

Public Document Pack

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Chief Officer (Governance)
Prif Swyddog (Llywodraethu)



To: Cllr Carol Ellis (Chair)

CS/NG

Councillors: Amanda Bragg, Peter Curtis,
Adele Davies-Cooke, Andy Dunbobbin,
Veronica Gay, Cindy Hinds, Hilary Isherwood,
Brian Lloyd, Mike Lowe, Hilary McGuill,
Dave Mackie, Ian Smith and David Wisinger

27 February 2015

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Dear Sir / Madam

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **DELYN COMMITTEE ROOM, COUNTY HALL, MOLD CH7 6NA** on **THURSDAY, 5TH MARCH, 2015** at **10.00 AM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

A G E N D A

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
- 3 **MINUTES** (Pages 3 - 16)
To confirm as a correct record the minutes of the meetings held on 26 and 29 January 2015.
- 4 **SOCIAL SERVICES WELLBEING ACT UPDATE AND RESPONSE TO CODE OF PRACTICE** (Pages 17 - 22)
Report of Chief Officer (Social Services) enclosed.
- 5 **COLLABORATIVE PROJECTS UPDATE** (Pages 23 - 28)
Report of Chief Officer (Social Services) enclosed.

- 6 **QUARTER 3 IMPROVEMENT PLAN MONITORING REPORT** (Pages 29 - 62)
Report of Environment and Social Care Overview and Scrutiny Facilitator enclosed.
- 7 **ROTA VISITS**
To receive a verbal report from Members of the Committee.
- 8 **FORWARD WORK PROGRAMME** (Pages 63 - 70)
Report of Environment and Social Care Overview and Scrutiny Facilitator enclosed.

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **26 JANUARY 2015**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at County Hall, Mold on Monday 26 January 2015

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Amanda Bragg, Peter Curtis, Veronica Gay, Mike Lowe, Hilary McGuill, Dave Mackie and Dave Wisinger

APOLOGY:

Councillor: Cindy Hinds

SUBSTITUTE:

Councillor: Ron Hampson (for Andy Dunbobbin)

ALSO PRESENT:

Councillors: Richard Jones and Mike Peers

CONTRIBUTORS:

Leader and Cabinet Member for Finance, Chief Executive, Cabinet Member for Social Services, Chief Officer (Social Services), Corporate Finance Manager, Senior Manager Commissioning and Provider Services Manager

IN ATTENDANCE:

Environment & Social Care Overview & Scrutiny Facilitator and Housing & Learning Overview & Scrutiny Facilitator

48. DECLARATIONS OF INTEREST

No declarations of interest were made.

49. BUDGET CONSULTATION FOR 2015/16

The Chairman welcomed the contributors to the meeting.

The Leader outlined the budget consultation process to date, which included briefing meetings with Group Leaders and Chairs of Overview & Scrutiny Committees, culminating with the Overview & Scrutiny mop-up session scheduled to be held on Friday, 30th January, 2015, prior to the final budget proposals being presented to County Council on the 17th February, 2015. Regular updates had been given to Members over recent months and the Leader commented on the unprecedented financial challenges facing all Councils across Wales. The draft budget report, presented to Cabinet on 16th December, 2015 highlighted a £16.4m budget gap for 2015/16. Following intensive work a balanced budget had been achieved. The risk to frontline services was a unique challenge with no magic formula and no additional money available.

The Leader commented on the consequential revenue provision and briefed Members on his lobbying of Ministers and the Welsh Government (WG). He expressed his disappointment following the Autumn Statement that no additional funding for service protection was being allocated to Local Government.

The Chief Executive and Chief Officer (Social Services) gave a detailed presentation which covered the following areas:-

- National Position
- Revised Local Position
- Strategy to close the extended gap
- Up to date Strategy position
- Remaining Strategy Actions
- Big Budget Conversation
- Member Involvement
- Final Steps in the Budget
- Social Services Budget 2015/16
 - Previous years decisions
 - Targeted price inflation
 - Pressures and investments
 - Our Strategy
 - Our approach
 - Managing the change
 - Principles for change
 - Voluntary Sector
 - Recovery of CHC
 - Business Plan efficiencies

The comments and questions which were raised by Members of the Committee on the presentations, together with the responses given, are detailed in Appendix 1 (attached).

During discussion, the Chair thanked Officers for the openness in which the workshops and verbal updates had been delivered to Members and felt members of the public were better prepared for the year ahead.

RESOLVED:

That the presentation be noted.

50. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There were no members of the public and one member of the press in attendance.

(The meeting started at 10.00 am and ended at 11.55 am)

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Chairman

Overview & Scrutiny Budget Consultation 2015/16

Social & Health Care Overview & Scrutiny Committee – 26 January, 2015

| Section | Issue/Question | Response |
|---|--|--|
| 1. Refocus eligibility criteria for day care | The Ewloe Over 50s Forum is currently accessed by people with early dementia. The Forum would like to be considered when looking at possible day care opportunities in future. | Acknowledged. |
| 2. Review the number of sites where In-House day care is provided. | How are you going to re-focus the eligibility criteria without people slipping through the net? | <p>By looking at people's individual day care needs and looking at opportunities to explore alternative models of day care provision to meet those needs.</p> <p>In response to concerns around the eligibility criteria, the Leader of the Council outlined the importance of Overview & Scrutiny Committee's receiving information over the coming year in order to monitor the impact certain budget proposals had on service delivery.</p> |
| 3. Review and revise eligibility criteria for respite | Concern over the reduction of respite days which could be traumatic for the user and family. | The efficiencies do not propose a reduction in the number of respite days. There will continue to be an individual assessment of need but if an individual currently accesses 35 nights, if their need is the same, they will continue to access 35 nights of respite. Consultation on this proposal is required. |
| | How would the direct payments work? | <p>Further work and consultation needed on direct payments.</p> <p>It was agreed that information on direct payments and different operating models would be provided to Members.</p> |

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|--|--|---|
| | What support does the Council provide for pooling resources for respite? | It was agreed that this information be provided to Cllr Hilary McGuill. |
| | If the same number of respite days are to remain how will the £150k savings be met. | The Chief Executive suggested tracking arrangements for high risk proposals for each respective Overview & Scrutiny Committee with the Corporate Resources Overview & Scrutiny Committee receiving updates on the high risk proposals as part of their regular monthly budget monitoring reports. |
| 5. Consult on the potential to commission provision currently provided by In House Supported Living houses. | The difficulties that could be experienced when there are a large number of people with learning difficulties living together need to be taken into account. | Acknowledged. Would be dealt with sensitively. |
| 8. Implement thresholds for supplying minor equipment (Occupational Therapy) | Why can't we look at the model used by the Red Cross where families are asked for a £30 bond which is returned to the family when the equipment is returned? | Happy to look at the Red Cross Model. Currently looking into the availability of small pieces of so that people can go and test the equipment before purchasing them. |
| | Concern out of step with suppliers not out of step with other local authorities. | Acknowledged. |
| 9. Renegotiate joint funding with Health | Is the £200k agreed in principle with Health additional to the £394k efficiency saving? | The £394k is the total figures including the £200k. |
| | Think this risk should remain Red until the Council has received the £200,000 from Health. | A bill has been sent to Health for the £200,000. |

| | | |
|--|--|--|
| 16. More targeted approach family group meetings and alternative delivery model | Concerns around re-commissioning this service given the small level of efficiencies expected. | The purpose of re-commissioning this service is to provide a different delivery model whilst maintaining the same level and quality of service. |
| 19. Review commissioning with Action for Children | Concerned with the potential for funding not to be given to summer play schemes provided by Action for Children, which would impact greatly on families with disabled children. | <p>The summer Playscheme is currently run by four separate contractors. Consultation is currently being undertaken on how this could be delivered differently in the future, with the possible introduction of a small charge.</p> <p>It was agreed that further information on this would be provided to Members.</p> |
| 21. Review and realign funding to voluntary sector | Would the 10% budget reduction to the voluntary sector impact each of the social service commissioned providers. | Work was continuing to encourage providers who had similar aims and objectives to pool their resources and reduce the impact of the 10% reduction in funding. |
| 26. Remove recharge for Library Headquarters | Would the proposal have an impact on other service area budgets? | No. The savings would be realised across the Council and would not impact the budget of any other service area. |
| 28. Review contracts for Grounds Maintenance | Like to support Tri Ffordd. Is it possible to ask them to reduce their costs? | Trying to reduce the level of budget for this provision. |
| General Comments | Would the comments/questions/suggestions received from members of the public be included in the final budget proposals, to enable Members to cross reference their comments with the responses from the Council? | Any comments/questions/suggestions from members of the public would be included in the final budget documents to ensure Members take these into account when setting the 2015/16 budget. |

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SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE
29 JANUARY 2015

Minutes of the meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Thursday, 29 January 2015

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Amanda Bragg, Andy Dunbobbin, Veronica Gay, Hilary Isherwood, Brian Lloyd, Mike Lowe, Dave Mackie, and David Wisinger

APOLOGIES:

Councillors: Peter Curtis, Cindy Hinds and Hilary McGuill

CONTRIBUTORS:

Cabinet Member for Social Services, Chief Officer (Social Services), Senior Manager Integrated Services, Reablement and Telecare Team Manager and North East Wales Community Equipment Service Manager

IN ATTENDANCE:

Member Engagement Manager and Committee Officer

48. TRIBUTE TO THE LATE COUNCILLOR STELLA JONES

The Chair asked that Members and all those present to stand for a minute's silent tribute to the late Councillor Stella Jones.

49. DECLARATIONS OF INTEREST

No declarations of interest were made.

50. MINUTES

The minutes of the meeting of the Committee held on 18 December 2014 had been circulated to Members with the agenda.

RESOLVED:

That the minutes be approved as a correct record and signed by the Chair.

51. SOCIAL SERVICES INTERMEDIATE CARE FUND (ICF)

The Chief Officer (Social Services) introduced a report to provide an overview of the projects delivered by the Intermediate Care Fund (ICF) and of the outcomes that had been delivered.

He detailed the background to the report and explained that the ICF had been set up to support older people to maintain their independence and remain in their own home. The funding of £642k for capital and £1.248m for revenue funding was for the financial year 2014/15 and WG had advised that

the funding would cease at the end of the period. However, the Chief Officer (Social Services) advised that an announcement had been made the previous day on the future of Intermediate Care. Written confirmation had not been received but it had been indicated that £20m across Wales on a recurrent basis would be available but that a different funding route would apply. Work would be ongoing with health partners to support the continuation of services provided for Intermediate Care.

The ICF had been allocated on a regional footprint with Flintshire leading the management of the fund on behalf of North Wales. The bid for Flintshire had been based upon three key themes with a consistent focus on enhancing services for people with dementia. The projects that had been delivered through the ICF were reported and the Chief Officer (Social Services) provided details of some of the projects which included the provision of step up/step down beds in residential homes, falls prevention and Healthy Homes for Discharge project – Flintshire Care & Repair. The achievements for the first six months of the ICF from April to September 2014 were reported along with a case study of a person who had been helped by the ICF. Further case studies were also included in the report. On the issue of challenges, the Chief Officer explained that the authority was not aware of the ICF until part way through the year but had tried to use it efficiently and effectively. It was reported that Flintshire had hosted the North Wales Integrated Services Programme Board which formed part of the governance arrangements that fed into the North Wales Regional Leadership Board. WG had identified North Wales' approach to managing the ICF as being an 'exemplar'. Prior to the announcement by WG, Flintshire had identified critical projects that required funding in the future and these were detailed at paragraph 3.07.

Councillor Amanda Bragg welcomed the report and indicated that she had not been aware of the large number of projects that were undertaken. On the issue of 'Support at Night' she asked whether the service had been trialled and evaluated and sought clarification on the number of hoarders within the County of Flintshire that officers were aware of.

In response, the Chief Officer (Social Services) advised that he did not have details of figures but could provide the information to Members. He explained that hoarding could be as a result of a complex combination of social circumstances. On the issue of the 'Support at Night' project, the Senior Manager Integrated Services explained that the pilot scheme would look at a cluster group living in the community as currently support was only available to 11pm. Work was ongoing to identify the correct areas, which could include Mold or Deeside localities, and to ensure technologies were in place. The scheme would involve two members of staff being on call to visit service users as and when required throughout the night.

Councillor Hilary Isherwood commented on the issue of hoarders and raised concern for older people who ordered goods through the post as a result of receiving mailshots as they felt that they were required to do so. She felt that there should be an appropriate person that they could talk to if they felt pressure to send for goods that they did not need or want. The Cabinet

Member for Social Services suggested that she could raise this issue at an Older People's Strategy meeting and added that Trading Standards also undertook work to try and raise awareness of scams where vulnerable people were asked to send money for goods or services that were never delivered.

Councillor Andy Dunbobbin spoke of an event that he had attended through his role as Armed Forces Champion and suggested that he meet with the Chief Officer (Social Services) to discuss funding avenues for War veterans and ex-service personnel. The Chief Officer agreed to meet with Councillor Dunbobbin and he and the Cabinet Member for Social Services welcomed the suggestion.

In referring to the issue of hoarding, Councillor Veronica Gay commented on properties which had been cleared to allow the individual to return home but the hoarding behaviour had continued and the issue had then reoccurred. She praised the work of the Care & Repair Team but she queried how the service could continue if the funding ceased and suggested that the number of hoarders could be more widespread than was known about.

The Chief Officer (Social Services) commented on the demand for the service and of the discussions that were needed on the approach to be taken for future delivery of the project. On the additional funding that had been announced by WG, he explained that it amounted to 40% of the funding that had been provided for this financial year and that work would need to be undertaken to identify which projects would continue to be funded.

RESOLVED:

- (a) That the Committee endorses the progress made with the effective use of the Intermediate Care Fund;
- (b) That the development of further initiatives using the finance recently announced be supported; and
- (c) That Committee gives support that Flintshire County Council continue with the areas outlined in paragraph 3.07.

52. REABLEMENT/INDEPENDENT LIVING IN FLINTSHIRE

The Senior Manager Integrated Services introduced a report to update Members on the progress made by the Reablement and Telecare service.

She introduced Sara Thelwell (Reablement and Telecare Team Manager) and Steve Featherstone (North East Wales Community Equipment Service Manager) to the Committee. In advising that Flintshire had had a successful Reablement Service for a number of years, she referred to the definition of reablement and added that the service had the potential to help many people. The service had mainly concentrated on supporting older people including those with mild to moderate dementia, and people with physical disabilities. It was hoped in the future that the service could be

extended to support people with a learning disability. A number of teams were involved in providing the reablement service and these were detailed in paragraph 3.09 of the report. Reablement outcomes were measured and these included whether service users had not required any further support at end of Reablement, had increased the support needed or not completed the Reablement phase. A full analysis of the outcomes was attached at appendix 1.

The Reablement and Telecare Team Manager provided details of the way that service users could access the service through either the Social Services First Contact Team or through a Social Worker upon discharge from hospital. The North East Wales Community Equipment Service Manager spoke of the domestic and residential care schemes and explained that in partnership with Wrexham County Borough Council and Betsi Cadwaladr University Health Board (BCUHB), the team covered Wrexham and Flintshire. He commented on the enhanced care scheme and spoke of the work undertaken with the Reablement Team to provide the equipment necessary to allow service users to return to their own home.

The Chair welcomed the report and praised the work of the Reablement Team which she felt provided an excellent service.

Councillor Dave Mackie also spoke the fantastic work undertaken by the Team. In referring to wheelchairs, he asked that a sign be put on all wheelchairs to indicate that they should not be used without the footrests being in place, as this could result in accidents. On the issue of people being admitted to hospital, he felt that hospitals could do more to keep people active during their stay as he felt that they became weak and therefore not have the strength to be discharged from hospital and live on their own, which then became a problem for the hospital. The Senior Manager Integrated Services explained that wheelchairs were issued by the Health Service. She added that the health of patients on discharge from hospital was a common problem so it was important for them to leave hospital as soon as possible. Councillor Veronica Gay concurred with the comment.

The current length of time for reablement was six weeks and Councillor Mike Lowe asked if this would be extended if the service was to support people with a learning disability. The Senior Manager Integrated Services confirmed that the time period would be extended as it would require an Occupational Therapist to work with the service user for a longer term.

Councillor Brian Lloyd sought clarification on how the team would deal with people who would not accept help. The Senior Manager Integrated Services explained that it could take time to build a relationship and a feeling of trust and sometimes the team were successful in achieving this and sometimes they were not. The Reablement and Telecare Team Manager indicated that it was important that residents were aware of the help that could be made available and for the team to provide reassurance that the person could still retain their independence.

RESOLVED:

That the Committee endorses and supports the good progress of the Reablement Team and the approach which the service is taking.

53. KEY PARTNERSHIP PROJECTS WITH HEALTH AND THE THIRD SECTOR

The Senior Manager Integrated Services introduced a report to update Members on the progress made with key partnerships and locality developments.

She detailed the background to the report and explained that it was imperative that there were ongoing improvements in the way that the partners worked together. On the merging of Locality Leadership Teams and GP Cluster Meetings, the Senior Manager Integrated Services explained that the proposals were progressing but there was currently a vacancy for a Locality Lead within North East Flintshire. It was hoped that once the vacancy had been filled, joint working could be progressed. In the meantime, a new approach was to be trialled to bring together the work of the existing GP cluster and previous Locality Leadership Teams and a meeting to agree a way forward had been arranged. She commented on the ongoing work around enhanced care, Single Point of Access (SPoA) and Co-location of Health and Social Care Locality Teams.

On the issue of care homes, the Senior Manager Integrated Services highlighted the risks posed by the lack of capacity for nursing input into Care Homes in North Wales which had been raised with Betsi Cadwaladr University Health Board (BCUHB). Work was to take place to trial a new model in South Flintshire for Social Prescribing and the Third Sector was working with Social Services about SPoA. She advised that a new Early Years and Family Support Manager (Gail Bennett) was in post. The report detailed the progress that had been made to date particularly on the Flying Start Programme and work with the Elfed Consortia and the 'Incredible Years' parenting programme. Other key projects included the new approach to parent engagement that had been developed at Ysgol Merllyn in Bagillt and the £143k that had been awarded by Welsh Government to modernise the former Youth Club on the site of Sandycroft Primary School.

In welcoming the report, Councillor Hilary Isherwood commented on the success of the programme to increase school attendance. However, she raised concern that families were being left without help following comments from the Child and Adolescent Mental Health Services (CAMHS). She queried whether the funding for vulnerable families would continue.

The Cabinet Member for Social Services commented on the excellent work of the Flying Start project in her ward and she explained that every child in the community was entitled to attend, not just those with difficulties. She detailed some of the activities undertaken as part of the project and commented on additional funding which had been announced recently by

Welsh Government (WG). Councillor Isherwood indicated that her ward had not been designated as a Communities First area but that some residents in the area were in poverty. The Chief Officer (Social Services) advised that the Flying Start Programme was for particular areas that were designated by WG based on criteria and Councils could not apply any discretion to the areas that received the funding for the project. He added that it was important for the Flying Start Programme to reach as many children as possible and he commented on the effectiveness of the service.

Councillor Veronica Gay raised concern at the number of Saltney residents who were registered with Doctor's surgeries in England rather than in Wales and asked whether those patients would be contacted by their GP as part of the Social Prescribing exercise to ensure that the correct figures were identified. Councillor Gay also sought clarification on accommodation in Saltney for the co-location of Social Services and health staff. She raised concern about the over 65s and early years schools programmes as she did not feel that the support for the residents was in place in Saltney. In response, the Senior Manager Integrated Services explained that the pilot scheme for the Locality Team and GP cluster meeting merger was to take place in Mold and it was hoped that lessons could be learned to allow it to be rolled out to other areas. She commented on the benefits of co-location with health staff and highlighted the project in Holywell which had been a success. On the Flying Start programme, she suggested that Gail Bennett and Anne Roberts attend a future meeting to discuss issues with the Committee.

In response to a query from the Chair on enhanced care, the Chief Officer (Social Services) explained that the programme had been rolled out in Flint and Holywell and pleasing feedback had been received from patients. BCUHB was taking time to consider revised business models for the remaining areas in Flintshire and North Wales and therefore the project had not been progressed for these areas. It was hoped that the rollout would be completed in the future.

Councillor Andy Dunbobbin welcomed the Flying Start scheme and, in being sympathetic to the comments of Councillor Gay about lack of provision in her ward for the scheme, he provided details of the numbers of children who had been helped through the project. He highlighted the comment in the report that it was an aspiration to extend the benefits of the project beyond the geographical boundaries covered by the WG funded programme.

The Chair raised significant concern about the substantial challenge faced by BCUHB to recruit and retain appropriately trained, qualified and experienced staff to work in care homes in North Wales. She felt that the issue needed addressing along with the problems of bed-blocking, ambulances queuing outside Accident and Emergency departments and targets for seeing patients being missed. In response, the Chief Officer (Social Services) commented on the key issues and on the shortage of nursing care beds across North Wales, particularly for patients with dementia. He advised that the issues raised would be a priority in the single integrated

plan and would be identified as a risk in the quarterly performance report for Social Services.

RESOLVED:

That the Committee welcomes the progress made within the Key Partnership Project.

54. ROTA VISITS

In response to a request from the Chair, Members indicated that no rota visits had been undertaken.

RESOLVED:

That the information be noted.

55. FORWARD WORK PROGRAMME

The Member Engagement Manager introduced the report to consider the Forward Work Programme for the Committee.

He advised Members that it was hoped that a Special Meeting of the Committee would take place at 2pm on Thursday, 9 April 2015 to which the Chief Executive of Betsi Cadwaladr University Health Board had been invited. The meeting was not yet confirmed as the Environment & Social Care Overview & Scrutiny Facilitator had not received confirmation from officers from the Ambulance Trust who had also been invited to attend.

The Member Engagement Manager explained that only one item was due for consideration at the 5 March 2015 but the Chief Officer (Social Services) had suggested that a report on Social Services and the Wellbeing Act be considered at that meeting. The Chief Officer explained that the report would provide details on the implementation of the Act.

It had also been suggested during earlier discussions that Gail Bennett and Anne Roberts be invited to a future meeting of the Committee. The Chief Officer (Social Services) felt that it would be more appropriate that this form part of the joint meeting with Lifelong Learning Overview & Scrutiny that the Environment & Social Care Overview & Scrutiny Facilitator was in the process of arranging.

Councillor Hilary Isherwood spoke of issues of oral hygiene and her concern about the lack of ability of people to be able to find a dentist. At a recent event held at the Daniel Owen Centre in Mold, she had asked about the possibility of establishing a mobile dentist service. In response to a comment from Councillor Isherwood, the Chair felt that the Environment & Social Care Overview & Scrutiny Facilitator would be able to provide details of when it had been discussed at a previous meeting and to pursue the matter for consideration in the future.

RESOLVED:

That the Forward Work Programme be amended to reflect the above suggestions.

56. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was one member of the press and no members of the public in attendance.

(The meeting started at 2.00 pm and ended at 3.40 pm)

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Chair

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **SOCIAL AND HEALTH OVERVIEW COMMITTEE**

DATE: **5TH MARCH 2015**

REPORT BY: **CHIEF OFFICER (SOCIAL SERVICES)**

SUBJECT: **SOCIAL SERVICES WELLBEING ACT 2015 UPDATE AND RESPONSE TO CODE OF PRACTICE**

1.00 PURPOSE OF REPORT

1.01 In January 2015 the Welsh Government began consultation with regard to the regulations, guidance & codes of practice for parts 2, 3, 4, 7 and 11 of the Social Services and Wellbeing Act. The intention of this report is to provide a summary of those aspects of the Act.

2.00 BACKGROUND

2.01 The Social Services and Wellbeing (Wales) Act received Royal Assent on 1st May 2014 and will be implemented in April 2016. Until then the existing legislation remains in place, whilst the Welsh Government drafts the Regulations, Guidance and Code of Practice for the new Act.

2.02 The Care Act 2014, covers England and is expected to come into force in 2015. This will mean for the first time there will be completely separate social care legislation for Wales and England and this itself will have an impact on current practice and procedure, specifically with regard to cross border care for children and adults.

2.03 Mental Health legislation is to remain in place and run alongside the Act and is not repealed.

3.00 CONSIDERATIONS

3.01 Understanding need

A duty will be placed on Local Authorities and Health Boards to better understand the needs of the local population. This will involve a collaborative assessment undertaken jointly by Health Boards and Local Authorities. This assessment should determine the level of needs within the local population and how needs can be met. This assessment must also identify:

- the extent to which those needs are not being met;
- the range and level of services required to meet those needs;

- the range and level of services required to deliver the preventative (section 15) of the Act; and
 - How these services will be delivered through the medium of Welsh.
- 3.02 The Act provides that Welsh Ministers can make specified partnership arrangements for carrying out social services or Local Health Board functions with regard to covering areas of need.
- 3.03 Local Authorities and Local Health Boards are required to be proactive in identifying local data sources, research and statistics that could contribute to an assessment. Once the assessment is complete a report must be constructed per local government electoral cycle and review arrangements also put in place. The report should be drafted using accessible language so that it can be considered by members of the public, providers and the third sector/voluntary sector. It is important that the assessment report explains clearly how the Local Authorities and the Local Health Board have arrived at their decision in relation to the needs identified and the level of services required to meet those needs. From this assessment partners will be able to identify the range and level of services necessary to meet need
- 3.04 **Key Implications:**
- **Cost** – There will be cost implications regarding research and new data analysis methods and systems, and a need to reconfigure or commission services that reflect the outcomes of the assessments.
 - **Timescales** – The process is likely to take a considerable amount which will be further extended due to the requirement for consultation and review mechanisms.
 - **Capacity** – There will be an impact on staff capacity, due to the scale of this project and current position of the local authority.
 - **Future Need** – The consideration of future need can be difficult to predict and should be considered in line with broader economic, social and environmental implications.
 - **Qualitative Data** – The structure and nature of questions asked and conceptual frameworks used will be key to gaining accurate findings.
 - **Increase pressure on local services** – Increased ministerial powers may lead to local services being required to cater for increasing needs.
 - **Minority Groups/ Children** – organisations undertaking such a large scale population assessments, do so with fairness and equality in mind, in order to ensure the needs of minority groups are still reflected within service provision. This includes children.

3.05 **Enhancing Wellbeing**

The Act states there is a shared legal duty on all services and organisations to promote the well-being of service users.

“Well-being” is defined as: Physical and mental health and emotional well-being; Protection from abuse and neglect; Education, training and recreation; Domestic, family and personal relationships; Contribution made to society; Securing rights and entitlements; Social and economic well-being; Suitability of living accommodation.

This overarching duty to promote well-being applies to all persons and bodies exercising functions under this Act, including Welsh Ministers, Local Authorities, Local Health Boards and other statutory agencies.

“Promoting well-being means that local authorities must be proactive in seeking to improve those aspects of well-being relevant to people”.

3.06 **Key Implications:**

- **Whole Council Approach** – The local authorities have a strong collaborative arrangements. However further action is required to build on these collaborations to ensure arrangements are in line with the Act. There associated financial costs and additional strain on resources, which is concerning within the context of the current financial climate.
- **Cost** - This definition clearly extends the role of Local Authorities in Wales. However there is no sign of any additional funding from Welsh Government.
- **Performance Measures** – It is currently unclear as to whether current social services performance measures will be extended to other council departments.
- **Practice** - Social Services departments are implementing number practice initiatives such as the ‘what matters conversation assessment’ and the ‘integrated assessment framework.’ These assessments support the principles of the Act. However it is unclear whether these should be utilised in other parts of the authority.

3.07 **Early Intervention and prevention**

The Act provides a greater focus on the importance of preventative and early intervention services. Local Authorities will be required to promote the availability of preventative services from the third sector.

Prevention is at the heart of the Welsh Government’s programme to transform social services. WAG have highlighted there is a need to focus on prevention and early intervention in order to make social services sustainable into the future. Stating it is vital that care and support services do not wait to respond until people reach a crisis

point.

The Code of Practice provides that preventative services can be:

- universally provided to help people avoid developing needs for care and support
- targeted at individuals who have an increased risk of developing care and support needs
- Aimed at minimising the effect of an existing care.

3.08 **Key Implications:**

Reliance on third sector - The national eligibility framework relies on the expectation that preventative services will be provided by the third and independent sector organisations.

Collaborative duties - FCC feels at present there appears to be significant duties placed on local authorities to lead on joint arrangements, which Local Authorities would be keen to assert, However there is no increased jurisdiction for local authorities to ensure collaborative arrangements can be made successfully.

3.09 **Social Enterprise**

There will be a duty on Local Authorities to promote the development of new models of delivery through social enterprises, co-operatives, user led and third sector services.

The Act introduces a duty on local authorities to promote:

- The development of social enterprises and co-operatives,
- The involvement of service users in the design and operation of care and support and preventative services, and
- The availability of care and support and preventative services from third sector organisations (referred to in this code as “the section 16 general duty”).

3.10 **Key Implications:**

Cost – Further Funding is likely to be needed to support the environment referenced above.

Cultural change – Whilst Flintshire has already taken steps to establishing such an environment, further work is required, which will require resources or capacity.

Commissioning – Coproduction will play a vital part in developing a new and innovative third sector market and steps to embed this principle will need to be taken by all local authority departments.

Funding to Third Sector – As mentioned above current social enterprises will also be impacted upon by the current financial climate and this may lead to difficulties in developing the environment

referenced above

3.11 Next Steps for Flintshire

We have made sound progress in transforming and modernising our services. Delivering the Act within the context of growing demand for care and support, increasing complexity of need, and significant budgetary pressures requires us to build on our strengths to deliver an ambitious programme of service redesign and reform. The scale and pace of the change that is required should not be underestimated.

The Act requires transformational change in the way we manage and commission services for vulnerable people. We need to ensure that vulnerable people have access to high quality services whilst at the same we need to remodel more traditional models of care, and empower people and communities to take responsibility for their own wellbeing. This change agenda cannot be delivered in isolation. The council, the NHS, independent and voluntary providers of care and support and local communities will need to work together to turn the Act's ambitious plans and principles into an everyday reality.

4.00 RECOMMENDATIONS

4.01 Committee is asked to note and comment on the report.

5.00 FINANCIAL IMPLICATIONS

5.01 The Act does not provide the detail of how additional legal requirements, underpinned by regulations and guidance, can be funded and clarity has been called for nationally.

6.00 ANTI POVERTY IMPACT

6.01 Greater clarity with regard to Ministerial Regulations is required in order to ascertain the potential impact and successes of the Act.

7.00 ENVIRONMENTAL IMPACT

7.01 None arising from this report.

8.00 EQUALITIES IMPACT

8.01 The intention of this Act is to promote Equality. If the Act is successful, then a number of provisions (see above) when implemented will have a positive impact on equalities

9.00 PERSONNEL IMPLICATIONS

9.01 Our staff will need training to equip them with proper knowledge about new legal responsibilities arising from the Act and the associated

expectations and processes relating to their role.

10.00 CONSULTATION REQUIRED

10.01 Consultation has been undertaken by Welsh Government.

11.00 CONSULTATION UNDERTAKEN

11.01 Ongoing consultation with staff, partners and stakeholders.

12.00 APPENDICES

12.01 None.

**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS**

None.

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**

DATE: **5TH MARCH 2015**

REPORT BY: **CHIEF OFFICER, SOCIAL SERVICES**

SUBJECT: **COLLABORATIVE PROJECTS UPDATE**

1.00 PURPOSE OF REPORT

1.01 To receive a progress report on projects and services running collaboratively across North Wales.

2.00 BACKGROUND

Established collaborations

2.01 There are a significant number of social care projects and services that are well established and continue to run effectively across the North Wales region. These include:

| Service | Focus |
|---|--|
| Emergency Duty Team | A long established sub regional emergency response service between Flintshire, Wrexham and Denbighshire. |
| Telecare /Telehealth and Assistive Technology | A 24-hour bilingual call and response service to support people using assistive technology in their own homes. |
| Mental Health Partnership | A Partnership approach to the development and delivery of mental health services across North Wales |
| Area Partnership Board – Substance Misuse | Multi agency partnership led by Health to develop services for people who misuse drugs, alcohol or other substances. |
| North Wales Carers Strategy | The Project Board oversees the implementation of the Carers Measure and the allocation of regional Welsh Government funding. The project is led by Health. |
| North Wales Commissioning Hub | The role of the Hub includes sourcing complex, high cost placements for adults and children, focussed contracting monitoring and strategic development of commissioning across the region. A review of the scope and benefits of the |

| | |
|--|---|
| | Hub has been commissioned to inform the future focus of the Hub. |
| Social Care in Partnership | SCiP promotes a collaborative approach to business development, education and training within the Social Care Sector |
| North East Wales Community Equipment Stores (NEWCES) | A joint service between Flintshire, Wrexham and Health providing community equipment for health patients and local authority service users |
| Regional Safeguarding Children's Board Guidance and Sub Regional Board | North Wales Safeguarding Childrens Board required by Welsh Government along with a sub regional board for Flintshire and Wrexham |
| Integrated Family Support Service (IFSS) | Joint operational service providing specialist services to families with complex needs across Flintshire and Wrexham |
| North Wales Adoption Service | The Service is now in its fifth year of operation. The Region has built on the existing service as part of the Welsh Government development of a National Adoption Service. |

New developments

2.02 During 2014/15 the following collaborations have been established:

| Service | Focus |
|---------------------------|---|
| Single Point Of Access | Transforming access to community based Health & Social Care Services through the development of a Community Single Point of Access in each local authority area. The SPoA will be based at Preswylfa and will launch in the Spring |
| Intermediate Care Fund | This one year fund has been established to develop and enhance intermediate care. A range of innovative projects have been established in Flintshire working in partnership with Health and the 3 rd sector. Funding has been confirmed from 2015 through Health with a clear recognition of the need for continued partnership working. Whilst funding has reduced we will be looking to ensure successful projects are now mainstreamed. |
| Integrated Services Board | Strategic planning for integrated service delivery across Health and social care including: Intermediate Care Fund; Strengthening the Connections; |

| | |
|---|---|
| | Integrated Assessment, Statement of Intent |
| Regional and Sub Regional Safeguarding Adults | Regional and sub regional (Flintshire and Wrexham) infrastructure to co-ordinate and ensure the effectiveness of Adult Safeguarding across the Region. |
| Enhancing dementia care | The project is supporting the development of a range new service models for dementia care and up-skilling the workforce in person centred dementia care. This includes the dementia RED (Respect Empathy Dignity) project in partnership with GP surgeries. |
| Workforce collaboration | Developing a shared approach to workforce development including an options appraisal for a regional workforce service. |

3.00 CONSIDERATIONS

Governance and performance

- 3.01 There are clear governance arrangements and management structures in place for the regional collaborations. At a senior level the regional agenda is managed through the North Wales Social Services Improvement Collaborative (NWSSIC). NWSSIC is made up of the 6 Directors of Social Services in North Wales. NWSSIC reports to the North Wales Leadership Board formed by Cabinet Members of each authority chaired by the Chief Executive of Wrexham.
- 3.02 Through the governance arrangements Flintshire, along with regional partners, is able to direct the development and focus of the collaborative projects/services and assess their effectiveness. Overall the projects/services are running well. There is good evidence of services developing greater resilience at a strategic and operational level through harnessing effort, skills and knowledge. Many initiatives have lead to cost avoidance with a modest number delivering cashable savings.
- 3.03 As with all services there are associated challenges and risks which are managed through a Programme Board and developing and sustaining regional approaches can take significant Officer time. Positively, there are no specific performance issues that need be escalated arising from the regional collaborations and our assessment is that the investment in these services is worth sustaining.
- 3.04 Locally the Strategic Partnership Board continues to meet on a quarterly basis. The Board is chaired by the Leader of the Council and membership includes the Chief Executive and the Cabinet Member for Social Services and key Officers and board members

from Betsi Cadwaladr University Health Board. The Partnership meeting has proven to be a useful vehicle in cementing a joint commitment to improving and progressing partnership working between health and social care in Flintshire.

- 3.05 All currently established collaborations comply with the Councils protocol for approving, tracking and reporting this work.

4.00 RECOMMENDATIONS

- 4.01 Scrutiny are asked to note the continued success in managing and developing regional projects/service collaboration.

5.00 FINANCIAL IMPLICATIONS

- 5.01 A number of the collaborative projects noted have supported Flintshire County Council to manage the overall cost of running services.

- 5.02 The recent announcement on the allocation of Intermediate and Primary Care funding to Health provides a real opportunity to ensure that specific intermediate care projects can continue to support improved outcomes for residents across the region.

6.00 ANTI POVERTY IMPACT

- 6.01 NA

7.00 ENVIRONMENTAL IMPACT

- 7.01 NA

8.00 EQUALITIES IMPACT

- 8.01 NA

9.00 PERSONNEL IMPLICATIONS

- 9.01 NA

10.00 CONSULTATION REQUIRED

- 10.01 NA

11.00 CONSULTATION UNDERTAKEN

- 11.01 NA

12.00 APPENDICES

12.01 None

**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS**

None

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**

DATE: **THURSDAY 5TH MARCH, 2015**

REPORT BY: **ENVIRONMENT AND SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR**

SUBJECT: **IMPROVEMENT PLAN MONITORING REPORT**

1.00 PURPOSE OF REPORT

1.01 To note and consider elements of the 2014/15 Improvement Plan Monitoring Report relevant to the Social & Health Care Overview and Scrutiny Committee. The report covers the period October – December 2014.

1.02 To note the following:-

- The levels of progress and confidence in meeting the Council's Improvement Priorities and their impacts including the milestones achieved.
- The measures which evidence achievement and the baseline data, and targets.
- The baseline risk assessment for the strategic risks identified in the Improvement Plan and the arrangements to control them.

2.00 BACKGROUND

2.01 The new style Improvement Plan adopted by Council in June 2013 which is aligned to the new three year Outcome Agreement, focuses on the priorities which are expected to have the most impact during 2014/15.

2.02 In addition to the Improvement Plan Monitoring Report, bi-annually performance highlight reports will be presented from the Heads of Service. These will be similar to those previously produced for quarterly reporting.

3.00 CONSIDERATIONS

3.01 The Improvement Plan Monitoring Report gives an explanation of the progress being made towards delivery of the impacts set out in the Improvement Plan. The narrative is supported by measures and/or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are being controlled.

3.02 For Social & Health Care Overview and Scrutiny Committee the following Improvement Plan sub-priority reports are attached at Appendix 1 - 3:-

- Extra Care Housing
- Independent Living
- Integrated Community Social and Health Services

4.00 RECOMMENDATIONS

4.01 That the Committee consider the 2014/15 Improvement Plan Monitoring Report, highlight concerns and feedback details of any challenge to the Corporate Resources Overview & Scrutiny Committee who are responsible for the overview and monitoring of performance.

5.00 FINANCIAL IMPLICATIONS

5.01 There are no specific financial implications for this report; however the Council's Medium Term Financial Plan is aligned to resource the priorities of the Improvement Plan.

6.00 ANTI POVERTY IMPACT

6.01 There are no specific anti poverty implications for this report, however poverty is a priority within the Improvement Plan 2014/15.

7.00 ENVIRONMENTAL IMPACT

7.01 There are no specific environmental implications for this report; however the environment is a priority within the Improvement Plan 2014/15.

8.00 EQUALITIES IMPACT

8.01 There are no equalities implications for this report.

9.00 PERSONNEL IMPLICATIONS

9.01 There are no personnel implications for this report.

10.00 CONSULTATION REQUIRED

10.01 Publication of this report constitutes consultation.

11.00 CONSULTATION UNDERTAKEN

11.01 The Chief Officer Team and the Performance Leads from across the Authority have contributed to help shape the new approach to reporting.

12.00 APPENDICES

- 12.01 Appendix 1 – Extra Care Housing
Appendix 2 – Independent Living
Appendix 3 – Integrated Community Social and Health Services

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS

None.

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APPENDIX 1

Priority: Housing
Sub-Priority: Extra Care Housing
Impact: Helping more people to live independently and well at home

We said in 2014/15 that we would:

1. Develop and agree plans to extend our extra care provision to provide units in Flint and Holywell, providing 60 units in each location.

| Progress Status | Progress RAG | G | Outcome RAG | G |
|-----------------|--------------|---|-------------|---|
|-----------------|--------------|---|-------------|---|

Flint:

- Full planning application has been submitted to the Local Planning Authority.
- An archaeology survey is being carried out on the identified site.
- Linking into the BCUHB Delivery Group for the Primary Health Care Centre.

Holywell:

- An outline planning application has been submitted to the Local Planning Authority.
- Further discussions regarding the preferred model, layout and design to take place.

Achievement will be measured through: -

- Agreed Business Model and funding for the developments
- Firm plans agreed with Social Housing partners for both schemes
- The new schemes and business model developed and supported by sound consultation

Achievement Milestones for strategy and action plans:

- Business Model agreed by March 2015
- Funding for the developments agreed by March 2015
- Agreement with Social Housing Partners for both schemes by December 2014

Risks to Manage

How we can switch revenue resources from more traditional to new housing and care service models.

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|---|--------|-------------|---|-----------------------------|--------|-------------|--|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | |
| H | H | R | <ul style="list-style-type: none"> Increased use of telecare and telehealth Use of step up/step down facilities to avoid permanent Care Home admissions funded by Intermediate Care Fund (ICF) Working with the Care Home market to ensure there is an appropriate supply of good quality residential care Extending specialist dementia care in the community, reducing the need for care home placements and hospital admission and help facilitate hospital discharge through the availability of specialised support for vulnerable people with dementia, | M | M | A | Dementia RED (Respect Empathy Dignity) Project to be rolled out in GP Practices across Flintshire. The Project will be run by the Alzheimer's Society and provide people with dementia and their carers with advice, information and signposting to support. | Chief Officer – Social Services | ↔ | M | M | A | Jun '14 |

Keeping up with demand and aspirations for alternative housing models for independent living

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | | |
|---|--------|-------------|--|---|--------|-------------|--|---|-----------------------------------|--|--------|-------------|-------------|-----------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date | |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | | |
| Page 35 | M | H | R | <ul style="list-style-type: none"> Develop two new extra care housing schemes Enhance wellbeing activities to help residents remain independent at home for longer Manage expectations in new extra care housing due to changes in the funding regime and consequent elimination of capital subsidy. | H | H | R | Launch community exercise programmes for people with dementia and their carers to support their wellbeing and independence in the community | Chief Officer: Social Services | ↑ | M | M | A | June 2015 |

Keeping up with specialist demand such as meeting the specific needs of those with dementia and physical and learning disabilities.

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|---------------|----------------------|---|--------------------------|---------------|----------------------|---|-----------------------------------|------------|--|---------------|----------------------|-------------|
| Likelihood (L) | Impact (I) | Gross Score (LxI) | | Likelihood (L) | Impact (I) | Gross Score (LxI) | | | | Likelihood (L) | Impact (I) | Gross Score (LxI) | Target Date |
| H | H | R | <p>12 week 'All about dementia' training piloted and programme to be rolled out Work commenced on developing dementia friendly communities initially focussing on Flint</p> <p>Dementia reminiscence pods and packs available for use in Care Homes and by community groups</p> | H | H | R | <p>Establish an e-learning package for carers, family and extended family about dementia and good dementia support</p> <p>Develop a programme to make Flintshire County Council a dementia friendly organisations supporting people with dementia in all our contacts with the public</p> | Chief Officer: Social Services | ↑ | M | M | A | Oct '15 |

APPENDIX 2

Priority: Living Well
Sub-Priority: Independent Living
Impact: Improving people's quality of life

What we said we would do in 2014/15: -

1. Maintain the success of the reablement / recovery approach, engaging in regional working for the further roll out of telecare / telehealth and improve the timeliness of adaptations.

| Progress Status | Progress RAG | A | Outcome RAG | G |
|-----------------|--------------|---|-------------|---|
|-----------------|--------------|---|-------------|---|

Progress RAG remains amber due to timeliness of DFGs, which although improving, requires further work.

Reablement/Recovery

52% of people who completed a period of reablement in the Quarter required no further domiciliary support. A further 25% required a reduced or maintained support package. The Reablement team have completed 905 referrals between April and December.

Telecare

Learning from the successful pilot of multi-room sensors, which has reduced the need for waking night support, is now being applied to other service areas. New technology is becoming available all the time, and our strategy is to continue to trial small items to determine their effectiveness in reducing support and promoting independence.

Adaptations

The measures below (PSR/009a and PSR/009b) are the national indicators for the timeliness of the delivery of major adaptations which go through the Disabled Facilities Grant (DFG) process. This applies to adaptations in owner/occupier and private rented dwellings only. In Quarter 3, 24 adaptations for adults were completed through the DFG process, in an average of 297 days.

Major adaptations completed in local authority dwellings, which do not go through the DFG process, are being completed in an average of 206 days. There are three key differences between the process for DFG's and the process for local authority property adaptations which can impact on the timescales. Firstly, the DFG process involves a means test where applicants have to evidence their finances. There is

also the tendering and appointment of a contractor, whereas adaptations in local authority properties do not require this. Finally in owner occupied properties there is the need to establish ownership of the property through the land registry and seek the permission of the mortgagor (if appropriate) for work to take place.

None of the 3 processes described are required for LA adaptations and contribute to the ability to deliver the service more quickly. However, our aspiration is to reduce the timescale of DFG provision to nearer that for local Authority properties. Housing have access to a monitoring report which highlights cases which have been open for more than 200 days, and includes the time spent in Housing. All long cases are scrutinised by the Service Manager. The timescales this year have been impacted by the long term absence of the Cost Control Officer, who has now left the organisation. A planned restructure of Housing Regeneration & Strategy will address this issue.

No DFG adaptations were completed for children in Quarter 3.

115 minor adaptations (under £1,000) were completed in Quarter 3. However, 64 of these were progressed through Care & Repair utilising the Intermediate Care Fund, and data on timescales for these adaptations is not available.

2015
03

Achievements will be measured through

- Extended local use of telecare / telehealth technologies consistent with regional plans
- Exceed the all Wales average for adaptations
- Meet local improvement targets for reablement

Achievement Milestones for strategy and action plans:

- Extended local use of telecare / telehealth technologies consistent with regional plans by March 2015

| Achievement Measures | Lead Officer | 2013/14 Baseline Data | 2014/15 Target | 2016/17 Aspirational Target | Current Outturn Q3 | Performance RAG | Outcome Performance Predictive RAG |
|---|---------------------------------|-----------------------|----------------|-----------------------------|-------------------------------|-----------------|------------------------------------|
| PSR/009a - The average number of calendar days taken to deliver a Disabled Facilities Grant for children and young people. | Chief Officer – Social Services | 257 days | 257 days | 231 days | N/A | N/A | A |
| PSR/009b - The average number of calendar days taken to deliver a Disabled Facilities Grant for adults. | | 247 days | 247 days | 231 days | $\frac{7117}{24}$ 297 days | A | A |
| SCAM2L - Percentage of referrals where support was maintained or reduced or no further support was required at the end of a period of Reablement. | | 77% | 71 – 75% | 80% | $\frac{252}{326}$ 77.3% | G | G |

Risk to be managed – Service user/ family resistance to using new technologies e.g. telecare.

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|---|--------|-------------|---|-----------------------------|--------|-------------|---|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | |
| M | M | A | <p>Regional guidance has been produced on the use of certain pieces of equipment.</p> <p>Successful completion and evaluation of multi-room censor pilot has been achieved.</p> | L | L | G | All actions have been completed. | Chief Officer – Social Services | ↔ | L | L | G | Jun '14 |

Risk to be managed – Ensuring we have enough capital funding for disabled facilities grants alongside other competing demands for capital resources

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|--------|-------------|---|--------------------------|--------|-------------|--|--|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | |
| H | H | R | <p>DFG's are prioritised within the Private Sector Housing Regeneration & Strategy Capital programme to ensure that demand can be met.</p> <p>The Housing Regeneration & Strategy Service has brought in an additional Building Surveyor in order to reduce timescales.</p> | M | M | A | <p>The Housing Regeneration & Strategy Service is in the process of a restructure which will build additional capacity to help further improve DFG performance. A vacant post is also in the process of being recruited to.</p> <p>The Council's move to a reablement model also appears to have had a positive on the number of referrals for major adaptations. However, this will need to be closely monitored to assess whether this process is simply delaying the need for a major adaptation, or whether this will be an ongoing trend.</p> | Chief Officer – Community & Enterprise | ↔ | L | L | G | Mar 2015 |

2. Implement a series of actions to support greater independence for individuals with a frailty and/or disability including completion of rightsizing exercises for all supported living projects provided and commissioned. Implement a night support service.

| | | | | |
|------------------------|---------------------|----------|--------------------|----------|
| Progress Status | Progress RAG | G | Outcome RAG | G |
|------------------------|---------------------|----------|--------------------|----------|

Rightsizing
Right sizing has progressed to 85% (19 of 22) of the local authority Supported Living houses continuing to focus on the quality of life for the service user and structure of the care package provided. 60% (3 of 5) of the houses provided by Health have also been right sized and the roll out to the independent sector will commence once all of the above are completed. Care Plan Reviews are underway for those people where right sizing took place in the first tranche to ascertain the impact this has made.

Night Support Service
Work on developing the Night Support Service is continuing; the details of the pilot are being negotiated with the provider. The model and process have been developed and the responders job description and skill requirement agreed. Care Provider recruitment has commenced and options for the responder base and call centre service have been confirmed. Alongside this development, work continues through the Project Board to ensure that this service is affordable and sustainable, with a view to rolling the preferred model out across Flintshire.

- Achievements will be measured through:**
- Improved quality of life for service users with a disability
 - Reduction in care hours in supported living
 - Reduction in one to one care needed in supported living

| Achievement Measures | Lead Officer | 2013/14 Baseline Data | 2014/15 Target | 2016/17 Aspirational Target | Current Outturn Q3 | Performance RAG | Outcome Performance Predictive RAG |
|--|---------------------------------|-----------------------|----------------|-----------------------------|--------------------|-----------------|------------------------------------|
| Number of minor adaptations (under £1000) completed for service users with a disability. (Year to date) | Chief Officer – Social Services | 377 * | TBC | TBC | 505 | N/A | N/A |
| Number of people receiving Direct Payments / Citizen Directed Support on last day of period. | | 302 | 320 | 350 | 388 | G | G |
| Maintain the percentage of clients who are supported in the community in the top quartile for Wales. (SCA/020) | | 86% | 90% | 90% | 84% | A | G |

**Note: Baseline data for measure 1 is based on minor adaptations (under £500) in private dwellings – we are collecting data on all minors under £1,000 from 01/04/2014. Targets to be agreed based on Q2 data in October 2014.*

Risk to be managed – Keeping up with specialist demand such as the specific residential needs of those with dementia.

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|--------|-------------|---|--------------------------|--------|-------------|---|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | |
| H | H | R | <p>Development of a joint action plan with Health to develop an integrated and coherent approach to support people with dementia.</p> <p>Development of a regional specification for enhanced dementia care in residential and nursing care homes.</p> <p>Reassignment of ordinary nursing beds in Independent Sector provision to provide specialist dementia care, and new models of support.</p> | M | M | A | Development of dementia provision within 2 new Extra Care developments. | Chief Officer – Social Services | ↔ | L | L | G | Apr 2016 |

3. Use a whole family approach by implementing the Integrated Family Support Service

Progress Status

Progress RAG

G

Outcome RAG

G

There have been five new Flintshire families referred to IFFS this quarter, resulting in a total of 14 referrals over a 9 month period. The IFFS team are currently working with 12 families, in various phases of the programme. This represents a full caseload for the team, because of the intensive nature of the work across two local authorities.

The CSW/Operational Manager attended the Wales Accord on the Sharing of Personal Information training in November which has enabled the PISP to progress to the Quality Assurance stage.

IFSS carry out intensive work with a small number of families and it can be difficult to illustrate the positive impact of the service when viewed against the full caseload of the wider children's services. The CSW/Op Manager has started some data collection and analysis on the first 3 years of operations. The findings from this analysis may be used in a Wales wide piece of research of the service which the WG are considering bids for at the present time.

Achievements will be measured through:

- Number of families receiving a service: 12 families
- Average "distance travelled" score at 12 month review
- Maintain level of repeat referrals to Children's Social Services
- Alignment of Flintshire's policies and procedures with those of Wrexham

Achievement Milestones for strategy and action plans:

- Alignment of Flintshire's policies and procedures with those of Wrexham by December 2014 – Achieved.

| Achievement Measures | Lead Officer | 2013/14 Baseline Data | 2014/15 Target | 2016/17 Aspirational Target | Current Outturn Q1 & Q2 | Performance RAG | Outcome Performance Predictive RAG |
|---|---------------------------------|-----------------------|----------------|-----------------------------|-------------------------|-----------------|------------------------------------|
| Number of families referred to IFSS (Flintshire County Council only) | Chief Officer – Social Services | 13 | Maintain 13 | Maintain 13 | 14 | G | G |
| Average “distance travelled” score at 12 month review | | 1.4 | Maintain 1.4 | TBC | Report March 2015 | N/A | N/A |
| SCC/010a – The percentage of referrals that are re-referrals within 12 months | | 13% | Below 15% | Below 15% | 13.9% (Q2 data) | G | G |

4. Examine the Children's Services structure with a view to remodelling the teams to create capacity to do more preventative work.

| | | | | |
|------------------------|---------------------|----------|--------------------|----------|
| Progress Status | Progress RAG | A | Outcome RAG | G |
|------------------------|---------------------|----------|--------------------|----------|

The new operating model for the senior management arrangements for Children's Services has been agreed. Lead management arrangements for Resources and Early Years are in place. An appointment has been made for the Safeguarding and Children's lead, and the appointee will be joining the Authority in the New Year. Once all appointments are in place, a review of operating arrangements for other tiers will be undertaken.

Achievements will be measured through:

- Implementation of the new model by March 2015
- Maintain level of repeat referrals to Children's Social Services

Achievement Milestones for strategy and action plans:

- Implementation of the new model by March 2015

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| Achievement Measures | Lead Officer | 2013/14 Baseline Data | 2014/15 Target | 2016/17 Aspirational Target | Current Outturn | Performance RAG | Outcome Performance Predictive RAG |
|---|---------------------------------|-----------------------|----------------|-----------------------------|-----------------|-----------------|------------------------------------|
| SCC/016 - The percentage of reviews of child in need plans carried out in accordance with the statutory timetable | Chief Officer – Social Services | 53% | 82% | 100% | 77.8% (Q2 data) | A | G |
| SCC/010a – The percentage of referrals that are re-referrals within 12 months | | 13% | Below 15% | Below 15% | 13.9% (Q2 data) | G | G |

5. Prevent homelessness for people who are:

- alcohol and drug dependent; and /or
- victims of domestic violence; and/or
- ex-offenders; and/or
- young people including care leavers

| | | | | |
|------------------------|---------------------|----------|--------------------|----------|
| Progress Status | Progress RAG | G | Outcome RAG | G |
|------------------------|---------------------|----------|--------------------|----------|

The Housing Act 2014 (Wales), which will be implemented in April 2015, places additional statutory homelessness duties upon Flintshire County Council. The main duty is to assist anyone (not only applicants with a priority need) who approach the authority as homeless or threatened with homelessness within the next 56 days. In advance of the new statutory duty coming into force, Flintshire County Council decided to pilot the delivery of an enhanced homelessness prevention service in order to identify best practice models. The outcomes from the pilot will enable the efficient delivery of a Housing Solutions Service from April 2015 and ensure the authority's new statutory homelessness duties are undertaken as cost effectively as possible.

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Achievements will be measured through:

- Homeless prevention for at least 6 months for people who are:
 - alcohol and drug dependent,
 - victims of domestic abuse,
 - ex-offenders;
 - young people including care leavers
- Monitoring the success of the 6 month pilot being introduced to trial measures proposed in the Housing Bill to strengthen homeless prevention

Achievement Milestones for strategy and action plans:

The outcomes of the evaluation of the pilot has identified the appropriate resources that will be needed to be put in place from April 2015 in readiness for the new statutory homeless duties within the Housing Act (Wales) 2015

| Achievement Measures | Lead Officer | 2013/14 Baseline Data | 2014/15 Target | 2016/17 Aspirational Target | Current Outturn | Performance RAG | Outcome Performance Predictive RAG |
|--|--|---|----------------|-----------------------------|----------------------|-----------------|------------------------------------|
| HHA/013 - The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months. | Chief Officer – Community and Enterprise | 84.89% | 90% | 90% | N/A (annual measure) | G | G |
| Homeless prevention for at least 6 months for people who are victims of domestic abuse. | | During 2014/15 changes to recording and reporting of data will be made to systems to create a baseline for these indicators in 2014/15 so that target setting can take place for 2015/16. | | | N/A | N/A | N/A |
| Homeless prevention for at least 6 months for people who are ex-offenders. | | N/A | N/A | N/A | | | |
| Homeless prevention for at least 6 months for people who are young people including care leavers | | N/A | N/A | N/A | | | |

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6. Carry out a major review of the Transition Service and implement findings.

| | | | | |
|------------------------|---------------------|----------|--------------------|----------|
| Progress Status | Progress RAG | A | Outcome RAG | G |
|------------------------|---------------------|----------|--------------------|----------|

There is one primary action outstanding from the Transition review, which is to provide young people and families with an information pack that involves every agency, to provide service users with a single pathway through transition. The development of the pack has been delayed as a result of the long-term absence of a manager in the service, which has now been resolved. Consideration is now being given to alternative arrangements for the delivery of the guide.

The date of the next service user evaluation event will be agreed once the new manager is in post. The impact of this may be that the feedback from service users may not be available until after March 2015.

Achievements will be measured through:

- Effective transition pathway as demonstrated through the annual evaluation.

Achievement Milestones for strategy and action plans:

- Collection of feedback from service users by March 2015

| Achievement Measures | Lead Officer | 2013/14 Baseline Data | 2014/15 Target | 2016/17 Aspirational Target | Current Outturn | Performance RAG | Outcome Performance Predictive RAG |
|--|---------------------------------|-----------------------|----------------|-----------------------------|-----------------|-----------------|------------------------------------|
| Number of people receiving Direct Payments / Citizen Directed Support. | Chief Officer – Social Services | 302 | 320 | 350 | 388 | G | G |

Risk to be managed – How we encourage service users and carers to embrace greater independence

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|--------|-------------|---|--------------------------|--------|-------------|---|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | (L) | (I) | (LxI) | | |
| M | M | A | Implement Action Plan from Transition Review. Resolve long-term absence issue – completed. | M | M | A | The primary outstanding action resulting from the review is to provide young people and families with an information pack that involves every agency, to provide service users with a single pathway through transition. This has been delayed due to capacity, and consideration is now being given to alternative arrangements for the delivery of the guide. | Chief Officer – Social Services | ↓ | L | L | G | Jun '15 |

Independent Living: Risk to be managed – Managing demand and expectations with limited resources.

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|--------|-------------|--|--------------------------|--------|-------------|---|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | |
| H | H | R | <p>Regular performance and activity data is produced to continually monitor and project service demand.</p> <p>The “what matters?” conversation and the core data set have been implemented in localities and training is being rolled out to practitioners.</p> <p>We are in the process of reviewing our funding arrangements with the voluntary sector to help us ensure that we target resources in ways that enables the voluntary sector to provide early support to people and reduce/delay the</p> | M | M | A | <p>Regional approach to Integrated Assessment to ensure consistency.</p> <p>The Business Plan for 2016/17 has been completed, and includes a plan for delivering efficiencies and managing and responding to demand.</p> <p>Development of a Commissioning Strategy for Disabled People to help best meet demand in 2015/2016</p> <p>Implementation of the SPoA in 2015/2016</p> <p>Launch of remodelled website in April 2015.</p> | Chief Officer – Social Services | ↓ | L | L | G | 2017 |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | <p>need for statutory intervention</p> <p>We have started the process of developing a Co-Produced commissioning strategy for adults with a disability. The intention is to work with all sectors to develop, and bring together support across sectors to enable people to live good quality independent lives. The strategy will also articulate our commissioning intentions and how we best use limited resources.</p> <p>Project group established to remodel the content of our website including information about how people can access universal and community based services.</p> <p>Work is progressing to develop a Single Point of Access (SPoA) to help ensure that people can access the right support, from the right sector at the right time.</p> | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

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APPENDIX 3

Priority: Living Well
Sub-Priority: Integrated Community Social and Health Services
Impact: Helping more people to live independently and well at home

What we said we would do in 2014/15: -

1. Continue the integration of community based health and social care teams within three localities.

| Progress Status | Progress RAG | A | Outcome RAG | A |
|--|--------------|---|-------------|---|
| <p>Joint working with Health staff has been successfully achieved in all three locality teams. However, co-location is not progressing as quickly as anticipated. Progress was discussed at the Strategic Partnership Group on the 22/12/14 with actions agreed to seek alternative accommodation space that would facilitate co-location in Connah's Quay. However, It is now likely that co-location for the North East and South team will not be achieved by March 2015.</p> | | | | |
| <p>Achievements will be measured through</p> <ul style="list-style-type: none"> ▪ Development of our second co-located team in 2014/15 ▪ Plans developed for our third and final co-located team in 2015/16 <p>Achievement Milestones for strategy and action plans:</p> <ul style="list-style-type: none"> ▪ Development of our second co-located team by March 2015 ▪ Plans developed by March 2015 for our third and final co-located team in 2015/16 | | | | |

Risk to be managed – Ensuring effective joint working with BCUHB to achieve common goals.

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|--------|-------------|--|--------------------------|--------|-------------|---|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | |
| M | M | A | <p>Discussions take place at Health Wellbeing and Independence Board and Strategic Locality Group meetings. Issues escalated if required to the Strategic Partnership Group</p> <p>Although locality working has not been achieved, we continue to share information and data on a weekly and monthly basis with BCUHB to enable effective joint working</p> | M | M | A | Escalation process has been instigated through the Strategic Partnership Group. Progress will be reported at the next Strategic Partnership Group meeting | Chief Officer – Social Services | ↑ | L | L | G | 2016 |

2. Support the introduction of Enhanced Care Service (ECS) in the North East and South Localities by March 2015.

| | | | | |
|------------------------|---------------------|----------|--------------------|----------|
| Progress Status | Progress RAG | A | Outcome RAG | G |
|------------------------|---------------------|----------|--------------------|----------|

The business cases for ECS in the North East and South localities have been prepared. BCUHB have indicated that they will be reviewing the business case alongside a range of current approaches including intermediate care projects to identify the most suitable and appropriate model for delivering enhanced care in the community. Although there has been some slippage in the dates, the revised model will be in line with the 2015/16 Business Plan.

- Achievements will be measured through**
- Agree and implement the business case for ECS in the North East & South Localities
 - Improved experiences of patients

- Achievement Milestones for strategy and action plans:**
- Agree the business case for ECS in the North East Locality by November 2014 – not achieved
 - Implement the business case for ECS in the North East Locality by March 2015
 - Agree the business case for ECS in the South Locality by November 2014 – not achieved
 - Implement the business case for ECS in the South Locality by March 2015
 - Collection of a further 3 patient stories by March 2015

Risk to be managed – Ensuring that the new model does not result in unexpected increased costs to the Council

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|--------|-------------|--|--------------------------|--------|-------------|---|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (LxI) | | (L) | (I) | (LxI) | | | | (L) | (I) | (LxI) | |
| M | H | R | Costed plans for the role out our above the envisaged funding requirement. Discussion about plans took place at the strategic Partnership Group on 22/12/14 with agreement on the need to explore the potential of other models such as “Community Resource Teams” that deliver enhanced care as part of a wider system approach to supporting an area/locality. | M | M | A | BCU and Social Services managers to identify the most appropriate way forward and produce an interim report for consideration at the next Strategic Partnership Group | Chief Officer – Social Services | ↔ | M | M | A | March 15 |

3. Ensure that effective services to support carers are in place as part of the integrated social and health services.

| | | | | |
|------------------------|---------------------|----------|--------------------|----------|
| Progress Status | Progress RAG | G | Outcome RAG | G |
|------------------------|---------------------|----------|--------------------|----------|

Data collection to evidence our work with adult carers has improved, and information from NEWCIS is regularly received.

Work continues with Barnardos to ensure that information on children with a caring role is robustly captured. We have explored the potential for joining the regional provision for young carers but the cost would be more than we are currently spending, so our proposal is to renegotiate with the current provider.

NEWCIS is setting up as a Charitable Company limited by guarantee. Their new charity number has been received and they are planning a formal launch in March. This will give them access to additional funding to support carers in Flintshire.

A review is being prepared of the Carers' Strategy as part of the business planning process for Social Services and this will include the redefinition of carer's priorities for the next 5 years. All organisations have been notified and are participating in workshops to work collaboratively to maximise available funds.

- Achievements will be measured through**
- Plans to support carers are agreed and implemented

| Achievement Measure | Lead Officer | 2013/14 Baseline Data | 2014/15 Target | 2016/17 Aspirational Target | Current Outturn | Performance RAG | Outcome Performance Predictive RAG |
|--|---------------------------------|-----------------------|----------------|-----------------------------|----------------------------|-----------------|------------------------------------|
| SCA/018c - The percentage of identified carers of adult service users who were assessed or reassessed in their own right during the year who were provided with a service. | Chief Officer – Social Services | 85% | 75% - 80% | 90% | 709 861 82.4% | G | G |

| 4. Ensure Single Integrated Plan (SIP) priorities are progressed through localities. | | | | |
|---|--------------|---|-------------|---|
| Progress Status | Progress RAG | G | Outcome RAG | A |
| <p>Q3 of 2014/15 has seen a number of significant and ongoing changes for locality leadership teams, with 2 of the 3 localities in the Flintshire taking a decision that a new approach may be necessary in the future, and reviews are now taking place in those areas. For this reason, the outcome RAG in relation to the measures and milestones below has been set at Amber. There is a renewed focus within the emerging Three Year Plan for the Health Board relating to the shift of resources into communities and it is envisaged that in the coming years, resources available to community based services will be increased.</p> <p>Priority 3 of the Single Integrated Plan is currently under review to ensure that is renewed and refreshed to meet current priorities and will include a greater focus on using a whole family approach to the way services are planned and measured services.</p> <p>The Health, Well being and Partnership and Strategic Locality Group continue to meet as does the Strategic Partnership Group in order to ensure that discussions take place between the Local Authority, Health Board and Third Sector senior representatives. This is to inform decision making, discuss barriers to responding to needs in our localities and influence the development of key strategic plans and documents.</p> <p>In Q4 we are hosting a workshop to look at the integration agenda and the priorities of the SIP.</p> | | | | |
| <p>Achievements will be measured through</p> <ul style="list-style-type: none"> ▪ Improved communication and governance arrangements to ensure that localities deliver the priorities of the SIP. <p>Achievement Milestones for strategy and action plans:</p> <ul style="list-style-type: none"> ▪ Inclusion of relevant SIP priorities in the Locality Leadership Teams plans by March 2015 ▪ Achievement of relevant outcomes in Locality Leadership Teams plans by March 2015 | | | | |

5. Effective and efficient use of Intermediate Care Funds to support individuals to remain in their own homes.

| | | | | |
|------------------------|---------------------|----------|--------------------|----------|
| Progress Status | Progress RAG | G | Outcome RAG | G |
|------------------------|---------------------|----------|--------------------|----------|

The intermediate care beds have continued to be in demand and additional capacity has been purchased through the Independent Sector through Panel processes and spot purchase as required. 57 people have accessed step up / step down beds. The average length of stay for these people was 17 nights. We are confident that for those discharged to date the support available through the step up / step down beds has enabled the right decision to be made for the person with 69% discharged home or to a new property, 28% moved into residential care and 3% returned to hospital.

To date 10 people have used the dedicated dementia assessment bed with an average stay of 24 nights.

A Red Cross Project commenced in quarter 3. It is providing short term support that enables people to move from Reablement services to community based 'well being' services, so they are able to live well and be an active part of their community. Close working with the Reablement and Living Well Services will further support people with dementia to retain active involvement and fulfilled lives in their local communities. Other projects delivered through the voluntary sector have continued and the capacity of the Hoarding Project will be increased in quarter 4 to meet demand.

The palliative care project is being delivered in nursing homes in Flintshire and discussions are underway to roll this programme out to residential care homes across the county.

- Achievements will be measured through**
- Agree and implement action plan for use of Intermediate Care Funds
 - Independent evaluation of outcomes achieved
- Achievement Milestones for strategy and action plans:**
- Agree an action plan for use of Intermediate Care Funds by June 2014 – Achieved.
 - Implement the action plan for use of Intermediate Care Funds by March 2015
 - Determine process for evaluation of outcomes by March 2015

Risk to be managed – Spending the Intermediate Care Fund on services that we can continue with once the funding stream has finished.

| Gross Score (as if there are no measures in place to control the risk) | | | Current Actions / Arrangements in place to control the risk | Net Score (as it is now) | | | Future Actions and / or Arrangement to control the risk | Manager Responsible | Risk Trend | Target Score (when all actions are completed / satisfactory arrangements in place) | | | |
|--|--------|-------------|--|--------------------------|--------|-------------|---|---------------------------------|------------|--|--------|-------------|-------------|
| Likelihood | Impact | Gross Score | | Likelihood | Impact | Gross Score | | | | Likelihood | Impact | Gross Score | Target Date |
| (L) | (I) | (Lxl) | | (L) | (I) | (Lxl) | | | | (L) | (I) | (Lxl) | |
| M | H | R | Clear exit strategies are in place for ICF projects, including time limited posts. | L | L | G | The existing arrangements for the ICF will cease on 31/3/15. Positively the Welsh Government have additional funding for the NHS Wales which includes an allocation for the delivery of intermediate care and for primary care. Many of the projects running under ICF provide effective approaches to intermediate care as well as supporting primary care. The precise detail of the allocation is not yet known. In the meantime we are working with BCU to explore potential sustainability of key ICF projects from the additional allocation. | Chief Officer – Social Services | ↕ | L | L | G | March 15 |

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **SOCIAL & HEALTH OVERVIEW & SCRUTINY COMMITTEE**

DATE: **THURSDAY, 5TH MARCH 2015**

REPORT BY: **SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR**

SUBJECT: **FORWARD WORK PROGRAMME**

1.00 PURPOSE OF REPORT

1.01 To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee.

2.00 BACKGROUND

2.01 Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Strategic Assessment of Risks & Challenges.

2.02 In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:

1. Will the review contribute to the Council's priorities and/or objectives?
2. Are there issues of weak or poor performance?
3. How, where and why were the issues identified?
4. Do local communities think the issues are important and is there any evidence of this? Is there evidence of public dissatisfaction?
5. Is there new Government guidance or legislation?
6. Have inspections been carried out?
7. Is this area already the subject of an ongoing review?

3.00 CONSIDERATIONS

3.01 Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work Programme of the Committees of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

4.00 RECOMMENDATIONS

4.01 That the Committee considers the draft Forward Work Programme attached as Appendix 1 and approve/amend as necessary.

5.00 FINANCIAL IMPLICATIONS

5.01 None as a result of this report.

6.00 ANTI POVERTY IMPACT

6.01 None as a result of this report.

7.00 ENVIRONMENTAL IMPACT

7.01 None as a result of this report.

8.00 EQUALITIES IMPACT

8.01 None as a result of this report.

9.00 PERSONNEL IMPLICATIONS

9.01 None as a result of this report.

10.00 CONSULTATION REQUIRED

10.01 N/A.

11.00 CONSULTATION UNDERTAKEN

11.01 Publication of this report constitutes consultation.

12.00 APPENDICES

12.01 Appendix 1 – Forward Work Programme

**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS**

None.

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Telephone: 01352 702427
Email: Margaret_parry-jones@flintshire.gov.uk

DRAFT

| Date | Item | Purpose of Report/Session | Scrutiny Focus | Responsible/ Contact Officer | Submission Deadline |
|---|--|--|--|--|------------------------|
| Thursday 9 April 201 | Betsi Cadwaladr University Health Board Update | To receive an update from Betsi Cadwaladr University Health Board | Partnership working | Overview & Scrutiny Facilitator | |
| Thursday 16 April 2015 10.00 a.m. | Q3 Performance Reporting Annual Council Reporting Framework Single Point of Access update report | To enable members to fulfil their scrutiny role in relation to performance monitoring. To consider the final draft of the Flintshire County Council Social Services Annual Performance Report 2014/15. To receive an update on the implementation of SPOA in Flintshire | Performance Monitoring Service Delivery Service Delivery | Chief Officer Social Services Chief Officer Social Services Chief Officer Social Services | |

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

| Date | Item | Purpose of Report/Session | Scrutiny Focus | Responsible/ Contact Officer | Submission Deadline |
|------------------------------------|---|--|------------------------|------------------------------------|------------------------|
| Thursday 14 May 2015 2.00 pm | Complaints & Compliments - lessons learned | To receive a report on the compliments, representations and complaints received by Social Services for the year April 2014 – March 2015. | Performance Monitoring | Chief Officer Social Services | |
| | Older People Strategy and associated developments | To receive a report on the Older People Strategy and associated developments. | Progress Report | Karen Chambers | |
| | Improvement Plan | To enable members to fulfil their scrutiny role in relation to performance monitoring. | Performance Monitoring | Chief Officer Social Services | |
| | Draft Improvement Plan 2015/16 | To consider the draft Improvement Plan prior to consideration at Cabinet | Pre decision scrutiny | Karen Armstrong | |

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

| Date | Item | Purpose of Report/Session | Scrutiny Focus | Responsible/ Contact Officer | Submission Deadline |
|--|--|--|---|--|------------------------|
| Thursday 18 June 2015 10.00 a.m. | <p>Year End and Quarter 4 Performance Reporting</p> <p>CSSIW Safeguarding and Care Planning Looked After Children progress report to include update on the demands on Children's Services</p> <p>Consultation Response - Melrose</p> | <p>To enable members to fulfil their scrutiny role in relation to performance monitoring.</p> <p>To receive a progress report</p> <p>To receive a report regarding the consultation responses received regarding Melrose</p> | <p>Performance Monitoring</p> <p>Service Delivery</p> <p>Service Delivery</p> | <p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p> | |
| Thursday 23 July 2015 10.00 a.m. | <p>Fostering Services Inspection Report</p> <p>Review of Adoption Services following implementation.</p> | <p>To receive a report on the CSSIW Fostering Services Inspection Report</p> <p>Progress report on the Adoption Services</p> | <p>Performance Monitoring</p> <p>Progress monitoring</p> | <p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p> | |

Regular Items

| Month | Item | Purpose of Report | Responsible / Contact Officer |
|-------------|---|--|--------------------------------|
| January | Safeguarding & Child Protection | To provide Members with statistical information in relation to Child Protection and Safeguarding | Director of Community Services |
| March | Educational Attainment of Looked After Children | Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee | Director of Lifelong Learning |
| March | Corporate Parenting | Report to Social & Health and Lifelong Learning Overview & Scrutiny | Chief Officer Social Services |
| Half-yearly | Betsi Cadwaladr University Health Board Update | To maintain 6 monthly meetings – partnership working | Facilitator |
| May | Comments, Compliments and Complaints | To consider the Annual Report. | Chief Officer Social Services |
| Sept | Protecting Vulnerable Adults & Inspection Action Plan Update | To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Inspection Action Plan | Chief Officer Social Services |

Joint Meeting with Lifelong Learning Spring 2015

Corporate Parenting

Safeguarding and Child Protection

Educational Attainment of Looked After Children-(+case studies from across the board to be presented including any impact from disruptive placements)

Hearing Impairment (Adults & Children)

Childcare Sufficiency Assessment

Youth Justice Services

Joint meeting with Housing

Extra Care/Telehealth/DFG's (joined up approach) telecare (including multi-room sensor pilot/video-based alarm facility) Homelessness

Items to be scheduled

Direct Payments (Mark Cooper)
Community First Responders
Silverline

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