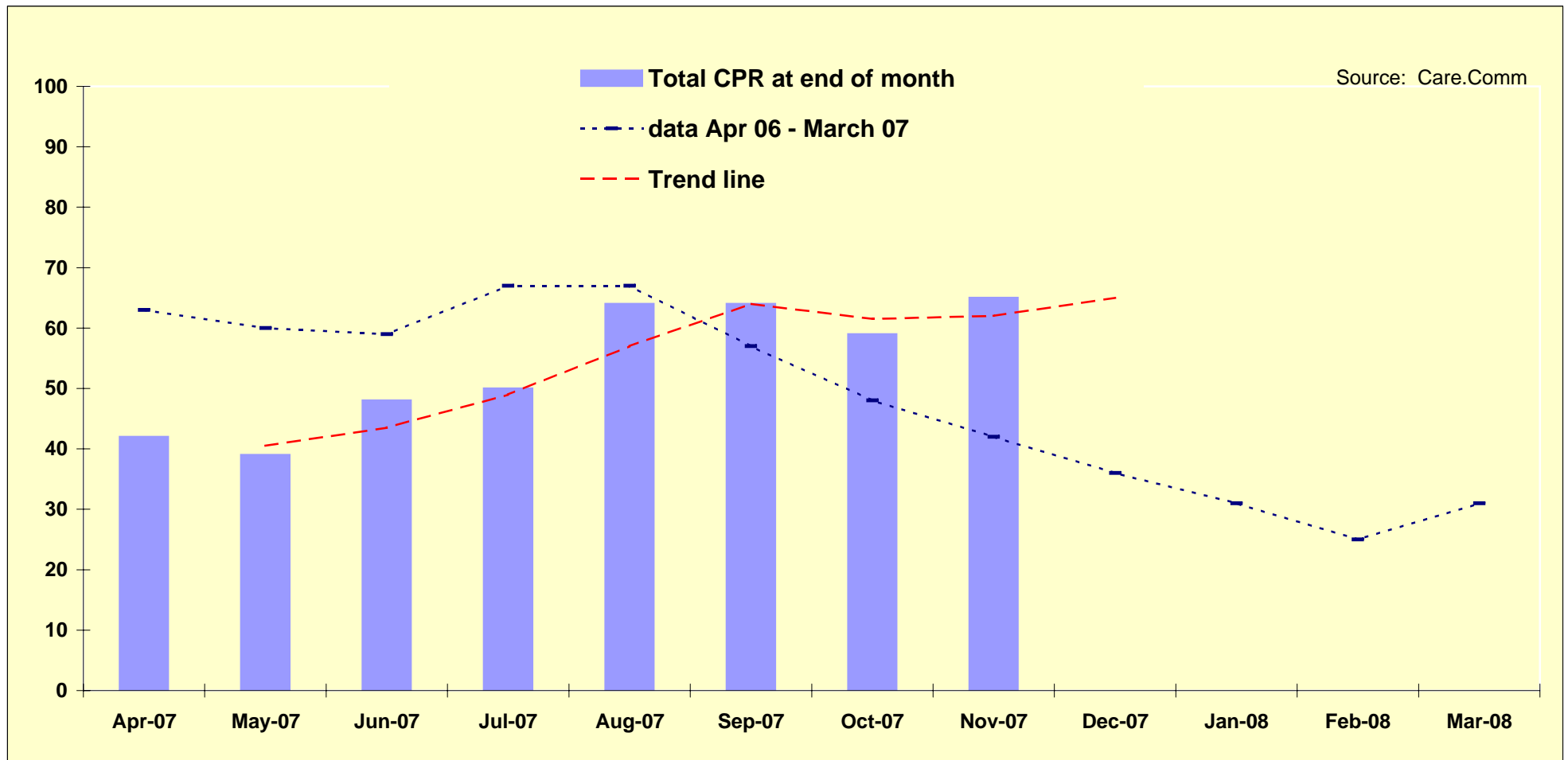
That the Scrutiny Committee considers and comments upon the issues raised in this report.

Contact Officer: Sue Trehearn, Safeguarding and Reviewing Manager

Telephone Number: 01824 712286

E mail: sue.trehearn@denbighshire.gov.uk

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Social Services and Housing Scrutiny Committee

10th January 2008

Report by the Scrutiny Support Officer

Scrutiny Work Programme

1 Purpose of Report

To review the proposed work programme for the Social Services and Housing Scrutiny Committee and to update Members on any relevant issues arising.

2 Reason for Submission of Report

To enable the Scrutiny Committee to plan and prioritise its future work programme.

3 Development of a Work Programme

3.1 The Constitution of Denbighshire County Council requires Scrutiny Committees to prepare and keep under review a programme for their future work. The Committee has previously highlighted a range of topics which it would wish to review over the coming months. To assist the Committee in undertaking its functions these issues have been timetabled within the appended work programme for members' comments.

3.2 In addition, a number of issues have also been identified by Heads of Services as potential areas for Scrutiny to examine over the coming months. These issues have also been included in the appendix for members' comments.

4 The January Meeting Agenda

Estyn Action Plan

4.1 The Corporate Director – Social Services and Housing, has requested that the Committee defer its review of work between Social Services and Education to address the issues highlighted within the Estyn report until the February meeting.

5 Forward Work Programme Update

February Meeting

5.1 Currently the forward work programme has 9 items listed for consideration at the February meeting.

Rota Visits

- 5.2 Members have been requested to consider a report on their rota visits at either the February or March meeting.

6 Implications on Other Policy Areas

The development of a coordinated work programme will assist the Council in monitoring and reviewing policy issues.

7 Recommendation - that

Members consider the work programme for the Social Services and Housing Scrutiny Committee as contained in Appendix 1 and approve or revise as necessary.

Contact Officer: Steve Price, Scrutiny Support Officer
(Tel No. 01824 - 712589 e-mail: steve.price@denbighshire.gov.uk)

Social Services and Housing Scrutiny Committee Work Programme Appendix 1

Date of Meeting	Subject	Purpose of Report	Reason for Consideration	Author	Date Entered
Feb 7 th	Estyn Action Plan	To enable the Committee to be assured regarding the work that has been or is to be undertaken between Social Services and Education to address the issues highlighted within the Estyn report.		Sally Ellis	Nov 2007
Feb 7 th	Leaving Care Services	To present current activity in delivering Leaving Care Services and to seek agreement for new policy framework re. Leaving Care Allowances	To be appraised of current issues	Children's Services	July 2007
Feb 7 th	Commissioning Strategy for Physical Disability & Sensory Impairment (PDSI)	To be consulted on the Commissioning Strategy for PDSI	To enable the Committee to be consulted on the development of the strategy	Adult Services	June 2007
Feb 7 th	High Cost Placements	To receive an overview of current issues in respect to the risk area prior to in depth consideration of the issues	To enable the Committee to review high risk areas for the Committee	Adult / Children's Services	Apr 2007
Feb 7 th	Housing Risk	To receive an overview of current issues in respect to the risk area prior to in depth consideration of the issues	To enable the Committee to review high risk areas for the Committee	Housing Services	Apr 2007
Feb 7 th	Resource Utilisation – Workforce	To receive a full report on the issues raised in respect to the services provided	To enable the Committee to consider the high risk areas for the Committee	Business Support	Apr 2007
Feb 7 th	Housing Risk - Repairs	To receive a full report on the issues raised in respect to the services provided	To enable the Committee to consider the high risk areas for the Committee	Housing Services	Apr 2007
Feb 7 th	Local Tenant Participation Strategy	To enable the Committee to discuss and comment on the local tenant participation strategy in advance of the formal approval of the document and submission to the Assembly by April 2008.	To enable the Committee to be consulted on proposals	Housing Services	Nov 2007

Social Services and Housing Scrutiny Committee Work Programme Appendix 1

Date of Meeting	Subject	Purpose of Report	Reason for Consideration	Author	Date Entered
Feb 7 th or Mar 6 th	Rota Visits	To monitor progress and issues raised by the rota visits to adult and children services establishments	<i>Scrutiny of Performance</i> Requested by the Projects Assistant to fulfil the committee's stated objectives.	Kirsty Allmark	Dec 07
Mar 6 th	Quarterly Performance Report – Quarter 3	To monitor the performance within the Quarterly Performance Report against agreed targets and objectives	To enable the Committee to review current performance – Performance Scrutiny	Scrutiny Support	Apr 2007
Mar 6 th	Sickness Absence	To receive an overview of current issues in respect to the risk area prior to in depth consideration of the issues	To enable the Committee to review high risk areas for the Committee	Business Support	Apr 2007
Mar 6 th	Housing Risk No 8	To receive an overview of current issues in respect to the risk area prior to in depth consideration of the issues	To enable the Committee to review high risk areas for the Committee	Housing Services	Apr 2007
Mar 6 th	Implementation of PARIS	To receive a full report on the issues raised in respect to the services provided	To enable the Committee to consider the high risk areas for the Committee	Business Support	Apr 2007
Mar 6 th	Housing Risk No 5	To receive a full report on the issues raised in respect to the services provided	To enable the Committee to consider the high risk areas for the Committee	Housing Services	Apr 2007
Mar 6 th	Improving Services to Disabled Children	To present the approach being taken in the Disability Improvement Project, progress to date, success areas, outstanding issues and medium – long term developments	To enable the Committee to be appraised of current developments	Children's Services	

Social Services and Housing Scrutiny Committee Work Programme Appendix 1

Dates to be confirmed / Information Reports

Date of Meeting	Subject	Purpose of Report	Suggested Way Forward	Author	Date Entered
tbc	Provision of Housing Support to Care Leavers	To examine the support services to be developed to assist the transition from care for looked after children in Denbighshire	Report to be provided upon completion of joint work between departments	Children's Services / Housing Services	June 2006
tbc	Extra Care Housing	Updates of progress	Updates to be programmed at significant milestones		July 2006
tbc	Services for Patients with Drug and Alcohol Dependency	To review the level of services currently provided for patients with dependency	Work progressing via Task Group established by Councillor Hodgson – update reports to be provided as appropriate	Scrutiny Support	Feb 2005
tbc	Direct Payments	To assess the findings of the surveys and to seek the views of service users	Report to be scheduled upon the work being undertaken on the findings	Adult Services	Oct 2006
tbc	Right to Manage	To be updated on the current position with regard to the potential right to manage notice in respect of the Bruton Park Residents Association	To be programmed as and when issue is progressed at Bruton Park	Housing Services	June 2006
tbc	Assessment and Care Management – Adult Services	To receive an overview of current issues in respect to the risk area prior to in depth consideration of the issues	To enable the Committee to review high risk areas for the Committee	Adult Services	Apr 2007
tbc	Health Challenge Denbighshire	To review the impact of Health Challenge Denbighshire and to assess the progress of the Health Improvement Matrix	To enable the Committee to review progress within this national initiative		
tbc	Assessment and Care Management - Children's Services	To receive a full report on the issues raised in respect to the services provided	To enable the Committee to consider the high risk areas for the Committee	Children's Services	Apr 2007
tbc –	Substance Misuse	To be consulted on the Commissioning Strategy for Substance Misuse	To enable the Committee to be consulted in the development of the Strategy	Adult Services	June 2007

Social Services and Housing Scrutiny Committee Work Programme Appendix 1

Date of Meeting	Subject	Purpose of Report	Suggested Way Forward	Author	Date Entered
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Information Reports

tbc	Community Development Team.	This report seeks to make members more fully aware and engage around this key area of service	<i>Information report</i>	Adult Services	Apr 2006
tbc	<i>Occupational Therapy Services</i>	<i>This report enables members to be appraised of progress and performance of occupational therapy services and scrutinise this key area of service provision</i>	<i>Information report</i>	<i>Adult Services</i>	<i>Apr 2006</i>
tbc	<i>Evaluation of Unified Assessment</i>	<i>This report informs members of key progress in implementing the Unified Assessment in compliance with the national statutory guidelines in Denbighshire.</i>	<i>Information report</i>	<i>Adult Services</i>	<i>Apr 2006</i>
tbc	National Standards Framework	To receive an update on the application and analysis of the Self Assessment Audit Tool for Children, Young People and Maternity Services	Suggestion arising from the January 2006 meeting - report to be progressed Spring 2007	Corporate Director	Jan 2006

Issues identified from Joint Risk Assessment

Date of Briefing	Date of Main Report	Subject	Risk Description	Potential Impact	Risk Reduction Measures
Jun 14th	tbc	Assessment and Care Management - Children's Services	Inappropriate care plans, delays or failure to meet need. Lack of consistency on quality of services. Performance in children's services continues to be inconsistent but reported improvements in: numbers waiting for an assessment, staffing stability and timeliness of initial and core assessments	Clients do not receive required standards of care	Review referral rates and care management procedures. Standards set to be piloted in Autumn. Team dashboard to monitor team progress.

Social Services and Housing Scrutiny Committee Work Programme Appendix 1

Date of Briefing	Date of Main Report	Subject	Risk Description	Potential Impact	Risk Reduction Measures
tbc	tbc	Assessment and Care Management – Adult Services	Inappropriate care plans, delays or failure to meet need. Lack of consistency on quality of services. Performance in children's services continues to be inconsistent but reported improvements in: numbers waiting for an assessment, staffing stability and timeliness of initial and core assessments	Clients do not receive required standards of care	Review referral rates and care management procedures. Standards set to be piloted in Autumn. Team dashboard to monitor team progress
Sep 13th	Dec 6 th	Brighton Road Development	Relocation of offices to Brighton Road, Rhyl	Major disruption of key services. Negative impact on morale due to the change and the need to accommodate high numbers in the office to manage costs	Project management approach involvement of staff. Consultation with corporate Directors, promotion of service delivery needs as well as cost management
Oct 11 th	Jan 10 th	Housing Risk No 3			
Nov 8 th	Feb 7 th	Resource Utilisation – Workforce	High overall spend. Council's SSIW PE self assessment states that it is 'reasonably well placed' in terms of recruitment and retention of staff. Risk assessment cites the risk of overload on resources as medium but pressure on Trust and LHB budgets adding to increased pressure for social care	Inability to maintain/improve services through lack of resources	Budget/efficiency meetings underway
Nov 8 th	Feb 7 th	Housing Risk No 4			
Dec 6 th	Mar 6 th	Implementation of PARIS	Procurement and successful implementation of new social services IT information system.	Lack of direction in service delivery and focus on performance against improvement priorities	
Dec 6 th	Mar 6 th	Housing Risk No 5			

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Date of Briefing	Date of Main Report	Subject	Risk Description	Potential Impact	Risk Reduction Measures
Jan 10 th	tbc	Safeguarding Agenda	Not yet developed a robust response to POVA procedures to avoid inappropriate referrals, increased referrals and provide evidence of increased protection for vulnerable adults. Risks/areas of improvement in children's services (from inspection of children's services presentation) include regularity of core groups, visits to children on CPR and skill base of staff in some CP teams	Clients do not receive required standards of care and protection	A structured training programme has been initiated. 1/4 ly reports to Denbighshire Adult Protection Committee. Increase in numbers of referrals and investigations
Jan 10 th	tbc	Housing Risk No 6			
Feb 7 th	tbc	High Cost Placements	Lack of consistency on quality of services. Limited placements for clients with complex needs. Continued high turnover and high sickness absence levels of staff in some areas resulting in lack of consistency of care, and cases not allocated, PIs not achieved . No improvement in placement stability for looked after children from March 05-March 06	Clients do not receive required standards of care	Tender being prepared for shared care service. Participation in CCSR project and pan Wales project for residential and foster care. Revising strategy for recruitment of foster carers
Feb 7 th	tbc	Housing Risk No 7			
Mar 6 th	tbc	Sickness Absence	High level of staff sickness absence	Affecting the Council's service delivery.	HR system implemented. Standard absence reports available. Other reports currently under development. Stress survey. Monitor application of Sickness Absence Policy.
Mar 6 th	tbc	Housing Risk No 8			

Issues Not listed as yet :- Sustainability / Equality and POVA

Housing Risks from Joint Risk Assessment

1. Strategic Role (including private sector) - Failure to create and sustainable communities, shortage of affordable housing
2. Rent - 2004-05-Rent arrears of current tenants (Lowest quartile in Wales), rent arrears of former tenants (above average), rent arrears written off (above average)

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3. Welsh Housing Quality Standard (including repairs & maintenance) - Failure to meet Welsh Housing Quality Standards (WHQS) by 2012 . Inability to provide robust Housing Repair statistics - NOTE: Wales Assembly Government assesses Council as 'likely' to achieve WHQS using own resources
4. Estates Management - Increase in Council Housing applications
5. Homelessness - Inability to sustain the homelessness service. Inability to meet national targets
6. Changes in Supporting People for Sheltered Accommodation
7. Demographic profile changing

Timing based on two briefings and two main issues – one from Social Services and one from Housing, with three month gap between briefing and main discussions

Updated 3/1/2008

Note for officers – Committee Report Deadlines

<i>Meeting</i>	<i>Deadline</i>	<i>Meeting</i>	<i>Deadline</i>	<i>Meeting</i>	<i>Deadline</i>
<i>February</i>	24 January	<i>March</i>	31 February		