



SOCIAL SERVICES ANNUAL REPORT 2009/10

*Overview Report
(Including Executive
Summary)*

CONTENTS AND INTRODUCTION

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1. INTRODUCTION

This Overview Report and Executive Summary provide key information on the delivery of Social Services for Wrexham for 2009/10. It highlights areas of achievement and improvement along with those requiring further development.

The Director of Social Services has overall responsibility for this report, which has been developed in line with:

- The Statutory Guidance on the 'Role and Accountabilities of the Director of Social Services' issued in June 2009;
- The Annual Council Reporting Framework ('Annual Report') which places a responsibility on Wrexham County Borough Council to own the report and its findings.

The CSSIW have been consulted throughout the development of the Annual Report. Following a meeting with the CSSIW on 7 May 2010, the CSSIW Regional Director said:

'It is evident that the authority has worked very hard to pilot and develop the new (Annual) reporting arrangements, to incorporate it into the business planning process and to produce a report that is factual, readable and supported by evidence'.

This report is made available to members of the public and those parties/stakeholders with whom Social Services work closely. It is also shared with the external Inspectors and regulators such as the Care & Social Services Inspectorate Wales (CSSIW) who will use it to inform their annual assessment of Social Services and subsequent inspection programme for the year.

Feedback and comment on the contents of this report are welcomed, as we are keen to present a recognisable picture of social services in Wrexham. Feedback can be provided to the Customer Services Manager, 2nd Floor, Crown Buildings, Chester Street, Wrexham, LL13 8BG. Tel: 01978 292007, Freephone: 0800 587 6708, E-mail: socialservices@wrexham.gov.uk

2. EXECUTIVE SUMMARY - SOCIAL SERVICES IN WREXHAM

1. Social Services in Wrexham are arranged, or directly provided, through two key departments of the Council: the Social Care Department (Adult Social Care) and the Safeguarding and Support Department (Children's Social Care Services). The Safeguarding and Support Department is part of a broader Children & Young People Service covering Education, Youth Offending and preventative and early learning services.
2. The overall statutory responsibility for Social Services is through the Chief Social Care Officer who is the 'Director of Social Services' for Wrexham. This overall statutory responsibility is applied through the Accountability and Communication Protocols we have in place.
3. During 2009/10 we spent £58.61 million on Social Services in Wrexham.
 - The Adult Social Care Service spent £47.65 million against a budget of £47.66m resulting in a £10k underspend.
 - In Safeguarding and Support, £10.96 million was spent against a budget of £10.75 million, resulting in an overspend of £213k mainly attributed to external placement pressures.
4. The context for Social Services in Wrexham is one of increasing demand across all service areas particularly as a result of increasing numbers of older and vulnerable people in the community. Substantial extra demands also continue to be experienced in Children's Social Care Services partly because of heightened awareness of Child Protection and Children in Need issues. Economic conditions also influenced family life and increased stress within families. The potential impact of Welsh Assembly grant withdrawal from March 2011 is also of concern. For Social Services, including support services provided through the Prevention and Inclusion Department, these grants are in excess of £2.5m. Their removal will result in reduced preventative work with vulnerable children and families plus a reduction in the capacity to drive forward the improvement agenda.
5. The Council responded to budget pressures in Children's Social Care Services by providing additional investment for 2009/10 and 2010/11. Similarly, the Council continued to invest in Adult Social Care Services due to the increasing demographic and service pressures, which are predicted to grow further in future years.
6. Future Budget Settlements by the Welsh Assembly Government, however, will require the Council to scrutinise the way in which services are arranged or delivered and this is likely to result in difficult decisions being made about service delivery options. This will mean that not only will services in Wrexham need to become more efficient but also we will need to explore other ways of delivering services without compromising quality or jeopardising the safety or welfare of people at risk.
7. Throughout 2009/10 we continued to make progress in many areas, which will be seen throughout this report. This progress has been confirmed by our performance against key measures as well as other indicators such as customer feedback.
8. Whilst there have been positive aspects of performance in many areas of Children's Social Care Services, we do still have some key challenges. These are partly through increasing demand and budget pressures but also through the need to improve the management of some of our arrangements for the timely assessment of children in

need and in meeting demand for children coming into care within Wrexham's own resources. We had 76 children coming into care in 09/10, compared with 50 in 08/09, with 142 children looked after as at March 31st 2010. Additional measures and management support are now in place to ensure that we deliver effective and safe services and these are starting to show improvements.

9. There also remain key priorities for improving Adult Social Care Services. The challenge has been to manage increasing numbers of vulnerable people needing support as well as changing the focus of the service to one based on early intervention and assistance through helping people back into independence in their own homes (reablement) and through a person centred approach (personalisation).
10. Across all services we endeavoured to ensure that safeguarding children from harm and protecting vulnerable adults from abuse remain a key priority. We continue to make good progress in this area. For instance, our recent Inspections of Adult Protection and Safeguarding in Children's Social Care Services were both positive. Similarly, local safeguarding boards continue to effectively manage joint-working across both Adult and Children services in the Wrexham area.
11. This year we have, as one of three pioneer authorities across Wales, been preparing for the roll out of the Integrated Family Support Service which will provide a multi agency (Children's Social Care Services, Adult Services, Health, Third Sector) approach to safeguarding the welfare of Children and Young People whose parents are affected by substance misuse (Drugs and Alcohol). The learning from this will inform the implementation of the Children and Families Measure nationally.
12. We also continued to improve how we engage with service users, carers, children and young people including ongoing service evaluation as well as helping us to plan services in line with their needs and expectations. The development in the carers' service within Adult Social Care, which has been a priority this year, is a positive example of how we have listened to informal carers (family, friends, relatives) on what services we should provide and how. The Quality of Care Reviews for residential and family placement services has also been recognised as national examples of good practice in Children's Social Care Services.
13. This year has seen further partnership working with Health, the Police, Voluntary/Third Sector, Independent Providers and other departments. Many services are dependent on working with others, some via joint funding arrangements in place in both Children's Social Care Services and Adult Social Care with Health and our Third Sector partners.
14. Changes in the Health service however, continue to present a challenge and ongoing discussions are needed to ensure that achievements in partnership working are built upon. Local partnership arrangements/structures are now beginning to develop to drive forward the joint developments required across Health and Local Authority Services. Dialogue continues to take place with Health to develop and improve joint working in this area.
15. At a Regional level, Wrexham continues to manage effectively the Three Counties Local Authority Emergency Duty Service (covering Flintshire, Denbighshire and Wrexham). From April 1st 2010, Wrexham is the host Authority for the North Wales Adoption Service.

16. None of our achievements, however, would be possible without our well-trained and motivated workforce. Whilst we still have the best-trained workforce in Wales, this year has seen some recruitment pressures in Children's Social Care Services, Occupational Therapy Services, and the Emergency Duty Service. Staff turnover in Children's Social Care Services has increased which may be a reflection of the challenges and pressures of working in that Service, and the reasons for this are currently being investigated. We also need to continue to work at supporting staff and ensuring their engagement in some of the service changes.

17. There continues to be positive Corporate and Political support for Social Services within the Council. The Leader of the Council and Lead Members for Children's Social Care Services and Adult Social Care continue to provide direction and support to the development and improvement in services. Additional investment in services in 2009/10 and 2010/11 evidence this support. There are also many examples of ways in which Adult Social Care and Children's Social Care Services support the Council's priorities as well as working in partnership with other Departments of the Council particularly Housing, Economic Development and Information Systems.

3. REVIEW OF SAFEGUARDING AND SUPPORT SERVICES FOR CHILDREN & YOUNG PEOPLE

The core purpose of the Safeguarding and Support Department (Children's Social Care Services) is to:

1. Provide support to vulnerable children and their families in partnership with other agencies;
2. Investigate allegations of abuse and take appropriate action to safeguard/promote the welfare of the child;
3. Act as a 'Corporate Parent' for those children, who cannot be cared for within their own extended family, by providing a range of services including residential and foster care;
4. Maintain the full range of adoption services.

This has been a challenging year for Children's Social Care Services with a resultant pressure on all aspects of the service. The year saw a continued increase in the overall workload of Children's Social Care Services, along with a continuation of pressure on the budget and a changing pattern of staff turnover. The Wrexham situation is consistent with pressures being experienced across the UK in other Local Authority Children's Social Care Services departments. In Wrexham these pressures, reduced the Children's Social Care Services ability to deliver fully on all the priorities identified for 2009/10. They also had a significant impact on the timeliness of assessments. In recognition of these pressures, the Executive Board agreed to increase the budget during 2009/10. In acknowledging ongoing pressures, the budget has been increased in 2010/11 by 12%. We have also made some changes to strengthen the management arrangements in order to ensure the operational challenges and safeguarding responsibilities are effectively discharged.

More positively, progress has been made in many areas. The Care and Social Services Inspectorate Wales (CSSIW) Review of Safeguarding received in August 2009 concluded that Wrexham was mostly compliant with the recommendations of the 'Climbie' Report and we have since continued to make progress towards full compliance. Safeguarding children is a Council priority for 2010/11 within the Local Authority's Council Improvement Plan.

3.1 Safeguarding

The department has completed an independent review of its 'front door' services and the process for the transfer of work. The recommendations from this were originally being implemented through the Safeguarding Review Action Plan, however, these have now been incorporated into an overarching Departmental Business Plan for 2010/11, which will also include recommendations from inspections, service reviews and the learning from two serious case reviews. The Department is continuing to develop enhanced closely monitored working practices to improve the responsiveness of the service and to manage the increased volume of work.

"Children and Young Peoples Thoughts Matter"

Young people valued the opportunity to comment on new age specific information booklets for use before Child Protection Conferences. 'The book would help me', 'I would draw pictures' (children remarked positively about the opportunity to draw pictures rather than write).

Source: NYAS Event July 2009

The Department is responding to more referrals in total than in previous years. There was a 22% increase in referrals during 2009/10 and 47% more assessments were completed

compared with 2008/09. The Department also experienced a changing pattern of staff turnover. This together with the need to embed new business processes resulted in targets for the completion of assessments not being met in all cases.

We are concerned about this and have taken active steps to improve the situation. This includes:

- Enhanced management oversight /scrutiny and support to staff;
- Weekly meetings to review and prioritise work within the assessment team;
- Team based performance monitoring;
- Additional training support on assessment;
- The introduction of revised IT training;
- Maintenance of staffing levels through the employment of agency staff.

We are also continuing to implement the arrangements for the transfer of cases between teams and monitor progress. The majority of referrals (77%) had a decision made within one working day. We experienced increased re-referral rates (49.7% for the year), however, as we introduce new business processes our understanding of the reasons for this has improved. Work is underway to ensure that these rates will reduce. The priorities for 2010/11 will be to reflect on the need to see significant improvement in the timeliness of assessments and a reduction in re-referral rates.

The Department has maintained generally positive performance in the area of child protection in spite of the increase in numbers on the register. All child protection cases are allocated to qualified Social Workers, and the majority of core groups and reviews took place within statutory timescales.

The Council was also successful in its bid to become a pioneer authority for the Integrated Family Support Service (IFSS). The existing Head of Service (Safeguarding) has lead responsibility for workforce development within this initiative. The IFSS will be a new multi-agency team of adults, children and Health workers, whose role it is to deliver better outcomes for vulnerable children through improved arrangements for the delivery of health and social care to families. The aim of the IFSS is to redesign support around evidence-based practice, promote professional excellence, create change in the service and refocus services towards targeted intervention and support to the family as a unit.

Wrexham Local Safeguarding Children Board (LSCB) has now had nearly four years experience as a Board and continues to work hard to ensure that the local approach to safeguarding children is coordinated and effective. We have been able to secure and maintain a full complement of key representatives from partner agencies on the LSCB Executive Group and have continued to recruit new members to the LSCB Development Group this year. Our communication systems continue to be sound and ensure that our members receive up to date information, both national and local, from the LSCB as soon as it becomes available. There is a clear Business Plan for the LSCB.

All LSCBs need a commitment of both time and resources from each partner agency to make a real difference to children's lives. It is pleasing that there continues to be a strong evidence of that commitment in Wrexham.

3.2 Children in Need

Despite the increase in activity, the majority of children in need were allocated to a Social Worker (87% in quarter four compared with the Welsh average of 68% in 08/09). We anticipate that the high level of demand will continue and that it is likely that the percentage

of child in need cases allocated to qualified Social Workers will decrease further. The remainder of cases will continue to have management oversight and input from Family Support Workers. All looked after children and children on the child protection register were allocated to Social Workers. Whilst it is justifiable to allocate a minority of less complex Children-in-Need cases to family support workers, the bulk of Children's Social Care Services work involves very complex, often volatile family situations, which requires the skills and knowledge of a qualified Social Worker.

We also have noted an increase in the number of referrals that are assessed as requiring 'no further action'. We will work with partners to ensure that our revised eligibility criteria are fully understood and we will continue to encourage the use of the Common Assessment Framework as a precursor to referral. The revised eligibility criteria will also ensure that only those cases that are most appropriate for services from Safeguarding and Support are accepted for assessment. We will continue to work closely with partner agencies and with colleagues in Prevention and Inclusion to develop a greater understanding of appropriate pathways.

3.3 Child Health and Disability

The development of an integrated child health and disability service is in the final stage of a two-year project plan. A core team is established and a multi-agency referral process is in place. A resource panel meets monthly to agree to allocate to services appropriately and to identify potential funding streams including any joint-funding arrangements.

The next phase of the plan will be to bring together the overarching management arrangements with the co-location of the team being a longer-term aim. Budget pressures delayed the appointment to the management position, which resulted in slippage in the time scale for the implementation of the project. An Integrated Children with Disabilities Service Manager will be appointed in 2010/11.

The Department will also continue to work with colleagues across the children and young people service in addition to partners within the Betsi Cadwaladr University Health Board (BCUHB) to develop an integrated service to children with disabilities.

The Council's Executive Board has commissioned a full review of all services for disabled children within the County Borough to inform options for future service delivery and configuration.

3.4 Corporate Parenting

The Council and Children's Social Care Services continue to act as responsible corporate parents to looked after children with the performance indicators relating to education remaining strong and every looked after child being allocated a Social Worker.

The stability of placements deteriorated primarily because of the exceptionally high demand for placements during the summer months, which stretched available resources. This additional demand was compounded by temporary staffing difficulties in our provider services.

In keeping with good practice and regulatory requirement, the authority continues to place as many children as possible close to their home locality through the provision of its own foster care placements and its limited local residential provision.

Systems are in place to ensure children are placed in care only when it is in their best interest and after all other alternatives have been exhausted. This, together with a focus on planning for permanence has resulted in the authority having a relatively low number of looked after children per 10,000 / population in Wales. Nevertheless, the cost of looked after children accommodation continues to place a great strain on the Safeguarding and Support budgets. The focus remains on developing effective but cost-efficient alternatives to needs currently met through expensive out-of-authority externally commissioned arrangements.

In terms of looked after children, key developments include therapeutic fostering, wrap-around care provision and the option to commission services on a regional basis.

Finally with regard to looked after children, the Council is the host authority for the North Wales Adoption Service and has been heavily involved in the development of its structures, policies and procedures in preparation for its implementation in April 2010. Findings from the current round of CSSIW adoption and permanence inspections have been incorporated within the final design.

3.4.1 External care placements

The number of externally commissioned care placements averaged 20 during the year with the breakdown of external care placements at March 31st being as follows:

- 8 Independent Foster Agency placements (involving 9 children);
- 3 Residential (severe disability);
- 9 Residential, education & therapy;

Care Leavers

Young people who attended a special care leaver's event gave both positive and negative feedback about their experiences of the leaving care process. They identified some problems, which they had experienced but also made suggestions about how the service could be improved.

- *"If you get a letter you don't understand, they will sit down with you and explain what it is all about"*
- *"If you know you are not going to be in, let us know and let us know when you will be back"*
- *"Carers need to encourage young people to learn new skills (cooking, budgeting etc)"*

Source: NYAS NORTH EAST WALES PARTICIPATION EVENT. Report May 2009, Barnardos Cymru Compass, Wrexham.

Leaving Care...

Our commitment to promote care leavers engaging in Further and Higher Education continues:

Young Person A is currently pursuing a degree in Social Work and expects to graduate in Summer 2010 and hopes to work in the areas of either child protection or mental health.

The West End beckons after graduation for Young Person B who after successfully auditioning and gaining a Dance and Drama Award (DaDa) has studied at a private dance school for 3 years. The links with the Children and Young People Service have been further strengthened by this young persons commitment in providing facilitated workshops for the Youth Service during holiday periods.

Young Person C is continuing in education with a musical theatre degree and participating in an award winning ensemble.

- 4 Respite placements at Brondyffryn school.

The allocated budget for externally commissioned care placements for 2009/10 was £1,446k, plus an additional virement by the Authority of £434k, making a total of £1,880k. The significant overspend that occurred during the year related to a small but significant number of children presenting with complex needs whose care cannot currently be arranged from the Council's own resources. This remains a volatile area of activity and the challenge is to develop alternative local services to those needs in the community where this is appropriate.

The future development of services to meet the needs of children currently requiring out of authority residential placements has been adopted as a Local Service Board priority for 2010/11. As part of the regional programme of improvements through collaboration, Children's Social Care Service placements has been identified as a specific priority area for improvement.

3.4.2 Fostering and Adoption

The annual CSSIW inspection of Wrexham Fostering Service was published on 27 November 2009. Whilst the inspectors noted that "children are well cared for in predominantly nurturing environments" and placed no specific requirements on the service, it did make a number of good practice recommendations in the areas of regular reviews of foster carers, improved matching and introduction of children being placed, placement plans and agreements and education. An action plan has been developed to address these recommendations.

The biggest challenge and priority for the Wrexham Fostering Service is to increase the number and choice of foster care placements to ensure they meet local need. The development of therapeutic fostering is also a key priority in 2010/11.

Inspection Feedback...

The inspectors were of the opinion that despite some of the difficulties faced by this service during the past year there has been a very positive response to the large number of children who have required placements, particularly during the months of July and August when approximately thirty four placements were made with the authority's foster carers. The inspectors were informed that the action taken to accommodate these children was the most suitable way for the authority to performing its duty under the 1989 Children Act. The inspectors were also of the view that, within available resources, children were placed with approved foster carers who were on the whole, able to offer the most suitable placement available.

Source: CSSIW Inspection Report : Fostering Services Wrexham Fostering and Adoption Team Published 27 November 2009

3.5 Carer services

Children's Social Care Services currently commissions services for young carers from 'Action for Children' who provide assessment support and social activities for young carers both on an individual basis and through peer group support. A Mental Health Project Worker is in post providing an additional support service for children affected by parents with mental health difficulties. The project provides support for up to 80 young carers at any one time.

Respite Provision

Parent Carers responding to a recent questionnaire on services in Tapley Avenue all rated the quality of care as good or excellent: "The staff are always very polite and warm towards people, always smiling and chatty and helpful".

Source: Quality of Care Review March 2010

The allocated Social Worker within the Child Health and Disability Team offers carers' assessments for parents of children with a disability. Once the assessed need is identified, the service is delivered in a number of ways. Many parents choose to take a direct payment to purchase respite care, others are provided with a schedule of nights at our in-house respite provision (Tapley Avenue). Children's Social Care Services also commission a respite service from Dynamic (a local charity).

3.6 Overall summary statement for Safeguarding & Support Department

In common with national trends, Children's Social Care Services has seen a significant increase (22%) in the number of contacts received during 2009/10. This is in part due to raised awareness since the Baby Peter case. In previous years, the increase in contacts was much smaller. Between 07/08 and 08/09 it was 7% and between 06/07 and 07/08 it was 6%. During 2009/10, the 22% increase resulted in higher caseloads within the duty and assessment team because more referrals required an initial assessment.

As stated previously, the overspend for 09/10 is £213k which follows a virement of £600k agreed by Executive Board on 17 November 2009. The most significant budgetary pressure areas are out of council placements and fostering fees and allowances. The Executive Board recognised that it would not be possible to bring the Children's Social Care Services budget on-line within one year and appointed the Chief Officer to develop a financial recovery action plan. This plan is now the subject of an Officer/Member project management board reporting on a bi-monthly basis to Executive Board.

Within the context of increased demand, some performance improvements were achieved. There has been an impact on performance in other areas. We have strengthened the management arrangements to improve the quality and timelines of assessments and management of our referrals and workloads. There is also a specific Council focus on this area.

The key challenges facing the Children's Social Care Services are its ability to recruit and retain qualified and experienced Social Workers and managers as well ensuring the delivery of quality, outcome-focused services necessary to ensure that children are effectively safeguarded and that performance is improved against increased demand and resource pressures.

4. REVIEW OF SOCIAL CARE SERVICES FOR ADULTS

Adult Social Care provides a range of support and services to people with the intention of supporting choice, independence and focussing on enabling people to live successfully in their local community via a wide range of services from internal and external providers. Safeguarding and protecting vulnerable people is also a key focus of the service, as is recognising and supporting the invaluable contribution of Carers.

4.1 Safeguarding

Adult Social Care has a duty to ensure there are effective arrangements in place to identify abuse and respond accordingly. Interagency work is a vital aspect of the effective safeguarding of adults and the Local Adult Protection Committee has representation from a wide range of statutory and independent organisations and there are good relationships with key partners, including the Police, Health services, the Community & Safety Partnership and especially Children's Social Care Services, with inter-departmental training and representation.

In Wrexham, there are sound Safeguarding processes in place as evidenced by the recent inspection of Adult Protection (December 2009). The report noted that:

- Policies and procedures for Adult Protection operating in Wrexham are, for the main part, effective in supporting staff in their duties;
- Leadership in Adult Protection in Wrexham demonstrates expertise and experience and is effective in promoting good standards in operational work;
- The authority has taken the initiative in assessing its own performance in adult protection and has structures and procedures in place to enable it to continue to improve.

The findings of the inspection were presented to Members in January 2010 along with an action plan to further improve safeguarding.

We continue to review our working practice in line with national outcomes and, for example, have recently introduced a Memorandum of Understanding for Escalating Concerns in Residential Care. We have also developed 'Managing Non-Criminal Investigation' training in partnership with the police

Safeguarding

Mr J is a young man with Cerebral Palsy and lives in shared accommodation with three people who have special needs. There is 24 hour support from a care agency.

He was physically assaulted by another resident, there was police intervention and safeguarding adults procedures were instigated. A police investigation was felt not to be in the interest of either party.

It became evident that Mr. J had behavioural and emotional difficulties which promoted conflict within the house.

An Adult Protection Plan was developed to reduce the risk of further conflict. This involved referral for professional psychological and psychiatric assessment, anger management and group work. It was also felt appropriate to develop meaningful occupation and learning opportunities to divert him from his emotional problems.

In addition, strategies were devised to reduce the risk within the home environment in partnership with the care provider.

The recording system for adult protection is currently a stand-alone one and work will take place next year to incorporate all work into the main client information system (RAISE), although the WAG performance indicator reporting system will remain in place.

In terms of performance:

- The rate of referrals increased from 1.86 to 2.62 per 1,000 population (a total of 274 referrals in 2009/10 compared with 193 the previous year). The 2009/10 figure relates to quartile 2 performance across Wales;
- The percentage of referrals leading to an investigation reduced slightly from 90% to 87% in 2009/10 (Again quartile 2 performance);
- The percentage of referrals proven rose from 26% last year to 30.71% in 2009/10 (quartile 1 performance), and;
- The percentage of referrals completed during the year, where the risk has been reduced or removed rose from 79% last year to 85.89% in 2009/10 (quartile 1 performance).

4.2 Transition

Transition describes the process by which planning takes place for children with special needs or disabilities to be supported via Adult Social Care. We are currently reviewing procedures and protocols to ensure the transition takes place as smoothly as possible. This includes improved joint-working with partners and earlier identification of need along with clarification of responsibility to ensure planning is better coordinated during the transition period. Work has also begun with the Local Service Board to review the support provided to students with care needs in Further Education and this will link to the review of the Protocol.

Within Mental Health services, written joint policy guidance is in place between Child and Adolescent Mental Health Service (CAMHS) and Adult Mental Health to set out the care pathway for referral at 16 years if young people are moving to Community Mental Health Teams. Care Programme Assessment (CPA) documentation is used at 16 years to ensure a smooth transfer of information and Joint Performance Indicators are in place to supplement the Guidance.

4.3 Carers

We recognise the importance that unpaid Carers, relatives and friends play in supporting people in the community. Supporting Carers remains a key priority for Adult Social Care.

Information and awareness raising for Carers is commissioned and managed through the Wrexham Carers' Service in partnership with the Association of Voluntary Organisations in Wrexham (AVOW). The number of Carers who commented that they were able to get hold of information from Adult Social Care that was helpful to them as a Carer reduced from 86% in 2008/09 to 72% in 2009/10.

This figure is based on a bespoke Carer survey completed in February 2010, the results of which will be discussed further with Carers. The Carers' Week in June 2009 was used as a vehicle for raising awareness and a

From the Adult Social Care survey February 2010:

- *"Social services emergency carers have been of great assistance recently due to my father's illness. A care team / district nurse / social services all arrived within 2 hours".*
- *"Social Worker was very helpful with information as to what help was available and in setting up home care and aids in my mothers home".*
- *"Carer's needs were assessed with disabled person's assessment, not separately. It is difficult to say in front of a loved one what difficulties you are having without making them feel guilty or depressed".*
- *"Stop with surveys and leaflets and goals and spend money on practical help".*
- *"Respite enables me to spend time with my other children and do quality activities I can't do when caring".*

multi-agency Carers Question Time was particularly successful. A DVD presenting carers describing their experiences of caring has been produced and is used in awareness raising and training.

Work is ongoing to improve the needs assessment process for Carers and this is making use of all-Wales involvement. At present 51% of carers are recorded as having received an assessment or review of their needs in their own right during the year (third quartile performance) against a target of 55%. In February 2010, Carers said via their survey that 71% had received an assessment. 78% of Carers also said the person they cared for had received an assessment compared with 61% in 2008/09.

It is noted that Carer engagement and survey activity in Wrexham is well established but comparative performance information across Wales is not freely available. Starting in 2009/10, Wrexham funded a Welfare rights officer to provide dedicated support to Carers with 296 receiving support during the year 2009/10.

Work is also ongoing to develop a range of services, including improving and extending short-term break services, with involvement by carers.

A commitment to provide both practical and emotional support to carers is embedded within the new Intermediate Care and Frailty services operating across health and social care. Piloted for 5 months, the services have already begun to evidence positive outcomes for both carers and cared for persons, and have achieved a high level of user and carer satisfaction.

The two services are currently being developed into one comprehensive, integrated Intermediate Care service for Wrexham citizens, which will continue to build on the positive outcomes for carers and cared for persons achieved during the initial pilot.

4.4 Emergency Duty Team (Across Adult Social Care & Safeguarding and Support departments)

Wrexham Council manages the 'Three Counties' Local Authority Emergency Duty Team (EDT) which covers out-of-hours services to both Adult and Children Social Care services on behalf of Wrexham, Flintshire and Denbighshire Councils. Within the EDT there is a strong focus on developing and maintaining relationships with daytime services to ensure continuity of support for individuals and safety for staff and the public. Referrals are prioritised and responded to accordingly and there is a robust system for ensuring calls are answered promptly, with calls diverted to an agency when staff are unavailable. Feedback from people who have needed to use the service is positive.

Regular contact is maintained across the three Local Authorities regarding open cases, as well as ongoing involvement in professional groups across the three Counties to manage professional practice. Governance is managed through a Partnership Board and an Operational Steering Group, although further work is taking place to ensure operational decisions are not delayed unnecessarily.

Each Local Authority within the partnership uses a different electronic information system and work is ongoing to ensure access arrangements are robust enough to meet IT Security requirements while enabling workers to manage risk effectively.

A review of recruitment and retention will be required to ensure that the service can attract and retain sufficient suitably qualified and experienced staff to enable partners to continue to meet their statutory responsibilities.

A report on the progress of the EDT was presented to Members in March 2010. This report noted the following:

- The Partnership Management Board however has functioned well with good attendance;
- Information Technology difficulties encountered are now considered to be addressed and much improved;
- Work is continuing to develop an enhanced data set system;
- Complaints and compliments will be monitored on a monthly basis to identify any changes in current patterns;
- Issues of concern remain around the retention of staff but Social Workers generally who hold the 'Approved Mental Health Professional' qualification are nationally sought after.

4.5 Citizen-Directed Support

In order to promote greater service user choice and control over the services they need we provide Direct Payments and Individual Budgets to those who qualify for them following a formal assessment process. A review of the provision of Direct Payments and of Self-Directed Support has identified the need to make changes in order to widen their application at the same time as providing sustainability.

The original project teams have now developed into a Citizen-Directed Support Project Team, whose scope includes the provision of both Direct Payments and Self-Directed Support. 'Workstreams' have been tasked with delivering on the above while maintaining a focus on the broad aims of personalisation, namely increasing choice, flexibility and control. People who use the services are increasingly involved in the Workstreams.

Work is now required to improve the information provided to people about Citizen-Directed Support but, for those who do make use of it, feedback suggests that people feel empowered, with increased choice, flexibility and control. On the 31st March 2010, 149 people were in receipt of a Direct Payment (including Self Directed Support). This equates to quartile 1 performance across Wales. The 2008/09 figure was 109 people.

A current concern is that the infrastructure is not sufficient to support any further increase in the Citizen-Directed Support agenda. At this point in time, more work is required in this area which will include aiming to understand the barriers to the take up of Direct Payments (particularly for older people); exploring the links between eligible need and individual budgets; the need to build reablement into the assessment process and the development of mainstream community activities for people to access.

Wrexham has developed a Vetting Agency to support safe recruitment practices for individuals employing personal assistants. A contract is also in place with a third sector organisation to provide support services offering advice and guidance on matters relating to Direct Payments.

4.6 Continuing Health Care and Joint Funding

Health and Social Care Services have continued to work well together to ensure that individuals' needs are met in the most appropriate way, including good use of Continuing Health Care (CHC) and Joint-Funding arrangements.

Organisational arrangements in the NHS, however, have resulted in some confusion strategically in relation to the availability of the CHC Grant. As the structure of the new Health Board is developed, further work is required to streamline processes for assessment, authorisation and review of individuals with mixed health and social care needs as well as to develop greater clarity on the use of the Grant.

4.7 Services for Older People

We provide a range of services to support older people in the community or to meet their needs for care in residential or nursing homes.

Provision of services to older people is based on priority of risk/need and all urgent work is allocated within a day. This has assisted in meeting the target of the time taken from receipt of enquiry to completion of the care plan (28 days in both 2009/10 which equates to quartile 2 performance). This performance was maintained despite increasing numbers of older people referrals, as well as the target for reducing delayed transfers of care from acute hospital settings.

All Older Person's Social Work Teams use the Unified Assessment documentation and records are held electronically. Care plans are becoming outcome-focused but this needs further development. The teams work closely with other teams and agencies as appropriate.

Notwithstanding the strategic issues relating to the changes within the NHS, operationally relationships with health services are good. However, there is a level of duplication of assessment and work is needed to develop greater understanding of each other's roles and a more focused 'care co-ordination' approach. There are a number of joint working pilots, e.g. Frailty Project, Intermediate Care Project, which will inform the development of this work across the whole service.

The average wait for commissioned services is currently 3.5 weeks but we also aim to ensure that individuals can access activities to support them informally in their local communities, particularly with regard to social isolation. There are currently 28 Lunch Clubs in operation, with an additional ten clubs being set up in 2009/10: Adult Social Care commissions Age Concern to assist in the development of Lunch Clubs in rural areas in

Reablement Case History

Adult Social Care received a referral from a hospital Occupational Therapist. Mrs A has had major surgery which has left her with decreased strength, problems transferring and weaker balance when standing. The referral was passed onto therapists and an assessment was arranged. Mrs A was accepted onto Reablement. Therapy and plans were completed with staff. A 30 minutes morning call and 15 minute evening were put in place. A Technical Instructor (TI) went in daily to practice safe techniques with mobilising around her home using a trolley, standing transfers and bathing equipment. Therapists also gave Mrs A exercises to do.

Before the 3 week review Mrs A did not require the evening call the morning was reduced to 15 minutes. The TI started safe practice with Mrs A walking up her path with gradual progression to meet her goal which was to walk to her local community centre to play bingo. By the end of the six weeks the morning call ceased and no long term requirements was needed as she was managing independently. The TI continued to visit for community rehab for a short period of time and Mrs A is now managing all her daily and social activities independently.

Care hours at start of Reablement were 5 ¼ hrs - these do not include the TI hrs. Care hours at end of Reablement were zero.

particular. A review of daytime activity services is underway to ensure they are as effective as possible.

The range of services to support independence is increasing, but the number of people supported to live in the community this year, via formal services, has levelled out (1565 older people were supported at the end of the year compared with 1547 last March). The success of the Reablement programme has positively impacted on the number of older people supported in the community and further development of this service will see the figure reduce further.

The number of people in residential care has remained steady against an increasing elderly population, with 526 placements from a population of 22157 as at the end of Q4 compared to 547 placements from a population of 21652 in 2008/09.

80% of older people were supported in the community during 2009/10, the same figure as 2008/09.

Agreements were reached on the first Extra Care Sheltered Housing Scheme and the model for this will inform a review of Domiciliary Care Services across the County.

Although only a relatively small number of people have benefited from a structured reablement process to date but of those who have, 46% (81 of 176 people) have had no ongoing commissioned packages of care at the end of the process. Use of assistive technology to support independence is above target, with 216.30 per 1,000 clients assessed (top quartile performance) against a target of 120.

4.8 Services for People with Mental Health Needs (including Substance Misuse)

Through an updated S.33 Partnership Agreement, access & assessment services for adults are provided through integrated teams, which use consistent documentation to provide a care co-ordination approach (using CPA) through a Multi-Disciplinary Team. The team providing services for older people with mental health needs has had to reorganise temporarily while building work is completed and a revised operational policy will be developed prior to re-integration. There is no shared information service which means that there is some element of double entry to ensure both health and social care are able to report activity.

Recovery Service

Mr P came into supported living as he could not live independently. After intensive support from the Recovery Service, Mr P now lives independently and is involved in service user groups both at a strategic level and as a service user representative.

Mr P works on a voluntary basis and is active within the local community. The support that he has received has helped him maintain his place within the community.

The skill mix in teams ensures that improved response times have been offered to people requiring assessments. Specific staff have been identified to liaise with other teams on specialist areas to improve communication and joint working, particularly with acute hospital staff to reduce delayed transfers of care.

Access out of hours is provided through EDT and there is a written criteria for responding to emergencies as well as planned contingencies.

A jointly commissioned Training Officer has delivered training to all staff on the Mental Capacity Act (MCA), including Deprivation of Liberty Safeguards (DOLS), and amendments to the Mental Health Act (MHA). DOLS processes have been included in the Care Management Manual.

There is a range of advocacy services in place to support people with both general issues as well as specific MHA or MCA ones. People who use services and carers have had input to the development of a number of operational policies and service developments, including Drop-in Services, Home Treatment and Recovery.

The service continues to have a focus on promoting independence and has seen an increase in the number of people using Direct Payments as well as Assistive Technology. The Primary Care Mental Health Service has been re-focused and is working more closely with GPs, enabling better access to services for individuals with lower level mental health needs. New Recovery Models have been introduced, including Recovery Star, and alternative well-being approaches, such as Motive8, have been trialled with some excellent feedback from people who have taken part. The Home Treatment Service has seen a reduction in repeat admissions to hospital. A review of Substance Misuse Services has seen an increase in the number of people with lower level needs accessing the service.

Service development is closely linked to national strategy and ongoing work includes analysis of drug and alcohol rehabilitation, wider development of mental health community and day services, out of area placements and the National Dementia Action Plan. The latter requires further work to develop the local residential market.

Developments are also informed by feedback from people who use services and this is evidenced well in supported living services through work with Hafal, with whom we have a contract to provide specialist support to both people who use services and their carers.

4.9 Services for People with a Learning Disability

As with Mental Health, through an updated S.33 Partnership Agreement of the Health Act, access & assessment services for adults are provided through an integrated team, which has joint eligibility criteria and uses consistent Unified Assessment documentation to provide support through a Multi-Disciplinary Team approach. New referrals are processed through the Adult Social Care Contact Assessment Team, which ensures that a basic Unified Assessment is completed, and there is

an open referral policy although work is needed to ensure that inappropriate referrals are reduced. All individuals who are actively case managed have direct access to their named

Promoting Independence

Mr R has a learning disability and had been living alone with 24 hour support. When he heard about Self/Citizen Directed Support he told his Care Co-ordinator very clearly that he wanted to exercise his choice by taking control of the support he received. He told us that he is an adult who does not need people to be with him all of the time and this was often illustrated by him refusing entry to his support workers.

His Care Co-ordinator was concerned about reducing his support, for a number of reasons, but it was agreed that Adult Social Care would work with him and an action plan was put in place to gradually reduce it over a period of time. During this time, the gentleman was able to demonstrate that he was safe if he was left alone and there were a number of factors, which contributed to this. Assistive technology was installed in his property, he gave up smoking and demonstrated that he is able to access his community and day centre unsupported. He has chosen the activities he does and the people who support him. He has become a valued member of his local church and gets involved with all of the events, usually by serving tea and cakes – needless to say, he has made lots of new friends, making him less dependent on paid services.

worker. All staff use a shared electronic client information system (RAISE). Work is well underway to develop a care co-ordination model within the service, which includes consultation with staff, service users and partners.

Access to commissioned services is through the access & assessment team and services are generally of high quality, as evidenced by the recent Excellence in Wales Award for the Work Opportunities Service.

Within the Learning Disability service, there is a growing focus on personalisation in its widest sense. Whilst there is a good focus on promoting independence within services, as evidenced by the high take up of Independent Living Funds and the growing use of assistive technology, further work is needed on developing a wider range of services for individuals to access to meet either low-level preventive needs or more complex needs to prevent breakdown of their current living situation.

A dedicated Joint Commissioning Officer for Learning Disability will be appointed to assist with this and to make use of the feedback we receive from people who use services who are empowered to shape services by our Person-Centred Planning Co-ordinator and who have undertaken quality assessments of services and assisted in developing improvement plans. This post will also work with other North Wales authorities in further developing the regional approach to Learning Disability service provision.

4.10 Services for People with Physical, Sensory and Neurological Impairments.

Assessment services are provided by a specialist social work team that includes links with specialist services for people with sensory impairment. A dedicated Occupational Therapy Team that covers both children and adults provides functional assessments, manual handling, equipment and adaptations. Overall waiting times for general assessments are acceptable but, with Occupational Therapy receiving over 50% of the referrals to Adult Social Care, there continues to be pressure on the OT service's capacity to respond. However, average waiting times for all OT priority groups have reduced and continued work to streamline processes will reduce this further next year.

A cross-departmental Adaptations Review has been carried out, taking learning from work undertaken in Neath Port Talbot, and is being implemented by Adult Social Care and the Council's Housing & Public Protection Department. In addition, we need to improve how we report on OT/DSO work as current performance indicators provide a partial and often skewed picture. For instance, while a few service users were waiting up to 8 months at Q3 for priority four assessments, the overall average waiting time was 15 weeks. At Q4, the figures had improved to 4 months with an average wait of 13 weeks.

The average number of working days from completion of care plan to delivery of equipment for 2009/10 was 3.42 days (quartile 1 performance), compared to 6 days in 2008/09.

Services are developed and provided from needs identified through the specialist commissioning strategy as well as feedback from people who use services. There is a strong focus on promoting independence through the use of assistive technology, the sub-regional Integrated Community Equipment Service, the Community Inclusion Team and cross-client group day and work opportunities services. Work is needed to explore widening the range of services available, especially in the areas of reablement and supported housing, and in strengthening partnerships to improve the support available to disabled parents.

4.11 Overall Summary

There is sufficient evidence to support the assertion that Adult Social Care services have continued to improve in 2009/10.

- All actions and measures relating to the Council's Improvement Priorities for older people to be supported to live independently are on-track for 2009/10;
- All of the Adult Social Care improvement plan and the vast majority of the 'Improvement Agreements' are on-track;
- 96% of people who use services are satisfied with the quality of those services (compared with 91% last year);
- Delayed Transfers of Care improved from 3.01 per 1000 population aged 75 and over to 2.11 (from 31 to 22 actual delays and from quartile 3 to quartile 2 performance);
- All National Strategic Performance Indicators are on target and overall Wrexham is well placed when comparing their performance with other Welsh Adult Social Care Departments;
- A range of information on Adult Social Care is available in different formats and from a range of locations, including electronically. In 2009/10, 91% of people said information was easy to access compared with 87% the previous year.

Adult Social Care services have worked hard to ensure that the final budget outturn is on target, although this will obviously be a pressure over the next few years as the Council strives to manage its activities within available resources. Reducing budgets, alongside the demographic projections, mean that the Department will have to change how it operates and what services it provides. There will need to be a greater focus on working with partners to:

- Develop preventive services that can support vulnerable people within their communities;
- Reduce duplication of assessment and care co-ordination;
- Increase independence and self care;
- Reduce infrastructure costs.

In order to achieve this, the Department's Business Plan for 2010/11 will inform a Change Programme under the three broad themes of Personalisation, Localisation, and Integration. The priorities identified in the service areas above will form the Key Priorities and action plans to be managed using the Departmental Project Management Methodology.

The overarching outcomes to be delivered in 2010/11 are increased FLEXIBILITY, CHOICE, CONTROL, INDEPENDENCE, SATISFACTION and EFFICIENCY.

5. REVIEW OF SOCIAL SERVICES CROSSCUTTING AREAS OF WORK

5.1 Leadership and management arrangements

Wrexham Social Services meets the requirements of the statutory guidance on the 'Role and Accountabilities of the Director of Social Services' (as issued by the Welsh Assembly Government in June 2009). Arrangements include the Statutory Director of Social Services reporting directly to the Chief Executive and Members on statutory Social Services performance. The Statutory Director of Social Services also meets regularly with the Chief Safeguarding and Support Officer and the Director of Children and Young People Services in accordance with the Accountability and Communication Protocols. Performance accountability is also well established at both Head of Service and Team Manager levels. More work is required with staff teams to assist them to understand that their work is valued and they can and do contribute to improving services.

5.2 Engagement with partners

Managers continue to develop their relationship with partner agencies. Engagement with the Betsi Cadwaladr University Health Board (BCUHB) presented challenges initially but began to improve towards the end of the year. Operational arrangements between Social Services and Health practitioners were effective and this should improve further with BCUHB Tier 3 managers now appointed (which should allow joint policies and service development to develop further). A key priority for 2010/11 will be to promote active engagement with BCUHB to support the integration, localisation and personalisation agenda.

The development of a Council-wide Third Sector Commissioning Framework (which Adult Social Care led on) has helped to improve the way in which we work with and support those Third Sector organisations.

Wrexham Social Services also plays an active part in regional and sub-regional work (which is now increasingly important in light of probable future budget settlements). Examples include collaborative EDT, Adoption and commissioning work.

The Safeguarding and Support Department is an integral part of the Wrexham's Children and Young People's Framework Partnership (CYPFWP). The CYPFWP is seen as being increasingly effective and is the key forum for working and engaging with partner agencies on issues relating to children and young people. The Local Safeguarding Children's Board (LSCB) Development Group is also operating as the 'Safe from Harm' Strategic Co-ordinating Group within the CYPFWP. The Chief Safeguarding and Support Officer is a member of the CYPFWP Board, and Safeguarding and Support staff are active in all strands of the Partnership.

Young Persons comment on meeting a Head of Service: "I thought they wouldn't want to talk face to face with me because they have a important job, I was wrong"

Young People's comments to the Reviewing Officer: "I didn't use to see my Dad, now I go 4 times a week, this is a good thing"
"Chocolate and drink would make LAC reviews better, it would have a more relaxed atmosphere, it would be so much better"

Source : April 2009 Speed Debate Chat

The Safeguarding and Support Department work closely with Police colleagues on a daily basis and in key forums such as the Domestic Abuse Panel, Multi-Agency Public Protection

Agreement (MAPPA) and the Multi-Agency Risk Assessment Conference (MARAC). In addition, Wrexham and Flintshire Councils will work jointly with north Wales Police to develop a more targeted multi-agency response to domestic abuse referrals.

In terms of the Health and Social Care Wellbeing Strategy (HSCWB), we are in the second year of delivering the 'Caring for Our Health' action plan. The plan is generally on-track with further developments to take place this year around Telecare, healthy eating and being more active. We are now beginning to focus on production of the HSCWB strategy for 2011/16, which will link into the new north Wales Health structure. The cessation of the Joint-Working Special Grant and the Cymorth grant in March 2011 will restrict engagement activities especially around management capacity to drive forward partnership working.

5.3 Engaging with Service Users, Carers and Citizens

During 2009/10, we focused on improving engagement with service users, carers and citizens. The aim of this work is to ensure feedback is used for commissioning purposes and to inform service review and development.

This work included updating our information for children and young people and we have continued to see improving levels of participation in planning for their own well-being.

From Adult Social Care Survey 2010:

"Due to Adult Social Care I have found a new freedom and independence that has added to my quality of life".

"Happy with leaflet, etc.. but prefer dealing with person or over the 'phone, don't always get told from staff about services available".

In Adult Social Care, new survey approaches were used to gain a better insight into the views of users and carers around the quality and effect of services. Information from these surveys was used to develop regular newsletters to users and carers detailing how feedback was being considered for improving services.

Across Social Services, improving engagement with citizens, users and carers will also be a key priority for 2010/11 reflecting the National 'Getting Engaged' programme. We will continue to develop children's participation within the LSCB and work with looked after children to encourage them to participate in designing services as well as contributing to their own plans.

5.4 Corporate and Political Support and Scrutiny

The arrangements between Members, Social Services and Corporate managers remain effective with a dedicated Member/Officer steering group overseeing the Annual Council Reporting Framework process. We also have a Member/Officer 'Adult Strategic Improvement Group' in Adult Social Care that continues to focus on key performance and development issues. In Children's Social Care Services, Members continue to be very actively involved in the Corporate Parenting agenda and in the budget recovery group where Chief Officers and Heads of Service work alongside Members. Maintaining the current close working relationship with all Members will become increasingly important as we enter a period of transforming services as part of the Council's 'Transformation Programme'. This will require difficult decisions to be made about maintaining services against reduced budgets and to consider delivering services in more efficient and effective ways.

There is increasing evidence of Social Services working with other Council departments to jointly develop services, improve efficiencies and to pool resources. Examples include the Telecare Project group and the Joint Safeguarding and Support and Housing Department response to the needs of 16 and 17 year-old homeless young people.

5.5 External Workforce Governance

Workforce governance remains an important consideration and both internal and external providers work to common standards especially around staff recruitment and training. In Adult Social Care, training uptake has improved although some independent care homes are still to take up their full allocation of training around safeguarding. The majority of providers have staff training levels in excess of National Minimum Standards.

Children's Social Care Services employ an external workforce for the provision of fostering services and operates a stringent safe recruitment policy. The service places considerable emphasis on continuous development and, as a result, has one of the highest levels of NVQ 3 qualified foster carers in Wales.

5.6 Internal Workforce Governance

In Adult Social Care recruitment and retention remains effective and has been aided by joint-working with local Colleges around student placements. Exceptions include the recruitment of Occupational Therapists that resulted in delays in assessments: but which is now improving. The Emergency Duty Team also experienced difficulties in recruiting suitably qualified and experienced staff.

In Safeguarding and Support, recruitment of Social Workers has been more challenging with a limited number of applicants for an increased number of vacancies. Some improvement was seen in quarter four, however, with more applicants than vacancies. The Wrexham situation is reflective of the picture nationally and there has been a UK Government funded recruitment campaign to attract more Social Workers into services for children. Vacancy rates in Wrexham Children's Social Care Services during 2009/10 were at 14%, which increased reliance on agency staff. This is likely to remain a challenging area for 2010/11.

Wrexham's success in its bid to become a pioneer Authority for the Integrated Family Support Service (IFSS) provides an opportunity for developing and strengthening staffing structures. Social Services will review recruitment incentives, market forces and training provision operating within local labour markets to ensure that it remains competitive.

During 2009/10, we began to develop ways in which we captured and presented a more rounded picture of workforce health covering supervision, overtime and the use of agency staff for example. Sickness absence management also remained a key focus during the year. Sickness absence levels within Children's Social Care Services were 6.47%, which is slightly higher than the Welsh average of 6%. Sickness absence levels within Adult Social Care for APT & C employees was 5.18% which is below Welsh average of 6.16%. Manual staff sickness rates, however, were slightly higher than the Welsh average of 7.9% at 8.82%.

Understanding and improving workforce health will be taken forward as a key priority for 2010/11 and will include the completion of a further staff stress survey. We will also consider how to work with staff to enhance their perceptions of their work being valued and that they can and do contribute to improving services.

5.7 Performance Management Arrangements

Work continues to take place to promote ownership of performance management at Head of Service and Team Managers levels. Performance management arrangements include:

- Quarterly performance management workshops in Children's Service that look closely at whether we are working effectively and what we need to do to improve. A monthly 'Dashboard' is also used to focus on key indicators and data accuracy.
- Quarterly 'performance surgeries' in Adult Social Care. Monthly performance 'Dashboards' and 'Balanced Scorecards' also continue to be developed to improve data accuracy and monitor performance activity.
- Business Plans at Head of Service and Team Manager levels that link to Departmental and Council Plans and include specific actions and measures to drive along improvement and performance at all levels.

Across Social Services, there is a need to ensure issues identified within the quarterly and monthly performance activities, mentioned above, lead to clear improvement actions that are then monitored for progress.

Elected Members and Senior Managers within the Council are aware of the implications of the Baby Peter case and associated reports and recommendations. Management arrangements and systems are in place to ensure that they can take action to address any problems within their Departments at an early stage.

In Adult Social Care, contract monitoring frameworks were enhanced in 2009 to make better use of available information (including complaints, performance, safeguarding and customer feedback). The most recent quarterly review of provider performance (March 2010) indicated no discernable difference between standards of external and internal providers (which were both generally acceptable).

In Children's Social Care Services, the Commissioning Support Resource Database (CCSR) is used for commissioning of external placements and Wrexham are comparatively one of the higher users in Wales. Contract-monitoring arrangements were also reviewed and improved.

In 2009/10 the number of complaints received by Adult Social Care reduced to 90 (compared with 112 in 2008/09) with 98% being dealt with at the local stage. Fewer complaints came directly from service users and more from relatives or carers. Complaints around OT waiting lists increased during the year but this was anticipated given waiting times for assessments. In Children's Social Care Services, 32 complaints were received compared with 50 in 2008/09 with 2 complaints progressing to the formal consideration stage (6%).

Across Social Services, complaint action plans are audited to ensure they effect systemic improvement. Managers across Social Services receive regular reports on complaints and complements including trend analysis. We analyse complaint information and action plans to bring about wider systemic improvements based upon a 'lessons-learnt' approach. For example, in response to feedback received, we redesigned complaint literature for Mental Health service users to enable them to better understand the complaint process and how it can be accessed.

Overall, complaint performance is considered to have improved, based on the reduction in the number of complaints received and on the reduced cost and intrusion of second stage investigations.

The RAISE IT remains a key area for improvement across Social Services. The RAISE project plan continues to be implemented (reflecting the WAO report October 2008) and to confirm the importance placed upon this project, three Chief Officers sit on the RAISE project board. The cessation of the Performance Management Development Fund grant, from March 2011, will impact on support for the RAISE Project.

The development of the RAISE system is also important in terms of improving the quality and availability of information to underpin local strategic needs assessments and investment planning (another key priority for 2010/11). This work includes improving the collation of unmet need information, especially from care management and resource panel activities. It also includes developing shared data sets with the BCUHB, to underpin the next Health and Social Care Wellbeing Strategy.

5.8 Commissioning and Contracting

Commissioning plans continue to be updated to reflect local and national strategic objectives. Plans include an assessment of need, developed from Public Health Service Wales population information to which is added locally available data. Plans also include market information, service mapping, service reviews and evaluations. Health Social Care & Wellbeing Strategy action plans and commissioning plans are interlinked where possible.

Commissioning plans are also based upon options appraisals, identifying the most cost effective quality outcomes and/or benefits we seek to achieve. There is a need, however, to detail the rationale for decisions more systematically. Standard procurement documents and contract management procedures are being improved to reflect the change to outcome based commissioning.

Stakeholders are involved in agreeing the required service outcomes and service development priorities.

A joint Health and Council strategy action plan was developed in 2009/10 for developing Older People's services. There is evidence of changes in investments in services in line with commissioning intentions, for example:

- Additional funds have been provided for advocacy services;
- Home based short-breaks services are being re-commissioned in order to better meet demand and provide greater flexibility, and;
- A programme has commenced to increase domiciliary care service capacity (number of providers) in order to support more people to remain at home.

Future improvements include the need to:

- Further develop the skills and competencies of staff involved in commissioning & contracting activities;
- Reach agreement on priorities for joint investment with co-commissioners in Health & Housing Departments.

There has been a significant engagement during 2009/10 in collaborative improvement projects with Wrexham taking the lead in a number of projects. This includes:

- Wrexham Council's Chief Executive having lead regional responsibility for collaborative Social Services projects;

- Wrexham being the host authority for the North Wales Adoption Service;
- Managing the 'Three Counties' Local Authority Emergency Duty Team (EDT) which covers out-of-hours services to both Adult and Children Social Care services on behalf of Wrexham, Flintshire and Denbighshire Councils;
- Working with Flintshire council to implement a sub-regional Integrated Community Equipment Service;
- Working with regional partners on the development of Domiciliary and Residential Care contract frameworks which will offer the potential to generate savings in the medium term.

5.9 Planning and Partnerships

Implementation of strategic plans is generally on-track but delays were experienced relating to joint-developments linked to the Health Board re-structure. Internal project management capacity and skills to take forward service improvements was an issue, although progress is now evident.

Social Services lead on sharing information across partner agencies for planning, commissioning, and performance purposes. Developments in information systems are being explored with both the Assembly and the BCUHB, in order to progress joint strategic needs assessments (which will be used to inform future Health Social Care & Wellbeing Strategies).

Progress is also underway on the development of an infrastructure to support users' participation and involvement in service planning & monitoring activities (Linked to the Getting Engaged agenda).

A key priority will be to promote engagement with BCUHB to support the integration, localisation and personalisation agenda.

5.10 Resources

Budget planning arrangements are robust as are budget monitoring systems and processes. Budget planning provides a clear link between Council priorities and available resources. Across Social Services, Members receive monthly budget monitoring reports which are presented to the Executive Board three times yearly (including capital budget updates) and once to full Council. Identification of trends from budget monitoring processes informs corrective actions and future budget planning.

The Council has in place robust arrangements (effectiveness, efficiency and economy) for stewardship and governance and value for money continues to be closely managed. As budget settlements become tighter increasingly more emphasis will be placed on obtaining value for money.

Setting the budget for 2010/11 was a challenge and this is expected to become increasingly difficult in future years in light of probable reduced funding. The Council, as a whole, has started to plan for these pressures via their Transformation Programme and this will include a critical review of service delivery options in the medium term.

The main pressure within Adult Social Care continues to be demographic demands for services from older people and from people with Learning Disabilities. Members and officers are working together to consider how to meet the current and future financial challenges. Increased demand is also being experienced within Children's Social Care

Services and there is a specific Member /officer group managing the financial recovery plan for this Department.

Of particular concern to both Council Members and officers is the cessation of a number of grants from March 2011. The value of these grants currently exceeds £2.5m across Social Services, including support services provided through the Prevention and Inclusion Department. They cover preventative work with vulnerable children and families. They also cover joint working, performance management and IT development together with management capacity to drive forward change.

A key priority for 2010/11 will be to develop medium-term strategic plans to meet the challenge of future WAG settlements from 2011/12 onwards. This includes setting up a Member /Officer group to consider how challenges are met in a sustainable and safe way to include the current work on the Children's Social Care Services budget and the Council's Transformation Programme.

5.11 Equality and Diversity

The Council's Equality Scheme forms the framework for equality and diversity issues within the Council and is supported by a Race Equality Scheme (RES) that incorporates a three-year impact assessment programme for new and existing policies. The added value of impact assessments is still to be realised. The Social Services equalities group is being reviewed to ensure it remains focussed and effective.

Adult Social Care have a Stakeholder Participation and Engagement Strategy and action plan to support the equality agenda. For 2010/11 linking this strategy to the Getting Engaged programme will be important to ensure feedback from users and carers and hard to reach minority and faith groups are considered appropriately.

Children & Young People's service have in place a range of user and working groups to encourage engagement in the equality and diversity agenda and a clear process for bringing information together.

Work is taking place to improve the consistency of equality information within care management documentation. In Safeguarding and Support, equality information has been used to inform service development (such as CME and LSCB response to the trafficking consultation). The Children-in-Need survey has also focused attention on equality information, however, more work is required in Adult Social Care to make use of such information especially to inform commissioning processes.

6. KEY PRIORITIES 2010/11

6.1 Safeguarding & Support

1. Council Priority – Safeguarding Children and Young People Key Priorities (including Children in Need)

We will ensure that decisions made on referrals are timely and have a clear rationale.

- Implement revised eligibility criteria to curtail the proportion of inappropriate referrals;
- Work with partners to introduce the Common Assessment Framework (CAF) as a prerequisite to a referral;
- Strengthen management arrangements in the duty and assessment team and continue to monitor progress on an agreed basis;
- Monitor and audit re-referrals on a quarterly basis;
- Ensure that referrers receive a response from the Department within 2 weeks of the referral being made, particularly in the case of referrals where the decision is to take no further action;
- Work with Flintshire and North Wales Police to ensure a more targeted response to domestic abuse referrals.

We will improve the quality and timeliness of assessments.

- Review the use of ICS (Integrated Children's System) and ensure compliance;
- We will work with partners to introduce the pilot IFSS;
- Implement the revised Transfer protocol;
- Ensure Senior Manager file audits are completed on a monthly basis using the agreed template;
- Ensure that staff completing initial and core assessments follow the Department's operational desk instructions for assessments.

2. Child Health and Disability Key Priorities

We will continue to work with partners to develop the Integrated Children's Disability Service.

- Further Develop the Multi-Agency Panel referral process and implement a single referral document;
- Work with Adult Social Care to reduce paediatric OT waiting times;
- Review and revise the transition strategy and protocol (also referred to in ASC summary);
- Appoint a Service Manager for the Integrated Children's Disability Service;
- Complete the review of Services for Disabled Children.

3. Corporate Parenting Key Priorities

To ensure that the Council is a responsible Corporate Parent and to provide high quality cost effective placements.

- Provide all Elected Members with Induction to their role as Corporate Parents;

- Gain greater participation of looked after children in the design and delivery of services;
- Review budget structure for children's care placements as part of wider Departmental review;
- Agree with Betsi Cadwaladr University Health Board to review our current commissioning processes in the delivery of emotional health and wellbeing services for looked after children, either delivered directly or through third party organisations;
- Continue to review all external placements and ensure that controls remain robust;
- Develop alternatives to use of out-of-council placements based on the principle of 'wrap-around' care;
- As host authority implement North Wales Adoption Service;
- Continue to increase and develop range of available placements;
- Review placement needs and the local provision to meet those needs.

4. Carer Services Key Priorities

- To ensure all identified young carers have an assessment of need and are provided with opportunity to play and engage in social activities;
- To continue to support parent carers in their caring role and prevent family break down.

6.2 Adult Social Care

1. Personalisation

To ensure that individuals who require adult social care services have choice and control in how those services are delivered.

- Review and implement revised model of Citizen-Directed Support;
- Review and implement revised model of day and respite service provision;
- Review and revise processes for assessment of carers' needs.

2. Localisation

To ensure that individuals' needs can be met within their local communities.

- Extend the Locality Project and Unique Care Project and implement findings;
- Review and implement revised model for provision of domiciliary care services;
- Develop a Learning Disability Commissioning Strategy;
- Develop a Mental Health Commissioning Strategy;
- Develop a Carers' Commissioning Strategy.

3. Integration

To ensure that services work together to meet the needs of individuals, using flexible resources to maintain/increase independence.

- Re-focus Re-ablement into a front-line assessment service provided to all people assessed as requiring support at home;
- Review and implement revised processes and functions for access, assessment and care co-ordination in partnership with Health Services;

- Review the finding from Intermediate Care/Frailty projects and implement findings across the service.

4. Safeguarding

To ensure that vulnerable adults are protected from harm.

- Implement recommendations from the inspection of adult protection;
- Implement recommendations from the national review of In Safe Hands.

6.3 Cross Cutting Services

1. Strategic Planning

Develop medium-term strategic plans to meet the challenge of future WAG settlements 2011/12 onwards.

- Set up a Member /Officer group to consider how future challenges are met in a sustainable and safe way. This will include the current work on the Safeguarding and Support budget;
- Ensure the Safeguarding and Support financial recovery plan is project managed and reported upon to Members;
- Participation across Adult Social Care and Children's Social Care Services in the Council's Transformation Programme.

2. Engagement with BCUHB

Promote engagement with BCUHB to support the integration, localisation and personalisation agenda.

- Reconfirm agreement with BCUHB as to the key areas for joint strategic improvement;
- Commence work on joint-business plans for 2011/12;
- Confirm joint-commissioning agreement;
- Establish local planning structures jointly.

3. Information Management

Improve the quality and availability of information to underpin local strategic needs assessments and investment planning.

- Improve the collation of unmet need information especially from care management and resource panel activities;
- Develop shared data sets with the BCUHB, to underpin the next HSc&WbS.

4. Getting Engaged

Develop Stakeholder Engagement agenda to incorporate SSIA 'Getting Engaged' programme.

- Develop engagement with service users, carers and citizens.

5. Workforce Management

Improve understanding of 'Health of Workforce': wider performance and well-being issues (supervision, recruitment & retention, sickness absence, workload and stress management). Also consider how to work with staff to enhance their perceptions of their work being valued and that they can and do contribute to improving services.

6. IT Systems

Reduce reliance on CIS legacy system including exploring linkages between Youth Justice Service and Safeguarding and Support IT systems.

7. CONCLUSION

The context for Social Services is changing with increasing demands, heightened public expectations and increasing financial pressures on Local Authorities. Performance in 2009/10 has been generally positive but we have identified a number of areas where further improvements can be made. There have been specific challenges in Children's Social Care Services, which are being given priority within the Council. In Adult Social Care, transforming services to meet increasing demand remains the priority. The Annual Report highlights many areas where we continue to provide good services and where we have introduced or started to develop new ways of providing or arranging services in order to meet these demands.

Andrew Figiel
Statutory Director of Social Services
Annual Report 2009/2010 Executive Summary

8. LIST OF SUPPORTING AND KEY DOCUMENTS

Statutory Guidance on the Role and Accountabilities of the Director of Social Services (Issued under Section 7 of the Local Authority Social Services Act 1970): WAG, June 2009.
<http://wales.gov.uk/docs/dhss/publications/090617guidancedirectorsocialservicesen.pdf>

Review of Children's Safeguarding Arrangements
Wrexham County Borough Council (October 2009)
<http://wales.gov.uk/docs/cssiw/publications/wrexhamsr/090925wrexhamsren.pdf>

Children and Young People Framework Plan

Local Safeguarding Children Board Report

Care and Social Services Inspectorate Wales
Care Standards Act 2000
Inspection Report - Fostering Services
Date of Publication 27 November 2009
www.cssiw.org.uk

Inspection of Adult Protection in Wrexham County Borough Council (December 2009)
<http://wales.gov.uk/cssiwsite/newcssiw/publications/ourfindings/wrexham/wrex/>

Annual Council Reporting Framework ('Annual Report')
<http://www.ssiacymru.org.uk/annualreporting>

9. LIST OF ACRONYMS USED WITHIN THIS REPORT

ACRF	-	Annual Council Reporting Framework
AMHP	-	Approved Mental Health Professional
ASC	-	Adult Social Care
BCUHB	-	Betsi Cadwaladr University Health Board
CAF	-	Common Assessment Framework
CAMHS	-	Child and Adolescent Mental Health Services
CHC	-	Continuing Health Care
CME	-	Children Missing Education
CPA	-	Care Programme Assessment
CSSIW	-	Care & Social Services Inspectorate in Wales
CYPFP	-	Children and Young People's Framework Partnership
DOLS	-	Deprivation of Liberty Safeguards
DSO	-	Disability Support Officer
EDT	-	Emergency Duty Team
GP	-	General Practitioner
HSc&WbS	-	Health Social Care & Well Being Strategy
ICS	-	Integrated Children's System
IFSS	-	Integrated Family Support Service
LSCB	-	Local Safeguarding Children Board
MAPPA	-	Multi-Agency Public Protection Agreement
MARAC	-	Multi-Agency Risk Assessment Conference
MCA	-	Mental Capacity Act
MHA	-	Mental Health Act
NHS	-	National Health Service
NVQ	-	National Vocational Qualification
OT	-	Occupational Therapy
POVA	-	Protection of Vulnerable Adults
RES	-	Race Equality Scheme
UAP	-	Unified Assessment Process
WAG	-	Welsh Assembly Government
WCBC	-	Wrexham County Borough Council