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To: Cllr Carol Ellis (Chair)

Councillors: Mike Allport, Marion Bateman, Jean Davies, Andy Dunbobbin, Gladys Healey, Cindy Hinds, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGuill, Ian Smith, Martin White and David Wisinger

22 March 2019

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 2.00 pm on Thursday, 28th March, 2019 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items

*** Members of the Committee are advised that a session to consider the draft Director's Annual Report will be held at the rise of the meeting ***

A G E N D A

1 **APOLOGIES**

Purpose: To receive any apologies.

2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Purpose: To receive any Declarations and advise Members accordingly.

3 **MINUTES** (Pages 3 - 8)

Purpose: To confirm as a correct record the minutes of the meeting held on 31 January 2019.

4 **THE FUNCTION AND PROCESS OF DELAYED TRANSFER OF CARE FROM A HOSPITAL SETTING** (Pages 9 - 22)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To update members in relation to Flintshire's performance in relation to delayed transfer of care.

5 **QUARTER 3 COUNCIL PLAN 2018/19 MONITORING REPORT** (Pages 23 - 40)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To review the levels of progress in the achievement of activities, performance levels and current risk levels as identified in the Council Plan 2018/19.

6 **ROTA VISITS**

Purpose: To receive a verbal report from Members of the Committee.

7 **FORWARD WORK PROGRAMME** (Pages 41 - 46)

Report of Social and Health Care Overview & Scrutiny Facilitator -

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

Yours sincerely

Robert Robins
Democratic Services Manager

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
31 JANUARY 2019

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold, on Thursday, 31 January 2019

PRESENT: Councillor Carol Ellis (Chair)
Councillors: Mike Allport, Marion Bateman, Jean Davies, Andy Dunbobbin, Gladys Healey, Kevin Hughes, Mike Lowe, Dave Mackie, Ian Smith, Martin White, and David Wisinger

SUBSTITUTIONS: Councillor David Healey (for Cindy Hinds)

APOLOGIES: Councillors Cindy Hinds, Rita Johnson and Hilary McGuill. Chief Officer (Social Services)

CONTRIBUTORS: Councillor Christine Jones, Cabinet Member for Social Services, Senior Manager – Children and Workforce, Senior Manager Integrated Services, Service Manager – Early Years and Family Support, and Lead Parenting Practitioner – Early Years and Family Support.

IN ATTENDANCE: Social & Health Overview & Scrutiny Facilitator, and Democratic Services Officer

49. DECLARATIONS OF INTEREST

There were no declarations of interest.

50. MINUTES

The minutes of the meetings held on 13 December 2018 were received.

RESOLVED:

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

51. THE NORTH WALES COMMUNITY HEALTH COUNCIL: IMPROVING HEALTH SERVICES FOR PEOPLE IN NORTH WALES

The Chair welcomed and introduced Carol Williams, Deputy Chief Officer, Community Health Council, and Linda Harper, Chair Flintshire Local Committee, to the meeting. She invited them to give a presentation on The Community Health Council (CHC): Improving health service for people in North Wales. The main points of the presentation were:

- North Wales CHC
- what the CHC does
- how the CHC works

- Flintshire examples of CHC work
- CHC key points

The Chair thanked the Deputy Chief Officer and Chair of Flintshire Local Committee for their presentation and invited Members to raise questions.

The Deputy Chief Officer raised awareness of the campaign for MRi scans for prostate and said a number of patients had had to fund scans themselves. She advised that the CHC had made representations and people now had their costs reimbursed. She added that the CHC continued to support families affected by the Tawel Fan ward. The Deputy Chief Officer commented on the need for car parking charges at hospitals to be reasonable and the importance of keeping town centres active. Following a suggestion by the Chair of the Committee it was agreed that a letter be sent to the Assembly Members in North Wales prior to the e-petition being considered by the Welsh Government on 13 February urging Welsh Government to intervene to ensure prostate cancer scanning was not subject to a postcode lottery in Wales.

Councillor David Healey commented on the provision of mental health in Flintshire and said it was difficult to form a view. He felt that either there was a greater awareness or there was a sharp increase in the demand for mental health services. He asked how the provision for mental health in Flintshire compared with mental health services provided by other local authorities as mental health waiting lists for face to face services were a concern. Councillor Healey also referred to Parabl and commented that there seemed to be doubt as to whether this organization would continue.

The Deputy Chief Officer referred to the joint mental health team meeting which had been held between Flintshire County Council and BCUHB and added that Parabl was a third sector organization which offered talking therapies for people with mild to moderate mental health problems. She acknowledged there was a long waiting list for some mental health services and said this was an ongoing issue. She added that following discussions between the Chair of the Health Board and the CHC, the Chair of the Health Board had agreed to provide more information regarding Mental Health Services within BCUHB.

The Chair of the Flintshire Local Committee referred to the special measures imposed on the Health Board and said mental health was a contributing reason. She agreed that the description “patchy” in terms of mental health provision in Flintshire was relevant at both primary and community level. She reported that the Vice Chair of the Community Health Council was leading on Mental Health and anticipated that more positive news would be reported in the next 12 months.

Councillor Kevin Hughes referred to mental health services for young people and waiting lists for services. He also asked what influence the CHC had to address the issue of emergency waiting times in hospitals

The Deputy Chief Officer explained that A&E departments took part in a national exercise last year and spot checks were carried out on all Emergency Departments (including North Wales). She commented that the situation was

a cause of significant concern and it could not be said that matters had been resolved. She said that representatives of the CHC were meeting in the near future to review the situation in North Wales. The Deputy Chief Officer suggested that in the future the CHC would be keen to work with social services and local Members to scrutinise emergency departments.

Referring to the comments by Councillor Kevin Hughes on children and young people's mental health, the Chair of Flintshire Local Committee advised that CAMHS was the main organisation but said there didn't seem to be enough provision to meet demand. She said it was a situation which was an area of increasing concern and the CHC was seeking more information and clarity about how implementation worked. In relation to mental health services generally she felt there was a need for a core strategy which put mental health within it rather that alongside it.

The Deputy Chief Officer commented on the severe delays in referrals for autism services and speech therapy services across North Wales. The Community Health Council advised that they had raised concerns regarding the delays in referring patients.

Councillor Gladys Healey commented that the CHC was the "voice of the people" and needed to be stronger. She asked why there was a long waiting list for hip and knee operations. She also commented on mental health services and said there needed to be more coordinated working and thinking around mental health issues and referred to the problems created by marriage breakdown, poverty etc. She said that waiting a long time for an appointment created stress and worsened mental health issues.

The Deputy Chief Officer acknowledged the points made and offered to attend the meeting of the Committee to be held on 18 July, to which representatives of the BCUHB and Welsh Ambulance services had been invited to attend.

Councillor Ian Smith asked if the role of the CHC was well known amongst the general public. The Deputy Chief Officer responded that there was always further work to be done to raise awareness. She emphasised that one of the CHCs biggest resources was volunteers and advised that the CHC had a budget of £3m to cover all expenditure across Wales. She spoke of the CHCs dependence on volunteers and said that awareness was being raised through "word of mouth". She commented on the use of social media and said people seemed to find the CHC when needed.

The Chair commented that she felt that the voice of CHC was stronger than it used to be and was pleased to hear how much work was being done on behalf of residents. The Deputy Chief Officer emphasised that the CHC worked collaboratively with BCUHB but was an independent organization.

In response to a query from Councillor Marion Bateman regarding figures for waiting times for triage at accident and emergency departments, the Deputy Chief Officer agreed to provide the information available from the results of a recent survey.

Councillor Bateman also commented on staff morale and expressed concerns for the welfare of staff. She said that during a recent visit to a hospital staff were working long hours and appeared to be under stress. The Deputy Chief Officer advised that the issue of staff morale had been raised with the Chair of BCUHB and she would share the response with the Committee. She added that he had given assurances that he would address the issue.

Councillor David Mackie commented that at a recent question and answer session the new Chief Executive had commented on the learning he could bring from his background as chief constable to inform services such as mental health going forward.

Councillor Dave Mackie commented on the positive role played by the CHC in ensuring full maternity services remained in North Wales. He said that from the visits he had undertaken as a member of the CHC the biggest issue was a lack of experienced and trained staff and questioned whether sufficient people were being trained.

Councillor David Healey suggested that representatives of the CHC be invited to attend the meeting of the Committee to be held on 18 July and that BCUHB be informed of the intention to also invite representatives of the CHC to the meeting.

The Chair read out a written question which had been submitted by Councillor Cindy Hinds concerning private care agencies. The Community Health Council agreed to provide a written response to Cllr Hinds.

The Chair thanked the Deputy Chief Officer and the Chair of the Flintshire Local Committee for their attendance and responses to Members questions. The Deputy Chief Officer said the CHC would welcome the opportunity for more collaborative working in the future.

RESOLVED

That the presentation be received.

52. PARENTING STRATEGY

The Senior Manager, Children and Workforce, introduced the report to provide an update on the Flintshire Parenting Strategy Framework and the work being undertaken to provide quality, consistent parenting support across Flintshire, taking into consideration future funding proposals in relation to funding flexibilities and the required outcomes. The Senior Manager introduced the Service Manager, Early Years and Family Support, and invited her to present the report.

The Service Manager provided background information and explained that since 2007 two Parenting Strategies had been published in Flintshire with Flintshire's Parenting Framework launched in 2018 (appended to the report). The Parenting Framework detailed the sustainability and further developments

of parenting programmes and formed part of the wider strategy for early intervention and prevention in Flintshire. The work was overseen by the Parenting in Flintshire multi-agency Strategic Group.

The Service Manager advised that the work in Flintshire was aligned to the Welsh Government Parenting in Wales guidance on engagement and support. The success of the Strategies and the Framework in enabling good quality parenting support was due to the alignment of policy with local implementation, dedicated funding, a dedicated parenting coordinator role, strategic oversight through the Parenting in Flintshire multi-agency group and the collaboration between many services delivering quality information, advice and parenting support.

The Service Manager reported on the main considerations, as detailed in the report, concerning he Parenting Strategy, policy context.

The Service Manager took the opportunity to read out a letter of support from Professor Judy Hutchings, Director of the Centre for Evidence Based Early Intervention at Bangor University for the work on the Flintshire Parenting Strategy and Framework and the work of the multi-agency strategic group, the coordination role and the outcomes. The Chair, on behalf of the Committee, also expressed her congratulations and appreciation to the Service Manager for the hard work and positive outcomes achieved.

Councillor Gladys Healey sought assurance that support was in place to assist multi-cultural families and that assistance was sought from other organisations to help with this task. The Service Manager explained that language could present a barrier and support was provided to overcome this. The Lead Parenting Practitioner gave an assurance that the need to provide multi-cultural support was a key consideration within the Service and referred to the resources and support that was provided in other languages. The Service Manager also commented on the need to provide multi-cultural support to address safeguarding issues.

Councillor Kevin Hughes asked what support was available for grandparents who held responsibility as main carers for grandchildren. The Service Manager explained that whilst there was no specific programme for grandparents the importance of their role was recognised and they were welcome and encouraged to engage with the Service to establish cross-generation links.

RESOLVED:

(a) That the Committee supports the parenting work to date; and

(b) That the Committee supports the report and the work being undertaken to provide quality, consistent parenting support across Flintshire, taking into consideration future funding proposals in relation to funding flexibilities and the required outcomes.

53. ROTA VISITS

There were no reports on rota visits. The Social & Health Overview and Scrutiny Facilitator advised that a new list of rota visits would be circulated to Members in the near future.

54. FORWARD WORK PROGRAMME

The Social & Health Overview and Scrutiny Facilitator presented the Forward Work Programme for consideration. She advised that the item on Learning Disability Day Care and Work Opportunities Alternative Delivery Model had been considered at the meeting of the Organisational Change Overview & Scrutiny Committee held on 28 January 2018, and to avoid duplication of workload had been taken off the Forward Work Programme. She reported that the next meeting of the Committee would be held on 28 March 2019, to consider the following items:

- Q3 Council Plan monitoring
- Marleyfield House expansion progress update
- Delayed transfer of Care/Single Point of Access

A short session will be held at the rise of the meeting to consider the format of the Social Services Director's Annual Report.

The Senior Manager, Children and Workforce, explained that following discussion at a previous meeting of the Committee he had met with representatives of Barnardo's and North East Wales Carers Information Service (NEWCIS) and suggested that representatives of both organisations be invited to attend a future meeting of the Committee to discuss the identification of young carers.

RESOLVED:

(a) That the Forward Work Programme be updated accordingly;

(b) That the Facilitator, in consultation with the Chair of the Committee, be authorised to vary the Forward Work Programme between meetings, as the need arises; and

(c) That representatives of Barnardo's and North East Wales Carers Information Service (NEWCIS) be invited to attend a future meeting to discuss the identification of young carers.

55. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There were no members of the press or public in attendance.

(The meeting started at 10.00 am and ended at 11.35 am)

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Chair

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	28th March 2019
Report Subject	The function and process of Delayed Transfer of Care from a hospital setting
Cabinet Member	Cabinet Member Social Services.
Report Author	Chief Officer Social Services
Type of Report	**Operational**

EXECUTIVE SUMMARY

This report explains the role and function of the Delayed Transfer of Care process, the structure of hospital based social work and its collaboration with health colleagues. The report will focus on the patient flow through the discharge process and explain why delays occur, and how we minimise such delays for social care reasons.

RECOMMENDATIONS	
1	Members are informed and are aware of the process of Delayed Transfers of Care and how it is monitored and managed each month.

REPORT DETAILS

1.00	Explaining what Delayed Transfer of Care means
1.01	The delayed transfer of care statistical release shows data on the number of people experiencing a delay in being discharged from hospital. This information is released on the same day each month. The day is known as census day. The data collected is a snapshot of the number of people who are medically fit for discharge but are delayed in hospital.

1.02	The definition of a delay is a patient who continues to occupy a hospital bed after his or her "ready to transfer of care date". This date is determined by the clinician responsible for inpatient care, in consultation with colleagues in the hospital multi-disciplinary discharge team. This team covers both NHS and Social Services staff.
1.03	A monthly census covers acute and community hospitals which occurs on the 3rd Wednesday of every month.
1.04	The reason for the delays are coded. The statistics are classified by the principle reasons for delay, type of ward and next stage of care. Codes range from Categories 1–8 within each category there are 8 separate sub codes. An example of which would be 2.3 for Home Care related issues sub codes being 2.3.1 awaiting start of new home care package, and 2.3.2 awaiting restart of previous home care package. **See Appendix 1**
1.05	The aim of the Census data collection is to provide a summary of the numbers of people delayed in NHS hospitals in Wales. Patients from Flintshire who are admitted to the Countess of Chester are not included in the numbers for the census. The Countess of Chester has a separate system whereby people who are delayed transfers of care are highlighted to senior manager on a weekly basis. Considerable resources are dedicated to managing the flow of discharges from the Countess. Weekly meeting are attended by Senior staff and Team Managers.
1.06	From April 2019 we will collect local data regarding Delayed Transfers of Care from the Countess of Chester.
1.07	**RESOURCE IMPLICATIONS (Service Structure)**
1.08	Flintshire residents have access to three acute hospitals. Wrexham Maelor Hospital, Ysbyty Glan Clwyd Hospital and Countess of Chester Hospital. The team also provide support to three community hospitals in Deeside, Holywell and Mold.
1.09	Flintshire have the equivalent of two fulltime social workers based at each of the Acute sites and providing support to the community hospitals via a peripatetic Hospital Social Worker. Health provide admin support at the 3 acute settings, Glan Clwyd, Countess and the Maelor Hospitals. Hospital Social Worker's do not hold a long term case load. Their remit is purely to facilitate a safe discharge from hospital. If ongoing social work is required the case is transferred to the Locality Teams for allocation. This enables us to concentrate on discharge, quality and throughput.
1.10	In 2018 the total number of referrals to the hospital social work teams across the three acute and community sites totalled 1251. The breakdown being for the acute hospitals: Countess of Chester: 381 Wrexham Maelor: 545 Glan Clwyd: 325

	These figures represent cases from January to December 2018. This figure has steadily increased over the last two years with an additional 50 individuals seen by hospital social worker between April and December 2018. There is considerable work going on in the community to avoid hospital admission and the relatively low increase in figures appear to demonstrate this.
1.11	The national performance measure counts Delayed Transfers of Care for people over the age of 75 only. Figures for Flintshire under this new measure are as follows: 2017/2018 – 25 2018 to date – 29 Welsh Government do not publish data for the over 75 delayed population, however this report confirms Flintshire is in the top quartile on performance across Wales. Since April 2018, Flintshire, with the highest population in Wales, has reported a total of 44 Delayed Transfers of Care for people aged 18 and over. This compares to: Anglesey – 59 Gwynedd – 76 Conwy – 13 Denbighshire – 24 Wrexham – 102
1.12	**DISCHARGE PROCESS**
1.13	When a person has been admitted to hospital and the acute episode has been dealt with a referral may be required for Social Work assessment. The named nurse on the ward in consultation with the patient will complete a "What Matters" conversation which will form the basis of the initial referral to our Social Work Team. The referral is then passed to Hospital Social Workers who screen and monitor process and have daily conversations with the named nurse on the ward. The assessment starts when the person is stable enough to respond to the process and is able to contribute to planning the discharge. We have moved away from the label of being medically fit as this may contribute to a delay in the assessment starting.
1.14	Hospital social workers will only deal with patients who are new to the service and who don't have an existing social worker. Cases that are open to locality social workers remain with that worker. These cases are often complex and will need ongoing support post discharge. Maintaining continuity of locality worker is good practice and beneficial for service users. Significant life changing decisions are difficult to make in a hospital environment. All efforts are made to ensure that the person is at their optimum and stable before long term plans are made. Decisions involving significant life changing decisions are rarely made in a hospital environment as this is not considered good practice.

1.15	Hospital Social Workers liaise closely with Discharge Liaison teams based within the acute hospital settings and aim to provide an assessment of need in a timely manner.
1.17	Once a fit for discharge date has been agreed, the social worker will continue with the "What Matters" assessment in order to establish discharge needs and identified outcomes. There are many reasons a person may be delayed in hospital. The majority of referrals to the hospital social workers are for very elderly frail people with multiple health complications.
1.18	Close liaison with therapy (physical and occupational) staff in the hospital and community is often required with most complex discharges requiring a multidisciplinary approach.
1.19	Many people have benefitted from an initiative to be discharged from hospital to have further assessment in a care home. This discharge arrangement is funded via the Intermediate Care Fund, and is called discharge to assess or step down. This approach provides a more relaxed realistic and homely care environment, where more time can be taken to assess and all care needs and frees a hospital bed. The assessment is completed in line with Social Services and Well Being Act.
1.20	The aim of our teams is to support people to go home first. However, the domiciliary care market is fragile and there are some difficulties recruiting care staff to the sector. We continually strive to be creative in our efforts to recruit and retain staff, but this issue remains a challenge, particularly in rural areas.
1.21	Our aim each month to have no delayed transfers of care. In managing this, weekly reviews are undertaken and each person who may be ready for discharge is carefully tracked through the process. Priority is always given to hospital discharges.
1.22	There can sometimes be difficulties in relation to the complexity of a person care and support needs, in all cases the social work and health team consider the need for Continuing Health Care. It would be fair to say the Continuing Health care agreements can often be complex but the hospital social work team staff are very experienced and are all level three social workers who understand and manage the process very well.
1.23	**BROKERAGE PROCESS CARE**
1.24	Flintshire has a well-developed Brokerage process and once domiciliary care needs have been identified the broker will liaise with care agencies in the community to find available care. They also produce a weekly directory of available care home placements. Social workers will support family members in locating a care home as required. Brokerage will assist with specialist high cost placements and liaise as appropriate with social workers.

1.26	Managers and all staff are very aware of the need to minimise hospital delays. People who are delayed are at risk of infections, loss of independence, increased reliance on carers and loss of confidence. Hence we have hospital based social work teams who focus only on hospital discharge, and support people to return home.
1.27	The Reablement team assists with hospital discharges and enable people to reach their potential in the community. Flintshire local authority home care team are able to provide short term support in the form of reablement care package to support the hospital discharge. This support is tailored following review on a weekly basis to ensure that the service user is reaching potential and remaining as independent as possible, which helps to manage demand on the service.
1.29	Significant joint working takes places with our colleagues in the health service and this takes the form of very regular ward meetings, video conference meetings and email correspondence, in order to appropriately track each person's hospital discharge.

2.00	**RESOURCE IMPLICATIONS**
2.01	None

3.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
3.01	N/A

4.00	**RISK MANAGEMENT**
4.01	N/A

5.00	**APPENDICES**
5.01	Delayed Transfer of Care codes
5.02	Delayed Transfer of Care codes 2

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	**Contact Officer:** Janet Bellis – Service Manager - First Contact & Locality Services **Telephone:** 01352-702540 **E-mail:** janet.bellis@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	(1) Delayed Transfer of Care Codes – these refer to the codes used between health and social services to identify the reasons for the delay. (2) Discharge Protocol – joint arrangement between both health and social services around the process for discharges from hospital. (3) Hospital Social Work referral numbers – these refer to the numbers of referrals received between January – December 2018. (4) Discharge Liaison Team – this is the named nurse with responsibility of coordinating and liaising with all the relevant agencies in order to facilitate a safe and timely discharge.

45	Other Neurology
46	Clinical Neuro physiology
47	Rheumotology
48	Paediatrics
49	Paediatric Neurology
50	Geriatric Medicine
51	Dental Medicine Specialities
52	Medical Opthalmology
53	Obstetrics (for patients using a hospital bed
54	Gynaecology
55	Obstetrics AN (outpatients)
56	Obstetrics PN (inpatients)
57	GP Maternity
58	GP other
59	Mental Handicap
60	Mental Illness
61	Child and Adolescent Psychiatry
62	Forensic Psychiatry
63	Psychotherapy
64	Old age Psyciatry
65	Clinical oncology
66	Radiology
67	General Pathology
68	Blood Transfusion
69	Chemical pathology
70	Haemotology (non clinical)
71	Histopathology
72	Immunopathology
73	Medical Micrtobiology
74	Neuropathology
75	Community Medicine
76	Occupational medicine
77	Joint Consultant Clinics

Principal Reasons For Delay / Other Reasons

1 COMMUNITY CARE ASSESSMENT

1.01 Awaiting completion of assessment

2 COMMUNITY CARE ARRANGEMENTS

2.01 Housing related issues

2.01.01 Mainstream

2.01.02 Sheltered

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2.01.03	Specialist
2.01.04	Other
2.02	**Home adaptation/equipment issues**
2.02.01	Awaiting completion of assessment for equipment
2.02.02	Awaiting completion of assessment for adaptations
2.02.03	Awaiting completion of adaptations (DFG's)
2.02.04	Awaiting provision of community equipment (excluding NHS continuing healthca
2.02.05	Awaiting wheelchair provision
2.02.06	Awaiting provision of telecare and or telehealth equipment
2.02.07	Other
2.03	**Home Care related issues**
2.03.01	Awaiting start of new home care package
2.03.02	Awaiting restart of previous new home are package
2.03.03	Other
2.04	**Residential care placement arrangements**
2.04.01	Awaiting completion of arrangements prior to placement
2.04.02	Awaiting care home manger to visit and assess under Standard 3 (residential)
2.04.03	Awaiting care home manger to visit and assess under Standard 3 (nursing)
2.04.04	Other
2.05	**Capacity restrictions**
2.05.01	No appropriate vacancy exists
2.05.02	No appropriate facility exists
2.05.03	Other
2.06	**Funding related issues**
2.06.01	Assessment completed, awaiting funding authorisation
2.06.02	Funding not available for residential care placement
2.06.03	Funding not available for home care package
2.06.04	Other

3 HEALTHCARE ASSESSMENT

3.01	**Awaiting specialist assessment/review**
3.01.01	Awaiting assessment by discharge liaison/review

3.01.02	Awaiting assessment by specialist practitioner
3.01.03	Awaiting opinion of another consultant
3.01.04	Other
3.02	**Awaiting assessment/completion of therapy requirements**
3.02.01	Physiotherapy
3.02.02	Occupational therapy
3.02.03	Manual handling
3.02.04	Home visit
3.02.05	Other
3.03	**Awaiting assessment/arrangement of community health services**
3.03.01	Community health services
3.03.02	Community therapy services
3.03.03	Community learning disability team
3.03.04	Community mental health team
3.03.05	Palliative care team
3.03.06	Other
3.04	**NHS Funded Nursing Care related issues**
3.04.01	Awaiting completion of assessment process
3.04.02	Assessment under consideration
3.04.03	Awaiting clearance to proceed with discharge
3.04.04	Other
3.05	**Continuing NHS Health Care related issues**
3.05.01	Awaiting completion of assessment process to determine eligibility
3.05.02	Awaiting confirmation of funding
3.05.03	Awaiting completion of process to transfer to appropriate placement
3.05.04	Awaiting completion of arrangements to provide continuing NHS health care in community setting
3.05.05	Awaiting provision of Continuing NHS health care related equipment
3.05.06	Awaiting continuing NHS health care bed availability in non NHS facility
3.05.07	Decision for continuing health care eligibility under review
3.05.08	Other

4 HEALTHCARE ARRANGEMENTS

4.01	**Awaiting commencement of rehabilitation programme**
4.01.01	In patient
4.01.02	Community setting
4.02	**Awaiting transfer to another NHS bed**
4.03	**Awaiting completion of healthcare arrangements to enable transfer/discharge**
4.03.01	Awaiting transport (own/family/carers)
4.03.02	Awaiting transport (patient transport service/ambulance)
4.03.03	Awaiting medication
4.03.04	Other
4.04	**Awaiting equipment provision**
4.04.01	Assessment completed, awaiting funding authorisation
4.04.02	Funding not available for residential care placement
4.04.03	Funding not available for home care package
4.04.04	Other
4.05	**No appropriate placement identified**
4.05.01	NHS facility
4.05.02	Private provider
4.05.03	Private hospital
4.05.04	Specialist facility
4.05.05	Secure unit
4.05.06	Other

5 LEGAL/FINANCIAL

5.01	**Legal issues**
5.01.01	Intervention by patient's lawyer
5.01.02	Informed consent
5.01.03	Other
5.02	**Financial assessment related issues**
5.02.01	Patient refuses to participate in financial assessment

5.02.02	Relatives refuse to engage in financial assessment
5.02.03	Personal asset issues
5.02.04	Awaiting confirmation of financial assessment
5.02.05	Awaiting completion of funding negotiations with provider
5.02.06	Other

6 DISAGREEMENTS

6.01	**Disagreements/disputes**
6.01.01	Internal family and/or carer dispute
6.01.02	Disagreement between patient/family and/or carer and health services
6.01.03	Disagreement between patient/family and/or carer and social services
6.01.04	Disagreement between patient/family and/or carer with both services
6.01.05	Disagreement about post hospital care responsibility between health services and social services
6.01.06	Other

7 OTHER

7.01	**Patient does not qualify for care and/or refuses to leave hospital**
7.02	**Family/relatives arranging care**
7.03	**Choice related issues: patient/family/carer**
7.03.01	Selecting residential care placement of choice (general)
7.03.02	Selecting residential care placement of choice (EMI)
7.03.03	Selecting residential care placement of choice (mental health)
7.03.04	Selecting residential care placement of choice (other)
7.03.05	Selecting nursing care placement of choice (general)
7.03.06	Selecting nursing care placement of choice (EMI)
7.03.07	Selecting nursing care placement of choice (mental health)

7.03.08	Selecting nursing care placement of choice (other)
7.03.09	Waiting for residential place availability in care home of choice (general)
7.03.10	Waiting for residential place availability in care home of choice (mental health)
7.03.11	Waiting for residential place availability in care home of choice (EMI)
7.03.12	Waiting for residential place in care home of choice (other)
7.03.13	Waiting for nursing place availability in care home of choice (general)
7.03.14	Waiting for nursing place availability in care home of choice (mental health)
7.03.15	Waiting for nursing place availability in care home of choice (EMI)
7.03.16	Waiting for nursing place in care home of choice (other)
7.04	**Protection related issues**
7.04.01	POVA related issues leading to inability to discharge at this time
7.04.02	POCA related issues leading to inability to discharge at this time
7.04.03	Concerns
7.04.04	Mental capacity related issues
7.04.05	Deprivation of liberty related issues
7.04.06	Other
7.05	**Unable to discharge to safe environment**
7.05.01	Patient homeless or of no fixed abode and needs are such that discharge is unsafe at this time
7.05.02	Housing unsafe or unsuitable
7.05.03	Health and safety concerns for staff
7.05.04	Other
7.06	**Other patient/family related reason**

8 OTHER

CODE	REASON FOR DELAY IN TRANSFER
8	**Principal reason not agreed**

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 28th March 2019
Report Subject	Quarter 3 Council Plan 2018/19 Monitoring Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Council Plan 2018/19 was adopted by the Council in June 2018. This report presents a summary of the monitoring of progress for the Quarter 3 (October – December 2018) position of 2018/19 for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.

Flintshire is a high performing Council as evidenced in previous Council Plan monitoring reports as well as in the Council's Annual Performance Reports. This second monitoring report for the 2018/19 Council Plan is a positive report, with 92% of activities being assessed as making good progress, and 85% likely to achieve the desired outcome. In addition, 67% of the performance indicators met or exceeded target. Risks are also being successfully managed with the majority being assessed as moderate (61%) or minor/insignificant (22%).

This report is an exception based report and therefore detail focuses on the areas of under-performance.

RECOMMENDATIONS	
1	That the Committee consider the Quarter 3 Council Plan Monitoring Report 2018/19 to monitor under performance and request further information as appropriate.

REPORT DETAILS

1.00	EXPLAINING THE COUNCIL PLAN 2017/18 MONITORING REPORT
1.01	The Council Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2018/19 Council Plan. The narrative is supported by performance indicators 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.
1.02	This is an exception based report and detail therefore focuses on the areas of under-performance.
1.03	**Monitoring our Activities** Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: - • RED: Limited Progress – delay in scheduled activity; not on track • AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track • GREEN: Good Progress – activities completed on schedule, on track A RAG status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Outcome has been categorised as: - • RED: Low – lower level of confidence in the achievement of the outcome(s) in-year • AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) in-year • GREEN: High – full confidence in the achievement of the outcome(s)
1.04	In summary our overall progress against the high level activities is: - ACTIVITIES PROGRESS • We are making good (green) progress in 48 (92%). • We are making satisfactory (amber) progress in 4 (8%). ACTIVITIES OUTCOME • We have a high (green) level of confidence in the outcome achievement of 44 (85%). • We have a medium (amber) level of confidence in the outcome achievement of 8 (15%). • No activities have a low (red) level of confidence in their outcome achievement.
1.05	**Monitoring our Performance** Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG (Red, Amber Green) status. This is

	defined as follows: - • RED equates to a position of under-performance against target. • AMBER equates to a mid-position where improvement may have been made but performance has missed the target. • GREEN equates to a position of positive performance against target.
1.06	Analysis of current levels of performance against period target shows the following: - • 29 (67%) had achieved a green RAG status • 12 (28%) had achieved an amber RAG status • 2 (5%) had achieved a red RAG status
1.07	The performance indicator (PI) which show a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee is: - **Percentage of looked after children with a timely health assessment** The performance at Q3 (65.38%) is below the period target (81%), however there have been significant improvements since April, with the looked after nurse regularly attending team meetings and managing the assessment appointments. BCUHB have increased the availability of appointments per month to 6 slots and recruited 2 trainee doctors to assist with Health assessments from October 2018. The performance trend for the year to date shows a 27% improvement on last year's performance, with 69.1% of children looked after having a timely health assessment, as compared to 54.6% last year. Despite these improvements we are still unlikely to meet this year's target.
1.08	**Monitoring our Risks** Analysis of the current risk levels for the strategic risks identified in the Council Plan is as follows: - • 5 (11%) are insignificant (green) • 5 (11%) are minor (yellow) • 27 (61%) are moderate (amber) • 7 (16%) are major (red) • 0 (0%) are severe (black)
1.09	The major (red) risk identified for the Social & Health Care Overview & Scrutiny Committee is: - **Risk: Demand outstrips supply for residential and nursing home care bed availability.** The expansion of Marleyfield to support the medium term development of the care home sector continues under the direction of Programme Board. The re-

	phasing of Integrated Care Fund (ICF) capital to fit in with our capital programme has been agreed by WG. Recommendations from Social & Health Care Overview and Scrutiny Committee were that the Committee support the ICF programme and the initiatives of utilising short term funding streams to deliver against strategic and operational priorities for the council and key partners. Work streams from the Strategic Opportunity Review are continuing. A strategic review of demand and supply in light of the new capital developments is being undertaken.

2.00	**RESOURCE IMPLICATIONS**
2.01	There are no specific resource implications for this report.

3.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
3.01	The Council Plan Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest.
3.02	Chief Officers have contributed towards reporting of relevant information.

4.00	**RISK MANAGEMENT**
4.01	Progress against the risks identified in the Council Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.07 and 1.09 above.

5.00	**APPENDICES**
5.01	Appendix 1 – Quarter 3 Council Plan 2018/19 Monitoring Report – Supportive Council.

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	**Council Plan 2017/18: http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx** **Contact Officer:** Margaret Parry-Jones **Telephone:** 01352 702324 **E-mail:** Margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Council Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish a Council Plan.
7.02	**Risks:** These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time.
7.03	**Risk Likelihood and Impact Matrix**

Impact Severity						
Catastrophic	Y	A	R	R	B	B
Critical	Y	A	A	R	R	R
Marginal	G	Y	A	A	A	R
Negligible	G	G	Y	Y	A	A
	Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)
	Likelihood & Percentage of risk happening					

The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit.

7.04	**CAMMS – An explanation of the report headings**
	Actions Action – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority. Lead Officer – The person responsible for updating the data on the action. Status – This will either be 'In progress' if the action has a start and finish date or 'Ongoing' if it is an action that is longer term than the reporting year. Start date – When the action started (usually the start of the financial year). End date – When the action is expected to be completed. % complete - The % that the action is complete at the time of the report. This only applies to actions that are 'in progress'. An action that is 'ongoing' will not produce a % complete due to the longer-term nature of the action. Progress RAG – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green). Outcome RAG – Shows the level of confidence in achieving the outcomes for each action.

Measures (Key Performance Indicators - KPIs)

Pre. Year Period Actual – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as 'no data'.

Period Actual – The data for this quarter.

Period Target – The target for this quarter as set at the beginning of the year.

Perf. RAG – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.

Perf. Indicator Trend – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year:

- A 'downward arrow' always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire).
- Similarly an 'upward arrow' always indicates improved performance.

YTD Actual – The data for the year so far including previous quarters.

YTD Target – The target for the year so far including the targets of previous quarters.

Outcome RAG – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), Medium – uncertain level of confidence in the achievement of the target (Amber) and High - full confidence in the achievement of the target (Green).

Risks

Risk Title – Gives a description of the risk.

Lead Officer – The person responsible for managing the risk.

Supporting Officer – The person responsible for updating the risk.

Initial Risk Rating – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).

Current Risk Rating – The level of the risk at this quarter.

Trend Arrow – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow).

Risk Status – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.

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Performance Progress Report – Appendix 1 – Supportive Council

Flintshire County Council

CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL

Print Date: 29-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.1 Expand and support the care sector to enable people to live well and have a good quality of life	Jane M Davies - Senior Manager, Safeguarding & Commissioning	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
The 32 bed expansion of Marleyfield Care Home is in the design phase, with a planned operational date of mid-2021. Hwb Cylfe, the planned replacement for Glanrafon Day Centre for people with a learning disability, is in the construction phase following confirmation of a £4m capital investment, and is well on track to open in Spring 2019. The fourth Extra Care facility in Holywell is in the construction phase, with an expected operational date of 2021. We are progressing the roll out for domiciliary and nursing care. The regional framework for Domiciliary Care is now in place; some new providers have come on board, and we are working regionally to reopen the framework to increase numbers further. We are developing support materials and training for residential providers who are working towards silver and gold accreditation. We have completed a review of the domiciliary care sector in Flintshire with regard to recruitment and retention to gain an understanding of the issues faced by providers. Alongside this, we are in the initial phases of reviewing demand management, particularly with regard to domiciliary care.

Last Updated: 29-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.2 Support greater independence for individuals with a frailty and/or disability, including those at risk of isolation.	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
The review of double handed care (2 staff attending each call) is continuing. Creative solutions are being found as an alternative to traditional domiciliary care; these solutions are efficient and cost effective, and support a culture of control & self-determination, whilst freeing up domiciliary care hours to be utilised for people in critical need. The new 37 hour post in partnership with Flintshire Local Voluntary council (FLVC) has been recruited in the Single Point of Access to support social prescribing, linking to GPs in the community. The business case for Glan y Morfa has been agreed and Welsh Government are supporting with funding from the Integrated Care Fund. The refurbishment programme has commenced. This facility will provide a step-down for people with a physical disability, who are ready for discharge but not ready to go home.

Last Updated: 09-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.3 Improve outcomes for Looked After children	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Flintshire's Corporate Parenting Strategy: 'Looking After You' has been published. The Strategy sets out our commitments to children and young people for 2018-2023. The Strategy was supported by a Workshop in September 2018 for elected members setting out their responsibilities, and role, as a Corporate Parent. Significant progress has taken place culminating in an initial draft of our local Placement Strategy for enhancing local placements. This builds on successful local market facilitation with independent and 3rd sector providers. A regional 'Meet the Provider' event took place to share local and regional placement needs. Placement stability for looked after children has improved from 9.3% last year to 8.8% by Quarter 3 of this year.

Last Updated: 29-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.1 Develop and integrate services for carers with our commissioned providers	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Carers Services continue to progress and develop, adapting to the changing needs of carers when they present. Flintshire has continued to work closely and proactively with our Carers Services reviewing our working practices and partnerships regularly via the Carers Strategy Group. Success of the group is reflected by its consistently high levels of productivity and regular attendance by all partners. The Strategy Group over the past 6 months has been working with regional partners to develop a North Wales Strategy for Carers Services and are at present reviewing the proposed monitoring tool for this strategy. This Strategy aims to further embed the Social Services and Wellbeing (Wales) Act and create more consistency in service provision across the regions and across health and social services. As an Authority Flintshire has a number of Carers Services that provide a wide range of provision, which continue to meet performance expectations and targets over the last quarter. Flintshire’s Young Carers Services continues to be delivered by Barnardo’s in Flintshire who continue to deliver high quality support to a number of Young Carers. This contract is due to come to an end and as a result Flintshire has begun a review of this service in order to ensure quality of provision and future service delivery is fully considered and assured moving forward.

Last Updated: 29-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.2 Embed the long term use of integrated Care Fund (ICF) to meet local needs and demands	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Partners in Flintshire have continued to maximise the use of the extended Integrated Care Fund (ICF) programme to meet the priorities of Flintshire residents. The re-phasing of agreed ICF capital funding has been agreed to fit with our capital programme, and Welsh Government have confirmed the ongoing use of ICF revenue funding for existing projects. Examples of the work funded by ICF to support people with dementia includes increasing support offered to care homes to continue through the Progress for Providers Framework and extending that work into the domiciliary care sector, and reviewing the support offered to people with early onset dementia.

Last Updated: 23-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.3 Embed the Early Help Hub into everyday practice by working with statutory partners and the third sector	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
The Early Help Hub is fully functioning, with commitment from all agencies. Enhanced consortia arrangements for support through Families First projects are ensuring responsive access to help for families. In Quarter 3, 309 families accessed the Hub and were provided with information and / or support. This brings the total throughput for the first nine months to 945, well above our target for the year of 800 families.

Last Updated: 16-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.4 Working with the new Wales Programme to recognise Adverse Childhood Experiences	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
The police are developing a joint agency project to deliver an Adverse Childhood Experiences (ACE) informed approach to community policing. The EAT (Early Action Together) project focuses on the role of the police in navigating families to community and social support to address their needs. Flintshire is working with the EAT project to bring a co-ordinated approach to responding to ACEs and developing the awareness, skills and competencies of public sector staff. A substantial training programme commenced in December 2018 to train front line police on ACE's, what this means for their work and the families they interact with. This training is aimed at ensuring a more holistic approach to policing vulnerability and ensuring that families in need of help are identified and supported to access this.

Last Updated: 16-Jan-2019

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ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.1 All Council portfolios to understand and act on their responsibilities to address safeguarding	Jane M Davies - Senior Manager, Safeguarding & Commissioning	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
The Corporate e-learning safeguarding package has been updated and is now available through Learning Pool. Representatives of Corporate Safeguarding Panel are in discussions with Theatr Clwyd to develop a drama based learning programme which will be delivered to all portfolio areas in 2019/20. Corporate Safeguarding Panel now has representation from the North Wales Modern Slavery Group who attend regularly and provide a link to the activity.

Last Updated: 24-Jan-2019

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.4 Identify and address the signs and symptoms of domestic abuse and sexual violence	Sian Jones - Public Protection Manager - Community and Business	In Progress	01-Apr-2017	31-Mar-2019	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Flintshire County Council continues to work alongside the Regional Domestic Abuse and Sexual Violence Board. A joint strategy is now in place for North Wales, which is included on the website. Regional structures are now in the process of being formed through the establishment of a Joint Commissioning Board and a Training Group. Corporate Training are leading on the delivery of the e-learning module.

Last Updated: 24-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.1.1M01 Number of in house locality teams working towards Bronze standard in Progress for Providers of domiciliary care	**N/A**	3	0.75	GREEN	**N/A**	3	0.75	GREEN

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: We have three in house domiciliary care providers working on the bronze standard for Progress for Providers

Last Updated: 07-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.1.2M02 Number of independent sector providers working towards Bronze standard in Progress for Providers of domiciliary care	**N/A**	1	1	GREEN	**N/A**	1	1	GREEN

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: One independent sector provider is currently working towards Bronze accreditation.

Last Updated: 11-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.1.4M04 Sustaining existing care homes within Flintshire	26	27	26	GREEN	↑	27	26	GREEN

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: The number of care homes in Flintshire remains static since quarter two when one independent provider reopened a home offering residential care in Flintshire.

Last Updated: 29-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.1.5M05 The percentage occupancy within Flintshire care homes	96.04	95	95	GREEN	↓	95	95	GREEN

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: Care home occupancy remains high and static.

Last Updated: 11-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.2.2M02 The percentage of the relevant workforce to have received training in Regulation and Inspection of Social Care (Wales) Act (RISCA)	**N/A**	75	50	GREEN	**N/A**	75	50	GREEN

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: RISCA training is ongoing and we are on track to deliver to the relevant workforce by the end of this year.

Last Updated: 11-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.3.2M02 (PAM/029) Percentage of children in care who had to move 2 or more times	6.17	4.17	10	GREEN	↑	8.75	10	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: So far this year, 8.75% of children looked after have moved more than twice. This included planned placement moves in accordance with the child's plan.

Last Updated: 29-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.3.3M03 Percentage of looked after children with a timely health assessment	N/A	65.38	81	RED	N/A	69.06	81	AMBER

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: The performance at Q3 (65.38%) is below the period target (81%), however there have been significant improvements since April, with the looked after nurse regularly attending team meetings and managing the assessment appointments. BCUHB have increased the availability of appointments per month to 6 slots and recruited 2 trainee doctors to assist with Health assessments from October 2018. The performance trend for the year to date shows a 27% improvement on last year's performance, with 69.06% of children looked after having a timely health assessment, as compared to 54.6% last year. Despite these improvements we are still unlikely to meet this year's target.

Last Updated: 29-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.1.1M01 Number of adult carers identified.	299	371	225	GREEN	↑	1051	675	GREEN

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: Over the 9 month period we have already exceeded the total for last year; however, this is in part due to improvements in our data collection processes.

Last Updated: 11-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.2.1M01 (PAM/025) Number of people kept in hospital while waiting for social care per 1,000 population aged 75+	1.36	0.66	1.89	GREEN	↑	1.98	1.89	AMBER

Lead Officer: Neil Ayling - Chief Officer - Social Services
Reporting Officer: Jacque Slee - Team Manager Performance
Aspirational Target: 1.78
Progress Comment: A further nine delays in Quarter 3 mean that we will not meet our annual target. Social Services and BCUHB managers continue to work together to reduce delays wherever possible.

Last Updated: 29-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.3.1M01 Percentage of child protection referrals that result in “no further action”.	34	17.2	30	GREEN	↑	17.2	30	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Team Manager Performance
Aspirational Target: 30.00
Progress Comment: Reasons for no further action include a change in need or circumstances, Child Protection threshold not met, or case signposted to other services.

Last Updated: 16-Jan-2019

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.3.2M02 The number of families receiving information and support through the Early Help Hub	No Data	309	200	GREEN	N/A	985	600	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Team Manager Performance
Progress Comment: The throughput of the Early Help Hub continues to be high.

Last Updated: 11-Jan-2019

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Delivery of social care is insufficient to meet increasing demand	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Team Manager Performance	Amber	Green	⬇	Closed

Potential Effect: People would be likely to experience increased waiting times or be unable to access services, with a resulting negative impact on the reputation of the Council.
Management Controls: Developing the market for residential and nursing care
Extending the opening hours for single point of access
Implementing Community Resource Team
Developing community resilience
Implementing an Early Help Hub for children and families
Progress Comment: Recommendations have been approved to explore the extension of Marleyfield (32 beds for intermediate care and discharge to assess). This expansion will also help to support the medium term development of the nursing sector. The Single Point of Access has already extended the time the service is available from in the mornings and work is near completion to extend the closing time and introduce weekend working. The multi agency Early Help Hub for children and families is in operation. The risk has been mitigated to green and is now closed 12/07/2018.

Last Updated: 12-Jul-2018

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RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Demand outstrips supply for residential and nursing home care bed availability	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Team Manager Performance	Red	Red	↔	Open

Potential Effect: Increase in hospital admissions and delayed transfers from hospital. Increased pressure on primary care services leading to deteriorating relationship with local partners.
Management Controls: i) Working with Corporate colleagues to use capital investment to support the development of our in-house provision.
ii) Outcomes from the 'Invest to Save' Project Manager made available together with a short, medium and long term plan to support the care sector.
iii) Quick wins from the 'Invest to Save' Project Manager to be implemented.
iv) Increase bed and extra care capacity for dementia/ learning disabilities.
v) Develop specialist respite for Early Onset Dementia.
vi) Identify and create market change and dynamics, generate more competition, new providers for all ages including children and LD.
vii) Assist with local housing (potentially subsidised) for specified employees in social care i.e. direct care staff.
viii) Joint marketing and recruitment campaign, including portals, sharing of candidates, shared approach.
Progress Comment: The expansion of Marleyfield to support the medium term development of the nursing sector continues under the direction of the Programme Board.
The re-phasing of Integrated Care Fund (ICF) capital to fit in with the Council's capital programme has been agreed by Welsh Government. Recommendations from Social & Health Care Overview and Scrutiny Committee were that the Committee support the ICF programme and the initiatives of utilising short term funding streams to deliver against strategic and operational priorities for the council and key partners. Workstreams from the Strategic Opportunity Review are continuing. A strategic review of demand and supply in light of the new capital developments is being undertaken.

Last Updated: 29-Jan-2019

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Annual allocation of the Integrated Care Fund (ICF) - Short term funding may undermine medium term service delivery	Susie Lunt - Senior Manager, Integrated Services and Lead Adults	Jacque Slee - Team Manager Performance	Red	Green	↓	Open

Potential Effect: Insufficient funding to sustain medium term service delivery.
Management Controls: Seeking agreement from partners on allocation of funds to deliver medium term services
Progress Comment: The re-phasing of agreed ICF capital funding has been agreed to fit with our capital programme.
Welsh Government have confirmed the ongoing use of ICF revenue funding for existing projects.
The Chair of the North Wales Regional Partnership Board and the Chief Executive of BCUHB have created an agreement from partners on the allocation of funds to support delivery of medium term services. Confirmation in principle has been received for allocation of capital funds for Marleyfield. Following receipt of detailed correspondence from WG, the level of risk has reduced to Green.

Last Updated: 09-Jan-2019

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Early Help Hub cannot deliver effective outcomes	Craig Macleod - Senior Manager, Children's Services & Workforce	Jacque Slee - Team Manager Performance	Green	Green	↔	Closed

Potential Effect: Children and families who do not meet the threshold for a statutory services will not be appropriately directed to alternative services.
Management Controls: Agreed information sharing protocol in place
Activity data in place and scrutinised
Steering body to meet regularly to ensure that resources are being appropriately deployed
Progress Comment: The Early Help Hub is fully functioning, with commitment from all agencies. Enhanced consortia arrangements for support through Families First projects are ensuring responsive access to help for families. During Q1 there were 455 referrals and in Q2 there were 693 meaning 1148 referrals to the Hub this financial year. This risk is now closed.

Last Updated: 01-Nov-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Rate of increase of adult safeguarding referrals will outstrip current resources	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Team Manager Performance	Red	Green	↓	Open

Potential Effect: National timescales for processing safeguarding enquiries will not be met, resulting in potential delays for people requiring safeguarding interventions and impact on reputation of the Council.
Management Controls: Realign response to front door referrals by utilising resources within First Contact and Intake, in order to free up time to allow the Safeguarding Managers to effectively delegate tasks.
Progress Comment: Responsibilities within Adult Safeguarding and First Contact and Intake have been realigned, with no additional resource. Safeguarding Managers are able to effectively delegate tasks for high priority cases; this ensures that those enquiries that do not meet timescales are of a lower priority. Quarter 2 and 3 data is showing an increase in Safeguarding reports, and these are being addressed within timescales. Internal Audit completed a review of the service in November; this confirmed that processes are in place for the screening and triage of safeguarding referrals. The reviewers concluded that strategy meetings are being undertaken in a timely manner.

Last Updated: 08-Jan-2019

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 28th March, 2019
Report Subject	Forward Work Programme
Cabinet Member	Not applicable
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee 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.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

RECOMMENDATION	
1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME
1.01	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 Improvement Plan.
1.02	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. Is it an area of major change or risk? 3. Are there issues of concern in performance? 4. Is there new Government guidance of legislation? 5. Is it prompted by the work carried out by Regulators/Internal Audit?

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Publication of this report constitutes consultation.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. **Contact Officer:** Margaret Parry-Jones Overview & Scrutiny Facilitator **Telephone:** 01352 702427 **E-mail:** margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Improvement Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

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CURRENT FWP

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
23 May 2019 10.00 am	**Third Sector update**	Annual review of the social care activities undertaken by the third sector in Flintshire	Partnership working	Chief Officer Social Services	
	Comments, Compliments and Complaints	To consider the Annual Report	Assurance	Chief Officer Social Services	
	Annual Directors Report	To consider the draft report.	Assurance	Chief Officer Social Services	
	Integrated Autism Service	To receive an update on the service.	Assurance	Chief Officer Social Services	
	Marleyfield House expansion progress update	To receive a progress report	Performance monitoring/assurance	Chief Officer Social Services	
18 July 2019	**2018/19 Year End Reporting** **Council Plan Monitoring**	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring/assurance	Facilitator	
	BCUHB & Welsh Ambulance Services NHS (Trust to be confirmed)	To maintain regular meetings and promote partnership working.	Partnership working	Facilitator	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
Nov/Dec	**Safeguarding**	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)
May	**Educational Attainment of Looked After Children**	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
May	**Corporate Parenting**	Report to Social & Health Care and Education & Youth Overview & Scrutiny.	Chief Officer (Social Services)
May	**Presentation by Young People**	To inform Joint Social & Health Care and Education and Youth Overview & Scrutiny	Chief Officer (Social services)
May	**Comments, Compliments and Complaints**	To consider the Annual Report	Chief Officer (Social Services)
June	**Betsi Cadwaladr University Health Board Update**	BCUHB are invited to attend on an annual basis – partnership working.	Facilitator

Joint meeting with Education & Youth Overview & Scrutiny on Friday 7th of June at 2pm.

October – Early Help Hub