

**Denbighshire County
Council**

**Director of
Social Services**

**Annual Report
2017 –2018**

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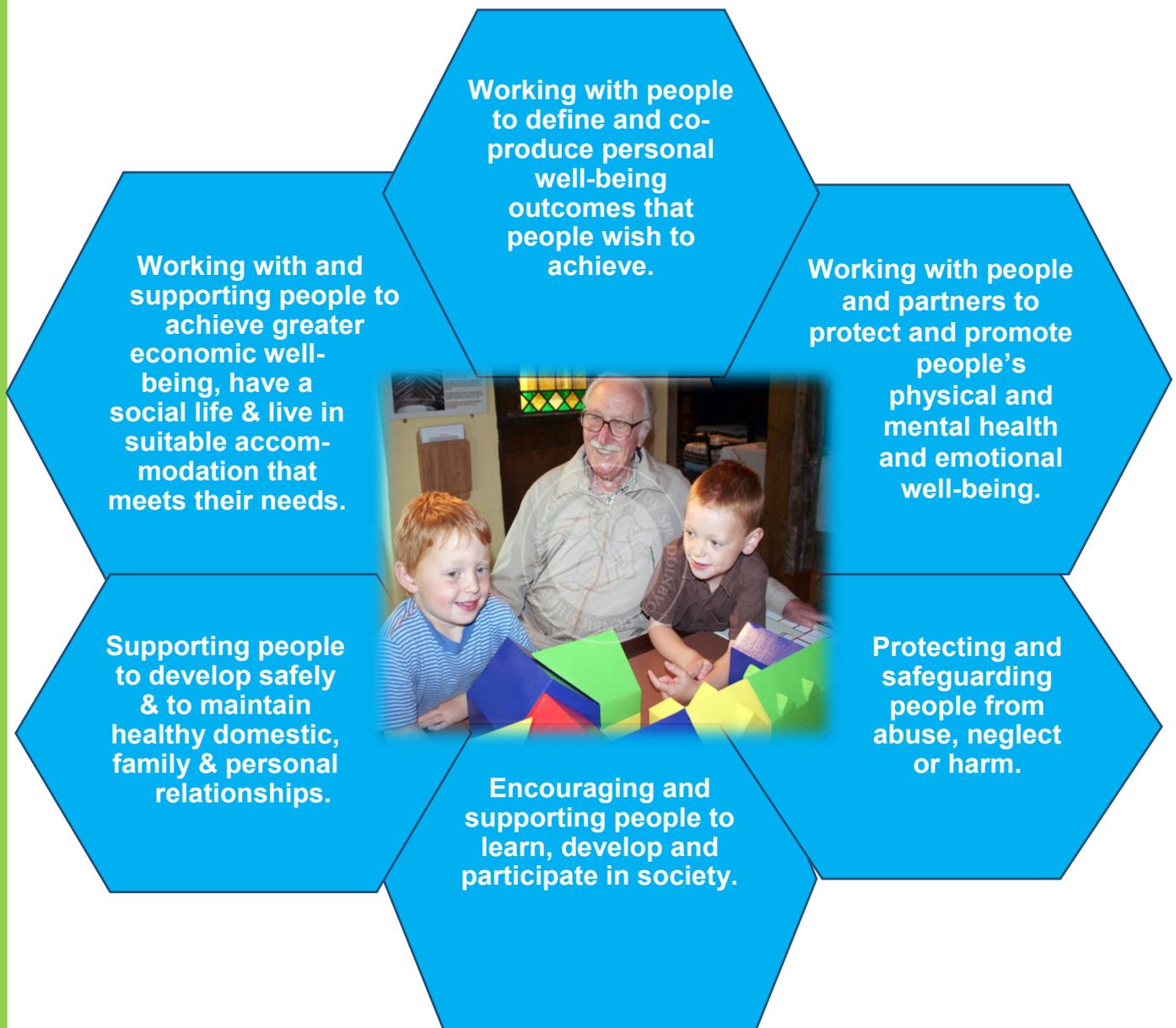
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Section 1. Introduction

Denbighshire County Council's Director of Social Services Annual Report demonstrates how we have promoted well-being and accounted for the delivery of well-being standards under the requirements of the Social Services and Well-being Act 2014 and Regulation and Inspection of Social Care (Wales) Act 2016. Within the report we will clearly lay out the improvement journey we have taken in providing services to those citizens who have accessed information, advice and assistance and those individuals and carers who receive care and support across Denbighshire.

Within the report we will provide an evaluation of Denbighshire County Council's performance in delivering social services functions over the last year.

We will explain how we have achieved the Welsh Government's 6 quality standards for well-being outcomes:-



Section 2. Director's Summary of Performance

Denbighshire's Social Services Annual Report 2017-18 is a fair assessment of what we set out to do this year, what we did actually have done and achieved and what we still have to do.

Across Social Services we have built on the new ways of working introduced with the Social Services and Well-Being Act 2014, ensuring we have conversations with our citizens and working with them to achieve the outcomes that matter to them which will help them live independent and fulfilled lives.

This has been achieved against fewer resources and higher demand for services, we have worked closely with a wide range of partners and looked at different ways of working.

In the coming year we will focus on the things we still have to do which include:-

- Ensuring that Safeguarding is Everybody's business within Social Services
- Implementing Community Resource Teams across Denbighshire to provide seamless health and social care services.
- Reviewing our Adult Day Services within the Mental Health Service
- Continuing with the planned development of Extra Care Housing in Ruthin and Denbigh
- Continuing to deliver a coordinated offer for children with complex needs due to disability or ill health, whilst building on and developing the work of self-advocacy within our Adults Complex Disability Service
- Refreshing and agreeing new actions to support Carers in Denbighshire
- Continuing our work to increase the number of Dementia Friendly Communities within Denbighshire
- Continuing our work to deliver more preventative services to those people and families at risk of homelessness as well as vulnerable children and their families to avoid escalation of need.
- Continuing to maintain a focus on recruitment and retention of high quality staff in an environment of increasing complexity and decreasing resources.
- Continue to support care leavers to engage with appropriate career pathways and opportunity for education, employment and training in developing their readiness for work.



Nicola Stubbins
Corporate Director for Communities and Statutory Director for Social Services

Section 3. How Are People Shaping our Services?

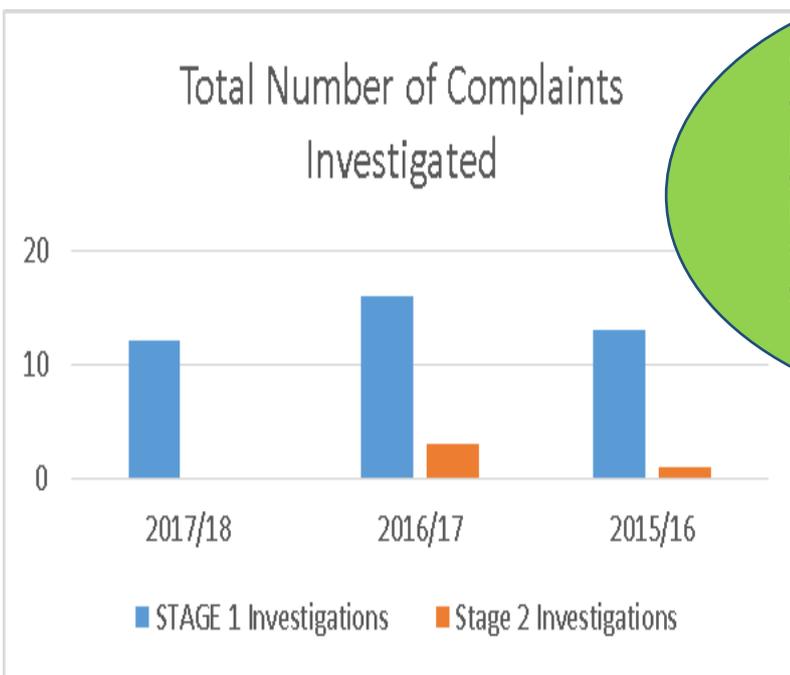
Feedback about our services is essential to ensure we are continuously improving what we do. We also need to understand where we are doing a good job and where we need to make changes or improve to provide the best service to our citizens. We gather feedback in a number of ways.

In order to ensure that our care and support services are working as effectively and efficiently as possible, we seek the views of our citizens each year on specific areas of the service and support they receive from the Council. A random sample of citizens were invited to complete a 'Have Your Say' questionnaire during October and November 2017.

1219 CITIZENS WERE INVITED TO TAKE PART IN THE HAVE YOUR SAY SURVEY FOR ADULTS AND 440 PEOPLE COMPLETED THE QUESTIONNAIRE GIVING US A 36% RESPONSE RATE – SLIGHTLY LOWER THAN LAST YEAR

As a result of the Have Your Say feedback we are inviting interested Denbighshire carers and adults receiving care and support to participate in a forum to help shape future activities within Denbighshire County Council in relation to the key findings within the survey. We will also be agreeing improvement targets which we will ask the forum to monitor with us.

Through our Customer Connections team we manage compliments and complaints and channel these into our continuous improvement processes. During the 2017/2018 year we have received 47 complaints and 222 compliments.



“Thank you from the bottom of my heart for all the care provided for D. It gave me great peace of mind knowing he was receiving such care in Cysgod Y Gaer, which was good natured and warm.”

“Telecare has saved my life and without it I would be dead. The response team were amazing and quick when dealing with my fall”

Section 3. continued

Citizens and our partners such as Third Sector Organisations are consulted with and are involved in shaping our services through a variety of ways:-

CESI (Community Equipment Service) – a questionnaire is sent to all service users who have had equipment from us. Feedback is discussed in team meetings, any practice issues addressed and compliments are shared with the team.

Homelessness Prevention Team - held a very successful planning day in August 2017, attended by around 100 key stakeholders (including citizens). The workshop was to share information from a variety of partners & stakeholders, but also formed part of the consultation for our Homelessness Prevention Strategy.

Learning disabilities - we completed a consultation exercise as part of the development of a service specification for self-advocacy. A visual questionnaire was presented to the self-advocacy groups and to individuals who don't use the self-advocacy service. The completed responses were used to inform the specification, and quotes stating what individuals said were important to them in a self-advocacy service were included, giving potential providers a clear understanding of what users wanted the service to look like.

Carers - "Getting it right for Carers" was an all Wales event for Local Authorities, Health Professionals and the Third Sector, which one of our Commissioning Officers helped facilitate. It focussed on statutory duties in regard to Carers under the Social Services & Well-Being Act, looking at good practice, barriers, and partnership working. The report from the event is being shared with Welsh Government and The Wales Carers Alliance.

Older People – Material was produced & a series of events arranged to engage with older people for Older People's Day on 1st October 2017. Our Contract & Reviewing Team undertakes monitoring visits in local care homes, engaging with residents to gather feedback on the service they are receiving.

Mental Health – Both service user and carer representatives are invited to the Mental Health Planning Group. Service users play an active part in Day Services meetings. Our integrated mental health team also have regular 'Bringing Agencies Together' Forums with multi-agency representatives and the team.

Talking Points - A wide range of partners and key stakeholders, including Third Sector Organisations operating in Denbighshire, were invited to attend Pause & Review events, to identify best practice and areas for development from learning over the last 18 months.

The Kids in Care (KIC) forum has been set up for Denbighshire's Looked After Young People (aged 8 to 15) to meet each other, share their experiences, say what is going well and what they would like to change. We regularly consult with this key engagement group to shape our services. They have influenced a range of our processes, the structure and content of key documentation and contributed to the training given to our Foster Carers. The young people came up with their own logo and the club's name and on an annual basis publish a newsletter of their activities.

Recruitment – wherever possible service users are involved in the interviewing process for front line roles, contributing to the decision making process of who is appointed. Within our Homelessness Prevention team, citizens were involved in the recruitment of the Senior Practitioner for Supporting People. The citizens found it interesting and enjoyed meeting the applicants. They also fed back that it helped them to develop their understanding of what is required for interviews and were pleased to have their views heard. During a recent recruitment exercise for a social worker in our South Locality team, the successful candidate stated –

"I feel that it is a positive step having citizen involvement on panel for interviews as it reflects Community-based participation, where all partners are equal and contribute expertise, share decision making and ownership."

Section 4. Promoting and Improving the Well-being of Those We Help

a) Working with people to define and co-produce personal well-being outcomes that people wish to achieve.

This is what we said we would do

- Embed practice to achieve the well-being and social care outcomes that matter and are important to the citizens we serve.
- Restructure front-line Children's services to ensure integrated operational delivery of the intervention and prevention strategy is in line with the principles of the Social Services and Wellbeing Act.
- Ensure we are completely aligned with the principles of the Social Care and Well-Being Act, the Housing Act, our Service Plan Priorities and working towards our strategic vision.
- Review SPOA and Talking Points and further develop them with existing and new partners so they are effective, efficient and fit for purpose in a modernized world
- Continue to improve the quality of and range of Information, Advice and Assistance by working in conjunction with the Family Information Service, Community Support Service and Corporate Customer Services to gain accreditation with the National Advice Network for Denbighshire County Council.
- Design and implement a project to ensure the consideration of Support Budgets is integral to the assessment and support planning process which in turn promotes the well-being of the people we aim to help.
- Integrate the new Regional assessment templates and guidance within our existing case management systems for children and young people. This will help embed the New Approaches of Practice culture and ensure that assessments are proportional, strongly informed by the child or young person's views and reflect the personal wellbeing outcomes of those assessed.
- Continue to take advantage of opportunities to develop the scope of our project capturing the voices of children, young people and families through the innovative use of digital and social media.

This is what we have done and achieved

Having What Matters conversations with our citizens, giving people voice and control over the planning and delivery of their care is now truly embedded in our practice. We can clearly see that working together and co-production is integral in our approach to helping our citizens achieve the outcomes that are important to them. In the Have Your Say survey, 84.9% stated they had been actively involved in decisions about how their care and support was provided and 87.3% saying they were satisfied with the care and support they received.

95% of children who responded to the citizen survey said that they knew who to speak to about their care and support. 81% said they were happy with the care and support they had received and 77% said they had the right information and advice when they needed it.

Section 4.a) continued

A positive example of meeting requirements of the Social Services and Well-Being Act, but, more importantly, the outcomes of one of our citizens is demonstrated within our Complex Disabilities Team.



Ensuring citizens of Denbighshire have access to timely information, advice and assistance in relation to their health and well-being is of paramount importance. In the 'Have your Say' survey 81.7 % of all respondents stated they had the right information or advice when they needed it.

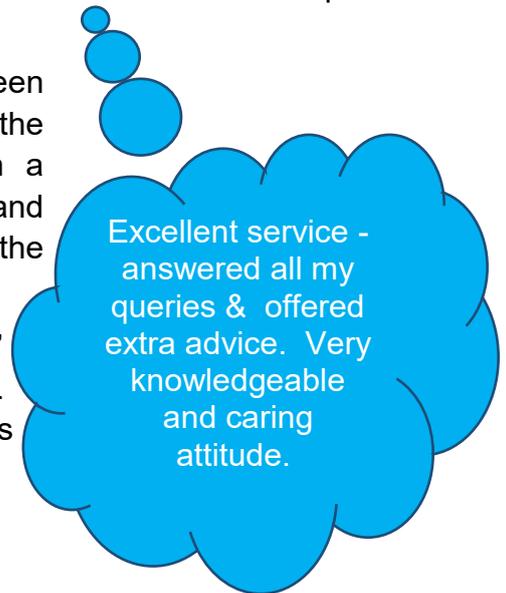
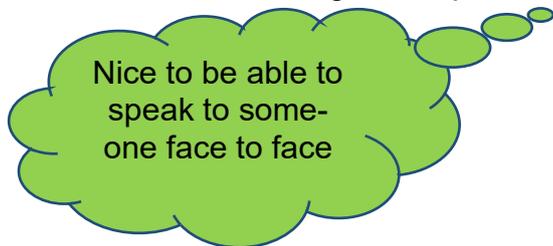
See more of our results in Appendix 1.

A parent was concerned about her son's mental health, he was experiencing suicidal thoughts, had anxiety issues and anger management difficulties. Instead of using our traditional holistic approach the member of staff engaged 'What Matters' techniques, discussing his strengths and passions rather than focussing on the issues. During the conversation he really opened up and came up with lots of ideas and suggestions as to how he could address what actually mattered to him. He said he actually surprised himself and we know the outcome had a very positive impact on the citizen and his family.

During the last 12 months we have grown our Talking Points facilities to 9 across the county. The main purpose of a Talking Point is to enable individuals who either have difficulties themselves or who are caring for, or are concerned about somebody else to have an opportunity to have a person centred conversation about what matters to them to improve their health and well-being with someone face to face.

Talking Points has changed the adult social care pathway between the services that the Single Point of Access offers over the telephone and the more formal social care assessment in a citizen's own home. It further develops the Information Advice and Assistance service expected of Social Services as required by the Social Services and Wellbeing (Wales) Act 2016.

Talking Points aim to encourage people already 'in the system' to come out of their homes for their formal and informal reviews. The social interaction and peer support the service offers is valuable to the citizen and it encourages Independence.



Talking Points provides a multi-agency / co-ordinated point of access to Health and Social Care within the community. During the recent Talking Points review the statistical evidence demonstrated that Talking Points are achieving their aims:

90% Received Information & Advice immediately

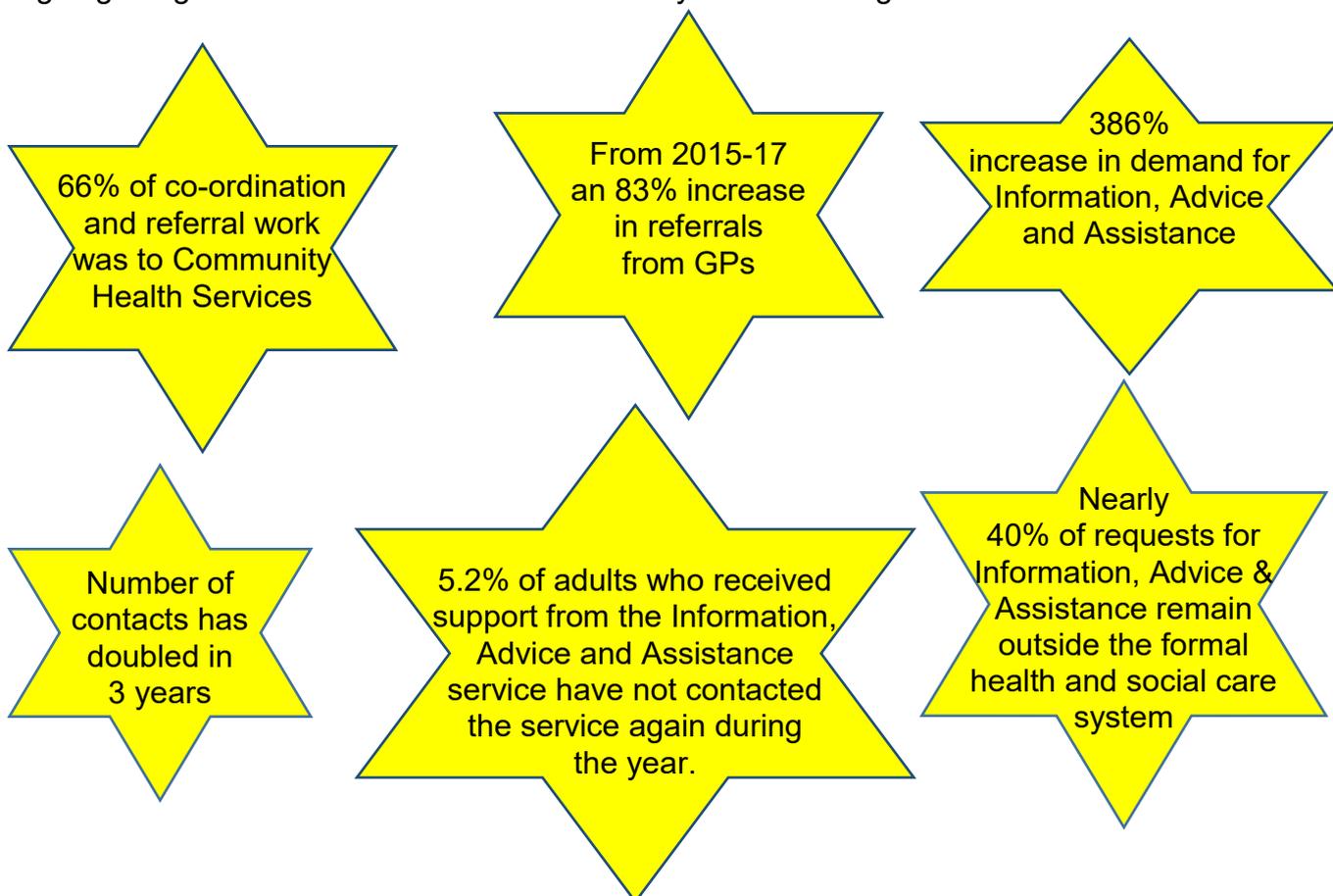
We prevented 76% being referred into Social Services

8% Received Assistance

In November 2017 we undertook a review of our Single Point of Access (SPoA) which involved:-

- Making an assessment of need, based on demand activity to date
- Assessing how effectively and efficiently SPoA is delivering on its agreed purpose and outcomes
- Establishing if the delivery model is fit for purpose in 2017 and going forward.
- Recommending any changes to SPoA’s approach and delivery that will deliver on what customers and stakeholders want and make savings.

The review has found that fundamentally the concept of SPoA is fit for purpose and valued by all stakeholders. However there is recognition that the model of delivery may need to adapt and evolve to fit with plans for the development of Community Resource Teams as part of the ongoing integration of health and social care. Key review findings are summarised below.



Whilst we started developing a Support Budget model in 2017 and much has been done to progress this, the roll out of the new approach will be one of our priorities in 2018/19. Over the last year we have slowly developed our model by looking at what is working in other areas. We have also involved a wide range of staff to ensure that we get it right. 82 new citizens have taken up a support budget since September 2017 and we want to offer this to every citizen who is receiving care and support from Social Services.

In February 2018 the Education & Children’s Service was inspected by Estyn. One of the main findings highlighted the recent merger of education and children’s services in the county as having a “positive impact” on services for children, young people and their families and under Estyn’s new inspection framework it was awarded an excellent rating for leadership. It was also noted that -

“A very strong feature of the authority is the way it consults with children and young people when making decisions that affect them and when evaluating the wide range of services it offers”.

Restructure of Children’s Services to improve pathways to support - During 2017-18 we implemented a number of new structural arrangements to ensure families receive the most appropriate support and we maximise the opportunity to engage and involve children and families in the co-production of solutions. Some of the changes we have made include:-

- The restructure of the Children and Families Support Gateway and the Intake and Intervention Service has resulted in a better understanding of work coming through the service.
- The restructure of the Families First and Flying Start programmes under a single Early Help Prevention Service has removed barriers and improved communication between teams.
- The new Principal Manager for ‘Early Intervention, Prevention and Health and Wellbeing’ was recruited to manage the delivery of early intervention & prevention services,

Implementing New Approaches to Practice - as part of the Regional New Approaches to Practice work-stream we have developed a suite of key guidance and templates for referrals, assessments and care and support plans to ensure that assessment and care planning processes promote engagement and empowerment of the child and family and are focused on an individual’s personal wellbeing outcomes. Towards the end of 2017 we initiated a project to build these new referral, assessment and care and support plan templates into our current case management database, reinforcing the culture of working with people to co-produce solutions to their problems.

Capturing the Voice of the Child through engagement has been a priority theme for the last few years. Our Business Development Officer continues to work closely with our Looked After Children consultation forum, the Kids in Care (KIC) club, to develop easy read versions of process documents including; information leaflets explaining core groups and ‘*What makes a good Foster Carer*’ input into our Foster Care training programme.

Young people from this forum have had an input in to the development of our New Approaches to Practice templates, their views, about what information to include, the wording and the format they felt would be most user friendly, were fed into the Regional working group for consideration.

Involvement and consultation with children and families is embedded in our approach and as a result we have seen a significant increase in feedback from people who access our service. Involvement of children and young people in reviewing and providing feedback on our tools and processes has strengthened our relationships with them.

Additional communication channels, for example our Facebook page / groups have provided another way to get feedback and share information to a larger geographical area and improve accessibility of information.



Children, young people and Foster Carers report that they feel that they have a say in the way they are supported and believe their feedback has an impact on service delivery

Section 4.a) continued

This is what we still have to do

- Support our citizens to have more choice and control over the packages of care and support to help them achieve the outcomes that matter to them, by rolling out our Support budget model to citizens receiving a new package of care and support.
- Engage both adults and carers who currently receive services, through a peer forum to help shape services and focussing on those areas within our annual Have Your Say survey where we have not scored as well as we would have liked e.g. I can do the things that are important to me
- Continue with the development of our Single Point of Access focussing on:
 - Establishing a robust quality assurance framework
 - Improving joint working with the hospital and community based health and social care services
 - Making SPoA more accessible to support GP practices and promote public health messages.
- We will fully implement the new regionally agreed templates for assessments and care and support plans and embed and new service pathways within our existing case management systems in Children's services.
- Towards the end 2017 we initiated a project to build new referral, assessment and care and support plan templates into our current case management database to further reinforce the shared culture of working with people to co-produce solutions to their problems. We will build on this during the next 12 months.
- Children's services will become fully compliant with guidance and the spirit of the Social Services and Wellbeing (Wales) Act establishing a shared understanding across all partner agencies.

b) Working with people and partners to protect and promote people's physical and mental health and emotional well-being

This is what we said we would do

- Continue with the integration of working practices within the Community Resource Team in Rhyl, by considering the best ways to work together and establish one team identity. In other parts of the County, where co-location is not immediately possible, we will look to improve integrated working practices.

Section 4.b) continued

- We will continue with the externalisation of our in-house provision and progress the formal tendering processes in the respect of services to be provided at Hafan Deg, Awelon, and Dolwen sites.
- Create a service-wide Intervention and Prevention Strategy to cover primary school low-level mental health agenda, working in partnership with BCUHB, Third Sector & Police.
- Further integrate service provision for children and young people with complex needs to deliver services that are co-ordinated and working together throughout the year.
- Develop our processes and services to better support the emotional wellbeing needs of looked after children.
- Build on our offer to ensure children with complex additional needs are provided with a range of opportunities to maximise their potential and meet their social needs.

This is what we have done and achieved

The **North Locality Team** went through significant change when they had to relocate from Brighton Road Office in Rhyl, to become a co-located team with health colleagues in the Community Resource Team based in Royal Alexandra Hospital, Rhyl. The team now have a 'Happy Board' within the office to demonstrate the culture within the team. Not only has this team worked through these challenges internally they have also embraced partnership working providing a much more seamless service to the citizens in North Denbighshire with their community nurse colleagues

Social Services staff were working with a citizen who had come home from hospital having suffered a stroke, the staff were finding the situation at home at risk of escalating and the care package failing. A case review was held with both health and social care staff and a risk management plan was put in place. This involved joint visits, a support budget being put in place so the family had control of the care purchased. As a result both the family and staff involved felt supported and motivated to achieve the outcomes for the citizen.

Our **Reablement service and Step Down cluster** working together with BCUHB have seen delayed transfers of care reduced from 23 in 2016-17 to 5 in 2017/18. Within these teams we have health and social care workers providing seamless support to our citizens which has helped us achieve 78% of adults completing a period of Reablement and having no package of care and support 6 months later.

During the last year we have nurtured a culture of **positive risk taking**, for which collaboration is essential. All involved in management / delivery of care & support are developing understanding of the nature of risks, effective risk evaluation and deploying proportionate responses to risks that do not limit opportunities for people to develop and flourish. Success is achieved through a partnership approach empowering stakeholders to learn to live with and share risk. Community Support Services has produced a guidance document about positive risk-which we hope will enable people to achieve their potential and lead independent, fulfilled lives.

Section 4.b) continued

Through our **What Matters Conversation** and supporting citizens to achieve the outcomes that are important to them, we have seen the average length of time adults aged 65+ are supported in a residential care home drop to 1187 days. This is still significantly higher than the Wales average. However the average age of someone entering residential care is now 82 and this is in line with the Wales average. More of our citizens are being supported to live longer in their own homes and wherever possible engage with their local community.

Our **Elderly Mental Health (EMH)** Support Workers support citizens to engage with activities and interests within their community to promote positive well-being and independence. Working across the county they support citizens to join groups, take part in community activities and have even supported people to set up their own interest groups.

My mother has been supported by the EMH support workers for 5 years since moving into Extra Care Housing. She loves attending all the groups that are arranged. She has continued to be a very active lady despite her age and continues to enjoy a quality of life thanks to the activities and social contact from the groups.

A Day Opportunities Model and Vision is being developed which maximises the use of groups and opportunities within local communities instead of 'pulling' people in to services. It has 4 tiers and local opportunities have been mapped against each of these 4 tiers, which we believe will help focus existing services, whilst helping us with the identification in gaps in provision / opportunities. The model was used when developing the tender for Hafan Deg Day Centre which will be moving out of Denbighshire County Council's management by September 2018.

Low-level Mental Health Intervention and Prevention Strategy for Primary Schools - Our Health and Wellbeing in Schools strategy for supporting school settings 3-19yrs aims to work with partners to provide a coordinated and consistent approach across Denbighshire schools to improving the health and well-being outcomes of children and young people.

- 83% of children and young people supported by the service who responded to the citizen survey said that they felt safe
- 85% said that they were happy with their family, friends and neighbours
- 77% felt that they belonged in the area that they lived.

The Health and Wellbeing in Schools group is a useful platform to update partner organisations;

- By sharing information about the Mental Health Act and research projects (such as School Health Research Network (SHRN))
- It has opened up opportunities for joint working; the delivery of the Friends Programme, Self-harm Pathway development, the School Holiday Enrichment Programme (SHEP) and Design to Smile.

Section 4.b) continued

- The Child and Adolescent Mental Health Services (CAMHS) say that involvement has helped them to be proactive and fulfil their early intervention role. It is now a key forum for CAMHS to share the mental health measure, operational issues and other initiatives and support they can offer to schools
- This group has fed in to development of initiatives working to improve low level mental health of young people through '*pupil voice*' engagement and partner workshops regarding development of the Personal and Social Education curriculum.
- The group has developed a model policy for Managing Healthcare Needs in schools for partners and school governing bodies to adopt. The policy ensures schools operate in accordance with the Welsh Government Statutory Guidance for Supporting Learners with Healthcare Needs and ensures that pupils with healthcare needs are properly supported so that they have full access to education, including trips and physical education.

Supporting the Emotional Wellbeing of Looked After Children – Denbighshire's Therapeutic Service incorporates the Intensive Family Support Team duties as part of the Social Services and Well-being (Wales) Act 2014. The aim of the service is to work with parents, carers, children and families to build resilience and improve and sustain positive long-term outcomes for children, young people and their families. The staff are skilled in a range of therapeutic interventions and complete assessments and interventions for Betsi Cadwaladr University Health Board (BCUHB) as part of providing Denbighshire CAMHS. This includes interventions such as:-

- Adolescent programmes (e.g. Consequential thinking, Emotional Resilience, Keep Safe, Conflict Resolution, Healthy Relationships, Prevent and Deter programmes),
- Bespoke Individual Parenting support, Behaviour Management Intervention, Psychotherapy, Counselling, Cognitive Behavioural Therapy, Therapeutic Play, Systemic Family Work, Neurodevelopmental Formulations and Education, Family Communications Building and Developmental Trauma Interventions

Our relationship with our colleagues in CAMHS continues to be strong, with a management and practitioner group meeting monthly to discuss specific cases and concerns, to share information on general themes and to ensure close working relationships and speedy consultations. Whilst waiting lists remain high we are able to fast track some complex cases where both agencies have significant concerns.

Integrating Support for Children with Complex Needs – Last year as part of our drive to improve information, advice and assistance for children with additional needs and their parents we developed the role of Disability Wellbeing Navigator. The Navigator's approach is empowering, working with parents to enable them to meet their own well-being outcomes by providing access to high quality information, advice and assistance. They complete assessments, coordinate and broker support across local authority departments to ensure that children are supported throughout the full year and through transitions. The post holder has proved popular with families & professionals and has received excellent feedback from parents she has supported to date.

Section 4. b) continued

This is what we still have to do

- Having developed a co-located community resource team in Rhyl during 2017-18, we will be working towards a further 3 integrated community resource teams across Denbighshire with our colleagues from BCUHB in order to deliver seamless health and social care support to the adults of Denbighshire.
- We will be completing a review of the Adult Day Services within the Mental Health Service to ensure they are fit for purpose and are modernised in line with new legislation.
- We will continue with the planned development of extra care housing in Denbigh and Ruthin and the externalisation of our in-house provision, including Dolwen Residential Home.
- In response to the Additional Learning Needs Transformation Programme we are currently reviewing our structure for supporting children with complex needs due to disability of ill health and will be developing a new team made up of staff from social care, early intervention, transition and independence support and the statutory Education Service for Additional Learning Needs to provide an integrated response to supporting families throughout the full year and across their home, social and school life.
- Review our structure for supporting children with complex needs due to disability of ill health to deliver a more integrated response for families and ensure that we are compliant with both the Social Service and Wellbeing (Wales) Act and Additional Learning Needs and Education Tribunal (Wales) Act

c) Protecting and safeguarding people from abuse, neglect or harm

This is what we said we would do

- Implement revised processes and structures to support the safeguarding arrangements for adults at risk of, or experiencing harm - additional Social Work post & new audit form.
- We will further develop confident and competent practitioners in safeguarding practice by undertaking a training needs analysis and implementing a coaching and mentoring development plan for safeguarding practices.
- Undertake a further test of change in relation to safeguarding process and structure. We will do this in order to co-ordinate and facilitate the process of safeguarding adults at risk, as described by the Social Services and Wellbeing (Wales) Act 2014 and in achieving this aim to promote the wellbeing of adults in Denbighshire through multi-agency working.
- Focus care, support and protection for those children and young people who are vulnerable and are identified as having adverse childhood experiences
- Restructure the Intake and Intervention Service to strengthen the interface between early intervention and statutory social services
- Ensure that all Child Protection Plans are child focussed and have achievable outcomes through conducting an audit of all Child Protection Plans across the Service
- Ensure that Looked After Children's Care and Support Plans are appropriate to meet their individual needs and continue to be reviewed in a timely manner.
- Manager of Safeguarding Unit to continue to Chair monthly Child Sexual Exploitation (CSE) Panel and contribute towards the CSE Action Plan as set out by NWSCB

Section 4.c) continued

This is what we have done and achieved

During 2017-18 we made significant changes to the framework within which the Adult Services Safeguarding Team works following an internal restructure and the implementation of the Social Services and Wellbeing (Wales) Act 2014. The Safeguarding Team in Denbighshire has been strengthened considerably during the last 18 months. The team now consists of the following -

- Team Manager
- 2 Deputy Team Managers
- 2 Full time Safeguarding Administrators
- Part time Deprivation of Liberty Administrator
- 2 Social Workers

The current model of delivery has been adapted to deliver the safeguarding process determined by the Social Services and Well-being (Wales) Act 2014. Part 7 of the Act relates to Safeguarding and requires local authorities to investigate where they suspect that an adult with care and support needs is at risk of abuse or neglect. This is referred to as an enquiry.

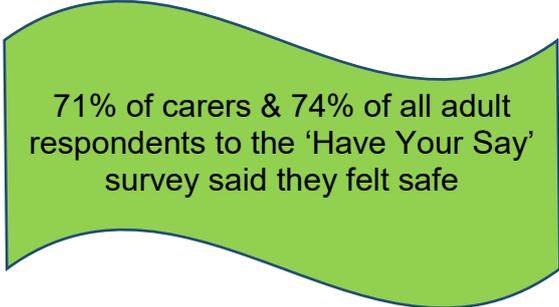
The screening is undertaken as a priority by Single Point of Access, who check the general factual accuracy of the information on the referral. The initial evaluation and determination are processes undertaken by the Safeguarding team. If the decision (determination) is to proceed to a Strategy Meeting (we currently follow the Wales Interim Policy and Procedure for the Protection of Vulnerable Adults) See details of a safeguarding case in Appendix 2

Since strengthening the Safeguarding Team's capacity, a great deal of work has been carried out to streamline processes and ensure safeguarding referrals are dealt with and completed in a timely manner. During this year we are achieving 67% of all adult protection enquiries being completed within the statutory timescale of 7 days.

As part of our **Restructure of services to improve pathways to support** we now have a dedicated Duty Social Work Intake team and two Child Protection Intervention teams, each strengthened by the addition of senior practitioner social worker. This was put in place to improve our accountability for decision-making and response to child protection cases referred to the service. This structure now provides clear responsibilities for staff and operational teams which have resulted in a reduction in caseloads and a stronger integration with Early Help Prevention Services.

Safeguarding Vulnerable Children - Merging Education and Children's Services has been a positive transition and this has assisted us in identifying those most vulnerable children and families causing concern and developing awareness across the blended service around adverse childhood experiences.

Awareness Raising - Much work has been done to raise awareness of professionals and community members of the role they play in the protection of safeguarding of children. The Child Sexual Exploitation (CSE) Regional Action Plan highlights the work that has been done over the past year.



71% of carers & 74% of all adult respondents to the 'Have Your Say' survey said they felt safe

Section 4c) continued

The North Wales Safeguarding Board worked with the Police to produce and circulate information posters regarding CSE for the general public. Schools have also received training regarding the monitoring of vulnerable groups of children and specific training for school staff relating to “Missing Children” which requires prompt action and recording to identify the location of the child. Training has been provided to key elements of the community, for example; local hotel staff and taxi drivers.

Barnardo’s has also led on a CSE drama production which to date has been performed to over 4,200 children. Our Therapeutic Service is currently taking part in a National pilot led by Barnardo’s, the Gwella Project, which aims to test interventions to reduce the likelihood of vulnerable teenagers developing harmful sexual behaviours.

Training has also been commissioned from NSPCC to deliver ‘*prevent and prepare*’ work with Denbighshire High School pupils. This has been taken up by four of the High Schools with some groups already in place. The ‘*Protecting Children from Harm Conference*’ in July 2017 successfully engaged and raised the awareness of local authority staff, school staff, Elected Members and Governors about safeguarding issues, receiving very positive feedback.

Learning identified from Child Practice Reviews has been implemented across the Service through presentations delivered by the Principal Manager outlining how the recommendations had been progressed.

Quality Assurance for casework - Our Quality Assurance Framework has been implemented and matured over the past year. Quality assurance and audit activity is reported on quarterly and the findings presented to the Education and Children’s Service Joint Management Team. The report is wide-ranging and provides a selection of evidential activity across all the standards. It covers the themes of complaints and praise, case file audit findings, quality of Social Work intervention, analysis of feedback from end of placement reports and an assessment of the range and availability of Services.

There is now a thematic audit process for Children’s Services. Analysis from the audits are fed back to practitioners and have contributed towards identified learning events for staff.

Training has been facilitated by the Safeguarding and Reviewing Unit with the Operational Management Group around Quality Assurance and improving outcomes. This will be rolled out to practitioners along with a new escalation process to address practice quality in the next few months.

The multi-agency CSE Panel is a positive development and colleagues value the processes developed through the introduction of the panel, in terms of reviewing children and young people who are at risk of or have suffered from child sexual exploitation. The panel ensures that cases of suspected or actual child sexual exploitation are well-managed and co-ordinated and that all possible action has been taken to protect victims. The panel acts as a forum for sharing intelligence so that patterns of child sexual exploitation in the area can be identified and action taken where necessary. This includes the sharing of intelligence in relation to suspect groups of victims, perpetrators and the methods they use as well as vulnerable locations.

During the year Denbighshire have also contributed to the Independent Child Abuse Enquiry specifically in response to Child Sexual Exploitation.

Section 4.c) continued

Our **Managing Healthcare Needs Policy** has been shared with the Safeguarding Board in response to an Extended Child Practice Review and is now being adopted by other local authorities.

This is what we still have to do

- Need to ensure consistency of approach by all designated lead managers (DLMs)
- Ensuring Safeguarding is everyone's business
- Developing quarterly lessons learned reports which will be shared across all of Community Support Services
- Review and develop our Return Home Interview system to better manage potential criminal and sexual exploitation of children
- We will aim to work with Police to respond to the challenges and risks that organised crime and gang activity pose to children and young people in Denbighshire
- We will focus on how we recruit and retain of staff in an environment of increasing complexity and decreasing resources
- Continuing to ensure that schools effectively undertake all aspects of safeguarding responsibilities, particularly in relation to site safeguarding.

d) Encouraging and supporting people to learn, develop and participate in society

This is what we said we would do

- Implement a review and reassessment project which applies an asset based and re-ablement approach to meeting wellbeing outcomes for all people who receive long term managed care and support.
- We will be working with our partners to ensure the principles of the Denbighshire Well-being Plan impact on the way we deliver our services. By focusing on a main theme Independence and Resilience we will strive to ensure that:
 - People are active, connected and contribute to their community
 - People take notice of what is going on around them, and in doing so, keep learning about their world
 - People prioritise their wellbeing and actively plan to maintain their independence
- Build capacity to deliver efficient and effective support for schools in order to ensure that the offer we make to children and young people will enable them to lead happy, successful and healthy lives

This is what we have done and achieved

In April 2017 the Reassessment project was established to ensure that all citizens currently accessing services, were reviewed and reassessed in line with the Social Services and Well-Being Act to achieve the outcomes that matter to them. It is also contributing to the efficiencies required within the service, as for some cases we can make cost savings to the package of care, although for others the package of care will increase. We have achieved savings by introducing a Support Budget where the individual citizen has ownership of their package of care and achieve the flexibility they require, utilise resources within their community or no longer have the need for the level of care that they previously had. We have worked with over 430 citizens during this time and made 57 adjustments to packages of care, including receiving more flexible packages of care, support budgets and receiving new equipment. We also prevented escalation of need in 12 cases and as a result, since April 2017 the project has made savings of circa £231,000.

“The member of staff’s manner was friendly and professional and she was considerate and respectful towards my uncle. The time passed very quickly, and the chat did a power of good to my uncle, and that will have been no less important even if his memory of it wanes. The ability to initiate and hold such conversations is one on which a price cannot be put. Your officer deserves every praise and recognition for the standard of her work and her kind way.”

“I have been impressed by the friendliness, expertise & excellent ideas from the Community Navigator. She suggested I contact a group assisting with degenerative illness (Parkinson’s) which affects the life of someone I love. This opened up new doors for me, to better assist & feel better assisted”

Our Community Navigator Service was developed with the 3rd sector and is providing information, advice and assistance, as well as linking people with activity in their local community helping build resilience

The small team of Community Navigators are supporting citizens to remain independent, take responsibility for their own well-being and access the resources available to them within their community. During the first 8 months the service helped over 2000 citizens and professionals across Denbighshire navigate their way through the complicated maze of support & opportunities available within their local community.

“I was working with ladies of a similar age and interests who were feeling isolated and wanted to get in to group activities. I suggested that we meet at the Women’s Centre for a cup of tea. They got along really well and said they would meet a few weeks later at Porters cafe. I have received a phone call from one of the ladies to say that they have swapped numbers and are a great support for each other.”

Section 4.d) continued

Thank you for the brilliant talk you gave our Parkinson's patients on your role as a Falls Practitioner. The group found it very interesting and informative, they found the "Get up and go" booklet and the handout "Falls & Parkinson's" very helpful. They stated that they learnt a lot and were glad of the Single Point of Access card you gave them.

Our Falls Co-ordinator works in close partnership with North Wales Fire and Rescue Service's Community Assistance Team. During the last 12 months the team has been increased to include a full-time Falls Co-ordinator and 2 Falls Practitioners (one full-time and one part-time). Since July 2017 the number of interventions the team has undertaken has trebled. Recently they completed a feedback survey with citizens who had received support from the team and 100% stated they were happy with the service they had received and all felt that their quality of life had improved as a result.

Within our Community Living Services for people with complex disabilities we have been supporting and enabling citizens to develop skills to promote independence such as travel training.

I wanted to improve my travel training skills to increase my independence. I can travel locally on the bus but I need help getting further afield. In week 1 me and Alison sat together to fathom out the route. In week 2 I navigated my own way there. I sit at the front of the bus or upstairs and Alison will sit at the back or downstairs - she is there if I need any help. I am an actor/entertainer and a writer and I could do with going further afield sometimes. This helps me knowing where places are if anything comes up, so I can get from A to B without too much mither. I could do with also learning the train routes now.

Developing an Employment Career Pathway for Care Leavers - to give the best start in life we have been developing a career path apprenticeship specifically for those young people who are unable to access employment in traditional ways. Denbighshire County Council already provides support to care leavers through education and social care channels, but have no specific programmes to support through a direct employment channel. Initially young people complete a 'pre-apprenticeship' training programme built to suit the needs of the individual. Once completed the candidates are enrolled on the apprenticeship and given a specific workplace mentor for 6 to 12 months with the rate of progression dependent on the individual's ability. Young people aged between 16 and 21 years old will follow the council pay grade for equal pay purposes. Following evaluation of the pilot this will be rolled out to enable more care leavers to have access to opportunities available.

Section 4.d) continued

Educational Outcomes for Looked After Children (LAC) – The recent Estyn Inspection of Denbighshire’s Education Services highlighted that the attendance of children who are looked after by the local authority is very good -

- Over 80% of looked after children had a Personal Education Plan (PEP) as an integral part of their care and support plan.
- 100% of PEPs were completed within the statutory timescale.

Our Education Liaison Officer for Looked After Children hosts a forum for LAC Designated Teachers designed to both share good practice across the school and provide training and support to teachers on issues that affect Looked After Children. Over the past year the designated teachers’ forum has provided training on Person Centred Planning techniques, social services referral pathways, health promotion, homelessness prevention and personal resilience. The forum has also conducted learning events involving key stakeholders from across the service on topics such as; Theraplay, a child and family therapy for building and enhancing attachment, self-esteem, and trust in others; and charities, such as The Letterbox Club who provide enjoyable educational support for looked after children.

Educational stability for Looked After Children continues to be high. The number of children experiencing one or more changes of school, which were not due to transitional arrangements, stood at 24, with 16 of these being for positive reasons such as children moving to permanent foster placements, adoption, placement with family outside our area, or a return to parents.

This is what we still have to do

- We need to continue with the reassessment project to ensure every citizen who is in receipt of a package of care and support in Denbighshire is reviewed in line with the Social Services and Well-Being Act and are achieving the outcomes that matter to them.
- Within our Complex Disability Services we are looking to build upon and develop the work of self-advocacy with the independent sector. During the last 12 months the participants within this group have been supported to advocate with Arriva Buses over some issues with using public transport and the involvement of some members of the group with North Wales Police Hate Crime campaign.
- In mental health services we will be reviewing our day services and developing those into recovery and learning models.
- We will work with the ‘Working Denbighshire’ project to implement career pathways and apprenticeships for looked after children and care leavers

e) Supporting people to develop safely and to maintain healthy domestic, family and personal relationships

This is what we said we would do

- Ensure Carers understand the ethos and provisions of the new SSWBA. We need to review our current information that is available to Carers to ensure it fits with the principles of the Act and Denbighshire’s approach.
- Ensure involvement of the carer in the assessment of the person with care needs, and consider the appropriateness of joint assessments. We will review our policy and procedures in line with this requirement from the Act.
- Ensure Carers have access to a range of training opportunities to support the caring role by agreeing a more joined up approach with workforce development, Health, Carers Commissioning Officer and the Third Sector.

- Explore the benefits and feasibility of adopting a family conference model to situations within adult services where appropriate.
- Develop and deliver an effective training programme for 'all staff' around providing stability for vulnerable families and reduce the risk of family breakdown
- Re-commission Denbighshire's Families First and Flying Start programmes for 2018/19 onwards to ensure we have a robust early intervention and prevention service that delivers effective outcomes for vulnerable children, young people and families
- Improve the co-ordination of commissioning and evaluation of Parenting Programmes across programmes to avoiding duplication and achieve quality services delivering value for money

This is what we have done and achieved

Building independence and resilience and supporting our citizens to live in their own homes for as long as possible is at the heart of all we do. Having What Matters conversations with our citizens and helping them identify, work towards and achieve outcomes that matters to them has meant a significant culture change in the way we work. Following intensive training and development our practitioners are working towards adopting the "Capturing the Heart of the Matter" approach.

Wherever possible we will undertake joint assessments with our citizens and the carer. Please see Appendix 3 for a case study exemplifying this.

We have been working in partnership with NEWCIS to support the authority's statutory obligation to carry out assessments of Carers needs in line with the requirements of the Social Services Well Being Act to ensure that assessments are proportionate, and that Carers are supported to achieve their own outcomes.

The NEWCIS Assessors have been required to attend relevant training in relation to the Act alongside the authority's own practitioners. In addition, the assessors are actively involved with Talking Points to identify and support Carers in the community, and support the Single Point of Access in triaging Carers to the appropriate level of support.

The assessors also work closely with operational staff to provide knowledge and expertise on the range of services available to Carers, and co-work with staff to consider best options to support the carer and cared for. All referrals, assessments and reviews are managed and recorded on Paris. This ensures that whilst the service is commissioned out, the authority ultimately retains ownership of the assessments. Please see case study in Appendix 4.

In the Council's Corporate Plan 2017-2022 one of the key priorities is Resilient Communities: The Council works with people and communities to build independence and resilience. One objective to achieve this is that we will ensure all carers in Denbighshire are well supported. The focus within the Corporate Plan supports us to build on the services already provided to carers by undertaking further engagement and consultation before agreeing the best way forward to meet the needs of carers in Denbighshire. A project Team has been formed drawing in key departments within the Council to broaden the support for carers from Leisure Services, Education and our Human Resource Team.

Training staff to reduce the risk of family breakdown – We have provided Motivational Interview training to our social workers and other frontline staff around working with Children who are difficult to engage. The Family Support Workers have received training on promotion of positive parenting and have received training to deliver the Freedom Program for victims of domestic violence.

Recommissioning Early Intervention and Prevention Services – We have commissioned a new range of services for Families First in Denbighshire which ensure families are at the centre of service delivery and have control over the support they access and how services are delivered.

Section 4.e) continued

Families First aims to improve outcomes for families to ensure they are confident, nurturing and resilient and achieves this by working in partnership. In April 2018 the new Family Life Skills Service was awarded to Barnardo's Cymru, supporting families to develop the skills and confidence to look after their own well-being, both as individuals and as a family. This forms part of the wider Early Help team working closely with Team Around the Family (TAF) and Family Support workers to ensure that families at risk and target groups particularly are prioritised for preventative and early intervention support.

This is what we still have to do

- Refresh the Carer's Strategy and agree new actions; to achieve this we will undertake engagement and consultation with carers, Third Sector Providers and advocates.
- We will continue to work with NEWCIS (who have former carers as volunteers) by funding training for the carers to support the facilitation of Elderly Mental Health Groups.
- We will work closely with our colleagues in BCUHB to support carers and ensure the completion of carer's assessments is embedded within proposed Community Resource Teams.
- Develop processes to promote positive relationships between parents and schools to maintain their children's educational attendance and outcomes.

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

This is what we said we would do

- With a particular emphasis of having the importance of Age-Friendly Communities and Dementia friendly communities being recognised at all levels throughout Denbighshire, we will work with partners to further develop and adopt a national recognition process for 'Dementia Friendly' community and commercial businesses and organisations.
- We will also aim to ensure that the experiences of older people in Denbighshire are optimised through continued learning and employment for example maximising the opportunities for participation in volunteering, helping to increase the number of older people continuing their learning and skill development before and after retirement and identifying and developing successful community models for older people's participation.
- Reduce levels of loneliness and isolation and their negative impact on health and well-being as experienced by older people, we will support raising loneliness and isolation as a public health issue and we will aim to ensure that health and social care information and advice services address the impact of loneliness and isolation on older people's wellbeing.
- We will aim to empower older people to be aware of the risks of loneliness and isolation to their wellbeing and arrange a Learning Exchange on Loneliness between older people, front line staff and other professionals to identify the key causes of loneliness and isolation amongst older people.

Section 4.f) continued

- We will finalise our Homelessness Strategy and commence work on the action plan whilst developing the newly created Homelessness Prevention Team into a holistic preventative service. We aim to reduce the length of time people spend in emergency accommodation and facilitate quicker “move on” into permanent housing. Thereby, Implementing a mixed tenure strategy which offers a range of solutions that will safely meet the diverse needs of people who present as homeless.
- Ensure looked after children have positive placement experiences within permanent, stable, secure and loving families that promote and encourage them to achieve their potential and have a smooth transition into adulthood.
- Continue to reduce the need to use Bed and Breakfast as emergency accommodation for care leavers and young people presenting as homeless.
- Work with relevant partners to improve priority outcomes for young people leaving care to enter and sustain education, training and employment and live in safe and secure accommodation.

This is what we have done and achieved

Whilst work has commenced to develop Age-Friendly and Dementia Friendly Communities, there is still considerable work to be done. Prestatyn Town has achieved ‘sticker’ status and is working towards Dementia Friendly and the process has just started in Rhuddlan. North Wales Fire and Rescue Service in Rhyl have also achieved ‘sticker’ status. Dementia Friendly communities is a priority within Denbighshire County Council’s Corporate Plan 2017–2022 and the Ageing Well Denbighshire Partnership will lead on the work to build on what has already been achieved.

Our Talking Points are held regularly to provide people with a one stop shop for their health and well-being needs. They provide advice and information on how people can access services that already exist in the local community, including reducing loneliness. To find out more [Click here](#)

We have also developed a successful Community Navigator Service with our Third Sector Partners offering a different way for people to find out what help or opportunities, such as volunteering or taking part in community activities and groups, might be available or what they can contribute in their community to support their health and wellbeing. Recorded outcomes tell us that people feel happier, better informed, they feel they belong, have a social life, are more independent and feel safe and secure. See Community Navigator Case Studies in Appendix 5.

“The community navigator service is a fundamental link between the practice and the community. The navigators not only have the knowledge but also the expertise to tailor the referral to the individual making, it a more personal, engaging experience. We have a number of projects and research that we are keen to do with the community navigators this year around patient experience & community working” Gwyn Hughes, Patient Services Manager, Clarence Medical Centre, Rhyl.

Since April 2017 the Young People's Positive Pathway (YPP) has reduced the numbers of young people accessing B&B accommodation by 83%, through a planned and managed approach. Working closely with a range of partners, young people presenting as homeless are supported through the pathway to find suitable accommodation with ongoing wrap around support to help develop their independent living skills and being able to secure and maintain a tenancy.

As a result, 22% of young people accessing the service were prevented from homelessness via referral to mediation; floating support; supported housing and general advice & guidance from YPPP staff. In the first half of the year many of the young people presenting were automatically supported into temporary or supported housing, but through review and continuous improvement processes we focused more in supporting the young people through mediation to move back to the family home. This then prevents them entering a cycle of homelessness from a young age.

Denbighshire County Council's Homelessness Strategy was launched in December 2017 and an action plan has been developed to support the delivery of the actions to achieve the aims within the strategy. Whilst we have implemented different ways of working within the team to focus more on preventing homelessness in line with the Housing Act (Wales) 2014, much of our resources are focused on crisis intervention when families are actually homeless. However, where we can engage with a household before they actually become homeless, we have success in preventing homelessness. Please see case study attached in Appendix 6.

We are working closely across all Council Departments and with external partners to find solutions to having sufficient suitable accommodation to reduce the time homeless people and families spend in emergency and temporary accommodation. This is an area of work that is ongoing and causing financial pressures on Community Support Services but more importantly means that we are not supporting our citizens in the most effective way to address their homelessness issues within the timescales we are aspiring to.

Our annual survey of young people receiving care and support from social services found that :-

77% of children and young people said that they were happy with the people that they live with and that

83% said that they are happy with their family, friends and neighbours.

86% of young people aged 16 or 17 years old responding to the survey said they had received the right advice, help and support to prepare them for adulthood.

Positive Placements for Looked After Children – The priority of our placement strategy is to support children to remain in their homes, cared for by their family, where safe to do so. We employ intensive support packages for children identified as at risk of coming into care, ensuring that this would only happen if it is likely to achieve a positive outcome for the child. Where we do take a child into care there are good support mechanisms in place that have a direct impact on maintaining a stable placement, and this is reflected in our placement stability figures. This year 7% or 11 Looked After Children experienced 3 or more moves in the last 12 months which is a notable improvement on the previous year. We aim to minimise placement moves. but this is not always possible, and changes can often be for positive reasons, such as the child returning to the family, a child being adopted or improved safety from exploitation. We monitor the reasons behind placement moves closely and any concerns are considered at the Intensive Intervention Panel to make sure we maximise stability.

The Therapeutic Service provides monthly consultations for the Looked After Children Service which enables the therapeutic needs of our children to be considered in an holistic way with access to skilled interventions such as relational play, life journey work, anxiety skills development for children and carers following diagnoses.

The Therapeutic Service also work alongside parents to develop life journey work for children continuing to have contact with their birth families. Developing a child's life journey book appears to contribute to the ongoing improvement of family relations both between the child and parent and also between the parent and their extended family. They also work with parents of children where there is a placement order and where children move to adoptive families, as well as being active in bringing children back to the local community, including children placed within the residential sector and outside of the authority.

Foster Carers underpin our range of placement choice, quality and placement stability. The majority of our placements remain with our in-house foster carers or with approved Friends & Family Foster Carers. This allows us to provide good support to the carers and increase the placement stability.

Our children are currently supported by 52 in-house Foster Carers. These are providing long term placements caring for 45 children (i.e. up until the child's 18th birthday), 2 provide short break Foster Care and 1 young person as part of the When I'm Ready (WIR) scheme.

Social workers in our Fostering Service provide training, supervision and ongoing support to our in-house foster carers to enable carers to establish good working and supportive relationships with the children in their care. We also have two Supervising Social workers that support our 22 Friends and Family Foster Carers, providing long term placements for 26 children and 3 for short breaks, so that where possible children can remain within their family networks and communities.,

Supporting Care Leavers to achieve independence – We commission Barnardo's Cymru to deliver our independent Personal Advisor Service for our care leavers. The service currently supports 61 care leavers. Achievement of outcomes remains stable or improving over this year. Of the 24 young people either entering or sustaining education, training or employment 18 have remained stable and 4 had improved in this outcome.

Of the 31 young people working towards achieving safe and secure accommodation, 18 had maintained stable accommodation and 7 had improved their outcome for this area. Stability is a positive position for care leavers to achieve and maintain and is often not seen until young people are coming towards the end of their time with the service. The Personal Advisor service will be reviewing the effectiveness of interventions in this area and is now working more closely with the Children and Young People's Substance Misuse Services to deliver a broader 'menu' of diversionary interventions.

This is what we still have to do

- Continue working with communities and partners to increase the number of Dementia Friendly Communities and Organisations in Denbighshire in line with the Corporate Plan, led by our Ageing Well Denbighshire Partnership.

Section 4.f) continued

- Continue to work with all Council Departments, Registered Social Landlords, Third Sector Organisations and Private sector Landlords to increase the range and amount of suitable emergency and temporary accommodation within Denbighshire.
- We will continue to develop our Homelessness Prevention Services in line with the Housing Act to ensure we deliver more prevention work. We will also develop online tools for citizens to use if at risk of homelessness including signposting to appropriate help and support.
- We will introduce a Housing Specific Community Navigator to work in partnership with Jobcentre Plus to support those citizens at risk of homelessness due to Welfare Reform.
- We will aim to recruit new Foster Carers to expand the choice, scope and coverage of placements for children taken into care. We will continue to work with the National Fostering Framework to standardise payments for Foster Carers across Wales
- We will work with partners to manage the impact Universal Credit is going to have on some of our more vulnerable families, for example; those experiencing domestic abuse, learning difficulties and families vulnerable due to risk of losing their tenancies
- Continue to identify suitable accommodation for our care leavers

Section 5. How we do what we do.

Workforce Development

During 2017 we developed a new Workforce Strategy for Community Support Services and Education & Children's Services in Denbighshire which reflects the ongoing modernisation agenda aligned to the legislation and guidance for the social care workforce, as well as, Corporate and Service plans. Pooled budgets and reduced resources are driving the need to ensure that we have a fully resilient and flexible workforce to meet the higher demands of an ageing population against a climate of increasing efficiencies. These challenges require Community Support Services and Education & Children's Services to plan for the future by developing our workforce through less traditional learning such as Action Learning Sets, shadowing and coaching and mentoring. The future workforce will need to look different and act differently to improve the way services are delivered within future constraints.

We have already started to implement the new ways of learning;

- We have introduced a rolling programme of action learning sets and reflective practice sessions in teams and clusters, within our service, in relation to effective conversations; assessment and eligibility and support budgets as part of our continuous improvement process to effectively embed the new way of working into practice.
- Our front line staff have completed a training programme so we can implement modernised practices and recording in relation to integrated assessment in accordance with the Social Services and Well-Being Act. This means that we undertake proportionate assessment utilising 'What Matters' conversations and simple care plans. We would only use an integrated care and support plan when there are more complex needs.

"The new proportionate assessment will allow us as front line staff to engage better with citizens, as we focus and reflect on what matters to them post assessment, instead of typing up the lengthy assessment forms which is irrelevant to the citizen's current matters."

We have continued to implement our workforce development programme, focussing on responding to legislative changes, addressing specific identified issues e.g. awareness and handling of Modern Slavery and our regional priorities Domestic Abuse, Harmful Sexual Behaviour and Child Sexual Exploitation. This has included specific training on CSE for Social Workers in completing SERAF Risk Assessments.

Over the coming 12 months we will be implementing the Workforce Development Strategy through innovative approaches and working closely with our partners within the Social Care Sector in Denbighshire. We will also be focussing on getting the social care workforce in Denbighshire ready for the full implementation of the Registration of Social Care (Wales) Act.

Section 5. continued

We ensure all Social Workers are supported through the Continuous Professional Education and Learning Framework to maintain and develop their professional skills. A new Framework is currently being rolled out for Occupational Therapists. This work is being led and managed by our Workforce Development Team and is funded through the Social Care Workforce Development Grant.

During the next 12 months we will support the development of existing and new social work staff, within Children's Services, by using our defined career progression plan. Integrate our support offer together with other staff groups, such as Family Support Workers & Early Help staff to help improve understanding and communication and establish shared practice to deliver co-ordinated support for children and their families.

Sian McGraa, a Social Worker in our South Locality Team, won 'The Spirit of Social Work'

"I could not have done it without the support of everyone & feel so lucky to be part of such an amazing team. I can honestly say I will certainly be nominating our team next year! "

Mwy na Geiriau : "More than just words" – Denbighshire County Council fully embraces and adheres to the strategic framework for Welsh language services in Health, Social Services and Social Care. During recent CIW Inspections of both Awelon Residential Home and our Community Living Service inspectors said:-

"The care team of the house we visited included staff who were able to communicate with people through the medium of Welsh if this was their preference, promoting people's cultural identity. "

"We observed many interactions between staff and people and found these to be very friendly, occasionally funny, reassuring and in the language of their choice."

We are not always successful in recruiting Welsh speaking staff although all of our job adverts have Welsh as desirable, if not essential. We endeavour to ensure that within every team we have resource to provide a service to all citizens in the language of their choosing;

- In our Single Point of Access we have 3 Welsh speaking staff, with a further 3 learning Welsh, so our citizens receive a service in the language of their choice. Currently 5% of all callers request the service in Welsh.

Section 5. continued

- 2 CESI technicians are Welsh Speaking so this allows up to provide a full service in Welsh
- We have 6 Welsh speaking staff in the South Locality Team where demand for Welsh language services is much higher, We provide a full service in Welsh to those citizens requesting it. For example; the team were working with a citizen who is first language Welsh and has dementia. Providing the service through the medium of Welsh enabled her to follow the conversation to the best of her ability. Being socially active was one of her outcomes, having previously been a member of the Welsh Society and the Welsh W.I. With the support of the EMH Project Worker we were able to support her to join a local Welsh, Christian group to reduce her social isolation.

Margaret Watkins, the Community Support Services' Welsh Champion has delivered Welsh Language training:-

- to build confidence in staff who previously spoke Welsh but have let their language skills go
- to reception and Single Point of Access staff to allow them to greet citizens bilingually
- awareness raising of Welsh language for non-Welsh speaking staff
- through drop-in sessions for Community Support Services and Education & Children's Services staff around bilingual messages on voicemails, signatures on email, out of office messages and greetings.

Margaret has also been involved in promoting careers in care to school children through the medium of Welsh.

The percentage of Welsh speakers within the County was highlighted within the North Wales Population Needs Assessment November 2016 as 25% in Denbighshire. Whilst this does not necessarily reflect demand in support services, it ensures that we build Welsh language provision into all of our services and continue to raise the awareness of Welsh Language throughout all of our practices and services.

Whilst we record on the PARIS system citizens language preference this is not always captured and work is ongoing to improve record keeping across the operational team.

A full analysis of our performance against agreed objectives for 2017/18 is attached in Appendix 7.

Managing our Financial Resources and Planning for the Future

Monthly financial outturn reports are presented to the executive, forecasting the year-end position. Exceptions or pressures are referenced in the reports, with mitigating actions. The annual budget is set following a lengthy process of reviewing of pressures and savings across all services and engaging with elected members and others as part of that process.

In the medium term, the council has a rolling three-year Medium term Financial Plan which sets out the council's estimated funding position over the period and, working with services, builds in estimates of required savings or additional funding requirements. This medium term planning process helped to identify and secure, through the council's budget, additional funding of £1.5m in 2018/19 to help support growing pressures in adult social care and children's services (an increase of 3.7% compared to the net budget in 2017/18).

The budget package agreed by elected members included a higher than originally planned Council Tax rise in support of funding pressures in both adult and child social care.

Mainstream financial internal planning takes place on a monthly basis at Service leadership / management team meetings. There is a focus on performance and financial monitoring areas of the areas under greatest pressure. The Service finance officers also meet regularly with

Working in Partnership, Political and Corporate Leadership, Governance and Accountability

The council has very robust internal governance arrangements in place to support the effective management of Community Support Services and Children's and Education Services. Reports are taken to various Scrutiny Committees throughout the year to enable Elected Member to scrutinise policy and performance in relation to social services, including reports to monitor the progress of any actions required in response to the Director's annual report or the CIW's annual report. We also have a very well established service performance challenge process, where each head of service is challenged annually on areas such as service performance and leadership. The panel for each service challenge meeting includes the Chief Executive; Corporate Directors; Lead Members; Scrutiny Members and our external regulators (the Wales Audit Office and the Care Inspectorate Wales).

In addition to the service challenge process, the council also has a very robust performance management framework, which includes regular performance reports being presented to the Senior Leadership Team (SLT); Scrutiny; and Cabinet, and various reports being presented to scrutiny periodically on service specific issues, such as Compliments and Complaints.

Providing an integrated and collaborative approach to health and social care is a statutory requirement of the Social Services and Well-Being Act (Wales) 2014, whilst providing seamless services to our citizens is also a Corporate priority. Within Denbighshire our Community Support Services team are working closely with Betsi Cadwaladr University Health Board (BCUHB) and Conwy Borough Council as well as 3rd Sector and Independent Sector partners to form integrated Community Resource Teams (CRTs) across Primary Care and community services. The aim is to provide a consistent approach to meeting health and social care needs and enable improved levels of integrated working between Primary Care and community services across health and social care, delivering a seamless service for citizens.

Over the last 12 months we have seen a decrease in the number of complaints received and addressed compared to the previous two years. A detailed report of the complaints and compliments dealt with during 2017/18 together with the actions that we have taken resulting from these is included in Appendix 8.

Section 4.

a) Working with people to define and co-produce personal well-being outcomes that people wish to achieve.

Qualitative

- People reporting that they have received the right information and advice when they needed it;
81.7% Adults receiving care & support (All Wales 2016 average = 80.2%)
63.6% Carers (All Wales 2016 average = 66.1%)
- People reporting that they were treated with dignity and respect
95.7% Adults receiving care & support (All Wales 2016 average = 93.3%)
89.1% Carers (All Wales 2016 average = 90.8%)
- People with a care and support plan reporting that they have been given written information of their named worker in social services (survey wording is actually "I know who to contact about my care and support")
86.7% Adults receiving care & support (All Wales 2016 average = 83.2%)
65.0% Carers (All Wales 2016 average = 74.6%)
- People reporting that they felt involved in any decisions made about their care and support
84.9% Adults receiving care & support (All Wales 2016 average = 79.7%)
66.9% Carers (All Wales 2016 average = 76.7%)
- People who are satisfied with the care and support they received
87.3% Adults receiving care & support (All Wales 2016 average = 85.2%)
61.2% Carers (All Wales 2016 average = 68.9%)

Quantitative

- The percentage of adults who have received support from the information, advice and assistance service (IAA) and have not contacted the service again during the year

The % of adults who have received advice & assistance from the information, advice & assistance service & have not contacted the service for 6mths	Q1	Q2	Q3	Q4	DCC Average 2017	All Wales Average 2016
	1.67%	5.34%	5.22%	5.34%	4.54%	67.70%

b) Working with people and partners to protect and promote people's physical and mental health and emotional well-being.

Quantitative

- Rate of delayed transfers of care for social care reasons per 1,000 of the population aged 75 or over.

Adults experiencing a delayed transfer of care from hospital (cumulative)	Q1	Q2	Q3	Q4	All Wales Average 2016
	0.10 (1 person)	0.41 (4 people)	0.51 (5 people)	0.61 (6 people)	2.8

b) Working with people and partners to protect and promote people’s physical and mental health and emotional well-being.

Quantitative (continued)

- The percentage of adults who completed a period of reablement and:
 - have a reduced package of care and support six months later
 - no package of care six months later

The % of adults who completed a period of reablement and have no package of care and support 6 months later		Q1	Q2	Q3	Q4	All Wales Average 2016
	QCSS 003i	N/A	80.17%	77.70%	71.67%	72.30%
The % of adults who completed a period of reablement and have a reduced package of care and support 6 months later		Q1	Q2	Q3	Q4	All Wales Average 2016
	QCSS 004i	N/A	0.82%	0.00%	0.00%	28.00%

- Average age of adults entering residential care homes

The average age of adults entering residential care homes (excludes nursing)	Q1	Q2	Q3	Q4	All Wales Average 2016
	84	82	82	82	85 years

- Other performance data being used as evidence including local data

Referrals to Denbighshire Leisure Services

We received 1481 referrals this year. These include referrals to programmes such as: Generic National Exercise Referral Scheme, Phase 4 Cardiac Rehab, Post Hospital Respiratory Rehab, Falls prevention, Stroke, Mental Health, Cancer, Weight Management

Referrals by location; 453 - Prestatyn, 444 - Rhyl, 337 - Denbigh, 134 - Corwen, 113 - Ruthin (This scheme was not operating in St Asaph or Llangollen Leisure Centres during 2017/18.)

Measure of success (These figures are taken from our Generic NERS database only.)

50% of individuals increased their activity 46% reduced systolic blood pressure

57% reduced diastolic blood pressure 52% reduced resting pulse

60% reduced BMI at 16 week 92% were still exercising at 16 week

40% had experienced weight loss at their 16 week assessment

81% reported increased fitness at 16 week assessment

50% reported improved function at 16 week

71% demonstrated improved health when completing the EQ5D tool

100% would not have participated in leisure centre activities if they had not been referred onto the Exercise Referral Scheme

b) Working with people and partners to protect and promote people's physical and mental health and emotional well-being (continued)

Quantitative

- Other performance data being used as evidence including local data (continued)

Comic Relief Funding - Ageing Well in Denbighshire and Denbighshire Arts Services

A joint application for funding between DCC Care homes and Denbighshire Arts Services has resulted in them successfully securing a grant to run bi-monthly music and movement workshops at three Denbighshire care homes during the period May 2018 - March 2020.

Conscious of the benefits of working in a intergenerational way with local schools and of using music and movement, we anticipate that most of our care home residents will take part, as will many of the pupils at primary schools in Denbigh, Ruthin and Corwen.

c) Protecting and safeguarding people from abuse, neglect or harm

Qualitative

- People reporting that they feel safe
 - 73.4% Adults receiving care & support (All Wales 2016 average = 78.1%)
 - 71.1% Carers (All Wales 2016 average = 81.2%)

Quantitative

- The percentage of adult protection enquiries completed within statutory timescales

The % of adult protection enquiries completed within 7 days		Q1	Q2	Q3	Q4	DCC Average 2017	All Wales Average 2016
	QCSS 201i	73%	62%	67%	67%	70.2%	80.1%

d) Encouraging and supporting people to learn, develop and participate in society

Qualitative

- People reporting that they can do what matters to them
 - 51.7% Adults receiving care & support (All Wales 2016 average = 51.4%)
 - 44.8% Carers (All Wales 2016 average = 44.6%)
- People reporting that they feel satisfied with their social networks
 - 84.2% Adults receiving care & support (All Wales 2016 average = 85.2%)
 - 64.2% Carers (All Wales 2016 average = 70.5%)

e) Supporting people to safely develop and maintain healthy domestic, family and personal relationships

Qualitative

- People reporting that they feel part of their community
 - 58.7% Adults receiving care & support (All Wales 2016 average = 58.3%)
 - 48.3% Carers (All Wales 2016 average = 53.8%)
- Parents reporting that they felt involved in any decisions made about their child's care and support - 73.2%
- Carers reporting they feel supported to continue their caring role
 - 56.5% Carers (All Wales 2016 average = 67.8%)
- Carers reporting they felt involved in designing the care and support plan for the person they care for - 70.6% Carers (All Wales 2016 average = 80.4%)

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

Qualitative

- People reporting that they live in the right home for them
 - 81.9% Adults receiving care & support (All Wales 2016 average = 86.9%)
 - 75.4% Carers (All Wales 2016 average = 82.5%)
- Children & young people reporting that they are happy with whom they live with - 76.9%
- People reporting they have received care and support through their language of choice
 - 96.7% Adults receiving care & support (All Wales 2016 average = 95.9%)
 - 96.7% Carers (All Wales 2016 average = 97.2%)
- Young adults reporting they received advice, help and support to prepare them for adulthood
 - 100% Adults receiving care & support (All Wales 2016 average = N/A) (2 respondents)
- People reporting they chose to live in a residential care home
 - 72.5% Adults receiving care & support (All Wales 2016 average = 71.8%)

Section 5

c) Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

Feedback from customers including Complaints data is included in the report in Appendix 8.

Following his mother's move to a nursing home and subsequently the death of his father, "A", who is a man with autism, continued to live at the family home. Concerns were raised by members of the community and the police regarding A being exploited by younger members of the community. These individuals used A's house as a 'party house', used Class A drugs in his house and befriended him to the extent that A handed over his money to them to ensure they continued to be his 'friends' and that he had company. A's physical health deteriorated as he was drinking more alcohol in the company of his 'friends'. A was neglecting himself and also being physically harmed by others. Due to his vulnerability and autism he was unable to identify these risks. A was assessed as lacking capacity to make decisions around where he wanted to live and his care and support. Several multi agency meetings (including Police and GP) were held involving A and his family and it became obvious that the individuals concerned were also verbally and possibly physically threatening A for his money. An Individual Protection Plan was developed and agreed which included arrangements for A to stay as many nights as possible at a local hotel where A was a regular and staff members were aware of some of the issues and ensuring his safety within the establishment

To safeguard A, a placement was arranged in a residential placement just outside a neighbouring town where staff are very proactive in encouraging independence and involvement with the community. The improvement in A's overall well-being following his move into residential care has been very encouraging and will provide a basis from which to plan for the future in the hope that he can once again be supported to live in a community setting.

One Occupational Therapist (OT) has been working with A and her family for over 2 years. When the OT first met A the family were in crisis, they were all living together under one roof and were providing care for A, with minimal resources and guidance. They did not trust the Local Authority and were extremely reluctant to engage with us, to the extent that the family had struggled for years to care for A on their own and were very stressed about the situation within their home. Other family members who lived locally were distanced from the situation due to conflict within the family. The family were not pulling together despite the fact they all wanted the same outcome for A to remain at home.

The OT worked tirelessly with the family to engage and support them and initially arranged respite for A in a local extra care facility and whilst there it became evident that the hoist and other equipment used by A's family were no longer suitable. A new hoist was installed in the family home but within 24 hours the crisis escalated as the family realised they couldn't continue on their own. That evening the OT arrived at the family home following a call for help to find a distressed and broken family. The children were being affected by the situation and A's son and his wife were fighting against each other. The OT sensitively diffused the situation by acknowledging the hard work the daughter-in-law had undertaken to care for A whilst looking after her husband and 5 children. The son wanted a job and to become self-sufficient. The OT and the daughter-in-law worked together to get A ready for bed and discussed additional help from a health and social care support worker.

During this time the OT had gained a good insight into the dynamics of the family and observed that this was a family of three generations who were committed to staying together because of the love and the bond they shared.

Through the determination of the OT to support his family who initially were intimidating, angry, frustrated and closed to help; trust was built, practical support was provided and over time the situation within the household became manageable.

A is now able to stay at home with her family where she is safe and properly cared for, family life has been reinstated for the son, daughter-in-law and their children. Both the son and daughter-in-law are now working which means they have reduced their reliance on benefits, have secured their tenancy and the health needs of A have been reduced as she is no longer diagnosed as an insulin-dependent diabetic. The wider family are now also working together and A is more communicative and no longer displaying challenging behaviour.

Mr C is a 58 year old Carer caring for his wife with multiple health problems and memory loss. He was referred for support from the Carer Assessor team, including the Healthy Carers Worker. The caring role was causing him much stress and anxiety, and he was also displaying the physical signs of the emotional impacts of caring. Mr C worked full time as a health professional but was struggling with juggling work and his caring role. He felt guilty about being in work and spending any length of time on his own as he felt he should be spending all his time with his wife.

What mattered to Mr C:

Mr C wanted to continue working from both a financial and personal development perspective. He enjoyed playing bowls but this had become very restricted due to his caring role. He also enjoyed socialising with friends and going to the pub quiz once a week. His wife was already receiving a package of care but there was no support available in the evenings. He recognised that he needed some help to manage his stress and anxiety. It was important to him that any support they received would enable him to maintain a social life as much as continuing to work. Mr C was supported to identify solutions to enable him to regain control over his life and choices over the support he and his wife received.

Outcomes:

Co-production (Carer/cared for/Healthy Carers Worker/Social Worker) to implement a support budget that provided more flexibility and control over his wife's package of care. The support budget allowed them to purchase the appropriate support to meet both their health and wellbeing outcomes. Mr C was resilient in managing the support budget, and they were able to utilise day care and residential respite in a more flexible way. This enabled him to have better work life balance, his stress and anxiety levels were reduced. His wife also received one to one support from the EMH Project Worker. Mr C received professional counselling via NEWCIS. He is registered with NEWCIS and receives regular information on support available to Carers, including training and peer support groups. This enabled Mr C to keep working and maintain a social life outside of caring.

He was also supported by the Healthy Carers Worker and Social Worker to take responsibility, and identify and manage any risks associated with the provision of the support budget.

Healthy Carers Worker continued her intervention to help Mr C during difficult phases as the presentation of his wife's symptoms changed. Mr C and his wife were able to remain together within their own home environment.

Case Study 1

I met a lady and felt she would benefit from support services in the community. I suggested the Women's Centre and said I would meet her for a cuppa on her first time attending. I also recommended that she go on DEWIS website and left the web address for her.

I phoned her the next morning and she was made up. She said she had been on DEWIS and listed all these clubs she was interested in attending. She said it was a brilliant resource. I met her in the Women's Centre and talked through the information that she had found and she said she is going to start making enquiries to access the activities.

She also said the whole service is brilliant and thanked me for being so supportive, helping her access different activities and she really enjoyed speaking to me. She said there wasn't a service like this where she lived before and it's exactly what she needs.

Case Study 2

An elderly lady and her son visited a Talking Point wanting help finding community groups and transport in her local, rural area. The lady and her husband still live independently but are now beginning to struggle with mobility, causing them to feel isolated and unable to cope.

At the Talking Point the lady was able to chat to a Social Care Practitioner who was able to advise and refer them for suitable mobility aids and help with a Blue badge application. The lady also had the opportunity to discuss her wellbeing with her Community Navigator.

As a result of this informal discussion the Community Navigator was able to gain an understanding of what mattered to the couple, explore community transport options and put the lady in contact with her local Women's Institute. The Community Navigator also explained that the lady's husband (as a veteran) could be referred to The Royal British Legion if he wanted. The couple were also able to gain information on local gardeners, handymen and cleaners. The couple felt that the service provided via the Talking Point attended was "wonderful & amazing".

Case Study 3

Met Mr X at a Social Mixer group for older people with all forms of Dementia. The following week at a Talking Point, Mr and Mrs X, along with their son and daughter in law arrived to see me. Mr X told me he had Parkinson's Disease with Lewy Bodies (Dementia element) and wanted to have help to get out more, giving his wife a rest (she had been in hospital with anaemia the week before. Mr X is 86 as is his wife.

I discovered he had been in the Navy so we agreed I would refer him to Change Step for support for veterans. He also agreed to help from the Alzheimer's Society.

I attended Mr X's home the following week to discuss local groups and Mr and Mrs X agreed to meet me at the monthly coffee morning the following week in the church around the corner from their home. I gave them details of a weekly craft group near their home. Mrs X agreed to a referral to NEWCIS carer support. I also suggested a visit from my colleague in the Coldbusters team to check their fuel tariffs which they agreed to and a referral was made that day.

The following week I met the couple at the coffee morning - most attendees knew Mr and Mrs X from community /charity work when they were younger. Mr X informed me he had gone along to the Monday craft group and thoroughly enjoyed himself. Mrs X also said they had had a visit from a gentleman from the Alzheimer's Society and he was helping them with all sorts of things. I spoke to one of the council's volunteer drivers who has offered to pick up Mr X to attend another social group on a Wednesday each week.

Mr X's son tells me they are so grateful for the service I have provided, "one person to organise everything is amazing" he said. His wife is a retired Social Worker and told me the service from the Community Navigation Service was fantastic and had made a real difference to all their lives.

Ms B and her family first came to the attention of the Homeless Prevention Team in August 2017 when we were contacted by her landlord. He had issued her with a section 21 eviction notice due to arrears and her failure to keep the property in a habitable condition.

Ian Vaughan, Tenancy Sustainment Officer, met with Ms B and her landlord at her property, where we were made aware that she was £1200 in arrears. It was also very clear that Ms B was not managing to look after the property; the interior was very untidy. There was also rubbish piled up in the front and back gardens.

We recognised Ms B had more than just financial issues and we therefore enlisted the support of a Social Worker, Family Aid Worker and Family Support Worker.

Ms B responded positively to our intervention and engaged fully. As a result we were able to successfully claim a discretionary housing payment of £100 a week initially and which later increased to £135 per week until April 2018. A request to the vicar's relief fund was also fruitful, with a contribution to her arrears of £350. This was agreed in part through the confidence that other support was in place. Enquiries with the Housing Benefit department also resulted with their overpayment request being overturned.

The Family Aid Worker, worked hard with Ms B to improve the standard of the property and had all of the rubbish removed, to the satisfaction of the landlord. The Family Support Worker then became involved and on top of supporting the children with food hampers and Christmas presents, she also supported Ms B with tackling her debt problems. She enlisted the help of the benefits advice shop, to pursue her pending Personal Independence Payment, which had been waiting for an appeal date.

Eight months later, Ms B has no rent arrears and her landlord has not enforced the section 21 notice. Overall a successful case, whereby homelessness has been prevented through effective team work from different teams within Community Support Services.

Objective 3:Service Planning, Commissioning, Contracting and Workforce Planning	Evidence /Progress	Barriers/ Challenges
<p>3.1 The need to make an ‘Active Offer’ of Welsh language services to people will be communicated to all staff employed directly within NHS Wales, local authorities or within commissioned services (including primary care providers).</p>	<p>Reception staff have received training in the ‘Active Offer’ and ‘Iaith Gwaith’ posters and lanyards have been distributed.</p> <p>Information about the Welsh language and the ‘Active Offer’ has been incorporated into the welcome meeting for new staff joining the Department.</p> <p>The Welsh language Champions have worked closely with SPoA and Gateway staff to remind staff about ensuring the ‘Active Offer’ is communicated. In addition meetings have been held with teams to mainstream the ‘Active Offer’ at key points of the process.</p>	<p>Need to further engage with Commissioned Services to ensure awareness of the requirements of the Welsh Language Standards and need to make an ‘Active Offer’.Includes encouraging, promoting & facilitating use of Welsh language on a voluntary basis, however needs to be strengthened in contract arrangements. Due to staff changes within the Department there is a need to remind teams about offering and recording language choice on PARIS. Improvements need to be made in terms of accurately capturing Welsh Language skills of in-house staff.</p>
<p>3.8 The Annual Report of Health Boards, Trusts and Directors of Social Services to:</p> <p>Include a commitment to providing and developing Welsh language services</p> <p>Reaffirm importance of meeting language need in routine assessment and care</p> <p>Provide detail on how services currently meet Welsh speakers’ needs alongside targets identified to ensure improvement.</p>	<p>The Annual Report will be published in 2018 to reflect our commitment to the importance of meeting Welsh language need and developing Welsh language services.</p> <p>Our customer experience questionnaire monitors whether people were provided with a service in the language of their choice. 99% of respondents noted that they were.</p>	<p>We need to ensure services are available in Welsh for those who require them. There is a need to plan and commission to deliver such services. However there is an awareness of challenges to recruit into Care (and to recruit Welsh speakers).</p> <p>Performance measures need to be set in order to ensure that the Active Offer not only happens at the first point of contact, but also during assessment, care and support planning, delivery and review.</p>

YEAR 2 PROGRESS—MORE THAN WORDS
 (continued)

Objective 4 Promotion and Engagement	Evidence /Progress	Barriers/ Challenges
<p>4.1 Best practice in providing Welsh language services to be shared to all staff involved in delivering health, social services and social care services to people (service heads and service managers in particular)</p>	<p>Welsh language information was circulated in-house & to Providers. Included information about free language courses via the National Centre for Learning Welsh, general information on promoting and facilitating the use of Welsh. Information shared, includes that about ‘Dydd Miwsic’ and the ‘Diwrnod Shwmae Sumae’.</p> <p>A series of drop in sessions held by Welsh Language Champions to advise staff on use of Welsh and information about Welsh language Standards. A bilingual quiz for staff in Education & Children’s Services to complete to see how much they knew about the Welsh language Standards. Best practice examples of providing Welsh language services from across North Wales are shared via the North Wales ‘Mwy na Geiriau’ Forum.</p>	<p>There is a further need to engage with Commissioned Services in promoting and facilitating their use of the Welsh Language. An option is engaging with the local ‘Menter Iaith’ to work with the Sector in Denbighshire.</p>
<p>4.6 Welsh language interfaces and software available for health, social services, social care services staff to help bilingual working. The adaption of current systems should be considered to meet this aim.</p>	<p>Bilingual interface and menus on all pages of the Council’s website. Welsh language interfaces for software (such as Microsoft Word) provided in Welsh. Software for checking spelling and grammar have been provided to all staff who speak Welsh or who are learning Welsh. Brief guidance in how to use the software has also been communicated to staff.</p>	<p>New starters to the Service need to be made aware of the availability and use of the Welsh language interfaces and software.</p> <p>Information about the availability of the Computer software should be shared with Providers.</p>
Objective 5; Professional Education	Evidence /Progress	Barriers/ Challenges
<p>5.2 In partnership with Welsh Government, health boards & social services departments explore how practising professionals & those undertaking education & training programmes in Wales might engage in the widening access agenda.</p>	<p>The Department currently offers a Welsh awareness induction to student Social Workers who join the Department on placement.</p>	

1. Introduction

Each year, Social Services Departments are required to produce an annual report which provides an overview of customer feedback alongside a review of the effectiveness of our complaints process. The figures presented in this report show our performance during the financial year 2017/18 within the complaints procedure and measured against the Social Services Complaints Procedures (Wales) Regulations 2014.

The Social Services Customer Connections Team is responsible for dealing with customer feedback i.e. complaints, waiver applications and compliments across both Community Support Services (CSS) and Education and Children’s Services (ECS). It is also responsible for monitoring and processing complaints for the wider authority and reports to the Scrutiny Committee on a quarterly basis.

2. Summary of activity and core standards

Chart 1 summarises the activity over the last three years for complaints, waiver applications and compliments. Complaints have decreased by around 30% on last year and reasons for this will be explored in the report.

Praise has increased significantly and there has been a decrease on completed waiver applications.

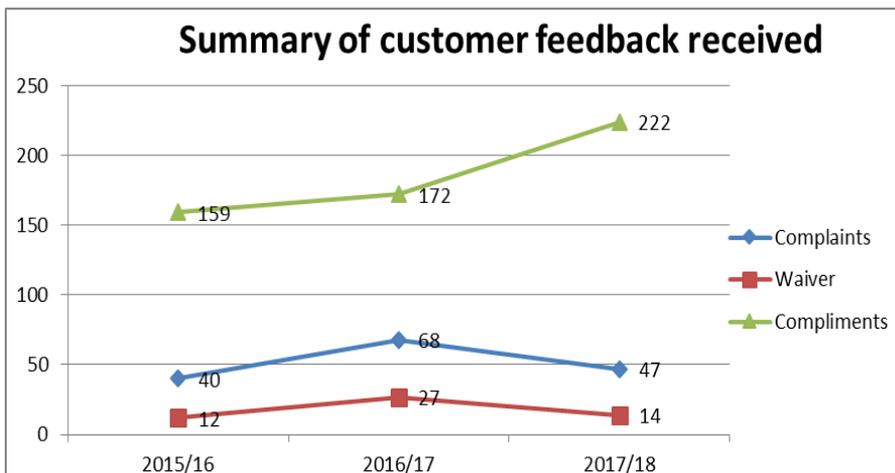


Chart 1: Summary of customer feedback received over three years

A significant number of complaints centre on staff not returning citizens’ calls or being difficult to contact. This is an area that could certainly be improved as it

could be argued it covers three of our core standards; Communication, Staff and Response Times. If a citizen does not receive a call back when expected then the Services are open to complaints. Citizens are contacting our services at often traumatic times in their lives and communication should be improved where possible and this would also impact positively on complaints.

3. Complaints

Overall, the number of complaints received during 2017/18 has decreased by 31%. Chart 2 overleaf illustrates the number of complaints received by each service.

Corporate complaints are those raised about Social Services which fall outside of the statutory guidance, but were dealt with under general corporate procedures.

The number of complaints downgraded to concerns has seen a marked rise and this has affected the overall complaints figures positively.

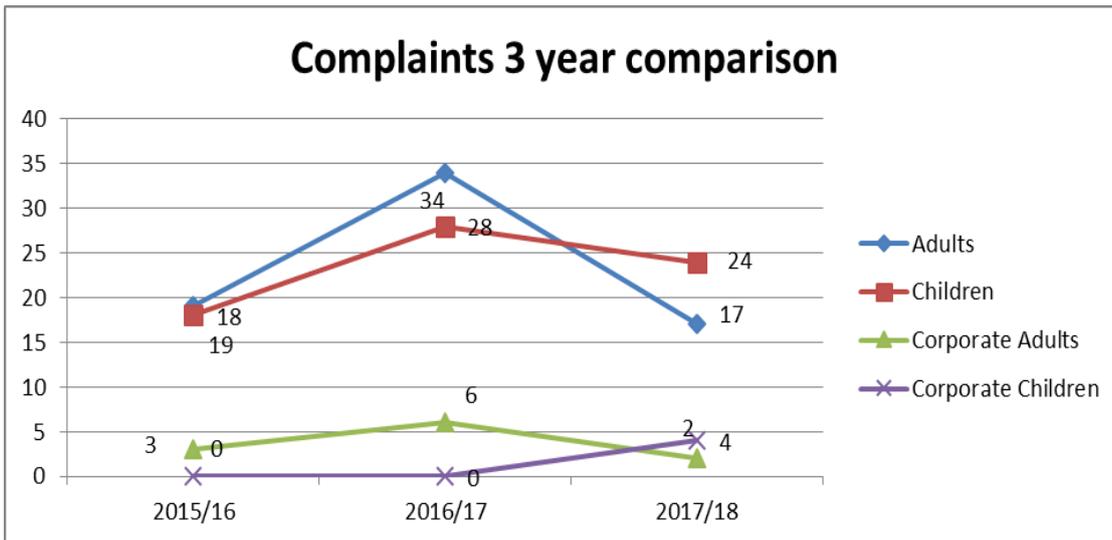


Chart 2:
Complaints
– 3 year
comparison

3.1 What were the complaints about?

The reason for making complaints (measured against the core standard in table 1) for each year is illustrated in chart 3.

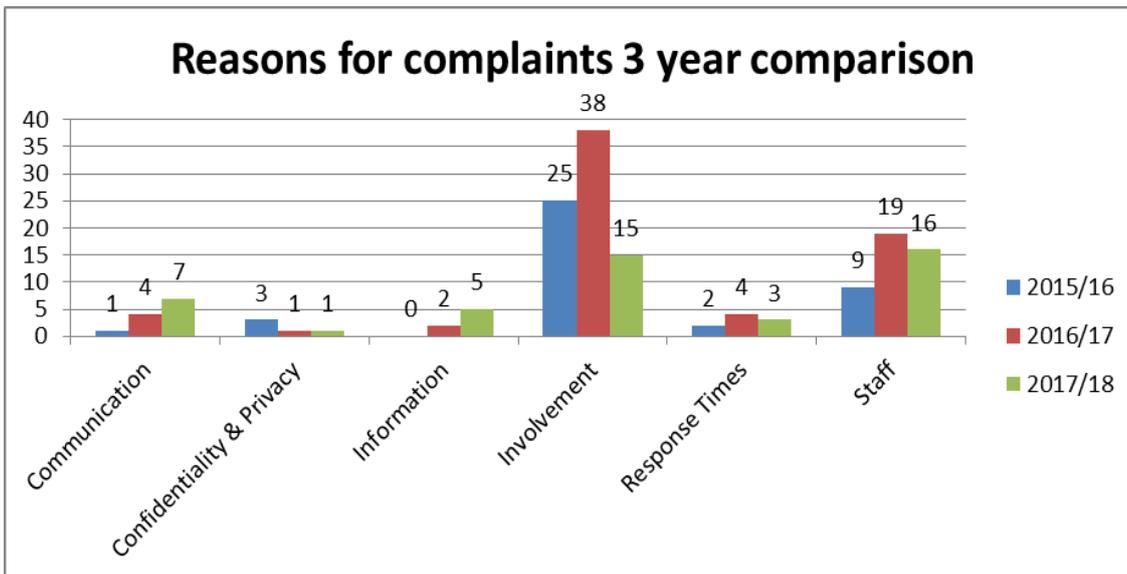


Chart 3:
Reason for
making
complaints –
3 year
comparison

Involvement, staff and communication continue to be the 3 main areas of complaint and this is consistent with previous years. The majority of complaints against adult’s services centred on involvement and against children’s services on staff.

3.2 Acknowledgment of complaints

All complaints were acknowledged within the statutory timescale of 2 working days, unless the complaint was resolved prior to acknowledgement. In the case of statutory complaints we must acknowledge in writing within this timescale. Corporate complaints can be responded to in the manner they were received.

3.3 Stage 1 complaints

3.3.1 Outcomes

2017/18 has seen a decrease in the number of upheld complaints and this is reflected in the higher number of partially upheld complaints. A number of complaints have been multi-faceted and services have found elements where mistakes might have been made. Partial apologies might have been offered and it is possible that Stage 2 investigations were avoided.

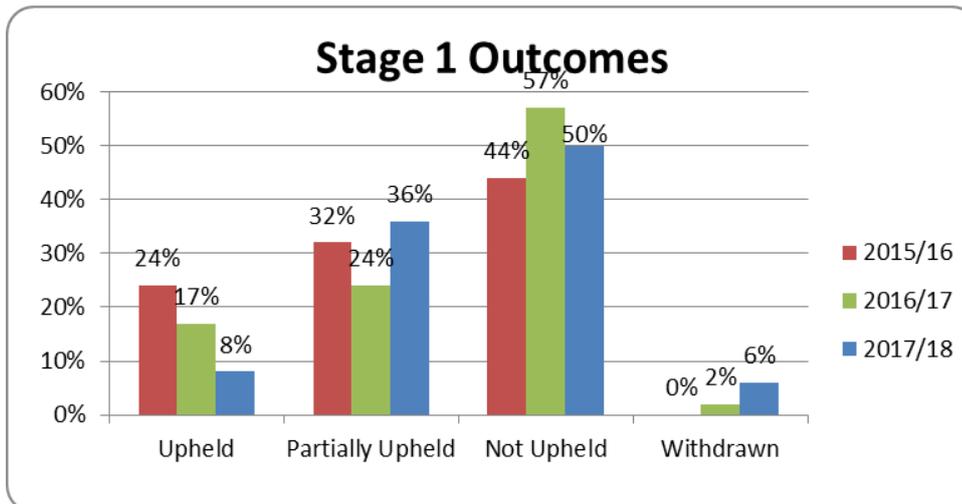


Chart 5 Outcome of stage 1 complaints

3.3.2 Timescales

The performance in dealing with complaints within the statutory timescales has improved on 2016/17 with one complaint late for each of children's and adult's services. Both services have accepted the lessons learned from the late complaints. As the overall return is 96% this exceeds the 95% excellence authority target set by Scrutiny .

The performance by ECS was at 96% of target and CSS at 95%.

3.4 Stage 2 complaints

This year has seen the lowest number of Stage 2 complaints in 3 years with just 1 for ECS, which was partially upheld. There are a number of reasons for the reduction - it appears that complainants are happy with the way their issues have been addressed and dealt with at Stage 1. Given the low number of upheld complaints this does suggest a robust and transparent process leaving less grounds for Stage 2 proceedings.

Two Stage 2 complaints in 2017/18 were withdrawn because the Service Manager involved met the complainants in informal settings & resolved their issues face to face. This demonstrates a willingness to deal with difficult issues head on and engage in the process. The 2 complaints avoided would have had a significant financial impact if they had gone through to investigation.

4. Concerns

Concerns are issues raised that did not meet the criteria for the statutory complaints procedure, or valid verbal complaints that were dealt with within 24 hours and downgraded. These issues were resolved informally. There is an increased number of concerns in 2017/18 and this coincides both with the reduced number of complaints and the number of verbal complaints.

All concerns are recorded, including ineligible concerns – for example a complaint against a provider commissioned by Social Services might be referred to the dispute resolution within the contract and would be downgraded to an ineligible concern. If the complaint was raised again, we would investigate the complaint at Stage 1 and expect a full response from the provider.

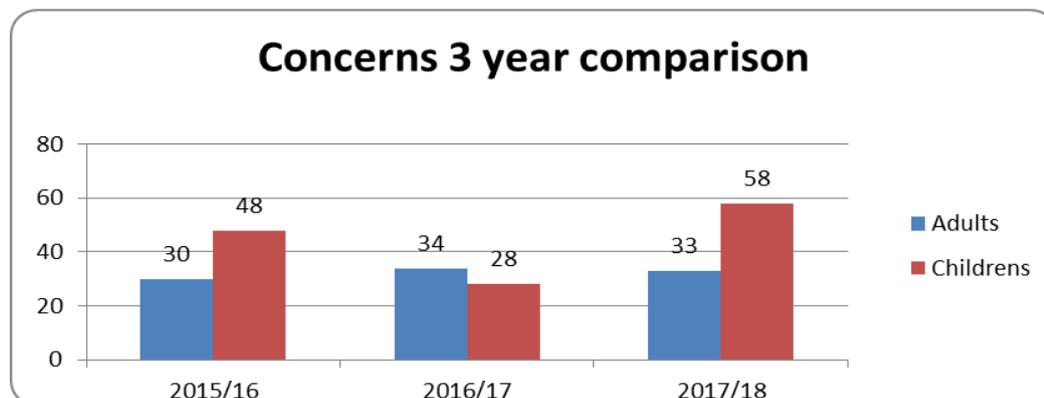


Chart 12
Concerns
2017/18

5. Complaints resolved within 24 Hours

Within the statutory complaint legislation, any verbal complaints that are resolved by the close of the next working day, to the satisfaction of the complainant should not be recorded as a complaint. Such complaints are recorded as concerns.

CSS dealt with 11 out of 24 verbal complaints within 24 hours.

ECS dealt with 23 out of 40 verbal complaints within 24 hours.

In total Social Services saw 53% verbal complaints downgraded to concerns in 2017/18, compared to 38% in 2016/17. This demonstrates the services' willingness to respond quickly to citizens' concerns.

6. Waiver applications

The table below shows that the number of approved waiver applications has seen a decrease on 2016/17 and recent changes in procedures could account for this.

Year	Waiver
2015/16	12
2016/17	27
2017/18	14

7. Compliments

The table below shows the number of compliments received over the last three years. Compliments have increased this year.

Year	Compliments received
2015/16	162
2016/17	181
2017/18	222

8. Lessons learned and action taken

When complaints are upheld, partially upheld or potential improvements are identified, action plans are drawn up detailing the changes that need to be made. Action plans are monitored until all of the actions have been completed.

Action plan drawn up as a result of a complaint regarding LJ and Children's Services:

The Service Manager for Intake and Intervention held a discussion with the Intake Team Managers in order to emphasise the need;

- to include fathers who hold Parental Responsibility in assessments and care planning,
- not to wholly accept any narrative given by one parent in regards to the conduct and character of an 'absent' parent
- to actively seek out all those who hold Parental Responsibility at an early stage.

In addition refresher training has been arranged for staff on the law regarding Parental Responsibility, engaging with birth family (including non-resident parents and birth fathers), and care planning.

8.1 Areas of improvement

For the majority of complaints, the improvements made can be very specific to the service users involved. There are however examples of changes implemented that will improve practice or processes across the service, some examples are:

8.1.2 Practice leaders/Senior Practitioners have proactively dealt with complaints within 24 hours and this has improved still further as the year has progressed. This ongoing improvement provides a better service for the citizen and frees up officer time as Stage 1 complaints would take more time to deal with.

8.1.3 There has been a decrease in successful waiver applications. The Customer Connections Team send out applications and record on the database and these are passed on to the Financial Assessment Team. The application is discussed at panel with professionals who are involved with the citizen to provide a detailed discussion around their circumstances and needs.

8.1.4 A marked reduction in the number of Stage 2 complaints has resulted in cost efficiencies – each investigation costs over £3000. The reduction in Stage 2 complaints could be as a result of an increased number of partly upheld complaints where the complainants might feel partly satisfied with a resolution. That they are not progressing to Stage 2 complaints seems to suggest they are happy with how their complaints are being dealt with.

8.2 Areas of weakness

8.2.1 Staff Attitude: A difficult area in complaints as, due to the nature of the Children's Services involvement, parents are not going to be happy to have their parenting ability questioned. Phone calls and explanations from practice leaders have resolved many of these issues but it is reinforced that any instances where a staff member's attitude can be questioned should be avoided wherever possible

8.2.2 Staff Responses; People complain that officers do not return calls, or they find it very difficult to get through to anyone who can assist. This is a basic customer service issue. A customer should be able to telephone Social Services and get through to somebody who can deal with their issues. This is an area that attracts complaints and criticism but at the same time could be addressed if systems were introduced that ensured there was always someone available to take calls in both Adults and Children's Services.

8.2.3 Reception staff do not have access to PARIS and therefore social services enquiries they receive need to be passed on promptly, but this can be problematic.

9. Evaluation of procedure

After a Stage 2 investigation, evaluation forms were sent to staff involved and the staff were interviewed as part of the investigation.

In response to the questions, staff agreed they had been well prepared for the investigative process and well supported within it from team leaders, team managers and complaints officers. Also, given the difficult nature of any investigations that might call social workers' professionalism into question, there were no suggestions for improving the process.

One Social Worker stated "I feel that I have been very supported throughout the complaint."

The evaluation process also enables us to scrutinise the performance of the Independent Investigators and this information is passed on to the North Wales Complaints Officers Group – a forum that meets quarterly as guests of Denbighshire Social Services.

10. Extensions due to exceptional circumstances

There have been no extensions in 2017/18.