



# Director of Social Services Annual Performance Report 2015-16

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## Foreword

I am pleased to present my Annual Report 2015-16 for Denbighshire County Council. The purpose of this report is to outline how well we have delivered social services in the past year and what our priorities for improvement are for 2016-17. The report provides a detailed assessment of how effective social services are for adults, children and families in Denbighshire.

During 2015/16, I took on a new role as Corporate Director for Communities, as well as holding the position as the Statutory Director of Social Services. This means that I have a wider brief which allows me to facilitate mutual support and collaboration between social services and other areas, including education and customer services. I am also the corporate lead for tackling poverty and promoting the Welsh language, which again fits well with social services.

I would like to take this opportunity to acknowledge the departure of Leighton Rees, our Head of Children & Family Services, who recently retired from the council. I'd like to thank Leighton for his service, and for leaving the council in such a strong position. We now have an exciting opportunity to build on that position with our newly merged Education and Children's Services, which is already presenting opportunities for closer working between these two key areas.

I am also pleased with the progress made in relation to our new Community Support Services, which incorporates Housing Solutions and Adult Social Care. These areas fit well together, and we are already seeing the benefits of these functions being managed within one service.

We did a lot during 2015/16 to prepare for the implementation of the Social Services & Wellbeing (Wales) Act, and I am leading on our "Implementing the Act Board" to ensure that we take a systematic approach to addressing all aspects of the Act. However, it is important to stress that the Act, and our response to it, is not just about social services, and covers the wider responsibilities of the council in relation to promoting the wellbeing of citizens.

I am also delighted to see the creation of the new health central team (covering Denbighshire and Conwy) that came into being in the year. I am very excited about the opportunities that closer working is already bringing and, although it is still early days, the future in terms of closer working with health looks very promising indeed.

Finally, I would like to thank all our staff and partners for their continued hard work, determination and professionalism. This truly is a team effort, and together we are making a difference.



Nicola Stubbins

Corporate Director for Communities and Statutory Director of Social Services

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## Introduction

At the end of each financial year, the director of social services in each local authority in Wales must prepare and publish a report about the delivery of the local authority's social services functions during the past 12 months. The purpose of this annual report is to evaluate the performance of the local authority in relation to the delivery of its social services functions and to highlight any lessons learned or improvements required. The report must also set out objectives in relation to promoting the well-being of people who need care and support, and carers who need support, for the forthcoming year.

This annual report has been structured to show how Denbighshire County Council has achieved the six quality standards of well-being outcomes as described in the Social Services & Wellbeing (Wales) Act (the "Act"). This format for the annual report is a new requirement under the Act, and there is a new framework for *measuring social services performance* which shows which indicators and performance measures should be used to evaluate our success in relation to each of the six quality standards of well-being outcomes. However, this national performance framework for social services only applies from 2016/17 onwards, and this report is about 2015/16. We have therefore used the most relevant information available to show how we achieved the six quality standards of well-being outcomes during 2015/16.

## Overall Evaluation of Performance

### Strengths

1. The number of adults needing residential care, because they are unable to live independently in their own home, reduced again during 2015/16. As part of our Corporate Plan 2012-17, we published an ambition to reduce the number of adults who needed residential care during the year by 200, from 815 in 2011/12 to 615 by 2016/17. Since 2011/12, the figure has reduced by 137, from 815 to 678. This demonstrates that we have made considerable progress towards achieving our Corporate Plan ambition, and we have successfully supported many more people to remain as independent as possible for as long as possible.
2. We purchased a key strategic site in Denbigh to enable the development of a new extra care housing scheme. There are already 3 very successful extra care housing schemes in Denbighshire (in Ruthin, Rhyl and Prestatyn), and we identified the development of additional schemes as a priority within our Corporate Plan 2012-17. Construction will begin on the site during 2016/17.
3. We have made changes to our Protection of Vulnerable Adults (PoVA) processes to address concerns highlighted by CSSIW last year. Our Internal Audit Team have since reviewed our PoVA arrangements and concluded that the changes we have made are leading to improvements in our management of PoVA cases. The report states that *"The impact of recent staffing changes is not yet fully embedded but our testing of a sample of POVA referral cases was generally positive, suggesting that the actions already implemented are addressing issues raised in the CSSIW report"*. We will obviously continue to focus on this area of work during 2016-147 to ensure that these improvements are fully embedded.
4. A Signs of Safety approach to risk analysis has been adopted in child protection conferences. Evaluations of the impact of this, including those from service users, suggest the approach is helping to clarify concerns and strengths on which to base effective protection plans, and achieve improved outcomes for families with children on the Child Protection Register. It is straightforward in that it identifies specific risks, strengths, grey areas and complicating factors and children and their families help to complete the analysis so they know what is being addressed. The approach is compatible with the new culture of collaborative working across partner agencies and service users.
5. The department has actively embraced the Extended Child Practice Reviews into situations where a child known to the department dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons than can help prevent similar incidents from happening in the future. We have been involved in two cases and arranged learning events so staff involved can reflect and improve practice.

6. We have contributed to the corporate safeguarding activity to ensure the whole council, and its partners providing commissioned services, is aware of their safeguarding responsibilities, report concerns and comply with safer recruitment practices.
7. Creating good outcomes for vulnerable children and adults relies on experienced, well trained and supported staff. We therefore continue to invest in staff, offering career progression, training, mentoring. As we are no longer reliant on agency staff, the quality of social work provision remains stable.

### Objectives for the forthcoming year

1. We will continue to implement and embed the requirements of the Social Services & Well-being (Wales) Act.
2. We will complete our current review of in-house adult care services, and implement any decisions made by Cabinet in relation to the future of those services.
3. We will continue to facilitate the development of additional Extra Care Housing schemes in Denbighshire.
4. We will undertake a further review of our PoVA processes and the operation of our new Adult Safeguarding Team to ensure that the concerns raised by CSSIW in last years' annual report have been fully addressed.
5. We will continue to embed the merger of Education and Children's Services to ensure streamlined provision and improved benefits for children and young people.
6. We will continue to protect vulnerable children from significant harm.
7. We will continue to work with vulnerable families to avoid escalation of difficulties and reduce risk of family breakdown.
8. We will continue to ensure that 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.
9. We will continue to ensure that children with complex additional needs are provided with a range of opportunities to maximise their potential and social inclusion within their family.

## Quality Standard 1

**Local authorities must work with people who need care and support and carers who need support to define and co-produce personal well-being outcomes that people wish to achieve.**

In order to achieve this, in the exercise of their social services functions local authorities must:

- a) Work with partners to ensure access to clear and understandable information, advice and assistance to support people to actively manage their well-being and make informed decisions.
- b) Work with people, as partners, to prevent the need for care and support and with other partners to arrange services in a way that prevents or delays peoples need for care and support.
- c) Work with people as partners to undertake an assessment of personal well-being outcomes in a timely manner.
- d) Ensure decisions made have regard to a person's individual circumstances and the UN convention on the rights of children and the UN principles for older people and the UN convention on the rights of disabled people.
- e) Treat people with dignity and respect.
- f) Ensure people have control over the planning and delivery of their care
- g) Arrange an independent advocate to facilitate the involvement of an individual where that person can only overcome the barrier(s) to fully participating in the process of determining, reviewing and meeting need, through the support of an advocate.
- h) Have in place suitable arrangements for assessing and determining need and eligibility.
- i) Ensure people who have a care and support plan have a named contact who shares relevant information with partners to allow a seamless transition of care and support across services.
- j) Ensure that the impact of the care and support on people's lives is measured, as well as the achievement of personal outcomes.
- k) Work with other professionals, including providers, to facilitate and lead a multi-disciplinary plan for care and support.
- l) Have in place suitable arrangements to make people aware of paying for care and charging arrangements.

### Overall Evaluation of Progress Towards Achieving Quality Standard 1

#### Adults

We have a well-established Single Point of Access (SPoA) for adult social care and community health services, and this is how we are fulfilling our duty to ensure that people have access to clear and understandable information, advice and assistance to support people to manage their wellbeing and make informed decisions. Our social services staff work alongside colleagues from health and the 3<sup>rd</sup> sector to provide a primarily phone-based service for people who have concerns about their wellbeing, or have concerns about a friend or family



member. The SPoA operators can have an informed conversation with the caller to find out “what matters to them”, before providing appropriate information, advice or assistance. If necessary, the SPoA can refer people for a more detailed conversation with formal health or social care services.

Our aim is that fewer people will need to be referred to formal services because we will be providing better information, advice and assistance at the earlier stage, and that will remove or delay their need for support from formal services. The proportion of people not being referred to formal Health and Social Care Services by the SPoA during 2015/16 was 35%. The proportion of total contacts to the SPoA which did not lead to a referral to formal Health and Social Care Services was similar, at 30.9%. We only began collecting this information during 2015-16, so we are unable to compare the figures until we have collected data for another year.

We have also established Talking Points in our larger towns and residential areas in Denbighshire to enable residents to drop-in and have a conversation with someone about their wellbeing. Again, Talking Points are a joint venture with health and 3<sup>rd</sup> Sector colleagues, and the focus is on supporting people to manage their wellbeing; remain independent; and prevent or delay their need for care and support. The SPoA can also arrange for someone to have an appointment in a Talking Point within their community if the issue cannot be resolved over the phone.

#### **Case Study: Elsie and Bill at the local Talking Point**

*Elsie and Bill had dropped into the library to pay a bill. While Bill was waiting for Elsie, the Talking Point area caught his attention. He went over to see what it was all about and had a quick chat with a worker from the Denbighshire Single Point of Access. Bill explained that his landlord had suggested that he and his partner needed to get some advice from Social Services. Elsie joined Bill and the conversation was then continued with a Social Care Practitioner. Elsie and Bill live in a bungalow which they rent from a private landlord. They love their home which they share with their dogs and are secure in the knowledge that this is a long term rent. Both are in their 70's and have mobility issues, in fact both have had knee operations. They spoke about their home being inaccessible in places, of particular concern was the huge step up to the shower. This is not ideal and both spoke of the importance to be able to have a 'proper clean'. Being independent in their own home is what really matters to them.*

*The worker chatted with Elsie and Bill about the available options they could consider to improving access and safety. An appropriate step to access the shower was suggested, and information provided about the local outlets where Elsie and Bill could purchase this from. Care and Repair were suggested for grab rails and a 'floor to ceiling' pole, and information about small grants was shared. Elsie and Bill still wanted to have someone from social services visit and take a look, but accepted that this would involve going onto the waiting list. The worker also took the opportunity to find out if Elsie and Bill were involved with local community activities, which they are owing to Bill being a veteran. A month later, Elsie spotted the worker in the local hairdressers. Elsie went on to tell the other customers and hair dressers about the*

*helpful service she had received. As a result, the Hairdresser offered to promote the Talking Point to other customers and requested leaflets to distribute.*

In line with the Social Services and Wellbeing (Wales) Act, we are also changing the way we engage with people when they contact us. We are working with people as partners to establish “what matters to them” as opposed to “what is the matter with them”. The majority of our adult social care staff have now been trained in how to have these different conversations, which aim to identify the personal wellbeing outcomes that are important to that individual. The next stage in the process is then to work with the person to identify the assets already at their disposal to achieve their outcomes. This will include friends and family as well as universal services and assets that exist within the local community. Only where it is clear that the individual is not able to achieve those outcomes without support from the local authority, will we start to discuss care and support from social services.

We are also working to develop a process whereby anyone who needs support from adult social services will receive a “Support Budget” which will enable them to have control over the planning and delivery of their care. However, this is still work in progress, and we are currently working with independent sector providers to develop a process for giving citizens and providers more flexibility about how and when care is provided.

In terms of some of the work being done in relation to supporting adults with complex disabilities, the time limited progression support project (procured via a local social enterprise) identifies from the outset the outcomes to be achieved and the time scales for achievement. The success of the project is measured in relation to the achievement of personal outcomes for each of the individuals referred. This is also the case with the Woodland Skills Centre, which is a community-owned, not for profit, Social Enterprise who run a range of courses in traditional crafts, bushcraft courses and courses for youth and community groups situated in Bodfari. The council contract with the Centre to provide services for adults with learning disabilities. Both of these projects were really successful during 2015/16 in terms of the outcomes achieved for people around developing skills and increasing their independence.

We have a well established process of collecting feedback from adult service users, which we are then able to use to improve services and inform our quality assurance processes. Several of the questions asked in our existing service user questionnaires are relevant to Quality Standard 1, and the responses we received to these questions remained very positive during 2015/16, with:

- 98% (432 out of 442) saying that they were treated with dignity and respect <sup>1</sup>
- 95% (355 out of 372) saying that they had the opportunity to explain their problems and views on their situation during their assessment. Although this is down slightly from 98% in 2014/15, we feel that 95% still represents excellent performance.
- 97% (437 out 452) saying that the person who visited them listened to their concerns.

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<sup>1</sup> Although 98% is a very high level of satisfaction, 2% (or 10 people) did not feel that they were treated with dignity and respect. It is of concern to us if anyone feels that they were not treated with dignity and respect, and we always contact anyone who gave a negative response and indicated that they were willing to discuss their answers. We also ask whether they are happy for us to share their comments with the relevant team so that we can learn from the feedback. However, some people do not wish to be contacted.

- 98% (356 out of 365) saying that they were satisfied overall with the care and support services they received.
- 98% (2,227 out of 2,270) of current service users also stating that they are satisfied with the service they are receiving.
- 98% of adult service users (2,237 out of 2,277) stating that they were satisfied about how the services they received were meeting their needs.
- 80% of people saying that information about support or services was very or fairly easy to find.
- 76 people also providing feedback about the usefulness of information. Most of the responses were very positive and highlighted how useful and helpful having the information has been.

*“I had received help in the past and I just rang the telephone number and was given assistance virtually straight away, but I did feel beforehand that I would have to move out of my property, but the help I received has enabled me to stay in my own home.” (Service User).*

## Children & Families

Since establishing a Children and Families Gateway last year, we have developed this offer to build capability in signposting children and their families to preventative services if their well-being outcomes will best be supported without the need for formal social services intervention. We have built on our child-centred approach and are having conversations with citizens at first contact to establish what matters to them, what well-being outcomes they are hoping to achieve, and what support they have within their social and family network and wider community to help them achieve well-being outcomes. This is underpinned by new software, developed from the Adults’ SPoA, and a new process for handling referrals and escalating matters where there is a child in need of a care and support plan or child protection.

Our engagement with partners in the third sector is increasing, and we have been proactive in encouraging partners to adapt DEWIS as a tool for communicating services to citizens. We have also worked with colleagues within the council and external partners to promote inclusive play and leisure opportunities for children with additional needs. This has entailed rolling out our self-assessment toolkit to settings across the county and setting aside a small grant pot for equipment and minor enhancements to settings.

Our engagement with the Police is also developing. We have piloted a Multi-Agency Safeguarding Hub and are now exploring with senior police officers ways of developing the child-centred approach across agencies and redesigning forms used by the Police to develop a “what matters” approach.

Core training in the social services and well-being act has been fully attended and we have actively promoted the values and principles within the UN Convention on the Rights of the Child, particularly in the Part 2 and Parts 3 and 4 training courses. This is reinforced through

our ongoing project “Voice of the Child” and the role of Independent Reviewing Officers (IROs) in supporting and improving our child-centred conversations.

Considerable work has been undertaken in our project entitled ‘capturing the voices of children, young people and families’. It was established to look at how to improve the engagement of children, young people and families in our service delivery and how we can improve our processes for capturing, hearing and responding to their voices. Children, young people and families will be actively involved in this project and there will be an increased use of mobile technology and social media in our approach to engagement and involvement. This project is also linked to a task group that was set up by the Regional Safeguarding Children’s Board (RSCB) Local Service Delivery Group that is looking at strengthening the voices of children and young people in safeguarding processes and activities. The Outcomes Framework pilot will compliment this well with regards to a different conversation with children and families that is focussed on the identification and achievement of personal outcomes.

To date the project has created a new Facebook page for Children’s Services, researched practice in this area, and is further developing potential innovative methods of communication and engagement. We have also consulted with our key stakeholders to understand what methods of communication they currently use and identify the barriers to engagement. Other new products have been launched including information for children in respect of child protection processes and reviews. Future plans include creating a Twitter account for the Service, looking into the benefits of creating ‘closed’ Facebook group for looked after children; revising the process for how children and young people participate in their looked after reviews; the use of blogs, briefing videos, audio recordings and podcasts.

It is important that we have suitable arrangements in place for assessing and determining need and eligibility, and this includes being able to complete assessments within statutory timescales. The number of initial assessments for children completed within 7 working days during 2015/16 was 91.1% (451 out of 495). The average time taken to complete initial assessments that took longer than 7 working days to complete, was 16.5 days during 2015/16. Scrutiny of those assessments not within timescale, identified that delays were usually due to the availability of families following allocation of the assessment on the client information system.

The percentage of required core assessments for children completed within 35 working days was 97% (96 out of 99) during 2015/16. The average time taken to complete those required core assessments that took longer than 35 days, was 69.3 days during 2015/16. Whilst only a few assessment are out of timescale, these have been scrutinised and we found that they were delayed due to the complexity of the assessment required. We firmly believe that the quality of assessment is vitally important, and if this requires further time to complete then this is discussed and agreed with the social worker’s practice leader.

## Quality Standard 2

**Local authorities must work with people who need care and support and carers who need support and relevant partners to protect and promote people’s physical and mental health and emotional wellbeing.**

In order to achieve this, in the exercise of their social services functions local authorities must:

- a) Jointly develop with partners and people the means to promote and support people to maintain a healthy lifestyle.
- b) Support people to access services which enable them to maintain a good level of mental health and emotional well-being.
- c) Encourage and empower people to manage their own health and wellbeing, be active and benefit from proactive, preventative care and support.

### Overall Evaluation of Progress Towards Achieving Quality Standard 2

#### Adults

The need to work with people to help to protect and promote their physical and mental health and emotional wellbeing is central to the “what matters” conversation we are having with people who contact us. In doing so, we believe that we can remove, reduce or delay the need for people to require formal care and support from social services, and that people can remain as independent as possible for as long as possible. However, it is also essential that we are able to provide timely and appropriate support when formal care and support from social services is required to enable people to remain living independent and fulfilling lives within their own homes and communities. This will hopefully enable us to reduce the number of older people in Denbighshire who need residential care.

It is widely regarded that there are too many older people living in residential care homes in Wales, and Denbighshire has traditionally seen a larger proportion of its older people living in residential care home when compared to others areas across Wales. National research shows that outcomes for people are better when they are enabled to live more independently, either in their own home, or in more enabling alternatives to standard residential care, such as Extra Care Housing. We have been working hard in recent years to support people to remain as independent as possible for as long as possible, and to reduce the number of people who need to be supported in residential care homes. We have also worked with partners to develop three Extra Care Housing schemes in Denbighshire, and work will began to develop additional schemes during 2016/17, including construction of a new 51-apartment scheme in Denbigh.

There are two indicators which measure the number of adults requiring support within a residential care home. One measures the number of people supported by the council to live in a residential care home at any point during the year. The other measures the number of people supported by the council to live in a residential care home on a census date (31<sup>st</sup> March). Both indicators tell us something useful, and both show that the need for residential

care in Denbighshire has reduced significantly since 2011/12, and is continuing to reduce year on year.

As at 31<sup>st</sup> March 2016 (i.e. the census date), the percentage of adults needing residential care because they were unable to live independently was 0.63% (473 people). This is a decrease from 0.66% (499 people) at 31<sup>st</sup> March 2015. Over the past four years, the number of adults needing residential care has reduced by a total of 106, from 579 at 31<sup>st</sup> March 2012.

As part of our Corporate Plan 2012-17, we publish an ambition to reduce the number of adults who needed residential care during the year by 200, from 815 in 2011/12 to 615 by 2016/17. The figure for 2015/16 was 678, which is a reduction from 697 for 2014/15. Since 2011/12, the figure has reduced by 137, from 815 to 678. This demonstrates our success in supporting people to remain as independent as possible for as long as possible.

We work closely with our health colleagues to ensure that older people are able to leave hospital as soon as they are ready to be discharged. When we are not able to do this, and we are unable to arrange the care and support necessary to enable people to leave hospital, this is called a “delayed transfer of care for social care reasons”. During 2015/16, the rate of adults experiencing a delayed transfer of care from hospital for social care reasons was 2.62 per 1,000 population aged 75 or over. This means that 25 people experienced a delayed transfer of care for social care reasons during the past year. This is an increase from 12 people (a rate of 1.27) during 2014/15. The increase is mainly due to difficulties in arranging domiciliary care packages to support people to return home. The past year has seen an increase in the pressures on the domiciliary care market, with providers having difficulty with recruiting and retaining staff. This is not unique to Denbighshire, and these pressures are being felt across Wales. A rate of 2.62 per 1,000 still compares very favourably to the Wales median in 2014/15 (5.09), and we expect that the 2.62 will still be one of the lowest rates in Wales when the 2015/16 national data is published in the autumn.

### **Children & Families**

In relation to the health and wellbeing of looked after children, the percentage of health assessments for looked after children due during 2015/16 that were undertaken was 79.7%, which is an increase from 73.5% during 2014/15. We continue to improve our practice, with the specialist nurse undertaking some assessment work with the cohort of young people who are non-attenders for scheduled appointments, including the ability to offer sexual health information both individually or in agreed groups.

Our Specialist Nurse for Looked After Children continues to champion the health needs of this cohort of children and endeavours to establish a shared understanding with our colleagues in Betsi Cadwalder of the importance of this work and the collation and recording of information.

The percentage of looked after children who have had their teeth checked by a dentist during 2015/16 was 50.4% (57 out of 113 looked after children). This compares to 59.7% (79 out of 132 looked after children) during 2014/15. Our performance in relation to dental check for looked after children was identified as an area requiring improvement by CSSIW in their annual

report about our performance in 2014/15. We have continued to struggle in terms of our recording of this information and have now tasked individual supervising social workers to collate this information rather than reliance on information gained at statutory reviews or indeed the client information system.

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. Members of the Therapeutic Service also work one day per week with colleagues from CAMHs, a working arrangement that benefits both agencies. Whilst waiting lists remain high we are able to fast track some complex cases where both agencies have significant concerns.

## Quality Standard 3

**Local authorities must take appropriate steps to protect and safeguard people who need care and support and carers who need support from abuse and neglect or any other kinds of harm.**

In order to achieve this, in the exercise of their social services functions local authorities must:

- a) Respond effectively to changing circumstances and regularly review achievement of personal well-being outcomes.
- b) Provide care and support to people where it is necessary to meet their assessed needs in order to protect them from abuse or neglect or a risk of abuse or neglect or to protect a child from harm or a risk of harm.
- c) Develop suitable arrangements for people who put their own safety or that of others at risk to prevent abuse and neglect.
- d) Support people to protect the people that matter to them from abuse and neglect.
- e) Manage risk in ways which empower people to feel in control of their life, consistent with safeguarding needs.
- f) Work in partnership with others to investigate allegations of abuse and neglect to ensure that people are protected from harm.

### Overall Evaluation of Progress Towards Achieving Quality Standard 3

#### Adults

CSSIW concluded in last years' annual report that improvement was needed within the POVA process to ensure that cases are dealt with promptly and consistently. Part of our response to this issue was to make some staffing changes and create a new Safeguarding Team. Since then, additional safeguarding training for Designated Lead Managers has been provided, and a rolling programme of further training has been established. Specific training on managing strategy meetings has also been commissioned. A new post of Safeguarding Team Manager has been developed to provide additional professional support to Designated Lead Managers and we have also increased the administrative support for the PoVA process, to support the Designated Lead Managers. A Peer Review has also been undertaken with Conwy to ensure that we have an external view of our processes, and this is being monitored through the Local Safeguarding Adults Delivery group that includes all relevant partners including Health and the Police.

In response to the concern that further clarity was needed around the council's threshold for accepting or rejecting PoVA referrals, we have adopted the national threshold tool for POVA referrals that has successfully been used in other Wales Local Authorities. This is ensuring consistency in decisions making about the threshold for investigation. We have also revised our SPoA processes to enable a more effective and robust screening of POVA referrals, and to ensure that sufficient information is available to enable timely decisions to be made about whether the threshold for a PoVA referral has been met.



We also invited our Internal Audit Team to undertake a review of our POVA processes to evaluate whether the changes were leading to improvements. Based on its review, the Internal Audit Team reported an overall assurance rating of 'Medium', meaning that some risks were identified, but these are containable at service level. The Audit opinion was that "The impact of recent staffing changes is not yet fully embedded but our testing of a sample of POVA referral cases was generally positive, suggesting that the actions already implemented are addressing issues raised in the CSSIW report".

Our performance in relation to dealing with Protection of Vulnerable Adults (POVA) referrals improved during 2015/16, with the risk being managed for 100% of the POVA referrals completed during the year. This is pleasing for two reasons. First, because our performance increased to 100% from 98.7% in 2014/15, and also because the number of POVA referrals completed rose from 74 in 2014/15 to 99 in 2015/16. Both of these facts demonstrate that our POVA processes have improved during the past year.

It is also important that we enable people to feel safe, as the perception of safety is often as important to an individual as safety itself. As part of our current satisfaction surveys of adult service users, we ask "Has support set up by Social Services helped you to feel safe and secure in your home?". The proportion of adult service users responding positively to this question during 2015/16 was 95% (396 out of 416). This is down slightly from 97% (240 out of 250) during 2014/15, although the sample size in 2015/16 was much higher. We often received relevant comments back from service users and family members/carers in relation to this question, for example:

*"Very happy and likes the support staff who help her feel safe within her home and also enable her to live within the community"* (Family Member of Service User).

## Children & Families

The establishment of the new Education and Children's Services included a review of the management structure, and new roles were established with a remit across both parts of the service. The Safeguarding and Reviewing Manager is now working closely with school management to develop the understanding of how best to safeguard children and young people in education.

The Safeguarding Unit has improved and consolidated performance on holding child protection conferences and Looked After Children (LAC) reviews within clear timescales, and there is a steady increase in the number of children and young people attending. Safeguarding and Reviewing Officers have continued to extend the range of tools used to consult with children and young people and thereby increase the impact their views have on outcomes.

The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable during 2015/16 was 96.3% (893 out of 927). This represents a substantial improvement from 2014/15, which was 89.8% (855 out of 952).

A Signs of Safety approach to risk analysis has been adopted in child protection conferences. Evaluations of the impact of this, including those from service users, suggest the approach is helping to clarify concerns and strengths on which to base effective protection plans and achieve improved outcomes for families with children on the Child Protection Register. A comprehensive quality assurance audit programme has been introduced across children's services, and this includes looking in detail at a random selection of case files and independent reviewing officers observing front line practice. Reporting is quarterly to the joint management team, and all practice leaders and managers are involved in this programme.

The Extended Child Practice Reviews agenda is now well established within the authority and we are undertaking our second learning event. This, alongside thematic lunch time seminars for front line staff, is helping to create a learning culture in which staff can reflect, learn and adopt best practice.

A corporate safeguarding programme has been established, with lead nominated officers for all council departments, and a rolling programme of awareness raising for front-line council staff about their duty to report child protection and safeguarding concerns. On-line training for all staff on safeguarding is planned and being implemented. Compliance with safer recruitment is in place, and levels of safe recruitment increasing across all departments.

The service successfully introduced an outcomes focussed pilot in working with vulnerable families who often needed what are now regarded as care and support packages or were on the Child Protection Register. This involved an approach of listening and negotiating "what matters" with families and creating packages of support that were more effective. The service intends to extend this approach to working with families in future.

## Quality Standard 4

**Local authorities must actively encourage and support people who need care and support and carers who need support to learn and develop and participate in society.**

In order to achieve this, in the exercise of their social services functions local authorities must:

- a) Support people to do the things that matter to them to achieve their personal well-being outcomes.
- b) Help people to gain the skills and educational attainment they need to engage in things that matter to them.
- c) Encourage people to be active members of their communities, and to support each other in reducing social isolation.

### Overall Evaluation of Progress Towards Achieving Quality Standard 4

#### Adults

This is all part of the new approach to engaging with citizens by having a “what matters” conversation to establish what personal wellbeing outcomes they want to achieve. It is about supporting people to improve their quality of life and enabling them to do the things that are important to them. We know that social isolation can often be a big problem for older people, and we are therefore looking for ways to encourage people to be social active within their communities. One of things we are doing is participating in the DEWIS project to identify groups that exist within our communities and to encourage these groups to register on the DEWIS website. Opportunities for community participation and social interaction can then be identified when people contact us for a “what matters” conversation, whether that be by contacting the SPoA, by visiting a Talking Point, or by discussing ways to achieve personal wellbeing outcomes with one of our social care teams.

Once a person has been supported to identify their personal wellbeing outcomes, the next stage is to help them identify what resources they have at their disposal to help them to achieve those outcomes. This will include things like friends and family, but we can help them to identify other resources that might be available to them, such as community groups or 3<sup>rd</sup> sector organisations. We can also signpost people to other organisations if they require advice in relation to things like employment or benefits. If, after evaluating all of the potential resources already available to them, there are outcomes which can only be delivered with the support of social services, then we will develop a support plan and provide them with a support budget to enable them to buy the support they need to help achieve their outcomes.

The work being done in relation to supporting adults with complex disabilities (via the time-limited progression support project and the woodland skills service) is highly relevant to this Quality Standard. Both projects are supporting and encouraging people to do the things that matter, helping them to gain new skills and encouraging them to be active members of their communities.

A number of new performance measures have been established by the Welsh Government to help local authorities to evaluate their success in relation to this Quality Standard. Most of these performance measures are new for 2016/17, and the information will be collected by sending a questionnaire to service users. However we have been gathering feedback from service users for a number of years now, and some of the information collected is relevant to this Quality Standard. For example, each year, we contact adults who receive a support package from social services to check whether they feel that the support they receive is improving the quality of their life. 98% of respondents (2198 out of 2250) answered positively to this question during 2015/16. This is consistent with the previous year, which was also 98% (2649 out of 2712).

## **Children & Families**

Looked after children often struggle with academic attainment, and this puts them at a disadvantage to other children in terms of future life chances. The percentage of looked after children achieving the Core Subject Indicator (CSI) at Key Stage 2 was 87.5% in 2015/16, down slightly from 88.9% in 2014/15. In 2015/16, there was one mainstream pupil who did not achieve the CSI as they were on the SEN register at SA+. Additional support was put in place in order to boost their levels but they were unable to achieve level 4 in maths and English - although level 4 in science was achieved.

In 2015/16, the average external qualifications point score for 16 year old looked after children (in any local authority maintained learning setting) was 184, compared with 439 in 2014/15. However the cohort for this measure is extremely small, which means that large fluctuations in performance can be expected from year to year. As stated in last years' annual report, there were only 4 children in this cohort for 2014/15, and all did very well. The average point score of 184 in 2015/16 (based on a cohort of 9 children) compares favourably to 164 in 2013/14.

The percentage of looked after children who have experienced one or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, reduced during the past year, from 21.8% in 2014/15, to 18.6% in 2015/16. The number of children experiencing one or more change of school also fell from 22 in 2014/15 to 19 in 2015/16. This shows that there has been an improvement in relation to educational stability for looked after children. It is important to note that 7 of these school moves were due to children moving to permanent placements, including adoption and placement with extended family outside of our area. In addition two moves took place following siblings moving house with their long term foster carer. Personal Education Plan's continue to be produced within timescale, with a 100% performance in this area.

## Quality Standard 5

**Local authorities must support people who need care and support and carers who need support to safely develop and maintain healthy domestic, family and personal relationships.**

In order to achieve this, in the exercise of their social services functions local authorities must:

- a) Work in partnership with people to investigate allegations of abuse and neglect and take action to ensure that people are protected from harm.
- b) Support people to maintain the relationships that matter to them, consistent with safeguarding needs.
- c) Help people to recognise unsafe relationships and protect themselves from abuse and neglect.
- d) Take the views of people's families, carers and other personal relationships into consideration when assessing their care and support needs, if appropriate.
- e) Provide people with stable and consistent care and support placements.

### Overall Evaluation of Progress Towards Achieving Quality Standard 5

#### Adults

Carers (who are often related to the cared for) provide essential support for the people who may otherwise require significant support from social services. We therefore recognise the importance of providing support to carers in order to enable them to continue in their caring role. In relation to support for carers, 97.9% of adult carers who were assessed or reassessed during 2015/16 were subsequently provided with a service (up from 96.7% in 2014/15). This means that 470 adult carers were provided with a service during 2015/16, which is a small increase from 466 the previous year. Unfortunately, the % of adult carers who were offered an assessment or review of their needs in their own right reduced to 90.4% during 2015/16, from 93.7% the previous year. However, we believe that this is mainly a recording issue, and we are confident that all known carers are offered an assessment every year. We have now made changes to our recording systems to ensure that we are able to demonstrate more clearly in future that all carers are offered a carer's assessment.

We currently send our 'Have your say' carers questionnaire to those people who have received a carers assessment. As part of this questionnaire, we ask "overall, how satisfied or dissatisfied are you with the support you and the person you care for have received from Social Services in the last 12 months?" 88% of respondents (42 out of 48) stated that they were "very or fairly satisfied" during 2015/16.

We also ask carers whether, in the last 6 months, they felt that that "have been involved or consulted as much as you wanted to be, in discussions about the support provided to the person you care for?" 83% of respondents (43 out of 52) stated that they "always or usually felt involved or consulted".

We contacted carers who gave any negative responses within their responses (where they gave permission to do so) to gather further details of the issues they were facing. Their comments were then passed on to a carer's assessor or they were re-referred to the Single Point of Access (SPoA) for a further conversation.

## **Children & Families**

Placement stability is important for looked after children, and we do everything we can to minimise the number of changes. Last year, we saw a reduction in the percentage and number of looked after children who had three or more placements during the year, from 9.9% (16 children) in 2014/15, to 8% (14 children) during 2015/16. We strive to maintain stable placements for all children and young people, and aim to minimise the number of moves they experience. However, this is not always possible, and changes can often be for positive reasons, such as returning to the family, adoption, etc. Of the 14 children/young people who experienced three or more placements it should be noted that for two of these the third move was to a permanent foster placement, one child returned to parents (under Placed with Parents legislation) and one young person was assisted with a planned move to independent living. We monitor placement moves closely and, where there is a concern about movements, these are considered at the Intensive Intervention Panel to make sure we maximise stability.

We are always seeking to improve our foster carer recruitment activity to ensure good resources and matching processes and have engaged in a regional advertising campaign. In an "Invest to Save" project we have financially supported adaptations and extension to foster carer homes where these carers have proven ability and resilience in challenging placements, in order to increase their placement capacity.

## Quality Standard 6

**Local authorities must work with and support people who need care and support and carers who need support to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.**

In order to achieve this, in the exercise of their social services functions local authorities must:

- a) Support people to participate as active citizens both economically and socially.
- b) Support people to access and sustain the ability to engage in meaningful work.
- c) Support people in accessing financial advice and help with benefits and grants.
- d) Provide access to services through the medium of Welsh, in line with the Welsh Governments' framework for Welsh Language, 'More Than Just Words' or in other languages of choice where necessary.
- e) Support people to access living accommodation that meets their needs and facilitates independent living.

### Overall Evaluation of Progress Towards Achieving Quality Standard 6

#### Adults

One of things we do is to sign-post people to the Denbighshire Citizen's Advice Bureau, whom we fund to provide an advice service to residents about benefits and associated financial matters.

We have several initiatives in place to help to find jobs in the community for people with a learning disability. This includes full-time or part-time work, or even a 6-8 week taster session as part of a work experience programme. There are also lots of training opportunities available in Denbighshire for people with a learning disability, including opportunities to train in the workplace.

We know that it is essential for people to be able to discuss and receive care and support in their language of choice. We also know that this becomes even more important for people suffering from dementia-related conditions, because many people then revert back to their mother-tongue and struggle to communicate at all unless they are able to do so using their language of choice. One of the questions we include in our 'Have your say' questionnaires which we send to service users is: "During your assessment, re-assessment or review, were you able to discuss your problems in the language of your choice?" Of the people who responded to this question (130), 100% stated that they were able to discuss their problems in the language of their choice. Although based on a small number of responses, the results are very positive.

In addition to the above, we ask, "If you are a Welsh speaker, on first contacting Denbighshire Social Services, were you able to discuss your problems in the language of your choice?" Of the

people who answered this question, 84% (69 out of 82) responded positively. Clearly there is some room for improvement in this area, because we would expect everyone to have the opportunity to communicate with us in the language of their choice.

We also ask “If you are a Welsh speaker, did you receive the support in the language of your choice from the person(s) who provides support for you in your own home?”. 83% of people responded positively to this question during 2015/16. Although we would ideally like this proportion to be higher, this is a bit more difficult for us to control. Sometimes, a domiciliary care agency cannot guarantee that it will be the same person(s) who goes into someone’s home to provide care and support. In the case of unexpected absences (due to sickness for example), the provider may be forced with a choice between a non-welsh speaking carer, or no carer at all. Of course, each person will also interpret the question differently, with some answering “yes” if they *usually* receive support in the language of their choice, and others answering “yes” if they *always* receive support in the language of their choice.

In terms of people reporting that they live in the right home for them, we currently collect satisfaction data from residents within care homes, who continue to be very positive about the home they live in. 100% of the responses received during 2015/16 stated that they felt the home met some or all of their needs. We also ask a series of specific questions to service users at the point of re-assessment, and some of the comments received relate to the issue of suitable housing:

*“I am very pleased with the outcome of the service that I have received. I am in a new home which is more suitable to my needs and the needs of my family. I have been offered further items of equipment to help.” (Service User)*

We have a housing solutions team who work with people and families who are threatened with homelessness in order to prevent or relieve their situation. We are committed to improving the type and standard of emergency homelessness accommodation currently being used. People who present as being homeless have a range of different needs, and some are very vulnerable and present high risks. Often, there is involvement from Health and /or Social Services teams, and it is of vital importance that there are effective joint working arrangements in place.

Emergency accommodation for people who present themselves as homeless is largely provided in holiday, bed & breakfast and hotel accommodation, but we are keen to reduce dependence on this type of accommodation, particularly in relation to homeless 16 and 17 year olds. ‘Interim Accommodation’ is used as move on from ‘emergency’ accommodation for families to whom the Council owes a ‘full duty’, pending an offer of permanent re-housing. This type of accommodation is usually provided in self-contained properties (houses in the main), which are leased from private sector landlords. The household are able to remain in the interim accommodation until the Council’s duty to them is discharged through an offer of a tenancy of suitable accommodation.



We are currently preparing a homelessness strategy, in accordance with statutory requirements, and this will present us with an up to date analysis of the type and extent of needs in relation to homelessness and the range of provision that we need to address them.

Our priorities for the coming year include:

- Implementing a mixed tenure strategy, offering a range of solutions which enable the Council to safely meet the diverse needs of the people who present as homeless.
- Reducing the level of homelessness within the county through effective implementation of the statutory “prevention” duty.
- Improving the management of the existing interim accommodation provision to facilitate quicker “move on” into permanent housing, and thereby reducing the length of time spent in emergency accommodation.
- Implementing our Service Improvement Plan to improve performance in all areas, including homelessness prevention and the effective management of interim accommodation.
- Complete the Homelessness Strategy in partnership with key stakeholders.
- Developing and implementing a protocol for effective joint working between Housing Solutions and Planning and Public Protection.
- Developing a more joined up approach with Supporting People to consolidate our resources for addressing homelessness.

The Supported Independent Living (SIL) Service, the replacement for the previous Sheltered Housing Warden service, is fully funded by the Supporting People Grant, provided directly by Welsh Government and has been subject to a full Supporting People (SP) Service Review in September 2015, which resulted in 21 recommendations over 6 Outcome Areas. Supporting People have appointed a Generic Link Worker who will work with SIL one day per week. Their role is to ensure that SIL and other internal services funded via Supporting People, are in compliance with Supporting People Programme Guidance and are operating in non-bureaucratic and sustainable way. The Senior SIL Officer has been working with the SP Contract and Reviewing Officer and the Supporting People Link Worker, on the development and implementation of an action plan.

A new contract was issued to SIL commencing April 2016, and funding was confirmed for 2016/2017. The local government settlement had a direct bearing on the Supporting People (SP) Budget across Wales and the size of the SP Grant awarded to Denbighshire. The budget for SIL in 2016/2017 is therefore £500,000 which is a reduction of £47,962 from 2015/2016. The reduction of funding has been negated by the deletion of the Care and Support Manager post. Line management responsibility for SIL will sit with the Supporting People team manager for the next 12 months.

Supporting People is a Welsh Government funding stream that provides housing related support to vulnerable people at risk of homelessness including; young people, older people,

people fleeing domestic violence, ex-offenders, people with drug or alcohol issues and people with physical, mental or learning disabilities. Housing related support aims to enable people to develop and maintain their confidence and skills to live as independently as possible. In 2015-16:

- Over 2000 people were supported (excluding the provision of alarms).
- We implemented a 10.4% budget cut through remodelling projects, including an 18% saving in the admin budget.
- We piloted new ways of supporting people through community-based projects and personal budgets.
- We developed a Service User Involvement Toolkit.
- We launched a new sustainable service for rough sleepers in Rhyl, and won the Cymorth Cymru Promoting Independence Award for Working in Partnership in December 2015.
- We commissioned research on barriers to engagement for rough sleepers, the range of homelessness services in operation, and the value of the Single Pathway & Complex Case Project.
- We received 2nd place award at TPAS Cymru Participation Awards 2015 for a Supported Housing DVD produced by service users with TAPE Community Music & Film.
- We received substance misuse funding for tenancy starter packs and Substance Misuse Recovery Project, and supported access to Dental provisions

As mentioned earlier in this report, we are committed to supporting people to access living accommodation that meets their needs and enables independent living. This is why we made the commitment in our Corporate Plan 2012-17 to facilitate the development of additional extra care housing developments. Care staff are on-site 24 hours a day in extra care housing, just as they are in a residential care home, and extra care housing can therefore support people who have the same level of social care needs as in a standard residential care home. However, research shows that there are many benefits to extra care housing over residential care. Extra care housing tends to be a more enabling environment, and people have better outcomes and are able to live more independent and fulfilling lives. As discussed earlier, our work to facilitate the development of additional extra care housing developments progressed well during 2015-16, with construction to begin shortly on the site we purchased in Denbigh.

In relation to supporting adults with complex disabilities, we have developed a housing needs spreadsheet which is updated and monitored each month. The information is used to identify suitable housing opportunities, including voids in community living as well as new properties. Last year, we also developed a supported housing guide for staff. This helps to ensure that staff can identify and support individuals to move into their own home, and we supported a number of people to move from a Care Home to their own home last year.

## Children & Families

The percentage of young people formerly looked after who are known to be engaged in education, training or employment at the age of 19 increased during 2015/16. The end of year figure for 2015/16 was 80% (8 out of 10 young people), which compared favourably with 55.6% (5 out of 9 young people) the previous year. However, it is important to note that the cohort for this measure is very small, so small changes to the numbers have a big impact on the overall percentages.

The percentage of young people formerly looked who are known to be in suitable, non-emergency accommodation at the age of 19 also increase last year. It is very encouraging that the figure for 2015/16 for this performance measure was 100% (10 out of 10 young people). Again, this compares favourably to 88.9% (8 out of 9 young people) during 2014/15.

As part of Regulation 42 of the Fostering Services (Wales) Regulations 2003, during December 2015 and January 2016 questionnaires were sent out Foster Carers and Fostering Panel Members to gain their views on the quality of care provided by the Fostering Service. The majority of Foster Carers reported that they were satisfied with the level of support they receive and found the training programme helpful to enable them to become more confident and informed. A number of Foster Carers recorded that their Supervising Social Worker was 'excellent'. Panel Members recorded that the quality of documentation was of a high standard as was the quality of care offered to children and young people. The level of knowledge and experience the Fostering Staff have of the Foster Carers is excellent.

We are working with the WGLA to develop a Youth Pathway in order to avoid the use of B&B accommodation for homeless 16/17 year olds, and indeed for care leavers and other vulnerable young people aged 18 – 21. The limiting, and ultimately ceasing, the use of B&B accommodation for 16/17's has been on our radar for some time. Colleagues in housing and in the Looked After Service have worked together to try to find alternatives but this has been a struggle as there are limited emergency placements for this group of individuals.

It is worth noting that the protocol that we have with housing to interview and support 16/17's who present as homeless works very well, with both agencies cooperating to ensure that this type of provision is a last resort and that the young people are moved on in the shortest possible timeframe.

## Structural arrangements, governance and accountability

The council has very robust internal governance arrangements in place to support the effective management of social 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 CSSIW'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 & Social Services 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 to the Senior Leadership Team (SLT); Scrutiny; and Cabinet, and various reports being presented to scrutiny periodically on service specific issues, such as the Protection of Vulnerable Adults.

At the end of 2015/16, the Head of Community Support Services (which includes adult social care) implemented a review of his senior management team in order to create some additional capacity at the strategic level. This means that there are now two Principal Managers (one for operational services and one for support services) who report to the Head of Service, with service managers reporting to the two Principal Managers. This will create more capacity for the Head of Service and two Principal Managers to focus on strategic issues.

The end of 2015/16 also saw the establishment of a new service called Education & Children's Services. This merger of Education and Children & Family Services has been planned throughout 2015/16, and as the Corporate Director for Communities (and also the Statutory Director of Social Services), I led on this work to ensure there was a smooth transition to the new service.

The establishment of the new service included a review of the management structure and new roles were established with a remit across both parts of the service. A new role of Principal Manager Children's services has been established to provide greater capacity to the Head of Service, in light of the broader remit. This is mirrored by two Principal Manager roles in Education. The Safeguarding and Reviewing Manager is now working closely with school management to develop the understanding of how best to safeguard children and young people in education. A new role of Early Intervention, Prevention and Support service manager has been established to draw together these elements from Education and Children's services and deliver a holistic service, including management of Flying Start and Families First grants. Overall these changes have created more capacity for the new Head of Service to deliver this broad and significant remit and sharpened our focus on working across the organisation and with schools to safeguard, protect and offer opportunities to children and young people.

The establishment of the new service was underpinned by a robust Test of Assurance, based on the model used in England in 2012 when it was compulsory to join Children's services and Education and demonstrate legal compliance. The Test of Assurance, and resultant action plan, has been reviewed with Lead members for Education and Children's services and through our corporate Governance Scrutiny process and will be repeated again after 12 months' operation of the new service to assure the safety of Denbighshire children.

## Effective partnership working via Partnership Boards

Part 9 of the Social Services & Wellbeing (Wales) Act requires local authorities to make arrangements to promote co-operation with their relevant partners in relation to adults with needs for care and support, carers and children. The act also requires local authorities and local health boards to enter into partnership arrangements and to establish regional partnership boards with the purpose of improving outcomes for, and the wellbeing of, citizens. This means that there is a requirement to establish a Regional Partnership Board in each health board region in Wales. The Regional Partnership Board will be a statutory body with functions defined by the Act and in subsequent regulations with the force of law.

In North Wales, we have been working to implement this new board, building on the good partnership arrangements already in place in the region, for example the Integrated Services, Workforce Development; Commissioning and Safeguarding Boards. The North Wales region has operated a regional forum bringing together key partners in Social Care and Health (principally Councils and the Health Board) for many years. This regional body has worked with the Social Services Directors and Health Board Officials to manage grants made available on a regional basis by the Welsh Government to improve joint working between councils, the health service and independent care providers. The Act has transferred this activity to the new, statutory Regional Partnership Boards which will take an overview of the Intermediate Care Fund and other regional funding streams as directed by the Minister.

The new Regional Partnership Board will also take an overview of the promotion of integrated working. It is proposed that the delivery of integrated working and the implementation of pooled budgets are undertaken at the area level in partnership with the Area Directors of the BCUHB. A shadow Regional Partnership Board has now been established to enable work on the final terms of reference, priorities and work programme of the new Board in a two way dialogue with the constituent members of the Board.

In North Wales, it has been agreed that the existing Partnership Forum will act as the shadow Regional Partnership Board and will meet regularly over the next few months to work on the establishment of the Regional Partnership Board. The shadow Regional Partnership Board has the same membership as that proposed for the formal Board and required by statute. It has also been agreed that, in the interim, the current Chair of the Partnership Forum will be co-opted onto the Regional Partnership Board to provide continuity, leadership and the maintenance of pace around the establishment of the Regional Partnership Board.

We are also participating in a project with the 5 other local authorities in North Wales and the local health board to jointly undertake a population needs assessment to identify the needs for care and support, support for carers and preventative services and the range and level of services which are required to meet these needs.

The North Wales Adoption Service Board has been reconfigured and has representation from Service Managers from the 6 local authorities, and is chaired by a member of the North Wales Heads of Service. The Board is not only monitoring local performance but also benchmarking

against the performance of other consortia across Wales. Members of the Board are active members of the groups developing the All Wales Adoption Service.

## Safeguarding arrangements

As discussed in the chapter on Quality Standard 3, in its 2014/15 annual report, CSSIW expressed some concerns about timeliness and a lack of consistency in the safeguarding process, specifically relating to the issue of dealing with Protection of Vulnerable Adults (PoVA) referrals. Since then, much has been done to improve our performance in this area. The introduction of a revised SPoA processes has enabled more effective and robust screening of POVA referrals, with SPoA operators ensuring that all the necessary information is available to enable a decision to be made about whether the case meets the threshold for an investigation. Additional safeguarding training has been delivered to Designated Lead Managers, and specific training has been commissioned to improve their confidence and competence in relation to managing strategy meetings. We have also create a new post of Safeguarding Team Manager to provide additional professional support to Designated Lead Managers and improve the whole process. The new Safeguarding Team will be based together in one office location to enable a more co-ordinated approach.

A Peer Review has been undertaken with Conwy to ensure that we have an external view of our processes and this is being monitored through the Local Safeguarding Adults Delivery group that includes all relevant partners including Health and the Police.

We also invited our Internal Audit Team to undertake a review of our PoVA processes to evaluate whether the changes were leading to improvements. Based on its review, the Internal Audit Team reported an overall assurance rating of 'Medium', meaning that some risks were identified, but these are containable at service level. The Audit opinion was that "The impact of recent staffing changes is not yet fully embedded but our testing of a sample of POVA referral cases was generally positive, suggesting that the actions already implemented are addressing issues raised in the CSSIW report".

As discussed in the chapter on Quality Standard 3, the establishment of the new service (called Education & Children's Services) has enabled closer working between the Safeguarding and Reviewing Manager and school management to develop the understanding of how best to safeguard children and young people in education. The service has also improved its performance in relation on holding child protection conferences and Looked After Children (LAC) reviews within appropriate timescales, and the Signs of Safety approach to risk analysis is helping to improve outcomes for families with children on the Child Protection Register.



## Handling and investigation of complaints and representations

Fewer social services complaints were received during 2015/16 compared to the previous year. A total of 21 complaints were received during 2015/16, compared with 37 during 2014/15. The 21 complaints resulted in 19 Stage 1 investigations and 2 Stage 2 investigations.

100% of the 21 complaints were dealt with and responded to within timescale during 2015/16. This is an improvement from 96% during 2014/15.

There was a slight increase in the number of complaints upheld or partly upheld last year, from 66% in 2014/15, to 75% in 2015/16.

There have been several instances during the past year of citizens or their families not accepting decisions made using our eligibility criteria. These have been dealt with by offering a re-assessment in the first instance. In all cases eligibility criteria had been applied correctly in the first instance, however the second assessment can still offer a different outcome or different options for the citizen or their family. Perhaps this is due to the differing perspective of the practitioners, or the presentation of the citizen differing during the second assessment.

### **Service Improvements/Lessons Learned following complaints:**

The Community Living Guide for Practitioners has been updated significantly following a complaint regarding the compatibility/matching process for existing and potential new tenants. Failures were identified, and the additions to the guidance should help prevent future occurrences.

There have been lessons learned in terms of improving practice around checking and recording citizen's legal documents, such as power of attorney statements. The case recording process is currently being reviewed to respond to this issue.

Processes for the joint Denbighshire and Conwy Community Equipment Service (CESI) have been improved to ensure staff illness does not affect specialist orders, following a complaint regarding a delay.

### **Complaints resolved within 24 Hours:**

Any 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 instead recorded as concerns. 9 out of 30 valid complaints were dealt with in this manner during 2015/16, which reduce the number of complaints needing to be managed according to the formal process by 30%.

## Inspections undertaken in relation to social services functions

A number of inspections were undertaken by CSSIW during 2015/16, all relating to Adult social care. A summary of the findings, and any actions subsequently taken to address any issues, is provided below.

- **Adult Placement:** A Focused inspection was carried out in February 2016 and the report was published in March. There were no compliance issues or recommendations and it was a very positive report.
- **Community Living:** A Focused inspection was carried out in February 2016 and the report was published in March. There were no compliance issues or recommendations and it was a very positive report.
- **Awelon Care Home:** A Focused inspection was carried out in July 2015 and was published in August 2015. No non-compliance issues were identified, and the report recognises that previous issues had been addressed. Health and Safety inspections of the kitchen were very good, resulting in a "Score on the Door" of 5 out of 5.
- **Cysgod y Gaer Care Home:** A focused inspection was carried out in March 2016, but the final report has not yet been agreed or published. In terms of health & safety, inspections of the kitchen were very positive, resulting in a "Score on the Door" of 5 out of 5.

## Appendix I – Performance data used to measure the Quality Standards

The set of performance measures have been established by the Welsh Government to help local authorities to evaluate their success in relation to the six Quality Standards. Some of these performance measures are new for 2016/17, so we cannot report our performance against them all for 2015/16. However, where this is the case, we often have similar measures that we have been collecting for several years, and we have made reference to those instead.

### Measuring Quality Standard 1:

Measure	2015/16 data	2014/15 data
% of service users responding positively to the question “If you have looked for information about support or services in the past year, have you found it easy or difficult to find? This may be from any organisation”.	80%	N/A New for 2015/16
People reporting they were treated with dignity and respect	98%	99%
% of service users responding positively to the question "During your assessment, did you have an opportunity to explain your problems and your views on your situation?".	95%	98%
% of service users responding positively to the question “Did you feel that the person who visited you listened to your concerns?”	97%	97%
% of service users responding positively to the question “Overall, how satisfied are/were you with the care and support services you received?”	98%	98%
% of adults who receive a support package from social services who report that they are satisfied with the service they are receiving	98%	98%
% of adults who receive a support package from social services who report that they are satisfied about how the services they received were meeting their needs	98%	98%
The % of people not being referred to formal Health and Social Care Services by the SPoA (our information, advice and assistance service)	35%	N/A New for 2015/16
The % of total contacts to the SPoA (our information, advice and assistance service) which did not lead to a referral to formal Health and Social Care Services	30.9%	N/A New for 2015/16
The number of initial assessments for children completed within 7 working days	91.1%	93.6%

The average time taken to complete initial assessments for children that took longer than 7 working days to complete	16.5 days	13.4 days
The % of required core assessments for children completed within 35 working days	97%	98.2%
The average time taken to complete those required core assessments for children that took longer than 35 days, was during 2015/16.	69.3 days	57.3 days

### Measuring Quality Standard 2:

Measure	2015/16 data	2014/15 data
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	2.62	1.27
The % of the adult population who required residential care at some point during the year	0.9	0.93
The number of adults who required residential care at some point during the year	678	697
The number of adults in residential care on 31 <sup>st</sup> March	473	499
The % of looked after children who have had their teeth checked by a dentist	50.4	59.7
The percentage of health assessments for looked after children due during 2015/16 that were undertaken	79.7	73.5

### Measuring Quality Standard 3:

Measure	2015/16 data	2014/15 data
The % of adult service users responding positively to the question, "Has support set up by Social Services helped you to feel safe and secure in your home?"	95%	97%
The % of completed Protection of Vulnerable Adults (POVA) referrals completed during the year where the risk has been managed	100%	98.7%

The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable.	96.3%	89.8%
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#### Measuring Quality Standard 4:

Measure	2015/16 data	2014/15 data
The % of adult service users responding positively to the question, "do you feel that the support you receive from Social Services is improving the quality of your life?"	98%	98%
The percentage of looked after children achieving the Core Subject Indicator at Key Stage 2	87.5%	88.9%
The percentage of looked after children achieving the Core Subject Indicator at Key Stage 3	42.9%	44.4%
The average external qualifications point score for 16 year old looked after children, in any local authority maintained learning setting	184	439
The percentage of looked after children who have experienced one or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March	18.6%	21.8%
The number of children experiencing one or more change of school in the year to 31 March	19	22

#### Measuring Quality Standard 5:

Measure	2015/16 data	2014/15 data
The % of looked after children on 31 March who have had three or more placements during the year	8%	9.9%
The % of adult carers who responded positively to the question "Overall, how satisfied or dissatisfied are you with the support you and the person you care for have received from Social Services in the last 12 months?"	88%	N/A New for 2015/16
The % of adult carers who were assessed or reassessed during the year, who were subsequently provided with a service	97.9%	96.7%

The % of adult carers who were offered an assessment or review of their needs in their own right	90.4%	93.7%
The % of adult carers who responded positively to the question "In the last 6 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support provided to the person you care for?"	83%	N/A New for 2015/16

### Measuring Quality Standard 6:

Measure	2015/16 data	2014/15 data
"During your assessment, re-assessment or review, were you able to discuss your problems in the language of your choice?"	100%	N/A New for 2015/16
"If you are a Welsh speaker, on first contacting Denbighshire Social Services, were you able to discuss your problems in the language of your choice?"	84%	N/A New for 2015/16
"If you are a Welsh speaker, did you receive the support in the language of your choice from the person(s) who provides support for you in your own home?"	83%	N/A New for 2015/16
The % of residents within care homes who stated that they felt the home met some or all of their needs	100%	N/A New for 2015/16
The % of young people formerly looked after who are known to be engaged in education, training or employment at the age of 19	80%	55.6%
The percentage of young people formerly looked who are known to be in suitable, non-emergency accommodation at the age of 19	100%	88.9%