

Public Document Pack

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Head of Legal and Democratic Services
Pennaeth Gwasanaethau Cyfreithiol a Democraidaidd



To: Cllr Aaron Shotton (Leader)

CS/NG

Councillors: Bernie Attridge, Chris Bithell,
Helen Brown, Derek Butler, Christine Jones,
Kevin Jones and Billy Mullin

11 December 2013

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Dear Sir / Madam

A meeting of the **CABINET** will be held in the **CLWYD COMMITTEE ROOM, COUNTY HALL, MOLD CH7 6NA** on **TUESDAY, 17TH DECEMBER, 2013** at **9.30 AM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

AGENDA

1 **APOLOGIES**

2 **DECLARATIONS OF INTEREST**

3 **MINUTES** (Pages 1 - 14)

To confirm as a correct record the minutes of the last meeting.

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The Council welcomes correspondence in Welsh or English
Mae'r Cyngor yn croesawau gohebiaeth yn y Cymraeg neu'r Saesneg

TO CONSIDER THE FOLLOWING REPORTS

STRATEGIC REPORTS

4 **ESTABLISHING THE PROPOSED HOUSING COMPANY** (Pages 15 - 22)

Report of Head of Legal and Democratic Services, Chief Executive, Head of Housing - Cabinet Member for Housing

5 **ASSISTED GARDENING SERVICE** (Pages 23 - 30)

Report of Director of Community Services - Cabinet Member for Housing

6 **MENTAL HEALTH COMMISSIONING PLAN - SERVICE UPDATE** (Pages 31 - 78)

Report of Director of Community Services - Cabinet Member for Social Services

7 **DEMENTIA COMMISSIONING PLAN** (Pages 79 - 136)

Report of Director of Community Services - Cabinet Member for Social Services

8 **TOGETHER FOR MENTAL HEALTH** (Pages 137 - 214)

Report of Director of Community Services - Cabinet Member for Social Services

9 **THE DUBLIN DECLARATION ON AGE FRIENDLY CITIES AND COMMUNITIES IN EUROPE 2013.** (Pages 215 - 226)

Report of Director of Community Services - Cabinet Member for Social Services

10 **REVIEW OF SUBSIDISED BUS SERVICES** (Pages 227 - 268)

Report of Director of Environment - Deputy Leader of the Council and Cabinet Member for Environment

11 **THE AMALGAMATION OF YSGOL PERTH Y TERFYN INFANT SCHOOL AND YSGOL Y FRON JUNIOR SCHOOL IN HOLYWELL** (Pages 269 - 272)

Report of Director of Lifelong Learning - Cabinet Member for Education

OPERATIONAL REPORTS

12 **REVENUE BUDGET MONITORING 2013/14 (MONTH 6)** (Pages 273 - 304)

Report of Head of Finance - Leader of the Council and Cabinet Member for Finance

13 **CAPITAL PROGRAMME 2013/14 (MONTH 6)** (Pages 305 - 320)

Report of Head of Finance - Leader of the Council and Cabinet Member for Finance

14 **NEW BUSINESS RATE GRANT SCHEMES** (Pages 321 - 334)

Report of Head of Finance - Cabinet Member for Corporate Management

15 **EXERCISE OF DELEGATED POWERS** (Pages 335 - 338)

Report of the Chief Executive enclosed.

FORWARD WORK PROGRAMME - COUNTY COUNCIL, CABINET, AUDIT AND OVERVIEW & SCRUTINY - FOR INFORMATION

- Improvement Assessment Letter
The letter is now expected from the Wales Audit Office during December so will be reported in January 2014
- Single Integrated Plan
To be reported in February 2014 following consideration by Local Service Board in January 2014
- Review of Waste Collection Policy
Deferred to allow further time to develop the new policy
- Consultation to Change the Age Range of Queensferry Primary School from 4-11 to 3-11
This has been addressed in previous reports

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 - TO
CONSIDER THE EXCLUSION OF THE PRESS AND PUBLIC**

The following item is considered to be exempt by virtue of Paragraph(s) 12 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended).

Information relating to a particular individual which in all circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

16 **AGRICULTURAL ESTATE MANAGEMENT** (Pages 373 - 376)

Report of Director of Environment - Deputy Leader of the Council and Cabinet Member for Environment

CABINET **19 NOVEMBER 2013**

Minutes of the meeting of the Cabinet of Flintshire County Council held at County Hall, Mold on Tuesday, 19 November 2013

PRESENT: Councillor Aaron Shotton (Chair)

Councillors: Bernie Attridge, Chris Bithell, Derek Butler, Christine Jones, Kevin Jones and Billy Mullin

APOLOGIES: Councillor: Helen Brown

ALSO PRESENT:

Councillors: Ron Hampson and Dave Mackie

IN ATTENDANCE:

Chief Executive, Director of Community Services, Director of Environment, Head of Legal and Democratic Services, Head of Finance, Head of Human Resources and Organisational Development and Team Manager, Committee Services

113. DECLARATIONS OF INTEREST

None were received.

114. MINUTES

The minutes of the meeting held on 15 October 2013 had been circulated with the agenda.

RESOLVED:

That the minutes be approved as a correct record.

115. CSSIW ANNUAL REVIEW AND EVALUATION OF PERFORMANCE 2012/13

The Leader and Cabinet Member for Finance welcomed Mr Peter Graham, Regional Director of CSSIW to the meeting.

The Cabinet Member for Social Services introduced the report which provided an overview of CSSIW's evaluation of social care in Flintshire and gave a positive view of the authority's Social Services for both Vulnerable Children and Adults.

Mr Graham thanked the Cabinet Member for her introduction and delivered a presentation to Members on the key areas of progress for the year 2012/13 in Flintshire's Social Services and areas for future improvement.

The key points were:

Adults Services

- Due to the emphasis on prevention, fewer people were supported in residential care and more able to lead independent lives
- The reablement service had been particularly successful in helping people regain independence with the majority not requiring ongoing services
- Adult safeguarding needed to be strengthened and the authority had taken action to improve the management of risk
- Ongoing issues in improving community health services with the authority reporting that the complex decision making processes with Betsi Cadwalader University Health Board (BCUHB) had not lent themselves to joint working for shared outcomes

Children's Services

- Performance against a significant range of national indicators remained amongst the best in Wales
- The authority provided an effective response to incoming referrals and performed well in fulfilling its responsibilities in relation to child protection and looked after children
- The authority should consider the potential to improve placement stability
- The authority had developed a range of preventative services and provided good support to young people leaving care and access to accommodation had improved
- The authority's annual performance report had been restructured to reflect the key components of the Social Services and Well-being (Wales) Bill and would better lend itself to public scrutiny against the key areas of leadership, commissioning, improvement, voice for citizens, safeguarding and integrating services
- The report recognised that the current economic climate, welfare changes and demographic pressures presented significant challenges for the future and was increasingly realistic about how to prepare for new demands and shifting public expectations

Potential Risks

- Sustainability of medium term financial planning
- Continuing ability to influence locality focused strategic planning with the BCUHB
- Securing sufficiently robust outcomes in adult safeguarding

Summary

- The authority had benefited from strong leadership and clear vision and continued to make progress in a number of key areas
- The authority was able to evidence a range of positive outcomes which had been delivered through its strategic transformation of services

- The authority had signalled its intention to put people in control of the services they received and to support more people to live independent lives
- The authority was seeking to reduce dependency on its services by strengthening support in communities and the use of new technology
- The authority was forward looking and was innovative. This was recognised in the number of awards it had been given

Members thanked Mr Graham for the presentation and welcomed the positive report.

RESOLVED:

That the CSSIW's evaluation of performance be received and endorsed.

116. PROVISIONAL LOCAL GOVERNMENT SETTLEMENT AND THE IMPLICATIONS FOR THE 2014/15 BUDGET

The Leader and Cabinet Member for Finance advised that the report would be dealt with in two sections. Firstly to consider the formal response to Welsh Government (WG) on the Provisional Settlement. Secondly to consider the impacts on Flintshire.

The Head of Finance introduced the first part of the report which provided details of the Provisional Welsh Local Government Settlement 2014/15 which had been announced by WG on 16 October 2013. The consultation period on the Provisional Settlement was open until 20 November 2013.

Full details were provided on the aggregate external finance (AEF), the damping mechanism (Floors), the Standard Spending Assessment (SSA), transfers into the Settlement, Council Tax Reduction Scheme (CTRS), highways improvement – local government borrowing initiative, protection for schools and social care, specific grants, unhyphocated grants, capital settlement and the consultation period.

The Leader and Cabinet Member for Finance proposed the following key points be included in the formal response to WG:

- The financial challenges affecting public finances were recognised
- Recognised that WG's resources had reduced and WG had made policy choices about how to allocate across public services in Wales
- The settlement was not going to change; the intention was to work with the Settlement rather than against it
- The financial plans for local government had been changed drastically in a short period of time
- Proactive and realistic national public relations were needed on the gravity and impacts. WG needed to share responsibility for the local impacts which would follow
- Longer term budget planning was needed at a national level. Unlike Health who had 3 year plans, local government had one year of actual budget certainty and one further year with a broad outline which meant that the authority could not realistically plan in that operating environment

- There needed to be a rounded and collective review of the sustainability of the Welsh budget as a whole (including the affordability and benefits of the universal services), not at individual sub-sector level which made thinking for the public services as a whole disjointed and could bring unintended consequences
- Any further changes to the Settlement needed to be transparent and communicated from the outset as some of the detail had not met expectations e.g. Council Tax Reduction Scheme and prudential borrowing for highways
- The need for the availability of capitalisation was high for local government to meet the costs of easing workforce reductions
- The need to be creative over income generation, charging and new models of working with the best practice advocated by peer organisations
- The proposed review of specific grants had to be ambitious and concluded quicker than proposed. There should be a presumption that all specific grants were withdrawn and included in the Settlement unless there was a proven case for their retention as an exemption. Local government should be judged on its performance outcomes and not constrained through tight financial controls

Following a question, the Head of Finance explained that at the time of writing the report it was believed that the Settlement included protection for education funding equivalent to 1% above the uplift for the WG's revenue funding allocation from the UK Government which equated to 0.9% and that uplift could include the Pupil Deprivation Grant.

The Leader and Cabinet Member for Finance, in response to a question, explained that because of the 'damping mechanism', the reduction in the Settlement for Flintshire was a reduction of approximately £200k.

The Head of Finance and Chief Executive presented the second part of the report which dealt with the impact on the 2014/15 budget position for Flintshire.

Although the Settlement was broadly in line with the assumptions contained within the Medium Term Financial Plan (MTFP) as at 30 September 2013, there were some direct impacts which were detailed in the report. The overall impact for 2014/15 was that the projected budget gap reduced from £16.5m to £16.1m.

A further review had taken place on new pressures, including items from the previous year and it was anticipated that this would contribute some £0.600m which would reduce the budget gap to £15.5m.

The second revision of the MTFP 2014/15 to 2018/19 set an outline of the Organisational Change and Re-Design Plan to further modernise the organisation and secure major efficiencies in costs and overheads through the four Strategic Change Programmes of: Corporate Efficiency; Functional Efficiency; Organisational Design – Structure and Operating Model and Organisational Design – Workforce.

The Chief Executive explained that the overall strategy for 2014/15 was to seek to maximise internal cost reductions as much as possible, in order to enable time for more detailed and thoughtful consideration to be given to longer term planning and service choices from 2015/16 onwards. The organisational plan fell broadly into two areas. Firstly, identifying areas for Value for Money review through greater reduction of procurement spend, internal systems and practice etc, and Functional Efficiencies. Secondly, through sensitive and carefully planned workforce changes. Current planning assumptions were that the £15.5m budget gap would be met broadly from value for money and workforce in equal parts, accepting that workforce changes were likely to take longer to implement and were only likely to be effective for a part year in 2014/15.

November 2013 was a critical month in developing detailed proposals for full engagement with Members through December 2013. Inevitably, a strategy for dealing with such a substantial budget gap provided a significant risk challenge for the council. However, the aim continued to be to maximise savings, efficiencies and acceptable service reforms with a view to protecting services. Full details of the budget proposals would be available in January 2014 leading to the budget debate in mid February.

The Leader and Cabinet Member for Finance read out a press statement which is attached as an appendix to the minutes.

The Chief Executive thanked Cabinet Members and senior managers for the work that had been undertaken in the previous weeks. A sizeable gap of £5/6m would need to be met through workforce reductions and he expressed his concern that there could be a similar need in 2015/16.

RESOLVED:

- (a) That the details of the Provisional Settlement be noted;
- (b) That the impact on the budget for 2014/15, current position and plans for Member engagement be noted; and
- (c) That a formal response be submitted to WG on the Provisional Settlement in line with points made by the Leader detailed above.

117. COMMUNITY REVIEW

The Cabinet Member for Corporate Management introduced the report on the Council's community review proposals for the purposes of consultation.

The County Council had not completed a community review of all electoral areas since coming into being. There had only been limited reviews affecting a small number of Town & Community Councils.

The first formal stage of the community review was to seek and obtain proposals from Town & Community Councils and other interested parties and a series of consultation meeting were held.

Following representations by a member of Leeswood Community Council, all Town & Community Councils were informed that the objective of the seventh and eighth guiding principles was to have approximately the same ratios of electors to Councillors across the different wards that a town or community may be divided into. County Council, at its meeting on 23 October 2013, endorsed the clarification of the seventh and eighth guiding principles.

The community review draft proposals were appended to the report as recommended by County Council. Once Cabinet had agreed the Council's draft proposals it was intended that there would be a nine week consultation period similar to the initial consultation in May. The response to the consultation period would be analysed and reports submitted to Council and Cabinet to determine what changes should be made to the proposals in light of the consultation responses received.

RESOLVED:

- (a) That the seventh & eighth guiding principles be clarified as indicated in paragraph 3.02 of the report;
- (b) That the proposals outlined in Appendix A to the report be sent out for consultation; and
- (c) That the second formal consultation period be as identified in paragraph 3.06 above.

118. VEHICLE FLEET REPLACEMENT AND FLEET UTILISATION POLICY

The Deputy Leader and Cabinet Member for Environment introduced the report which sought approval for the adoption of a Vehicle Replacement and Utilisation Policy for all fleet vehicles operated by the authority.

The potential savings identified by the consultants within the report were substantial and therefore, the Deputy Leader and Cabinet Member for Environment asked that the Council's internal Finance team confirm them before finally committing to the course of action outlined. He therefore proposed amendments to recommendations 4.01 and 4.02 of:

- 4.01 That Cabinet grant delegated authority to the Director of Environment, following consultation with the Deputy Leader and Cabinet Member for Environment, to approve the Vehicle Fleet Replacement and Fleet Utilisation Policy (Appendix 1)
- 4.02 That Cabinet grant delegated authority to the Director of Environment, following consultation with the Deputy Leader and Cabinet Member for Environment, to approve the proposals set out in paragraphs 3.10, 3.11 and 3.12 of the report

which were agreed.

RESOLVED:

- (a) That Cabinet grant delegated authority to the Director of Environment, following consultation with the Deputy Leader and Cabinet Member for Environment, to approve the Vehicle Fleet Replacement and Fleet Utilisation Policy (Appendix 1);
- (b) That Cabinet grant delegated authority to the Director of Environment, following consultation with the Deputy Leader and Cabinet Member for Environment, to approve the proposals set out in paragraphs 3.10, 3.11 and 3.12 of the report; and
- (c) That a further report is brought to Cabinet updating Members on Phase 3 of the project, as set out in paragraph 3.10, before a final decision is taken on the Council's future approach.

119. COUNCIL FLEET VEHICLE FUEL POLICY

The Deputy Leader and Cabinet Member for Environment introduced the report which sought approval for the adoption of a Fuel Policy for all Fleet Vehicles operated by the authority.

RESOLVED:

That the Council Fleet Fuel Policy (Appendix 1) be approved.

120. MID YEAR SERVICE PERFORMANCE REPORTS

The Cabinet Member for Corporate Management introduced the 2013/14 Mid Year service performance reports which had been produced at divisional level and covered the period April to September 2013.

The Chief Executive explained that this was the first round of receiving the streamlined and corporate approach mid year service performance reports since being adopted at Cabinet on 17 September.

Analysis had been undertaken for 35 of the 39 Improvement Targets and National Strategic Indicators (NSIs) showed the following:-

- 20 (57.1%) achieved a green (Red, Amber, Green) RAG status
- 12 (34.3%) achieved an amber RAG status
- 3 (8.6%) achieved a red RAG status

Details of those indicators which showed a red RAG status against target were outlined in the report with detailed commentary.

RESOLVED:

- (a) That the Mid Year service performance reports be noted and any specific issues which may require management action and/or referral to the

appropriate Overview and Scrutiny Committee for consideration be recommended; and

- (b) That the following be noted:
- The progress updates for the Council Improvement Priorities that are not set as an in-year priority
 - Service plan progress;
 - Progress / performance against Corporate measures e.g. absence management;
 - The assessment of any regulatory reports; and
 - Performance against Improvement Targets and National Strategic Indicators (NSIs)

121. REVENUE BUDGET MONITORING 2013/14 (MONTH 5)

The Head of Finance provided the most up to date revenue budget monitoring information (Month 5) for the Council Fund and the Housing Revenue Account (HRA) in 2013/14.

The projected year end position on the Council Fund, as estimated at Month 5 was:

- Net in year expenditure forecast to be £1.074m less than the budget (a decrease of £0.173m on the £1.247m reported at Month 4)
- Projected contingency reserve balance at 31 March 2014 of £3.715m

The projected year end position on the HRA, as estimated at Month 5 was:

- Net in year expenditure forecast to under spend the budget by £0.014m (£0.260m overspend reported at Month 4)

The report provided details on the projected positive variation of expenditure against budget of £1.074m, programme of efficiencies, inflation and monitoring budget assumptions and new risks.

On unearmarked reserves, after taking account of an allocation of £0.518m for recovery costs following the March 2013 severe weather, and bringing in the impact of the projected in year budget position, the current projected level of contingency reserve at the end of March 2014 was an amount of £3.715m.

On the HRA, for 2013/14 there was an overall projected under spend of £0.014m and a projected closing balance at Month 5 of £1.448m, which at 5.1% of total expenditure satisfied the prudent approach of ensuring a minimum level of 3%.

RESOLVED:

- (a) That the report be noted;
- (b) That the projected Council Fund contingency sum as at 31 March 2014 be noted; and

- (c) That the projected final level of balances on the Housing Revenue Account be noted.

122. COUNCIL TAX BASE FOR 2014-15

Prior to introducing the report, the Leader and Cabinet Member for Finance said an incorrect press statement had appeared in a local newspaper on an increase to Council Tax.

The Head of Finance clarified the position and explained that the Tax Base was the number of chargeable dwellings expressed as Band D equivalents of which there were 61,501. The Council Tax Base calculations were supplied to the Welsh Government and used for the distribution of the Revenue Support Grant in the annual Provisional and Final Local Authority Revenue Settlement. The calculations were also used by the Council when it set its annual budget to calculate the Council Tax levels. This was done by dividing the net budget requirement by the Council Tax Base to provide the amount of Council Tax for a dwelling in Band D. A set formula was then used to determine the Council Tax levels for the eight remaining Property Bands (A to C and E to I).

Also, the setting of the Council Tax Base allowed the County Council, Police & Crime Commissioner for North Wales and Town & Community Councils to calculate the following year's Council Tax charges based on the estimated number of chargeable properties, expressed as the equivalent number of Band D properties in the Council's area.

RESOLVED:

- (a) That a 'nil' level of discount for properties falling within any of the Prescribed Classes (A, B or C) be set and for this to apply to the whole of the County area; and
- (b) That the Tax Base of 61,501 chargeable Band D equivalent properties as shown in Appendix 1 be approved for the financial year 2014/15.

123. CLOSURE OF AD WASTE ACCOUNTS AND FINANCIAL BALANCES

The Cabinet Member for Waste Strategy, Public Protection and Leisure introduced the report which updated Members on the liquidation of AD Waste and the closure of the Company's accounts following the transfer of the service into Council control.

Details on the remaining financial balances and the outstanding commitments from the organisations operations were detailed in the report. Also highlighted was the net value of the company at transfer, which after taking account of its liabilities, was £2,831,474 which mainly comprised of the Property and Fleet assets owned by the Company.

RESOLVED:

- (a) That the finalisation of the liquidation arrangements for AD Waste be noted;
- (b) That the additional works set out in paragraph 3.01 be funded from the liquidated balance; and
- (c) That the remaining balance of £513k from the transfer of the company be added to the Council's in year Capital Programme Budget.

124. CORPORATE SUNDRY DEBT – WRITE OFF

The Cabinet Member for Corporate Management introduced the report which requested authorisation to write off three corporate sundry debt invoices amounting to £98,985.45, relating to a single company that was no longer trading.

The Head of Finance confirmed that all possible routes to recover the debt had been exercised and there was no prospect of recuperation.

RESOLVED:

That the write off of three Corporate sundry debts invoices amounting to £98,985.45 be approved.

125. WORKFORCE INFORMATION QUARTER 2 JULY – SEPTEMBER 2013

The Cabinet Member for Corporate Management introduced the report which provided an update for the second quarter 2013/14 on establishment, headcount, agency, early retirements, turnover, diversity and absence.

Members welcomed the reduction in the spend on agency staff and the 81% of employees who had 100% attendance in the second quarter.

RESOLVED:

That the Workforce Information Report for quarter two for 2013/14 be noted.

126. EXERCISE OF DELEGATED POWERS

An information report on the actions taken under delegated powers was submitted. The actions were as set out below:-

- | | | |
|--------------------|---|-----------------------------------|
| Corporate | - | Business Rates – Write Offs |
| Environment | - | Scrap Metal Dealers Act 2013 Fees |

127. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

There was one member of the press in attendance.

(The meeting commenced at 9.30am and ended at 11.50am.)

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Chairman

Press Statement

Planning for the 2014-15 Council Budget and Further Ahead

The announcements being made by fellow councils across Wales, from Wrexham to Rhondda Cynon Taff, show the scale of the challenge we all face in balancing council budgets with major cuts in funding. Some councils have already announced controversial plans to reduce or withdraw local services. Internally we have been working intensively on our budget plans with the aim of protecting front line services from the impacts for the 2014-15 budget year as far as possible.

In Flintshire we face a reduction of over £7 million in our annual Revenue Support Grant from Welsh Government for 2014-15 as our devolved government itself comes to terms with the major reductions in public funding being 'passported' by the UK Government. When we add in the costs of price, energy and pay inflation, the costs of service demands particularly in education and social care, and the positive costs of investing in service improvements and new facilities such as building new local schools, the Council faces a huge financial gap of £15.5 million next year.

We have not faced a challenge of this scale since we were created as a Council in 1995-96. Whilst there is speculation that council will again be reorganised on the back of the Public Services Commission which is due to report next month, in part to save money, we have to 'keep our eye on our ball' and plan prudently for the next few years ahead.

It is inevitable that the Council will have to review the costs of all services and make difficult choices for the future. There is no respite as the year which will follow will pose a similar budget challenge. Throughout this period we are working to protect local services particularly education, services to the vulnerable, housing and support for the local economy and job creation, whilst meeting the aims of our top priorities set out in the Improvement Plan. We also aim to protect jobs as far as possible. The Single Status Agreement we have recently adopted makes an investment in public sector pay and will address unacceptably low levels of pay within our workforce. We may employ less people than now over the years ahead but we aim to employ people well on fair pay and terms and conditions.

For 2014-15 we are working intensively and demanding on options to reduce the internal running costs for the Council, including management, operating and workforce costs, before turning to difficult choices on the future of local services. We have a good track record of taking out costs and making efficiencies. Over the last three years we have taken out over £19 million of efficiencies to protect services, and since 2008 have reduced management and workforce costs by £5 million through structural redesign and service reviews. However, the challenge is now much greater than before and will not relent.

We are closing in on £10 million of identified efficiencies through Value for Money programmes with few impacts on services and local people within the options under

consideration thus far. We now have to close in on a target for reducing workforce costs.

We have already committed to reduce workforce costs. Firstly, we are reviewing the way the Council is structured and how it could best be organised and operate in the future. The Council will be restructured in 2014 with further reductions in the scale and cost of senior management. Secondly, we are working through the scope for workforce reductions across the Council. We are reviewing this carefully and sensitively with options for managed reductions through early retirement and voluntary redundancy. We will only make compulsory redundancies as a last resort.

In early 2014 we plan to hold a major consultation with local communities on the priorities for the future and the choices to be made over the way we run and pay for local services from 2015 onwards. Local communities will be invited to share in planning solutions for the future. Local community groups will also be invited to work with the Council in new ways including taking on local buildings and amenities, through community asset transfers, to protect them for the future.

We continue to remain resolute in our mission to defend local communities against the worst impacts of cuts to the Council's funding. Full disclosure of the plans for the budget will be made in January through the round of Overview and Scrutiny budget examination meetings.

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17 DECEMBER 2013**

REPORT BY: **CHIEF EXECUTIVE, HEAD OF LEGAL AND DEMOCRATIC SERVICES AND HEAD OF HOUSING**

SUBJECT: **ESTABLISHING THE PROPOSED HOUSING COMPANY**

1.00 PURPOSE OF REPORT

1.01 To explain the legal and governance issues around the establishment of the proposed housing company and to approve its creation.

2.00 BACKGROUND

2.01 At its meeting on the 15 October Cabinet resolved:

- (a) That urgent work be commissioned to develop the legal and governance model for the company; and
- (b) That officers report back to Cabinet and the Housing Overview and Scrutiny Committee with detailed proposals for establishing the company.

2.02 In complying with that resolution officers have used the feedback gained from an Overview and Scrutiny seminar (to which all Councillors were invited) which took place on 11 October as well as advice from external solicitors to draw up some proposed governance arrangements for the housing company. The need for the company is understood and its purpose widely supported by members and officers. Further assurance is required over the governance of any such company and how it can be appropriately controlled by the Council.

2.03 When establishing a company of this sort there is a fundamental question to be decided about the level of independence to be enjoyed by the company. In summary, the less control the Council has over such a company, the greater its freedom from other regulatory burdens such as reporting and the public procurement rules. In this instance it is appropriate that the level of Council control should be very high (at least during the company's early years). This will mean it is subject to quite a high level of regulation but this should not prove a hindrance to the company's ability to achieve its desired aims.

3.00 CONSIDERATIONS

3.01 There are a range of issues that need to be considered when setting up a company of this type. For the purposes of this report these issues are presented under the following headings:-

- Purposes
- Corporate Model and Statutory Powers
- Council Control
- Employment
- State Aid
- Reporting and Accountability
- Internal Controls and Governance
- Business Planning

3.02 Purposes

During its early years this particular company would be expected to undertake the following activities:-

1. Owning and letting its own properties.
2. Leasing and sub letting properties.
3. Letting and managing properties on behalf of private landlords.

In future years it is possible that, as the company grows it can expand and take on further roles such as property development/house building. It would be possible to establish the company with just a limited range of purposes at the outset and to add additional powers as and when ready. However, it would be the preferred option to establish the company with wider powers at the outset and then to restrict its activities through its business plan and control of the board, allowing it to expand and grow as it proves itself in governance and performance. Given the high level of control that will be exercised by the Council over the company, officers advise that it is safe and appropriate to give it unlimited powers from the very start.

3.03 Corporate Model and Statutory Powers

There are different legal entities that can be used to establish a company of this sort:- a company limited by shares (CLS), a company limited by guarantee (CLG) and an, industrial and provident society (IPS). The two company models are the most flexible. They would enable the Council to tailor the corporate arrangements to suit its purposes, whilst still building in sufficient safeguards to protect the public interest.

3.04 Both models have a board of directors that 'run' the company. They also have owners (either members for a CLG or shareholders for a CLS) who set the strategic direction. A CLG is no more flexible and offers no more security than a company limited by shares. By contrast, a company limited by shares makes it easier to have different levels of ownership rights (by issuing differing categories of shares with fewer or

greater rights) and in addition the existence of shares will make it easier to raise investment (by selling share capital) or to dispose of the company as a whole should that be desired in the future. Officers recommend using the CLS model.

3.05 It is intended that the company will generate a trading surplus by its activities, which will be subject to Corporation Tax. That net surplus could either be reinvested in the company or could be distributed to the Council for it to spend on delivering local public services. For it to be able to distribute its surplus in that way the company cannot be a charity nor can it be established under the Council's well-being powers pursuant to the Local Government Act 2000. It is therefore recommended that the company should be established under S.95 of the Local Government Act 2003.

3.06 **Council Control**

The Council will be able to exercise control over the company through two routes:-

- Ownership of shares; and
- Control of the board of directors

Company shareholders fulfil a strategic role by approving certain matters at shareholder meetings such as the annual business plan and accounts. It is possible to stipulate that certain matters must be approved by shareholders or even that specific shareholders must approve particular decisions. So for example, it would be possible to say that the holder of the Council's share must approve decisions on the distribution of any surplus. This will in effect give the Council an appropriate 'veto' over key decisions. It is recommended that such a veto be reserved to the Council in respect of the issue of share capital, the distribution of any trading surplus, the approval of the business plan and the disposal by way of long lease or sale of the freehold of any properties owned by the company and securing any borrowing by the company against its assets.

3.07 In addition, the Council can reserve the right to appoint directors to the board. Officers would suggest that the board be limited to about 5 or 7 positions with the majority being held by councillors. There should be an officer to act as executive director who can actually carry out decisions on behalf of the company and the board. There should also be some form of non executive appointment of a person with expertise in the housing field but who is neither a councillor nor an officer, in order to give a fresh and external perspective.

3.08 **Employment**

Whilst the company is still small it is expected that it would buy whatever services it requires from the Council. Council employees

would remain employed by the Council but could also undertake functions on behalf of the company. They would not be paid any extra for doing so, the role being built into their job description as an extension of their current role, and the payments made by the company for the services would be an income stream for the Council. In some circumstances this will not be appropriate, for example where Council employees do not have the necessary skills or experience or the time and capacity to undertake the work, or where the company needs independent professional advice e.g. where it is entering into a legal agreement with the Council it will need its own separate legal advisor.

3.09 Given the high level of Council control over the company, it will be a “contracting authority” within the public procurement rules. That means that it will need to follow the EU procurement rules to let any contract with a value of more than £174,000. Given the small scale of the company during its early years, it is unlikely that any contract placed with the Council will exceed that sum.

3.10 **State Aid**

If the Council sells its services to the company and charges for any other benefits e.g. the company will need a registered address, then it is unlikely that arrangements between the Council and the company will be classed as state aid. However, should the Council give the company any form of asset or service at a reduced or nil cost then the state aid rules might be engaged. Specific external legal advice is being sought about the transfer of gifted properties from the Council to the company.

3.11 **Reporting and Accountability**

It is proposed that the Council would exercise control over the company through appointing its directors and by reserving the right of approval over certain matters. Those already powerful controls can be further enhanced by careful allocation of those roles.

3.12 The right to cast the Council’s vote as shareholder should be exercised by the Cabinet Member for Housing. This which will ensure that key decisions are taken in accordance with the wishes of the Cabinet. Any officer appointed to the board should be a senior one but below the level of chief officer. This will mean that the head of service is free to exercise control/accountability over the officer appointed. Likewise, councillors on the board should not be on the Cabinet. In that way, Cabinet members will be free to debate issues affecting the company without needing to declare a personal and prejudicial interest under the Code of Conduct.

3.13 Ordinarily, a company produces an annual report for its shareholders which is received at the Annual General Meeting (AGM). Given the level of control that the Council wishes to exercise over the company, it will

be appropriate for it to give more frequent and transparent accounts of its activities. It is recommended that the company should report regularly to Cabinet and the relevant Overview and Scrutiny Committee at a frequency to be agreed and no less than six monthly

3.14 The company will be required to produce its own set of annual accounts including: balance sheet; profit and loss account; director's report; and an auditor's report following the audit of the accounts. An annual corporation tax return will need to be completed. The accounts will be filed with Companies House and will be available for public inspection.

3.15 As a wholly owned subsidiary of the Council, the company's accounts need to be incorporated with our own accounts to form group accounts. The group accounts will be subject to scrutiny every year by the Audit Committee and Full Council as at present.

3.16 **Internal Controls and Governance**

Once the company is established it will need to draw up its own procedures and systems to ensure good governance. For example, it will need its own financial procedure rules, arrangements for ensuring internal control and rules for placing contracts. In order to ensure that those procedures are sufficiently rigorous and transparent the Council can require them to be approved by the board of directors.

3.17 **Business Planning**

The Head of Housing has commissioned the preparation of a business plan for the company. The business plan will cover:

- the objectives of the company
- the investment and other resources required to achieve the objectives
- any risks to the business; and
- the expected financial results of the business.

The business plan will need to be checked and approved once it is complete.

4.00 **RECOMMENDATIONS**

4.01 That the housing company is established as a company limited by shares as set out in the report on the basis that the Council is assured of having a sufficient level of control of the body.

4.02 That the Chief Executive, Head of Legal & Democratic Services, Head of Finance and the Head of Housing Services in consultation with the Leader and the Cabinet Member for Housing be given delegated authority to take all necessary steps to establish the company.

- 4.03 That the Chief Executive in consultation with the Leader and Cabinet Member for Housing be given delegated authority to approve the business plan.

5.00 FINANCIAL IMPLICATIONS

- 5.01 There is a small cost to establishing the company and to taking the necessary legal, financial and tax advice to set it up. This can be met within existing budgets.
- 5.02 The business plan currently being prepared for the company envisages that it will not require any start up capital from the Council. In the future the company may wish to borrow money and might ask the Council to stand as guarantor (due to the Council's very high credit rating) and each such request will be considered on its merit at the time.
- 5.03 Should the company not prove to be successful then the Council will not be responsible for its debts which will be paid off from the company's assets. It is possible for the Council to place a restriction on the disposal of any houses owned by the company so that they will continue to be used for public purposes even if they need to be sold to clear the company's debts.

6.00 ANTI POVERTY IMPACT

- 6.01 At present average earnings within the county are below the level required to afford average rental incomes. Whilst mortgages are cheaper, it is still difficult on the average county income to save the required level of deposit to purchase a house. Therefore there are people within the county who can neither afford to rent nor to buy at market levels but who do not qualify for social housing. It is anticipated that by letting properties below market rents, but above social rents, the housing company will assist such people.

7.00 ENVIRONMENTAL IMPACT

- 7.01 None.

8.00 EQUALITIES IMPACT

- 8.01 Currently, there are elderly residents within the County who are living in houses that are larger than their needs and are thus difficult to heat and maintain. However, because they own an asset, they do not have sufficient points to be eligible for sheltered accommodation. The housing company could take a lease on their properties during their lifetime enabling them to move into sheltered accommodation whilst freeing up much needed family sized accommodation.

9.00 PERSONNEL IMPLICATIONS

9.01 The workload involved in establishing and working for a company can be accommodated within existing resources.

10.00 CONSULTATION REQUIRED

10.01 None.

11.00 CONSULTATION UNDERTAKEN

11.01 A seminar has been held on this issue for all members of council and its views taken into account in drafting these proposals. All appropriate senior officers have been consulted. External expert advice has also been obtained.

12.00 APPENDICES

12.01 None.

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

As referred to in the report.

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17 DECEMBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **ASSISTED GARDENING SERVICE**

1.00 PURPOSE OF REPORT

1.01 To request that Cabinet consider and approve the new Assisted Gardening Service.

2.00 BACKGROUND

Current Service

2.01 An Assisted Gardening Service has existed in Flintshire for over 25 years.

2.02 Today, services consist of grass cutting and hedge trimming and continue to be delivered in house via Street Scene to tenants living in both general needs and sheltered housing stock.

2.03 To qualify for the Service, general needs' housing tenants must be registered blind, over the age of 60 or in receipt of Disability Working Allowance, Disability Living Allowance or Attendance Allowance. Sheltered housing tenants qualify automatically.

2.04 Approximately 1,500 households (including sheltered tenants) are in receipt of the Service at a cost of £250,000 per year to the Housing Revenue Account. This year 1,191 tenants' gardens and 791 tenants' hedges were maintained by Street Scene between April and October.

Review of Services

2.05 The Assisted Gardening Service requires modernising to align it with the changing needs of the population and implications of the Government's Welfare Reform proposals.

2.06 A review of the Service has been necessary for the following reasons:

- Residential gardening services do not form part of Street Scene's core business and as a result they no longer wish to deliver the Service.
- There is no provision for ensuring the welfare of the tenant or carrying out

visual checks of the building for security purposes.

- The Service does not allow for additional services such as garden clearance for antisocial tenants or void properties.
- There are limitations on who is able to receive the Service, with no option for other residents to pay for services if they required them.
- Grass clippings are left in situ; a matter which has caused some dissatisfaction amongst tenants and elected members.
- The Service does not provide value for money.
- The cost of delivering the Service is met by all tenants whether they receive it or not.

3.00 CONSIDERATIONS

Tender Process

- 3.01 Invitations to tender were issued during the summer. These placed a strong emphasis on community benefits and social enterprises were encouraged to bid for the contract. Two social enterprises completed the prequalification questionnaire; however, only one proceeded to full tender submission with the second withdrawing from the process.
- 3.02 The contract was awarded to Ground Control, an established local landscape contractor who won the tender on both quality and price. The Company are highly experienced in delivering large scale contracts to Local Authorities, Housing Associations and other public sector organisations, and have a proven track record of high customer satisfaction.
- 3.03 The cost of Ground Control delivering a comparable Service for grass and hedge cutting under the terms of the new contract has been calculated at £125K., enabling an annual saving of £125,000 based on this year's expenditure. This includes the cost of delivering the welfare element of the Service.

Charging for Services

- 3.04 A service charge is a payment made by a resident, leaseholder, shared owner or freeholder towards the cost of providing and maintaining services and benefits, beyond that of enjoying occupation of their home. Welsh Government has developed a prescriptive list of service charging activities. An example of the services charges applicable in our Council housing currently are heating where they have a communal heating system and a care-link service. All other services are charged for in the inclusive rent paid by all tenants.
- 3.05 However, the Gardening Service falls outside the strict definition of service charging and the service is discretionary. This distinction is important, as it

gives the Council greater freedoms as to how it charges for the service and additional flexibility to create some surpluses from non vulnerable homeowners and tenants, should it choose to do so.

- 3.06 Charging for this service can be fixed or variable. A fixed charge is based on how much the Council estimates it will reasonably cost to run the services in the scheme/block. The advantage of fixed charges for tenants is that they are simple to understand and easier to budget for and manage.
- 3.07 Variable service charges are based on the actual costs of a particular service so the tenant only pays for the service, plus any associated management fee. When operating a variable charge the administrative burden increases and this is therefore the less favoured option.
- 3.08 Whether a fixed or variable service charge is implemented, tenants' expectations naturally increase and invariably result in a greater demand for better quality services and value for money and inevitably the provision of a high quality service.

Proposed Service

- 3.09 It is proposed that a new universal Service is developed and implemented in time for the grass cutting season on 1st April 2014.
- 3.10 Council tenants with a disability would be eligible for a reduced rate and to qualify would need to demonstrate that they are in receipt of one or more of the following benefits:
- Attendance allowance
 - Disability Living Allowance
 - Disability Working Allowance
 - Personal Independence Payment
- 3.11 There are two ways that a pricing policy could be implemented:-
- A fixed charge based on a number of size bandings. For example, 0-50m² falling under level 1 and 50m² to 100m² falling under level 2.
 - A variable charge calculated by the actual m² of each garden.
 - Both methods would involve an administrative fee to cover the management of the contract and associated financial administration costs of running this provision.

Grass Cutting

- 3.12 Grass would be cut to 15-25mm and all clippings would be removed from site. It is proposed that Service users would fall into one of three categories: council tenant, disabled council tenants and private residents.

- 3.13 A fixed frequency for both grass and hedge cutting is suggested for ease of management. Experience also shows that the number of scheduled visits proposed is sufficient for the maintenance of residential green spaces.

Services & Frequency

	Grass Cutting	Hedge Trimming	Welfare Check
Disabled Council Tenants	14 cuts per year	2 cuts per year	Included for all
Council Tenants	14 cuts per year	2 cuts per year	Included for over 65 All sheltered schemes At special request
Private Residents	14 cuts per year	2 cuts per year	Included for over 65 At special request

Grass Cutting Costs per m2

Item	Cost Disabled Council Tenant	Cost Council Tenant	Cost Private Resident
Grass cutting per m2	£0.99	£1.16	£1.16
Management Fee	£0.15 (15%)	£0.17 (15%)	£0.35 (30%)
Total	£1.14	£1.33	£1.51 plus vat

Grass Cutting Charges

Level	Average m2	Disabled Tenant	14 cuts	Per Wk	Council Tenant	14 cuts	Per Week	Private Resident	14 cuts	Per Week
Level 1	50	£ 1.16	£ 58.00	£ 1.16	£ 1.33	£ 66.50	£ 1.33	£ 1.51	£ 75.50	£ 1.51
Level 2	100	£ 1.16	£ 116.00	£ 2.32	£ 1.33	£ 133.00	£ 2.66	£ 1.51	£ 151.00	£ 3.02
Level 3	150	£ 1.16	£ 174.00	£ 3.48	£ 1.33	£ 199.50	£ 3.99	£ 1.51	£ 226.50	£ 4.53
Level 4	200	£ 1.16	£ 232.00	£ 4.64	£ 1.33	£ 266.00	£ 5.32	£ 1.51	£ 302.00	£ 6.04
Level 5	250	£ 1.16	£ 290.00	£ 5.80	£ 1.33	£ 332.50	£ 6.65	£ 1.51	£ 377.50	£ 7.55
Level 6	300	£ 1.16	£ 348.00	£ 6.96	£ 1.33	£ 399.00	£ 7.98	£ 1.51	£ 453.00	£ 9.06
level 7	350	£ 1.16	£ 406.00	£ 8.12	£ 1.33	£ 465.50	£ 9.31	£ 1.51	£ 528.50	£ 10.57
Level 8	400	£ 1.16	£ 464.00	£ 9.28	£ 1.33	£ 532.00	£ 10.64	£ 1.51	£ 604.00	£ 12.08
Level 9	400+	Calculated per m2								

- 3.14 The table above gives examples as to how much a disabled council tenant; non disabled council tenant and private resident would pay to have their grass cut. The costs are based on the average m2 of the garden. For example, a council tenant with a garden of up to 100m2 would pay £2.66 per week to have the grass cut 14 times a year. A private resident of Flintshire would pay £3.02 per week for the same service. Disabled council tenants are offered the lower rate

and would pay £2.32 per week.

Hedge Cutting Charges

Level	Average m2	Disabled Tenant	2 cuts	Per Wk	Council Tenant	2 cuts	Per Week	Private Resident	2 cuts	Per Week
Level 1	50	£ 0.60	£ 30.00	£ 0.60	£ 0.69	£ 34.50	£ 0.69	£ 0.78	£ 39.00	£ 0.78
Level 2	100	£ 0.60	£ 60.00	£ 1.20	£ 0.69	£ 69.00	£ 1.38	£ 0.78	£ 78.00	£ 1.56
Level 3	150	£ 0.60	£ 90.00	£ 1.80	£ 0.69	£ 103.50	£ 2.07	£ 0.78	£ 117.00	£ 2.34
Level 4	200	£ 0.60	£ 120.00	£ 2.40	£ 0.69	£ 138.00	£ 2.76	£ 0.78	£ 156.00	£ 3.12
Level 5	250	£ 0.60	£ 150.00	£ 3.00	£ 0.69	£ 172.50	£ 3.45	£ 0.78	£ 195.00	£ 3.90
Level 6	300	£ 0.60	£ 180.00	£ 3.60	£ 0.69	£ 207.00	£ 4.14	£ 0.78	£ 234.00	£ 4.68
Level 7	350	£ 0.60	£ 210.00	£ 4.20	£ 0.69	£ 241.50	£ 4.83	£ 0.78	£ 273.00	£ 5.46
Level 8	400	£ 0.60	£ 240.00	£ 4.80	£ 0.69	£ 276.00	£ 5.52	£ 0.78	£ 312.00	£ 6.24
Level 9	400+	Calculated per m2								

- 3.15 The table above gives examples as to how much a disabled council tenant; non disabled council tenant and private resident would pay to have their hedges cut. The costs are based on the average m2 of the hedge. For example, a council tenant with a hedge measuring up to 100m2 would pay £1.38 per week to have the hedge cut twice per year. A private resident of Flintshire would pay £1.56 per week for the same service. Disabled council tenants are offered the lower rate and would pay £1.20 per week.

Welfare Support

- 3.16 An additional welfare element will compliment the new Community Based Accommodation Support Service (CBASS). This will ensure that the most vulnerable tenants are supported in ways which meet their needs.
- 3.17 An example of this type of intervention would be a gardener who, upon arrival at a property, would check for evident signs of alarm, distress or unusual activity. These signs could include:
- A build-up of post in the letter box.
 - Swarms of flies in the window.
 - An accumulation of full milk bottles outside the property.
 - Signs of forced entry.
 - Distressing sounds emanating from the property.
- 3.18 The gardener would report any signs of concern to Care Link or the Emergency Services so they could be acted upon immediately. In addition the gardener would be expected to introduce themselves to the tenant / resident upon arrival at the property, affording the gardener a further opportunity to make a basic assessment of the tenant's wellbeing.

3.19 It is acknowledged that not all tenants / residents will require a welfare check as they are independent and active. It is therefore suggested that only those tenants / residents who live in sheltered accommodation, are disabled or over 65 would benefit from such a service.

4.00 RECOMMENDATIONS

4.01 Cabinet is asked to support the introduction of a chargeable gardening service to tenants and private Flintshire residents as set out in sections 3.04 - and support the charging model set out in this report (see point 3.04 – 3.08).

5.00 FINANCIAL IMPLICATIONS

5.01 A substantial saving has already been made by tendering the work. Further savings will be made by charging for services.

5.02 The cost of maintaining a tenant / resident private garden is not eligible for housing benefit.

5.03 It is anticipated that if all council applicants are disabled the service would need to subsidise £21k towards the cost of delivering the service. The forthcoming consultation exercise will help determine the level of demand for the service and assist with more detailed financial planning.

6.00 ANTI POVERTY IMPACT

6.01 The new service is designed to be delivered at a cost. The cost of maintaining a small garden based on a maximum of 50m² is considered affordable at £1.33 per week.

7.00 ENVIRONMENTAL IMPACT

7.01 The service will deliver environmental improvements.

8.00 EQUALITIES IMPACT

8.01 None.

9.00 PERSONNEL IMPLICATIONS

9.01 A part time Contract Services Technician will be required to manage all aspects of the contract anticipated grade S01 pro rata salary plus on costs £17.2k.

9.02 The service will have a better understanding of the resources required to deliver the service once tenants have been consulted and the demand for the service has been measured.

10.00 CONSULTATION REQUIRED

10.01 To move forward with proposals a detailed consultation will be carried out with

existing service users. This exercise will help identify the demand for the new service.

10.02 Following tenant consultation, it will be necessary to advertise the Service to Flintshire residents to gauge levels of interest from the private sector.

11.00 CONSULTATION UNDERTAKEN

11.01 The concept of a chargeable Assisted Gardening service has been discussed with tenants at the Tenants Conference. Feedback has been positive.

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: **CABINET**

DATE: **TUESDAY, 17TH DECEMBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **MENTAL HEALTH COMMISSIONING PLAN –
SERVICE UPDATE**

1.00 PURPOSE OF REPORT

- 1.01 The Mental Health Commissioning Strategy and Summary documents appended to this report describe our plans for the provision of training, education and work opportunities within the context of supporting recovery for service users with a mental health.
- 1.02 The strategy also aims over time to address a gap in the area of accommodation support.
- 1.03 The focus of this commissioning strategy excludes dementia or dementia related illnesses.

2.00 BACKGROUND

- 2.01 In drawing together this strategy a range of statutory drivers, legislation and strategic policy has been taken into account.
- 2.02 The key messages from these documents (which is reinforced by what people have told us locally) is that our Mental Health Commissioning Strategy should continue to provide an approach that is community based and further develops people's rights to respect and to have independent and fulfilled lives.
- 2.03 Current mental health services include:-
- Direct support to individuals provided in partnership with the Betsi Cadwaladr University Health Board in the form of Tier 1, Primary Mental Health Support Services based locally within GP practices and Tier 2, Community Mental Health services which are specialist multidisciplinary teams based in Deeside and Mold.
 - Local authority provided mental health support services including Occupation and Employment Support, Community Living and Medium and Intensive Support Teams providing varying degrees of support based on an individuals needs.
 - Direct Payments/ Citizen Directed Support.

- Joint working with Housing colleagues in the council and with other housing partners.
- Residential & Nursing Care.
- A range of Voluntary Sector services provided via grants from the authority.

2.04 Our ongoing planning work is reinforced by a strong and active Mental Health Strategic Planning Group including service user and carer representatives.

2.05 The mental health support services delivered by the council provide holistic support to individuals, something that was recognised when the services won a recent Care Accolade from the Care Council for Wales.

3.00 CONSIDERATIONS

3.01 We have had a joint vision with Health Partners since 2005, which is:

"We aim to develop a Mental Health Service that is planned and delivered around the needs and aspirations of service users".

"We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical Health Partners, education, occupation, income, accommodation, relationships, social support, social roles and spirituality)"

"We will provide responsive services which help people recover and maintain their role in society"

3.02 This vision remains as valid today as did when initially developed in 2005.

We will achieve this vision by:-

- Working in conjunction with Health Partners to further embed recovery in the Community Mental Health teams.
- Re-designing Mental Health Support Services to further embed recovery.
- Increasing and promoting the range of opportunities for social inclusion which includes setting up Social Enterprises and the growth of the Mentoring and Volunteering Project.
- Increasing involvement of service users and carers in all aspects of service delivery, including training and developing service user operated services.
- The establishment of Wellbeing Centres.

- 3.03 Working in conjunction with housing partners to develop further housing and support options for service users.
- 3.04 In developing this strategy a simple exercise was carried out to test the market for potential independent sector providers who may be able to deliver the community living and intensive support arms of the service currently provided by the local authority. The only proposal received was considered not to have the potential to deliver an improved quality of service, or efficiency savings.
- 3.05 This strategy therefore supports continued in-house provision of such services.
- 3.06 As noted within the strategy, opportunities to consider social enterprise as part of service delivery will continue to be considered.
- 3.07 The Commissioning Strategy sets out a direction for the service. It does not assume fixed resources or that service models will remain static. Mental Health Services will remain open to further modernisation and efficiency.

4.00 RECOMMENDATIONS

- 4.01 That Cabinet consider and agree implementation of the Mental Health Commissioning Strategy.

5.00 FINANCIAL IMPLICATIONS

- 5.01 The Mental Health Strategy aims to ensure that future provision can be met within current budgets. This takes into consideration likely increases in demand and the need to encompass that demand within current services.

6.00 ANTI POVERTY IMPACT

- 6.01 Not Applicable.

7.00 ENVIRONMENTAL IMPACT

- 7.01 Not Applicable.

8.00 EQUALITIES IMPACT

- 8.01 An Equalities Impact Assessment of this Strategy and its development has been completed.

9.00 PERSONNEL IMPLICATIONS

- 9.01 Not Applicable.

10.00 CONSULTATION REQUIRED

- 10.01 Standard 2 of Fulfilled Lives Supportive Communities Commissioning Framework states that *'Representatives of service providers need to be engaged at each stage of the analysis process as they can make valuable contributions towards identifying changes in need and with regard to the existing capacity to deliver services and options for future developments'*
- 10.02 The requirement has been fully met
- 10.03 The full involvement of the Mental Health Strategic Planning Group (MHSPG), representatives, including all voluntary sector services we currently commission, health partners, service users and carers.
- 10.04 Managers from our provider service and mental health teams inputted via team meetings.

11.00 CONSULTATION UNDERTAKEN

- 11.01 The views of stakeholders have informed the 'analysis of need' stage of the development of this commissioning strategy.
- 11.02 The Strategy was discussed with our partners via the Mental Health Strategic Planning Group (MHSPG) at an early stage and their responses have influenced the document. Final feedback from this group was received on the 29th October.
- 11.03 Managers from commissioned services and in-house provision were involved via team manager meetings and workshops.
- 11.04 The findings of the Mental Health Support Services annual customer satisfaction questionnaire 2013 shaped our commissioning strategy. Alongside feedback obtained from previous Annual Council Reporting Framework workshops, with representation from all those connected with the service.
- 11.05 The report was considered by Social and Health Overview Scrutiny on the 25th November 2013. The Committee was supportive of the report and recommendations.

12.00 APPENDICES

- 12.01 Appendix 1 - Mental Health Commissioning Strategy
2013- 2018
- 12.02 Appendix 2 - Summary Mental Health Commissioning Strategy
2013- 2018

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985

BACKGROUND DOCUMENTS

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Mental Health Commissioning Strategy 2013-2018

Contents:

- **Introduction and Purpose**
- **Section 1 - Legislation and National Guidance**
- **Section 2 - What do we know?**
- **Section 3 – Expectations**
- **Section 4 – The Issues**
- **Section 5 - What we need to do/more of**
- **Section 6 - Conclusion**

Appendix

Introduction and Purpose

Our strategic direction for Mental Health Services agreed by statutory and non-statutory partners and set in the joint 'Vision of Mental Health Services' document in 2005 still stands, as follows:

"We aim to develop a Mental Health Service that is planned and delivered around the needs and aspirations of service users".

"We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical Health Partners, education, occupation, income, accommodation, relationships, social support, social roles and spirituality)"

"We will provide responsive services which help people recover and maintain their role in society"

The overarching aim of this commissioning strategy is to therefore develop an approach which fully promotes recovery and social inclusion. As we have taken the decision not to formalise the joint working with BCU Health Board (Betsi Cadwaladr University Health Partners Board) our Community Mental Health Teams and Community Substance Misuse Service, this strategy is not a joint one with Health Partners. However within the timeline of this strategy we anticipate that a memorandum of understanding will be established. It therefore follows that the scope of this commissioning strategy can only be those services provided and solely funded by Flintshire County Council, many of which were previously jointly commissioned i.e. voluntary sector provision. We believe we get all the benefits from our existing informal joint arrangements (and will involve Health Partners, as a key stakeholder in the development of this strategy), as we remain partners in our ongoing efforts to ensure services focus on recovery. Also that our respective commissioning intentions are aligned and designed to implement the Mental Health (Wales) Measure which places new duties on mental health services, effectively creating rights for mental health service users.

A significant priority set out in our Directorate Plan (2012- 2016) is to support people to optimise their level of independence and social inclusion by fully embedding the recovery approach. We will know how well we have delivered on this by the number of people who have improved mental health; a better quality of life and are 'active citizens'.

The focus of this commissioning strategy is to further develop training, education and work opportunities as an essential element for recovery. We also aim to address a gap in the area of accommodation support. The focus of this commissioning strategy excludes dementia or dementia related illnesses as this will be subject to a separate strategy.

Key priorities from this strategy

- **In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.**
- **Re-design Mental Health Support Services to further embed recovery.**
- **Increase and promote the range of opportunities for social inclusion which includes setting up Social Enterprises and the growth of the Mentoring and Volunteering Project.**
- **Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.**
- **Further develop the joint training consortium to provide a wide ranging training and educational programme which provides opportunities for staff and service users to increase knowledge, skills and qualifications. Service users will be involved in delivering training as well as being students.**
- **The establishment of Wellbeing Centres.**
- **Further develop accommodation and support.**

Our response has been based on a careful consideration of:

- The views and expectations of people with mental Health problems in Flintshire as illustrated in our Annual Council Reporting Framework process and via annual feedback on our Services.
- The views of our Mental Health Strategic Planning Group (MHSPG)
- The trends and likely changes in prevalence of mental health affecting us locally.
- Support options we currently have in terms of choice, quality and cost
- Relevant legislation, national guidance, research and good practice on services to meet the needs of people with mental health problems.
- The implications of implementing the Mental Health Measure and the commissioning intentions of BCU Health Board.

It would be wrong of us if we failed to acknowledge in this strategy that the timing coincides with the introduction of welfare changes. Therefore despite our best efforts through the direction of this strategy to develop an approach that fully promotes recovery and social inclusion. The reality for many of our service users is that they may be facing increased poverty and difficulties in paying household bills with an associated increased likelihood of homelessness. This additional stress will have a major impact on their mental health and recovery. There is already evidence from Mental Health Support Services and services we commission e.g. Flintshire Mental Health Advocacy Service that the uncertainty of what the changes will mean for people is seriously impacting on people's recovery. Collectively we will be taking steps to support people the best we can with the resources we have. In accordance with Council proposals in Mental Health Services we will ensure that staff in contact with service users have the knowledge of the welfare changes and

possess the skills and confidence to provide the initial response to service users affected by the changes.

Section 1 - Legislation and National Guidance

There are a range of statutory drivers, legislation and strategic policy that has been taken into account during the development of this strategy and its future implementation.

However, some of the key Welsh Government policy documents that have shaped this strategy include (for details see appendix 1 and 2):

- Practice guidance “Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Good Practice” (2010)
- “Mental Health and Social Exclusion Report” (2004), “Reaching out: think family Report” (2008) and the SCIE report “Think child, think parent, think family” (2009).
- Mental Health (Wales) Measure
- “Together for Mental Health” (2012 – 2016)
- Findings from the Wales Audit Office follow up review in Adult Mental Health Services 2011
- “Housing services for adults with mental health needs” (2011)
- “Our Healthy Future”, the “Local Public Health Strategy Framework” and “Flintshire Health, Social Care and Well being Strategy 2011- 2014”.
- Risk and protective factors for mental disorders WHO 2004
- Social Services and Wellbeing (Wales) Bill 2014 -2016

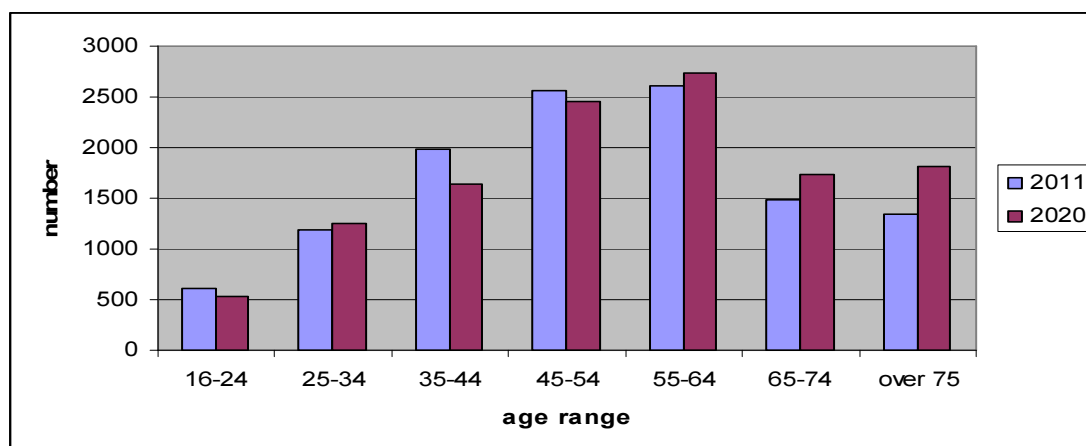
The key messages from these documents (which is reinforced by what people have told us locally) is that our Mental Health Commissioning Strategy should continue to provide an approach that is community based and further develop people’s rights to respect and to have independent and fulfilled lives. We need to maintain our focus on recovery and maximising mental health and independent living rather than focusing on treating mental ill health. People should have access to a range of high quality services which are person-centred and responsive; where people are empowered to meet the outcomes they wish to achieve. It is important that services are jointly planned, commissioned and delivered in an efficiently co-ordinated way in order to provide a responsive approach.

Section 2- What do we know?

2.1 What we know now about the current and future needs of people in Flintshire?

2.1.1 It is projected that the number of people aged 16 and over predicted to have any mental health problem¹ will increase by **3.32% (391)** from 2011 to 2020. The number stands at **11,770** (for 2011).

Graph shows the number of people by age with a mental health problem in 2011 compared to projections for 2020



2.1.2 It is projected that the number of people aged 65 and over predicted to have any mental health problem² will increase by **20% (588)** from 2012 to 2020. The number stands at **2,941** (for 2012).

2.1.3 In 2011 76% of those predicted to have a mental health problem are female and the projection for 2020 remains the same at 75%.³

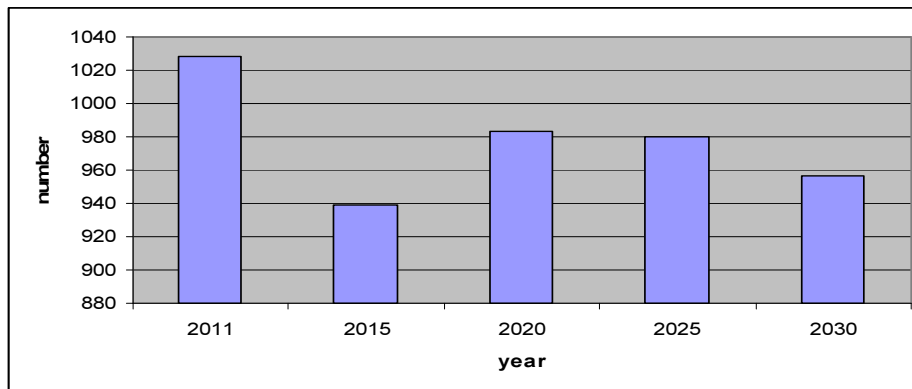
2.1.4 **Young People with Mental Health Problems** - As this strategy is for 5 years for the period 2012 to 2017, the cohort of children we are particularly interested in is those currently aged between 11- 15 years. It is projected that there will be 45 less children with a mental health problem in 2020 compared to 2011. It is important to remember that this is a changeable state. The reduction has been calculated based on the population figures for this cohort.

¹ Respondents were classified as having any mental health problem if they reported currently being treated for depression, anxiety or 'another mental illness'

² Respondents were classified as having any mental health problem if they reported currently being treated for depression, anxiety or 'another mental illness'

³ Source- Daffodilcymru

Graph to show the number of children aged between 11-15 years old predicted to have a mental health problem, projected to 2030.



2.1.5 Black and Minority Ethnic Communities (BME)

From the number of people open to Mental Health Support Services, we know that almost all are from a mainly white background which is in line with the Flintshire profile.

2.1.6 Welsh Language

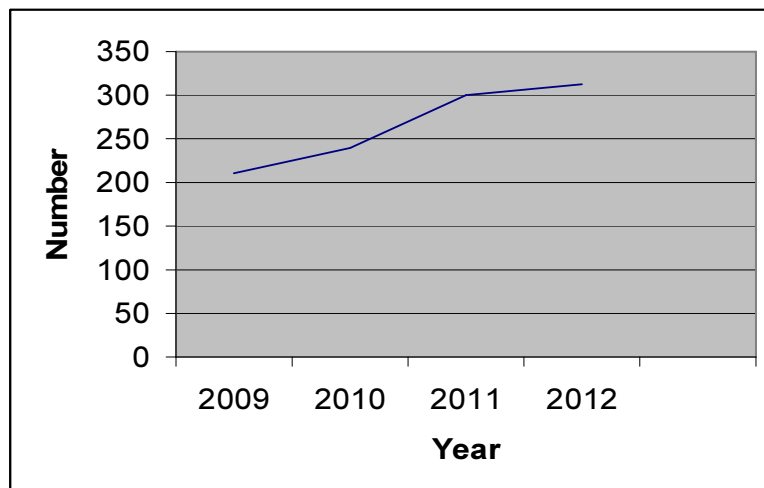
We know from the Census 2011 that 13% of the Flintshire population speak Welsh. Currently we have no one open to Mental Health Support Services who receives a service in Welsh. However, we have recently had a referral for someone whose first language is Welsh and Mental Health Support Services can deliver the service. The More Than Just Words Strategic Framework which outlines the Welsh Government's intention to prioritise Welsh language services for people who are vulnerable is clear that services should be 'actively offered' in Welsh.

2.2 How many people are we supporting?

- From October 2012 to September 2013 there have been 1,644 referrals to the single point of access. The single point became live in October 2012 in response to the implementation of the Mental Health Measure and has resulted in an increasing number of referrals.
- At any given time there will be approximately 200 cases open to Tier 1 and 507 to Tier 2.
- From April 2012 to the end of March 2013 there were **317** people in total using Mental Health Support Services, with a monthly average of 294 on the register. New referrals have increased on the previous year from 296 to 322 individuals.
- As of the 31st August 2013 162 males and 105 females were open to Mental Health Support Services, with 27 people aged over 65 years.
- From April 2012 to the end of March 2013 Mental Health Support Services (Next Steps) have supported

- 66 people in education or training
- 40 people in volunteering
- 9 people in employment (3 of these to retain existing jobs)

Graph below shows the average number of Service Users 'open' to Mental Health Support services per year (note based on monthly data but some years are incomplete)



2.3 What type of support can people currently get?

2.3.1 Primary Care Mental Health Support service (Tier 1)

The Primary Care Mental Health Support Service focuses on people with mild to moderate mental health problems and this service is delivered in primary care either through GP surgeries or through local clinics. This tier 1 service provides assessment and provides short term therapeutic interventions or sign posts people with common mental health problems to appropriate services in the community. The service also provides advice and education to primary care staff and service users.

2.3.2 Community Mental Health Team (CMHT – Tier 2)

Our Community Mental Health Team (based in Deeside and Mold) is the hub for delivering Tier 2 community based Mental Health Services in secondary care. The CMHT is made up of Nurses, Social Workers, Consultants, Psychologists, Occupational Therapists and admin. The role of the community Mental Health Team is to assess people with severe mental health problems and provide a flexible multidisciplinary response to meet identified needs through the development of a Care and Treatment Plan. The Care and Treatment Plan aims to assist people in the management of their symptoms, recover, to become more independent and play an active role in the community.

Our qualified Social Workers and Nurses undertake the role of Care Coordinator. The role of a Care Coordinator is to coordinate care and communicate to others as well as provide therapeutic interventions as and when appropriate. The Care Coordinator acts as a point of contact for service users and for all who deliver care. An outcome, with a

person's agreement, from the assessment and care plan may be a referral to our Mental Health Support Services.

2.3.3 Mental Health Support Services

Mental Health Support Services is made up of three main strands. These are:

- Occupation and Employment Support (Double Click Design, Growing Places, Social Links and Next Steps).
- Community Living and Medium Support Team (Daily Living Support at home)
- Intensive Support Team (Accommodation and Support)

Most services require referrals from CMHT and the Assertive Outreach Team (AOT). This is with the exception of Social Links who have some open access groups, and who also take referrals from Substance Misuse Team. In addition, Next Steps take referrals from Primary Care Support Team and more recently Substance Misuse Team.

Occupation and Employment Services.

These services are overseen by the Community Living Coordinator for Occupation and Employment.

Social Links.

Social Links supports individuals and small groups to participate in community based social and leisure activities and enables people to access mainstream activities in which they may be interested.

Any social and leisure opportunities may be explored depending on the needs and preferences of the service user. There is a mixture of one-to-one and group support, some support enables people to maintain existing social relationships following the closures of the day centres.

Social Links service operates five drop-ins in various areas of Flintshire throughout the week including weekends; these are open to anyone in Flintshire who has a mental health problem and are community based. The monthly average on the caseload for 2012/2013 was 75 people.

Work Services.

Growing Places and Double Click Design are work schemes which support people in a safe environment to be more confident and to develop work related skills and qualifications. People are encouraged to become involved in the local community, and work services can be a "stepping stone" into paid or voluntary work for some people.

Growing Places is a community gardening service, which also has an allotment and poly-tunnels which are used for growing and potting plants. Volunteers at Growing Places also run a local food co-op. Growing Places in 2012/2013 provided a community gardening service to over 20 people, with 23 service users having been trained to use gardening

equipment. The monthly average on the caseload for 2012/2013 was 34 people.

Double Click Design is a computer design and print service which produces leaflets, brochures and photographic cards. The average number of people on the caseload each month in 2012/2013 was 27.

Much work has been undertaken over the past 18 months in considering the Social Enterprise model as a possibility for the future development, so as to give people an opportunity to undertake paid employment. We have been working in partnership with Social Firms Wales to support us in a pilot project within Double Click Design, in order for us to further explore the feasibility of this approach.

Next Steps.

Next Steps provides support and guidance for people to enter education, training, voluntary work and employment. The average number of people on the caseload each month in 2012/2013 was 85.

Community Living and Medium Support Team.

Community Living Support Workers provide one-to-one support to help motivate and encourage people in a range of activities designed to enable them to live independently within their own homes. Providing a flexible community based alternative to residential care or hospital admission. The average number of people on the caseload each month in 2012/2013 was 79. Examples in 2012/2013 of Team activities that have supported people to remain in their own homes; include supporting 41 people to shop and have a healthy diet, 36 people to pay their bills and 28 people to use public transport.

Intensive Support Team.

The Intensive Support Team enables people who need higher levels of support to gain or regain the skills and confidence to live safely and independently in their own communities, such as when people are leaving an institution or setting up their own home for the first time. When the needs of an individual supported by the Intensive Support Team reduce, the involvement of the team will be reviewed. It may be likely that the person will go on to be supported by the Medium Support Team or the Community Living Team if appropriate. The average number of people on the caseload each month in 2012/2013 was 32.

Overall Mental Health Support Services operate flexibly between the hours of 8.00am to 10.00 pm week days and 9.00am until 10.00pm at weekends, with reduced services on bank holidays.

2.3.4 Direct Payments/ Citizen Directed Support

Direct payments enable people to have cash instead of services and use it to meet their assessed social care needs. This could be as part of

their overall package of support or instead of social services support. Direct payments provide people with the flexibility to find 'off the peg' solutions and to have greater control over their lives. Contracting direct with services also increases opportunities for independence. As of February 2013 7 people with mental health problems are using Direct Payments, examples of use include the employing personal assistants to meet agreed outcomes such as a cleaning service or support to attend university. In addition direct payments are also used to purchase one off items of equipment which are necessary to maintain independent living such as washing machines.

2.3.5 Work with Housing

We are working closely with Housing to find better accommodation and support solutions for people with mental health problems. This requires fortnightly attendance of our designated housing link representative at a Medical Panel where applications for housing from Care Coordinators on behalf of service users are considered. If the panel is unable to identify current suitable accommodation, the case is considered by the Housing Strategic Group, a specialist group that considers the more complex cases as a more planned response is needed. Our housing link person attends our team managers meeting to pass on information and gather accommodation related issues and needs to take back to Housing. Relevant Mental Health and Housing training is accessed by staff from both services to develop understanding, for example Housing Staff are applying for a certificate in Mental Health.

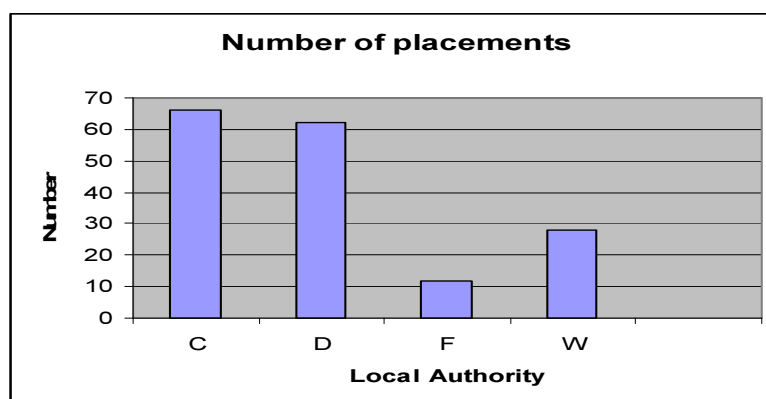
2.3.6 Residential/ Nursing Care

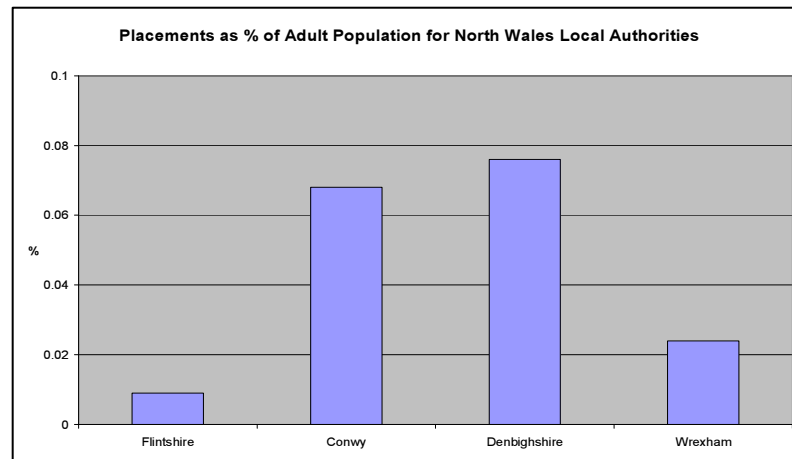
As of February 2013 17 people live in a Residential or Nursing home. 14 of these people live in a home out of county owing to the specialist nature of their needs which is only viable if delivered as a regional service.

How we compare on Residential / Nursing placements with other North Wales Local Authorities?

When the HUB undertook an analysis we had the fewest placements, yet we have the highest population of the four North Wales Local Authorities. This is demonstrated in the graphs below:

C= Conwy, D= Denbighshire, F=Flintshire & W= Wrexham





The role of the HUB is to develop a 2 tier regional framework for care homes for adults with mental health needs (excludes dementia). The framework will be underpinned by a service specification for care homes and Nursing care homes which focuses on the recovery model. In future the HUB's commissioning intentions in relation to care homes is a greater focus on outcomes and in particular supporting people to be able to live more independently.

2.3.7 Voluntary Sector Services we currently provide grants to:

The KIM Project – provide innovative support via work that is creative and responsive to the needs of women who experience common mental health issues and severe and enduring mental illness. KIM provides a varied programme with built-in progressions, enabling clients to improve coping strategies and work towards positive wellbeing. The ethos of KIM is based upon a recovery model which provides a pathway to community integration. For the period 2011/2012 there was 369 referrals. In addition, KIM works with women ex-offenders or who are at risk of offending to help them to reintegrate and re-engage with their communities.

KIM Social Enterprises objective is to provide support services on a fair and equitable basis for people who are vulnerable. The objective is to develop social enterprises which meets the needs of vulnerable people and communities whilst generating an income to sustain its and KIM Inspires activities.

Stepping Stones is a specialist sexual abuse counseling service, which provides individual counseling and group work for men or women who have experienced childhood sexual abuse. For the period 2011/2012 there was 66 referrals from Flintshire. Although 540 1:1 sessions were provided and 3 group work sessions the service continues to receive

compliments and for this period received 2 complaints both relating to waiting times. The Service has a remedial action plan in place to address waiting times, by increasing the number of counseling hours.

Hafal -Hafal is a national charity that supports those with a mental illness and their carers. There are 3 local services in Flintshire, Family Support for carers of those with a mental illness, Acute Family Support for families in crisis and Substance Misuse Family Support or the Get2 Gether service for those caring for someone with substance misuse issues. Hafal offer one to one support, group support, information and signposting. Hafal campaign nationally for better mental health services and have an annual event in Flintshire as part of this campaign. The service produces and publishes a range of publications for carers, clients and professionals, all available the website, as well as providing information through and social media websites, Face book and Twitter. They also run national services that cover Flintshire including a Criminal Justice Service, Short Steps service and Ty Adferiad, a Recovery Centre that can be accessed by carers living in Flintshire. They are also, alongside Gofal and Mind, a partner in the Time to Change Wales programme, their role being to work with people who have experience of stigma and discrimination to share their experiences with small and large groups. The people who share their experiences are called educators and some live in Flintshire.

Flintshire Mind is an independent local mental health charity, affiliated to the national charity Mind. They work to make sure everyone with a mental health problem has somewhere to turn for advice and support. They do this through:

A Wellbeing Centre in Mold, which is a community hub for information, holistic therapies and activities to help people develop the mental and emotional resilience to cope with everyday life. Activities include relaxation workshops, therapeutic massage, IT advice, poetry writing, craft groups and a Saturday drop-in.

Social and occupational support, which works to help people develop or redevelop the skills and confidence they need to take their place in and contribute to their local community, including as volunteers and peer mentors. This is done through accredited courses in Community Volunteering, Skills for Everyday Life and Peer Mentoring and through volunteering groups which offer their services to a range of community organisations

Volunteering and Mentoring – started in April 2011

Aim: To support people's recovery and key them back into their communities.

	Volunteering	Peer Mentoring
No starting course	25	14
No graduating from course	22	12
No on voluntary or work placement	26	2
No in education or training	3	

No in employment	5	
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Training to help develop emotional and mental wellbeing in individuals and communities, including Stress Management; Mindfulness; Mental Health First Aid; ASIST (suicide intervention skills) and SAFEtalk (suicide alertness)

Talking Therapies are designed to help people think through their problems and work out what is best for themselves and find new ways of coping with issues in their life. Both individual and group therapies are offered.

Weekend Drop-In 2011/2012	No of sessions	No of attendances	No of individuals attending
	52	593	83 (37 in 2010/11)

Source of data taken from Flintshire Mind Annual Report 26 April 2012

Flintshire Advocacy Service - provides a specialist advocacy service for individuals when requested and promotes self advocacy commissioned by Flintshire County Council and Health Partners. The service has a broader brief but for the interest of this strategy, 390 community clients were supported in 2011/2012 (includes people with a physical disability and/ or sensory impairment).

Unllais (Involve Project) – is a voluntary sector mental health development, information and training agency, covering North Wales. They are the host agency for the Involve project commissioned by Health Partners and Flintshire County Council. The Involve project is responsible for holding a database of service users and carers who want to get involved in some way, which could include involvement in recruitment, training or giving views about services commissioned by Flintshire County Council, Health Partners or Welsh Government. The project supports individuals to get involved and continues to actively promote opportunities for involvement. As of 19th February 2013 there were 126 mental health service users and 36 carers on the database.

For the period from October 2012 to 6th February 2013, 66 service users and 5 carers got involved; 8 in recruitment, 21 receiving training, 7 delivering training and 35 taking part in one off events, conferences and meetings etc.

Call Helpline

For accessing information, there is also a specialist helpline, C.A.L.L. which offers telephone advice and support (including during the evenings and weekends)

The services we commission from the Voluntary Sector seek to complement our In house provision. All contracts are subjected to robust monitoring and each Voluntary Sector Agency provides an

annual report which is discussed at the team managers meeting and at the Mental Health Strategic Partnership Group (MHSPG). Our in house Mental Health Support Services and CMHT also report annually to the MHSPG.

2.3.8 Mental Health Strategic Planning Group

The MHSPG has representatives from Social Services, BCU Health Board, Voluntary Sector, Services Users and Carers.

The aim of the MHSPG is to:

- Identify and assess major local and national forces and influences that will affect strategic planning activities, including implementation of the Mental Health Strategy, and Mental Health Measure and show how these are interpreted and incorporated locally into Mental Health strategic planning.
- Produce Flintshire's Mental Health and Wellbeing Delivery Plan, and oversee the process for its implementation, monitoring and review and feed into Health and Social Care commissioning strategies.
- Influence the Strategic direction of services bearing in mind local priorities

2.4 How much do we spend?

- We commission services that complement our in- house service provision.

Annual Spend is set out in the table below

Type of Service	Annual Cost
Commissioned:	
Residential and Domiciliary Support (£505,500 + £41,000)	£546,500
Voluntary Sector Services	£275,350
Total	£821,850
In- House:	
Occupation and Employment	£406,800
Accommodation and Support	£408,260
Community Living (<i>and jointly funded with Health Partners</i>)	£183,000 (£123,300)
Social and Leisure	£194,440
Total	£1,192,500
Community Mental Health Services (<i>Social Services contribution to</i>)	
Total	£581,071
Out of Hours	
Total	£48,440

Mental Health Residential / Nursing costs per week. (£505, 500 + £41,000)

	Number	Total cost per week
Residential in Flintshire	3	£1,411.37
Residential out of county	12	£7,125.21
Nursing out of county	2	£1,184.46
		£9,721.04

Section 3 – Expectations

3.1 We have a clear picture on where we are at as a service, what people think about our services and the improvements we need to make. This is from consultation as part of our Annual Council Reporting Framework (Challenge Stage) for the last 3 years via workshops, surveys via the Involve project (service users who have registered an interest to have a say), the Mental Health Support Services Annual Feedback Survey, the Mental Health Strategic Planning Group and external validation.

3.2 The Mental Health Support Services Annual Feedback Survey has been devised in a way that attempts to capture whether the services provided have been delivered in line with the principles of Recovery. The questionnaire was sent out to 348 service users who had received support services over the past year (2012-13). 94 questionnaires were returned, which amounted to around 27% of people who had chosen to respond to the survey.

Of 83 respondents who received support services, 76% felt that they had received enough support from the services. The high amount of people satisfied with the level of support hopefully indicates that support is person centred and responsive to individual need. 17 people said that they would like support in other areas. This represented 18% of respondents. 41% of these additional requests were for help with finding paid work and voluntary work, and 17.5% were for help with education or training. This is similar to figures recorded last year where people wanted help to find paid work, thus providing further justification of the need for Social Firms to create employment and training opportunities for those experiencing barriers to employment.

In line with the principles of Recovery, a number of questions were asked in order to establish whether Support Services are delivering a recovery focussed service. Responses were as follows. When asked “*have we treated you with dignity and respect*”?, 92.5% indicated that they had. 83% of respondents answered that they felt listened to and 76.5% of people said that they felt hopeful for the future as a result of support. 79% of people felt that they had received support in both achieving their own personal goals and in being encouraged and motivated to do things. 77.5% of respondents felt that the support had encouraged them to make their own decisions and 74.5% thought that the support helped with self confidence and recognising strengths.

3.3. Locally Mental Health Support Services was presented with a Flintshire Excellence Award. Nationally, a Social Care Accolade 2013 was awarded by the Care Council for Wales under the category “Better Outcomes through Working Together”. This reflects the recovery principle of working in partnership with the individual service user, which continues to underpin the everyday work of the various teams. In addition it highlights the teams’ extensive work with voluntary sector partners, with services now employing peer volunteers and having close links with the Peer Mentoring scheme and Involve project. Joint working with our health partner and other departments such as training and housing was commended also. Further national validation

has come from the Service being highlighted by Community Care as 'best practice' within the field of Mental Health.

Section 4 - The issues

- 4.1** It is most important for jointly delivered services that Social Services and Health Services commissioning strategies and intentions are consistent.
The emphasis of the Mental Health measure is on emotional and physical well being with a focus on prevention and early intervention, this should be key to both our strategies.
- 4.2** There is a need for employment and occupational opportunities, as evidenced by what people had told us in the Mental Health Support services annual feedback survey conducted. 18% of respondents requested support with finding paid work, voluntary work, accessing education and training. We need to strengthen pathways from statutory services to community services; a pathway that focuses on recovery which includes training opportunities that enhance skills of recovery for people.
- 4.3** We need to continue developing appropriate support services that embrace recovery such as increasing the uptake of Direct Payments and create a culture of supporting people that promotes independence and 'moving on'. We accept that learning from elsewhere that if we are to increase the uptake of Direct Payments by people with Mental Health problems then we need to commission a specialist support service.
- 4.4** Across all services there are plenty of examples and case studies which demonstrate peoples' successful recovery journeys but we need a more robust performance management system to evidence that we are supporting people to achieve their outcomes. We need a system that captures the positive outcomes that are being achieved by our services. This is work which needs to be done with Health Partners for the joint Community Mental Health Services.
- 4.5** Despite the great strides we have made there is recognition that we need to do more if we are to fully embed recovery, a particular area appears to be helping people to access information about their communities, as the lowest number of people (64%) who responded to the Mental Health Support Services Annual Survey felt that support had helped them to find out about their community and other important information.
- 4.6** We need to acknowledge the detrimental impact the welfare changes may have on this client group.
- 4.7** For many years there has been recognition that a 'befriending scheme' would benefit people and complement our existing services both in house and those commissioned. We would like to see a Social Enterprise considered as a model to deliver such a scheme in Flintshire.

- 4.8** A real gap for people is the lack of appropriate accommodation. We work closely with our Housing colleagues but believe more could be done as a Directorate, for example exploring models such as the 'honest broker' to capitalise on private land lord opportunities and working with Housing Associations on developments for all our service users not just particular groups.

Section 5- What we need to do / or more of

5.1 In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.

We will continue to work closely with the BCU Health Board to implement the Mental Health (Wales) Measure (Welsh Government legislation), creating more rights for people who use mental health services. Our focus for 2013 will be to ensure that Assessments and Care Plans reflect a Recovery ethos and we will further embed the recovery approach across all services.

5.2 Re-design Mental Health Support Services to further embed recovery.

5.2.1 We believe that our recovery approach is effectively working. This is evidenced by only 17 people living in a residential setting and most of these have a dementia related illness, whilst everyone else is supported at home in their local community.

To explain what we mean by recovery and what we want to see happening for more people in Flintshire see box below. *A real life case study that charts a person's recovery journey; this has been based on the service user's own account and service records; for the purpose of anonymity we have called him G.*

G was referred to the Intensive Support Team (IST) in 2010. G has mental health problems and excessive drinking was his coping strategy. At the time of referral G had just undergone 2 weeks intensive therapy at a specialised clinic for alcohol abuse and what followed was a further 4 months at Llwyn Y Croes for detoxing and treatment of his mental health problems.

During this 4 month period in hospital IST staff visited him to help prepare him for discharge, G was extremely anxious about discharge and this point in time a residential placement was being considered as an option.

On discharge G returned to his flat with an IST support package consisting of twice daily support sessions Monday to Friday and one daily on Saturday and Sundays. The IST worked with G on a number of needs such as eating patterns, diet, social activities and housing. G had serious issues with leaving his home and would manifest signs of chronic anxiety. A gradual approach was taken by the IST to support G to deal with his anxiety from shopping on set days at set shops to walking down aisles alone. With the support of the IST G introduced routine into his life, such as eating healthy meals 3 times a day, which by his own admission has been a catalyst to him staying away from alcohol.

After 4 months of IST input G's support package was reduced by two evening support sessions a week, which led to increased independence and confidence. To address the anxiety of leaving his

flat the IST team supported G to attend a local drop –in. G was supported to develop his own coping strategies to deal with hearing voices and had 1:1 sessions with a hearing voices specialist.

Vulnerable in his current flat the IST worked with Housing to identify a new flat in a different area. G was very positive about the move to the new flat.

IST introduced G to Growing Places, which at first required staff to accompany him but gradually as his confidence grew G started to make his own way there, and his days attending increased from a half day to a full day to a current 2 days a week. G has benefited from the team work of the Growing Places and in his own words has had opportunities that he has never had in his life such as gardening, sowing seeds, visiting customer’s homes etc.

In 2013 G attended the Wellness and Recovery Course (WRAP) and other confidence building courses. His confidence has increased by such a degree, that he has gone on to train as a trainer and now delivers training alongside others to other service users and staff.

G’s recovery journey is remarkable, in less than 3 years he has gone from the point of being considered in need of long term residential care to delivering training to others.

However, there is recognition that we need to do more if we are to fully embed recovery. One area identified by people who use our services is help needed to access information about their communities.

5.2.2 As part of the Transformation of Social Services to Adults programme, Mental Health Support Services are undergoing a review. The purpose of the review is to ensure that we have a workforce structure that will be ‘fit for purpose’ to deliver the recovery approach.

5.3 Increase and promote the range of opportunities for social inclusion which includes Social Enterprises and the growth of the Mentoring and Volunteering Project.

5.3.1 Mental Health Support Services is exploring the social enterprise model to refocus Double Click (a current work scheme). During 2012 we commissioned expertise from Social Firms Wales, staff and service users have been informally consulted and a pilot project has been started. Our voluntary sector partners are also delivering social enterprises. Our goal is to see Double Click become a successful Social Enterprise.

5.3.2 We will focus our energies on the growth of our Mentoring and Volunteering Project. There are several ideas for development one of

them being having mentors to support people to attend WRAP and other training courses.

5.3.3 We need a 'befriending scheme' and will be looking for ways to make this a reality, if finances allow this will be a future commissioning intention or if not a product of a service redesign.

5.3.4 We want to increase the number of people using direct payments and recognise that this hinges on having specialist support.

5.4 Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.

The level of involvement of service users and carers has increased over the past 2 years and there is now a strategic framework in place for involvement at all levels. Significant progress has been made, but we will do more especially in terms of service user and carer evaluation of services and service user run services. Collectively, with partners we will support the Involve project to grow, our goal is to increase the number of mental health services and carers registered on the database by 20% (from 159 to 200) by 2018.

5.5 Further develop the joint training consortium to provide a wide ranging training and educational programme which provides opportunities for staff and service users to increase knowledge, skills and qualifications. Service users are involved in delivering training as well as being students.

Our award winning Mental Health Training Programme has meant that all training delivered from our Workforce Development Team has 100% involvement of people who use Mental Health Services and carers in both facilitation and delivery. The Involve project (hosted with Unllais) will advertise training opportunities to all those registered on its database. The 3 month training programme brochure is designed and produced by service users in Double Click. Involvement of people in this way enables them to gain knowledge, qualifications and confidence as their valuable expertise is acknowledged. We will increase involvement by 10% over the next 5 years. We are particularly proud of this initiative as it has led to some people gaining employment as a result. Our goal is to continue to develop this initiative and recognise that further resources will be needed for this to happen. We will consider the need for a designated support worker and organiser.

5.6 The establishment of Wellbeing Centres.

In conjunction with the voluntary sector and Health Partners we want to establish a range of wellbeing centres. These will be places where people can access information, meet others and where a range of activities and services are available. Our goal is to have 1 wellbeing centre in Flintshire within the next 5 years but this is dependent on our partners.

5.7 Further develop accommodation and support.

Through the work of the Specialist Housing Group it is our intention to find the right accommodation and support for people with highly complex needs in their local community. We want to explore as a Directorate creative solutions to the accommodation shortfall.

Jointly with Health Partners and Housing we will be proactive in providing people with the opportunity to return from out of county placements.

5.8 To 'test the market' to ensure that our in- house model for delivery of mental health support services is delivering not only on outcomes for people but is best value.

As part of developing this strategy we did test the market to see if there were any providers who would have the specialist knowledge and staff skills to deliver the community living and intensive support arm of the service which is currently in-house. In response to the speculative notice 6 organisations responded, it was assessed that only 1 had real potential to deliver on the outline proposal with no indication that there would be a significant saving below current 'care and support rates'. It was noted that there may have been some added value of working with some of the providers who responded but again it was agreed that the complementary services currently commissioned from the voluntary sector are already well established and tested in terms of effectively delivering positive outcomes. As such, there will be no gain in us going out to market at this time.

Section 6 - Conclusion

This Strategy sets out our direction of travel for the next 5 years. This Strategy has provided a strong rationale based on the information we have that our joint approach with Health and Voluntary Sector Partners is on the right track to providing people with recovery focussed support. This is clearly apparent from our success in supporting people in the community as evidenced by people's feedback and the relatively small number of people needing residential or nursing placement. As part of the commissioning process we did test the market to see if there were any providers who would have the specialist knowledge and staff skills to deliver the community living and intensive support arm of the service which is currently in-house. However, we came to the conclusion that there will be no gain in us going out to market at this time as such we have decided to sustain our in-house model based on the logic that with a modest level of funding it is delivering outcomes. This has been further validated by winning a Social Accolades 2013 and show cased by Community Care as 'best practice' in mental health services.

Our intention for the next 5 years is to continue to build on the strong foundations we have in place, working collaboratively with Health Partners and Voluntary Sector providers to develop the types of services people want and need. Therefore, to recap, our key priorities for the next 5 years will be:

- In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.
- Re- design Mental Health Support Services to further embed recovery.
- Increase and promote the range of opportunities for social inclusion which includes setting up Social Enterprises and the growth of the Mentoring and Volunteering Project.
- Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.
- Further develop the joint training consortium to provide a wide ranging training and educational programme which provides opportunities for staff and service users to increase knowledge, skills and qualifications. Service users will be involved in delivering training as well as being students.
- The establishment of Wellbeing Centres.
- Further develop accommodation and support.

Our Council like others is facing unprecedented financial challenges and raising expectations as such we have to do 'better with less'. Our ultimate goal is therefore to provide the best possible services for people with mental Health problems with the reduced money we have available.

Appendix

Appendix 1

However, some of the key Welsh Government policy documents that have shaped this strategy include:

- Practice guidance “Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Good Practice” (2010) which sets out our approach to developing future social care services e.g. the role of social enterprises, co-production and outcome based approaches to local and regional commissioning.
- “Mental Health and Social Exclusion Report” (2004) and the “Reaching out: think family Report” (2008). The first demonstrated the level of exclusion which people with mental health problems experience and that discrimination in all areas of life (including the work place) compounded the problem. The second outlined the need for services to support whole families and not just individuals. This has been further developed by the SCIE report “Think child, think parent, think family” (2009).
- Mental Health (Wales) Measure - The Measure is in addition to the Mental Health Act 1983 and places additional statutory duties on mental Health services which are provided jointly by Health Partners and Local Authorities. The Mental Health Measure requires the establishment and development of a local primary care mental health support service. Improved coordination of care, care planning for secondary mental health service users, assessments of former clients of secondary services and increased mental health advocacy. We are successfully working with Health Partners to implement the Action Plan and address the national requirements and statutory duties.
- “Together for Mental Health” (2012 – 2016) – is the new Welsh Government strategy and delivery plan. This aims to work towards a single, seamless, comprehensive system for addressing all mental health needs irrespective of age. It’s priority is to take the next step, closing gaps in provision where they exist, improving consistency of quality and making connections across Government, recognising the intimate links between mental health and housing, income, employments and education’.
- Findings from the Wales Audit Office follow up review in Adult Mental Health Services 2011 included the recommendation ‘Strengthen arrangements for involving service users in planning and managing their care’.
- “Housing services for adults with mental health needs” (2011) found that in housing policies and practices are still not adequately supporting people with mental health problems
- Tackling the causes and consequences of poor health and health inequalities, known to be experienced by people with mental health problems and carers is consistent with a number of national, regional and local strategic documents including ‘Our Healthy Future’, the ‘Local Public Health Strategy Framework’ and ‘Flintshire Health, Social Care and Well being Strategy 2011- 2014’. We know that current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about

25 to 30 percent, the prevalence among people with schizophrenia is approximately three times as high - or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia show a decrease in life expectancy between 12-15 years. Obesity, poor diet and an inactive lifestyle are also contributory factors associated with severe mental illness and poor physical health.

- We know from research that there are a wide range of risk and protective factors for mental disorders and poor mental health which will influence our design of services and interventions [see Appendix 2 adapted from WHO (2004) Prevention of mental disorders: effective interventions and policy options: summary report].
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- The Social Services & Wellbeing (Wales) Bill 2014-2016 addresses two primary requirements: a) To improve and enhance the wellbeing for people who need care and support, and carers who need support by providing a core legislative framework to underpin the policy objectives stated in *Sustainable Social Services for Wales: A Framework for Action (2011)* and b) create a single modern law which can be easily understood by all.

Appendix 2

Social, Environmental and Economic Determinants of Mental Health	
Risk Factors	Protective Factors
<p>Isolation and alienation</p> <p>Lack of education, transport, housing, recreational facilities.</p> <p>Neighbourhood disorganisation, violence and crime.</p> <p>Socio-economic disadvantage.</p> <p>Poverty, poor social circumstances.</p> <p>Work stress, unemployment.</p> <p>Poor nutrition.</p> <p>Social or cultural injustice and discrimination.</p> <p>Peer rejection.</p> <p>Violence and anti-social behaviour.</p>	<p>Empowerment.</p> <p>Positive interpersonal interactions.</p> <p>Social support and attachment to community networks.</p> <p>Social responsibility and tolerance.</p> <p>Access to social services and a variety of leisure activities.</p> <p>Social participation and inclusion.</p> <p>Economic security and access to meaningful employment.</p>
Individual and Family Determinants of Mental Health	
Risk Factors	Protective Factors
<p>Parental mental illness.</p> <p>Loneliness, social isolation.</p> <p>Parental substance misuse.</p> <p>Low birth weight, birth complications.</p> <p>Personal loss – bereavement.</p> <p>Stressful life events.</p> <p>Physical, sexual and emotional abuse.</p> <p>Family conflict/discord/violence.</p> <p>Substance misuse</p>	<p>Ability to cope with stress.</p> <p>Physical activity.</p> <p>Good parenting, stable and supportive family environments.</p> <p>Feelings of security, mastery and control.</p> <p>Self-esteem.</p> <p>Good physical health.</p> <p>Social skills.</p> <p>Positive attachment and early bonding.</p> <p>Pro-social behaviour.</p>

Appendix 3 Mental Health Service – The Joint Vision

We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical health, education, occupation, income, accommodation, relationships, social support, social roles, and spirituality).

We will provide responsive services which help people recover and maintain their role in society

Our visions which are joint with Health Partners are translated into key outcomes for our Mental Health and Substance Misuse Service users and the service as a whole ⁴:

Outcomes for our Service Users:

Holistic Assessment

Service users to receive a holistic assessment of all their needs.

Treatment & Rehabilitation

Substance Misuse Service users to have access to a range of evidence based quality treatment and rehabilitation services

Lives they choose.

Service users controlling their own support
Service users in receipt of direct payments

Mental Health/ Well being

Quality of life, confidence and self esteem for service users.
Service users able to manage own mental distress.

Physical Health

Improved physical health for service users
Service users taking regular exercise

Education/ training

Service users accessing education and training opportunities.
Service users attaining qualifications.

Occupation

Service users preparing for employment by building their work capacity and skills or looking for work.
Service users entering and / or retaining paid employment.
Service users volunteering in mainstream settings.
Service users taking part in local community activities.

⁴ Based on Outcomes Framework for Mental Health Partners Services – National Inclusion Programme 2009

Accommodation/ Income

Service users receiving appropriate benefits / financial advice.

Service users living in independent accommodation.

Social Networks/ Relationships/ Roles

Service users increasing the size and range of their social networks.

Service users maintaining social and caring roles

Spirituality

Recognition of the importance that spirituality can have for the well being and recovery of some service users.

Outcome for our Service:

Service that is responsive –

Involvement

Service users satisfied with the delivery and outcomes of service.

Service users reporting that they have achieved their goals.

Service user involvement in the design, delivery, management, review and development of services.

Service users involved in delivering services and/ or activities.

Diversity

Equality of access to mental health and substance misuse services for all people with mental health problems and / or drug and alcohol problems.

Services which specifically meet the needs of under represented groups.

Appendix 4

Analysis of current position

The following analysis of our current position is the overview of our service evaluation, within the Annual Council Reporting Framework (ACRF).

We are now in our third year of reporting on our performance as part of the Annual Council Framework and this is the third overview of our Mental Health and Substance Misuse Services. It is an opportunity to set out where we are at, in particular how well we have been doing on the improvement priorities we identified at the end of 2010 and where we are going in 2012.

Key to everything we do is ensuring that people know about our services, during 2011 with service users we produced a generic mental health leaflet, our next step will be to ensure that it is distributed to the places where people look for information. Also during 2012 we want to re visit the work we have started with partner agencies to develop a joint plan to ensure that people get the right information in the right format at the right time.

We know that if eligible once people find out about us they do not have to wait to access our services apart from our Substance Misuse Service and Primary Care Mental Health Support Service (First Access). In relation to our Substance Misuse Service we were within Welsh Government Key Performance Indicator targets for an 8 month period last year and we are confident that we will back in this position once staff vacancies are filled. Waiting times have also been reduced last year with the introduction of our new satellite clinics based in 2 hospital and 1 G.P setting and service users tell us they find this an easier way to access our service. We reported in our last years overview that the implementation of the new all Wales specialist assessment and care planning documentation for substance misuse services (WIISMAT) was delayed pending an evaluation of the documentation by Welsh Government, we are pleased to report that this has been done and full implementation has been achieved and we look forward to the findings of the April 2012 review.

As part of the Mental Health Measure we are well underway with the implementation of our new service delivery plan for our First Access Service which was re- named Primary Care Mental Health Support Service, which is more in keeping with it's relocation into G.P. practices. Delivering the service in this way means that service users are not waiting too long to access the service, the average waiting time is now down to 3 weeks. Also a key perceived benefit of delivering mental health in G.P practices is that it normalises the experience for the service user and reduces stigma. We have anecdotal reports that the new way of service delivery is working for service users but we will be looking at ways to formally evaluate and get feedback from the G.Ps.

We were particularly concerned that we were not identifying young carers when they came into contact with our services. To try to better understand how we could improve our identification of young carers we undertook a snap-

shot family audit across our Community Mental Health Teams and Community Drug and Alcohol Team. This showed that where a young carer was identified, an assessment and support was offered in the majority of cases. 16 young carers were identified and 12 agreed to a young carer's assessment. Although this is positive we recognise that further work needs to be done to ensure young carers are identified even when their role is not initially apparent to our teams.

In addition to joint working with Children Services to become a more family focussed service we continue to work closely with many different teams and services within the council such as Housing. We have over the last 2 years introduced joint working protocols between teams and have developed the link worker model in a bid to improve working relations. We recognise that we have yet to evaluate whether the range of measures we have put place to improve joint working have made any difference to our service users, especially those service users who have a dual diagnosis such as Mental Health and Learning Disabilities or Mental Health and Substance misuse, this will be a priority for us in 2012.

Our Mental Health and Substance misuse services saw continued efforts to embed the recovery approach in 2011. The recovery approach seeks to provide services that help people make their own recovery rather than them becoming dependant on long term social care. The recovery approach recognises that people have the right to build meaningful lives as defined by themselves regardless of their mental health problems. The focus is on strength and well- being and central to the recovery approach is hope.

Our Wellness and Recovery Planning (WRAP) courses have increased the number of colleagues and service users now trained in using the technique. From December 2010 to December 2011 43, colleagues undertook training and in May 2011, 14 went on to qualify as WRAP trainers, 8 of who use our services. This trained pool of staff and service users will increase understanding of the recovery approach within the Mental Health and Substance misuse teams.

We know that as a result of this work people's care plans are becoming more focussed on recovery which includes a person's employment, social roles, occupation and housing needs because:

- The numbers accessing our support services have increased. For example Next Steps a service we provide that supports and guides people to access education, training, voluntary work and employment has seen a 24% increase in people using it's service in March 2011 compared to March 2010. We are really pleased that 5 people have been supported to get a job.
- Also, in response to need last year we set up and funded a volunteer mentoring project, hosted with Mind. The project is already getting great results, having supported 18 Mental Health service users to

undertake volunteering, 2 of whom have gone on to secure full time employment (November 2011).

- To give hope to others people have continued to share their journeys of recovery in our successful Mental Health Mindful Newsletter.

We recognise that with Health Partners we do need to find more systematic ways of measuring how well we are embedding the recovery approach and what difference it is making to every service user, our Mental Health Support Service will be looking at revising their satisfaction survey to this end.

We do recognise that meeting the housing needs of people with mental health problems remains a huge challenge, as highlighted in the Mental Health Welsh Audit Report but we will continue to work with partners in Housing to make progress, an idea we are looking to explore in 2012 is to run a workshop which would involve all our Housing links with the focus on finding creative resolutions.

The volunteering mentoring project is just one of a number of services we have developed or continued to develop in 2011 with voluntary sector partners. We achieved our priority to set up Get2together, hosted with Hafal, an organisation that has an exemplary record of supporting our carers of people with mental health problems in Flintshire. The role of the Get2together post is to identify and support carers and families of people with Substance Misuse problems. It is early days, but already 20 carers from historically a difficult group to engage have been identified and supported in a number of different ways such as drop-in groups and on a 1.1. We have continued to work closely with the Involve project to implement our service user and carer involvement strategy, and during the last year the number of service users and carers on the database has continued to increase, the totals now stand at 159. We are pleased that we now have a trained pool of 16 service users and carers in the staff recruitment process and that all interviews that have and will take place will have a service user on the panel. We do have representation on our planning groups but attendance has fluctuated. Service users have told us that they struggle with the concept of being a representative. As such an ongoing area of priority for us for 2012 will be to identify more appealing ways to encourage service users and carers to get involved in the development and evaluation of our services.

- We have taken the decision not to formalise the joint working arrangements with the BCU Health Partners Board our Community Mental Health Team and Community Substance Misuse Service, as we get all the benefits from our existing informal arrangements which work very well.

Appendix 5 – Mental Health Support Services Annual Service User Feedback Report 2012-13.

The Mental Health Support Services survey has been devised in a way that attempts to capture whether the services provided have been delivered in line with the principles of Recovery. The opportunity was also provided for people to give any general feedback about the service or highlight any improvement areas.

The questionnaire was sent out to 348 service users who had received support services over the past year (2012-13). 94 questionnaires were returned, which amounted to around 27% of people who had chosen to respond to the survey. 83% of the questionnaires returned were named, this enabled managers to respond to requests for further support or to follow-up any other actions.

Of 83 respondents who received support services, 76% felt that they had received enough support from the services. The high amount of people satisfied with the level of support hopefully indicates that support is person centred and responsive to individual need. However, only 65% of respondents indicated that they had a support plan completed within 6 months, as is the required standard of support services. 16% were unsure and 15% thought that they did not have one. Where people gave their names, this will be checked and support plans completed where necessary and copies given.

The most frequent type of service received was for shopping which was received by 33% of respondents. This was followed by support with social and support groups at 30%, followed by sports activities at 28% and household tasks at 27.5%. Help with using public transport was received by 25.5% of people. The lowest percentages were recorded as help with finding paid work at 6% and support with spiritual, faith and cultural activities at 7%. 17 people said that they would like support in other areas. This represented 18% of respondents. 41% of these additional requests were for help with finding paid work and voluntary work, and 17.5% were for help with education or training. This is similar to figures recorded last year where people wanted help to find paid work, thus providing further justification of the need for Social Firms to create employment and training opportunities for those experiencing barriers to employment. All respondents who requested additional support and who provided their names will be contacted by support services in order to try and fulfil their requests.

In line with the principles of Recovery, a number of questions were asked in order to establish whether Support Services are delivering a recovery focussed service.

Responses were as follows. When asked "*have we treated you with dignity and respect*", 92.5% indicated that they had. 83% of respondents answered that they felt listened to and 76.5% of people said that they felt hopeful for the future as a result of support. 79% of people felt that they had received support in both achieving their own personal goals and in being encouraged and motivated to do things. 77.5% of respondents felt that the support had

encouraged them to make their own decisions and 74.5% thought that the support helped with self confidence and recognising strengths.

Overall, the above responses seem to indicate that Support Services are generally practicing in a recovery oriented way and percentages were an improvement on last year. However, in a similar vein to last year's results, the lowest number of people (64%) felt that support had helped them to find out about their community and other important information. This will again be tackled via the Support Services Improvement Plan for the coming year.

34 respondents gave positive feedback about the Mental Health Support service and some of these have been included in Flintshire County Council's compliments report.

Statements included:

- "there are no barriers between staff and service users",*
- "have helped in providing useful contacts and positive support when I am experiencing difficulties",*
- "I finally feel that I can see the light at the end of the tunnel and I'm getting my life back on track",*
- "the ongoing work is helping me to fit into society, building my confidence and independence".*

4 comments involved negative feedback or suggested improvements to services. These involved: the need for more accessible information and longer support sessions, not feeling listened to, and communication difficulties/ lack of identification with service user on the part of staff.

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Mental Health Commissioning Strategy 2013-2018

Summary

1. Why do we need a Commissioning Strategy?

This document is about the services that we and our Health and Voluntary sector partners provide to people with mental health problems in Flintshire.

However, the purpose of the document is to set out how we want to see those services funded by Flintshire County Council developed in the future.

The aim is to develop an approach which fully promotes recovery and social inclusion

2. What do we know about people using our services and how much do we spend?

- From October 2012 to September 2013 there have been 1644 referrals to the single point of access. The single point became live in October 2012 in response to the implementation of the Mental Health Measure and has resulted in an increasing number of referrals.
- At any given time there will be approximately 507 cases open to Tier 2 and 200 to Tier 1.
- From April 2012 to the end of March 2013 there were 317 people in total using Mental Health Support Services, with a monthly average of 294 on the register. New referrals have increased on the previous year from 296 to 322 individuals.
- People have told us that the service we provide is operating in a recovery-orientated way, particularly given that 76.5% said they were more hopeful about the future, 79% said they were encouraged to do more things, 77.5% said they were encouraged to make own decisions and 74.5% indicated an increase in self confidence.
- From April 2012 to the end of March 2013 Mental Health Support Services (Next Steps) have supported
 - 66 people in education or training
 - 40 people in volunteering
 - 9 people in employment (3 of these to retain existing jobs)
- Our annual spend is £275,350 on services we commission from the voluntary sector to complement our in-house provision and £546,500 on residential and domiciliary support. We spend £1,192,500 on in-house services and contribute £581,071 to Community Mental Health Services (Health Led)

- In Flintshire we have the fewest number of people in residential or nursing homes, yet we have the highest population of the four North Wales Local Authorities (HUB)

3. Our vision for the future

We have had a joint vision with Health Partners since 2005, which is:

"We aim to develop a Mental Health Service that is planned and delivered around the needs and aspirations of service users".

"We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical Health Partners, education, occupation, income, accommodation, relationships, social support, social roles and spirituality)"

"We will provide responsive services which help people recover and maintain their role in society"

The particular focus of this document is to build on the strong foundations we have in place to further promote the recovery approach, by developing training, education and work opportunities. We also aim to address a gap in the area of accommodation support. Thus developing the type of services that people say they want.

4. How we will achieve this vision

4.1 In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.

We will continue to work closely with the BCU Health Board to implement the Mental Health (Wales) Measure (Welsh Government legislation), creating more rights for people who use mental health services. Our focus for 2013 will be to ensure that Assessments and Care Plans reflect a Recovery ethos and we will further embed the recovery approach across all services.

4.2 Re-design Mental Health Support Services to further embed recovery.

We believe that our recovery approach is effectively working. This is evidenced by only 17 people living in a residential setting and most of these have a dementia related illness, whilst everyone else is supported at home in their local community.

To explain what we mean by recovery and what we want to see happening for more people in Flintshire see box below. *A real life case study that charts a person's recovery journey; this has been based on the service user's own*

account and service records; for the purpose of anonymity we have called him G.

G was referred to the Intensive Support Team (IST) in 2010. G has mental health problems and excessive drinking was his coping strategy. At the time of referral G had just undergone 2 weeks intensive therapy at a specialised clinic for alcohol abuse and what followed was a further 4 months at Llwyn Y Croes for detoxing and treatment of his mental health problems.

During this 4 month period in hospital IST staff visited him to help prepare him for discharge, G was extremely anxious about discharge and this point in time a residential placement was being considered as an option.

On discharge G returned to his flat with an IST support package consisting of twice daily support sessions Monday to Friday and one daily on Saturday and Sundays. The IST worked with G on a number of needs such as eating patterns, diet, social activities and housing. G had serious issues with leaving his home and would manifest signs of chronic anxiety. A gradual approach was taken by the IST to support G to deal with his anxiety from shopping on set days at set shops to walking down aisles alone. With the support of the IST G introduced routine into his life, such as eating healthy meals 3 times a day, which by his own admission has been a catalyst to him staying away from alcohol.

After 4 months of IST input G's support package was reduced by two evening support sessions a week, which led to increased independence and confidence. To address the anxiety of leaving his flat the IST team supported G to attend a local drop-in. G was supported to develop his own coping strategies to deal with hearing voices and had 1:1 sessions with a hearing voices specialist.

Vulnerable in his current flat the IST worked with Housing to identify a new flat in a different area. G was very positive about the move to the new flat.

IST introduced G to Growing Places, which at first required staff to accompany him but gradually as his confidence grew G started to make his own way there, and his days attending increased from a half day to a full day to a current 2 days a week. G has benefited from the team work of the Growing Places and in his own words has had opportunities that he has never had in his life such as gardening, sowing seeds, visiting customer's homes etc.

In 2013 G attended the Wellness and Recovery Course (WRAP) and other confidence building courses. His confidence has increased by such a degree, that he has gone on to train as a trainer and now delivers training alongside others to other service users and staff.

G's recovery journey is remarkable, in less than 3 years he has gone from the point of being considered in need of long term residential care to delivering training to others.

We will fully embed Recovery; one area of focus is to ensure that people who use our services are helped to access information about their communities. We will also complete our review of Mental Health Support services to ensure that we have a workforce structure that will be 'fit for purpose' to deliver the recovery approach.

4.3 Increase and promote the range of opportunities for social inclusion which includes setting up Social Enterprises and the growth of the Mentoring and Volunteering Project.

Our goal is to see Double Click (a current work scheme) become a successful Social Enterprise. We will focus our energies on the growth of our Mentoring and Volunteering Project. There are several ideas for development one of them being having mentors to support people to attend WRAP (Wellness and Recovery Plan) and other training courses.

We need a 'befriending scheme' and will be looking for ways to make this a reality, if finances allow this will be a future commissioning intention or if not a product of a service redesign. We want to increase the number of people using direct payments and recognise that this hinges on having specialist support as such we will be exploring our options.

4.4 Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.

The level of involvement of service users and carers has increased over the past 2 years and there is now a strategic framework in place for involvement at all levels. Significant progress has been made, but we will do more especially in terms of service user and carer evaluation of services and service user run services. Collectively, with partners we will support the Involve project to grow, our goal is to increase the number of mental health services and carers registered on the database by 20% (from 159 to 200) by 2018.

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Our award winning Mental Health Training Programme has meant that all training delivered from our Workforce Development Team has 100% involvement of people who use Mental Health Services and carers in both facilitation and delivery. The 3 month training programme brochure designed

and produced by service users in Double Click offers opportunities for people to gain knowledge, qualifications and confidence as their valuable expertise is acknowledged. We will increase involvement by 10% over the next 5 years. We are particularly proud of this initiative as it has led to some people gaining employment as a result. Our goal is to continue to develop this initiative and recognise that further resources will be needed for this to happen. We will consider the need for a designated support worker and organiser.

4.6 The establishment of Wellbeing Centres.

In conjunction with the voluntary sector and Health Partners we want to establish a range of wellbeing centres. These will be places where people can access information, meet others and where a range of activities and services are available. Our goal is to have 1 wellbeing centre in Flintshire within the next 5 years but this is dependent on our partners.

4.7 Further develop accommodation and support.

We will explore as a Directorate creative solutions to the accommodation shortfall, for example exploring models such as the 'honest broker' to capitalise on private land lord opportunities and working with Housing Associations on developments for all our service users not just particular groups.

Jointly with Health Partners and Housing we will be proactive in providing people with the opportunity to return from out of county placements.

5. Conclusion

This Strategy has provided a strong rationale based on the information we have that our joint approach with Health and Voluntary Sector Partners is on the right track to providing people with recovery focussed support. This is clearly apparent from our success in supporting people in the community as evidenced by people's feedback and the relatively small number of people needing residential or nursing placement.

As part of the commissioning process we did test the market to see if there were any providers who would have the specialist knowledge and staff skills to deliver the community living and intensive support arm of the service which is currently in-house. In response to the speculative notice 6 organisations responded, it was assessed that only 1 had real potential to deliver on the outline proposal with no indication that there would be a significant saving below current 'care and support rates'. It was noted that there may have been some added value of working with some of the providers who responded but again it was agreed that the complementary services currently commissioned from the voluntary sector are already well established and tested in terms of effectively delivering positive outcomes. As such, there will be no gain in us going out to market at this time. To recap we have decided to sustain our in-house model based on the logic that with a modest level of funding it is delivering outcomes. This has been further validated by winning a Social Accolade 2013 and highlighted as 'best practice' by Community Care. We will review this decision with the expiry of this Commissioning Strategy in 2018.

Our Council like others is facing unprecedented financial challenges and raising expectations as such we have to do 'better with less'. Our ultimate goal is therefore to provide the best possible services for people with mental health problems with the reduced money we have available.

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17TH DECEMBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **DEMENTIA COMMISSIONING PLAN**

1.00 PURPOSE OF REPORT

- 1.01 The Dementia Commissioning Strategy and Summary documents appended to this report describe Flintshire County Council's vision for long term care services for people living with dementia in Flintshire over the next five years.
- 1.02 The focus of the document is primarily residential care services, but it recognises that much work is needed to improve the quality of life for people living with dementia in all settings.
- 1.03 This strategy document describes an overall direction of travel for these services and it is acknowledged this will be subject to review on an ongoing basis.

2.00 BACKGROUND

- 2.01 Specific guidance and legislation in relation to providing dementia care within residential care homes remains limited. There are however a number of research and best practice documents, which, allied with service user and carer feedback have supported us to develop this strategy.
- 2.02 The key messages from this research into best practice, and our knowledge of current services is that :-
- In Flintshire we want people living with dementia to be able to live fulfilled and meaningful lives, to feel safe and be supported in their communities
 - We know that currently we have limited specialist care home places available in particular EMI Nursing provision within Flintshire boundaries.
 - Our goal at present is to keep people with dementia at home for as long as possible. Our 'Living Well Home Care Service' delivers a highly effective specialist service to support people in their own home. Living Well does however have limited capacity to support all people requiring that care.

- Carers of people with dementia need timely support from professionals who really understand dementia and can offer a flexible response to their individual situations, including night time services.
- Carers should expect more than just 'bed and board' from EMI Care Homes and should be involved in care planning as equal partners with Providers.

3.00 CONSIDERATIONS

Demography

- 3.01 Between 2013 and 2020 it is estimated that the overall number of people with Dementia over 65 will increase by over 20% from 1859 to 2343. Using current care trends as a guide this could result in the council needing to support up to 135 more people either within their own homes or in long term places by 2020.

Carers

- 3.02 Caring for a person with dementia can be difficult as the intensity of caring required increases as the illness develops.

- 3.03 In helping carers to support those diagnosed with dementia we acknowledge that flexible and appropriate support is needed from professionals both day and night along the "dementia road". When a person requires care within a long term establishment, we know that we must support carers to understand what good care looks like.

3.04 Key Issues

- There is shortage of EMI Nursing Home placements and a lack of places for people with early onset dementia in Flintshire. A significant number of people requiring EMI Nursing placements are currently supported in EMI Nursing Homes outside Flintshire.
- The quality of existing residential dementia care services requires improvement. If the quality of care in EMI residential care homes improved less people would be admitted to EMI Nursing homes. This in turn would aid investment earlier in support services.
- Skills of the current workforce require enhancing to deliver person centred dementia care.
- Flintshire has developed effective community based support for people with dementia. This includes our 'Living Well Home Care Service
- Flintshire has developed 15 apartments for people with dementia to live independently within its recently opened Llys Jasmine Extra Care unit in Mold.
- There is a need to develop further 'in reach support' into the EMI residential care sector. Appropriate support could prevent hospitalisations.
- There is a need to improve the quality of care in all care home

settings.

In order to address these issues our strategy indicates that :-

1. We will produce a Market Position Statement based on this strategy which will clearly state what we want from dementia care long term placements.
2. We will work with colleagues from across North Wales Regional Commissioning Hub to develop an enhanced specification for the delivery of dementia care in long term settings.
3. We will seek to engage commissioners within BCU Health Board to agree a shared vision of integrated community based services, specifically to meet the needs of people with dementia and their families.
4. We will reach a shared understanding with all our providers and families on what 'good' dementia care should look like. (See Section 6.3 of Commissioning Strategy.
5. We will seek to develop a Carer's Course that is specific to the needs of carers of people with dementia. We will ensure they are treated as equals within the care management process, and maintain an open dialogue with them.
6. We will continue to invest in commissioning a range of specialist training for providers supporting people with dementia.
7. We develop more Extra Care facilities in future schemes with designated apartments for people with dementia.

4.00 RECOMMENDATIONS

- 4.01 That Cabinet considers and approve the Dementia Commissioning Strategy.

5.00 FINANCIAL IMPLICATIONS

- 5.01 The Dementia Strategy aims to ensure that future provision can be met within current budgets. This takes into consideration likely increases in demand and the need to encompass that demand within current services. This task is challenging in the context of the scale of increase, but the strategy seeks to minimise any additional demand on the service.

6.00 ANTI POVERTY IMPACT

- 6.01 Not Applicable.

7.00 ENVIRONMENTAL IMPACT

- 7.01 Not Applicable.

8.00 EQUALITIES IMPACT

8.01 An Equalities Impact Assessment of this Strategy and its development has been completed.

9.00 PERSONNEL IMPLICATIONS

9.01 There are no specific personnel implications within the strategy.

9.02 The Strategy prioritises improved training for carers working with those with dementia.

10.00 CONSULTATION REQUIRED

10.01 Standard 2 of Fulfilled Lives Supportive Communities Commissioning Framework states that *'Representatives of service providers need to be engaged at each stage of the analysis process as they can make valuable contributions towards identifying changes in need and with regard to the existing capacity to deliver services and options for future developments'*

11.00 CONSULTATION UNDERTAKEN

11.01 In developing this strategy, we received an enormous amount of feedback from a wide range of stakeholders. This is described in Appendix 9b of the main strategy document.

11.02 This consultation included:-

- Information gathered from national consultation work
- Local listening events
- Surveys to obtain the views of people with dementia in Flintshire care homes and from family and carers of those supported in the community
- Specific work with current providers of EMI Home Care & Residential provision

11.03 The report was considered by Social and Health Overview Scrutiny on the 25th November 2013. The Committee was supportive of the report and recommendations.

12.00 APPENDICES

12.01 Appendix 1 - Dementia Commissioning Strategy
2013- 2018

12.02 Appendix 2 - Summary Dementia Commissioning Strategy
2013- 2018

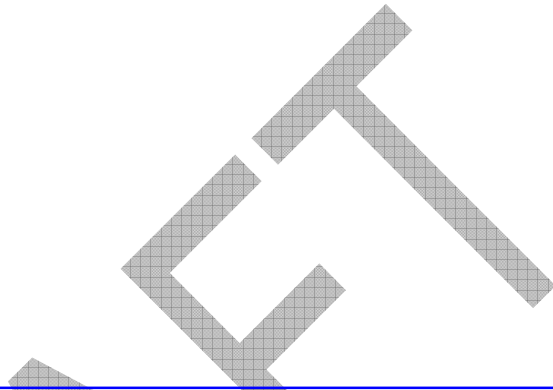
LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None

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Older People [Dementia Care Long Term Placements] Commissioning Strategy 2013- 2018



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DRAFT

Introduction

This strategy document sets out our vision for long term care services for people living with dementia in Flintshire over the next five years. It's focus is primarily residential care services but it recognises that much work is needed to improve the quality of life for people living with dementia in all settings. We hope that through this document we will significantly change people's understanding and expectations of what "good dementia care" looks like and more importantly feels like for those who use dementia services in the future.

What is Dementia? - *Dementia is a debilitating condition (and not a part of natural ageing) which describes a collection of symptoms, including a decline in memory, reasoning and communication skills and a gradual loss of skills needed to carry out daily activities – includes Alzheimer's and a range of other conditions such as vascular dementia. (Alzheimer's Society 2007)*

Life with dementia is still worth living. None of us would choose to experience dementia. Receiving a diagnosis often creates feelings of shock, anger, fear, distress or denial, however many people who experience dementia go on to do amazing and fulfilling things in their lives so it is really important to recognise that Dementia is only a part of a person not the whole.

Life should be a passionate experience; full of amazing people, feelings, events, moments and gifts to treasure this should not stop because you are diagnosed with Dementia. In Flintshire we want people living with dementia to be able to live fulfilled and meaningful lives, to feel safe and be supported in their communities and wherever the "dementia road" may take them to be sure there will be care and support services flexible enough to meet their unique wishes and needs.

The overarching objective of this strategy is to ensure that people living with dementia have access to high quality person centred dementia care in the most appropriate settings to meet their needs and that there is sufficient provision available within Flintshire's boundaries.

Ideally we would want this to be a joint commissioning strategy with our partners in Health (Betsi Cadwalader University Health Board). Given that the footprint of BCUHB stretches across the whole of North Wales we recognise that we will need to work towards this goal largely through a regional collaborative approach, involving Social Services colleagues in the other five Local Authorities.

Currently BCUHB has prioritised the development of a dementia strategy to focus on raising awareness of dementia and improving patients experience on inpatient wards in hospitals. Over time this strategy will be rolled out to include all NHS staff including those working in primary care and community settings. Our Vision for the future is one where Health and Social Care services work

together in an integrated way adding value to each other and where all services either those directly provided or commissioned by our respective organisations are tailored to meet the individual needs of people affected by dementia. Carers and families supporting people living with dementia told us very clearly that this must be our priority.

“The lack of communication between departments was stressful and frustrating for me as a carer, I felt that no one understood or cared about our situation”

(Flintshire Carer from Listening Event October 2013)

We recognise there will come a point when some people with dementia will no longer be able to remain safe at home owing to their increased need for specialist care. We know from a recent study that the prevalence of the condition among people in residential care homes has increased from 56% of residents twenty years ago to 70% today (CIPH 2013).

It is our intention that these people should have a choice of specialist dementia care homes that are close to family and their local communities. At present in Flintshire we know that we do not have enough specialist care home places available in particular EMI Nursing provision. This has meant that many people have had to move outside of Flintshire and family and friends have to travel into neighbouring Authorities to keep in touch .We want this to change.

We want to be proud of what we commission and therefore our vision is that our providers will deliver person -centred dementia care that achieves real outcomes for the people they support. We will only purchase from those Care Home providers who adopt a proven model which shows that people with dementia matter and supports them to have a quality of life.

Section 1 - Legislation, National Guidance and Best Practice

1.1. Unfortunately there is little legislation and guidance that is specific to providing dementia care within Care Homes. However, there are a number of research papers that describe best practice and these have been used to inform and shape this strategy:

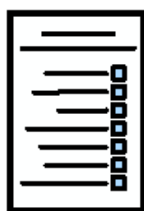
- “ A National Dementia Vision for Wales “ National Assembly for Wales 2011
- The Social Care and Wellbeing (Wales) Bill 214 -16
- David Sheard 2013 “ Steering “ culture change matters in dementia care homes – a Commissioning briefing
- David Sheard 2009 “ Feelings Matter Most”
- “ Progress in Personalisation for People with dementia” (Adams, Routledge & Sanderson 2012)
- Stirling University – The Dementia Care centre – a number of design guides.
- University of Bradford ‘Dementia Care Mapping’ (Kitwood and Bedin)
- “ My Home Life “ (Best practice in Care Homes)
www.myhomelife.org.uk
- “Involving families in care homes”: a relationship centred approach to dementia care. 142. Jessica Kingsley Publishers.(Woods 2007)
- “Changes in the quality of life of people with dementia living in care homes.” Alzheimer Disease & Associated Disorders 23 (3) 285-290 Hoe et al 2009
- Nelis et al (2011)” Awareness of social and emotional functioning in people with early-stage dementia and implications for carers.” Aging and Mental Health 15,(8), 961-969

The key message from these documents is that people with dementia should be valued as individual people and receive support to take part in life by staff who truly understand them and create positive opportunities for engagement and communication on a daily basis. It recommends that EMI Care Home environments should not be designed as mini hospitals or based on a “Hotel” style concept but rather they should feel warm, homely, comfortable places where design features are used to promote independence and safety. A place where families feel welcome and relationships flourish.

Section 2- What do we know?

2.1 Headlines

- Currently Flintshire has 7 independent EMI residential homes offering a total of 172 placements and two Local Authority Homes with small specialist EMI units offering 16 placements. So a total of **188 Emi Residential placements** in Flintshire.
- Flintshire has only **one EMI Nursing home within its boundaries offering a total of 23 placements.**
- 69 people living with dementia have had to move outside Flintshire for EMI Nursing care provision
- We also know that the quality of EMI residential dementia care services in the Independent sector do not consistently deliver good person centred care to their residents. Four out of the seven independent sector EMI residential homes have become “services of concern” within the last 2 years and had embargo’s in place to prevent further admissions and one EMI Nursing home has been closed down.
- Our annual spend on EMI Nursing and Residential services is in excess of £4.4 million



Key Messages:

- There are not enough EMI Nursing Home placements within Flintshire boundaries.
- The quality of person centred care in some of our independent EMI Residential homes needs to improve.

2.1 – What services currently exist to support people living with dementia in Flintshire

2.1.1 Community – Based Services

- We have changed our in-house homecare service to support people with dementia to live at home. Rather than just have care staff visit at set times each day to complete tasks and then go on to the next call we have made the service more responsive to the persons needs on the day, and tailoring support visits around the person and their circumstances. We have even renamed our Domiciliary Dementia Service “Living Well”, so everyone is clear about it’s purpose.
- We have appointed 3 Dementia support workers to work closely with families when people with Dementia are admitted to hospital so we can ensure they get the help they need during their stay and return home as quickly as possible.
- We have opened the ‘Old Brewery’ Resource centre as a drop in service specifically for younger people with dementia and their families.

- We promote the use of Direct Payments, so that people living with dementia and their carers can have an opportunity to directly purchase their own care and support and arrange it to suit their individual circumstances.
- We seek to promote the well being of people with dementia through our Flintshire Sounds Project. A weekly singing group for people living with dementia, their carers, families and friends.
- We promote the use of telecare assistive technology that will help people remain independent in both their own homes and in residential settings.

A case study to show how telecare has helped a person with dementia remain in a familiar environment.


Mrs L has a diagnosis of dementia and osteoporosis and has previously fractured her leg. Mrs L lives on the 3rd floor in a long stay setting. The Home Manager raised concern for Mrs L when she started wandering down the stairs at night. A telecare assessment was undertaken and identified the need for the following equipment; property exit sensor, carer alert, pager receiver, transmitter mains power and pager charging station. All the equipment was installed on the same day which meant that every time during the night Mrs L left her room staff were alerted so they could reassure and support her to return to her room. Mrs L was therefore able to remain in the environment she was familiar which was important.

- We estimate that of the 556 telecare assessments undertaken last year 85% of people had some form of dementia related illness. The type of Telecare equipment issued ranged from the Intellilink alarm, smoke detectors, impact falls detector, bed exit sensors, property exit sensors, movement detectors (PIR), automatic pill dispensers, carer alerts and some GPS safer walking devices. Social Workers in older people services also use 'Just Checking equipment' as part of their assessments. This monitoring system enables staff to build up a picture of an individual's daily routines and behaviours so that we can ensure that domiciliary services are made available to support that individual when they need it most. We are actively working to increase the current assessment capacity in this service by 50% to enable more individuals to benefit from this type of support over the next 5 years.
- We have opened the first extra care facility in Wales to offer specially designed apartments for people living with Dementia at Llys Jasmine in Mold. This is an exciting new build development in partnership with

Wales and West Housing Association and will offer a real alternative to people who do not wish to move into long term residential care. We would like to develop a further two extra care schemes within Flintshire and consider providing further designated apartments within them for people with dementia. Building on our learning from Llys Jasmine and Llys Eleanor, our existing Extra care facilities, we will seek to engage with our independent sector domiciliary providers to develop a “Living Well” model of support services for any future schemes.

2.1.2 Local Authority long stay provisions.

- The Local Authority has two small EMI facilities within its homes in Buckley and Flint. Both offer respite care to enable carers and families to have a short break. The Local Authority homes also provide day care for people with dementia and host a Saturday drop-in service for people with dementia in conjunction with NEWCIS (North East Carers Information Service).
- Our Local Authority Homes have recently entered into a partnership with ‘My Home Life Wales’, which is an acclaimed best practice model of person-centred care. They are helping us to develop practices that put relationships, families and carers at the heart of service delivery.



Key Messages:


- Our goal is to keep people with dementia at home for as long as possible.
- Our ‘Living Well Home Care Service’ considered best practice is limited in capacity. We need to roll out a similar model of person-centred dementia care across the Independent sector domiciliary market.
- We want to increase the use of Telecare in the community and long stay settings by 50% over the next five years.

2.2 – Current Commissioning Activity

- As a major commissioner of dementia care the Local Authority has the potential to influence and shape the independent sector market. Currently all residential placements in Flintshire are “spot” purchased the only exception to this is a small number of respite places that are block purchased on an annual basis to support carers.
- There are currently 217 EMI residential places available in Flintshire boundaries (including 16 places in Local Authority Homes) and we commission 188 (87%) of these. There are only 23 EMI Nursing places

within Flintshire boundaries of which we currently commission 5 (22%) of these. BCU Health Board commission a further 10 places for people from Flintshire with Continuing Health Care needs. So within Flintshire boundaries the Local Authority is the lead commissioner for EMI residential care places but the BCU Health Board has become the lead commissioner for EMI Nursing places.

- As a result of the shortfall we both have look out of county to meet the EMI Nursing needs of people with dementia. On 1st October 2013 Flintshire were commissioning 33 EMI Nursing placements out of county whilst BCU Health Board were commissioning 36 EMI Nursing placements for Flintshire residents out of county.
- At present there are no plans to build new EMI Nursing Homes in Flintshire to increase the number of placements. Any further reduction in placements would be extremely dangerous.



Key Messages:

- We do not want people with dementia to have to move out of Flintshire to have their nursing needs met.

2.2 -How much does it cost

2.2.1 Independent Sector fee levels

Our current weekly expenditure on commissioned EMI (Residential and Nursing) provision is £83,260.38. Our commissioning approach has been to seek out quality services that offer value for money and maintain quality.

The minimum baseline fee for a contracted bed per week for EMI Nursing is £529.69 (minus Health Board contribution), this is a regional fee. For more details see appendix 9a.

Commissioner	EMI Residential			EMI Nursing			Total Provision
	No.	Weekly Fee	£ Week	No.	Weekly Fee	£ Week	
FCC	128	493.22	£ 63,132.16	38	529.69	£20,128.22	
BCUHB (FNC)	00	000000	000000000	38	120.56	£4,581	
BCUHB (CHC)	00	000000	000000000	46	626.26	£28,807.96	
TOTAL			£ 63,132.16			£53,517.18	£ 170,196.52

2.2.2 Unit costs for in – house residential care

Work is currently ongoing to establish a clear picture of unit costs in our two in-house homes. This will inform future decisions about the viability of one or both of these homes becoming re- registered as an EMI Residential Home. Early indications however suggest that this option may not achieve best value for money for the Authority at this time.

2.3 -What do we know about the quality of EMI care home provision

To establish the level of quality of our current EMI care home provision in Flintshire we considered a number of different sources:

- Tracking the journey into EMI homes
- Progress for Providers Self- Assessment
- Care Checker
- Complaints and POVAs
- Survey to obtain the views on choice, care and community for people with dementia in Flintshire care homes.
- Findings from Contract Monitoring Questionnaires (Family/ Representative request)

2.3.1 Tracking the journey into EMI homes

We tracked a snapshot of Service requests that were presented to our Community Care Panel during 2012 and 2013. We looked at the outcomes for service users during the months of May and June during these two years. A total of 555 cases were considered by the Community Care Panel of which **105** were agreed as requiring long term placements. This number included **18** placements that were made directly from a hospital setting directly into a long term care placement for individuals with dementia

We then considered the experience of those 18 individuals admitted to long term Emi placements in more detail and found that:

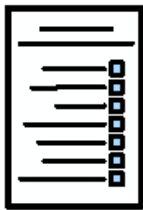
- a. **27% (5)** saw an escalation in the level of care needed following hospital admission and as a result were not discharged back to their previous long term Emi residential placement but transferred to an Emi nursing placement.
- b. **27% (5)** of individuals who previously accessed significant” Community care packages were discharged directly into an Emi residential care placements.
- c. **42% (8)** of individuals who had previously accessed a low level community care package or received no formal support services at all were discharged from hospital into Emi residential care placements (and all but one of these individuals had been supported at home by a partner living in the same household or a family carer providing frequent visits prior to hospital admission.)

In **68% (13)** of cases where there had previously been a community care package in place (**b and c above**) the family carer identified that the need for a hospital admission arose as a result of the escalation in confusion and subsequent “challenging behaviour” presented by the individual with dementia. Generally there was evidence that a diagnosis of common clinical conditions such as UTI or chest infections had also been made by the GP or on admission to hospital Family carers also identified ‘sleeplessness at night time’ as the significant factor in either precipitating the current crisis or influencing the decision to relinquish their caring role at that point .

In Summary:

This mapping exercise appears to confirm that hospital admission is often a trigger for long term care placement for individuals with dementia and is also likely to result in an increased level of support being required for those already in an EMI placement. For informal carers the issue of being able to access the right kind of health and social care services at the right time in the community for the person with dementia when physical health needs exacerbate cognitive issues is critical. Moreover this exercise illustrates the importance of recognising informal carers own needs for additional support sooner if they are to sustain their caring role for longer.

Key Messages:



- Health and Social Services need to work more effectively together in the community to prevent unnecessary hospital admissions and maintain people with dementia in their own homes.
- Carers of people with dementia need timely support from professionals who really understand dementia and can offer a flexible response to their individual situations.

2.3.2 Progress for Providers Self-Assessment Tool

We asked a random sample of Flintshire EMI Residential Homes (in – house and independent) to complete a recognised self assessment tool – ‘Progress for Providers’ to enable us to establish a benchmark on the quality of current provision in Flintshire. There were significant variations in the assessment scores which reinforces the premise that there is no consensus about what ‘good’ dementia care looks like. The majority of providers rated themselves as delivering person centred care but many recognised significant areas for further development. This exercise clearly indicated the need for further training opportunities particularly in relation to leadership, communication and utilising life stories in day to day practice.

2.3.3 Care Checker

We commissioned 'Care Checker', a listening organisation to meet with residents and families and provide feedback on people's experience of living in a residential home. In total sixteen family members across 3 homes participated from whom a wealth of quality feedback was obtained (refer to appendix 9b 1.7). Three key messages we gathered from this work was:-

- The importance and value of involving carers, families and friends.
- That continuity of support is the most important thing in judging whether the home provides a quality service and centres on truly knowing the person and family.
- That families need to know what 'good' dementia care looks like , it should be more than just 'bed and board'

2.3.4 Complaints and POVAs

From April 2012 to March 2013 we received 4 complaints relating to an EMI nursing home provider. The nature of these complaints related to poor quality of care, poor communication with families and disrespectful staff attitude towards residents. All complaints were connected with one particular provider who has since been decommissioned.

In relation to POVA (Protection of Vulnerable Adults) activity for period January 2012 to December 2012 across EMI providers there were 11 POVAs which were recorded as 'upheld'. The 11 were spread across 4 homes and were classified as neglect (4), physical assault (1), emotional (3) and sexual abuse (3). The range of responses taken has included action plans and close monitoring, policy updates, extra training and disciplinary action. The reoccurring theme from all these reports point to an inexperienced workforce that lack the skills necessary to deal with complex and at times challenging needs of people as they progress along the '*dementia road*'.

2.3.5 Contract Monitoring Reports

The findings from Contract Monitoring Questionnaires (Family/ Representative request) and "Corrective Action Plans" developed with providers identified the following themes:

- Staff need more training with a specific focus on "communication" and "person centred care planning".not simply " dementia awareness "
- Lack of involvement of family members and a need to encourage their contribution to life stories and daily routines.
- Greater appreciation and care of people's personal possessions including clothes, dentures and hearing aids etc is needed. .
- Greater attention to resident's personal hygiene and attire.
- Clear strategies to ensure people are meaningfully occupied and involved in the daily routine of the Home are essential.
- More use of calming, sensory and therapeutic interventions for those people in the end stage of dementia.
- Better choice of meals and promotion of meal times as a social occasion and not just a task to be completed by staff is needed.

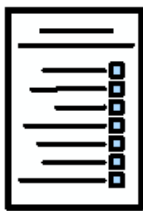
- Move away from institutional routines such as set bedtimes and “bath days” and evidenced individualised care planning and person centred record keeping.

2.3.6 Survey to obtain the views on choice, care and community for people with dementia in Flintshire care homes (refer to Appendix 9b 1.4)

In total **32** surveys were returned. Even though our numbers are small the findings and conclusions are in the main in line with the national research undertaken by the Alzheimer’s Society in 2013

- Generally family members felt the quality of life of people with dementia in Flintshire care homes was positive.
- When the different aspects of care and support were considered individually aspects that received poorer ratings were; opportunities to get involved in activities, opportunities to socialise, support to remain independent and active and access to health care services.

Key Messages:



- There are significant variations in the quality of dementia care services in Care home settings within Flintshire and no clear consensus on what ‘good’ dementia care should look like or the outcomes that should be achieved.

Section 3 - What we know now about the current and future dementia population

3.1 Older People and Dementia

- The number of older people in North Wales is rising rapidly; the 65+ age group is predicted to increase by 60% between 2008 and 2033. The population of those aged 85+ is expected to double by 2033.
- In 2012 there were 1,806 people aged 65 and over with dementia in Flintshire, this is projected to increase to 1,975 by 2015, which means there will be 169 more people will dementia. However such projections should be considered cautiously. A very recent study which gained media coverage (Mental Health today news 10-16 July 2013) has suggested that the prevalence of dementia is falling in the UK. The study undertaken by Cambridge Institute of public health (CIPH) found that applying prevalence from 20 years ago it was expected that 8.3% (884,000) people aged over 65 would have the condition in fact the study identified a lower prevalence of 6.5%, a reduction of nearly a quarter.

3.1.1 How many more EMI placements will we need in the future?

- It is very difficult to quantify how many placements we will need in the future with any certainty. We do not know how many people are living with dementia in Flintshire today due to the 'diagnosis gap'¹ and only 38.5% of people with dementia in Wales have had a formal diagnosis.
- As we are successfully supporting people to live in their own homes for longer the cohort of people now in need of residential /nursing home care has changed. People are much older with more complex needs such as dementia. This is evident from our tracking of bed vacancies in all approved homes in Flintshire from July 2011 to January 2013. We found that there were vacancies in general nursing homes but not in EMI nursing homes (see graph appendix 9c). Therefore, we either need to remodel existing provision to respond the growing numbers with complex needs such as dementia or develop new provision.
- As of 28th January 2013 there were 118 older people assessed by Flintshire Social Services as needing either a General Nursing or EMI Nursing placements, with an average age of 85. The average length of stay in a Nursing home in 2012 was 1.9 years (range 2 months – 7 years / median 1.3 years) this compares to an average of 2.7 years in 2005.
- To work out how many more beds we need we believe our best guess is to focus on the 85+ group with dementia, looking at what we know about current spread of service uptake on one given day and

¹ The difference between those expected to have dementia in Flintshire and those that actually feature on dementia lists known to ourselves and Health

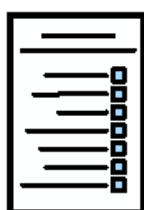
the future projections for people with dementia aged over 85 in Flintshire², see table below:

People with dementia 85+	2013	2015	2020
Projected number in Flintshire	787	845	1,014
Known to Social Services living in the Community	262 (33%)	279 (33%)	335 (33%)
Living in Long stay setting (funded by SS / Health)	331 (42%)	355 (42%)	426 (42%)
Unknown to SS (e.g. living at home alone/ supported by carers or self funders etc)	194 (25%)	212 (25%)	254 (25%)

Based on this approach we estimate that we will at least **need 24 more long term places by 2015 and 95 by 2020**. This attempt to forecast how many additional beds will be required in the future cannot be an exact science as there are many variables, such as assuming that we are able to maintain the status quo in terms of how well we support people with dementia to remain living at home.

People with dementia over 65 +	2013	2015	2020
Projected number in Flintshire	1,859	1,975	2,343
Known to Social Services living at home	521 (28%)	553 (28%)	656 (28%)

- We estimate that we will be supporting at least **32 more people with dementia in the community by 2015 and 135 more people by 2020**



Key Messages:

- The number of people with dementia is increasing.
- We estimate that we will be supporting at least 135 more people with dementia aged 65 and over by 2020.(based on current projections)
- We estimate that we will need at least **95 more long term places by 2020**.

² Daffodilcymru

3.2 Learning Disability and Dementia

- The advances in medical and social care have increased life expectancy for people with learning disabilities. Therefore we are expecting that the future number who will develop age related frailties and illnesses such as dementia will increase.
- The number of people in Flintshire with a moderate to severe learning disability and aged 65 and over is predicted to increase by 14 % from 2011 to 2015 and by 42% from 2011 to 2030.³ We know that currently there are **12** people aged 50 and over with dementia and **over 12** people are being assessed for dementia. There are **24** people aged 50 or over still at home with their family. We also know that there are 70 people known to our service with Downs Syndrome. With this diagnosis comes a higher incidence of early onset dementia

3.3 Younger Onset Dementia

- The number projected to have early onset dementia (under 65) in 2016 is 41 which is the same figure for 2013. We have specialist service provision for people who have early onset dementias (i.e. under 65 years) in the community. We do however have a service gap in age appropriate long term placements for people with early onset dementia.

3.4 People with Hearing loss and Dementia

- There is strong evidence of a link between hearing loss and dementia. People with mild hearing loss have nearly twice the chance of going on to develop dementia as people without any hearing loss. The risk increases to threefold for people with moderate hearing loss and fivefold for those with severe hearing loss (Lin, FR et al 2011 cited in Joining Up)

3.5 Black & Minority Ethnic (BME) and Dementia

- From the Census 2011, the BME population makes up 1.5% of the Flintshire population, this compares to 0.8% from the census 2001. The BME population has a higher percentage of children than the 'White' population but a much lower proportion of older people. The number of BME people aged 85 and over in Flintshire is in single figures.
- Overall, the proportion of BME people affected by dementia is broadly the same as that found among white people. A research briefing paper by SCIE⁴ identified some keys messages for us as service providers and commissioners, namely that BME people are under represented in dementia services owing to lower levels of awareness and the existence of stigma in their communities. Staff working in dementia services require training on how to give culturally acceptable care and support to BME people with dementia. Ensuring personalised approaches to services, and

³ Daffodil Cymru website projecting future social care needs.

⁴ SCIE Black and minority ethnic people with dementia and their access to support and services

greater attention being paid to the diversity and complexity that exists within the life stories of people with dementia.

3.6 Welsh Language and Dementia

- The More than Just Words Strategic Framework outlines the Welsh Governments intention to prioritise Welsh language services for people who are vulnerable. Older people with dementia are highlighted within the document as a priority group requiring welsh language services as an integral part of their care. The Welsh Government asserts that services delivered in welsh should be 'actively offered' to people suffering with dementia. We know from the census in 2011 that 13% of the Flintshire population speaks welsh. In relation to the numbers of older people who speak welsh. It is of note that 19.1% of people aged 85 and over speak welsh.

3.7 Carers of people with dementia in Flintshire.

- Focussing on maintaining independent living for people with dementia goes 'hand in hand' with support to carers. Growth in numbers of people with dementia implies an increase in the number of carers needed in the future. Caring for a person with dementia can be difficult as the intensity of caring required increases as the illness develops. Many carers are unpaid family members, whose own health and well being will be affected. Our changing lifestyles, smaller families, relationship breakdowns, longer period to retirement and family migration can only mean that the availability of carers will be less in the future with a resultant shift of responsibility to the statutory sector and a further pressure on diminishing resources. If carers are properly supported they can care for longer. It has been found that if carers are supported and receive counselling at the point of diagnosis a care home placement can be prevented in 28%.of cases. ⁵ A recent report⁶ from the Carers Trust has found that carers of people with dementia are not getting the support and advice they desperately need. For example many carers, particularly those caring for someone in the later stages of the illness felt ill equipped to deal with more challenging behaviours and communication issues. More than 68% of those surveyed said they had not received the training or advice they needed on this subject.
- Our Commissioning Strategy for Carers 2012 -2015 sets out how we support carers in Flintshire. All carers have access to a range of generic carer services (carers fund, breaks, information and emotional support etc) and more specifically; a long term condition support group facilitated by NEWCIS (North East Wales Information Service) a Saturday respite service and bespoke training opportunities facilitated by NEWCIS in conjunction with Flintshire Alzheimer's Society.
- In 2012 NEWCIS received 1,260 new referrals and of this over 60% were from carers of people with memory problems or a diagnosis with dementia.

⁵ National Carers Strategy - UK

⁶ The Carers Trust – A road less rocky – supporting people with dementia

There are 4,120 carers registered on the NEWCIS database caring for people with multiple and complex health care needs.

Claire Sullivan manager of NEWCIS said:

'it is extremely sad and worrying that dementia is always the last condition to be diagnosed for older people'



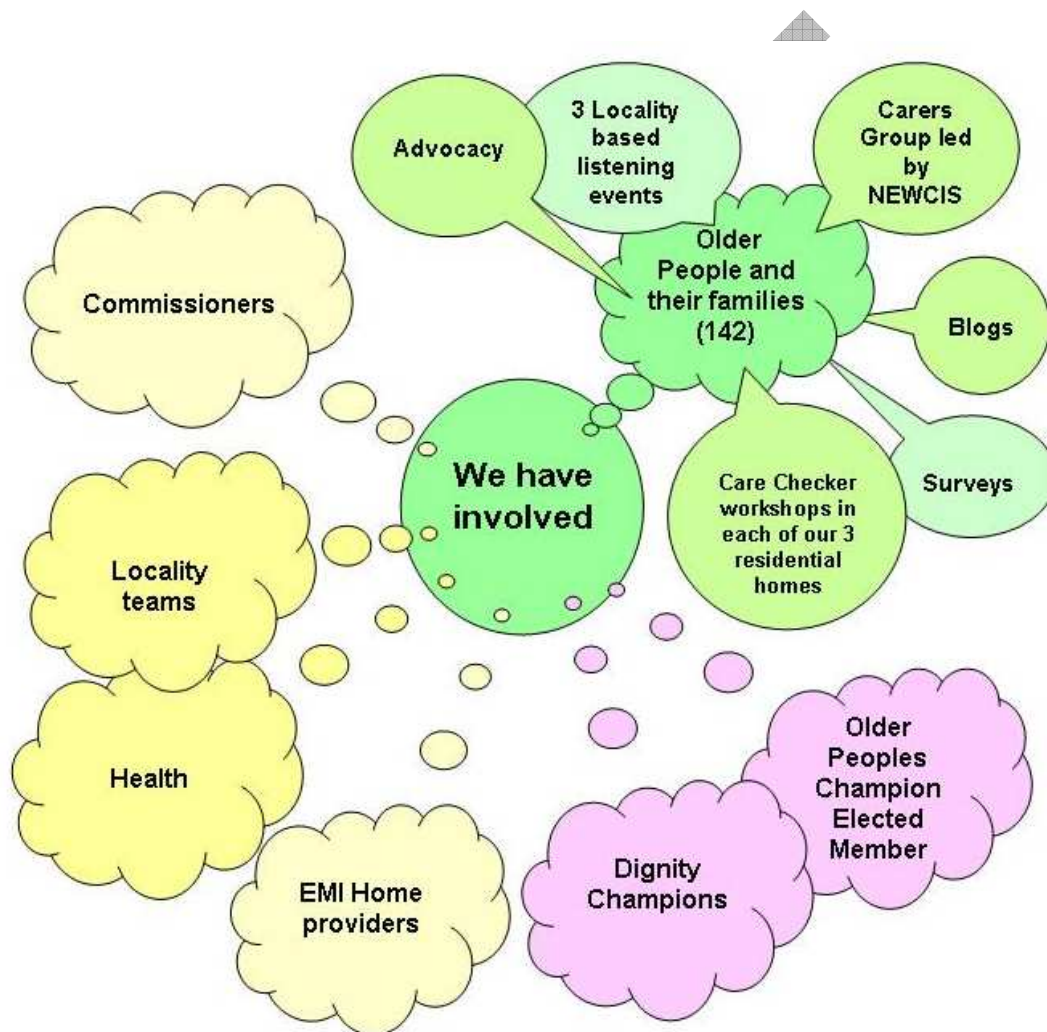
Key Messages:

- Carers should expect more than just 'bed and board' from EMI homes.
- Carers caring for a person with dementia at home need night time support.

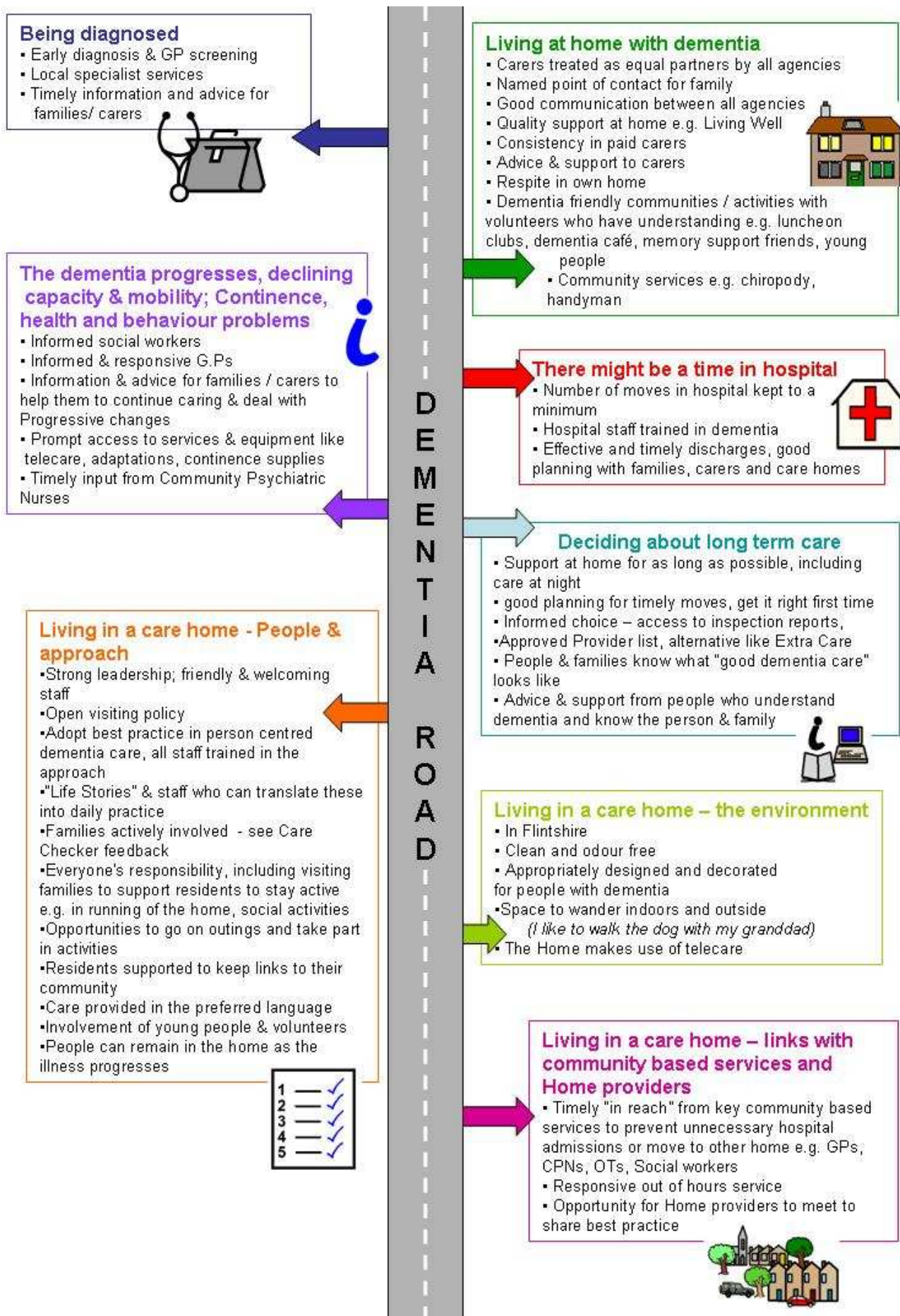
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Section 4 – Views of Stakeholders

We were overwhelmed with the response from all stakeholders which clearly demonstrated how passionately people feel about this area. The detail of what people said can be found in appendix 9b. We have summarised this in two illustrations that follow. Our first illustration depicts 'who' was involved.



The second illustration which features on the next page is 'what they said' along the *Dementia Road*.



Section 5 - The Issues

Demographics

- **The numbers of people with dementia in Flintshire** is projected to increase by 26%⁷ from 2013 to 2020. So it is critical that all services are geared up to respond to this increase in need.

Care Homes

- **The acute shortage of EMI Nursing Home placements** in Flintshire and an over reliance on out of county provision.
- **The quality of existing residential dementia care services** and their failure to consistently deliver high quality, person centred care.
- **Escalation from EMI Residential settings to EMI Nursing.** Individual's are frequently labelled as "challenging " rather than the service being seen as failing to understand their needs and responding appropriately. It is our contention that if the quality of care in EMI residential care homes improved less people would be admitted to EMI Nursing homes and significant funds could be freed up by BCU Health Board to invest earlier in support services earlier on the '*dementia road*' We estimate this could be as much as £33k per week (see section 2.2.1 Costings)
- **A lack of places for people with early onset dementia** while Flintshire has developed some community based support for younger people with dementia it does not have access to any specialist residential facilities.
- **Lack of skilled workforce** to deliver person centred dementia care and particularly availability of Registered Managers with the skill knowledge and leadership skills necessary to develop alternative and sustainable models of dementia care across North Wales.
- **Failure of existing data systems** to record unmet need and provide real time information about service needs and outcomes for people with dementia to inform future commissioning.

Community Based Health and Social Care Services

- **There are gaps in both Health and Social Services provision resulting in inappropriate hospital admissions.** Feedback from Care Home Managers, Families and our 'tracking the journey' exercise evidenced that more could have been done by Community Health Services to manage people's health needs in their own home or residential settings.

⁷ DaffodilCymru

- **There are insufficient Community Psychiatric Nurses for Older people in Flintshire.** We have been informed that Flintshire is the second least resourced Local Authority in terms Community Psychiatric Nursing provision for Older People. Currently there are only 6.8 CPNs in the Older Persons Community Mental Health Team this resource has reduced over the last three years by 3 full time equivalent posts.
- **Lack of 'in reach support' into the EMI residential care sector.** Timely access to all community based health services such as Community Psychiatric Nurses, Social Workers, Out of hours G.P, physiotherapy and Occupational Therapy could prevent hospitalisations

A case study to illustrate the lack of 'in reach'.

A 99 year old lady, who was a long term resident in a Flintshire EMI residential home, had been falling frequently and attending A&E. One Friday morning she had another fall and was taken to A&E, who declined admission. The home felt they could no longer manage her needs. There was no suitable alternative placement. Attempts to involve colleagues in Health were unsuccessful and the lady was discharged back to the home the next day. Over the weekend the Home was unable to meet this lady's needs and the Out of Hours Social Work Team was contacted. Arrangements were made for additional 1:1 funding over the weekend to reduce the risks of harm. The lady continued to deteriorate and had to be admitted to hospital once more as an emergency on the Monday morning. Following assessment in hospital she was subsequently assessed as requiring Continuing Health Care and placed in an EMI Nursing Home out of county.

Carers

- **Carers and families of people living with dementia need to be better informed.** Carers told us they wanted better education specific to dementia, as well as timely access to useful information on what support is available to help them in their caring role.
- **Homes do not consistency work to fully involve families** and use them to learn about the person's past which is essential for developing 'life stories'. Homes could be doing more to involve families in the daily life of the individual within the home.
- **Carers need more help to understand what 'good' dementia care looks like.** This was evidenced by the inconsistency between judgement of performance through contract monitoring and the views expressed by older people and their families. We believe that carer's

expectations are limited to the belief that all a care home can provide is a service that delivers 'bed and board'.

Finance

- **Access to capital funds for new provision in the current economic climate.** The private sector's access to capital funds to develop new build projects or modernise existing facilities is limited and generally companies will only consider investment if a percentage of placements are underwritten by the Authority in order to mitigate risk. Most EMI residential provision in Flintshire is based on small business models owned/ managed by a single person as opposed to large corporate organisations. The majority of these facilities are old properties (some within listed buildings) where refurbishment or redevelopment would be problematic.

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Section 6 - What we will do

6.1 Regional Collaboration

We will continue to work with colleagues from across North Wales in the Regional Commissioning Hub to develop an enhanced specification for the delivery of dementia care in long term settings. The Regional Commissioning Hub has been fortunate to secure short term funding over the next 3 years to develop consistent dementia services across the region that deliver person centred care. The Hub recognises the vital importance of developing a joint approach with the NHS and that collaborative working is the key to ensuring that we improve services for people with dementia across the whole of North Wales.

We are keen to share our learning from developing this strategy with the members of the Regional Hub. We hope that we can influence the debate about how the model of dementia care should look in the future. This strategy identifies key building blocks necessary to underpin the cultural change in attitude required if people with dementia in long term placements are to enjoy fulfilled and meaningful lives.

6.2 Flintshire's joint solution with BCU Health Board

We seek to engage commissioners within BCU Health Board to agree a shared vision of integrated community based services specifically to meet the needs of people with dementia and their families. We wish to explore the potential for securing better value for money through joined up service arrangements that support people early on the '*dementia road*' and as the illness progresses intervene actively to maintain individuals in current settings, preventing a crisis and escalation to inpatient beds or EMI Nursing provision.

6.3 Our vision for 'good' dementia care

We want to be proud of what we commission and work with all our EMI Residential and Nursing Home providers to develop consistent high quality person-centred dementia care in Flintshire. Through developing an enhanced specification for dementia services and recognising best practice in service delivery models such as The Butterfly approach⁸ we want to reach a shared understanding with all our providers and families on what 'good' dementia care should look like.

In Flintshire we are developing outcome based contracts with our Providers that are linked to clear quality indicators and outcome measures for those people living in our Homes. Flintshire's Contract Monitoring Team place greater emphasis on observing and evaluating those aspects of a service that impact most on the quality of daily life for residents in Care Homes, and seek to be able to measure the success of specialist dementia services in terms of the outcomes achieved for the individuals in that setting.

⁸ Dementia Care Matters

We believe it is important to be open and transparent with our Providers describing clearly “good” practice and even provide examples of “exemplar” performance that Providers can aspire to. We have begun to pilot this approach and apply a “judgment framework” in recent Monitoring reports as we believe this approach will aid the development of a shared understanding of quality and best practice.

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We believe the key elements are captured below:

1. A Home that has a manager who is a true leader in dementia care and leads a staff group who are skilled in person-centred planning and emotional intelligence.
2. A Home that adopts a model of dementia care that sees the person as an individual and treats them with dignity and respect.
3. A Home where the staff group know what is important to each individual they support and record this using person-centred tools.
4. A Home that brings out the best in people that is pleasant, warm, and busy.
5. A Home where people's personal possessions are treasured and staff support people to take care of them.
6. A Home where everyone understands how to respond and communicate with the people who live there.
7. A Home where people are supported to make choices and decisions every day and 'best interest' meetings are used.
8. A Home that supports people to initiate and maintain friendships and relationships.
9. A Home that matches people with dementia together based on where they are on their dementia journey.
10. A Home that actively involves family and friends in the home and seeks to educate them about dementia.
11. A Home that undertakes quality assessments on admission and place great importance on using a person's 'Life Story' to plan their care and support.
12. A Home that ensures people's independence is maintained and promotes positive risk taking with the use of equipment and assistive technology.
13. A Home where there is meaningful occupation for everyone and individuals feel that they matter.
14. A Home that provides opportunities for people to go out and about and be part of their local community.

6.4 ‘A Road Less Rocky for Carers’

6.4.1 We will seek to develop a Carer’s Course that is specific to the needs of carers of people with dementia. We will use the Carers Trust report⁹ to guide its content and ensure that all relevant areas along the ‘*dementia road*’ are addressed so that carers feel better equipped in their caring role. This will require working in partnership with Carers, Health, the Voluntary Sector and current providers of dementia services to agree and deliver a rolling programme of sessions. We will consider showcasing such courses within existing homes and hopefully in the future our first ***dementia café*** in Flintshire.

6.4.2 We will ensure that carers are treated as equals within the care management process. We will seek their contribution to develop accurate ‘life stories’ and profiles of the person with dementia. Assessments will focus on strengths and the positive contribution both carers and cared for can make in planning for the future. Care Management Assessors will be trained to identify clear outcomes for providers to build on within the residential setting.

6.4.3 We want to be a ‘listening’ organisation and establish an open dialogue with carers and other professionals who visit our EMI Care homes. We will introduce a range of mechanisms for people to be able to provide feedback both negative and positive on their experience of visiting our homes and what they observe. This will feed into our contract monitoring process and influence future commissioning decisions. Alongside this we are equipping our Contract Monitoring Officers with observational skills to measure the progress of providers in delivering ‘good’ dementia care. This will be based on outcomes achieved for individuals such as improved physical health, visible signs of emotional well being and the level of positive engagement between staff and individuals within the home.

6.5 Skill up the Workforce

Flintshire provide training vouchers to support all providers comply with regulatory training requirements. We have made a significant investment in commissioning a range of specialist training for providers supporting people with dementia, this includes “All about Dementia”, to offer training opportunities to our 8 independent sector care homes. The training will help care staff to improve how they communicate and engage with residents who have Dementia. There is also a specific course for Home Managers of specialist Dementia Home’s that focuses on the leadership skills required to bring about cultural change and real person centred care practices. In addition a programme for “Assessors” is currently being rolled out to our Social Work Teams. This will enable our staff to examine the strengths and weaknesses of the current Unified Assessment tool and seek to build a better understanding of the importance of ‘life stories’ and relationships in care planning. We believe we have made a positive start on skilling the workforce but recognise

⁹ A Road Less Rocky – Supporting Carers of people with dementia 2012

that Training alone is not a solution to ensuring quality and that we have some way to go.

Section 7 - What Next?

We will be producing a Market Position Statement based on this strategy which will clearly state what we want from dementia care long term placements. This will be our 'calling card' to Providers, including a clear signal to established Social Enterprises to work with us.

In the short term we will continue to have an open dialogue with our Providers about how to meet the shortfall in EMI Nursing Home places within Flintshire boundaries. This will include supporting those providers who are interested in re-modelling their current service to provide EMI Nursing places in the future. We will continue to provide advice on person centred tools and approaches and encourage the sharing of best practice across all EMI Nursing and Residential Homes. Our aspiration is to support one Flintshire home to adopt the "Butterfly" approach and be established as a demonstration site working to achieve the butterfly kite mark in Dementia within the next 3 years.

In the longer term we will consider developing more Extra Care facilities with designated apartments for people with dementia within Flintshire in order to extend the range of options available as an alternative to traditional long stay care. We will continue to work closely with the Regional Hub to commission specialist services for people with early onset dementia and those with other complex conditions in need of a long stay placement.

We will strive to maintain the positive working relationships that exist at an operational level between Social Services, Community Psychiatric Services and Community Nurses within Flintshire localities. We will seek to build on this at a strategic level through ongoing dialogue about realigning or pooling funds and an integrated approach to prioritising available resources in Health and Social Services.

We believe that the planned integration of our Social work Teams and some Community Health Care Services within three "Locality Teams" across Flintshire will drive forward a more joined up approach, enabling more efficient and responsive services to develop on the ground. The Flintshire strategic Locality Board was established in 2010 as the mechanism to oversee and steer this work and resolve organisational or system issues that may challenge practitioners and prevent the delivery of coordinated and timely intervention. The "South " Locality Group has been identified to lead on the development of services for people living with Dementia .

Section 8 - Conclusion

Our Council like others is facing unprecedented financial challenges and raising expectations as such we have to do 'better with less'. Our ultimate goal is therefore to provide and commission the best possible services with the money we have available.

This Strategy has provided a strong rationale based on the best information we have that we need to act and do things differently. This is clearly "work in progress" and while there are some things that are within our control and we know can be improved in the short term there are others which will require more sustained and longer term Regional Collaboration to effect change.

Our Modernising Social Services Board and Annual Council Reporting Framework will be the mechanisms for monitoring the progress of this important strategy.

Acknowledgements

We would like to thank all the following people and groups who influenced this strategy especially people with dementia and their families who took the time to complete surveys and take part in discussions.

Cilcain Women's Institute
 Mold Rotary Club
 Flintshire Advocacy Services
 Douglas Place Luncheon Club, Saltney
 Dignity Champions Network
 Councillor Christine Jones, Older People's Champion
 50+ Action Group
 NEWCIS (North East Wales Carers Information Service)
 Care Checker – Laraine Bruce and Roger Rowett
 EMI Care Home Managers
 Locality Teams (Social Workers and Occupational Therapists)
 Flintshire Contract Monitoring Team
 Flintshire Local Voluntary Council
 Flintshire Tenants Liaison Officer
 Early Onset Social Worker
 Members of the Older People Commissioning Board
 And everyone who helped distribute the surveys

Front cover images by courtesy of www.careimages.com

Section 9 - Appendix

Appendix 9a - Costings

Residential & Nursing

Cost from FA up to date 31/03/13 and any know changes thereafter up to 10/06/2013

Gross cost less
PAA

	Flintshire		Out of County		Part 3	
	Weekly Cost	Annual Cost	Weekly Cost	Annual Cost	Weekly Cost	Annual Cost
Number of Clients	100		28		7	
EMI Residential	£49,322	£2,564,744	£13,749	£714,954	£3,373	£175,415
Less personal applicable amount	-£12,092	-£628,784	-£3,386	-£176,060	-£846.44	-£44,015
Total	£37,230	£1,935,960	£10,363	£538,894	£2,527	£131,400
Number of Clients	8		31			
	Weekly Cost less Free Nursing	Annual Cost	Weekly Cost less Free Nursing	Annual Cost		
EMI Nursing	£4,238	£220,351	£15,995	£831,746		
Less personal applicable amount	-£967	-£50,303	-£3,749	-£194,923		
Total	£3,270	£170,048	£12,247	£636,823		

% Split

EMI Residential	74%
EMI Nursing	21%

21%
79%

5%

Appendix 9b – The Views of Stakeholders

We received an enormous amount of feed back in the course of developing this Strategy from a wide range of stakeholders; each section that follows is underpinned by a detailed feed back report which is available on request.

For the scope of this strategy we have extracted the ‘key messages for commissioners’. We have also shared relevant views/ feedback on health service provision with our Health Partner.

1. Older People with Dementia and their Families

1.1. The keys themes for our strategy from National consultation is as follows:

In the declaration for England cited in Dementia 2013, developed by the Dementia Action Alliance (DAA), people with Dementia and their carers describe seven outcomes that are most important to their quality of life, which echo themes coming from other research –

- I have personal choice and control or influence over decisions about me.
- I know that services are designed around me and my needs
- I have support that helps me live my life
- I have the knowledge and know-how to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of family, community and civic life
- I know there is research going on which delivers a better life for now and hope for the future

More than 70% of the UK public said they would feel scared about moving into a care home in the future. However, in the same report by Alzheimer’s Society 2013 it was found that 74% of carers would recommend the care home the person with dementia was in, but note less than half (41%) thought that the quality of life of the person with dementia living in the care home was good. This suggests more work is needed to promote and improve quality of life of people with dementia in care homes.

The findings also seem to indicate that we also need to work with families and carers to raise their expectations.

1.2 **Three Listening events** were held in each of the three Localities of Flintshire.

1.2.1 Listening Event - Consultation with the Women’s Institute, Cilcain
9th September 2013. 20 members attended.

Key messages for Commissioners:

- Care Homes should have more activities to provide stimulation, e.g. music sessions, reading groups.

- Focus on family stories: knowing the person and their family life is important; photographs and personal items can be used to aid memory.

1.2.3 Mold Rotary Club, 30th September 2013. 20 members of the Mold Rotary Club attended (all older gentlemen).

Key messages for commissioners:

- Ensure early identification and diagnosis
- More memory specialists (suggestion G.P's could offer routine screening)
- The quality of information and advice is important
- Carers need to be directed to appropriate support.
- More support for people with memory problems.
- People need to know what support is available.
- Focus should be on providing good care in the person's own home
- Opportunities for people to engage in stimulating activities based around memory training. Activities that are community based, maybe a 'club' environment and encourage links with young people.
- Knowledge and understanding of the person is very important, clear communication is essential as is opportunities for one to one interactions. Communication in the preferred language is important.
- Ensure home environments are welcoming and that people with dementia feel safe.

1.2.4 Douglas Place Luncheon Club, Saltney, 6th September 2013. 20 older people attended (18 women and 2 male volunteers).

Key messages for commissioners:

- There is not enough support available for people with memory loss
- There is not enough information about memory services and support
- More respite and education opportunities for carers.
- The importance of friendships for people with dementia
- Close knit communities are needed, the Community Support officer role is important at Douglas place.
- Encourage young people to help more in their communities.
- People with memory problems need places that are welcoming and where they can meet other people and have someone to talk to. Choosing the right place to meet is important, and it should be a place that is known to the community.
- Group activities that are entertaining and interesting/ keep people with memory problems connected. e.g. someone to accompany them to go shopping or support to remain familiar with the community.
- Wardens in supported housing have a large network of contacts with older people and they could be a good source of information and advice for people with memory problems.
- Memory services need to be local as the cost of transport can be prohibitive.

- People must be treated as part of the community and with dignity and respect, and be included in the life of the community.

SUGGESTED IMPROVEMENTS list:

- better transport
- more music groups
- lunch clubs with volunteers who understand memory issues
- more information about memory issues
- more respite services to help carers
- local memory activities and more activities for men
- trained volunteers who are 'memory support friends' in the community
- better access to basic services e.g. chiropody, help with gardening / handyman

1.3 Consultation with the **50+ Action Group**, at the Older People's Association, Connah's Quay, 9th September 2013. 11 members attended.

Key messages for Commissioners:

- Ensure that the plan is workable in practice
- Ensure the involvement of the Health Board in the plan and in the implementation of the plan
- Secure the involvement of mental health nurses with expertise in dementia
- Provide the training that staff require to support the plan
- Consult with other local authorities in England and Wales to identify best practice, but if possible visit these 'best practice' sites to see services in action.

1.4. Survey to obtain the views on choice, care and community for people with dementia in Flintshire care homes.

The survey and resultant write up is closely based on the research undertaken by the Alzheimer's Society which was published in 2013.

In Flintshire we distributed the survey via care homes, Social Services, voluntary sector partners and direct to Social Services staff. In total **32** surveys were returned¹⁰. Even though our numbers are small the findings and conclusions are in the main in line with the national research undertaken by the Alzheimer's Society.

The keys messages for the Commissioning Strategy are as followed:

- Feedback on current provision was mainly positive, good value for money and many would recommend.
- Ensure that there are opportunities for residents to get involved in activities, to socialise, with trips out.
- Involve volunteers and local schools

¹⁰ Note 4 surveys were returned after the deadline and therefore not included in the data analysis, however all four were screened for themes and comments.

1.5 Survey to obtain the views of family/ carers of people with dementia, who live in the community on what things, would be important if they had to choose a care home

The survey and resultant write up is based on the research undertaken by the Alzheimer's Society which was published in 2013 and David Sheard's Inspiring Checklist.

In Flintshire we distributed the survey via care homes, Social Services, voluntary sector partners and direct to Social Services staff. In total **26** surveys were returned¹¹

The key messages for the Commissioning Strategy are as followed:

- Ensure staff are trained in providing dementia care.
- Ensure homes are clean
- Ensure homes are appropriately designed with the right layout for people with dementia
- Ensure residents remain active

1.6 NEWCIS Carers Event 28th Sept 2013. 17 carers attended.

Three questions posed:

1) 'What could have been an alternative to long-term residential care for your relative?' and 'How would you have designed this?'

The key messages for commissioners are as follows:

Communication & Information

- Better communication between Social Workers and G.Ps
- More information on available support in G.P practices and clinics.
- Carers should always be treated as equal partners in the delivery of care.
- Provide timely information so that carers can make informed decisions e.g. about long term care etc.
- Carers to have one named person as the point of contact, to avoid having to deal with different professionals.
- Ensure all Social Workers are informed about what dementia services are available.
- A prompter and more proactive response in offering support such as respite.
- Consider holding meetings away from Social Services where carers can meet with the professionals from different agencies.

Support Services

- The need for male carers
- More support for carers in their caring role and help to lead a life outside of caring.

¹¹ Note 4 surveys were returned after the deadline and therefore not included in the data analysis, however all four were screened for themes and comments.

- The need for age appropriate services for people with early onset dementia
- Greater creativity and more options with respite e.g. respite in familiar surroundings such as the person's own home
- The importance of having consistency in paid carers supporting people with dementia and less rigid times for visits
- More Living Well provision

Image & Practice

- Reduce the 'red tape' to make it for carers to understand and navigate the system.
- Address the poor public image of social services which serves as a barrier to engaging carers.

Q2. How important is the physical environment in your choice of care home?

The key messages for commissioners are as follows:

Selecting a Home

- Signpost carers and people with dementia to Inspection

Approach of the Home

- An open visiting policy
- People can stay at the home when illness progresses and Category changes.
- Inclusive of family and friends e.g. first name terms, host wedding anniversaries etc

Physical attributes that are important:

- Internal space that is safe for people to wander around
- The home is odour free
- Gardens and outdoor space e.g. 'I like to walk the dog with my grandad'

Q3. What kind of support makes the most difference to your relatives general health and well-being?

The key messages for commissioners, as follows:

- Respect individual choices
- Homes that support people to maintaining contacts within the community.
- Homes that support people to maintain interests, not just Bingo or sing-a-long.
- The importance of continuity of care, same carers, same respite facility.

1.7 Care Checker in three in- house homes, 16 family members took part. The information gleamed was extremely in depth and rich and would suggest that the full report is requested.

The key messages for the Commissioning Strategy are as followed:

- Focus groups for families during which they could share learning, good practice and at the same time support one another.
- Are older people's expectations limited by the lack of expectations and aspirations that family members have? For example, a belief that all that can be provided is (hopefully) a quality service based on bed and board!!
- Idea of relatives as informal trainers for staff. Also regular relative meetings.
- Relook at the role of the social worker in this process. Also, communicate to all involved parties "who is responsible for what?"
- Explore further the advantages and disadvantages of dementia units within care homes.
- Continuity of support is central and identified as the most important factor in the provision of a quality service. This centred around the importance of knowing the individual and also the family.
- The idea and practicalities of a 'transitional' team of people involved in the life of each person could be considered. It could commence at the point of referral and continue through all stages of the service provided. It could also involve staff from the commissioning team, care management, provider and links with other agencies. Importantly it would have the person at the centre, together with involved family and friends. A bespoke team for each individual - a dedicated circle of support. This would carry varied levels of involvement and responsibility, but if 'chaired' by a key person in order that information is coordinated and communicated well, then the benefits for all stakeholders could be immense.
- Utilise the interests and skills of relatives wherever possible. The idea of a relatives support group was considered. This could encompass a variety of things e.g. welcoming new relatives, sharing experiences, looking at ways of improving the service, safeguarding, provision of training for staff. The last could be really helpful prior to and in the early stages of their relative's admission.
- Challenge is to create services/supports that are flexible and responsive to the changing stages of each person's dementia. Recognised that this can only be achieved via a mix of formal and informal support.

2. Current EMI home care providers

A 'Strengths, Limitations, Opportunities and Threats' Tool (SLOT) was used to structure 1:1 interviews with a random selection of 8 EMI Home Care providers.

The keys messages for the Commissioning Strategy are as followed:

Families

- People and their families appreciate good planning and timely moves into Care Homes
- Families want easy access to information and professionals, with good signposting to support.
- It is important to actively involve families in the running of the home via family groups.
- The need to educate families on the importance of 'life books'

Health Services

- The need for there to be better communication between Homes and Hospitals.
- It is vital that all ward staff understand dementia and work to help people maintain their independent skills.
- People with dementia should always be treated with dignity and respect.
- The importance of smooth and effective discharge practices.
- Timely access to community based health services such as Community Psychiatric Nurses, Out of hours G.P, physiotherapy and Occupational Therapy could prevent hospitalisations

Categories

- There is the need for clarity on the criteria that qualifies someone for EMI nursing as opposed to EMI residential. Home Managers reported that people with very complex needs are now being classed as EMI residential.
- Getting the placement right is vital for the person, other residents and staff.
- The use of variations by homes can lead to stress and anxiety for other residents as people with dementia have specialist needs.

Training

- Invest in training, target health professionals and hospital staff and tailor for home care staff.
- Invest in leadership training.
- Those arranging training should acknowledge the need for managers to work rotas, always ensure prompt notification and confirmation of place.

Best practice / person - centre care

- Homes want to embrace best practice and person centred care, examples of approaches and tools currently in use include My Home Life -person centred care and relationship centred care, 'challenging

snake', key worker group model, active support model, life books, reflective practice, seeking design advice for new-builds, use of technology

- Create opportunities for Home Managers to meet and share good practice

Financial viability

- Fees currently do not reflect the complexity of need and what commissioners expect
- The value of volunteers to help deliver person-centred care and provide 'quality' time activities
- Homes need to be bigger to be financially viable
- Concern about the vacancies that exist in EMI residential homes
- The changes in employment e.g. the auto enrolment into pensions could potentially increase staffing costs by 3-5%, profit levels falling year on year

Social Services

- The link to Social Workers is important.
- Care plans need to be promptly completed once decision to move into a home has been made, and need to be detailed especially in relation to challenging behaviour.
- Families would welcome a quicker financial assessment process.
- Self funders should be supported/ safeguarded in the same way as Local Authority residents.

Commissioning & Regulators

- Policies are difficult to see through to fruition without adequate funding
- Local Authority commissioning intentions to be published so homes can financially plan
- Flintshire County Council as a provider and commissioner is a conflict of interest as will always fill own homes first.
- Recognition of the willingness amongst commissioners to work and engage with sector to develop better models of care
- Address inconsistencies across homes in terms of standards/ messages from inspectors
- The need for more robust monitoring of whether staff in homes are trained
- Suggest that failing providers are suspended from the approved provider list (APL) which is shared with families looking for potential homes.

3. Locality Teams (Social Workers and Occupational Therapists)

A 'Strengths, Limitations, Opportunities and Threats' Tool (SLOT) by the team

The keys messages for the Commissioning Strategy are as followed:

<p>Strengths [prompts: what currently works well, think outcomes, cost effective etc]</p> <p>Dementia Support Workers Premier support (55hrs) Dedicated Social Worker Living Well service 1 – 2 – 1 crisis intervention (fast response) Specialist Day Care (inc Alzheimer's) Telecare extra care, people can remain with life partners</p>	<p>Weaknesses [prompts: gaps in provision, unmet needs etc]</p> <p>Lack of co location of services for dementia Joint closer working with Health No specialist respite care for Younger Onset Dementia Care at night EMI Nursing Beds people out of county - block beds</p> <p>Caring for carers Quality of meals being offered within 30 minutes</p>
<p>Opportunities [prompts: ideas/models for best practice, what works well elsewhere, potential innovation]</p> <p>Dementia Café Llys Jasmine Dementia Action Plan (focus South Locality) Specialist OT post (dementia) hands on Enhanced Care create an enhanced service (with GPs) – when people move into a home Look at telecare Social enterprise Look at contracts with care home providers to look at dining room environment</p>	<p>Threats [prompts: processes, relationships, finance, risks etc]</p> <p>Demographic increase in population Rising expectations on Residential Care Homes (families wanting Residential Care) “EMI” use of language & labels Lack of joined up Commissioning Plan EMI Respite Care beds based in ordinary Residential Care settings Fear of payments Perception – people feel they will be put in homes Huge effort of engaging with patients (with dementia) Lack of information</p>

4. Commissioners and the Contract Monitoring Team

A 'Strengths, Limitations, Opportunities and Threats' Tool (SLOT) by the team
The keys messages for the Commissioning Strategy are as followed:

<p>STRENGTHS</p> <ul style="list-style-type: none"> • Specific day centres i.e. old brewery, Croes Atti • Quality monitoring • Strong working relationship i.e. health professionals, independent sector • Training in partnership with independent providers • Choice across the county (EMI Residential) • Knowledge and intelligence of the market • Open market facilitation, working well together, informal discussions • Extra Care project in – Llys Jasmine • Pockets of good practice in some residential settings involving change culture and practice • Flintshire has good strong links with other agencies i.e Alzheimer's society and the Regional Dementia task group involving the independent sector and other stakeholders • Strong relationships and engagement with the independent sector and contract monitoring and commissioning 	<p>LIMITATION</p> <ul style="list-style-type: none"> • Large variance of dementia knowledge of some managers in the market • Lack of resources to enable people to access their community and links when placed in a residential home and over 65yrs • Lack of understanding from the assessor at initial assessment – care planning is often not outcome focused or person centred • Historic culture and expectations • Everybody has a responsibility to deliver meaningful activities i.e. environmental and therapeutic – i.e. handyman, carer to domestic care, this is everyone's responsibility • Lack of EMI nursing • Social Services and Health colleagues are currently doing very little joined up working, duplication of process taking place adding additional pressure to providers and families i.e. reviews • Lack of safe out door space in some residential homes
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Regional Monitoring framework • Work with existing practitioners and residential setting to change the culture • Opportunities to develop and maintain meaningful daily activities • Work with the independent sector to develop family forums to assist with education and training of dementia to assist to maintain a meaningful relationship with their relative • Dementia training for the contract monitoring and commissioning team • Model of care – home for life rather than having to move on when enhanced care is required 	<p>THREAT</p> <ul style="list-style-type: none"> • CSSIW removal of categories • Home in administration • Escalating concerns • Lack of EMI Nursing care • Voids in EMI Residential • Current economics environment i.e. strategic funding • Higher level of dependency at the point of accessing services • Model of care – home for life rather than having to move on when enhanced care is required • Statistics show a high turn over of Registered Managers • Employment Terms & Conditions do not reflect specialist skills and additional training required to deliver dementia care

5. Dignity Champions Network Workshop for the Flintshire and Wrexham Dignity Champions Network, 2nd September 2013. Attended by 17 members of the Flintshire and Wrexham Dignity Champions Network, including representatives from the Local Health Board, the Community Health Council, Flintshire County Council, Care Homes and Nursing Homes, British Red Cross, Neurological Alliance Wrexham, Parkinsons UK, and the Cymru Older People's Alliance.

Q. How can we support dignity in care for an older person with memory loss living in a long term placement? What works well and what could we be doing better?

For people with memory loss living in long term placements, dignity in care can be supported by achieving early diagnosis and good follow up and communication across professional groups.

Care plans must be person-centred and reviewed regularly. Details of the care plan should be communicated to the person with dementia and to carers.

Staff can create a helpful environment, focusing on structure, continuity, consistency, respect, person-centred care, and privacy. Helpful reminder notices can be used throughout the environment, creating an atmosphere of comfort and safety.

The atmosphere should be inclusive for all residents. The person should be listened to in a respectful manner and their wishes and choices respected. Staff should approach the person with empathy and understanding.

The 'life story' approach works well provided staff are trained to apply it in their daily work. Care staff can use family photographs, films and objects from the person's era, to create an understanding of the whole person.

Respect for personal appearance and for personal items is important; keeping personal things close to hand and not moving them without consent. Enabling people to have a single room and their own bedding enhances dignity in a residential setting.

Providing opportunities to engage in activities through volunteer support, focusing on memory activities and reminiscence, chatting and themed sessions, and making more activities available than is currently the case.

How the care in long term placements could be improved :

- Allowing more time for staff to spend on reminiscence work
- Mandatory training for all staff in dementia care
- More training for staff to translate 'life story work' into daily practice
- Providing care in the person's preferred language
- More opportunities to share expertise between staff, expert individuals and groups (e.g. universities working with staff in care homes)
- Regular audits of quality in dementia care; and a re-assessment of how we measure 'quality' in dementia care
- More consideration given to staffing levels and the availability of care at home
- Increase awareness of the NICE guidelines on dementia care

6. Response from Councillor Christine Jones, Older People's Champion, Flintshire County Council (10th October 2013)

Services should be focusing on providing support for people to live a normal everyday life in their own home for as long as possible. It is important to provide care at home for as long as is practicable, and relatives need support from health professionals, social services and the voluntary sector.

Care at home should be fully supported to avoid admissions to hospital. Admission into hospital for care can cause confusion due to the sudden change of surroundings. When discharged from hospital, whenever possible older people with memory problems should be able to return to their own home with support. Discharge into a care home should only be considered as a secondary alternative to discharge to their own home.

We need the full support of GPs to provide good quality services, and we need to make sure that high quality training in dementia care and dementia awareness is available to GPs, all community health care staff, carers and families. Relatives and carers need support, information and training to cope with this complex condition, and the availability of good respite care is also essential.

We need more Extra Care housing schemes for people with dementia, and the Llys Jasmine development is a very good example. Having apartments specially designed for people with dementia, while also having integrated facilities where all the residents can come together is an excellent model.

David Sheard's ideas and practices around dementia care should be given full consideration.

7. Flintshire Advocacy Services.

Key messages from Advocates:

Address waiting times for OT and Occupational health,

There is a lack of EMI nursing home placements in Flintshire

Some homes need more staffing at night.

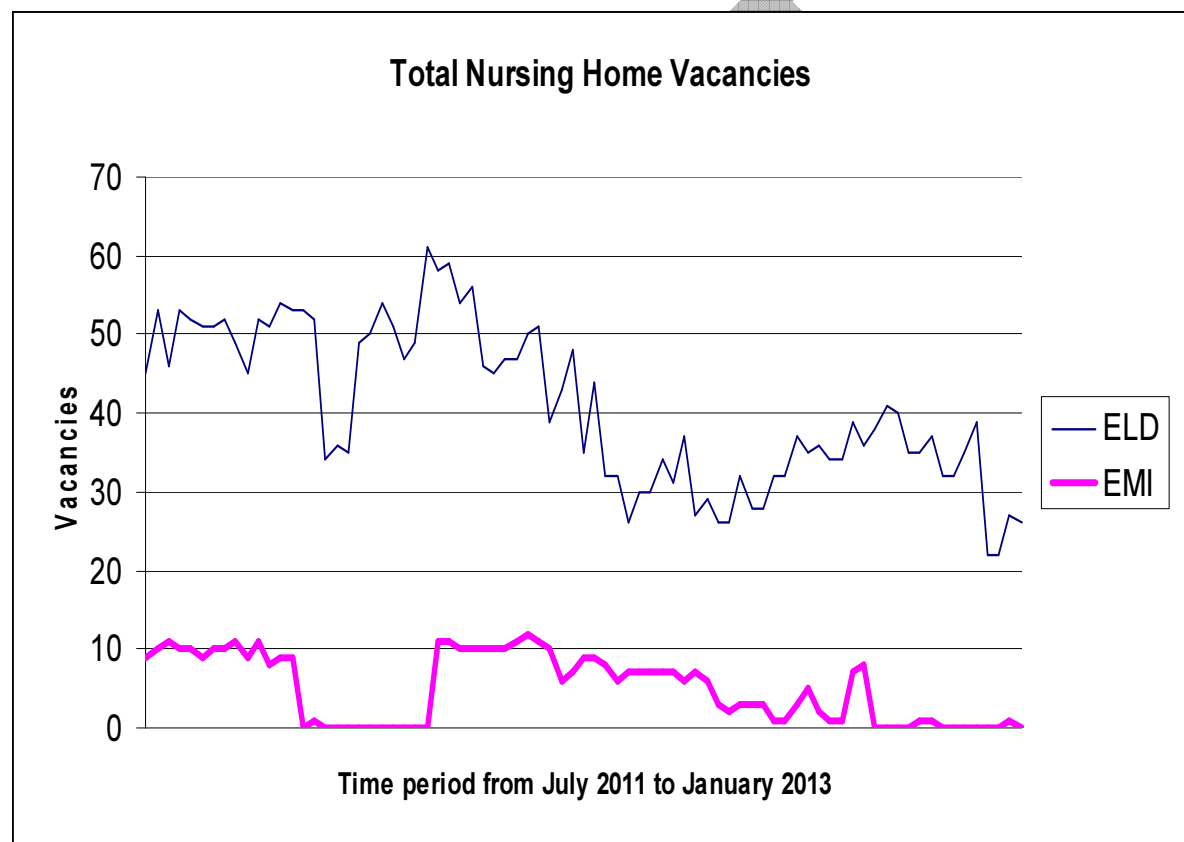
More staff training and knowledge on specific illnesses

There is a lack of facilities for younger dementia sufferers

Access to facilities when in residential care e.g. day centre/ day care in particular for younger dementia/brain acquired injury.

Knowledge of Mental capacity Act and in particular DOLS probably in all areas

Appendix 9c - Tracking Nursing Home vacancies



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Older People [Dementia Care Long Term Placements] Commissioning Strategy

Executive Summary

2013- 2018



Front cover images by courtesy of www.careimages.com

Introduction

This strategy document sets out our vision for long term care services for people living with dementia in Flintshire over the next five years. It's focus is primarily residential care services but it recognises that much work is needed to improve the quality of life for people living with dementia in all settings. We hope that through this document we will significantly change people's understanding and expectations of what "good dementia care" looks like and more importantly feels like for those who use dementia services in the future.

Life with dementia is still worth living. None of us would choose to experience dementia. Receiving a diagnosis often creates feelings of shock, anger, fear, distress or denial, however many people who experience dementia go on to do amazing and fulfilling things in their lives so it is really important to recognise that Dementia is only a part of a person not the whole.

In Flintshire we want people living with dementia to be able to live fulfilled and meaningful lives, to feel safe and be supported in their communities and wherever the "*dementia road*" may take them to be sure there will be care and support services flexible enough to meet their unique wishes and needs.

Ideally we would want this to be a joint commissioning strategy with our partners in Health (Betsi Cadwalader University Health Board). Given that the footprint of BCUHB stretches across the whole of North Wales we recognise that we will need to work towards this goal largely through a regional collaborative approach, involving Social Services colleagues in the other five Local Authorities.

Our Vision for the future is one where Health and Social Care services work together in an integrated way adding value to each other and where all services either those directly provided or commissioned by our respective organisations are tailored to meet the individual needs of people affected by dementia. Carers and families supporting people living with dementia told us very clearly that this must be our priority.

We recognise there will come a point when some people with dementia will no longer be able to remain safe at home owing to their increased need for specialist care. It's our intention that these people should have a choice of specialist dementia care homes that are close to family and their local communities.

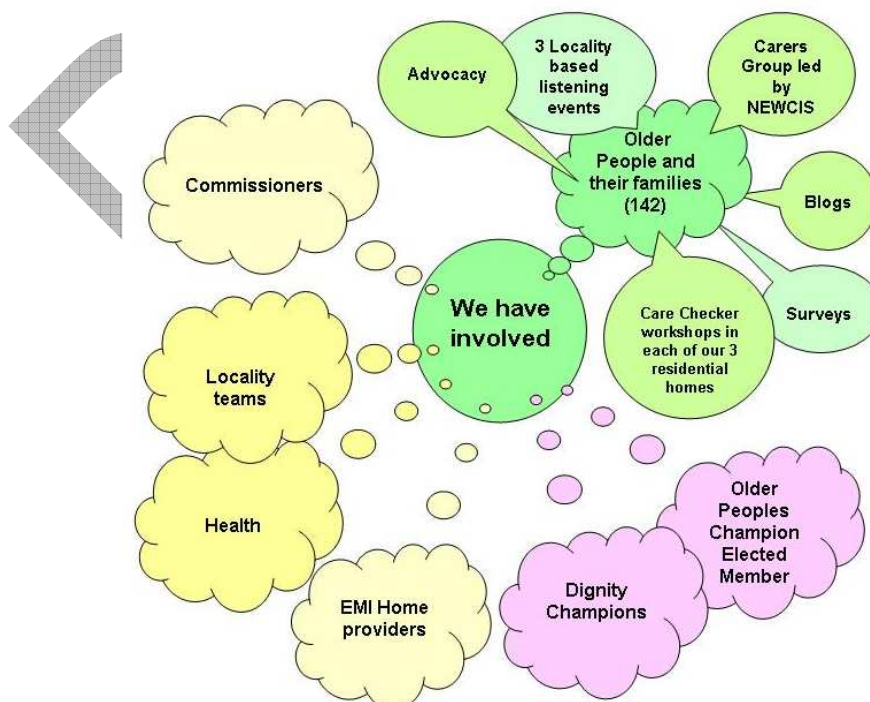
In Flintshire we know that currently we do not have enough specialist care home places available in particular EMI Nursing provision within Flintshire boundaries and we want this to change

Key Messages:

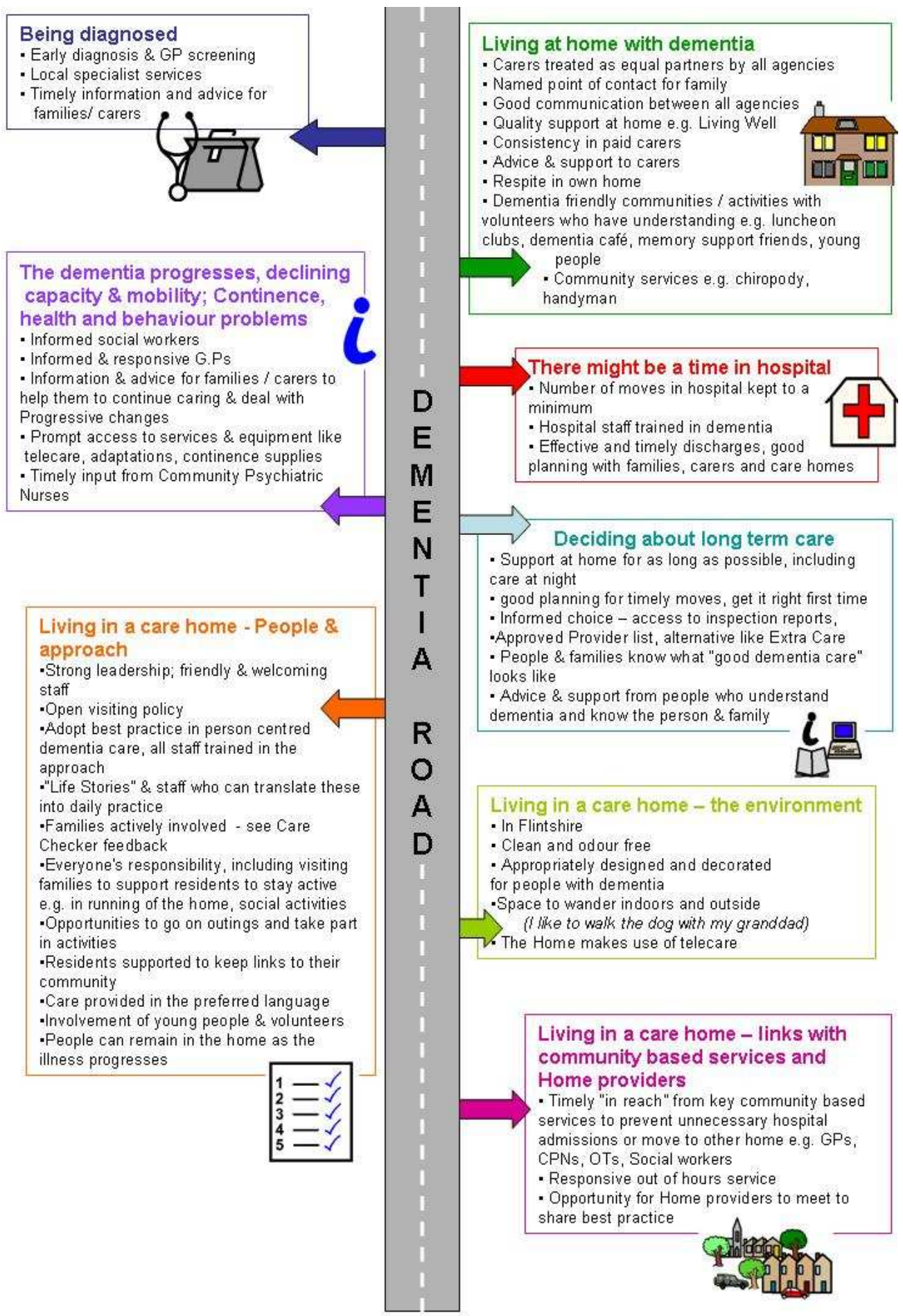
- Our annual spend on EMI Nursing and Residential is £4.4 million
- 69 people are currently funded in EMI Nursing Homes outside of Flintshire by Flintshire County Council and BCU Health Board.
- There are significant variations in the quality of dementia care services in Care home settings within Flintshire and no clear consensus on what 'good' dementia care should look like or the outcomes that should be achieved.
- Health and Social Services need to work more effectively together in the community to prevent hospital admissions and maintain people with dementia in their own homes or residential EMI settings
- Our goal is to keep people with dementia at home for as long as possible but our 'Living Well Home Care Service' is limited in capacity. So we need to roll out a similar model of person-centred dementia care across the Independent sector domiciliary market.
- We want to increase the use of Telecare in the community and long stay settings by 50% over the next five years in order to support people to be independent and safe in all settings.
- Carers of people with dementia need timely support from professionals who really understand dementia and can offer a flexible response to their individual situations, including night time services.
- Carers should expect more than just 'bed and board' from EMI Care Homes and should be involved in care planning as equal partners with Providers.

A lot of people were involved in shaping our strategy.

Our first illustration depicts 'who' was involved in shaping our strategy:



The second illustration which features on the next page is 'what they said' along the *Dementia Road*.



The issues

Demographics

- **The numbers of people with dementia in Flintshire** is projected to increase by 26%¹ from 2013 to 2020. So it is critical that all services are geared up to respond to this increase in need.
- In 2013 there were 1,859 people aged 65 and over with dementia in Flintshire, this is projected to increase to 1,975 by 2015, which means there will be **169 more people with dementia** in Flintshire

Impact of demographics on services

- We estimate that we will be providing services to **at least 135 more** people with dementia aged 65 and over by 2020.
- We estimate that we will at least **need 24 more long term places by 2015 and 95 by 2020.**

Care Homes

- People with dementia are moving from EMI Residential settings to EMI Nursing Settings because the residential home is failing to understand their needs and does not feel supported to respond appropriately to the changes in a person's condition.
- There is a lack of suitable long term places for younger people with dementia and other complex needs.
- The Direct care workforce needs more investment in specific training to feel confident to communicate and engage with people living with dementia and deliver person centred care.
- Registered Managers need to be skilled in leading staff teams to deliver person centred dementia care and build home environments that promote independence and positive risk taking.
- Homes should be places that feel warm, homely, and comfortable where design features are used to promote independence and safety and where families feel welcome and relationships flourish.

Community Based Health and Social Care Services

- There are gaps in both Health and Social Services in Localities resulting in inappropriate hospital admissions in particular there has been a reduction in the capacity of Community Psychiatric Nurses to respond to increasing needs .
- Case study evidence demonstrates the impact of failures of community 'in reach support' into the EMI residential care sector (see our case study over the page).

¹ DaffodilCymru

A case study to illustrate the lack of 'in reach'.

A 99 year old lady who was a long term resident in a Flintshire EMI residential home, had been falling frequently and attending A&E. One Friday morning she had another fall and was taken to A & E, who declined admission. The home felt they could no longer manage her needs. There was no suitable alternative placement. Attempts to involve colleagues in Health were unsuccessful and the lady was discharged back to the home the next day. Over the weekend the Home was unable to meet this lady's needs and the Out of Hours Social Work Team was contacted. Arrangements were made for additional 1:1 funding over the weekend to reduce the risks of harm. The lady continued to deteriorate and had to be admitted to hospital once more as an emergency on the Monday morning. Following assessment in hospital she was subsequently assessed as requiring Continuing Health Care and placed in an EMI Nursing Home out of county.

Carers

- Carers need more help to understand what 'good' dementia care looks like and have easy access to the right information to help them to continue to care at all stages along the "*Dementia Road*"

Finance

- Access to capital funds for new provision in the current economic climate is limited and impacts both on the improvement of existing provision as well as "new build" developments.

What we will do

We will be producing a Market Position Statement based on this strategy which will clearly state what we want from dementia care long term placements.

In the short term we will continue to have an open dialogue with our providers about how to meet the shortfall in EMI Nursing Home places within Flintshire boundaries and work with colleagues from across North Wales in the Regional Commissioning Hub to finalise an enhanced specification for the delivery of dementia care in residential settings. Our aspiration is to support one Flintshire home to adopt the "Butterfly" approach and be established as a demonstration site working to achieve the butterfly kite mark in Dementia within the next 3 years.

In the longer term we will consider developing more Extra Care facilities with designated apartments for people with dementia within Flintshire in order to extend the range of options available as an alternative to traditional long stay care.

We will also continue to work to engage commissioners within BCU Health Board to agree a shared vision of integrated community based services

specifically to meet the needs of people with dementia and their families. It is our contention that if the quality of care in EMI residential care homes improved less people would be admitted to EMI Nursing homes and significant funds could be freed up by BCU Health Board to invest earlier in support services earlier on the '*dementia road*'. We estimate this could be as much as £33k per week.

Conclusion

This Strategy has provided a strong rationale based on the best information we have that we need to act and do things differently. This is clearly "work in progress" and while there are some things that are within our control and we know can be improved in the short term there are others which will require more sustained and longer term Regional Collaboration to effect change.

Our Modernising Social Services Board and Annual Council Reporting Framework will be the mechanisms for monitoring this strategy.

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**
DATE: **TUESDAY, 17TH DECEMBER 2013**
REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**
SUBJECT: **TOGETHER FOR MENTAL HEALTH**

1.00 PURPOSE OF REPORT

- 1.01 To advise Cabinet of the response of Flintshire with partners to the Welsh Governments Strategy “ Together for Mental Health”
- 1.02 That Cabinet note that Councillor Christine Jones has the responsibilities of Mental Health Champion as part of her agreed role and will carry out these duties in the future.

2.00 BACKGROUND

- 2.01 The vision set out in “ Together for Mental Health “ provides the strategic context for an ambitious mental health agenda for the next 10 years, “Together for Mental Health”. shares responsibility and accountability between the NHS and Local Government for driving forward improvements in mental health provision in North Wales
- 2.02 This strategy highlights a range of factors in people’s lives which can affect mental health and wellbeing. These build on the ‘Areas of Life’ used in Care and Treatment Planning to improve the mental health and wellbeing of the whole population
- To reduce the impact of mental health problems and/or mental illness on individuals, families, carers and their communities
 - To reduce inequalities amongst people experiencing mental illness and mental health problems
 - To increase the feeling of control that people in receipt of assessment, treatment and services have over decisions made that affect them
 - To demonstrate the long term economic advantage of a whole population approach to improving mental health and wellbeing and treating mental illness
 - To improve the values, attitudes and behaviours of staff within the public, independent and Third Sector in relation to mental health

- 2.03 The North Wales Mental Health Partnership Board (NWMHP) was established in June 2013 to oversee the delivery and implementation of “*Together for Mental Health – A Strategy for Mental Health and Wellbeing in Wales 2012 – 2016.*”

Flintshire’s Mental Health Partnership Group has developed an Action Plan which sets out those areas of performance that all Partners will seek to improve over the next 3 years. This provides an opportunity for partners to develop innovative and integrated solutions in a challenging era where demand is increasing and resources are limited

- 2.04 A specific improvement approach identified in the strategy is for Local Authorities to identify a “Mental Health Champion” and give consideration to signing up to the “ Time for change pledge Wales “ This is a public declaration that an organisation wants to tackle mental health discrimination and stigma within it’s organisation. The Deputy Minister for Social Services, Gwenda Thomas has underlined her strong view that all Local Authorities and LHB’s should identify such a champion.

3.00 CONSIDERATIONS

- 3.01 Due to the wide range of cross cutting issues involving both Adults and Children and young People it is proposed that the Elected Member with the Portfolio for Social Services is best placed to take on the role of “Mental Health Champion” on behalf of the Council and that the role should include the following responsibilities

- To spend time with people with mental health problems, listening to concerns, issues and needs. To develop an understanding of Flintshire’s Mental Health recovery based approach and the” Involve project,” Flintshire’s in house Recovery focus group as well as becoming a co opted member of the Mental Health Strategic Planning Group. This will increase confidence in ability to champion the issues/ concerns of people with mental health problems with the council.
- To act as a conduit to get views heard and where appropriate ensure issues are dealt with by the appropriate body.
- To consider the effect of council policy, service planning and delivery on people with mental health problems
- To assist in coordinating a corporate response in relation to the implications of signing the “Time for Change Wales pledge” on behalf of the Council

4.00 RECOMMENDATIONS

- 4.01 That Cabinet note that Councillor Christine Jones has the responsibilities of Mental Health Champion as Portfolio holder for Social Services

5.00 FINANCIAL IMPLICATIONS

N/A

6.00 ANTI POVERTY IMPACT

6.01 N/A

7.00 ENVIRONMENTAL IMPACT

7.01 N/A

8.00 EQUALITIES IMPACT

8.01 N/A

9.00 PERSONNEL IMPLICATIONS

9.01 N/A

10.00 CONSULTATION REQUIRED

10.01 N/A

11.00 CONSULTATION UNDERTAKEN

11.01 N/A

10.00 APPENDICES

- 10.01 1. Based on a Guide produced by the Royal College of Psychiatrists
2013 – Councillors Guide to Mental Health.
- 10.02 2. “Together for Mental Health” Summary Document

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

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Email: lin.hawtin@flintshire.gov.uk

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We're in!


The mental health challenge

Local councils championing mental health

Councillors' guide to mental health

“

As a councillor I'm struck by how many people who come to me for help – whether for housing, financial or family issues – are struggling with their mental health too. If we can get things right strategically, so all our decisions take account of mental health, we'll make huge strides forward for our communities. ”

Centre for
Mental Health 

 mental
health
foundation

 mind
for better mental health

YOUNGMINDS
The voice for young people's mental health and well-being

 Rethink
Mental
Illness.

 RC
PSYCH
ROYAL COLLEGE OF
PSYCHIATRISTS

Foreword

Why we have produced this booklet

With public health transferring to local authorities, the role of councils in addressing the mental health needs of local people is ever more important.

At a strategic level, councils have duties to promote mental well-being for everyone, through public health initiatives, and to deliver support for people with existing mental health problems, through social care services. Individually, councillors often come into contact with constituents in distress either at surgeries, or through emails and telephone calls, but currently receive no information or advice on how to handle these difficult situations.

One in four adults and one in ten children will experience a mental health problem in any one year. Many social conditions can be affected by, or in themselves affect, a person's mental health. Worries over other issues, such as long-term illness, housing problems, social deprivation and benefits, can make people anxious and depressed, or exacerbate mental health problems.

It is not your job to diagnose a mental health problem, this is for trained professionals. However, developing understanding and confidence to talk to constituents about how best you can support them will lead to more meaningful interactions with your community. A better understanding of mental health will also help you fulfil your strategic roles as a councilor, whether you are a lead member, a scrutiny member, or a backbencher.

This booklet provides practical tips and advice on how to support constituents and where to signpost them. If you would like more information, you can visit our organisations' websites – which can be found in the Signposting chapter – or contact us directly.

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Quick-reference guide

The following information provides a quick-reference guide to what you need to know at a glance. More detailed information is found in the chapters that follow.

Setting boundaries:

- Be clear about your remit: what you can help constituents with, what you cannot.
- You aren't expected to diagnose or resolve a constituent's mental health problems, nor to provide psychological support to someone in distress. The best thing you can do is to listen and signpost them to more appropriate sources of help.
- If you have officers who support you with casework, agree an office procedure for handling challenging encounters. If you manage your own correspondence and surgeries, make sure you have someone present or at least to debrief with afterwards.
- Do not disclose a person's mental health problem to others without their permission.

Helping constituents in distress:

- Acknowledge how the person is feeling.
- Listen sensitively.
- Use open questions: how, what, when, where, who, why?
- Use a reassuring tone and display responsive body language.

- Avoid focusing on negative options or language.
- Reflect back information.
- Don't be afraid to say no.
- Acknowledge a person's anger even if unfairly directed at you.
- Present advice as a series of options and introduce signposting to allow constituents to make their own choices.

Helping unfocused/confused constituents:

If a constituent seems to have difficulty in articulating themselves or focusing, you can try to help them be clearer:

- **Be proactive:** listen for a few minutes, and then do your best to bring them to the point: 'So what is it that you would like help with today?'
- **Seek clarification:** it is reasonable to say 'You're giving me a lot of information, but before you go on I need to know now what exactly it is that you want my help with.'
- **Summarise the issues:** this shows you have listened and also helps to focus the conversation.
- **Highlight any underlying issues:** it might be that there is a key issue that needs to be dealt with before all of the other issues can be addressed.

If the main issue is still unclear, ask the person to write down their concerns in bullet-point form and contact you again once they have written them down.

An overview of mental health

We all have mental health, just as we all have physical health. It exists on a spectrum and people can move up and down from good to poor for any number of reasons. In any one year, one in four adults will experience a mental health problem.

The most common forms of mental health problems include:

Anxiety disorders

Anxiety is a normal human feeling we all experience when faced with threatening or difficult situations. But if these feelings become too strong when there is no real threat, they can stop people from doing everyday things. Such disorders affect about 1 in 10 people at some point in their lives.

Anxiety disorders include:

- **Panic attacks** – sudden, unpredictable and intense attacks of anxiety and terror of imminent disaster.
- **Phobias** – fear of something that is not actually dangerous and which most people do not find troublesome.
- **Obsessive–compulsive disorder (OCD)** – stressful thoughts (obsessions), and powerful urges to perform repetitive acts, such as hand-washing (compulsion).
- **Post-traumatic stress disorder (PTSD)** – can occur after a traumatic experience and involve feeling grief-stricken, depressed, anxious, guilty or angry.

Mood disorders

Also known as affective disorders or depressive disorders, people experience mood changes or disturbances, generally involving either mania (elation) or depression. Mood disorders include:

- **Depression** – 1 in 5 people will become depressed at some point in their lives. Anyone can feel low but someone is said to have depression when these feelings don't go away quickly or begin to interfere with everyday life. In its most severe form depression can make people suicidal.
- **Bipolar disorder** – once known as manic depression, it involves severe mood swings (high/manic episodes and low/depressive episodes) that are far beyond what most of us experience in everyday life.

Psychotic disorders

Psychotic disorders involve distorted awareness and thinking. Symptoms can vary from person to person and may change over time. They can include agitation, overactivity, lowering of inhibitions, overfamiliarity, sleeplessness and irritability.

Two of the most common symptoms of psychotic disorders are hallucinations (when you hear, smell, feel or see something that isn't there) and delusions (false beliefs despite evidence to the contrary).

Psychotic disorders include:

- **Schizophrenia** – affects how people think, feel, behave and how they perceive their own intense thoughts, ideas and perceptions. It can develop slowly and people may become withdrawn, lose interest in things and possibly have angry outbursts. 1 in 100 people will experience schizophrenia during their lifetime and the majority will lead ordinary lives.
- **Schizoaffective disorder** – affecting women more than men, people with schizoaffective disorders have symptoms of both schizophrenia and mood disorders.

Eating problems

Characterised by unhealthy attitudes to eating, eating problems are more prevalent in women than men, though numbers continue to rise in young males.

Eating disorders are usually attributed to a set of different causes, which may be to do with someone's personality, current events or pressures and past experiences.

- **Anorexia nervosa** – involves strictly controlling eating habits characterised by not eating and losing weight. Anorexia can affect every aspect of someone's life and is a life-threatening illness.
- **Bulimia** – is more common than anorexia. It is a cycle of feeling compelled to eat large amounts of food, and then trying to undo the effects of doing so.
- **Compulsive eating** – people may have come to rely on food for emotional support to mask other problems in their life.
- **Binge eating** – is often triggered by some serious upset and involves eating very large quantities of (often) high-calorie food, all in one go.

Personality disorders

Personality disorders are the most often misunderstood and stigmatised diagnoses in mental health. It can mean patterns of thinking, feeling and behaving are more difficult to change and people can experience a more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

Personality disorders can manifest in different ways. Psychiatrists in the UK tend to use a system which identifies different types of personality disorder, which can be grouped into three categories:

- **Suspicious:** paranoid, schizoid, schizotypal, antisocial.
- **Emotional and impulsive:** borderline, histrionic, narcissistic.
- **Anxious:** avoidant, dependent, obsessive–compulsive.

Championing mental health in your area

As well as supporting your local constituents with individual queries, you can help to champion mental health through your strategic role in the council. Councils have a key role in helping to implement the national mental health strategy and improving mental health and well-being in local communities.

Depending on your role in the council, there are different things that you can do to help:

All councillors

- Ask your council to sign up to the Local Authority Mental Health Challenge and appoint an elected member as 'mental health champion', to provide leadership and ensure public mental health is prioritised: www.mentalhealthchallenge.org.uk
- Ask your council to ensure that all elected members are provided with mental health awareness training to support both your strategic role promoting public mental health and your community role engaging with people who may be at risk of or have mental health problems.
- Ensure the council budget gives appropriate priority to public mental health by investing in evidence-based interventions and that all funding decisions are assessed for their impacts on individual and community well-being. Information and resources about what works locally are available here: www.mind.org.uk/publicmentalhealth

As Lead Member for health, adult or children's services

- ⦿ Prioritise mental health in your portfolio and across all areas of the council's work.

As members of the Overview and Scrutiny Committee or the Health Scrutiny Panel

- ⦿ Ensure you include mental health and well-being in your work to scrutinise how well the council promotes well-being, builds individual and community resilience and prevents mental health problems.

How much help should you give?

Rather than trying to diagnose or resolve a constituent's mental health problems, the best way of supporting someone is to listen sensitively and signpost them to more appropriate sources of help.

To do this effectively it may help to know about:

- **Setting boundaries** – to ensure you look after yourself emotionally and do not devote too much time to one person.
- **Establishing supportive office practices** – to support yourself and your colleagues.
- **Suggesting that your constituent seeks help** – depending on a constituent's individual needs.
- **Confidentiality and data protection** – how to comply with these requirements.

Advice on talking to someone in distress can be found in the next chapter.

Setting boundaries and building confidence

It is important to establish boundaries with your constituent early on so that they know what you can and can't do. This will help avoid situations where your constituent becomes overly dependent on you. Dependent relationships will not help you or the constituent in the long run.

Having clear boundaries will also help build your confidence to help people.

You could set out:

- How much time you will be able to provide.

- ⦿ How regularly a constituent should contact you, and in what form.
- ⦿ What problems you will be able help them with and what you can't do.

Establishing supportive office practices

It is important to consider the impact of these encounters on your own health and the health of your colleagues – either other councillors you work with or officers who may support you. A small amount of preliminary work can help protect you and create a supportive working atmosphere. As soon as you can, take some time to establish the following for yourself and in your office:

- ⦿ **An 'easy reference' job description** – councillors and officers should agree on what you can and can't help constituents with. You can write this down and refer to it if you are asked to do things that are outside your remit.
- ⦿ **A procedure for handling challenging encounters** – the advice in the next section can be used to draw up an office procedure for you and any officers who support you to follow. This could include when councillors should intervene in challenging encounters.
- ⦿ **An agreement to discuss challenging encounters** – debrief with colleagues – either other councillors or senior officers. Seek reassurance and feedback about the approach you took and the advice you gave, or provide such reassurance and feedback to your colleagues.
- ⦿ **A log of repeat correspondence** – you and officers can refer to this to know what has been said before and by whom.
- ⦿ **Professional contacts in mental health** – familiarise yourself with the local contacts suggested in the signposting chapter of this booklet. Establish contact with your local Community Mental Health Team or Mental Health Trust. They should be available to give advice and guidance when you feel a constituent needs more specialist help.

Suggesting that your constituent seeks help with their mental health

It can be hard to know whether you should suggest that your constituent seeks professional help for their mental health. Not everyone in distress will have a mental health problem, so signposting to medical help may not always be appropriate or well-received.

There is no hard and fast rule for when you should and shouldn't bring up mental health services. If you do decide to do so, think about the language you use. For example, suggesting that somebody 'has a lot to cope with and might benefit from talking to somebody about it' is rather different to suggesting that the person has a mental health problem.

Confidentiality and data protection

Councillors must comply with the requirements of the Data Protection Act (DPA) 1998 when completing casework on behalf of a constituent. There is helpful guidance provided for councillors on this by the Information Commissioner's Office and Local Government Association, which can be found at: www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/3492139/PUBLICATION. Specific guidance for helping constituents who may be at risk of self harm or suicide can be found in the next chapter.

Information about a constituent's mental health is sensitive personal data. Usually a person's explicit consent is needed before a councillor can disclose or pass this information on to anyone else. Sometimes consent can be implied when a constituent contacts you and makes it clear that they want you to use information about their mental health to assist them with the issue they are asking you to help with in your casework.

Here are some good practice points:

- Always clarify with your constituent what information is to be disclosed and what action you will take on their behalf.
- Always clarify what it is you are being requested to do.
- Only disclose information about mental health to the extent that it is strictly relevant and necessary to deal with the specific issue you are being asked to help with.
- Where possible, get written consent for disclosure and for your action plan. If there is no time to get written consent, you should seek verbal consent and make a note of it.

There are circumstances in which you can convey information about someone's mental health to a third party, namely where it relates to the prevention or detection of a crime, the prosecution of an offender or the assessment or collection of taxes. In these circumstances the relevant information should be passed to the police.

If a constituent contacts you about someone else's mental health problems, such as a friend or family member, you should try to find out what it is that the third party wants and whether they give consent to you taking up their case.

Establishing good practice can help clarify when you are able to disclose information about someone's mental health. If you are unsure about how to proceed, you should seek legal advice.

How to help someone in distress

Most councillors will come into contact with constituents in distress. Whether this is face-to-face, over the phone or via written contact in letters or email, the basic rules for helping someone are the same:

- Present advice as a series of options rather than a command.
- Avoid focusing on negative options or language.
- Be realistic about what you can do – as set out in the previous chapter.
- Don't be afraid to say no – you can manage people's expectations in an empathetic way which does not involve you taking on their situation.
- Acknowledge a person's anger rather than trying to defend yourself – even if the anger is directed at you or your actions.

Tone and language

How you speak to someone in distress may have an effect on how they feel. You should consider how the other person will interpret the way you interact with them. It may be helpful to use the following techniques to ensure you appear empathetic and interested:

- **Use a reassuring tone and display responsive body language** – retain eye contact, nod and use utterances to show understanding.
- **Listen sensitively** – allow the person to talk freely and don't interrupt. If they cry or break down, let them express their feelings without rushing:
 - *'Take your time; it must be difficult for you to cope with everything at the moment.'*

- **Acknowledge how the person is feeling** – but use statements that are neutral or supportive:
 - *‘I am very sorry that you have experienced this...’*
 - *‘This sounds like an upsetting/a frustrating situation for you...’*
 - *‘You must be having a difficult time.’*
- **Validate and assure** – help the person to feel hope and optimism. You can tell them that many people also have similar experiences. If they have told you about a specific mental health problem, you could say:
 - *‘Lots of people experience mental health problems.’*
 - *‘There are different treatments available which people find helpful.’*
 Avoid statements that may appear to belittle someone feelings, like:
 - *‘You’ll feel better tomorrow.’*
 - *‘Don’t worry about it.’*
- **Reflect back and introduce signposting** – after listening, introduce a positive note:
 - *‘I appreciate it helps to talk about the situation. I can help you with X, but I am not able to help you with Y. However, I can suggest some options for where you might be able to find further help with Y, if you would like.’*

What can I do if someone is in crisis?

If you think a constituent you are in contact with, either by telephone or face to face, is experiencing an acute mental health crisis, or expressing suicidal thoughts or feelings, there are several things that you could do:

- Try to appear calm, even though this can be hard to do.
- Ask the person if there is anyone they would like you to contact on their behalf. This could be a carer, friend or family member or their healthcare professional.

- Suggest that the person contacts their GP or their Care Coordinator (if they have one) directly.
- Suggest the person contacts their local Crisis Team.
- Suggest the person contacts a listening service such as the Samaritans: 08457 90 90 90.
- You could suggest the person goes to the local accident and emergency department. In some areas people can go direct to crisis houses, but it is worth checking beforehand that they accept self-referrals in your area before you send someone there.

What should I do if there is a risk of harm?

If you are seriously concerned that someone is at risk of harming themselves, you or others, you should contact the emergency services by dialling 999.

You should explain to the operator that you are concerned about someone's mental health and their safety or the safety of others. The 999 operator may request that an ambulance is dispatched and may ask for police assistance.

Sometimes contacting the emergency services can lead to a person being detained under sections of the Mental Health Act. This should not prevent you from taking action, but you may want to read more about what this means for the person involved. More information can be found in the glossary.

What should I do if the person becomes angry or abusive?

Occasionally people may become aggressive or threatening. Your first concern should always be your personal safety.

- ⦿ Acknowledge the anger rather than trying to defend yourself, even if the anger is directed at you or your actions.
- ⦿ If someone becomes offensive or abusive, then politely but assertively interrupt them to state that you find the language or tone unacceptable and request that they moderate their tone or language.
- ⦿ Ensure that you give them a chance to stop being abusive or offensive so that the conversation can continue.
- ⦿ If they are unwilling or unable to stop being offensive or abusive then explain the extent of your ability to help them, explain that they are welcome to ring/come back with a relevant query as long as they are not offensive.
- ⦿ State that you are going to terminate the call and hang up, or ask the person to leave the premises.
- ⦿ If you feel you are in danger, follow your office guidelines and if necessary, call the police.

After the event, make sure you log instances of angry or abusive behaviour and seek support and advice from your colleagues or senior officers on appropriate next steps. An established contact at the local Mental Health Trust or a local mental health charity can often be a good source of support.

Handling challenging emails and phone calls

Repeat contact from constituents can sometimes be a challenge. These tips can help you address challenging contact in an assertive manner, with a view to bringing it to a close.

- ④ Remain **calm and assertive but not aggressive** in your responses.
- ④ **Recap any previous contact** registered in the contact log; what they have needed and what you have helped them with in the past.
- ④ **Ask** if there is anything else you can help them with.
- ④ **Refer to your job role** if asked for something you cannot help with.
- ④ **Offer other sources of help** if appropriate and available.
- ④ If necessary, **be firm and straightforward** and ask them not to send further emails or make phone calls. (If you have made this request you could screen callers' numbers/emails and refrain from answering/responding.)

Signposting and local information

Below is a list of the core providers of mental health care services with a summary of what they do. You should take the time to find out who provides these services in your area and how they can help.

Having phone numbers and addresses to hand will aid you when helping a constituent, particularly in stressful situations.

Help in your community

Local doctors' surgeries are often the first point of contact for someone with suspected mental health problems. Diagnosis by a GP can often help people access specialised treatment and advice.

This link will help you find the nearest practice or surgery to your constituent: www.nhs.uk/Service-Search

In addition, a trusted local GP surgery may also be able to offer you advice about mental health over the phone:

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Community Mental Health Teams (CMHTs) provide community-based services to people aged between 16 and 65 who are experiencing mental health issues. CMHTs are multi-agency teams consisting of different mental health professionals, such as community mental health nurses, social workers, occupational therapists, support time recovery workers, psychiatrists and psychologists.

To find your nearest team you can use the NHS choices Find Service: www.nhs.uk/Service-Search

Contact:
Position:
Address:
Tel No:
Email:
Hours of operation:

Crisis Services

There should be a crisis team in your area and there may be a crisis house. In some areas people can go to these services directly – in others they may need to be referred. Find out from your local CMHT what the system is in your area and record it here. It will not help someone to send them to a service that cannot help them directly.

Contact:
Position:
Address:
Tel No:
Email:
Hours of operation:

Local charities and organisations

Mind is a national mental health charity that campaigns for people's rights and informs and supports thousands of people on a daily basis. Mind has a network of over 150 local Minds offering 1,600 services around the country, including supported housing, crisis helplines, counselling, befriending, advocacy, and employment and training schemes. You can find your nearest local Mind at www.mind.org.uk/help/mind_in_your_area

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Samaritans provide support by telephone, email, letter and face to face. The voluntary support is offered to those having relationship and family problems, those dealing with loss, financial worries, job-related stress, college- or study-related stress and body image issues. Your nearest branch can be found here:

www.samaritans.org/branches

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

The Royal College of Psychiatrists is the main professional body for psychiatrists in the UK. It has a wide range of evidence-based information leaflets on common mental health problems and treatments. Selected leaflets have also been translated into over 20 different languages, as well as British Sign Language:
www.rcpsych.ac.uk/expertadvice.aspx

Contact:
Position:
Address:
Tel No:
Email:
Hours of operation:

Rethink Mental Illness is a charity that believes a better life is possible for millions of people affected by mental illness. For 40 years it has brought people together to support each other. It runs services and support groups across England that change people's lives and challenges attitudes about mental illness. This link will show you your nearest Rethink Mental Illness Service:
www.rethink.org/services-groups

Contact:
Position:
Address:
Tel No:
Email:
Hours of operation:

Citizens Advice Bureaux (CABs) can provide support for many of the difficulties that can often be associated with a mental health problem, such as housing worries, financial problems, issues with benefits and employment issues. Services provided by CABs can vary, so it's best to record what your local branch offers. The nearest Citizens Advice can be found on their homepage at www.citizensadvice.org.uk

Contact:

Position:

Address:

Tel No:

Email:

Hours of operation:

Helplines

Mind infoline

0300 123 3393 or email info@mind.org.uk, Monday to Friday, 9am to 6pm. Provides information on types of mental distress, where to get help, information about drugs and alternative treatments and advocacy.

Mind legal advice service

0300 466 6463 or email legal@mind.org.uk. Provides legal information and general advice on mental health-related law covering mental health, mental capacity, community care, human rights and discrimination/equality related to mental health issues.

Mental Health Helplines Partnership

www.mhhp.org.uk

is the umbrella body for organisations offering helpline services to people with mental health needs. You can use their website to search for helpline services in your area.

Rethink Mental Illness

0300 5000 927, Monday to Friday 9am to 5pm provides information on mental health conditions such as depression, bipolar disorder, schizophrenia and personality disorder, as well as practical information on benefits, getting access to services, medication and psychological therapy. Specialist advisers are also available Monday to Friday, 10am to 1pm and an online forum rethink.org/talk is available 24 hours where people can share experiences with others who have been through mental illness.

SANE

0845 767 8000, daily from, 6pm to 11pm. Provides a national, out-of-hours helpline offering specialist emotional support and information to anyone affected by mental illness, including family, friends and carers.

Samaritans

08457 90 90 90 or email jo@samaritans.org, 24 hours a day. The service is for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

Other useful numbers

E.g. local advocacy services, local authority housing services, Job Centre Plus.

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Glossary of mental health terms

Advocacy – process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. Some people are entitled to the help of an Independent Mental Health Advocate – see IMHA.

Aftercare Services – for patients who have been detained because of their mental health and for those on community treatment orders. Everyone with mental health needs is entitled to a community care assessment to establish what services they might need. Section 117 of the Mental Health Act imposes a duty on health and social services to provide aftercare services free of charge to certain patients who have been detained under the Act.

Antidepressants – medicines sometimes used in the treatment of depression, anxiety, obsessional problems and sometimes pain.

Antipsychotics – medicines used for the treatment of psychosis.

Befriending Schemes – provide friendship and support to people with a mental illness.

Capacity – the ability to understand and take in information, weigh up the relative pros and cons and reach a sensible decision about the issue. See *also* Mental Capacity Act 2005.

Care Coordinator – a named individual who is designated as the main point of contact and support for a person who has a need for ongoing care. This can be a nurse, social worker or other mental health worker – whoever is thought appropriate for the person's situation.

Community Mental Health Team (CMHT) – supports people with mental health problems in the community. CMHT members include community psychiatric nurses (CPNs), social workers,

psychologists, occupational therapists, psychiatrists and support workers.

Community Psychiatric Nurse (CPN) – nurse who specialises in mental health, and can assess and treat people with mental health problems.

Counsellor – someone who uses ‘counselling’ to help with people’s problems, plan for the future and work through their feelings.

Clinical Psychologist – a psychologist who has undergone specialist training in the treatment of people with mental health problems.

Cognitive–Behavioural Therapy (CBT) – talking treatment that emphasises the important role of thinking in how we feel and what we do. The treatment involves identifying how negative thoughts affect us and then looks at ways of tackling or challenging those thoughts.

Crisis House – crisis houses offer intensive short-term support, allowing people to resolve their crisis in a residential (rather than hospital) setting. Referrals can be made by CMHT or Crisis Resolution and Home Treatment teams. Some crisis houses –

particularly those set up by the voluntary sector – allow you to self-refer.

Crisis Services – mental health crises include suicidal behaviour or intention, panic attacks, psychotic episodes or other behaviour that seems out of control or irrational and that is likely to endanger oneself or others. Many of the crisis services provided by the NHS and local social services are designed to respond to these types of acute situations or illnesses.

Crisis Team/Crisis Intervention Team – mental health professionals whose job is to work with people with mental illness who are experiencing a crisis. The aim of the team is to bring about a rapid resolution of the problem and prevent admission to hospital.

Crisis Resolution and Home Treatment (CRHT) Team – consists of mental health professionals with the aim of providing people with the most suitable, helpful and least restrictive treatment possible, in order to prevent or shorten hospital stays.

General Practitioner (GP) – the first point of contact with the NHS for most people. If more

specialised treatment is needed, a GP can make a referral to secondary mental health services such as psychiatrists, in-patient hospital care or community mental health services.

Guardianship – where a local authority, friend or relative is appointed to make decisions on behalf of a person with a mental disorder in order to protect their welfare or that of other people. Guardians can require that a person lives in a certain place, has access to health professionals and attends appointments relating to their care and treatment.

Improving Access to Psychological Therapies (IAPT) – an NHS programme offering psychological interventions for treating people with depression and anxiety disorders.

Independent Mental Health Advocate (IMHA) – the role of an IMHA is to provide information or help obtain advice on any rights that a person has under the Mental Health Act. Information on IMHAs and how to contact them should be given to a person if they are admitted to hospital or accepted into guardianship.

Mental Capacity Act 2005 – legislation aimed at protecting

and providing a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Mental Health Act 1983 – legislation governing the compulsory admission and treatment of people with mental health problems in England and Wales. Most patients will be admitted to hospital as informal patients, which means that they have voluntarily agreed to go. Compulsory admission may be necessary when someone has such severe problems that they are a risk to their own health or the health or safety of others. The Act was amended in 2007.

Psychiatrist – a medically trained doctor who specialises in mental health problems and is trained to deal with the prevention, diagnosis and treatment of mental and emotional disorders and can prescribe medication.

Psychologist – a professional who is interested in how people think, how they act, react, interact and behave.

Sectioned – term used when someone is admitted, detained and treated in hospital against their wishes. The legal authority

for admission to hospital comes from the Mental Health Act, usually because of an inability or unwillingness to consent. It refers to the use of a 'section' or paragraph from the Mental Health Act as the authority for detention. A better word is 'detained' as people are detained under the Mental Health Act. The paragraph or 'section' number is often used so a patient may be told they are on a section 2 or section 3.

Self-referral – allows individuals to refer themselves to services without the need of referral by GP, CMHT or other.

Service User – term to describe someone who uses or has used health services because of mental illness or a disability.

The Mental Health Challenge is a joint initiative of the Centre for Mental Health, the Mental Health Foundation, Mind, Rethink Mental Illness, the Royal College of Psychiatrists and YoungMinds.

www.mentalhealthchallenge.org.uk

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Together for Mental Health:

A Strategy for Mental Health
and Wellbeing in Wales



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk



Summary Version



Ministerial Forewords

When I launched our *Programme for Government* in 2011 I made a clear statement that creating the Wales of the future is something that involves all of us. What this means is that no matter in which field or area we work, be it health, education, housing, the economy, or elsewhere, our actions are all intertwined. The decisions we take in one area can have a positive or negative effect in others, the impact of which can far outlast the original decision. That is why this Welsh Government has made sustainable development our central organising principle, a desire to improve social, economic and environmental wellbeing to the benefit of the people and communities of Wales.

Put together for Mental Health exemplifies this approach. It sends a clear message that the delivery of the improvements in mental health and wellbeing we want to see can only be achieved by concerted effort and commitment on behalf of all Welsh Government departments and our partners. This is why, on behalf of my Cabinet colleagues, I am pleased to commit the Welsh Government to delivering this Strategy.

Welsh Ministers are embracing their responsibilities to deliver improvements in mental health and wellbeing across their departments and portfolios. This may be by improving mental health awareness in the workplace, recognising the impact of child poverty or acknowledging the importance of sports

and culture, not just to our national identity but also to our individual and collective emotional wellbeing. Put simply, we all have a role and responsibility to deliver the objectives and outcomes arising from this Strategy. Equally, we all stand to benefit from its success, be that in a healthier population and workforce, which will help drive the economic regeneration we wish to see in our economy, or in stronger, more cohesive communities.

Developing good mental health and resilience in individuals is about developing a more socially just Wales. Welsh Ministers have committed to place this Strategy at the heart of policy development and we expect all of those who work with us to do likewise.



Rt. Hon. Carwyn Jones AM
First Minister
October 2012

I am pleased to present *Together for Mental Health*, our new, age inclusive, cross-Government Strategy for mental health and wellbeing. This Strategy elicited considerable interest during its consultation, with over 250 written responses helping to shape the final content.

We all recognise the importance of a healthy lifestyle but fewer of us take time to consider our mental health. A quarter of us will experience mental health problems or illness at some point, having an enormous effect on those around us. Worse still, sufferers often face discrimination and stigma.

Together for Health, our 5 year vision for the NHS is clear that good health is vital to the creation of a prosperous, successful and sustainable Wales. Addressing the disadvantages faced by people with mental illness and ensuring equal access to care and treatment is essential to this. *Together for Mental Health* builds on improvements in mental health services over the last 10 years, including the legal requirements of *The Mental Health (Wales) Measure 2010*. It takes this work forward, providing a long-term commitment to improve mental health and wellbeing, backed by significant funding.

The economic constraints we face mean services need to be redesigned to maintain standards and meet future demands. A key theme of this Strategy is the need to bring services together to form a single, seamless, comprehensive system for addressing mental health needs across all ages.

No single body or sector can transform mental health in Wales. It is not the preserve of the NHS and Social Services alone. Only a partnership across the Public and Third Sectors can deliver sustainable improvement. The Third Sector has a significant role as service providers, advocates and in raising awareness. The people of Wales are also key partners as each citizen has a personal responsibility for their own health and wellbeing.

Together for Mental Health is the approach we have taken in developing the Strategy. It will continue as we progress this work together through our new National Mental Health Partnership Board that will oversee delivery and implementation.

I invite you to join with us to deliver this challenging but achievable Strategy for mental health and wellbeing in Wales.



Lesley Griffiths AM
Minister for Health and Social Services
October 2012



Together for Mental Health is a cross-Government Strategy setting out our goals for improving mental health and mental health services in Wales. It is our first Mental Health Strategy that covers all ages; children and young people, adults of working age and older people.

It looks to promote the mental wellbeing of all people in Wales and to ensure that people with mental health problems and mental illness get the support they need. This should be through an approach, which helps them to recover and looks at all the areas of a person's life.

This Strategy is based on a human rights approach and is an important step in supporting the rights of children and young people under the United Nations Convention on the Rights of the Child. (UNCRC)

The Strategy has been written through engagement and consultation with key partner agencies, service providers, service users and carers.

Why do we need a Mental Health and Wellbeing Strategy?

We want people in Wales to live healthy, productive lives, in safe communities that they can be a part of. We also want to support the development of a fairer society where everyone is able to make the most of themselves and be as independent as possible.

Improving mental health and mental wellbeing is part of this because it should help for example:

- Address health and other inequalities
- Increase levels of education, gaining qualifications and employment opportunities
- Tackle poverty, drug and alcohol misuse, and homelessness
- Reduce the number of young people entering the youth justice system.

What do we know about mental health and mental illness in Wales?

Statistics around mental health and mental illness in Wales include:

- 1 in 4 adults experiences mental health problems or illness at some point during their lifetime.
- 1 in 6 of us will be experiencing symptoms at any one time.
- 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder.
- 1 in 10 children between the ages of 5 and 16 has a mental health problem and many more have behavioural issues.
- Approximately 50% of people who go on to have serious mental health problems will have symptoms by the time they are 14 and many at a much younger age.
- Between 1 in 10 and 1 in 15 new mothers experiences post-natal depression.
- 1 in 16 people over 65 and 1 in 6 over the age of 80 will be affected by dementia.
- 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem.

What is the impact of poor mental health and mental illness?

Poor mental health and mental illness can affect people of all ages, communities and the economy.

On an individual: It can have an effect on all areas of life including life expectancy. In 2011 UK research found that people with severe or lasting mental illness died on average 10 years earlier than the general population.

Some mental health problems can be passed on through family generations. Poverty, loss, trauma and abuse can also cause mental health problems. These problems can make it harder to gain qualifications, get a job or stay in work, have an income or have good housing. This can lead to physical health problems because of poor diet, lack of exercise, and drug or alcohol misuse.



On the economy: The *Friedli/Parsonage report* estimated that the yearly cost of mental ill health in Wales was £7.2 Billion in 2007-08.

This includes costs like:

- Health and social care
- Output losses because people couldn't work
- The impact on people's lives.

What progress have we made under previous mental health strategies?

Our earlier strategies that have helped improve support for people of all ages.

Some of the positive steps taken include:

- The *Mental Health (Wales) Measure 2010* which is extending care in GP surgeries and ensuring that Care and Treatment Plans look at every area of a person's life
- More people being cared for closer to home as community support services have been developed for people of all ages
- Over 25% of people employed in Wales covered by the *Healthy Working Wales* Scheme
- Giving more opportunities for people of all ages to get involved in the decision making about the planning of services, and how they are delivered and designed in local areas
- A range of initiatives providing support for children and their families, helping them cope and stepping in early when problems start
- Nearly 8,000 staff trained in Mental Health First Aid, over 1,200 in Youth Mental Health First Aid and over 3,000 in Applied Suicide Interventions Training Skills
- The development of Criminal Justice Liaison Services to spot and support mental health problems as soon as possible in people in the criminal justice pathway.



How does this Strategy fit with the wider policy agenda of the Welsh Government?

Improving mental health and addressing mental illness help us to deliver other Welsh Government priorities.

What outcomes do we hope to achieve with this Strategy?

The Strategy has 6 high level outcomes:

- The mental health and wellbeing of the whole population is improved.
- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
- Access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result.
- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.

More detailed outcomes to achieve these aims are set out at the beginning of each chapter.

How will we deliver the Strategy and know it is making an impact?

The Delivery Plan for this Strategy sets out the actions that Welsh Government and key partner agencies will take to make this happen.

- A new National Mental Health Partnership Board will be set up to oversee implementation and progress towards our outcomes.



Promoting Better Mental Wellbeing and Preventing Mental Health Problems

Outcomes

- Population wide physical and mental wellbeing is improved, people live longer, in better health and as independently as possible for as long as possible.
- People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis.
- Child welfare and development, educational attainment and workplace productivity are improved as we address poverty.



Summary

Mental wellbeing is when a person knows their own abilities, can cope with life's stresses, work productively and be an active part of their community. It's about feeling good and functioning well.

In the past mental health strategies in Wales have focused on treating and supporting people with mental illness. In this Strategy we also look at how we can help people have and keep good mental health. Part of this will be by noticing when there is a risk of someone having a mental health issue and helping them to take action early.



How will we deliver the outcomes?

- We will work with Health Boards, Local Authorities and other partners to make sure that people know how to look after their own mental health and wellbeing
- We will take steps to help break the cycle of inequality and poverty in Wales, with vulnerable people getting the help they need
- We will support programmes and services that help people to have safer and enjoyable lives
- We will work with schools and employers to make sure people have healthy and supportive education and workplaces
- Public service providers will promote mental wellbeing among those using their services, their staff, and where relevant, their students
- We will support people to grow old well, keep their independence and to plan for their futures
- We will make sure that people with a mental illness, get the support they need and are informed about how to have better mental wellbeing.

At a population level

Building resilience, protecting and promoting mental health and wellbeing is at the heart of what we are doing to achieve a healthier and fairer society. Tackling problems like housing, poverty, unemployment and drug and alcohol misuse are really important. So is making sure people have lively bright communities, healthy schools, good work places and strong relationships.

Within communities

Good mental wellbeing is part of communities being healthy and lively with everyone working and living positively together. In areas where there is the most poverty, there is also likely to be the highest levels of poor mental health and mental health problems. We will continue to work through projects including the *Communities First* Programme to increase people's life skills and understanding of good mental health.



Planning and Environment: Having good housing and communities is an important part of mental health and wellbeing. We have plans and policies in place to help develop new housing areas to give people a better quality of life.

Sporting Activities: Exercise can have an important role in mental wellbeing. Getting children and young people into the habit of exercise will help them to be healthy. These will include play areas, cycle paths, places to go walking, safe streets and green open spaces.

Arts and Culture: Taking part in arts and culture helps mental health because it helps people to relax, express who they are and improve confidence and self esteem through drama, literature, music and art.

In Schools: Schools play an important role in children and young people's lives. We have many successful projects and plans in place to support mental wellbeing in early years, learn life skills and help young people prepare for their adult lives. There are also school-based counsellors to help with issues like bullying.

In the Workplace: Our *Healthy Working Wales* Scheme gives support to employers and employees to improve health at work, prevent ill health and to support people returning to work.

When anyone, including young people, faces unemployment, they are more at risk of becoming isolated, losing confidence or having low self-esteem. Over time this can damage their mental health and wellbeing. We want to work closely with partners to help them by giving them the chance to volunteer or get involved in other activities.

Following the recent review of the *Talk to Me Action Plan*, we will continue to progress action to reduce suicide and self harm.



For individuals

For all ages: Everyone needs good information about the ways that they can have better health and wellbeing. This is particularly important for people with mental illness who have higher risks of poor general health. We are supporting programmes like *Stop Smoking Wales*, *National Exercise Referral Scheme* and *Change4life* that help to tackle problems like lack of exercise, poor diet and drug and alcohol misuse.

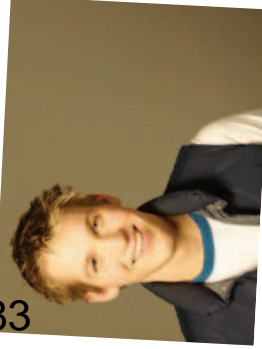
We will also focus on helping people at risk of mental health problems including those whom:

- Are vulnerable groups and with protected characteristics under the Equality Act
- Are asylum seekers
- Refugees
- Have left the armed services
- Women subject to violence and children experiencing domestic abuse
- Are homeless
- Have experienced domestic violence
- Are in the youth justice system or custody.

Local Authorities and partners will therefore have a new duty for the wellbeing of people in need.

For children and young people: Our approach has the rights of the child and UNCRC at its heart. We are committed to its '7 Core Aims' and we want all children and young people to:

- Have a flying start in life
- Be well educated
- Enjoy the best possible health
- Have access to an enriched environment
- Be listened to and treated with respect
- Feel safe
- Not be disadvantaged by poverty.





Improving the health of children is a priority. We will continue to support a range of programmes such as *Flying Start*, *Families First* and *Teams Around the Family*. We want to help children, young people and their families by showing them how to have life coping skills and how to notice the first signs of a mental health problem so they can get the help they need as soon as possible. Colleges and university staff should also need to understand the role they play in helping students when they go through transitions.

For adults and older people: Promoting mental health and wellbeing with people who are older helps everyone in society. Their independence and the ability to stay in their own home is important to good mental health, and feeling lonely or isolated can lead to mental health problems. Support and counseling at key times like retiring, loss of a partner or moving home is a priority.

There are projects that help older people to volunteer, do courses and other activities that help mental and emotional wellbeing.

There are also other activities that older people can do to help lower the risk of dementia like:

- Exercising both mind and body
- Not smoking
- Achieving and maintaining a healthy weight and eating a healthy diet
- Controlling high blood pressure, blood sugars and reducing cholesterol.



A New Partnership with the Public

Outcomes

- People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.
- Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.
- People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.
- People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.
- People feel in more control as partners in decision making about their treatment and how it is delivered.
- Families and carers of all ages are involved in assessments for support in their caring roles.
- People of all ages and communities in Wales are effectively engaged in the planning, delivery and evaluation of their local mental health services.



Summary

For this Strategy to work we need the public and public services to have good information about mental health issues and mental wellbeing.

We want people to get the support and help they need as soon as they spot there is a problem. Tackling the stigma that is attached to mental health and dementia is a key aim and will encourage people to get advice from family, friends and services.



How will we deliver the outcomes?

We will:

- Do more to help people understand mental health issues and to seek help early to manage their own care.
- Work with *Time to Change Wales* (TTCW) to make sure that we tackle stigma and discrimination.
- Expand primary care mental health services in places like General Practitioner (GP) surgeries by meeting the requirements of *The Mental Health (Wales) Measure 2010*.
- Make sure Statutory Care and Treatment Plans are developed with service users of all ages taking part in the decisions that affect their lives co-produced and, where ever possible involving families and carers where appropriate.
- Make sure that health and other public services engage with service users and carers of all ages to plan, design, deliver and evaluate services.

Ensuring equality

Lots of different people, from a mix of different cultures and traditions, live in Wales.

Service providers must meet their legal duties to ensure that people's human rights are protected. Services must be based on individual need so that no-one is disadvantaged. Strong leadership and good staff training will help us to achieve this.

Meeting the needs of Welsh speakers

Having services available in Welsh is a need for many Welsh speakers. People with mental health problems can be more vulnerable if the help and support they need is not available in the language they speak. The 'active offer' principle means that services must offer Welsh language rather than someone having to ask.



Promoting mental health awareness

For the whole population: We will make sure that the public have up-to-date, good quality information about how to look after their mental health and how to spot when they, or someone in their family, have the beginnings of a mental health problem.

We will promote the help lines that we fund for all ages, so that people can get help and advice at any time. Staff working in mental health services must have information about what help and is available so they can help people get the support they need.

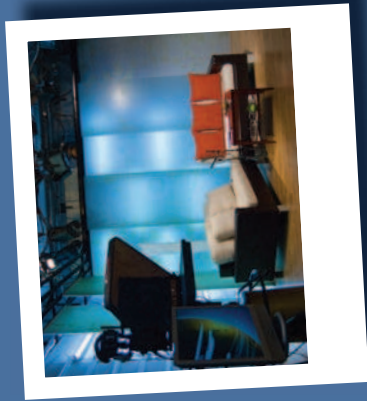
For children and young people: We will be working with schools via the Healthy Schools network, youth clubs, colleges, Youth Offending Teams, and other groups to raise awareness about mental health issues and wellbeing.

We will work with children and young people to make sure that services meet their needs, that they are involved in decisions that affect their lives when possible, and that they get the information in the right format in the places that they go.

For adults and older people: For people of working age, negative attitudes towards mental illness in the workplace can lead to people fearing they'll lose their job or be treated unfairly. This can mean that people try and cover up problems. We will promote the *Healthy Working Wales* Scheme that helps employers and employees to get support and advice around mental health issues through websites and advice lines.

Older people and their families need help to know how to plan for their future. Information packs, websites and help lines will be increasingly available to help families who need advice about issues like Dementia.





Reducing stigma and discrimination

People with mental health illness can face stigma and discrimination. In children and young people this can lead to bullying and in adults it can damage opportunities and reduce people's hope. We are working to tackle this.

Some of the negative attitudes towards mental health problems and dementia come from the media like TV, newspapers and other printed materials. Even inside our services some staff misunderstand and fear people with mental health problems and mental health illness. Our work with TTCW aims to change public attitudes and behaviour towards mental illness and reduce the stigma and discrimination experienced by people with mental health problems.

Engaging people in their own care

We want service users, their carers, and families to be able to take an active part in planning and managing their own care. Service providers need to make sure that there is good information, help and support so that people have real choices. Under *The Mental Health (Wales) Measure 2010* people receiving secondary care (specialist mental health services) have a care co-ordinator who will make sure that their Care and Treatment Plans are developed with them whenever possible. An advocate can also help their views get heard.





Support for families and carers

Families and carers of all ages, especially young carers, have an important role in the care and treatment of people with mental health problems. They need support to carry out this role including information, training, financial and emotional support.

Carers of all ages have a legal right to ask for an assessment of their own needs.

We are currently updating the *Carer's Strategy for Wales* to make sure that carers are aware of their rights.

Active involvement of service users in service design, delivery and monitoring

People of all ages who use mental health services must be involved in service design and how it is provided. Their views and voice can make services better. This includes being involved on professional appointment panels for staff and mental health planning groups. They may need training and support to do this.



A Well Designed, Fully Integrated Network of Care

Outcomes

- Service users experience a more integrated approach from those delivering services.
- People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to psychological therapies.
- Service user experience is improved with safety, protection and dignity ensured and embedded in sustainable services.
- Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.



Summary

We want to make sure that less people in Wales develop mental health problems.

For people who do need services at any time of their lives, we want the problems to be spotted early so they can get the help and support that they need quickly and stop these problems from getting worse. As mental health problems often happen alongside other health and social issues, we want services to work together to give support.





How will we deliver outcomes?

- Partner agencies will be expected to jointly plan and provide integrated services and environments to meet the needs of those with mental health problems in a person centred approach.
- Health Boards, Local Authorities and other service providers will be expected to show that the support and treatment offered are based on evidence, are safe and therapeutic, keep people's dignity and independence promoting recovery or enablement.
- Agencies will make sure that their services offer good early intervention, using a "psychologically minded" approach to improve outcomes and to help reduce unnecessary hospital admissions.
- Service providers will review their approach to risk management and safeguarding issues.
- Primary Care Mental Health Services will be developed in line with the requirements of *The Mental Health (Wales) Measure 2010*.
- Service planners will be asked to review care pathways with service users to make sure they are seamless, meet the specific needs of all age groups and work together to meet the complex needs of people with co-occurring problems like learning disabilities or substance misuse problems.



Service providers working together

Improving mental health needs all sectors to work together with people being treated equally, with dignity, respect and compassion so they can trust and have confidence in the services they receive.

Mental health services and physical health services must work together to make sure that the physical health needs of people with mental illnesses are met. Staff working in primary and secondary services such as GP surgeries, community health services, physical health teams and psychiatric units must work together and be trained in how best to support people with mental health problems and illness.

Joining Health and Social Care: *The Mental Health (Wales) Measure 2010* places statutory duties on the NHS and Local Government to provide joint solutions between health and social care for people of all ages. This will be strengthened in the *Social Services Bill*.

Direct Payments: For some people direct payments mean they can make a choice and manage the care and support services they use. This gives them more control.

The Third Sector: Voluntary organisations, companies and charities, known as the Third Sector, play an important part in supporting people with mental health issues. Statutory services need to work in partnership with them.





Holistic care throughout the care pathway

We want to look at all aspects of a person's needs and treat the whole person.

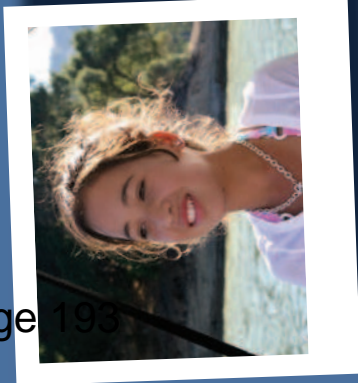
Primary Care

Our aim is for mental health problems to be identified as early as possible and for people to get the help they need when they need it. The care and support given through GP surgeries is a key part of this. They are often the first people to identify the signs of mental health problems and can link people to other services when they need them. More services are being developed in primary care settings through *The Mental Health (Wales) Measure 2010*. Community pharmacies, dentist, and health visitors also play a part in this.

For children and young people: Spotting the signs of a mental health problem and providing help as soon as possible is important. Tier 1 Children and Adult Mental Health Services (CAMHS) work with others such as School Nursing services and *School-based Counselling* and Youth Offender Teams to meet these needs and improve appropriate access to CAMHS.

Youth justice services and CAMHS need to develop links with police and other appropriate criminal justice agencies to make sure those who have become disengaged from mainstream services can be identified and given the relevant care and support to enable them to lead crime free lives.

For people with a learning disability and mental health problems: Primary mental health services will need to make sure that they are skilled and supported by Learning Disability Specialist Teams.



For older people: GP surgeries, community nurses and other care services are key in spotting mental health problems like depression and anxiety, and in identifying early signs of dementia in older people. Appropriate referrals to memory clinics, psychosocial or psychological interventions, enable people to make timely, financial and future decisions.

Community Services

Some people with mental health problems will need specialist services. CAMHS teams and Community Mental Health Teams (CMHTs) for adults and older people must make sure all people needing specialist services can access them quickly and easily including evenings and on weekends.

Specialist services such as Community Intensive Intervention Teams (CIITs) for children, Crisis Resolution and Home Treatment services and Assertive Outreach Services have been introduced and need to be further developed. Service providers need to review their community services to make sure they are meeting requirements and *The Mental Health (Wales) Measure 2010*.

Inpatient Care

A small number of people with mental health problems and mental illness will need inpatient treatment. Progress over recent year's means much of this is provided close to home, in new improved facilities.

For all ages: Modern units to offer single sex facilities, usually in single rooms, gender safe communal areas, family areas, privacy and safety and dignity for children and young people.

Age-appropriate environments should be provided for children and young people. This means that they should not be placed in adult wards except for exceptional circumstances.

Care and Treatment Planning should focus on recovery and finding the right time for people to leave hospital. This should include working with their whole family.





Many older people, and some younger people, will be cared for in residential or nursing care places rather than hospitals. Specialist community mental health services should provide in-reach to these settings. For those people who need to receive care or secure provision away from their local area, their Health Board needs to develop a care pathway to make sure all their needs are met in line with Parts 2 and 3 of *The Mental Health (Wales) Measure 2010*. People should return as close to home as possible, as soon as clinically and practically appropriate.

Support for individuals in the criminal justice service

People in the criminal justice system with mental health problems have an equal right to treatment and support. To ensure that we do this well requires action including:

- Ensuring police, health services and social services work together to use good practice around arrangements and place of safety requirements
- Further developing Criminal Justice Liaison Services in police custody suites and courts to identify those in mental distress and facilitate access to care and treatment
- Timely and appropriate mental health advice and reports to custody suites and courts
- Good quality information to offenders with mental health problems and learning disabilities
- Primary and specialist care services planned and delivered through partnership with Health Boards, Local Authorities, Her Majesty's Prison Service (HMPS) and other custodial contractors in line with Part 1 of *The Mental Health (Wales) Measure 2010*
- Timely transfer of prisoners to general acute mental health hospitals and specialist secure hospitals under the *Mental Health Act 1983*
- Multi-disciplinary risk assessment and case management undertaken prior to and at the point of release from prison for those with mental illness and co-occurring conditions such as substance misuse
- Effective support with rehabilitation and resettlement prior to and at time of release from prison.



Approximately one third of the prison population from Wales is held in prisons in England. This includes all women prisoners. Mental health services in Wales need to work together with teams in English prisons to ensure people are supported to have a safe return to their home areas.

Children and young people in contact with the criminal justice system

For Youth Offending Teams to support young people in accessing treatment and services for identified mental health problems, co-occurring conditions and emotional and behavioural issues, a Health Board Mental Health Advisor role is needed. This role will support each Youth Offending Team, aligned with Forensic CAMHS team, and strong links between CAMHS and Youth Offending Teams to enable access to relevant help and support for young people identified at risk of offending and anti-social behaviour.

Service development priorities

There are a number of issues that still need addressing:

For all ages: Everyone should be treated with dignity and respect. We need to make sure that:

- Mental health services are safe and respectful for all who use them, and that vulnerable people of all ages are protected
- High quality services promote independence whether in a person's own home, hospital or other setting
- Linguistic matters can be clinical needs rather than choice for service users. Services must be suitably developed for delivery in English and Welsh
- People get the right help, at the right time, to bring about the right outcomes. This is particularly important in the treatment of a first episode of psychosis
- A range of evidence-based psychological interventions, including talking therapies should be available, for people of all ages as part of treatment and therapies
- Specialist services are available in the community



- Best practice is used in risk management
- Agencies work together to ensure support is provided on suicide prevention and for those who self harm.

Co-occurring conditions

Services should work together to support and care for people who have mental health problems alongside other health or social problems.

Substance Misuse: The *Working Together to Reduce Harm Strategy* shows the importance of services working together to treat people who have substance misuse and mental health problems. Delivering *A Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem* remains a priority.

Eating Disorders: Services should be provided in line with the guidance in *Eating Disorders - A Framework for Wales (2009)*. For people whose needs cannot be met through their GP, they should be provided by local community health services. Where specialist care is needed, eating disorder community services are provided in North and South Wales. Eating disorder services will be reviewed as part of the Delivery Plan for this Strategy.

Personality Disorders: People with severe personality disorder should be able to get help through local services but for those who are high at risk to themselves or others and cannot be managed within mainstream services, access to specialist personality disorder services should be available. Guidance is provided in the National Public Health Service for Wales' document *Meeting the Health, Social Care and Wellbeing Needs of Individuals with a Personality Disorder*.





Learning Disabilities: People with learning disabilities are at a greater risk of mental health problems across all diagnostic categories including dementia. People with learning disabilities who also have mental health needs should be able to get the services they need when they need them. *The Good Practice Framework for People with a Learning Disability requiring planned Secondary Care* highlights the need for agencies to work together to provide an integrated care pathway.

Autistic Spectrum Disorders: In 2008, we launched our *Autistic Spectrum Disorder (ASD) Strategic Action Plan*. The Action Plan has led to many new developments in Wales and the lessons learnt as a result will allow Wales to better respond to ASD.

Sensory Impairments: People with a sensory impairment are at a higher risk of mental illness and find it difficult to receive services. Health Boards and organisations should work together to make sure everyone's needs are met in line with *Accessible Health Care for People with Sensory Loss in Wales*.

Victims of rape, sexual abuse and sexual violence: Victims of rape and sexual violence can experience mental harm that lasts longer than physical harm. We want to strengthen mental health services for those who experience sexual abuse and violence and make sure that all services understand the role they can play in line with the our strategy *The Right to Be Safe*.





For children and young people:

- Agencies should work together to promote resilience in children and young people developing life and coping skills and keeping mental wellbeing. This is really important if their main carers have mental health problems or for children who are part of the ‘looked after system’ and living in residential or foster care may require specific and specialist support.
- We want services to step in early and support children and young people who have been subject to neglect, abuse or trauma because they are at high risk of mental health problems.
- We will extend our early years and family initiatives for the under 5s which include working with the whole family and helping with areas like parenting skills.
- Transitions between child and adult services need to be well managed and smooth. Particular attention is needed for 16 to 19 year olds who may be moving between services at the same time as they are facing stresses such as moving away from their family.

For adults:

- Support for veterans is a priority. Local services need to be responsible for the needs of those who leave the armed forces and specialist mental health services come through the all-Wales Veterans Health and Wellbeing Service.
- Action will be taken to review the remaining priorities set out in the *2010 Secure Services Action Plan*.
- Mental Health and Criminal Justice Planning Groups (MHCJPGs) need to be re-formed in line with Welsh Government guidance.





For older people:

All services should be available based on need; age should not be a barrier:

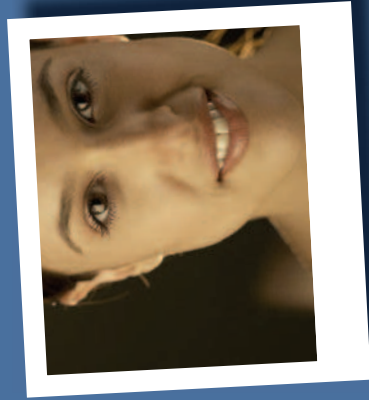
- Older people must have access to a range of evidence-based services with transfer to specialist older services being based on need not age.
- Help should be there for the growing number of older people, who experience mental health problems such as anxiety or depression, with staff trained to recognise early signs of these functional illnesses and dementia.
- Mental health liaison teams should provide support and advice to staff in general hospital settings to meet the needs of older people in their services with mental health problems or dementia.
- Services need to be developed to respond to the rise in older people with dementia and with young onset dementia, improving care through implementing the *National Dementia Vision for Wales and the Intelligent Targets for Dementia*.
- New technologies should be used to help older people stay in their homes and those who live in rural areas.



One System to Improve Mental Health

Outcomes

- People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.



Summary

In this Strategy we have raised how mental health problems and mental illness can affect many aspects of life including general health, relationships education, employment and social wellbeing. We want people who develop mental health problems and mental illness to have a good quality of life, realise their potential and no longer face inequalities. To do this, people may need more support to manage their own lives, have stronger relationships and a sense of purpose. This should lead to improved education, better changes to gain or retain work and a stable place to live.

Improving the mental health for people of all ages therefore needs all Government departments, public services, voluntary and independent sectors to work together. The goals of *Programme for Government* to improve the lives of the people of Wales must apply equally for people with mental illness and this chapter looks at action to support this.



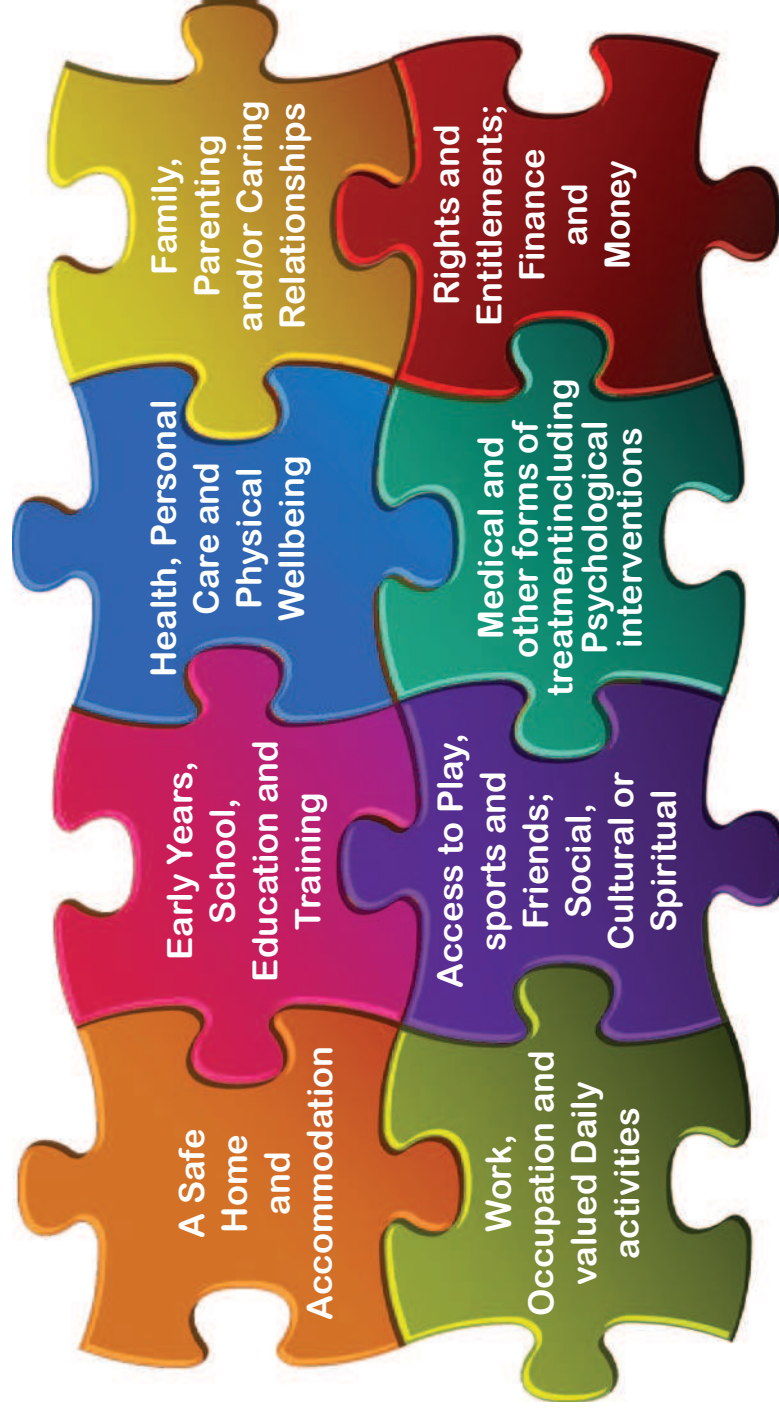


How will we deliver the outcomes?

We will:

- Ensure that people with mental health problems experience less discrimination, are able to live a more fulfilling and independent life, enjoying access to a full range of work, cultural, education, spiritual and life experiences. We will do so by identifying actions across the Welsh Government to support the delivery of this Strategy.
- An approach based on effective person centred Care and Treatment Planning for people of all ages which address all areas of life, will be firmly embedded in service provision.

The 8 Areas of Life





Care and Treatment Planning for people of all ages should set out the outcomes that service users wish to achieve. They should be taken from the view of a person's life that has the most impact on their mental health and mental wellbeing. We know that other issues such as poverty, housing, education, employment and poor physical health can affect mental health problems and mental wellbeing. Looking at all areas of a person's life is really important. For children and young people this is a way of making sure that the '7 Core Aims' under the UNCRC are realised.

Rights and Entitlements; Finance and Money

Poverty can have an affect on a person's mental wellbeing. Our *Child Poverty Strategy* aims to reduce inequalities faced by the poorest people in Wales.

Mental health problems may also cause people to neglect their finances whilst someone living with dementia may worry about how their family will cope as their illness gets worse. Similarly lack of money and debt problems can exacerbate stress and anxiety, physical and mental health problems like depression low self-esteem, relationship breakdown and even to loss of employment.

We want people to be able to get the help and support from services when they need it, including help to receive benefits. Through our *Financial Inclusion Strategy* we are tackling financial exclusion and over-indebtedness. We know that people with mental health problems are really worried about UK welfare reforms. We are seeking to reduce their impact for the people of Wales.



A Safe Home or Accommodation

People who have a mental illness should have support to make sure they live in safe and secure places. This is in line with our *Programme for Governments* aim “to ensure that people have a high-quality, warm, secure and energy-efficient home to live in”. Poor housing and homelessness can add to mental health problems and without a safe and secure place to live, many parts of life can be difficult.

Emotional wellbeing for 16 to 25 year olds, problems can happen if there is a breakdown in family relationships or if they are leaving care. We need to make sure that they get the help and support they need and help them avoid homelessness. It is important to help older people stay in their homes independently as long as they can.

A full range of housing solutions, with support, should be available at all stages of the recovery process.

Homelessness is damaging to mental health and physical health for all ages. Local Authorities, housing associations, housing services and other government departments need to work with mental health services to make sure that everyone gets the help and support they need when they need it the most.

Our *Supporting People* programme should provide help for people to live independently in their tenancies. The *Housing Bill* will include legislation to help prevent people becoming homeless, support those who do and seek improvements to private rented properties.

We are working with partner agencies to do more so that vulnerable people receive home fire safety information, checks and have smoke alarms fitted where necessary.



Health, Personal Care and Physical Wellbeing

People who experience mental health problems should be supported to enjoy the same life quality and expectancy of physical health as the general population. The Code of Practice to Parts 2 and 3 of *The Mental Health (Wales) Measure 2010* points out that a person's personal care needs and physical wellbeing should be included when planning care and agreeing outcomes regardless of their age. Where some medications can have possible side effects people must be made aware of the potential risks and steps taken to minimise them.

We also know that service users have less healthy lifestyles, smoke more and diets may be poor. Help, advice and support should be available; this includes regular exercise being offered to people in inpatient settings.

Early Years, School, Education and Training

We want everyone to be able to reach their full potential, and not to be treated unequally or be held back. Mental illness can often interrupt schooling and education. Places need to be held open for them wherever possible.

Teaching school children emotional intelligence and skills in coping at an early age will help them to be more aware and able to cope with life changes and think about mental wellbeing. Teachers need to make sure that they utilise support services to ensure children with mental health problems are identified and offered to stay in education. We are developing an *Additional Needs Learning Bill* that aims to provide a simpler, more joined-up system for children and young people with additional needs.

Work, Occupation and Valued Daily Activities

Work and valued occupation are good for mental health. Sheltered employment or volunteering can also help people with mental health problems regain confidence and skills, gain self-esteem, increase contact with society and provide a structure to daily life.



Today many young people find it difficult to get a job, gain higher education, or receive training. This lack of economic activity can cause stress. Support for people who are not in education, employment or training (NEET) is a priority for us.

The *Healthy Working Wales* Scheme supports employers, employees and health professionals to improve health at work, prevent ill health and support people returning to work. We will encourage employers to recognise that mental illness is not necessarily a barrier to being a good worker. Special enterprise can also help people enter or return to the workplace. Jobs Growth Wales will create 4,000 job opportunities offering young people 6 months work experience.

We also need to help people to have a mentally well retirement in recognition that many older people experience bereavement, depression and social isolation.

Family, Parenting and/or Caring Relationships

People who experience mental health problems should have the same rights to family life as everyone else. They may need help to achieve this and should be able to get this when they need it.

The foundation for mental health and wellbeing starts in the early years of a child's life. We will continue to support projects that help families and parents to ensure children have the best start in life.

Mental illness can affect a person's way of parenting so help may also need to come from social services and health services working together.

Carers of all ages may need additional support and advice so it is important that all services work together and understand the role they play.



Access to Play, Sports and Friends; Social, Cultural or Spiritual needs

Mental illness can sometimes lead to isolation. People need support, and advice to help them to gain the skills and confidence to develop relationships and have full lives.

Enjoying a good quality of life, with good relationships, where people can be a full part of their community enjoying play, leisure activities and recreational facilities is really important for everyone. It is part of mental wellbeing. Care and Treatment Plans should recognise the role spirituality, religion and faith play in a person's life. Participation in culture, the arts, music and other activities can play a part in improving people's mental health. The Welsh language is also an important part of the identity of many people in Wales.

Care and Treatment Planning should also help people to access leisure and recreation including physical exercise for people in inpatient settings.

Medical and other forms of treatment including psychological interventions

People should always be told about treatment options so that when possible they can be involved in choosing what is best for them. All information should be easy to find, up-to-date, available in the language that the person wants and good quality so everyone know the choices they have. Where possible, care and treatment should be based on evidence and good practice, through NICE Guidance and relevant clinical standards.

Older people with memory problems in particular, may need support to make sure they get their medication at the right time, every time and stay independently living in their own home.

Improving transport is a key issue particularly where even "local services" may be many miles away. Health Boards and Local Authorities need to develop innovative approaches to improve access in line with our *Rural Health Plan for Wales*.



Delivering for Mental Health

Outcomes

- Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.
- Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering.
- Evidence-based high quality services are delivered through appropriate, cost effective investment in mental health.



Summary

It needs the commitment of everyone including staff in the NHS, Local Government and partner agencies to take this Strategy forward. We also need good quality information to help deliver these improved services.





How will we Deliver these Outcomes?

We will:

- Make new arrangements to oversee the delivery of this Strategy involving all key partners, stakeholders, service users and carer representatives.
- A well led, fully engaged, workforce will be supported to develop the skills to respond to population needs and deliver outcomes.
- Make sure services use best practice and evidence-based treatments and that knowledge of what works is accessible and easily available to professionals and the public.
- Make sure better data is collected (including for those with protected characteristics) and is used to allow services to plan and respond to the needs of those who use them.
- Ensure we have safe, efficient and effective services, providing value for money.
- Make sure investment in mental health services by Health Boards is more open and easy for people to understand.
- Report annually on progress against the outcomes of the strategy.

Implementing the Strategy

At an all-Wales level: We will involve all Welsh Government policy areas, a range of partners and stakeholders. We will set up a new National Mental Health Partnership Board (NPB). Its role will be to make sure that this Strategy and its Delivery Plan is implemented.

Health Boards and Local Authorities will continue to be held to account for their contribution to delivering this Strategy through existing performance arrangements, local mental health partnerships will be established to ensure this and report to the National Board.





At a local level: All Health Boards are expected to have effective corporate governance and leadership arrangements as recommended in the *Adult Mental Health Services Follow up Report*.

They will need local mental health partnership arrangements to plan, and monitor mental health wellbeing and mental health services. This includes working with housing, criminal justice agencies, education and others and makes up links into existing local partnership groups, such as community safety partnerships and children and young people partnerships.

Delivering with our Staff

None of these changes would be possible without dedicated, committed staff. We want to make sure they receive the support and training they need to carry out their roles. We must look after our staff's mental wellbeing. Health Boards and Local Authorities should act as role models ensuring the wellbeing of their staff, and supporting those who develop problems to stay or return to work.

Mental Health awareness within the wider Workforce: We want all staff, not just those working directly in mental health services, to understand mental health issues. Training should be available to everyone so that we can tackle stigma and help people to get the support they need as soon as they need it.

Raising awareness of dementia is a priority for all staff.



Training the Mental Health Workforce: We want staff to work alongside service users and carers with compassion, humanity, dignity and respect. All staff need to be trained to deliver services that look at people's whole lives, not just their mental illness and treatment needs.

We want training and education experiences of mental health professionals in Wales to be of high quality so we can attract and keep staff in Wales. This includes training people in skills such as sign language and Welsh, as well as in assessing risk, helping people recover and in using evidence based treatment and good practice.

Workforce redesign: Recruiting and keeping a sustainable mental health workforce is more and more difficult, particularly as the workforce gets older. Organisations need to develop creative ways to redesign their services. They need to look at new and different ways of working to provide citizen-centred services in line with "*Working Together for Wales*".

Delivering excellence and performance

Informed service planning and monitoring: To help monitor how this strategy is being carried out across Wales we will develop a Mental Health Core Dataset. This will have set definitions so that everyone is using the same measures for the work they are doing. This will make sure comparisons are meaningful.

Adopting best practice and implementing lessons learnt: Service providers need to be working to improve what we do. This will include learning lessons from each other (peer review), and best practice examples from across Wales and other parts of the UK, as well as following national guidelines like NICE.





Improving quality and safety: Services are expected to meet the standards for Health Services in Wales set out in *Doing Well, Doing Better*.

Research and Development: Mental health is one of the key areas of research across Wales; this will continue to be developed. The National Centre of Mental Health (NCMH) has been set up to improve quality of life by researching and sharing knowledge and good practice. It studies the causes, triggers, diagnosis and treatment of mental health issues for people of all ages.

Measuring outcomes of individual service users: We have started work with partner groups, service users and carers to develop an ‘outcomes framework’ that looks at things from the service users point of view – we describe this as ‘from a service user lens’. We will be developing this over the first years of the Strategy. Part of this will capture how a person’s mental health issues change over time.

Service user surveys: People who use services should be involved in how they happen. Service providers should give people the opportunity to feedback their views and experiences at least once a year.

Measuring the wider effectiveness, quality and outcomes of services: We expect management systems to be based on outcomes rather than only activity or process measures. This will make sure that the mental health services are consistently of high quality.



Making every penny count - getting the best from investment in mental health

Investment in mental health: Approximately 12% of the NHS budget is spent on mental health services in Wales. This Strategy recognises the long-term benefits of mental health promotion and prevention.

Health Board mental health funding is 'ring-fenced'. Like all services, mental health services are expected to make savings but any savings released for reinvestment must be put back into mental health programmes, not into other areas of health.

Cost Effectiveness: Working together, embedding research and development, sharing best practice and using things like joint purchasing should both save money and improve services.

Funding the delivery of *Together for Mental Health*: Mental health services funding is ring-fenced. This includes £4 million in 2012-13 and £5 million in future years to support *The Mental Health (Wales) Measure 2010*. Much of the funding for this strategy will come from the Health Board and Local Authority revenue allocations but a range of other funds such as grants to Voluntary sector bodies will support it too.

We will also work with partner agencies to seek other funding to support mental health developments, such as the European Social Fund, the Rural Development Grant (RDG), and the BIG Lottery to help deliver this Strategy.



Document Download



A Strategy for Mental Health and Wellbeing in Wales



Together for Mental Health: Delivery plan: 2012-16



FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17TH DECEMBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **THE DUBLIN DECLARATION ON AGE FRIENDLY CITIES AND COMMUNITIES IN EUROPE 2013**

1.00 PURPOSE OF REPORT

- 1.01 To provide background information on the Dublin Declaration on Age Friendly Cities and Communities in Europe 2013, and the invitation from WLGA to every Council in Wales to sign the Declaration (please see Appendix 1, WLGA Briefing 'Age Friendly Cities and Communities').
- 1.02 To recommend that the Council signs the Dublin Declaration (please see Appendix 2, Template Letter for Endorsement).

2.00 BACKGROUND

- 2.01 An opportunity has arisen for public sector organisations, and specifically for local authorities in Wales, to join with other parts of the UK and regions within Europe, to collaborate on developing policy and practice to create Age Friendly Cities and Communities by 2020.
- 2.02 The Ageing Well In Wales Programme, of which local authorities are key strategic partners, is linking with the World Health Organisation (WHO) and with European networks to ensure that Wales has the opportunity to participate and collaborate with the Age Friendly Communities initiative.
- 2.03 All Councils in Wales are being invited to make a public declaration of intent to creating Age Friendly Communities, by becoming signatories to the common set of principles and actions known as the Dublin Declaration.
- 2.04 The Dublin Declaration reaffirms commitment to adopt best practice, to collaborate with regional and international stakeholders, and to communicate through local and regional channels to stimulate and promote equal rights and opportunities for older people living within communities.

3.00 CONSIDERATIONS

- 3.01 The Dublin Declaration does not constitute a legally binding contract, however by becoming a signatory, the Council will be pledging a commitment to the aspirations and principles referred to in the Declaration.
- 3.02 The principles and the commitment proposed within the Dublin Declaration align with existing Welsh policy and local plans to implement the Older People's Strategy in Wales. There are also strong links specifically with the aims and objectives within Phase Three of the Older People's Strategy (2013-2023) for the creation of Age Friendly Communities.
- 3.03 The benefits for Flintshire County Council of signing the Dublin Declaration are as follows :
- signing will provide further confirmation of dedication to ongoing work and policy
 - signing will give recognition on an international stage of the Councils' leadership
 - signing will enable the Council to participate in a co-ordinated network across Wales which will work to adapt the guidelines of the WHO to best fit with Welsh communities.
- 3.04 Signatories to the Declaration will conduct a process of self-assessment and each community will set its own goals and mark its own progress.
- 3.05 To date, eleven Councils in Wales have signed the Dublin Declaration, and the majority of Councils are taking the proposal through due process.
- 3.06 A Welsh National Thematic Network will be established when the process of gathering signatures is complete, facilitated by Ageing Well in Wales (WLGA). Membership of the network will give access to information, project news, guidance on developing age friendly approaches, new partnerships, and participation in discussions on best practice and problem solving.

4.00 RECOMMENDATIONS

- 4.01 For Flintshire County Council to become a signatory to the Dublin Declaration.

5.00 FINANCIAL IMPLICATIONS

- 5.01 The WLGA and the WHO do not ask for specific resources to be declared. A statement of intent supported by local action plans approved by individual agencies is sufficient.

5.02 Becoming a signatory to the Dublin Declaration does not automatically attract funding but will place the Authority within a global and European network that will be working to devise high quality bids for funding when these come on stream from various sources.

5.03 Age Platform Europe is currently submitting a bid for EC funding to underwrite the participation of Councils in a European wide Age Friendly Network which will be open to politicians and senior officers embarking on age friendly implementation. This bid is supported by Welsh Government.

6.00 ANTI POVERTY IMPACT

6.01 There is no direct impact resulting from the commitment to sign the Declaration, however in planning and developing age-friendly communities and increasing participation in community life, there is the potential to contribute to the anti-poverty agenda.

7.00 ENVIRONMENTAL IMPACT

7.01 There is no direct impact resulting from the commitment to sign the Declaration, but any environmental impact of proposals will be given due consideration.

8.00 EQUALITIES IMPACT

8.01 Age is defined under the Equality Act 2010 as a protected characteristic. Becoming a signatory to the Dublin Declaration will indicate the commitment of the Council to the Public Sector Equality Duty which emanates from the Equality Act 2000.

8.02 There is likely to be significant positive impact on older people from developing age-friendly communities, and within that protected group there will be other protected characteristics which will need to be given proper consideration.

8.03 Due consideration will need to be given to ensure that in pursuing this agenda there is a balance with the needs of citizens in other age groups.

9.00 PERSONNEL IMPLICATIONS

9.01 None as a result of signing the Declaration.

10.00 CONSULTATION REQUIRED

10.01 None required – this is an internal decision for the local authority.

11.00 CONSULTATION UNDERTAKEN

11.01 None.

12.00 APPENDICES

12.01 Appendix 1 - WLGA Briefing 'Age Friendly Cities and Communities',
April 2013

12.02 Appendix 2 - Template Letter for Endorsement

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WLGA Briefing

Age Friendly Cities and Communities

Welsh Public Sector Engagement and
Local Authority Participation

April 2013



**Beverlea Reategui (Programme Director:
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Purpose

This briefing sets out an opportunity for public sector organisations, and specifically local authorities in Wales, to join with other parts of the UK and regions within Europe to collaborate on developing policy and practice to create age friendly places by 2020. The Ageing Well in Wales Programme, of which local authorities are key strategic partners, is linking with the World Health Organisation (WHO) and European Networks to ensure that Wales has the opportunity to participate and collaborate at a local and national level.

Background

Europe has a rapidly ageing population and parts of Wales can already see the effects of demographic change amongst their communities and on their resources, with a significant and growing percentage of their communities now 50+ years. Councils are already planning to adapt but there is value in sharing and learning from others to create a coordinated and strategic approach across Wales.

The public sector and governments at all levels accept that future policy and practice will need to reflect this unprecedented global trend and that greater emphasis on integrated policies that connect agendas for the environment, housing, health and social care is the most appropriate way forward.

Led by the WHO and supported through global networks, the WHO have produced a strategy and action plan for *Healthy Ageing in Europe 2012-2020* which gives invaluable insight into how small and subtle changes can significantly improve the daily lives of older people and how integrated action is the most appropriate way forward.

Their strategy is underpinned by evidence based practice, toolkits and guidelines to support local agencies amend policy and practice. It articulates that "postponing implementation of healthy ageing policies in a period of austerity may prove more costly in the long term and can be counter-productive to the sustainability of agencies and social policy".

Within the Welsh and local context, the public sector and in particular local councils consistently recognise that integrated policy and practice, working with and listening to

communities whilst placing the voice of older people at the centre of local delivery is the way forward to reshape places, policies and practice. Councils have led the way in implementing joined up action as part of the Older People's Strategy and the first round of Integrated Plans is a key vehicle to capitalise on the connectivity of aligning local authority, the NHS and other partners' contribution.

Phase Three of the Strategy for Older People (2013-2023), which will be launched in May 2013, will identify 'creating age friendly places' as a key priority within the overall concept of improving the wellbeing of older people (defined as 50yrs+). The contribution of reshaping social, environmental and financial resources to this overall goal is a vital element to achieving success. Councils therefore are best placed to lead this action at local and national level.

The '*Ageing Well in Wales*' Programme

This five year strategic programme, supported by the WLGA and other national partners, is hosted within the Office of the Commissioner for Older People in Wales. Immediate priorities for action were agreed in 2012. One key strategic strand of its 2013-2015 plan is to develop ways in which councils and partners can respond to demographic change.

A unique element of Ageing Well in Wales is its commitment to ensure that Wales links with European partners on specific themes of active healthy ageing in order to enhance local action across Wales and improve opportunities for individual councils and their partners to draw down vital external funding.

Since the autumn of 2012, the programme has been participating in the European action group on creating sustainable age friendly communities. Welsh councils therefore have a voice at this European level and their achievements are well regarded.

In March 2013, *Ageing Well in Wales* held an engagement event on how to take forward work that would assist with creating age friendly communities in Wales. One key outcome was the support for an All Wales Thematic Network on Age Friendly Communities that councils could participate within as an additional mechanism to assist them share, adapt and implement bespoke action across Wales. Another significant outcome from the day was the desire from local agencies to work with the WHO and its networks, including the influential and highly regarded Age Platform Europe which is promoting joined up action lead by senior decisions makers from across Europe. Our involvement in this global network is beginning to show the potential benefit for Wales and we have highlighted the potential to adapt the WHO guidelines and principals to reflect the nuances of distinct local, community, valley and rural settings which typifies Wales. Future engagement has the potential for Wales to lead the way and play a significant role in this particular aspect of future development.

The Dublin Summit in June 2013 and Declaration of Commitment

Under the auspices of the Irish Presidency of the European Union, senior political representatives of European cities, municipalities, communities and regions are gathering together at a Summit on "Age friendly communities" in June 13-14 in Dublin. Wales has been invited to participate and attend the summit which is funded by the EC. Wales, should

they wish to do so, have also been invited to join a public declaration of signing up to a common set of principles and actions that will be known as the Dublin Declaration. A similar initiative occurred in Madrid in 2007 which helped to strengthen collaborative action across Europe.

The principles and the commitment proposed within the Dublin Declaration align fully with existing Welsh policy and local plans to implement the Older People Strategy in Wales. These are shown in the Appendix to this document.

In June 2013 the Welsh Government will sign a Memorandum of Understanding with the Irish Government on healthy active ageing. Engagement from local government will complement the Welsh commitment to work collaboratively on these issues.

Local Authority Engagement

Recognising that it may be difficult for all councils in Wales to attend this event, working with the EC and Age Platform Europe, a system has been devised to allow individual councils to remotely sign the declaration. WLGA in collaboration with the Ageing Well in Wales Programme would facilitate this for councils wishing to take up this offer.

Age Platform Europe is currently submitting a bid for EC funding to underwrite the participation of councils across selected parts of Europe to a European-wide Age Friendly Network open to politicians and senior officers embarking on age friendly implementation. Wales is supporting the development of this bid which if successful (July 2013) would give us an influential and prestigious place within this European forum.

Decision

Councils are invited to:

- Consider the merits of engaging in a Wales and European wide network of excellence and innovation to create Age Friendly Communities by 2020.
- Determine whether they wish to make a public declaration of intent as set out by the proposed Dublin Declaration (with the WLGA to coordinate representation through remote arrangements)
- Consider participation and attendance at the Summit to be held in Dublin which is free to a maximum of 200 delegates.
- Participate within the thematic network on creating Age friendly communities coordinated by the Ageing Well in Wales programme
- Support further dialogue through the WLGA with the WHO for Wales to contribute to adapting their guidelines for communities using Welsh communities as pilot sites.

Appendix one

THE DUBLIN DECLARATION ON AGE-FRIENDLY CITIES AND COMMUNITIES IN EUROPE 2013

On the occasion of the 'EU Summit on Active and Healthy Ageing', held in Dublin, Ireland on the 13-14 June 2013, under the Irish Presidency of the European Union, we, the mayors and senior political representatives of European cities, municipalities, communities and regions unanimously declare the following:

We will:

Promote the 'Dublin Declaration on Age-Friendly Cities and Communities in Europe 2013' (Dublin Declaration 2013) in appropriate national and international forums, fostering the maximum adherence possible to its values, principles and premises, in terms of plans, programmes and resources, in order to implement the commitments in this Declaration within a reasonable period of time.

Collaborate with all relevant regional and local stakeholders to support the full application of the pledges in the Dublin Declaration on Age-Friendly Cities and Communities in Europe 2013, including cooperation with the WHO European Regional Office and its Network of Cities committed to developing age-friendly environments as part of the WHO Global Network of Age-Friendly Cities and Communities. This will involve commencing a multi-year cycle of continual assessment and improvement to make their environments more age-friendly.

Communicate through local and regional channels and networks between the various cities and communities to stimulate and support advances in the promotion of equal rights and opportunities for older citizens and to share learning about advances in policies and practices which improve their lives.

Supporting Pledge

The undersigning cities and communities also pledge, where it is within their area of responsibility and economically feasible, to further the following specific actions, and to incorporate them into key planning instruments to strengthen long term sustainability: Promote among the general public **awareness of older people**, their rights, needs, and potentials, and highlight the positive social, economic and cultural contribution they make.

Ensure that the views and opinions of older people are valued and listened to and that structures and **processes of citizen-centred engagement** are developed to ensure that older people have an adequate involvement in decision making and are actively involved in the design and creation of innovation and change.

Adopt measures to develop **urban spaces and public places** that are inclusive, sharable and desirable to all, including older people, and ensure that publicly used buildings promote the dignity, health and well-being of users of all ages, and are fit for purpose to meet the changing needs of an ageing society.

Promote and support the development of neighbourhoods and communities for all ages that are diverse, safe, inclusive and sustainable, and that include **housing** for older people that is of the highest quality. Particular attention should be given to the needs of older people in assisted living, residential care and nursing homes where their dignity and autonomy is at greater risk.

Work to establish **public transport systems** that are available and affordable to all, including older people, and are 'seamless' within and across the various modes of transport that exist. The transport systems should also promote and facilitate personal transport use, such as cycling and driving by older people.

As these become more difficult, personal alternatives such as affordable taxis and car-pooling, which interconnect with the public system, should be made available.

Promote the **participation of all, including older people, in the social and cultural life** of their community by making available a diverse range of events and activities that are accessible, affordable and tailored to be inclusive of them and promote their integration into the community. This should include the promotion of intergenerational activities.

Promote and support the development of **employment and volunteering opportunities** for all, including older people, and recognise their positive contribution, and include the provision of **lifelong learning** opportunities in order to empower older people and promote their autonomy.

Ensure that a comprehensive and integrated range of affordable, easily accessible, age-friendly and high quality **community support and health services** is available to all, including older people, to include health promotion and prevention programmes, community-based support services, primary care, secondary acute hospital, rehabilitation services, specialist tertiary, long-term residential and compassionate end of life care.

Dublin, 13 June 2013

SIGNATURES OF CITY MAYORS, COMMUNITIES AND REGIONAL AND LOCAL AUTHORITIES:

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DUBLIN DECLARATION: TEMPLATE LETTER FOR ENDORSEMENT

Template for letter / TEMPLLED ar gyfer llythyr

Headed notepaper of individual council / Papur pennawd y cyngor dan sylw

Dublin Declaration / Datganiad Dulyn

To Whom it May Concern – At y sawl sy'n ymwneud â'r canlynol

I am writing to confirm that as Leader of (the name of council) the council endorses the Dublin Declaration 2013 to support the specific range of actions that are based on the eight domains identified by the World Health Organization in its Global Age-Friendly Guide. We also commit to participating in the WHO Global Network of Age-friendly Cities with the support of the ***Ageing Well in Wales*** programme.

Yn rhinwedd fy swydd yn Arweinydd (enw'r cyngor), rwy'n ysgrifennu i gadarnhau bod ein cyngor yn cefnogi Datganiad Dulyn 2013 ynglŷn â'r amryw gamau sydd i'w cymryd yn ôl yr wyth maes mae Sefydliad Iechyd y Byd wedi'u pennu yn ei lawlyfr am ystyried pobl hŷn. Rydyn ni'n ymrwymo i gymryd rhan yn Rhwydwaith y Dinasoedd sy'n Ystyriol o Bobl Hŷn, gyda chymorth Rhaglen Heneiddio'n Dda yng Nghymru, hefyd.

Signature / Llofnod

Position / Swydd

Date / Dyddiad

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**
DATE: **17TH DECEMBER 2013**
REPORT BY: **DIRECTOR OF ENVIRONMENT**
SUBJECT: **REVIEW OF SUBSIDISED BUS SERVICES, UPDATE**

1.00 PURPOSE OF REPORT

1.01 To provide an update on the review of subsidised bus services following the consultation exercise, and confirm proposed action to be taken in relation to specific bus services.

2.00 BACKGROUND

2.01 Following Committee reports to Cabinet in April 2013 and Environment Overview and Scrutiny Committee in July 2013 a consultation and subsequent review of subsidised bus services within the County has been undertaken. The Policy has been included at Appendix 1 of this report.

2.02 As part of the process the County Council has consulted widely on its bus service provision with:

- Promotional material being placed in its public buildings
- Website and questionnaires
- Promotion of the consultation event at the Housing Tenants conference and feedback
- Town and Community Council meetings, where requested
- Engagement with Environment Scrutiny Committee
- Various bus surgeries throughout the County

An evaluation of the responses has been included at Appendix 2.

2.03 Feedback has been received from the following sources:

- Petitions – containing 965 names for Buckley
- Questionnaires – 221 respondents (online & in paper versions)
- Letters 21 (members of the public)
- Town and Community Council communication – Holywell, Flint, Cilcain/Rhydymwyn, Caerwys, Buckley, Northop Hall
- Other – Response from Denbighshire County Council, the Campaign for the Protection of Rural Wales and Flintshire's

Children and Young People's Partnership

- Bus surgeries held in Connah's Quay, Mold, Buckley, Holywell and Broughton
- Member responses – Flint, Hawarden, Treuddyn/Cymau.

2.04 There has been a wide level of interest in the consultation exercise, including a clear level of engagement from concessionary pass holders, who are generally high users of the County's bus services.

2.05 Feedback from the consultation process has generally noted:

- No one supportive of service withdrawal;
- A level of support for service rescheduling so long as it means no complete loss of service;
- A general view that concessionary pass holders would be prepared to pay a small contribution to the fare of between 50p to £1 per journey as long as it meant they were able to retain their concessionary pass;
- In some cases significantly more comments received than users of the bus service;
- General support for a multi modal ticketing approach i.e. a ticket which could be used along any operator's route, without the need to purchase another ticket to continue the journey.

2.06 The review has used the criteria of the Policy approved by Cabinet in April 2013 to develop the future bus service delivery models within the County.

3.00 CONSIDERATIONS

3.01 The report was presented to the Environment Overview and Scrutiny Committee meeting on Wednesday 13th November 2013 and resolved that:-

1. Members support the implementation of the changes as set out within the report and supporting appendices.
2. Environment Overview and Scrutiny Committee will review service performance tables annually, including the actions taken by officers to improve the performance of services.

3.01.1 During the course of the review a number of commercial services have been reduced or terminated by existing operators. This has led to the County Council providing interim support. The Council has filled and will continue to fill the gaps whilst it considers how to ensure the provision of more long term, affordable and sustainable services.

On this particular point it is important to remember that:

3.01.2 The County Council has no mandatory obligation to fund any public transport services. However, it does have powers under the

Transport Acts 1985 and 2000 and Local Transport Act 2008 to enter into agreements with public transport operators to provide subsidies for services which are not available commercially. These are usually rural, early morning, evening Sunday and Bank Holiday and some school services. It does this to support national and regional transport objectives, and also support our own corporate objectives around the environment, employment, education, health and supporting the Economy.

3.01.3 Under the Transport Act (1985), bus companies are free to operate services which they consider to be commercially viable. This means that the bus company's costs of running the service are covered by the fares they collect from passengers on the route or by free concessionary travel reimbursement in lieu of fares (people over 60 or with certain disabilities). A number of services within Flintshire operate commercially during the day time; the County Council provides no direct financial support and has no direct control over this type of service. An example is Arriva's service 11 between Rhyl-Holywell-Chester which runs during the daytime.

3.01.4 Within the County services are generally run on the following basis:

Commercial bus services

Receive no subsidy and are run by bus operators on a purely commercial basis charging commercial fares (see Appendix 3)

Tendered Subsidised bus services

Bus operators receive a subsidy to run their tendered service along non-commercial routes to provide a service to the community on the basis of employment, social or community based need.

De-Minimis

Payments made to bus operators to extend a commercial bus service into a specific area or at a certain time of day (where viable)

Demand Led

A demand responsive service run on the basis of pre-booking or reserving a service, in the main used to transport people to work or where demand for the service is sporadic or irregular due to shift patterns. An example of such a service would be the Deeside Shuttle service.

Education Related

Bus services run to transport school children/students to Primary, Secondary School or Colleges throughout Flintshire.

A summary of bus services within Flintshire is included at Appendix 3.

3.02 **Community Transport**

- 3.02.1 Community Transport provides a valuable addition to other forms of public transport and is seen as an essential component of any transport network. The service can take many forms, and in many cases the level of provision exists due to specific local circumstances.
- 3.02.2 Services currently tend to be concentrated in the more populated coastal strip from Bangor to Wrexham, yet some of the more inland rural areas present greater issues in relation to social exclusion and isolation.
- 3.02.3 Virtually all Community Transport schemes rely significantly upon public money. This is due to their not for profit status and nature of the socially necessary journeys, which can include specialist client travel requirements. During the current financial year (2013/14), Taith has ensured that existing Community Transport support arrangements have continued, despite some major schemes seeing a significant reduction in funding reductions when the Community Transport Concessionary Fares Initiative ceased. There remain a number of significant issues that must be overcome:
- Operations are either localised in nature or their provision is patchy
 - Service standards are not consistent
 - There is a general reluctance to work outside of local communities
 - Whilst a generic service there is inconsistency in the categories of passengers who can benefit
 - Management and governance can be under resourced primarily due to capacity issues
 - Performance information is not consistent, or simply not available
 - Limited sharing of information, collaboration and cooperation
 - Volunteers are generally static in that they only want to work in a specific area
 - There are different service standards
- 3.02.4 There is nevertheless a significant role for Community Transport to play in a future modernised bus service. The County Council, in conjunction with Taith, needs to work with operators to develop their existing service provision and provide a wider and more comprehensive level of service.
- 3.03 **Concessionary Travel**
- 3.03.1 The concessionary pass scheme for older residents in Wales has been very successful with approximately 40% of passenger journeys now undertaken under Welsh Governments Cerdyn Cymru free travel scheme. The undoubted success of the scheme has removed fares as an obstacle to travel for a significant proportion of users (although it is now only available on scheduled or flexible bus services and not Community transport).

- 3.03.2 On some services the number of fare paying passengers has declined, a result in the main due to passengers perceiving that the fares are too high (even though the true cost of owning a car for example is rarely taken into account when making such comparisons), and as a consequence there are parts of the network where people travelling with concessions account for a high proportion of the overall ridership figures.
- 3.03.3 The cost to Welsh Government of funding such a scheme across Wales is considerable, amounting to £73 million. The scheme is designed to leave bus operators no better and no worse off and they recover approximately 73% of the cost of the journey back through the concessionary fee per passenger. In Flintshire's case alone the level of funding was £2 million (2012-2013). Welsh Government has been reviewing its Concessionary Travel Scheme and is likely to seek changes to the level of funding support given to bus operators in the future. Whilst this work is still embryonic and current details are unclear it is quite feasible that any amendments to the financial level of support given to operators will have further consequences for bus services within the County with the potential for commercial and subsidised services to be affected. We will continue to monitor the situation with a view to amending our proposals should it be deemed necessary to do so.

3.04 Rural Transport Project Officer

- 3.04.1 In support of the above the Council appointed a Rural Transport Project Officer on a 12 months fixed term contract as part of a Rural Development Plan bid and in conjunction with Cadwyn Clwyd. During this period the officer has been undertaking a large amount of work within the rural communities including:
- Identifying the travel needs of people in rural Flintshire
 - Devising and distributing household surveys
 - Establishing baseline evidence of data in order to identify the potential gaps or transport problems in rural areas
 - Arranging and attending meetings with Town/Community Councils and other user groups
 - Identifying best practice elsewhere in the U.K.

3.05 The Review

- 3.05.1 In undertaking the review of subsidised bus services Officers considered the services and feedback received in accordance with the Policy. It is important to note that whatever the outcome of the review, services other than the de-minimis and commercial ones will need to be retendered; this is on the basis that they have not been for a number of years. The de-minimis services cannot be retendered because they are marginal alterations to an otherwise commercial bus service. It is also important to note that, in retendering these

services, the need for a modern, energy efficient, and accessible bus service will be important. All tendered services will be refunded in accordance with Contract Procedure Rules in the future.

3.05.2 The matrix at Appendix 4 details the following information under the respective headings:

- Service – relates to the specific bus service number identified on timetables and buses;
- Route – this sets out the route covered by the service identifying the main towns and villages along the route;
- Cost per passenger and RAG status are linked back to the Policy document and the thresholds within it;
- Options presented to Scrutiny Committee on 23 July 2013;
- Summary of Consultation Response - sets out any comments or feedback received;
- The proposal for each service having considered each service in respect of feedback, and the application of the Policy by Officers.

3.06 **Next Steps**

3.06.1 Meetings will need to be arranged with bus operators in the coming weeks to talk through the proposals and advise of any necessary notice periods on contracts, where recommended. Subject to Cabinet approval in December 2013 it is proposed that any contracts that require tendering will be issued for tender on 6th January 2014 with new contracts commencing on 14th April 2014 on a 3/4 year basis. Any services or journeys that will be withdrawn will cease on 31st March 2014.

3.06.2 By engaging with other Local Authorities, communities, the third sector, school & social services commissioners and providers, the Rural Transport Project Officer will continue work during this period to identify the transport needs of people living in rural communities in order to develop strategies and sustainable initiatives to assist them to access work, training and social opportunities.

4.00 **RECOMMENDATIONS**

4.01 That Members grant delegated authority to the Director of Environment following consultation with the Deputy Leader and Cabinet Member for Environment to implement the changes set out in the report taking account of any impacts from the WG review of Concessionary Travel.

5.00 **FINANCIAL IMPLICATIONS**

5.01 As noted in previous reports the changes to bus funding have resulted in an overall year on year reduction of £224k, including the

£36k p/a efficiency saving approved as part of the 2013/14 budget strategy.

6.00 ANTI POVERTY IMPACT

6.01 Subsidised bus services facilitate access to services for those in our communities who do not have a car or other mode of transport. Where practicable, the proposals in relation to each service seek to minimise the impact on key groups such as the elderly and those on low income.

7.00 ENVIRONMENTAL IMPACT

7.01 The use of more sustainable public transport services will have a positive impact on the environment and the use of a modern and more 'green' public transport fleet will reduce carbon emissions and environmental pollution.

8.00 EQUALITIES IMPACT

8.01 Positive in that it creates access opportunities for some of our most vulnerable and isolated people within our communities. Where practicable, the proposals in relation to each service seek to minimise the impact on key groups such as the elderly and those on low incomes.

8.02 As part of this review an Equalities Impact Assessment has been undertaken.

9.00 PERSONNEL IMPLICATIONS

9.01 None as a direct result of this report.

10.00 CONSULTATION REQUIRED

10.01 Extensive consultation with the communities of Flintshire and its stakeholders is required.

11.00 CONSULTATION UNDERTAKEN

11.01 Has been extensive, refer to item 2.03.

12.00 APPENDICES

12.01 Appendix 1 – Policy for Reviewing Subsidised Bus Services

12.02 Appendix 2 – Evaluation of Consultation responses

12.03 Appendix 3 – Flintshire Bus Services (Summary of Current Services)

12.04 Appendix 4 – Matrix of proposals for Subsidised Bus Services

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985

BACKGROUND DOCUMENTS

Equalities Impact Assessment.

Contact Officer: Neal Cockerton, Head of Assets &
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Appendix 1

A POLICY FOR SUBSIDISED BUS SERVICES IN FLINTSHIRE

APRIL 2013

CONTENTS

- 1. Introduction**
- 2. Legislative Background**
- 3. National and Regional Context**
- 4. Support for Bus Services**
- 5. What type of services do we support?**
- 6. Framework for Reviewing Bus Services**
- 7. Aims and Objectives**
- 8. Red-Amber-Green Analysis**
- 9. Managing the subsidised network**
- 10. Fares on subsidised services**
- 11. Marketing Strategy for Contracted Bus Services**

1.00 Introduction

- 1.01 This area of Policy covers public transport that the Council directly funds i.e. its subsidised bus network; Community Transport is currently not in scope. The Policy sets out the Council's criteria for supporting public transport; and does not cover the provision of concessionary bus fares.
- 1.02 The Policy recognises the ongoing need for our residents to access important services, supports the local economy, and also contributes to carbon reduction. Crucially, it recognises the very challenging economic climate. The Policy therefore seeks to ensure that the Council prioritise its financial support where it is most needed.

2.00 Legislative Background

- 2.01 Some of the bus services in Flintshire are operated commercially, by a variety of bus operators. This means that services are "registered" by the operator with the Traffic Commissioner, and the company receives no subsidy at all. In essence, commercial services have to be self funding i.e. income from fares exceeds the cost of operating them. These will tend to be daytime services on busy traffic corridors.
- 2.02 The remainder of services are known as "socially necessary" services. These can be in two forms – either providing a bus service in an area where no commercial service exists, or alternatively, operating over daytime commercial routes at times when they would generally not be viable (such as early morning, evening and Sundays), or where there is insufficient capacity on existing services.
- 2.03 There is no statutory duty upon the Council to provide local bus services or any other form of public transport but the authority does have a statutory duty under the 1985 Transport Act to keep the bus network under review, and intervene where it feels appropriate. This basically means that all subsidised services are provided on a discretionary basis.

3.00 National and Regional Context

3.01 Welsh Transport Policy Context

- 3.01.1 The Welsh Government published the Wales Transport Strategy in 2008. The strategic priorities are as follows;
- Reducing greenhouse gas emissions and other environmental impacts
 - Integrating local transport
 - Improving access between key settlements and sites
 - Enhancing international connectivity; and
 - Increasing safety and security

3.02 In practical terms, the council's subsidised bus network contributes to all of the Welsh Government strategic priorities. There is no specific guidance as to the level of support an authority should give to its bus network.

3.03 Regional Transport Policy

3.03.1 The North Wales Regional Transport Plan was published by Taith in September 2009, as a requirement of the Wales Transport Act 2006. Taith is the joint board of the six North Wales Local Authorities working together to deliver improvements in transport provision across the region. Taith policies and objectives generally follow those of Welsh Government, with the addition of a number of relevant objectives such as:

- 3.03.2 - Seeking "Network Stability" agreements with bus operators to define levels and relative pricing of commercial and subsidised bus services to be provided through the Plan period
- Developing innovative services such as community transport and Demand Responsive Transport
 - Promoting integration through consistent standards and ticketing

3.03.3 The Council will work collaboratively with transport operators to achieve stability wherever possible, and move to longer term contracts so services can be aligned more to commercial routes and quality further enhanced.

3.03.4 The Council will closely monitor the performance of subsidised services to ensure reliability of services and connections to other bus and rail routes, taking remedial action where necessary. As multi-operator go anywhere type tickets develop, the Council will ensure that these tickets are valid on our subsidised services, subject to appropriate reimbursement mechanisms and controls.

4.00 Support for Bus Services

4.01 Continuation of subsidised local bus services is crucial to ensure access to services, a healthier environment, and to support economic growth. The framework for provision of bus services, as set out in the 1985 Transport Act, is that the Council has no control over a large proportion of the bus network. Public transport is a business, and operators will only provide services where they can make a return on investment. Flintshire has a relatively good commercial day time service, but without support from the Council, there would be very little service beyond that core daytime service. With this in mind, the following are our main drivers for intervention:-

- 4.02 - Supporting bus services to improve accessibility to key services, sustainability and promote economic growth
- Supporting bus services to contribute to the viability of the core commercial transport network

- Supporting bus services to fill significant gaps in the network, within the agreed criteria, and within agreed budget.

5.00 What type of services do we support?

5.01 The following are the types of bus services the council will support, where value for money can be achieved, funding is available, and there are no viable alternatives:-

- 5.02
- Early morning services, usually provided before the normal morning rush hour, for those working early shifts.
 - Evening services, usually provided after the afternoon rush hour, through to late at night.
 - Sunday and Bank Holiday, traditionally on the same routes as weekday services
 - Services linking rural communities with each other and local town centre.(s)
 - Daytime services, in and around our local town centres, where no commercial bus services exist
 - Experimental bus services to support economic growth, promote tourism, or meet other identified unmet demand.

6.00 Framework for Reviewing Bus Services

6.01 It is suggested that the framework below is used to determine which services should continue to be supported: -

6.02 Use Red/Amber/Green analysis of cost per passenger to identify low performing services in first instance as shown in **8.00** below.

6.03 Generally, the best barometer of effectiveness is subsidy per passenger. This is calculated by dividing the annual cost to the public purse by the total number of passengers. Most authorities do monitor subsidy per passenger, and many have withdrawn services over a certain level of subsidy. The key principle of intervention would be that for services where the subsidy per trip exceeds a specific level a detailed review would be undertaken and remedial action taken. It should be recognised that in exceptional cases, cost per passenger will not necessarily determine whether a service should be subsidised (see 6.07)

6.04 Analyse those services against the passenger travel needs outlined below: -

- Accessibility** – Bus service provides access to key essential services e.g. healthcare, education, shopping and reduces social exclusion
- Economic Regeneration** – Bus Service provides access to main employment areas and supports economic regeneration by providing a

way for business to access the workforce they need

- c. **Integration** - Integration with other modes of transport and connections with other main bus services
 - d. **Sustainability** – Consider whether bus service is providing an attractive alternative to the private car and whether it has contributed towards reducing the numbers of cars on the road and reducing carbon dioxide emissions
 - e. **Safety and Security** – Bus service provides a safer mode of transport than the private car, both for passengers and for other road users and pedestrians e.g. some school journeys
- 6.05 Where the cost per passenger is low / passenger numbers are high and the passenger travel needs are justified, re tender the service periodically.
- 6.06 Where the cost per passenger is low / passenger numbers are high, but the passenger travel needs are not justified, work with bus operators to deliver efficiencies and/or seek to commercialise
- 6.07 Where the cost per passenger is high / passenger numbers are low, but the passenger travel needs are justified, seek alternative transport solutions and/or re-tender to ascertain whether cost per passenger can be reduced
- 6.08 Where the cost per passenger is high / passenger numbers are low, but the passenger travel needs are not justified, withdraw services

7.00 **Aims and Objectives:**

As budgets come under increasing pressure it is essential that such a decision making framework is used consistently in order to:

- To monitor the effectiveness of existing services
- To decide which services should be withdrawn/reviewed, where there is a risk of budget overspend
- To determine what to do in the case of:-
 - Local bus contracts which are terminated early (perhaps due to rising costs)
 - Important commercial services are de-registered by operators (this is an ever increasing scenario as bus operators strive to control costs whilst faced with reduced passenger numbers)
- To test identified unmet demand

8.00 Red-Amber-Green Analysis

8.01 The following are examples where the Red-Amber-Green analysis would be used to determine the level of council intervention:

Subsidy per passenger	Action	
Green	Services are ranked green where subsidy per passenger trip is £2.00 or less	Service is considered good value for money and continues, performance is monitored, contract is proactively managed to continue to identify opportunities for improvement
Amber	Services are ranked amber where subsidy per passenger is between £2.01 and £5.00.	Service is placed under review, and remains under review whilst in amber category. This involves proactive work with operator to improve patronage or reduce costs, alternatives are examined, journey purpose is understood, services are integrated with other bus services, affected community and users are made aware of status in order to raise awareness and enlist support.
Red	Services are ranked red where subsidy per passenger trip exceeds £5.00.	Action required. Services will not be allowed to continue long term at this level of subsidy. Actions may include one or combination of; withdrawal of the service, curtailment of the route, reduction in frequency or number of journeys, or integrating it with another route. This is after on vehicle checks to confirm passenger numbers, appropriate notice is given to affected users, and alternatives (such as Community Transport) communicated

9.00 Managing the subsidised network

9.01 Financial pressures and increasing demand, means that it is more important than ever to manage the subsidised bus network, to ensure the Policy is followed and value for money is achieved. Management of the network will include:-

- Collation of up to date electronic passenger information data

-Regular 'on bus' surveys to validate reported passenger levels, and also monitor quality of service and contract compliance.

-Producing subsidy per passenger league tables.

-Constantly Reviewing subsidised services to determine where better alternatives may exist on commercial services

-Encouraging operators to register to operate subsidised services on a commercial basis, where subsidy per passenger is very low.

-Working with local communities and operators to promote services to encourage greater patronage.

9.02 Specifically, where services are in the red category, the following actions will be taken:-

- All affected journeys will be surveyed in detail to validate patronage levels, evaluate options for passengers and understand journey purpose.

- Officers will examine options to reduce costs through curtailment of the service, reductions in frequency and reductions in total number of journeys, exploring alternative transport solutions.

- Consultation on options will be undertaken with affected Members and Town and Community Councils.

- Giving notice on final course of action to passengers and stakeholders

9.03 In order to allow thorough scrutiny of performance of the network, and actions taken, the following actions will be followed.

- Environment Overview and Scrutiny Committee will review service performance tables annually, including the actions taken by officers to improve the performance of services.

10.00 Fares on subsidised services

10.01 The Council has no control over fares on commercial services. However it has the power to set fares on subsidised services. Council officers will analyse commercial fare levels on a quarterly basis, and ensure subsidised fare levels on each service are closely aligned. This applies for Adult and Child fares. Holders of Welsh Concessionary Travel Passes (over 60's and those who qualify as a result of a disability) are afforded free travel within the current All Wales Concessionary Travel Scheme.

10.02 The Council supports the development of multi modal, go anywhere type ticketing, and will ensure that as these are introduced, they are available for use on Council subsidised services.

11.00 Marketing Strategy for Contracted Bus Services

11.01 Aims and objectives: -

- To increase patronage
- To raise awareness of travel choices
- To promote public transport as a viable alternative to the private car
- To change common misconceptions

11.02 The SWOT analysis below considers internal (strengths and weaknesses) and external (opportunities and threats), which will need to be taken into account when marketing / promoting bus services

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Biggest change to public transport in Flintshire for many years • Strong commercial network with improved service frequencies and reliability/punctuality • Vehicle quality and design - newer, modern accessible low-floor vehicles on most routes • Concessionary travel has increased patronage (over-60s and disabled passengers) • Infrastructure improvements – bus stops, shelters, bus stations etc. • Partnership working e.g. externally with neighbouring Local Authorities, bus companies, Health Board and internally with planning, regeneration, education, tourism 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Lack of awareness of where to access information about bus services • Historically, public transport has a poor image e.g. fear of crime, security, anti-social behaviour • Continuous monitoring and review of services • Changes to timetables by commercial bus companies do not always coincide with Council’s production of publicity for services • Real Time Information system reliability • Integrated public transport information and ticketing (between modes of transport)
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • New technology e.g. internet, social networking sites (Twitter, Facebook), radio/TV/newspaper • Current review will raise the profile of bus services generally • Commercial operators have strong branding and marketing e.g. Arriva • Change of perception – positive experience and socially more responsible in terms of effects on environment • New ticketing initiatives e.g. GoCymru • Advertise on bus backs, radio drive time (e.g. sponsor traffic bulletins) • Integration of modes of transport 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • No control over commercial bus fares • Funding cuts • Hospital closures could affect some services • Car use – most people aspire to owning and driving a car and see it as more convenient and quicker • Social exclusion in more remote, rural areas

11.03 Target Audience to include the following: -

- Existing passengers
- Concessionary travel pass holders (over-60 & some categories of disabled)
- Businesses and large employers located along bus routes
- Colleges/Schools & Young people – aim to encourage bus use at an early age so that they continue
- Shopping Centres/Business Parks/large supermarkets
- Car users e.g. commuters/students who have access to a car on a daily

basis

- Leisure Users i.e. occasional users for shopping/leisure trips
- Tourists and Visitors

11.04 The above market to be targeted by way of: -

- Research & Consultation – questionnaires, bus users' surgeries, map of where large employers, schools, colleges and hospitals are located, on-bus surveys, data gathering from ticket machine reports
- Promotional material that includes timetable booklets, leaflets for large employers, posters, flyers to residents along certain corridors, newsletters to user groups etc.
- Internet – FCC website, Traveline Cymru, social networking sites (E.g. Twitter, Facebook)
- Other technology – radio/TV marketing campaigns
- Branding – vehicle livery, single design for promotional material
- Ticketing – place, price, promotion

Consultation on Subsidised Bus Services
12th August – 18th October 2013
Evaluation of Responses

The consultation ran from 12th August until 18th October 2013 and was predominantly carried out by way of a questionnaire, which was available electronically via the Flintshire website and in paper hard copy.

We also held Bus Users' Surgeries on 24th and 25th September 2013 in Connah's Quay, Mold, Buckley, Holywell and Broughton. These were drop-in sessions for members of the public to come and speak directly to Council officers and representatives from the bus companies and Bus Users' UK. The events were very well attended and were extremely useful for gaining valuable feedback and information from passengers.



Connah's Quay Bus Users' Surgery 24.09.13

Mold Bus Users' Surgery 24.09.13





**Holywell Bus Users' Surgery
25.09.13**

**Buckley Bus Users'
Surgery 24.09.13**



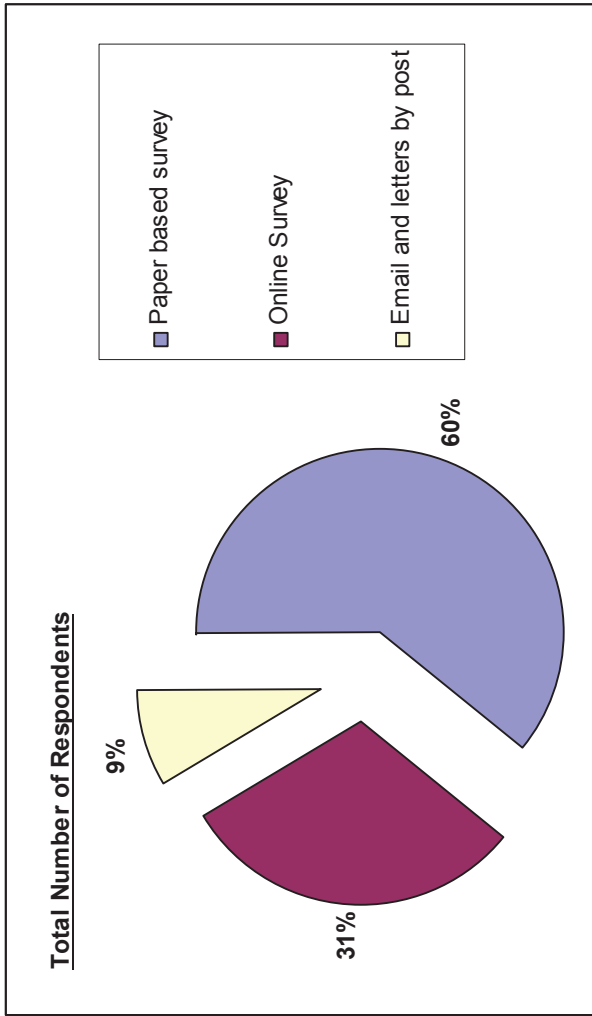
Neal Cockerton attended the Connah's Quay Tenant's Conference in September 2013 and briefed tenants on the options for subsidised services, inviting feedback via the questionnaires either online or by post. One tenant also phoned in with comments on behalf of herself and the other residents.

Ceri Lloyd and Katie Wilby attended Flint Town Council on 23rd September 2013 and Cilcain Community Council on 21st October 2013 to brief the Town and Community Council Members on the review.

In addition to this, individual letters, emails and comments were received from Holywell Town Council, Flint Town Council, Cilcain/Rhydymwyn Community Council, Caerwys Town Council, Buckley Town Council, Northop Hall Community Council and Members for Hawarden, Flint, Treuddyn/Cymau.

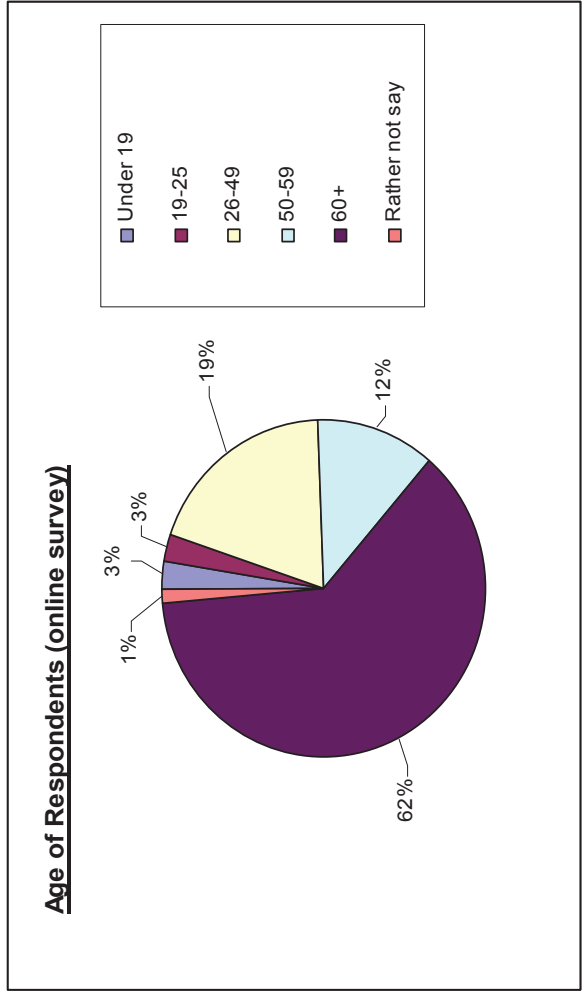
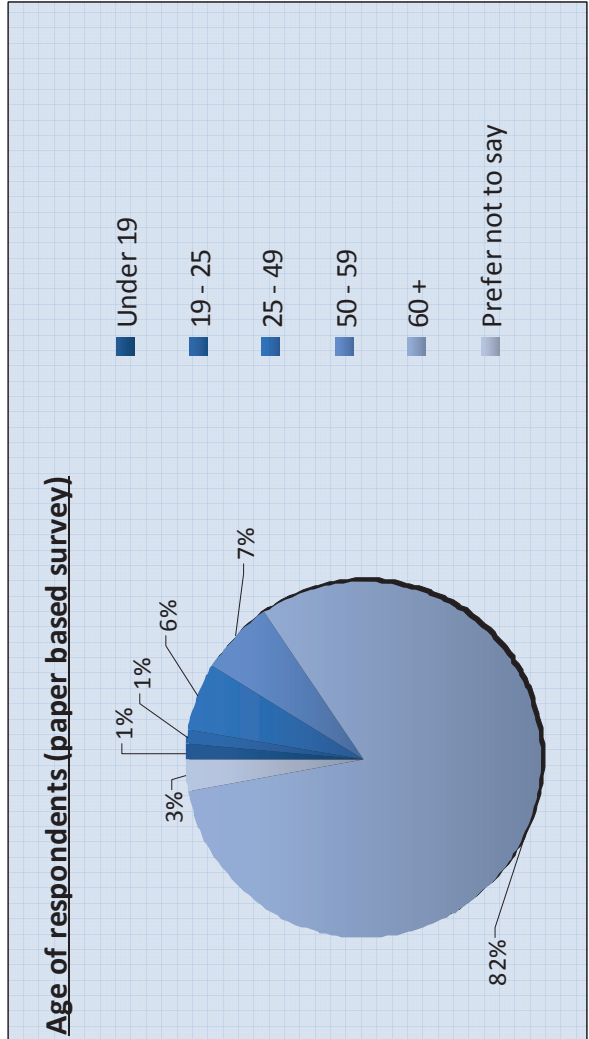
We also received a petition containing 965 names and addresses for the Buckley Town Service A and individual responses were received from Denbighshire County Council, the Campaign for the Protection of Rural Wales and Flintshire's Children and Young People's Partnership.

Below is an evaluation of all the responses received to the Consultation: -

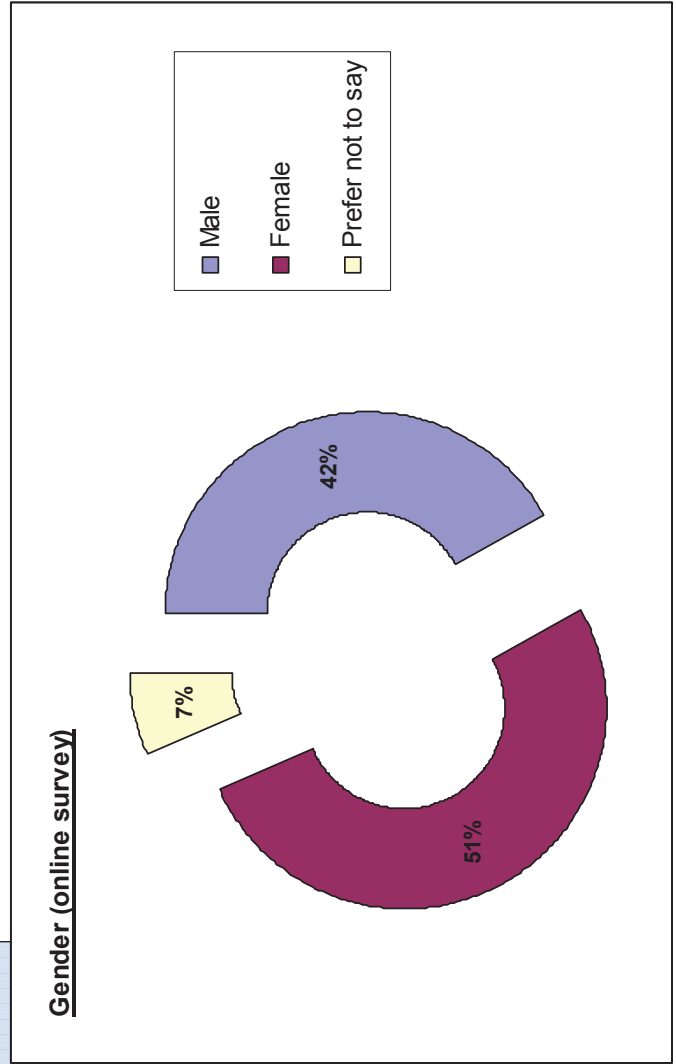
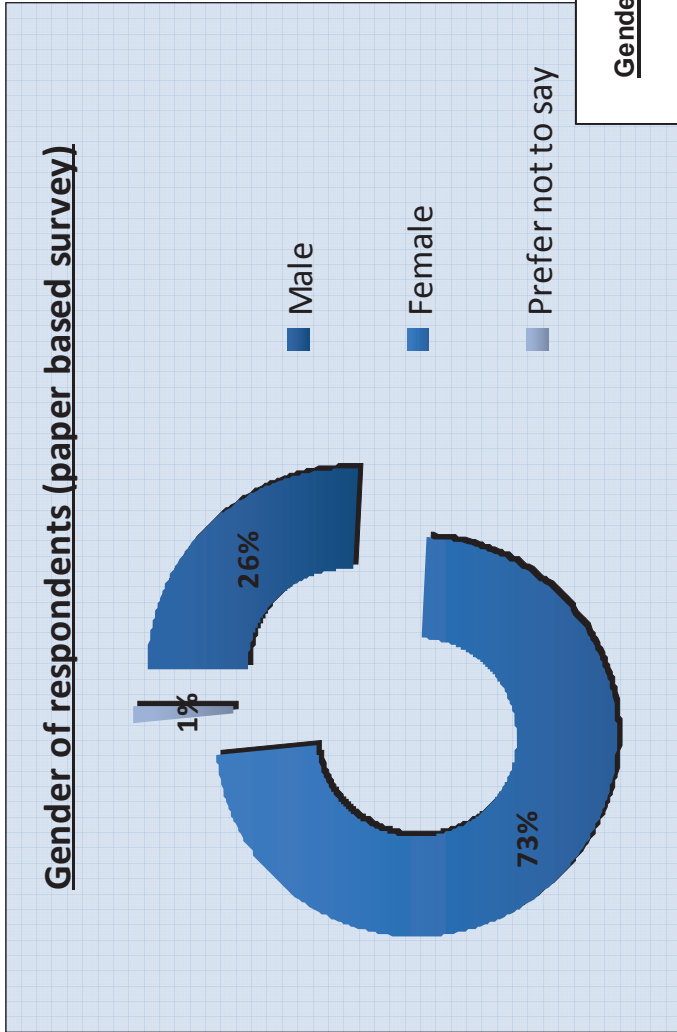


Total Number of Respondents = 242
 Paper based survey = 147
 Online survey = 74
 Individual letters and emails = 21

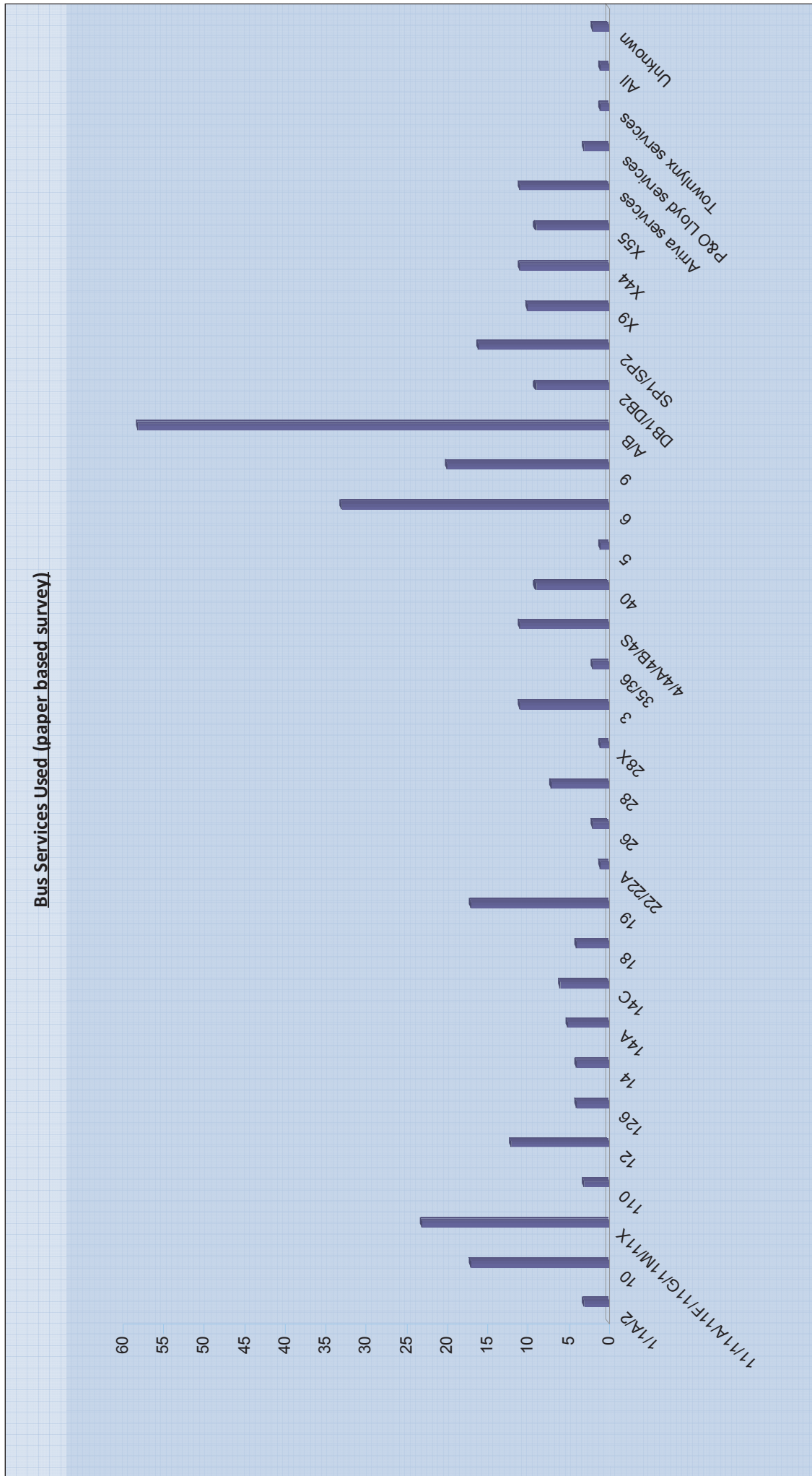
Age of Respondents



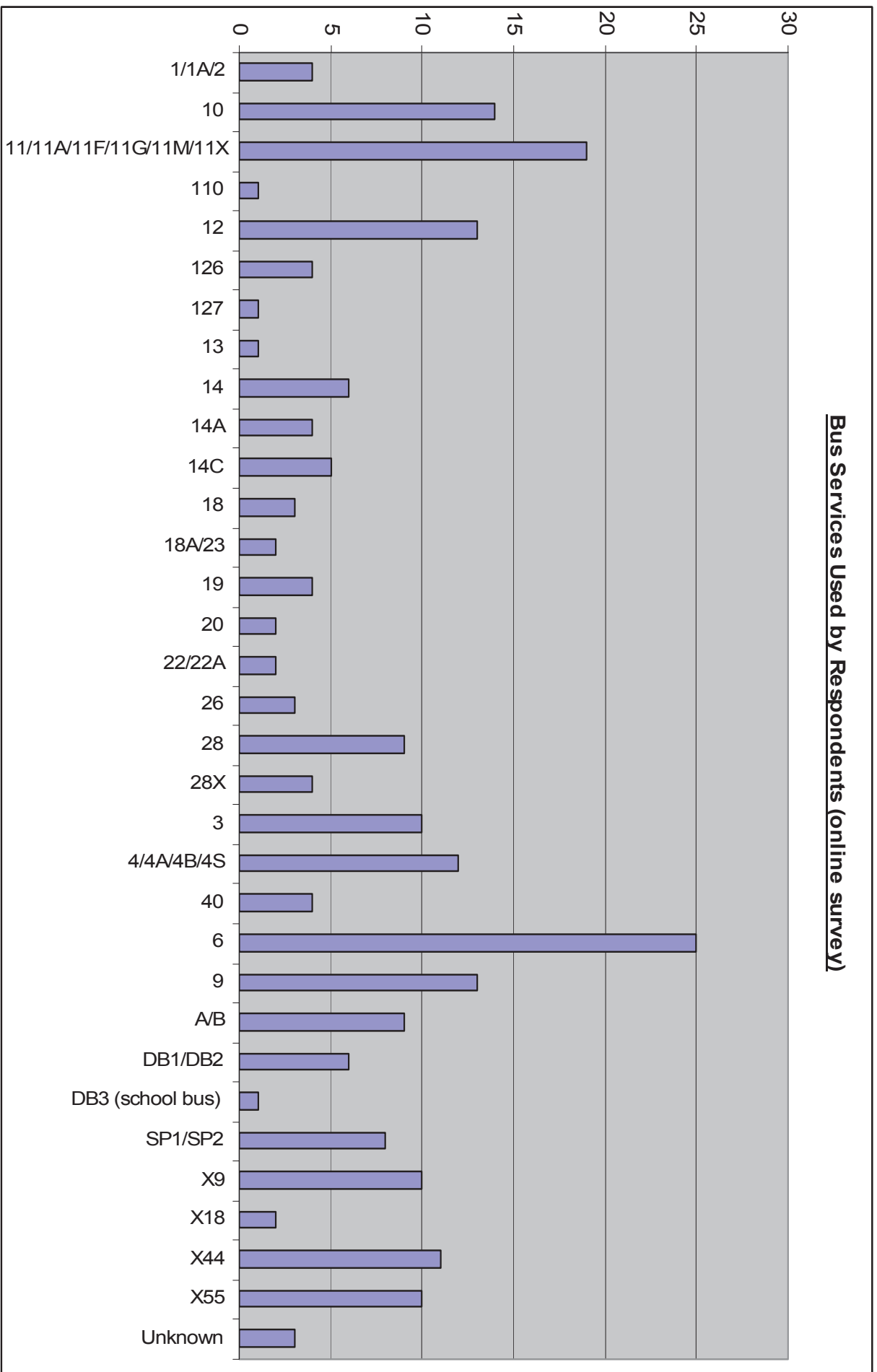
Gender of Respondents



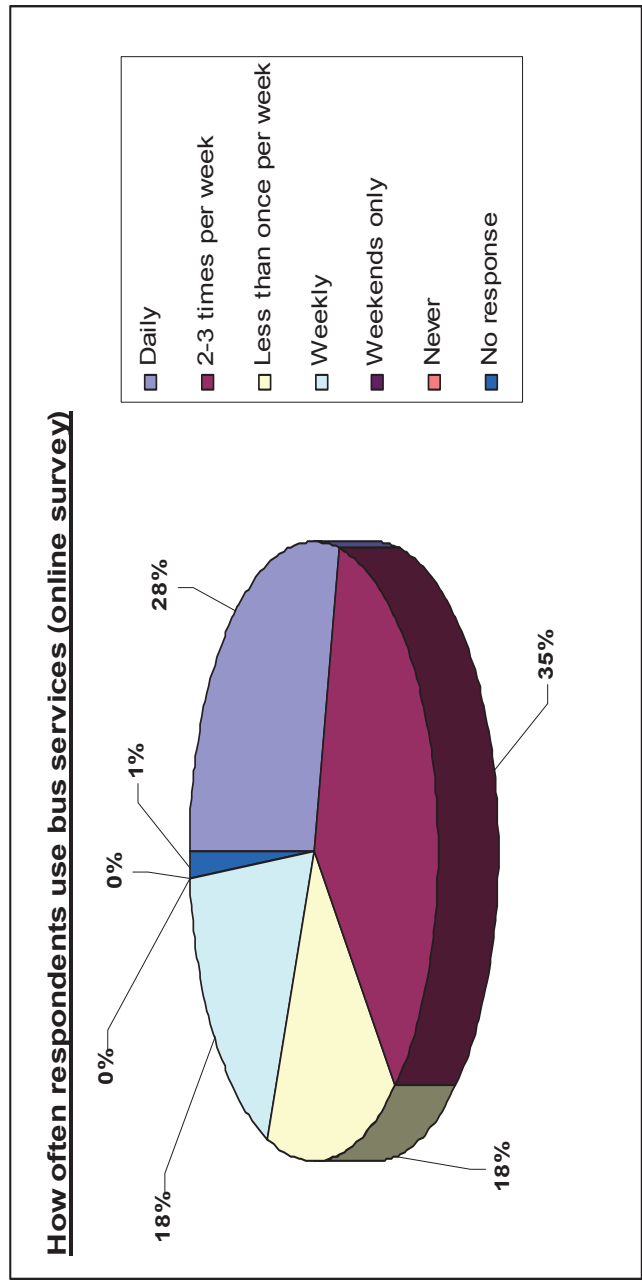
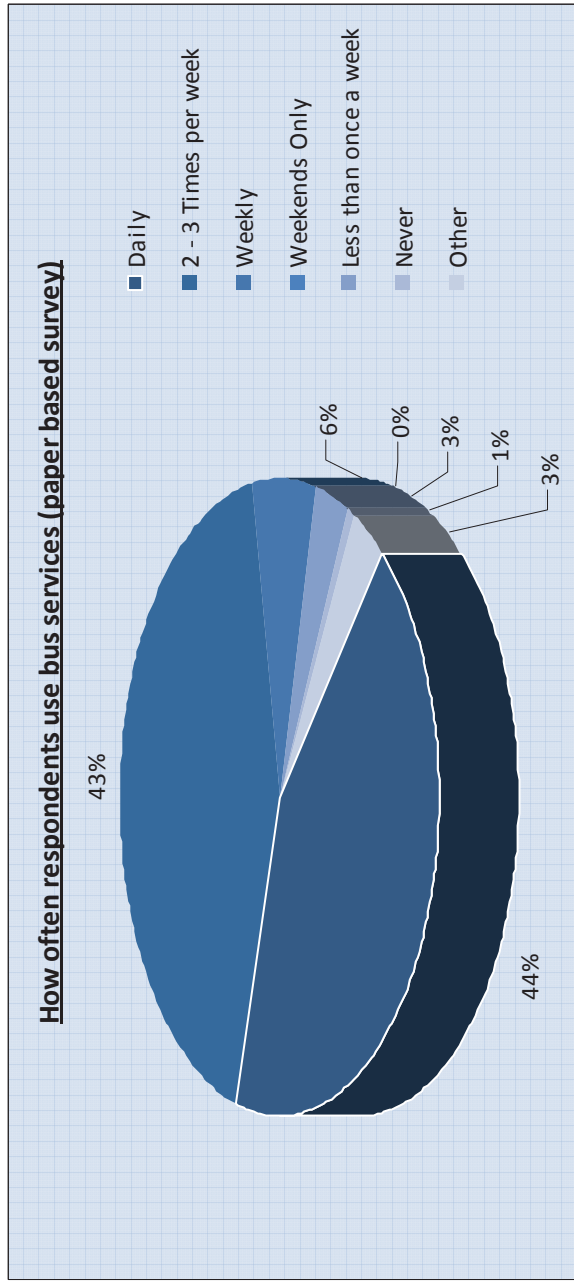
Bus Services used by Respondents (paper based survey)



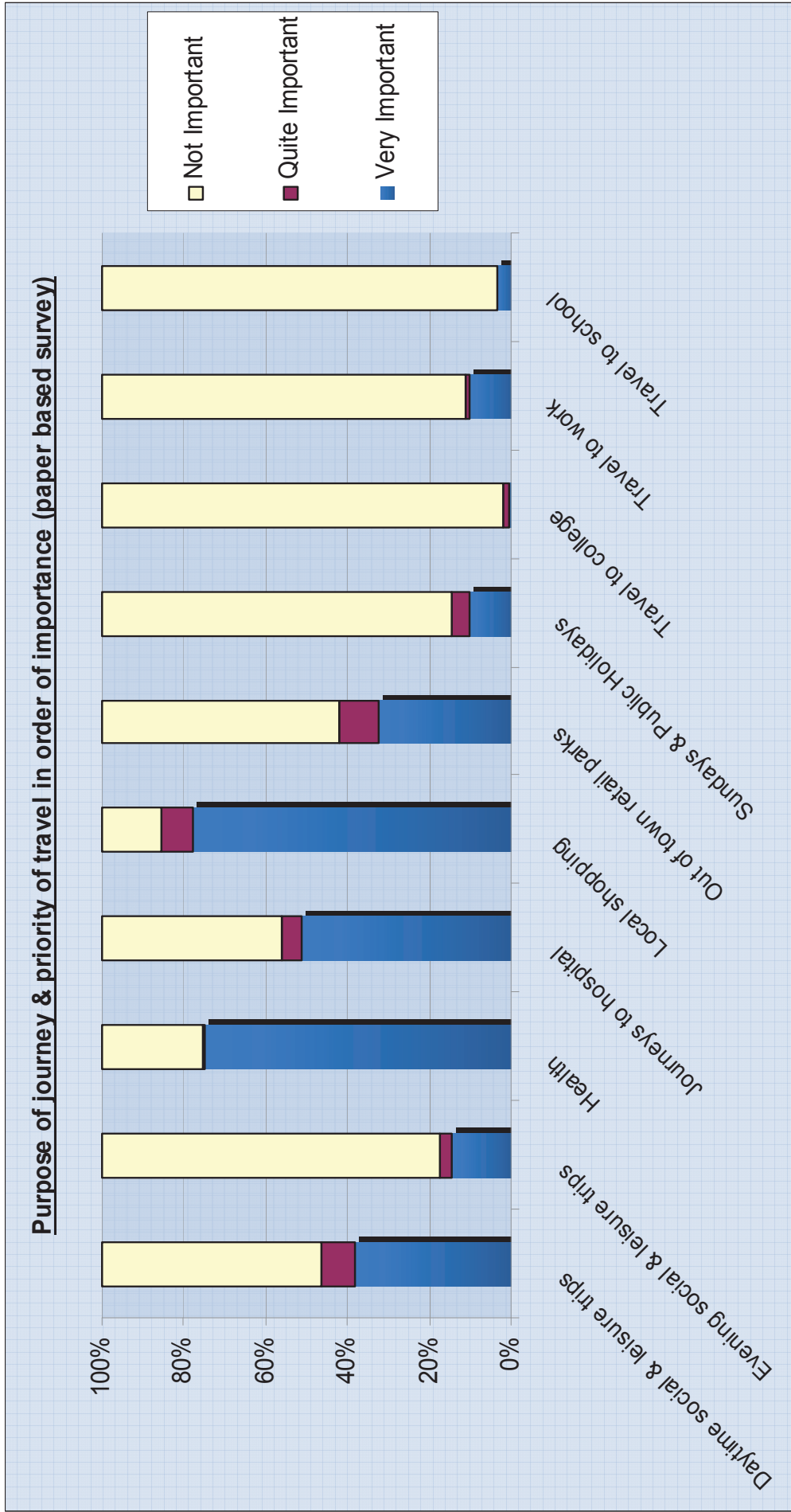
Bus Services used by Respondents (online survey)



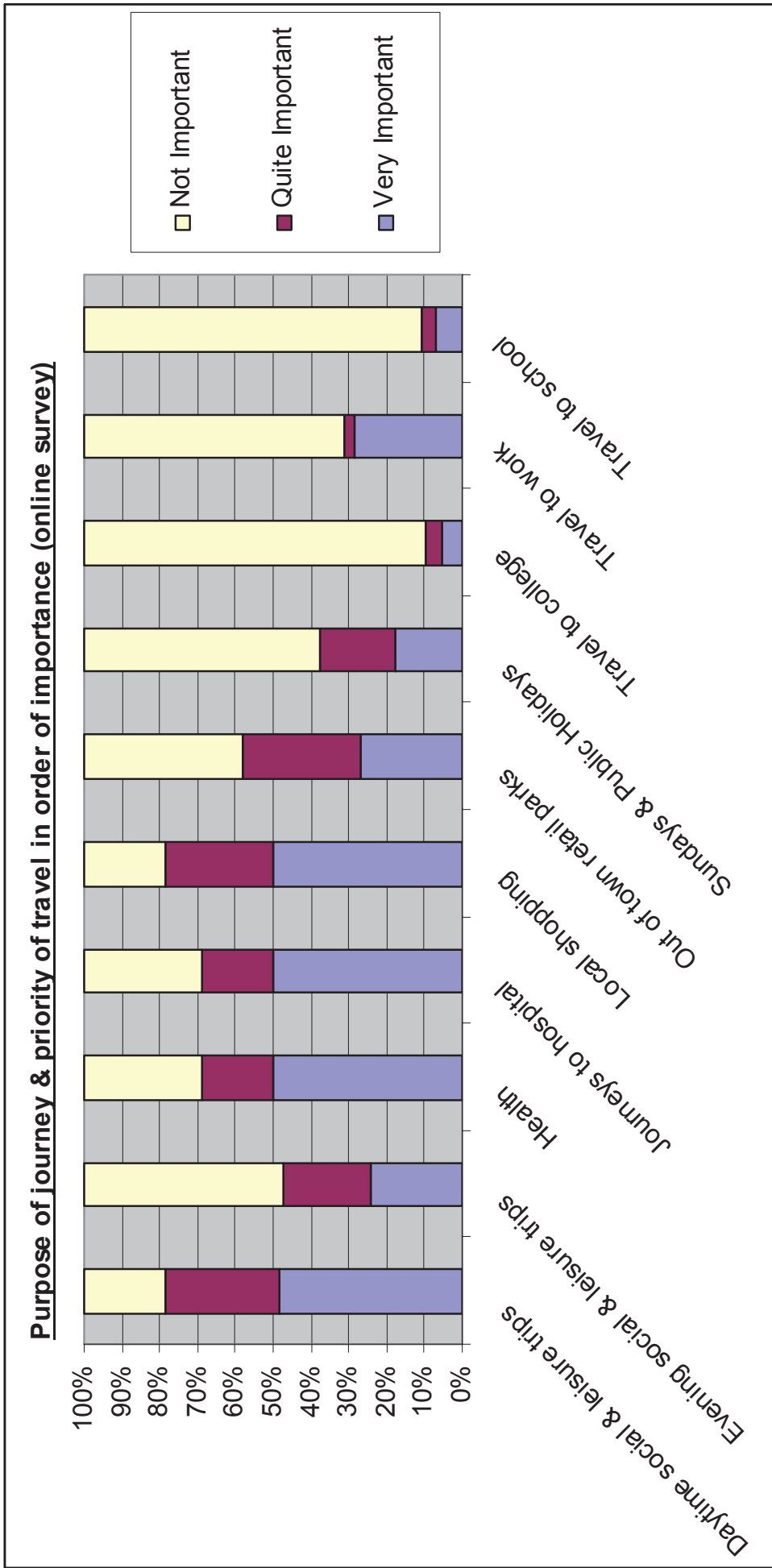
How often respondents use the bus services



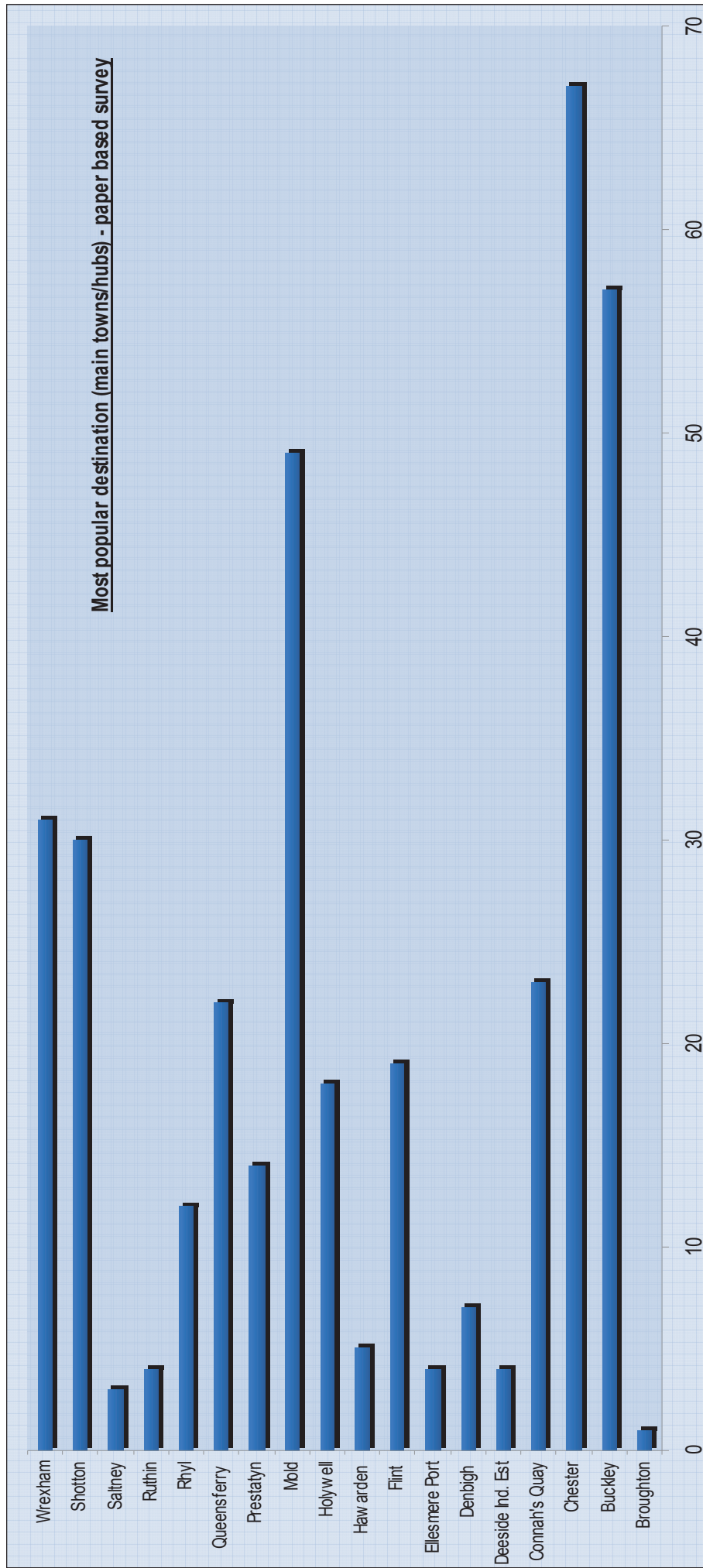
Priority of Travel (in order of importance)
Paper-based survey



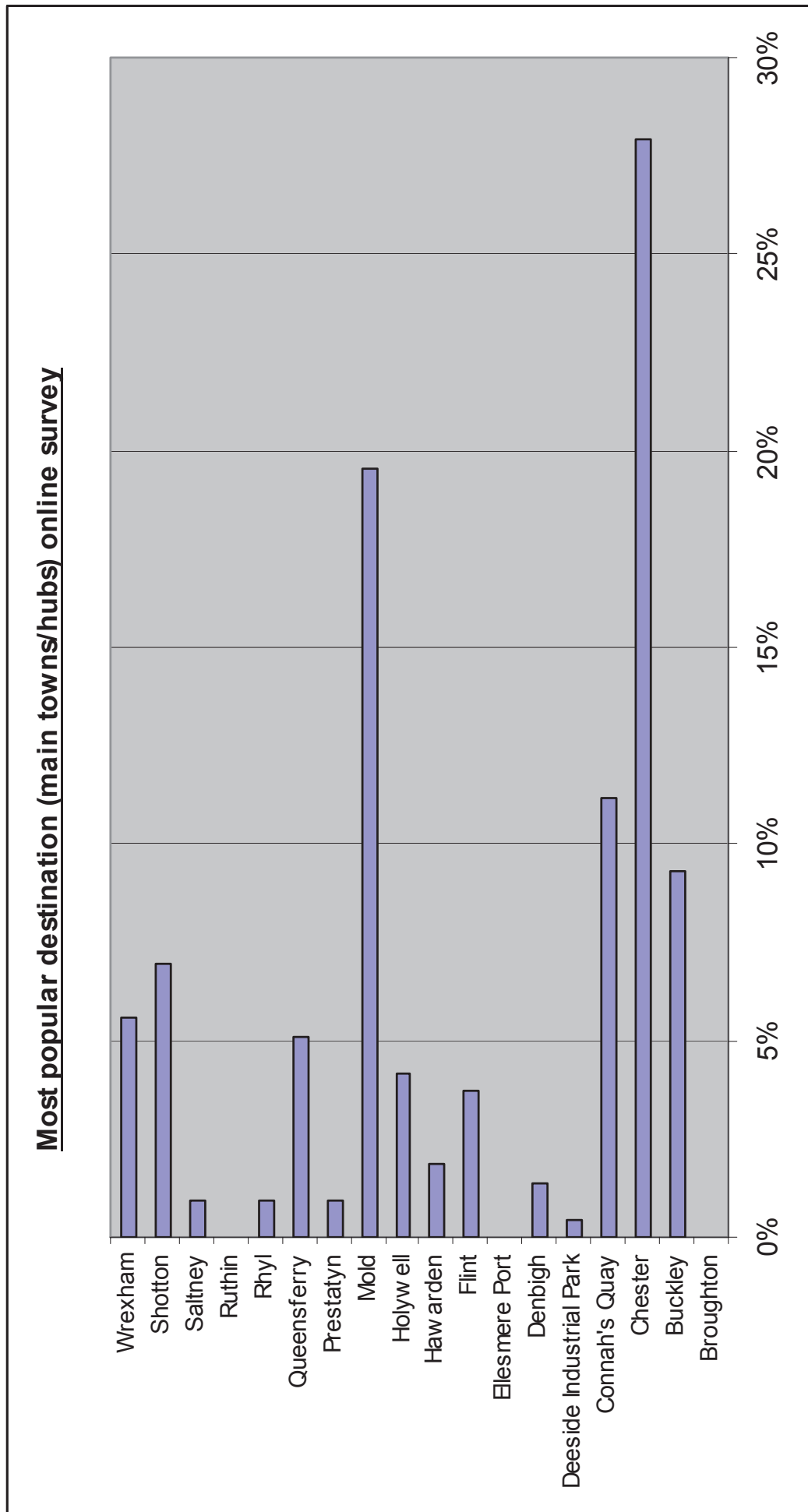
Purpose of Journeys & Priority of Travel (in order of importance)
Online survey



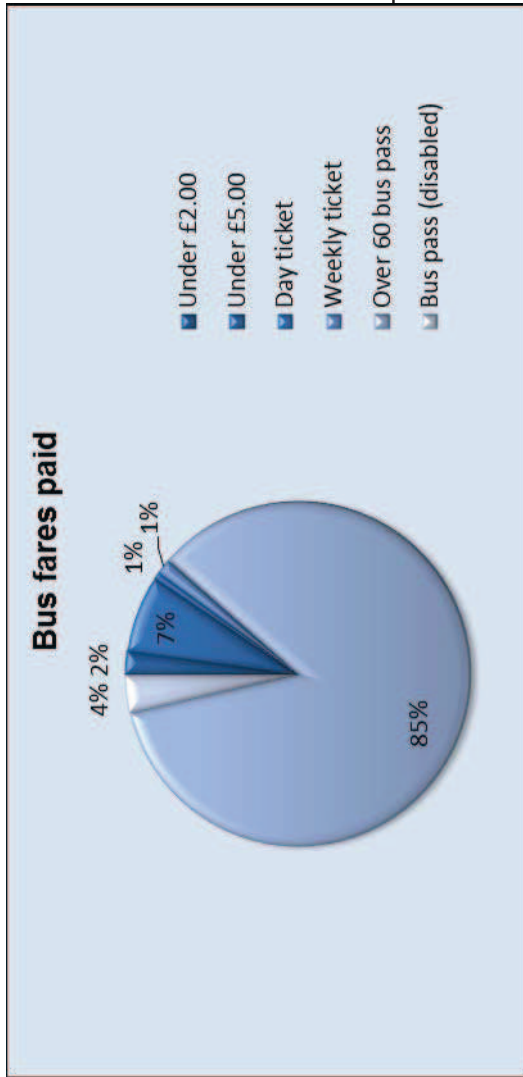
Most Popular Destination (main towns/hubs) – paper based survey



Most Popular Destination (main towns/hubs) – online survey

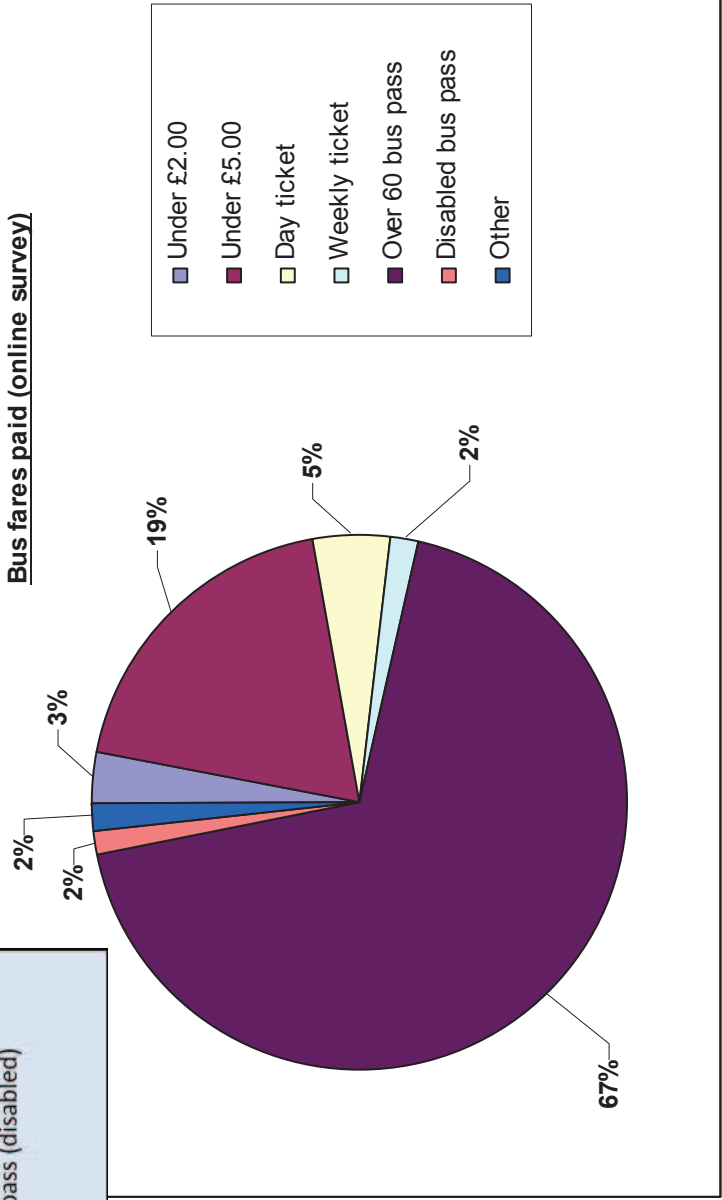


Typical Bus Fares Paid by Respondents (paper based survey)

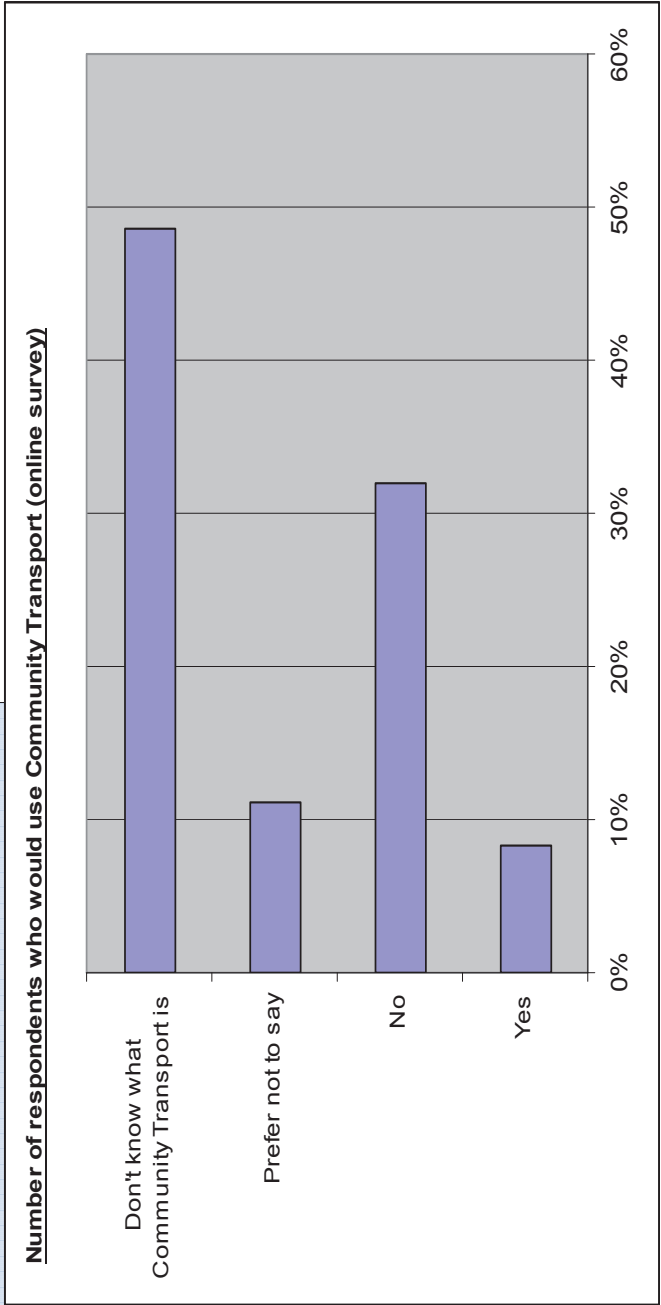
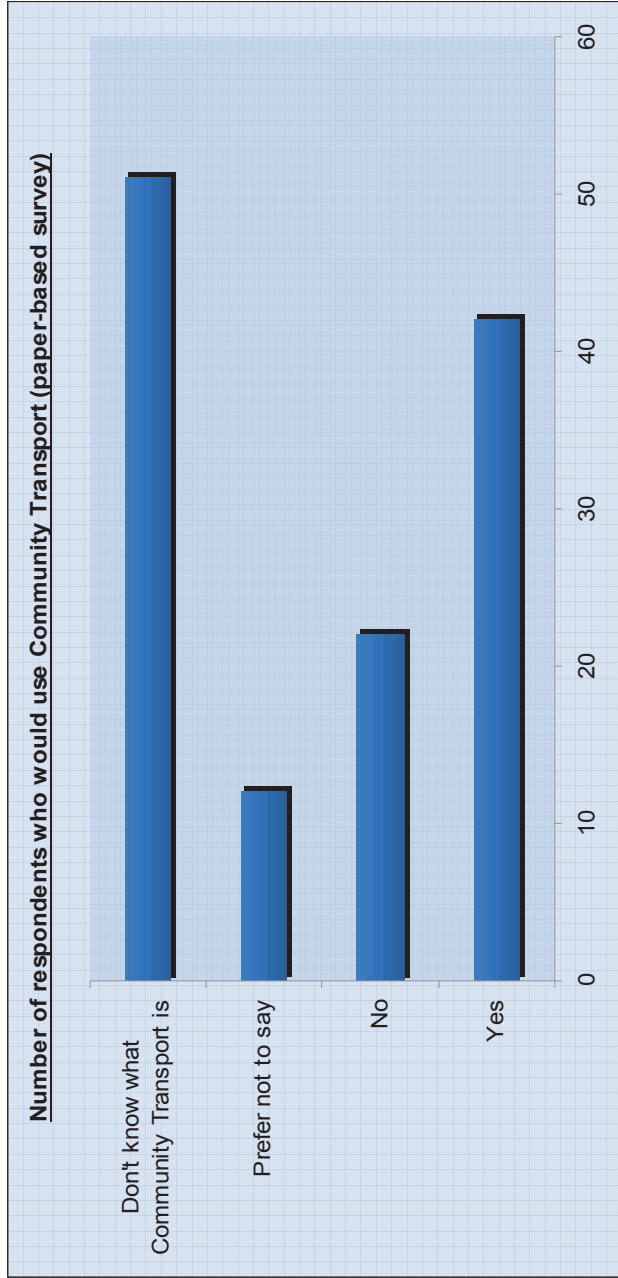


Note:
Other tickets bought by respondents were Arriva's monthly ticket for £59.95 per month

Bus fares paid (online survey)



Number of respondents who stated that they would use Community Transport as an alternative to local bus services



Here is a snapshot of just some of the Individual comments and feedback received from the Consultation: -

- If the number 6 Bus stopped running or was stopped at 9am and returning at half past 2 I would have to stop working and become unemployed...
- We would like to give up our car but cannot [because of] the "Hole" between 2.30pm and 4.30pm
- Lack of integration between buses and rail, especially in Shotton
- The 11A evening bus services should be scrapped altogether and a system similar to the Train Taxi which is common on the Continent should be introduced
- The number 14 route should be regarded as a Core Matrix Bus Link for the purposes of the Integrated Transport Vision for North East Wales, so as to provide access from Denbigh and intermediate communities to the key centres and network hubs of Mold and Chester
- The service between Mold and Denbigh should continue to operate on an hourly basis, so as to provide a high quality, efficient and reliable service accessible to all members of the community, including in particular those without a car.
- The buses are quite punctual, but the schedule seems a bit erratic after about 2p.m. due to the school runs
- Although the 14 bus route may not be used to it's maximum capacity it does provide a valuable service in connecting several large villages to bus route 'hubs' in Denbigh and Mold and thus to wider transport networks
- Need better multi operator bus / train travel cards
- The existing bus service from Rhydymwyn to Mold (14/14C) does not meet current needs which is why we rarely use the service. Residents in rural villages have to have their own transport because public transport is inadequate
- Young people living in rural villages have to travel to main towns/retail parks for social activity activity/entertainment. The local transport network does not facilitate this, leaving young people socially isolated
- Bus services good in general but concerned about future of service 6 to Mold
- Getting people around the county is vital for economic stability as it keeps people in jobs and transport viability is often a barrier when looking for work.
- Rural areas need buses to have contact with the outside world and allow residents to access work
- Work is no longer Monday to Friday 9-5, so services have to include both early starts and late finishes, weekends including Sundays and bank Holidays
- Any changes to the present bus services would be a real blow to those of us who don't drive and who rely on buses for getting out of our houses
- You may be able to justify a reduction in the frequency of services to Caerwys, but a complete loss would be totally unacceptable
- Instead of trying to cut bus services, you could be aiming to see how to make them more attractive to users
- As I live in a semi rural area, the bus service we do receive is only hourly but is important to myself and others in the area
- Consideration should be given to those off the beaten track, that don't have easy access to transport
- Bus services from Flint are poor especially to Chester as they terminate in the bus exchange and do not go through Foregate Street
- In the main I think the local bus service is pretty good and should be retained at the same level as at present
- The lack of consistency and ridiculous pricing schemes make using the bus with the family restrictive and not being able to transfer tickets between companies
- Transport in Flintshire really needs to be redressed for those that don't have access to transport, unemployed, disabled, low income families etc. and live in isolated areas
- Any reduction in bus services in this area will virtually cut off communication between Penyffordd and other parts of the area for a disproportionately large number of people, particularly those in higher age groups and young mothers.

- Better on demand services for low demand areas which are easier to access than the typical phone to book at least X days before you know you even need to travel; perhaps using taxi services in place of buses
- Not enough buses weekends & evenings - biggest problem is not having enough bus services - might as well live up mountains - Communication a big problem, unemployed - fares are too expensive! Congestion & traffic - cars vs non car owners
- The present bus service is only just working for communities and the OAP passengers. Any withdrawal would drastically effect basic daily needs
- Workers buses must be protected.
- I rely on the local bus services for me to access trips into Buckley shopping, visiting Doctors and travel to the surrounding areas
- Certain routes must be protected, in particular any service that connects hospitals to the community and also rural services
- With regard to the No 4 & 4S service (Mold to Chester (Railway Station) I welcome the comments made in the recommendation
- We do not have a bus service now to Sealand Manor
- Cut route 13, only provides a service to 'out of County' visitors
- As I do not drive, I rely on the bus service for work & shopping
- As the County takes over responsibility for Civil Parking Enforcement in the autumn, I believe that the effects of this also may also encourage some motorists to start to use the bus
- Need more effective use & promotion of community transport
- Without the No.9 service, I would be completely house bound.
- Bus routes are essential to young people facing hard time seeking work and who often have to work outside of the 9-5 cliché working hours and often in the service sector
- Being unable to travel will have a negative impact on the community and its residents for their independence and well being
- Without the local A service I would be house bound and I could not connect with the main bus services 3s and 4s
- The public service is a cost effective service for the residents of the community, having to use community transport such as taxis is unrealistic and too expensive
- The Bus pass for the over 60's is very important as it lets people travel from one district to another
- Bus service is vital as you get older, or, your finance restricts vehicle ownership, it's a lifeline to everything. In towns it will save on parking space, but, the service must be good, regular, safe and on time
- I don't think there are enough buses to Carmel as it is - without any cuts!
- We need the community bus for all elderly residents of Buckley, especially those who live on the housing estates and cannot walk to the bus stop as it can be some distance
- Consider using smaller buses to save on fuel
- As I am disabled I would not be able to get to the most important destinations necessary in my life
- Northop Hall has a lot of older people who rely on a public transport system. Without an adequate system they would be unable to leave the village
- The over-riding objective of the bus network should be to encourage modal shift from private to public transport by ensuring that a network of high quality, efficient and reliable services is accessible to all members of the community, including in particular those without a car
- Running costs could be reduced by running smaller (e.g. 15 seater) minibuses for journeys from outlying rural communities to nearest towns, which could then link up with main bus services to larger commercial centres
- The bus service in our area is excellent for people of my age-group and I would not like to see the services which I use, changed
- The number 12 bus is a lifeline to people living in the higher Shotton area and the issue of bus passes enables the elderly and people with disabilities to get to shops
- Rely on buses to have contact with people, pay bills etc and small bits of shopping. Even a minibus is better than nothing so long as it shows up! A reliable bus service is essential to Treuddyn.
- Good bus service, held up by traffic congestion.

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Appendix 3 Flintshire Bus Services (Summary of Services)

Service	Route Description	Type of Service	Weekdays (Monday to Friday)				Sundays (& Public Holidays)	
			Early morning (before 0800)	Peak (1500-1700) / 1500-1700	Off-peak (0900-1500 / 1700-1800)	Evening (after 1830)		
1	Mold - Loggerheads - Llanarmon-yn-Ial - Ruthin	Subsidised	Contract	Contract	Contract	No Service	Contract	No Service
2	Mold - Eryrys - Llanarmon-yn-Ial - Ruthin	Subsidised	No Service	Contract	Contract	No Service	Contract	No Service
X1	Ruthin - Mold - Chester	Subsidised	No Service	Contract	Contract	No Service	Contract	No Service
3, 3A	Mold - Buckley - Penyffordd - Broughton - Chester	Commercial	Commercial	Commercial	Commercial	Agreement	Commercial	Commercial
4, 4S	Mold - Buckley - Drury - Hawarden - Broughton - Chester	Commercial	Commercial	Commercial	Commercial	Agreement	Commercial	Commercial
4B	Mold - New Brighton - Buckley - Hawarden - Chester EARLY BIRD	Commercial	Commercial	No Service	No Service	No Service	Commercial	No Service
6	Chester - ASDA - Shotton - Connah's Quay - Mold - Pantymwyn	De-minimis Agreement	Agreement	Agreement	Commercial	No Service	Agreement	No Service
7, 7X	Mold - Buckley - Ewloe - Queensferry - Shotton - Deeside College	Subsidised	Contract	Contract	No Service	No Service	No Service	No Service
9, X9	Mold - Connah's Quay - Queensferry - Chester	Commercial	Commercial	Commercial	Commercial	No Service	Commercial	No Service
10	Chester - Shotton - Connah's Quay	De-minimis Agreement	Commercial	Commercial	Commercial	Agreement	Commercial	Commercial
11	Holywell - Flint - Connah's Quay - Hawarden - Broughton - Chester	Subsidised	Commercial	Commercial	Commercial	Contract	Commercial	No Service
11F, 11G, 11M, 11X	Rhyl - Holywell	Subsidised	Commercial	Commercial	Commercial	Contract	Commercial	No Service
12	Chester - Broughton - Mancot - Deeside Hospital - Connah's Quay	De-minimis Agreement	Agreement	Agreement	Agreement	Agreement	Agreement	No Service
13	Loggerheads - Mold - Penyffordd - Chester	Subsidised	No Service	No Service	No Service	No Service	No Service	Contract
14	Mold - Caerwys - Bodfari - Denbigh	Subsidised	Contract	Contract	Contract	No Service	Contract	No Service
14A	Holywell - Carmel - Gorsedd - Babel - Caerwys - Afonwen - Denbigh	Commercial	No Service	Contract	Commercial	No Service	No Service	No Service
14C	Holywell - Lixwm - Cilcain - Mold - RURALrider	Commercial	No Service	Contract	Commercial	No Service	Commercial	No Service
16	Chester - Lache - Salthey	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial
18	Flint Cornist - Holywell - Penyffordd - Prestatyn - Rhyl	De-minimis Agreement	Agreement	Agreement	Agreement	No Service	Agreement	No Service
X18	Mold - Flint - Greenfield - (Rhewl)	Commercial	No Service	Commercial	Commercial	No Service	Commercial	No Service
19	Flint Cornist - Holywell - Berthengam - Prestatyn - Rhyl	De-minimis Agreement	No Service	Agreement	Commercial	No Service	Agreement	No Service
20	Holywell - Greenfield - Flint - Shotton - Deeside Ind. Park	De-minimis Agreement	Agreement	Agreement	Agreement	No Service	Agreement	No Service
22, 22A	Holway - Pen-y-Maes / Brynford - Holway	De-minimis Agreement	Agreement	Commercial	Commercial	No Service	Commercial	No Service
23	Greenfield - Holywell Hospital	De-minimis Agreement	No Service	No Service	Contract	No Service	No Service	No Service
23, 24, 25	Penyffordd - Castell Alun High School, Hope & Connah's Quay - Flint - Buckley to Yale Collec	Subsidised	No Service	Contract	No Service	No Service	No Service	No Service
26, 27	Mold - Leeswood - Caerwys - Maelor Hospital - Wrexham	Commercial	Agreement	Commercial	Commercial	Commercial	Commercial	No Service
28	Wrexham - Penyffordd - Buckley - Mold - Northop - Flint	De-minimis Agreement	Agreement	Commercial	Commercial	No Service	Commercial	No Service
28X	Holywell - Flint - Northop - Mold	Subsidised	Contract	Commercial	Commercial	No Service	Commercial	No Service
40	Mold - Nercwys - Treuddyn - Llanfynydd - Ffrith - Cymau - Wrexham	De-minimis Agreement	Agreement	Commercial	Commercial	No Service	Commercial	No Service
99	Sandycroft - Connah's Quay - Mold	Subsidised	Contract	Commercial	Commercial	No Service	Commercial	No Service
110	Aston - Ewloe - Northop Hall - Northop - Sychdyn - Mold	De-minimis Agreement	No Service	Agreement	No Service	No Service	No Service	No Service
124	Holywell - Rhosesmor - Lixwm - Brynford - Holywell (Circular)	Subsidised	No Service	Contract	No Service	No Service	No Service	No Service
126	Holywell - Pentre Halkyn - Rhosesmor - Mold	De-minimis Agreement	No Service	Agreement	Agreement	No Service	Agreement	No Service
127	Mold - Rhosesmor - Lixwm - Brynford - Pantasaph - Holway	De-minimis Agreement	No Service	Agreement	Agreement	No Service	No Service	No Service
389	Sandycroft - Mancot - Garden City - Queensferry - Venerable Edward Morgan School, Shotto	Subsidised	No Service	Contract	No Service	No Service	No Service	No Service
811	Leasowe / Arrowe Park - Deeside Ind. Park - Broughton	Subsidised	Contract	Contract	Contract	Contract	Contract	No Service
A	Buckley Station - Precinct Way - Southdown	Subsidised	No Service	Contract	Contract	No Service	Contract	No Service
DB1	Mold - Treuddyn / Leeswood - Higher Kinnerton - Chester - Blacon	Subsidised	Contract	Contract	Contract	No Service	Contract	No Service
DB2	Chester - Curzon Park - Saltney Ferry	Subsidised	No Service	Contract	Contract	No Service	Contract	No Service
D42	Mold - Caerwys - Wrexham RURALrider	Subsidised	No Service	Contract	No Service	No Service	Contract	Contract
SP1/SP2	Mold - Buckley - Queensferry - Deeside Industrial Park - Ellesmere Port	De-minimis Agreement	Agreement	Agreement	Agreement	No Service	Agreement	No Service
X44	Mold - Buckley - Hawarden - Chester Business Park - Chester	De-minimis Agreement	Agreement	Agreement	Commercial	No Service	Agreement	No Service
X55	Mold - Buckley - Hawarden - Chester Business Park - Chester	De-minimis Agreement	Agreement	Agreement	Commercial	No Service	Agreement	No Service

Service	Route	Type of Service	Cost per Passenger	RAG Status	Options presented to Scrutiny Committee on 23rd July 2013	Summary of Consultation Responses & Supplementary Notes	Proposals
4/4A/4B/4S	Mold-Buckley-Hawarden-Broughton-Saltney-Chester (Evenings & Sundays)	De-minimis (commercial)	£0.39	LOW	Low cost per passenger, high passenger numbers & satisfies criteria well. Represents good value for money. Continue with de-minimis arrangement and/or negotiate with operator to see if any journeys can be commercialised	No negative comments received relating to the review - two comments received supporting review; other comments received related to punctuality/reliability on the route. Service is largely commercial, but FCC pays for evening journeys after 1800 Mon-Sat and for diversion via Broughton Retail Park / St David's Park on Sundays	Service performs well with low cost per passenger, high passenger numbers and justified passenger travel needs. Unable to tender as service is commercial. Consequently, no changes proposed. Continue with current de-minimis arrangements and review in 12 months' time.
3/3A	Mold-Buckley-Penyffordd-Broughton-Salney-Chester (Evenings)	De-minimis (commercial)	£0.59	LOW	Low cost per passenger, high passenger numbers & satisfies criteria well. Represents good value for money. Continue with de-minimis arrangement and/or negotiate with operator to see if any journeys can be commercialised	No comments received relating to the review, but several comments received regarding recent reliability issues on the route, which should have now been resolved. Additionally, several suggestions made regarding the route followed, which will be passed on to the bus company, since the service is mainly commercial with FCC only subsidising journeys after 1800 Mon-Sat and diversion of service via Penyffordd and Broughton Village in the evenings	Service performs well with low cost per passenger, high passenger numbers and justified passenger travel needs. Unable to tender as service is commercial. Consequently, no changes proposed. Continue with current de-minimis arrangements and review in 12 months' time.
X44 / X55	Mold-Buckley-Dobshill-Penymynydd-Broughton-Chester	De-minimis (commercial)	£0.38	LOW	Very low cost per passenger and high passenger numbers. Satisfies criteria and represents very good value for money. Continue with de-minimis arrangement and/or negotiate with operator to see if any journeys can be commercialised	No negative comments received relating to the review, but a couple of suggestions received, which will be passed on to the bus company. Mainly commercial, but FCC pay for all journeys to be diverted via County Hall Mold / Law Courts / Theatr Clwyd, as well as diversion of journeys via St David's Park & Chester Business Park	Service performs well with low cost per passenger, high passenger numbers and justified passenger travel needs. Unable to tender as service is commercial. Consequently, no changes proposed. Continue with current de-minimis arrangements and review in 12 months' time.
10	Connah's Quay-Shotton-Queensferry-Chester (Sunday Evenings)	De-minimis (commercial)	£2.15	MEDIUM	Cost per passenger is medium and passenger numbers average, but given that less than 5% of the service is subsidised, it represents good value for money. Continue with de-minimis arrangement and review in 12 months' time	A couple of comments received in relation to the Consultation, but mainly to do with the cost of fares and requesting a service to Northop Hall. The comments received will be passed on to the bus company, as they do not relate to the subsidised elements. Largely commercial operation, but FCC pay for additional Sunday evening journeys between Connah's Quay, Queensferry & Chester (after 1800)	Subsidy provided contributes to the viability of the core commercial service and fills the gap in service that would otherwise exist after 1800 hours. Passenger travel needs are justified in line with policy. Consequently, no changes proposed. Continue with de-minimis payment and review in 12 months' time
13	Chester-Saltney-Broughton-Buckley-Mold-Loggerheads (Sundays)	Tendered subsidised	£16.01	HIGH	High cost per passenger and poor performance in terms of passenger growth. Withdraw service. Serve notice on contract to end 31/10/2013	Only one comment received relating to the Service 13, which was in support of withdrawing the service. Wholly subsidised. Other journeys already provided on services 4A/4S on Sundays between Chester-Saltney-Broughton-Buckley-Mold.	High cost per passenger, very low passenger numbers and passenger travel needs do not meet criteria of policy. Consequently, withdraw service and serve notice on contract to end 31/03/2013.
26 / 27	Mold-Leeswood-Caerwrlle-Wrexham (early morning)	De-minimis (commercial)	£3.34	MEDIUM	Medium cost per passenger & low passenger numbers, but mitigated by fact that Wrexham CBC jointly subsidise service. Consider withdrawing subsidised journey unless it serves a specific purpose.	No comments received relating to this service. Subsidy provided is for one journey only at 0615 from Mold to Wrexham. Wrexham CBC contribute towards cost of running this journey. Rest of service is operated commercially with no subsidy from Flintshire. Consultation required with Wrexham CBC	Medium cost per passenger and low passenger numbers, no justification for supporting 0615 journey. Consequently, withdraw subsidy and give notice to end de-minimis arrangements for the journey at 0615 with effect from 31/03/2013.
11	Rhyl-Holywell-Chester (Evenings Sundays)	De-minimis (commercial)	£0.61	LOW	Low cost per passenger, high passenger numbers. Service performs well for an inter-urban service & provides good value for money. Consider voluntary quality partnership with Arriva and/or commercialising some journeys	Several responses received in relation to the Consultation. A couple of respondents suggested withdrawal of the evening service. Others have requested a more frequent service between Flint and Chester and serving Foregate Street in Chester instead of or as well as the Bus Exchange. Another comment related to the length of journey time and that it is quicker to go by train or car to Chester. Officers also met with Flint Town Council on 23/09/13. FCC currently subsidises all Sunday evening journeys between Rhyl, Holywell, Connah's Quay, Queensferry & Chester (after 1800); some evening journeys Rhyl-Holywell-Flint (Mon-Sat) and one early morning journey 0620 Holywell-Chester. Daytime journeys are commercial.	Service performs well with low cost per passenger, high passenger numbers and justified passenger travel needs. Unable to tender as service is commercial. Consequently, no changes proposed. Continue with current de-minimis arrangements and review in 12 months' time.

Service	Route	Type of Service	Cost per Passenger	RAG Status	Options presented to Scrutiny Committee on 23rd July 2013	Summary of Consultation Responses & Supplementary Notes	Proposals
12	Connah's Quay-Shotton-Deeside Hospital-Broughton-Saltney-Chester	De-minimis (commercial)	Unknown - No figures provided by Arriva to date		Unable to assess against matrix of cost per passenger. Diversion of services via Mancot, Sandycroft & Manor Lane are still required. Arriva have recently approached the Council with regard to future opportunities e.g. serving Deeside College. Continue dialogue with Arriva regarding commercial opportunities	Only one comment received relating to the Service 12, stating that the service is a lifeline to people living in the Higher Shotton area. Service 12 has benefited from investment by FCC/Taith since 2008 towards 50% of the cost of purchasing 5 brand new low floor easy access vehicles. Payment for the vehicles finished on 31/03/13. FCC continues to provide a small subsidy for the service to divert via Mancot, Sandycroft & Manor Lane	Unable to assess against matrix of cost per passenger, as no figures provided by Arriva to date. However, passenger travel needs are justified in terms of policy and specified criteria. No immediate changes proposed, but continue dialogue with the bus company regarding commercial opportunities and review in 12 months' time
9	Mold-Northop-Connah's Quay-Chester	Tendered subsidised	£0.53	LOW	Low cost per passenger, high passenger numbers and satisfies criteria reasonably well. Continue with payment for serving Countess Hospital. Payment for vehicles due to finish on 31/08/2013. Seek possible contribution from Cheshire	A number of responses received regarding the number 9 service. Provides a lifeline to people living on Wepre Drive, who are unable to walk or afford a car. Numerous people stated that they would be house bound without the service and need it for access to local shopping (e.g. Queensferry Asda, Lidl and Connah's Quay Morrisons). Several people stated that they used the service for travel to/from Chester Countess Hospital and said that it was vital that this link be maintained.	During the course of the review and consultation period, the bus company withdrew this commercial service, despite the low cost per passenger and high passenger numbers. FCC has subsequently replaced the service with a temporary tendered service, but to a reduced frequency due to budgetary constraints. New contract to be tendered January 2014 to commence April 2014 for a 3/4 year contract. Potential to combine with Service 6 in future
X9	Connah's Quay-Queensferry-Broughton Park-Wrexham	Tendered subsidised	£0.93	LOW	Low cost per passenger, average passenger numbers, but satisfies criteria well. Continue with payment for serving Higher Kinnerton & Wrexham Maelor. Payment for vehicles due to finish on 31/08/2013. Seek possible contribution from Wrexham	Several comments received from people who rely on the X9 to get to Wrexham Maelor Hospital and service is used for access to doctors and local shopping in Connah's Quay.	During the course of the review and consultation period, the bus company withdrew this commercial service, despite the low cost per passenger. FCC has subsequently replaced the service with a temporary tendered service, but to a reduced frequency due to budgetary constraints. New contract to be tendered January 2014 to commence April 2014 on a 3/4 year contract. Requires involvement from Wrexham County Borough Council
11	Rhyl-Holywell-Chester (Evenings Mon-Sat)	Tendered subsidised	£2.84	MEDIUM	Medium cost per passenger, average passenger numbers & only partially satisfies criteria. Consider withdrawal of some journeys. Serve notice on existing operator and either re-tender or consider voluntary quality partnership with Arriva to cover evening service as well as daytime.	(See comments above for 11 Evenings Sundays for Consultation responses). Wholly subsidised with contract due to expire 31/10/2014. Jointly funded with Denbighshire County Council. Medium cost per passenger and average passenger numbers	Medium cost per passenger, average passenger numbers, but meets passenger travel needs specified in policy. Re-tender January 2014 to market test value for money. Requires involvement from Denbighshire
14	Mold-Caerwys-Bodfari-Denbigh	De-minimis (commercial)	£14.14	HIGH	High cost per passenger, very low passenger numbers & unsustainable. Withdraw & serve notice on existing de-minimis agreement. Re-tender along with Townlynx element (see below) with several options including reduced frequency during daytime i.e. 2 hourly and demand responsive service to rural villages. Consultation required with Denbighshire	(See comments below for 14 tender subsidised service). This element of the service is commercially operated and FCC pays a de-minimis to GHA Coaches to divert service via Rhes-y-Cae. Proportion of cost shared with Denbighshire for cross-boundary mileage. GHA provide 2-hourly service in between Townlynx journeys thereby creating hourly service during daytime. Denbighshire has confirmed support for a 2-hourly service during daytime, but requested that peak journeys are retained for workers and students. Letter also received from Caerwys Community Council objecting to the withdrawal of the service and stressing the importance of maintaining access to key facilities in Holywell, Mold and Denbigh, such as education, healthcare and shopping.	High cost per passenger and low passenger numbers. Withdraw & serve notice on existing de-minimis agreement. Combine with subsidised tendered service 14 and tender as one contract in January 2014 to commence April 2014 for a 3/4 year contract. Peak journeys for pupils, students and workers to be retained, but tender to include options for reducing frequency to 2 hourly off-peak during daytime (Monday-Friday) and option for demand responsive service to Lixwm, Rhes-y-Cae, Moel-y-Crio
40	Mold-Nercwys-Treuddyn-Llanfynydd-Ffrith-Cymau-Wrexham	De-minimis (commercial)	£0.58	LOW	Low cost per passenger, high passenger numbers. Reasonable value for money, especially for peak school journeys. Continue with current de-minimis agreements and review in 12 months' time	Several comments received regarding the number 40 bus service stating that people in rural areas rely heavily on the service and would like a more frequent service. One respondent advised withdrawing the Wednesday shopping bus to Mold. Another related to reliability/punctuality of the service, which will be passed on to the bus company. FCC pay for supply of 53-seater on peak journeys that serve Mold Campus on school days only, as well as diversion of service via Nercwys & Tan-yr-Alit during daytime, 0700 Wrexham to Mold journey (M-F) via Nercwys, Treuddyn, Llanfynydd, Ffrith, Cymau & provision of low floor vehicle non-school journeys. Contribution also provided by Wrexham.	Service performs well with low cost per passenger, high passenger numbers and justified passenger travel needs in line with policy. Unable to tender as service is commercial. Consequently, no changes proposed. Continue with current de-minimis arrangements and review in 12 months' time.

Service	Route	Type of Service	Cost per Passenger	RAG Status	Options presented to Scrutiny Committee on 23rd July 2013	Summary of Consultation Responses & Supplementary Notes	Proposals
99	Sandycroft-Queensferry-Connah's Quay-Northop-Mold	Statutory School	£2.75	MEDIUM	Medium cost per passenger, but high passenger numbers (average 44 passengers per day). Statutory peak school journey. Continue with service, but re-tender in 2014	No comments received in relation to this review or service. Although cost per passenger is medium, cost of providing peak school bus is relatively low and service has to be provided in order to provide statutory home to school transport service. Current contract with GHA Coaches due to expire 2014	Statutory school contract and therefore unable to withdraw support. Re-tender contract January 2014 for new contract to commence April 2014
SP1/SP2	Mold-Buckley-Queensferry-Deeside Industrial Park-Ellesmere Port	De-minimis (commercial)	£0.67	LOW	Low cost per passenger, very high passenger numbers & satisfies criteria very well in terms of access to employment/encouraging economic growth. Continue dialogue with Cheshire and seek enhancements for further opportunities in terms of access to employment. Discuss options of providing service without FCC owned vehicles	No comments received relating to the Consultation with regard to the SP1/SP2 service. FCC/Taith own the vehicles and FCC/Cheshire jointly pay for service to divert via Cheshire Oaks & Deeside Industrial Park (weekdays) and divert via Nant Mawr Crescent, Buckley. Currently in discussion with Cheshire regarding joint enhancements and possible re-branding of the service (subject to procurement regs.)	Service performs well with low cost per passenger, high passenger numbers and justified passenger travel needs in line with policy. Unable to tender as service is commercial. Consequently, no changes proposed. Continue to support and continue partnership working with Cheshire West & Chester regarding joint enhancements and developing the service. Review in 12 months' time
A	Buckley Town Service (Buckley-Precinct Way-Southdown)	Tendered subsidised	£1.70	LOW	Cost per passenger is medium / passenger numbers are low-medium, but passenger travel needs may be justified e.g. rail connections. Withdraw / Seek alternative transport solutions (e.g. demand responsive service) and/or re-tender with revised timetables	A markedly large number of responses received regarding the A service in Buckley, including a petition of 965 names in support of the service and a letter from Buckley Town Council. Respondents state that service provides a lifeline to people with mobility problems or without a car, in order to access doctors, local shopping and connecting to mainline bus and rail services. Wholly subsidised service, originally introduced to provide connections to/from Buckley Railway Station. A high number of respondents to the Consultation said they use the service for access to key services such as health appointments, local shopping and onward travel.	Cost per passenger reassessed due to previous inaccuracy. Cost per passenger is low, passenger numbers medium-high. Continue to support the service, but requires re-tendering. Contract to be tendered January 2014 to commence April 2014 on a 3/4 year contract. Re-tender with 2 options: Monday to Saturday service and Monday to Friday service
14C	Holywell-Lixwm-Mold (School)	Statutory School	£5.23	HIGH	Cost per passenger is high and passenger numbers low. However, peak journeys are necessary in order to provide statutory home to school transport service. Due to high cost per passenger, service to be re-tendered as soon as possible with option of de-registering as a service bus and providing closed school contract instead	Several comments received regarding the number 14C service. The review only relates to the wholly subsidised school journeys to Mold Campus (53-seater Cilcain-Rhydymwyn-Ysgol Maes Garmon/Mold Alun)	High cost per passenger and low passenger numbers. Statutory school journey so unable to withdraw completely. De-register as a service and re-tender in January 2014 as a closed school contract to commence April 2014.
22/22A	Holway-Holywell-Pen-y-Maes / Brynford	De-minimis (commercial)	£0.54	LOW	Low cost per passenger, high passenger number particularly in terms of concessionaires. Tender in order to market test in terms of value for money & consider whether early morning/late afternoon journeys are still required.	A couple of comments received relating to the 22/22A service: one requesting that the service remains unchanged and the other stating that an hourly service is not needed and that focus should be on the young and elderly. FCC pays for diversion of service via Holywell Community Hospital (22A journeys). Additional journeys at 0745 and late afternoon are also subsidised.	Low cost per passenger and high passenger numbers. Continue to support the service and work with the operator to develop the service and determine whether early morning/late afternoon journeys are still required. Unable to tender as service is commercial.
110	Aston-Northop Hall-Northop-Sychdyn-Mold (School)	Statutory School	£4.24	MEDIUM	Medium cost per passenger, average passenger numbers (mainly school children 80-90% of total passengers). Provides connection to Mold from Northop Hall (M-F). Unable to withdraw, as statutory home to school transport. Re-tender	No comments received regarding the 110 service. Operation of service 110 Aston to Mold Campus on School Days and School Holidays - largely funded by Education	Statutory school contract and therefore unable to withdraw support. Re-tender contract January 2014 for new contract to commence April 2014
124	Holywell-Rhosesmor-Lixwm Brynford-Holywell High School	Statutory School	£7.73	HIGH	High cost per passenger, low passenger usage (only school children - no evidence of non-school use). Currently only 17 eligible pupils using service & this number likely to drop further in September 2013. Consider withdrawing & replacing with dedicated school minibus (12-seats)	Only a couple of comments received regarding the 124 service, which emphasised the importance of transport for people living in isolated rural areas. The service 124 is for two peak journeys for Holywell High School from Pentre Halkyn, Rhosesmor, Rhes-y-Cae, Lixwm, Ysceifiog, Brynford, Pantasaph.	High cost per passenger and low passenger numbers. Statutory school journey so unable to withdraw altogether. De-register as a service & replace with closed school contract minibus (16 seats). Contract to be tendered in January 2014 to commence April 2014 for a 3/4 year contract.

Service	Route	Type of Service	Cost per Passenger	RAG Status	Options presented to Scrutiny Committee on 23rd July 2013	Summary of Consultation Responses & Supplementary Notes	Proposals
126	Holywell-Pentre Halkyn-Halkyn-Rhosmor-Mold	De-minimis (commercial)	£1.07	LOW	Low cost per passenger & reasonable passenger numbers given semi-rural communities served. Continue with de-minimis payment and review in 12 months' time	Only a couple of comments received relating to the 126 service, which requested an increased frequency and stressed the importance of this service for people who don't have access to transport, unemployed, disabled, low income families and live in isolated areas. FCC currently pays for the diversion of journeys via Allt-y-Plas & Windmill, as well as additional journeys at 1710 Holywell to Mold & 1745 Mold to Holywell (M-S)	Low cost per passenger, high passenger numbers and justified passenger travel needs. Unable to tender as service is commercial. Consequently, no changes proposed. Continue with current de-minimis arrangements and review in 12 months' time.
127	Mold-Rhes-y-Cae-Lixwm-Brynford-Pantasaph-Carmel-Holway	Statutory School	£2.28	MEDIUM	Medium cost per passenger & high passenger numbers (70+ eligible pupils). Statutory home to school transport provision. Re-tender	No comments received in relation to the 127 service. Contract is for the operation of two peak journeys from Holway, Carmel, Gorsedd, Pantasaph, Brynford, Lixwm, Rhes-y-Cae to Mold Campus.	Statutory school contract and therefore unable to withdraw support. Re-tender contract January 2014 for new contract to commence April 2014
14A	Afonwen-Caerwys-Gorsedd-Carmel-Holywell-Holywell High School	Statutory School	£8.50	HIGH	High cost per passenger, low passenger numbers which are largely concessionaires or school children. Currently only 11 eligible pupils using service & this number likely to drop further in September 2013. Consider withdrawing & replacing with dedicated school taxi / minibus (8-seats)	Several comments received with regard to the daytime service and letter received from Caerwys Community Council. Most requests were for additional journeys on the service, particularly late afternoon for Carmel and Gorsedd. Contract is for the operation of two peak school journeys only Afonwen-Caerwys-Gorsedd-Carmel-Holywell-Holywell High School, which is the subject of this review.	High cost per passenger and low passenger numbers. Statutory school journey so unable to withdraw altogether. De-register as a service & replace with closed school contract minibus (8 seats). Contract to be tendered in January 2014 to commence April 2014 for a 3/4 year contract.
18	Flint-Holywell-Prestatyn-Rhyl	De-minimis (commercial)	£1.38	LOW	Low cost per passenger, high passenger numbers. Represents good value for money. Review current de-minimis arrangements with the operator in collaboration with Denbighshire and/or consider withdrawing de-minimis payments and tendering service as a contract	No comments received relating to this service. FCC subsidises certain elements of the service such as extension of journeys to Penyffordd, but some of the de-minimis agreements are historical and need to be reviewed. Denbighshire also contribute towards cross-boundary mileage	Low cost per passenger, high passenger numbers. Continue to support service, but review current de-minimis arrangements with the bus company and in collaboration with Denbighshire. Review in 12 months' time
19	Flint-Holywell-Prestatyn-Rhyl	De-minimis (commercial)	£2.12	MEDIUM	Medium cost per passenger, with average passenger numbers. Journeys to more remote villages only run on demand and require pre-booking. Further work required to determine future viability of these journeys. Review current de-minimis arrangements with the operator in collaboration with Denbighshire and/or consider withdrawing de-minimis payments and tendering service as a contract	A couple of comments received from respondents living in Carmel and Gorsedd, requesting journeys in the afternoons instead of demand responsive journeys, which have to be pre-booked. One comment received from a Trelawnyd resident who was content with the current service. FCC subsidises certain elements of the service such as diversion of service via Tre-Mostyn, Trelogan, Llanasa and Gwaenysgor, but some of the de-minimis agreements are historical and need to be reviewed. Denbighshire also contribute towards cross-boundary mileage	Medium cost per passenger with average passenger numbers, but passenger travel needs justified in line with policy. Review current de-minimis arrangements with the bus company in order to improve service performance and increase passenger usage. Review in 12 months' time
20	Holywell-Bagillt-Flint-Connah's Quay-Shotton-Deeside Industrial Park	Demand Responsive Contract (as part of Deeside Shuttle Service)	£5.38	HIGH	High cost per passenger and low passenger numbers. Further work required to assess who the passengers are and where they're travelling in order to determine whether these journeys are still required or whether they could be operated as part of Deeside Shuttle on a more demand responsive basis	No comments received regarding this service. Wholly subsidised. Provision of 2 peak journeys for workers accessing Deeside Industrial Park (arrive 0750 / depart 1701)	High cost per passenger and low passenger numbers, but provides essential access to employment on Deeside Industrial Park for workers. Tender as two options: Stand-alone contract and as part of Deeside Shuttle service on a more demand responsive basis. Tender in January 2014 for contract to commence April 2014 for a 3/4 year contract
23	Maes Pennant-Greenfield-Holywell-Holywell Community Hospital	Demand Responsive Contract (as part of Deeside Shuttle Service)	£2.31	MEDIUM	Medium cost per passenger, average passenger numbers & only partially satisfies criteria. Nevertheless, service provides connections to the Community Hospital in Holywell. Consider whether Community Hospital can be covered by other routes and/or re-tender as part of Deeside Shuttle contract	No comments received regarding the number 23 service. Serves Holywell Community Hospital	Medium cost per passenger, average passenger numbers and passenger travel needs are justified. Explore potential for covering service by another service and/or re-tender contract in January 2014 to commence April 2014

Service	Route	Type of Service	Cost per Passenger	RAG Status	Options presented to Scrutiny Committee on 23rd July 2013	Summary of Consultation Responses & Supplementary Notes	Proposals
7, 7X	Mold-Buckley-Ewloe-Queensferry-Shotton-Deeside College	Statutory School/College	£5.00	HIGH	No action proposed regarding service provision, but consider whether the service needs to be registered as a bus service or whether it would be better used as a closed college contract. Also, consider single-decker instead of double-decker. Contract due to be re-tendered in 2014. Subsidised by Education and Deeside College. Discretionary post-16 transport for Deeside College & Deeside Consortium students	No comments received regarding the number 7/7X bus service. Registered college bus service providing four journeys at peak times. Contract also includes journeys for Deeside Consortium during the daytime, which are not registered and do not take fare payers.	High cost per passenger, low passenger numbers, but carries eligible and non-eligible students to/from Deeside College. Unable to de-register as a service bus due to numbers of fare paying passengers using the service. Contract to be tendered January 2014 to commence April 2014 for a 3/4 year contract.
D42	Mold-Caerwyrle-Wrexham	Demand Responsive Contract (as part of Deeside Shuttle Service)	Unable to calculate, as operated as part of Deeside Shuttle Service (see overall cost per passenger for Deeside Shuttle contract)		Further work required to identify passenger numbers & cost per passenger. If cost per passenger is high, consider where and why people are using the service and potential for a demand-responsive taxi service instead	A couple of comments received from residents in Cymau and Treuddyn and access to services/facilities from isolated rural areas. Service operated as part of Deeside Shuttle bus service in the evenings	Further research required to identify where, when and why people are using the service - to be undertaken by the Rural Transport Project Officer. Tender as two options: Stand alone contract and as part of the Deeside Shuttle Service in January 2014 with new contracts commencing April 2014
14	Mold-Caerwys-Bodfari-Denbigh	Tendered subsidised	£10.46	HIGH	High cost per passenger, very low passenger numbers & unsustainable. Contract due to expire 31/08/2013. Extend until April 2014 and re-tender in meantime along with GHA element (see above) with several options including reduced frequency during daytime i.e. 2 hourly and demand responsive service to rural villages. Consultation required with Denbighshire	A number of responses received in relation to the Consultation and most comments related to access to/from rural villages in between Denbigh and Mold, access to health and local shopping for older population who may not drive and encouraging travel by young people for jobs, education and social/extra-curricular activities. One comment related to integration with trains and being able to get to Mold for connecting services to Flint Station. Proportion of cost shared with Denbighshire for cross-boundary mileage. GHA provide 2-hourly service in between Townlynx journeys thereby creating hourly service during daytime (see commercial service 14 above). Denbighshire has confirmed support for a 2-hourly service during daytime, but requested that peak journeys are retained for workers and students. Letter also received from Caerwys Community Council objecting to the withdrawal of the service and stressing the importance of maintaining access to key facilities in Holywell, Mold and Denbigh, such as education, healthcare and shopping.	During the course of this review, the bus company handed back the contract for the number 14 bus service from 6th November 2013. FCC has replaced the service with a temporary tendered service from 7th November 2013 on the same basis as the previous service. However, the contract will be re-tendered in January 2014 to commence April 2014 for a reduced frequency 2 hourly during the daytime, retaining peak journeys in both directions for school pupils, students and workers, but with an option not to serve some rural villages. Involvement required from Denbighshire County Council
28	Wrexham-Hope-Penyffordd-Buckley-Mold-Flint	De-minimis (commercial)	£0.51	LOW	Low cost per passenger, high passenger numbers. Good value for money, especially for peak school journeys. Continue with current de-minimis agreements and review in 12 months' time.	Only one comment received regarding the number 28 service, which was positive and supported current service level. This is a commercial service with de-minimis agreements for diverting journeys via Caer Estyn and operation of certain peak journeys to serve Mold Campus/Castell Alun Hope. Wrexham CBC contribute towards cost of running this journey.	Service performs well with low cost per passenger, high passenger numbers and justified passenger travel needs. Unable to tender as service is commercial. Consequently, no changes proposed. Continue with current de-minimis arrangements and review in 12 months' time.
28X	Greenfield-Holywell-Bagillt-Flint-Northop-Mold	De-minimis (commercial)	£0.00	NO SUBSIDY	No action proposed - commercial service - no subsidy given at present	No comments received relating to this service. Commercial service. Wholly commercial bus service provided by Townlynx without subsidy	No action proposed - commercial service - no subsidy given at present
6	Queensferry-Connah's Quay-Mold-Pantymwyn	De-minimis (Commercial) up to 06/11/13, but tendered subsidised from 07/11/13	£1.17	LOW	Low cost per passenger, reasonable passenger numbers (mainly concessions 70%). However, recent withdrawal of the section between Queensferry & Chester by the bus company has left people from Sealand Manor with no service and for people from Northop Hall with no direct buses to Chester and no buses from Mold to Northop Hall on a Saturday afternoon. Continue dialogue with the commercial operator to see if connections to/from Northop Hall/Sealand Manor can be improved or replaced.	A large number of comments and some individual letters and emails received regarding the number 6 service, mainly from residents in Northop Hall and Sealand Manor E.g. 38 from Northop Hall, 4 from Sealand Manor. Most respondents requested a direct bus from Northop Hall to Chester to avoid having to change buses in Connah's Quay/Shotton. Most respondents stated that they relied on the service for access to other facilities such as doctors, local shopping and many stated they didn't have access to a car. A couple of respondents said they also relied on the service for travel to work in Mold and Chester.	During the course of this review, the bus company has withdrawn this commercial service further by curtailing the section of the route between Mold and Queensferry, despite the low cost per passenger. FCC will be replacing the service with a temporary tendered service (re-numbered to Service 8), but to a reduced frequency due to budgetary constraints. Contract to be re-tendered January 2014 to commence April 2014 for a 3/4 year contract. Potential to combine with Service 9 in future

Service	Route	Type of Service	Cost per Passenger	RAG Status	Options presented to Scrutiny Committee on 23rd July 2013	Summary of Consultation Responses & Supplementary Notes	Proposals
1, 2, X1	Mold-Ruthin	Tendered subsidised (under contract to Denbighshire)	Unknown - Operated under contract to Denbighshire & no passenger figures provided by GHA Coaches to date		Cost per passenger is unknown yet, as service is operated under contract to Denbighshire. However, Denbighshire report that cost per passenger is good and that the service performs well	1, 2, X1 is not part of the Flintshire review. Service operated under contract to Denbighshire and proportion of cost for Flintshire mileage is recharged.	Service operated under contract to Denbighshire County Council. No known changes proposed at present.
DB1/DB2, DB3	Mold-Treuddyn / Leeswood - Higher Kinnerton - Chester - Blacon	Tendered subsidised (under contract to Cheshire West & Chester)	Unknown - Operated under contract to Cheshire West and Chester & no passenger figures provided by GHA Coaches to date		Unknown - Operated under contract to Cheshire West and Chester & no passenger figures provided by GHA Coaches to date	DB1/DB2, DB3 is not part of the Flintshire review, but several comments received in response to the Consultation from people who say that they rely on the service for transport to/from Higher Kinnerton and Treuddyn, as well as comments relating to punctuality/reliability of the service.	Service operated under contract to Cheshire West and Chester Council. No known changes proposed at present.
14C	Holywell-Lixwm-Mold	Demand Responsive Contract (as part of Deeside Shuttle Service)	Operated as part of Deeside Shuttle Service (see overall cost per passenger for Deeside Shuttle contract)		Further work required to identify passenger numbers & cost per passenger, as figures are contained within the Deeside Shuttle costs and are difficult to separate out	A number of comments received in response to the Consultation, as well as feedback from Cilcain, Rhydymwyn and Hendre Community Council. Comments relate to people being isolated in rural communities and need access to health and local shopping for older population who may not drive, as well as encouraging travel by young people for jobs, education and social/extra-curricular activities	Further research required to identify where, when and why people are using the service - to be undertaken by the Rural Transport Project Officer. Tender as two options: Stand alone contract and as part of the Deeside Shuttle Service in January 2014 with new contracts commencing April 2014. No proposals to reduce service levels
16	Chester-Lache-Saltney	Commercial	£0.00	NO SUBSIDY	No action proposed, as this is a wholly commercial operation with no subsidy from FCC	Commercial bus service. No comments received and not part of the Flintshire review on subsidised service.	No action proposed - commercial service - no subsidy given at present
Deeside Shuttle	Deeside Shuttle	Demand Responsive Contract (as part of Deeside Shuttle Service)	£4.77	MEDIUM	Cost per passenger is medium, passenger numbers are good. However, current contract is due to be re-tendered 2013-2014	No comments received regarding the Consultation on the Demand responsive Deeside Shuttle Transport Service	Medium cost per passenger, but passenger travel needs are justified in line with policy. Contract to be re-tendered January 2014 to commence April 2014 for a 3/4 year contract.

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17 DECEMBER 2013**

REPORT BY: **DIRECTOR OF LIFELONG LEARNING**

SUBJECT: **THE AMALGAMATION OF YSGOL PERTH Y TERFYN INFANT SCHOOL AND YSGOL Y FRON JUNIOR SCHOOL IN HOLYWELL**

1.00 PURPOSE OF REPORT

- 1.01 To seek formal approval for the amalgamation of Ysgol Perth y Terfyn Infants and Ysgol y Fron Junior Schools to form a new primary school from September 2016.

2.00 BACKGROUND

- 2.01 As part of the School Modernisation Programme the proposals for establishing 21 Century schools at Holywell were subject to statutory notice in July 2013 during which any objections to the proposal would need to be lodged in the statutory four week period. A subsequent report to Cabinet on the 17th September 2013 set out the responses to each of the proposals.

The statutory notice to amalgamate the two schools did not attract objections, and as a result the decision whether to approve the proposed amalgamation is one for Flintshire County Council's Cabinet.

3.00 CONSIDERATIONS

- 3.01 This marks the completion of the statutory processes to amalgamate Infant and Junior Schools in Flintshire. It is scheduled to take effect when the new school buildings will be completed for occupation at the site of the existing Holywell High School from September 2016.

4.00 RECOMMENDATIONS

- 4.01 That the proposed amalgamation of Ysgol Perth y Terfyn Infant and Ysgol y Fron junior Schools is approved

5.00 FINANCIAL IMPLICATIONS

5.01 This is a part of the 21st Century Schools Programme that has received approval for capital funding to Outline Business Course level by Flintshire County Council and the Welsh Government.

5.02 It is anticipated that revenue efficiencies will arise within the schools delegated budget through the amalgamation of the two schools. However, at this stage this has not been quantified and will be subject to the application of the schools funding formula.

6.00 ANTI POVERTY IMPACT

6.01 There is no direct impact from this report.

7.00 ENVIRONMENTAL IMPACT

7.01 As part of the process to build a new school, the appropriate assessments will be carried out in relation to the reduction in energy use and the reduction in the Carbon footprint of the School.

8.00 EQUALITIES IMPACT

8.01 There is no direct impact as a result of this report.

9.00 PERSONNEL IMPLICATIONS

9.01 The impact on personnel will be limited to the rationalisation of management and administration of the existing two schools.

10.00 CONSULTATION REQUIRED

10.01 No further consultations are required.

11.00 CONSULTATION UNDERTAKEN

11.01 Consultations have been completed in accordance with the Welsh Government Guidance.

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: **CABINET**

DATE: **TUESDAY, 17 DECEMBER 2013**

REPORT BY: **HEAD OF FINANCE**

SUBJECT: **REVENUE BUDGET MONITORING 2013/14 (MONTH 6)**

1.00 PURPOSE OF REPORT

1.01 To provide Members with the most up to date revenue budget monitoring information (Month 6) for the Council Fund and the Housing Revenue Account in 2013/14.

1.02 INDEX OF CONTENTS

Section 2	Executive Summary
Paragraph 3.01	Council Fund Summary Table
Section 4	Inflation
Section 5	Monitoring Budget Assumptions & New Risks
Section 6	Unearmarked Reserves
Section 7	Housing Revenue Account
Appendix 1	Council Fund - Movement in Variances from Month 4
Appendix 2	Community Services -Variances Summary
Appendix 3	Environment -Variances Summary
Appendix 4	Lifelong Learning -Variances Summary
Appendix 5	Corporate Services -Variances Summary
Appendix 6	Central & Corporate Finance -Variances Summary
Appendix 7	Council Fund Unearmarked Reserves Summary
Appendix 8	Housing Revenue Account -Variances Summary
Appendix 9	Council Fund - Achievement of Efficiencies

2.00 EXECUTIVE SUMMARY

2.01 The projected year end position, as estimated at Month 6, is as follows:

Council Fund

- Net in year expenditure forecast to be £1.012m less than budget. (A decrease of £0.062m on the £1.074m reported at Month 5)
- Projected contingency reserve balance at 31 March 2014 of £3.653m

Housing Revenue Account (HRA)

- Net in year expenditure forecast to under spend the budget by £0.062m, (£0.014m under spend reported at Month 5)
- Projected HRA balances at 31 March 2014 of £1.495m

The detail relating to the HRA is set out in Section 7.00 of this report.

3.00 COUNCIL FUND LATEST IN YEAR FORECAST

3.01 The table below shows a projected positive variation of expenditure against budget of £1.012m

TOTAL EXPENDITURE AND INCOME	Original Budget	Revised Budget	In-Year Over / (Under) spend	
			Month 5	Month 6
	£m	£m	£m	£m
<u>DIRECTORATES (Service Groups)</u>				
Services for Adults	45.642	44.328	(0.759)	(0.630)
Services for Children	11.906	12.159	0.472	0.546
Housing Services	1.800	1.803	(0.295)	(0.293)
Development & Resources	1.688	1.656	(0.023)	(0.057)
TOTAL : COMMUNITY SERVICES	61.036	59.946	(0.605)	(0.434)
Assets and Transportation	6.015	6.088	0.002	0.003
Planning	1.708	1.717	(0.005)	(0.018)
Public Protection	3.455	3.459	(0.028)	(0.008)
Regeneration	0.715	0.704	(0.019)	0.006
Streetscene	19.320	19.210	0.343	0.336
Management, Support & Performance	1.088	1.094	(0.072)	(0.066)
TOTAL : ENVIRONMENT	32.301	32.272	0.221	0.253
Culture & Leisure	6.876	6.386	0.367	0.388
Inclusion Services	14.058	13.254	(0.027)	(0.030)
Primary School Services	43.374	43.383	(0.025)	(0.045)
Secondary School Services	36.638	37.468	0.002	0.000
Development & Resources	12.118	12.319	(0.208)	(0.216)
TOTAL : LIFELONG LEARNING	113.064	112.810	0.109	0.097
Chief Executive	2.356	2.334	(0.049)	(0.051)
Finance	14.265	14.285	(0.463)	(0.517)
HR & OD	2.427	2.464	(0.004)	(0.030)
ICT & Customer Services	4.922	5.046	(0.004)	(0.013)
Legal & Democratic Services	3.145	3.156	(0.002)	(0.035)
TOTAL : CORPORATE SERVICES	27.115	27.285	(0.522)	(0.646)
TOTAL DIRECTORATES	233.516	232.313	(0.797)	(0.730)
Central and Corporate Finance	26.236	27.439	(0.277)	(0.282)
Total	259.752	259.752	(1.074)	(1.012)

3.02 The original budget column reflects the budget approved by Council on the 1st March 2013. The revised budget column reflects in-year variations which have been approved in compliance with Financial Procedure Rules.

3.03 It can be seen from the table in 3.01 that there is an overall reduction of £0.062m in the projected positive variance as reported in Month 5. The major areas of change are in Community Services, mainly in Adults Services (£0.129m) relating to increases in care packages (offset by decreases in employee costs) and Children's Services (£0.074m) relating to additional placements Out of County, offset by changes in care packages. The movements are summarised in Appendix 1 with the detailed reasons for all variances summarised within Appendices 2 to 8.

3.04 Programme of Efficiencies

The 2013/14 budget contains £5.331m of specific efficiencies and the table below summarises the current state of these items. This analysis indicates that it is currently projected that £4.506m (84.5%) will be achieved, resulting in a net underachievement of £0.825m. This is practically at our previously agreed efficiency target level of 85% as detailed in the Improvement Plan. This is an improvement on the position reported at Month 5 (83.7%) due to efficiencies within ICT being achieved in full.

Status of Efficiency	Value of Budgeted Efficiency £m	Value of Projected Efficiency £m	(Under) Over Achievement £m
Already achieved	1.973	1.973	0.000
Expected to be achieved in full	2.237	2.237	0.000
Achievable in part	0.631	0.296	(0.335)
Not achievable	0.490	0.000	(0.490)
Total	5.331	4.506	(0.825)

3.05 Appendix 9 provides further details of the assumptions behind the efficiency projections, and where relevant the actions required to address items not currently expected to be achieved in full. It is important to note that the impact of this analysis has already been included in the overall Month 6 projected outturn position.

3.06 Initiatives commenced in the current year to reduce future expenditure levels e.g. the 'Back to Basics' programme have also been included in the overall Month 6 outturn position.

4.00 INFLATION

4.01 **Pay Inflation** of £0.734m has now been included within service budgets to reflect the national pay award agreed earlier this year.

4.02 **Non Standard price inflation** – amounts of £0.255m (energy for Street Lighting), £0.197m (energy), £0.187m (fuel) and £0.141m (food costs) were included in the budget and held centrally. The Service budgets which incur the costs affected by non standard inflation are monitored closely and funds released on a full assessment of evidenced need. In period 6, £0.141m for food costs were allocated. The current projected outturn assumes that all the amounts are required in full. The nature of the costs subject to non standard price inflation is that they are incurred primarily over the Winter months therefore it is too early to project any variations to budget at this stage.

5.00 MONITORING BUDGET ASSUMPTIONS AND NEW RISKS

5.01 Former chemical plant in Sandycroft (Euticals Ltd), along with its strategic partners the Council has intervened in relation to this site and is in discussion with the Welsh Government about solutions, roles and responsibilities. Indicative costs for six months are reflected within the current projected outturn position, but costs may increase if the current situation extends beyond six months. An update on this position is expected in early December.

5.02 The original budget for Children's Out of County Placements was set at a lower level in 2013/14 based on an anticipated lower caseload. As reported in previous monitoring reports, the position now indicates that expenditure will exceed budget. This area is under review and consideration is needed to establish the impact on the budget for future years due to the demand led nature of the Service.

5.03 As we now approach the winter months, there will be further focus on monitoring the impact of any severe weather on the Winter Maintenance reserve which will be reported in future monitoring reports.

6.00 UNEARMARKED RESERVES

6.01 The 2012/13 final outturn reported to Cabinet on 16 July showed unearmarked reserves at 31 March 2013 (above the base level of £5.564m) of £3.409m after taking into account a commitment in 2013/14 for use of £0.297 to meet one-off/time limited costs. In July, Cabinet allocated £0.250m to the Winter Maintenance reserve, bringing the level in the reserve to £3.159m.

6.02 After taking account of an allocation of £0.518m for recovery costs following the March 2013 severe weather, and bringing in the impact of the projected in year budget position the current projected level of the contingency reserve at the end of March 2014 is an amount of £3.745m.

7.00 HOUSING REVENUE ACCOUNT

7.01 On 19 February 2013, the Council approved a Housing Revenue Account (HRA) budget for 2013/14 of £28.259m. The budget provided for a closing balance of £0.903m, which at 3.2% of total expenditure satisfies the prudent approach of ensuring a minimum level of 3%.

- 7.02 The 2012/13 final outturn reported to Cabinet on 16 July 2013 showed a closing balance at the end of 2012/13 of £1.931m (subject to audit) which was £0.861m more than when the 2013/14 budget was set. This had the effect of increasing the opening balance for 2013/14 by the same amount.
- 7.03 For 2013/14 there is an overall projected under spend of £0.062m and a projected closing balance at month 6 of £1.495m, which at 5.2% of total expenditure satisfied the prudent approach of ensuring a minimum level of 3%.
- 7.04 Appendix 7 details the reasons for significant variances occurring to date and the actions planned to deal with them.

8.00 RECOMMENDATIONS

- 8.01 Members are recommended to:
- a) Note the overall report.
 - b) Note the projected Council Fund contingency sum as at 31st March 2014 (paragraph 6.02).
 - c) Note the projected final level of balances on the Housing Revenue Account (paragraph 7.03).

9.00 FINANCIAL IMPLICATIONS

- 9.01 The financial implications are as set out in Sections 3.00 - 7.00 of the report.

10.00 ANTI-POVERTY IMPACT

- 10.01 None.

11.00 ENVIRONMENTAL IMPACT

- 11.01 None.

12.00 EQUALITIES IMPACT

- 12.01 None.

13.00 PERSONNEL IMPLICATIONS

- 13.01 None.

14.00 CONSULTATION REQUIRED

- 14.01 None.

15.00 CONSULTATION UNDERTAKEN

15.01 None.

16.00 APPENDICES

Council Fund - Movement in Variances from Month 5 - Appendix 1
Council Fund Significant Variances - Appendices 2 - 6
Council Fund - Movements on unearmarked reserves - Appendix 7
Housing Revenue Account Variances - Appendix 8
Council Fund - Achievement of Efficiencies - Appendix 9

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

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**COUNCIL FUND - REVENUE BUDGET 2013/14
FLINTSHIRE COUNTY COUNCIL**

**Budget Monitoring (Month 6)
Summary of Movement from Month 5**

	£m	£m
Month 5		
Service Directorates	(0.797)	
Central and Corporate Finance	(0.277)	
Variance as per Cabinet Report		(1.074)
Month 6		
Service Directorates	(0.730)	
Central and Corporate Finance	(0.282)	
Variance as per Directorate Returns		(1.012)
Change Requiring Explanation		0.062
<u>Community Services</u>	£m	
Services For Adults		
• Locality Teams (Localities) - decrease in employee costs (£0.031m) as vacant posts are not being filled and a decrease in purchased domiciliary care (£0.017m) this is offset by additional residential packages (£0.024). The balance (0.004m) is made up of a number of small movements.	(0.028)	
• Resource and Regulated Service (Disability Service) - additional costs for the Day Opportunities Service (£0.040m), Independent Sector Supported Living costs (£0.018m) and an increase in PDSI homecare packages (£0.016m).	0.075	
• Residential and Domiciliary Service (Mental Health and Substance Misuse Service) - the underspend decreased from month 5 (£0.052m) due to a budget virement (£0.031m) to the Voluntary Sector Team (Mental Health & Substance Misuse) and an increase in current care packages (£0.021m).	0.052	
• Other minor changes of less than £0.025m for Services for Adults	0.030	
Development & Resources		
• Business Services Income (Development & Resources) - increase in charging policy income.	(0.027)	
• Other minor changes of less than £0.025m	0.007	
Services For Childrens		
• Out of County Pooled Budget (Children's Services) - additional placements (£0.080m) offset by a change in care packages (£0.020m) and a placement ending (£0.021m).	0.039	
• Other minor changes of less than £0.025m	0.035	
Total: Community Services		0.171
<u>Environment</u>		
• Minor variances of less than £0.025m.	0.032	
		0.032
<u>Lifelong Learning</u>		
<u>Culture & Leisure</u>		
• Leisure Services - other minor variances.	(0.002)	
• Libraries, Culture & Heritage - other minor variances.	0.023	
<u>Inclusion Service</u>		
Out of County - the projected underspend on Out of County has increased since month 5 by £0.005m. A reduction of £0.047m relates to a placement ending at Bryn Tirion. This has been mostly offset by a review of the		
• apportionment of costs between Community Services and Lifelong Learning (£0.025m) and other minor variances. One post 16 placement has also been extended (£0.027m). This additional cost has been offset by minor savings on other placements.	(0.005)	
• Other Minor Variances	0.002	

Primary School Services

- Primary School Services - the projected underspend on Primary School Services has increased since month 5. This relates to a review of supplies and services expenditure across the service. (0.020)

Secondary School Services

- Minor Variances (0.002)

Development & Resources

- Minor Variances (0.008)

(0.012)**Corporate Services**

- Legal and Democratic Services - vacancy savings (£0.029m), minor variances (£0.004m) (0.033)
- HR and Organisational Development - vacancy savings (£0.011m), reduced Occupational Health expenditure (£0.014m), minor variances (£0.001m) (0.026)
- ICT and Customer Services - vacancy savings (£0.008m), registrars income (£0.005m), additional postage costs £0.014m, minor variances (£0.010m) (0.009)
- Finance - vacancy savings (£0.022m), additional surplus on Council Tax Collection Fund (£0.028m), reduced shortfall on CTRS (£0.004m) (0.054)
- Chief Executives Department - vacancy savings (£0.002m) (0.002)

(0.124)**Central & Corporate Finance**

- Other minor variances (0.005)

(0.005)**Total changes**

0.062

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Services for Adults						
Hospital Social Work (Intake and Reablement)	0.405	0.346	(0.059)	(0.067)	The underspend is due to a Hospital Social Worker covering in the Crisis Intervention Team. These costs (£0.038m) are recovered from Health. The balance (£0.008m) is due to a staff vacancy.	One-off.
Resources and Regulated Services (Intake and Reablement)	5.358	5.168	(0.190)	(0.209)	<p><u>Extra Care</u> Projected underspend on Llys Jasmine (£0.224m) is due to an initial delay in opening the facility.</p> <p><u>In-house Domiciliary Care</u> underspend (£0.080m) due to greater use of reablement and independent sector care providers.</p> <p><u>Client Transportation Service</u> underspend (£0.046m) relates to staff vacancies.</p> <p><u>Day Services</u> underspend (£0.038m) mostly due to vacancies (£0.026m). These underspends are offset by a projected overspend within <u>In-house Residential Service</u> (£0.198m) due to the need to ensure staff cover (£0.221m) additional premises costs (£0.047m) and additional supplies and service (£0.048) offset by client (£0.070m) and Health (£0.048m) income.</p>	<p><u>Extra Care</u>The underspend against is one-off and non recurring and has arisen due to the opening of the facility being part way through the current year.</p> <p><u>Client Transportation Service</u> Underspend adjusted in budget rationalisation.</p> <p><u>Residential Service</u> further work required to determine the most appropriate way to address the overspend.</p>

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Locality Teams (Localities)	13.882	13.940	0.058	0.086	<p><u>Older People Services</u></p> <ul style="list-style-type: none"> > Locality Teams are together expected to underspend (£0.164m) mostly due to vacant posts. > Purchased domicilliary costs are projected to overspend (£0.025) due to additional service user costs. > Purchased residential costs are projected to overspend (£0.133) due to additional service user costs. > Early Onset Dementia is projected to overspend (£0.076m) due to purchased domiciliary care costs. > The balance (£0.012m) is made up of a number of smaller variances. 	Keep under review.
Resource and Regulated Services (Disability Services)	15.242	15.143	(0.099)	(0.174)	<p>The movement in outturn results in a decrease in underspend of £0.075m that is mostly due to additional costs for the Day Opportunities Service (£0.040m), Independent Sector Supported Living costs (£0.018m) and an increase in PDSI homecare packages (£0.016m).</p> <p>As previously noted this service includes a budget to help offset the expected impact of a review of joint funded packages between FCC and Health. This remains unchanged from month 3.</p>	The underspend in relation to the negotiations with Health on jointly funded packages is based on current assumptions. These will be kept under review and adjusted if proven necessary.

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Transition and Disability Services (Disability Services)	0.658	0.722	0.064	0.074	This is mostly due to an overspend against staff pay costs (£0.055m), due to an under provision of budget.	Keep under review.
Disability Services (Disability Services)	1.942	2.012	0.070	0.062	The overspend is due to additional transition service user package costs.	Keep under review.

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Administrative Support (Disability Services)	0.407	0.460	0.053	0.046	This is mostly due to an overspend against staff pay costs (£0.041m).	Keep under review.
Residential and Domiciliary Service (Mental Health & Substance Misuse Service)	0.703	0.506	(0.197)	(0.249)	This underspend is based on current care packages. The underspend decreased from month 5 (£0.052m) due to a budget virement (£0.031m) to the Voluntary Sector Team (Mental Health & Substance Misuse) and an increase in current care packages (£0.021m).	Keep under review.
Professional Support (Mental Health & Substance Misuse Service)	0.828	0.748	(0.080)	(0.072)	This is mostly (£0.047m) due to a one-off pay cost reduction following an agreed absence with no pay.	One-off.

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Forensic Budget (Mental Health & Substance Misuse Service)	0.305	0.158	(0.147)	(0.146)	Reflects current care packages for 2013/14.	Keep under review - potential volatility due to changes in client numbers and demands at short notice from prison or courts. The possibility of re-aligning budget between the two services has been considered and dismissed for now as there are early indications of additional Mental Health clients although at this stage potential costs or start dates are unknown.
Forensic Budget (Learning Disability)	0.482	0.428	(0.054)	(0.056)	Reflects current care packages for 2013/14.	
Other Services for Adults variances (aggregate)	4.116	4.067	(0.049)	(0.054)	Various minor variances.	Continue to review but not expected to be recurrent.
Subtotal:	44.328	43.698	(0.630)	(0.759)		

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Development & Resources						
Business Systems (Development & Resources)	1.143	1.091	(0.052)	(0.058)	The underspend within this area is mostly due to vacant posts.	One off.
Vacancy Control	(0.100)	0.000	0.100	0.100		Realignment of vacant posts
Other Development & Resources variances (aggregate)	0.613	0.508	(0.105)	(0.065)	Various minor variances.	Continue to review but not expected to be recurrent.
Subtotal:	1.656	1.599	(0.057)	(0.023)		

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Services for Children						
Family Placement (Children's Services)	1.977	2.310	0.333	0.331	The overspend is mainly as a result of an increase in the number of foster care placements within the service. It is also due to the increasing number of court orders for Residence and Special Guardianship orders which invariably attract an ongoing allowance for the carers.	A review of the Family Placement Team has been undertaken the outcome of which is being considered and will inform future planning and possible efficiencies.
Youth Offending Team (Children's Services)	0.308	0.257	(0.051)	(0.043)	The underspend within this area is mostly due to vacant posts.	One-off.
Out of County Pooled Budget (Children's Services)	3.178	3.426	0.248	0.209	Costs reflect existing placements up until March 2014. The increase in overspend (£0.039m) is due to additional placements (£0.080m) offset by a change in care packages (£0.020m) and a placement ending (£0.021m).	The focus of high cost placements is now a North Wales project and will continued to be reviewed.
Other Services for Children variances (aggregate)	6.696	6.712	0.016	(0.025)	Various minor variances.	Continue to review but not expected to be recurrent.
Subtotal:	12.159	12.705	0.546	0.472		

COMMUNITY SERVICES

APPENDIX 2

Budget Monitoring 2013/14 (Month 6)

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Major Variance	Action Required
Housing Services						
Homelessness Accommodation (Housing Services)	0.360	0.147	(0.213)	(0.207)	Variance is due to improvements in the service where methods have been put in place to reduce the cost of temporary accommodation. Quay House project has been delayed until 2014/15.	Keep under review. Variance is due to improvements in the service where methods have been put in place to reduce the cost of temporary accommodation.
Accommodation Support Team (Housing Services)	1.213	1.158	(0.055)	(0.075)	Service undergoing restructure which is not yet in place.	Restructure to be implemented.
Other variances (aggregate)	0.230	0.205	(0.025)	(0.013)	Various minor variances.	Continue to review but not expected to be recurrent.
Subtotal:	1.803	1.510	(0.293)	(0.295)		
Total :	59.946	59.512	(0.434)	(0.605)		

Budget Monitoring 2013/14 (Month 6)

Service		Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Period 5 (£m)	Cause of Variance	Action Required
Assets & Transportation		6.088	6.091	0.003	0.002		
	Industrial Units	(1.256)	(1.156)	0.100	0.095	Estimated net income shortfalls across the Industrial Estate portfolio which have increased at Period 6 by a further £5k.	Keep Unit rental income closely monitored throughout 2013/14.
	Property Holdings	0.083	0.047	(0.036)	(0.036)	NNDR costs lower than anticipated	Review of site budgets necessary in line with asset management programme
	Property Asset & Development	0.534	0.420	(0.114)	(0.117)	Net Vacancy Savings	
	Highways Development Control & Regulatory Services	0.813	0.881	0.068	0.073	Lower than anticipated levels of income for Fixed Penalty Notices (based on improving standards of repair by utility companies) & road closures.	
	Aggregate of other Variances	5.914	5.899	(0.015)	(0.013)		
Planning		1.717	1.699	(0.018)	(0.005)		
Public Protection		3.459	3.451	(0.008)	(0.028)		
Regeneration		0.704	0.710	0.006	(0.019)		

Budget Monitoring 2013/14 (Month 6)

Service		Revised Budget	Projected Outturn	Variance	Variance Period 5	Cause of Variance	Action Required
		(£m)	(£m)	(£m)	(£m)		
Streetscene		19.210	19.546	0.336	0.343		
	Waste Disposal & Waste Collection	9.266	9.592	0.326	0.346	Plastic Recycling prices reduced by £100 per tonne between July and September resulting in an estimated income reduction of £50k. (Reduced from £70k at P5). Staff backfilling costs as a result of the on-going investigation within waste. Notification was given by WG in late July that the Sustainable Waste Management Grant (SWMG) was being reduced in-year by up to 10%. Subsequently, confirmation was received from WG in late August of a grant reduction in 2013/14 of £150k.	Consider potential impact on MTFP going forward Consider impact on MTFP going forward
	Aggregate of other Variances	9.944	9.954	0.010	(0.003)		
Management Support & Performance		1.094	1.028	(0.066)	(0.072)		
Management Support & Performance	Management Support & Performance	1.094	1.028	(0.066)	(0.072)	Net Vacancy Savings ahead of service review implementation and reduced commitments on supplies and services budgets.	
Total :	Total :	32.272	32.525	0.253	0.221		

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Variance	Action Required
Culture & Leisure	6.386	6.774	0.388	0.367	<p>School Library Service (£0.100m saving) Following an agreement at DMT, to mitigate the Directorate overspend and to contribute towards the value for money programme, a number of measures will be taken to reduce expenditure in the School Library Service.</p> <p>Libraries, Culture & Heritage (£0.003m saving) Minor variances</p> <p>Leisure Services (£0.491m pressure) There are a number of pieces of work being completed to explore solutions to the remaining deficit. £0.023m relates to the final costs for Swim Flintshire. This programme ceased in August. £0.034m relates to employee costs. £0.301m relates to pressures on income across centres. £0.065m relates to pressures on premises budgets, £0.045m to security costs, £0.007m to credit/debit card fees and £0.016m to other minor variances.</p>	<p>Service Manager to place a hold on £0.100m of the Flintshire subsidy.</p> <p>As part of the Leisure Action Plan a number of solutions are being explored and implemented including cessation of Swim Flintshire, Leisure Service Review, Leisure Contact Centre and Asset Review.</p>
Inclusion Services	13.254	13.224	(0.030)	(0.027)	<p>Inclusion Services (£0.030m saving) Minor Variances</p>	
Primary School Services	43.383	43.338	(0.045)	(0.025)	<p>Primary School Services (£0.045m saving) Minor Variances</p>	Service Manager to review and reduce planned expenditure by £0.025m.

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Variance	Action Required
Secondary School Services	37.468	37.468	0.000	0.002		
Development & Resources	12.319	12.103	(0.216)	(0.208)	<p>Children, Youth & Community (£0.006m saving) Minor variances</p> <p>Schools ICT (£0.150m saving) In an effort to reduce the Directorate overspend and to contribute towards the value for money programme, DMT have made the decision to place a hold on all uncommitted expenditure in Schools ICT.</p> <p>Transport (£0.015m pressure) Minor Variances</p> <p>Service Units (£0.032m saving) Pressures of £0.057m on Pupil Support (Free School Meals) and £0.011m on Regional Capital One have been offset by estimated savings on Mobile Classrooms (£0.067m), Insurance (£0.035m) and other minor variances of £0.002m.</p> <p>Facilities Services (£0.044m saving) Minor Variances</p> <p>Minor Pressures £0.001m</p>	<p>Service Manager to place a hold £0.150m of the budget within Schools ICT.</p> <p>We are awaiting information from the Schools relating to Music remissions which will affect the estimated costs.</p> <p>The figures reported assume that the full food NSI budget of £0.141m is transferred to the facilities budget.</p>
Total :	112.810	112.907	0.097	0.109		

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Variance	Action Required
Chief Executive	2.334	2.283	(0.051)	(0.049)	£0.014m Corporate voluntary sector contribution to Dangerpoint (£0.050m) Vacancy savings (£0.015m) minor variances	
Finance	14.285	13.768	(0.517)	(0.463)	(£0.129m) net Vacancy savings following realignment of budget (£0.799m) net surplus on the Council Tax Collection Fund after meeting the £0.420m costs allocated in 2013/14 budget £0.411m CTRS shortfall in funding compared to estimated in year cost	Demand led service but subject to ongoing monitoring. Contributing to national discussion on CTRS funding for 2014/15.
Legal & Democratic Services	3.156	3.121	(0.035)	(0.002)	(£0.021m) net Vacancy savings including the use of Agency/Locums and recharges (£0.014m) minor variances	

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Variance	Action Required
Human Resources & Organisational Development	2.464	2.434	(0.030)	(0.004)	(£0.030m) reduced DBS Check expenditure (£0.032m) Vacancy savings £0.027m loss of income from external organisations £0.005m minor variances	
ICT & Customer Services	5.046	5.033	(0.013)	(0.004)	(£0.044m) Vacancy savings (£0.027m) additional Registrars Income £0.060m postage costs (£0.002m) minor variances	Postage contract under review.
Total :	27.285	26.639	(0.646)	(0.522)		

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Variance	Action Required
Central Loans & Investment Account	15.283	15.041	(0.242)	(0.242)	Unsupported (Prudential Borrowing) - Funding for Local Government Borrowing Initiative (LGBI) transferred into settlement from 2013/14 (previously specific grant) -£0.415m which isn't needed to finance any new borrowing during 2013/14. The total of -£0.415m includes the £0.385m which was transferred into the settlement plus a residual £0.030m which wasn't utilised from the 2012/13 specific grant allocation of £0.192m.	
					Reduction in net external interest payable (-£0.047m), Reduction in interest receivable on temporary investments (£0.127m), increased cost of Minimum Revenue Provision (£0.088m) increased internal interest (-£0.015m), reduction in debt management costs (-£0.010m).	
Coroners	0.193	0.248	0.055	0.055	Due to a change in the lead authority for Coroners service provision (effective from May 2013), it has been brought to our attention that Wrexham CBC are continuing to process a significant number of invoices pertaining to financial year 2012/13 (currently value circa £0.110m) for which the Flintshire share is 50%, resulting in a current year budget pressure.	

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Variance	Action Required
Centrally Held Provisions	4.717	3.902	(0.815)	(0.811)	Net budget adjustments of £0.680m as approved in the Month 3 report (Community Services £1.185m, Leisure Management (-£0.505m) Surplus on recovery of FCC share of pension fund deficit - final year of three year strategy (-£0.128m), other minor variances (-£0.007m).	
Central Service Recharges	(1.931)	(1.620)	0.311	0.311	Shortfall of £0.311m of internal income recovered from trading accounts and the HRA.	
Former Euticals Ltd - Sandycroft site	0.000	0.400	0.400	0.400	Potential costs for six months at £0.060m per month plus some specific one-off costs relating to site related costs in view of the public protection risk.	
Other variances - aggregate	9.177	9.186	0.009	0.010		
Total :	27.439	27.157	(0.282)	(0.277)		

APPENDIX 7

Movements on Council Fund Unearmarked Reserves

	£m	£m
Total Reserves as at 1 April 2013 (Inclusive of total increase of £0.270m agreed as part of the 2013/14 budget)	9.540	
Less - Base Level (Inclusive of total increase of £0.270m agreed as part of the 2013/14 budget)	<u>(5.834)</u>	
Total Reserves above base level		3.706
Less - Amount approved by Council on 1 st March for funding of one-off costs in the 2013/14 budget proposals		(0.297)
Less - Amount approved by Cabinet on 16 th July for reinstatement of funding within the Winter Maintenance reserve following utilisation of funding during 2012/13 (late March severe weather event)		(0.250)
Amount available for delegation to Cabinet		<u>3.159</u>
Add projected underspend as at 31 st March 2014		1.012
Less - Estimate of severe weather recovery costs		(0.518)
Projected Level of Total Contingency Reserve as at 31st March 2014		3.653

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HRA Major Variance Report - Period 6

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Variance Last Month (£m)	Cause of Variance	Action Required
HRA Subsidy	6,167	6,288	121	121	Capital Financing charges amended after budget rounds completed. Further amendments to Capital figures for inclusion in 2nd HRAS return. Under payment on 2012/13 of £31k calculated on Advance Final return.	Review timings of figures with Capital Financing team.
Rents	-26,946	-27,176	-230	-237	Bad Debt provision reviewed based on Q1 impact of "bedroom tax", resulting in a saving of £258k	Monitor impact of "Bedroom Tax" and review expected costs at H1
Repairs and Maintenance	8,393	8,669	276	328	£318k overspend on materials through Travis Perkins due to increased number of repairs and subcontractor materials are now purchased through Travis to gain bulk purchasing economies. A review is also underway to revise pricing downwards following an increased profit percentage reported in August 2013.	Housing Asset Team and Finance are working closely with Travis Perkins to try and mitigate some of the overspend in the second half of the financial year.
Finance & Support	2,656	2,453	-203	-197	Support Recharges reflected at 2012/13 actuals, saving £106k. Information on 2013/14 has been requested. Pension Fund Strain costs £80k lower than anticipated creating saving.	
Other variances (aggregate)	10,227	10,201	-26	-30		
Total :	497	435	-62	-14		

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Month 6

Efficiency Description	Code	Budgeted Efficiency (£m)	Current Position	Further information to support current position status or other relevant information
Fees & Charges (APPENDIX 7a)				
<i>FINANCE - Corporate Services</i>				
Revenues - increased number of Council Tax fines	FRR1119762	0.027	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
<i>ICT & CUSTOMER SERVICES - Corporate Services</i>				
Registrars - increased fees	MXS2159534	0.019	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Network Services - income from hosting PSBA equipment	MXC4219625	0.004	EFFICIENCY ALREADY ACHIEVED	
<i>LEGAL & DEMOCRATIC - Corporate Services</i>				
External Fees - conveyancing / S106 agreements	LLL1119635	0.015	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
TOTAL		0.065		
Service Change (APPENDIX 7b)				
<i>Chief Executive - Corporate Services</i>				
Corporate Comms - reduced workforce bulletins	CTC113743W	0.003	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
<i>HR & OD - Corporate Services</i>				
CRB checks - review of options	NEB111422J	0.035	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
<i>LEGAL & DEMOCRATIC - Corporate Services</i>				
Democratic Services - reduced paper usage	LDC112743W	0.010	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Members Allowances (Basic Allowance) - no inflationary increase	LDC31144B1	0.010	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Members Allowances - Special Responsibility Allowances - reduction of number allocated	LDC31144C3	0.070	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Members Allowances - NI contributions reduction linked to reduced number of Special Responsibility allowances	LDC31144C8	0.010	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
TOTAL		0.138		

Month 6

Efficiency Description	Code	Budgeted Efficiency (£m)	Current Position	Further information to support current position status or other relevant information
Procurement (APPENDIX 7c)				
<i>Chief Executive - Corporate Services</i>				
Employee / Residents Consultations - reduction in number	CTC114423C	0.003	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Supplies and Services	Various	0.010	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Joint Working - costs reduction	CGE1114247	0.002	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Alterations / Improvements reductions - future agile working	CBP1111228	0.002	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Employee Safety Measures - reduced demand on budget	CXM1214568	0.010	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Conferences/Seminars/Lectures - reduced attendance	CBP1114411	0.001	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
<i>ICT & CUSTOMER SERVICES - Corporate Services</i>				
Training Budget - Procurement via new solutions	MXC4110921	0.001	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Reduced maintenance costs due to new security equipment	MXC4214352	0.025	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Networking Hardware - reduced procurement	MXC4214333	0.002	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
ICT Cabling - reduction enabled by IPT solution	MXC4214334	0.002	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Leasing - budget adjustment	MXC4214341	0.006	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Software Licensing - Microsoft licences procured through other agreements	MXC4234331	0.010	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Hardware Maintenance - letting of MFD contracts	MXC4234352	0.001	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	

Month 6

Efficiency Description	Code	Budgeted Efficiency (£m)	Current Position	Further information to support current position status or other relevant information
Reduce influencable spend by 3%	MXC300	0.004	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Reduced ICT Expenditure	MXC3114593	0.003	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Rationalisation of third party software costs	MXC3224353	0.013	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Avoidance of inflationary rises - software maintenance costs	MXC3224353	0.020	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Reduced licence costs - via renegotiation	MXC1164331	0.018	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Supplies and Services	Various	0.061	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Training budget reduction - build around training solutions	MXC2110921	0.001	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Alterations & Improvements - Datacentres	MXC2114351	0.004	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Other Consumables - reduction in expenditure	MXC2114363	0.001	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Hardware Maintenance - new technology with warranty	MXC2274352	0.015	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Listing Paper - More use of electronic means	MXC2114361	0.002	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Enterprise Servers - hardware	MXC2284333	0.003	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
Services work and Consultancy	MXC2294237	0.004	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
<i>HR & OD - Corporate Services</i>				
Supplies & Services	Various	0.009	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
<i>FINANCE - Corporate Services</i>				
Supplies & Services	Various	0.012	EFFICIENCY EXPECTED TO BE ACHIEVED IN FULL	
TOTAL		0.245		

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FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17 DECEMBER 2013**

REPORT BY: **HEAD OF FINANCE**

SUBJECT: **CAPITAL PROGRAMME 2013/14 (MONTH 6)**

1.00 PURPOSE OF REPORT

1.01 To provide Members with the Month 6 (End of September) capital programme information for 2013/14.

2.00 BACKGROUND

2.01 The Council approved a Housing Revenue Account (HRA) capital programme for 2013/14 of £10.992m at its meeting of 19th February 2013, and a Council Fund (CF) capital programme of £29.908m at its meeting of 1st March 2013.

3.00 CONSIDERATIONS

3.01 Programme – Changes since Month 4

3.01.1 The table below sets out how the programme has changed since the Month 4 report to Cabinet on 15th October, 2013. Detailed cumulative information relating to each programme area is provided in Appendix A, and summarised below -

REVISED PROGRAMME	Original Budget 2013/14	Changes - Month 4	Changes - This Period	Rollover to 2014/15	Revised Budget
	£m	£m	£m	£m	£m
Corporate Services	1.613	0.900	(0.032)	0	2.481
Clwyd Theatr Cymru	0.025	0.035	0	0	0.060
Community Services	3.350	0.196	0.040	0	3.586
Environment	16.460	(1.122)	0.212	(0.689)	14.861
Lifelong Learning	8.460	3.862	1.047	(0.743)	12.626
Council Fund Total	29.908	3.871	1.267	(1.432)	33.614
Housing Revenue Account	10.992	1.134	0	0	12.126
Programme Total	40.900	5.005	1.267	(1.432)	45.740

3.01.2 The revised budget is that against which the programme is monitored.

3.02 Changes during this period

3.02.1 Changes during this period have resulted in a net increase in the programme reported at Month 4 of £1.267m (CF £1.267m, HRA £0.0m). A summary of the changes, showing major items, is in the table below -

CHANGES DURING THIS PERIOD		£m
Increases		
Education General ¹	WG Grant Funding	1.020
Other Aggregate Increases		0.385
		1.405
Decreases		
Other Aggregate Decreases		(0.138)
		(0.138)
Total		1.267
<p>¹ Learning in Digital Wales Grant</p>		

3.02.2 Reasons for changes in the programme total include:-

- An increase/decrease in grant funding from WG or other external funding providers;
- Funding profiles from external sources sometimes alter during the year, resulting in expenditure needing to be realigned to meet this scenario; or
- Within Corporate Services are centrally held provisions for urgent Health and Safety issues and to provide funding for Feasibility Studies for potential future capital spend. These funds are reallocated to relevant programme areas as they are requested and approved.

3.03 Capital Expenditure compared to Budget

3.03.1 Actual expenditure at the end of September (Month 6) across the whole of the programme is £13.196m. The breakdown of expenditure is analysed in the following table, along with the percentage spend against budget. This shows that 28.85% of the budget has been spent across the programme (CF 25.03% and HRA 39.44%).

3.03.2 The table also shows the projected outturn (spend as at the end of the financial year) of £42.629m. It can be seen that on the Council Fund there is a projected underspend (pre rollover approval) against budget of £3.111m and the projection for the HRA is to spend up to target.

EXPENDITURE	Revised Budget	Cumulative Expenditure Month 6	Percentage Spend v Budget	Projected Outturn	Variance Budget v Outturn (Under)/Over
	£m	£m	%	£m	£m
Corporate Services	2.481	0.092	3.71	1.983	(0.498)
Clwyd Theatr Cymru	0.060	0.033	55.00	0.060	0.000
Community Services	3.586	1.109	30.93	3.586	0.000
Environment	14.861	3.981	26.79	13.109	(1.752)
Lifelong Learning	12.626	3.199	25.34	11.765	(0.861)
Council Fund Total	33.614	8.414	25.03	30.503	(3.111)
Housing Revenue Account	12.126	4.782	39.44	12.126	0.000
Programme Total	45.740	13.196	28.85	42.629	(3.111)

3.03.3 The detail of the variances for individual programme areas is listed in Appendix B, which includes the reasons and the required remedial action, where those variances exceed 10% of the budget.

3.04 Rollover to 2014/15

3.04.1 Rollover occurs when schemes due to be completed in a given financial year are delayed, possibly due to procurement issues/weather or if funding from external sources is altered e.g. rephasing of Welsh Government (WG) grants and are therefore not completed until the following year.

3.04.2 Cabinet approved rollover of £1.432m into 2014/15 as part of the Month 4 report.

3.04.3 Additional Early Identified Rollover (EIR) into 2014/15 has also been identified and is included in the narrative in Appendix B.

3.04.4 £3.110m of rollover has been identified at this stage in the year which reflects reviewed spending plans across all programme areas; these committed amounts have been identified as now required to meet the cost of programme works in 2014/15 and is put forward for Member approval. The potential for further rollover is monitored closely on a monthly basis as an integral part of capital programme monitoring.

3.04.5 Information relating to each programme area is summarised below -

- Corporate Services £0.498m
- Environment £1.751m
- Lifelong Learning £0.861m

3.05 Financing

3.05.1 The capital programme is financed as summarised below:-

FINANCING RESOURCES	General Financing¹	Specific Financing²	Total Financing
	£m	£m	£m
Latest Monitoring			
Council Fund	13.634	19.980	33.614
Housing Revenue Account	5.200	6.926	12.126
	18.834	26.906	45.740
Total Financing Resources	18.834	26.906	45.740

1 Supported Borrowing / General Capital Grant / Capital Receipts / MRA
2 Grants & Contributions / CERA / Reserves / Prudential & Other Borrowing

3.05.2 Capital receipts generated from asset disposals form part of the Council Fund total financed from general (non-specific) financing resources. The continuing harsh economic climate is impacting on the ability to achieve the budgeted level of anticipated capital receipts, a situation that is likely to continue until the economy picks up at some future point. The capital receipts situation is being closely monitored as part of overall capital monitoring arrangements.

3.05.3 The latest projection for capital receipts in 2013/14 is £3.505m, a reduction of £0.157m on the target set to fund 2013/14 expenditure. Actual receipts received at Month 6 are £1.085m, with the largest amount of the receipts anticipated to be received in March 2014.

3.05.4 Council at the 1st March budget meeting agreed to hold back 20% of core programme funding in the light of the continuing uncertainty over the timing of receipts. Cabinet agreed on 15th October that the 20% should continue to be held back to keep the programme within the limits of anticipated receipts. The position at month 6 does not allow for any revision to this position. This will be closely monitored and will be reported on in future monitoring reports and will become part of the capital programme considerations for 2014/15.

3.05.5 The position regarding in year financing is summarised in the table below:-

IN YEAR FINANCING		
	£m	£m
Shortfall from 2012/13		3.028
Increases		
In year receipts shortfall	0.157	
New Pressures	0.195	0.352
Decreases		
20% Budget Holdback	(2.106)	
Funding from AD Waste Liquidation	(0.512)	(2.618)
Projected shortfall to 2014/15		0.762

3.05.6 The £0.512m funding from the AD Waste is the residual capital receipt available following the liquidation of the company. The Report to Cabinet of 19th November 2013 contains further details.

3.05.7 The projected shortfall will be addressed by carrying the balance forward to be dealt with in 2014/15.

3.05.8 The first call on any receipts received in year will be to address the brought forward shortfall.

3.05.9 The HRA capital resources are ring-fenced and used only for HRA purposes.

4.00 RECOMMENDATIONS

4.01 Cabinet is requested to:-

- Note and approve the report.
- Approve the continued holding back of 20% of the core programme.
- Approve the rollover adjustments in 3.04.5.

5.00 FINANCIAL IMPLICATIONS

5.01 As set out in sections 2 and 3 of the report.

6.00 ANTI POVERTY IMPACT

6.01 None.

7.00 ENVIRONMENTAL IMPACT

7.01 Many of the schemes in the programme are designed to improve the environment, infrastructure and assets of the Authority.

8.00 EQUALITIES IMPACT

8.01 None.

9.00 PERSONNEL IMPLICATIONS

9.01 None.

10.00 CONSULTATION REQUIRED

10.01 None.

11.00 CONSULTATION UNDERTAKEN

11.01 None.

12.00 APPENDICES

12.01 Appendix A : Capital Programme – Changes During 2013/14
Appendix B : Variances

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS

Capital Programme Monitoring Papers 2013/14

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APPENDIX A

CAPITAL PROGRAMME - CHANGES DURING 2013/14

	Original Budget 2013/14	Rollover from 2012/13	20% Holdback	Changes (Previous)	Changes (Current)	Rollover to 2014/15	Revised Budget 2013/14
	£m	£m	£m	£m	£m	£m	£m
Council Fund :							
Corporate Services							
Information Technology	0.938	0.935	(0.188)	0	0	0	1.685
Flintshire Connects	0.500	0.274	(0.100)	0	0	0	0.674
Corporate Finance	0.175	0.074	(0.035)	(0.060)	(0.032)	0	0.122
	1.613	1.283	(0.323)	(0.060)	(0.032)	0.000	2.481
Theatre							
Clwyd Theatr Cymru	0.025	0.040	(0.005)	0	0	0	0.060
	0.025	0.040	(0.005)	0.000	0.000	0.000	0.060
Community Services							
Private Sector Renewal/Improvement	3.050	(0.038)	(0.550)	0.934	0.066	0	3.462
Children's Services	0.150	0	0	(0.150)	0	0	0
Travellers' Sites	0.150	0	0	0	(0.026)	0	0.124
	3.350	(0.038)	(0.550)	0.784	0.040	0.000	3.586

APPENDIX A (Cont.)

CAPITAL PROGRAMME - CHANGES DURING 2013/14

	Original Budget 2013/14	Rollover from 2012/13	20% Holdback	Changes (Previous)	Changes (Current)	Rollover to 2014/15	Revised Budget 2013/14
	£m	£m	£m	£m	£m	£m	£m
Environment							
Administrative Buildings	3.785	0.237	(0.302)	0	0.144	0	3.864
Sustainable Waste Management	0.000	0.554	0	0.118	0.045	0	0.717
Engineering	3.200	0.665	(0.040)	(3.000)	0	(0.348)	0.477
General Environmental Enhancement	0	0.002	0	0	0	0	0.002
Highways	3.860	0.588	(0.232)	0	(0.008)	0	4.208
Planning Grant Schemes	0.000	0.000	0	0.006	0	0	0.006
Ranger Services	0.236	0.007	0	0	(0.004)	0	0.239
Regeneration	3.679	0.522	(0.061)	(1.640)	0	(0.341)	2.159
Transportation	1.700	0.005	0	1.449	0.035	0	3.189
	16.460	2.580	(0.635)	(3.067)	0.212	(0.689)	14.861

APPENDIX A (Cont.)

CAPITAL PROGRAMME - CHANGES DURING 2013/14

	Original Budget 2013/14	Rollover from 2012/13	20% Holdback	Changes (Previous)	Changes (Current)	Rollover to 2014/15	Revised Budget 2013/14
	£m	£m	£m	£m	£m	£m	£m
Lifelong Learning							
Leisure Centres	0	0	0	0.026	0	0	0.026
Swimming Pools	0	0.120	0	0	0	0	0.120
Community Centres	0	0.065	0	0	0	0	0.065
Recreation - Other	0	0.034	0	0	0	0	0.034
Play Areas	0	0	0	0.050	0.027	0	0.077
Education - General	3.580	0.403	(0.566)	(2.998)	1.015	0	1.434
Primary Schools	0.075	1.129	(0.015)	1.219	(0.063)	(0.036)	2.309
Schools Modernisation	4.745	0.138	0	1.109	0	(0.665)	5.327
Community Youth Clubs	0	0	0	0.093	0	0	0.093
Secondary Schools	0	0.718	0	0.627	0.068	(0.042)	1.371
Special Education	0	1.138	0	0.578	0	0	1.716
Minor Works, Furniture & Equipment	0.060	0	(0.012)	0	0	0	0.048
Schools - Additional Funding	0	0.006	0	0	0	0	0.006
	8.460	3.751	(0.593)	0.704	1.047	(0.743)	12.626

CAPITAL PROGRAMME - CHANGES DURING 2013/14

	Original Budget 2013/14	Rollover from 2012/13	20% Holdback	Changes (Previous)	Changes (Current)	Rollover to 2014/15	Revised Budget 2013/14
	£m	£m	£m	£m	£m	£m	£m
Housing Revenue Account :							
Housing Revenue Account							
Major Works	5.321	1.196	0	0	0	0	6.517
Accelerated Programmes	0.300	0.020	0	0	0	0	0.320
WHQS Improvements	4.061	(0.132)	0	0	0	0	3.929
Disabled Adaptations	1.000	0	0	0	0	0	1.000
Other Services	0.310	0.050	0	0	0	0	0.360
	10.992	1.134	0.000	0.000	0.000	0.000	12.126

Totals :

Council Fund	29.908	7.616	(2.106)	(1.639)	1.267	(1.432)	33.614
Housing Revenue Account	10.992	1.134	0	0	0.000	0	12.126
Grand Total	40.900	8.750	(2.106)	(1.639)	1.267	(1.432)	45.740

CORPORATE SERVICES

Capital Budget Monitoring 2013/14 - Month 6

Programme Area	Total Budget £m	Actual Exp. £m	Projected Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required
Information Technology	1.685	0.088	1.387	(0.298)	(18)	0.000	Early Identified Rollover - Information Technology £0.100m EDRMS Implementation £0.057m Microsoft Enterprise Agreement £0.141m	Request approval to move funding of £0.298m into 2014/15
Flintshire Connects	0.674	0.004	0.474	(0.200)	(30)	0.000	Early Identified Rollover - Buckley Connects £0.200m	Request approval to move funding of £0.200m into 2014/15
Corporate Finance	0.122		0.122	0.000	0	0.000		
Total	2.481	0.092	1.983	(0.498)	(20)	0.000		
Clwyd Theatr Cymru	0.060	0.033	0.060	0.000	0	0.000		
Total	0.060	0.033	0.060	0.000	0	0.000		

Variance = Budget v Projected Outturn

COMMUNITY SERVICES

Capital Budget Monitoring 2013/14 - Month 6

Programme Area	Total Budget £m	Actual Exp. £m	Projected Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required
Private Sector Renewal/Improvement	3.462	1.113	3.462	0.000	0	0.000		
Depot (Housing)	0.000	0.002	0.000	0.000		0.000		
Children's Services	0.000	(0.006)	0.000	0.000		0.000		
Travellers' Sites	0.124		0.124	0.000	0	(0.046)		
Total	3.586	1.109	3.586	0.000	0	(0.046)		

Variance = Budget v Projected Outturn

ENVIRONMENT

Capital Budget Monitoring 2013/14 - Month 6

Programme Area	Total Budget £m	Actual Exp. £m	Projected Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required
Administrative Buildings	3.864	0.989	3.955	0.091	2	0.008	Movement due to Salix payments currently held in balance sheet	Transfer Salix balance to fund Energy overspend
Sustainable Waste Management	0.717	0.256	0.666	(0.051)	(7)	(0.050)	Sandycroft Household Recycling Centre delayed in 2013/14 due to Review of the Council's Waste Collection Policy	Cabinet to consider revised Strategy in February 2014
Engineering	0.477	0.072	0.265	(0.212)	(44)	(0.348)	Early Identified Rollover - Funds allocated to the Mold Flood Alleviation Scheme, which is currently at an advanced stage of design	Request approval to move funding of £0.203m into 2014/15
General Environmental Enhancement	0.002	0.004	0.004	0.002	100	0.002		
Highways	4.208	1.735	4.205	(0.003)	(0)	0.000		
Planning Grant Schemes	0.006	0.007	0.007	0.001	17	0.001		
Ranger Services	0.239		0.150	(0.089)	(37)	(0.007)	Early Identified Rollover - Wepre Park Development, which is substantially funded by HLF monies, is due to start in the final quarter of 2013/14, with the majority of expenditure reprofiled to 14/15	Request approval to move funding of £0.089m into 2014/15
Regeneration	2.159	0.242	0.668	(1.491)	(69)	(0.341)	Early Identified Rollover - ERDF Grant for Town Centre Regeneration. Current works delayed into 2014/15 Report taken to Cabinet 15/10/13 refers	Request approval to move funding of £1.459m into 2014/15
Transportation	3.189	0.676	3.189	0.000	0	0.000		
Industrial Units	0.000			0.000		(0.005)		
Total	14.861	3.981	13.109	(1.752)	(12)	(0.740)		

Variance = Budget v Projected Outturn

LIFELONG LEARNING

Capital Budget Monitoring 2013/14 - Month 6

Programme Area	Total Budget £m	Actual Exp. £m	Projected Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required
Leisure Centres	0.026	0.004	0.026	0.000	0	0.000		
Swimming Pools	0.120	0.082	0.120	0.000	0	0.000		
Community Centres	0.065	0.036	0.065	0.000	0	0.000		
Recreation - Other	0.034		0.034	0.000	0	0.000		
Play Areas	0.077	0.054	0.077	0.000	0	0.000		
Education - General	1.434	0.201	1.434	0.000	0	(0.005)		
Primary Schools	2.309	0.557	2.309	0.000	0	(0.036)		

Variance = Budget v Projected Outturn

LIFELONG LEARNING (Cont.)

Capital Budget Monitoring 2013/14 - Month 6

Programme Area	Total Budget £m	Actual Exp. £m	Projected Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required
Schools Modernisation	5.327	1.223	5.327	0.000	0	(0.665)		
Community Youth Clubs	0.093	0.090	0.093	0.000	0	0.000		
Secondary Schools	1.371	0.513	1.371	0.000	0	(0.042)		
Special Education	1.716	0.411	0.855	(0.861)	(50)	0.000	Early Identified Rollover - To mitigate risk relating to delivery of the DDA/SEN Rolling Programme.	Request approval to move funding of £0.861m into 2014/15
Minor Works, Furn & Equip	0.048	0.028	0.048	0.000	0	0.000		
Schools - Additional Funding	0.006	0.000	0.006	0.000	0	0.000		
Total	12.626	3.199	11.765	(0.861)	(7)	(0.748)		

Variance = Budget v Projected Outturn

HOUSING REVENUE ACCOUNT

Capital Budget Monitoring 2013/14 - Month 6

Programme Area	Total Budget £m	Actual Exp. £m	Projected Outturn £m	Variance (Under)/ Over £m	Variance %age %	Variance Prev Qtr £m	Cause of Variance	Action Required
Major Works	6.517	1.473	6.517	0.000	0	(0.217)		
Accelerated Programmes	0.320	0.036	0.320	0.000	0	(0.025)		
WHQS Improvements	3.929	2.758	3.929	0.000	0	0.000		
Disabled Adaptations	1.000	0.302	1.000	0.000	0	0.000		
Other Services	0.360	0.213	0.360	0.000	0	0.000		
Total	12.126	4.782	12.126	0.000	0	(0.242)		

Variance = Budget v Projected Outturn

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17 DECEMBER 2013**

REPORT BY: **HEAD OF FINANCE**

SUBJECT: **NEW BUSINESS RATE GRANT SCHEMES**

1.00 PURPOSE OF REPORT

- 1.01 To provide members with the details of two new Welsh Government business rates schemes, 'Open for Business' and 'New Developments', as announced by the Minister for Economy, Science and Transport, designed to bring long-term empty properties back into use and stimulate construction and development in Wales.
- 1.02 For members to formally endorse the implementation of both schemes using discretionary relief powers conferred to the Council under section 47 of the Local Government Finance Act 1988.

2.00 BACKGROUND

- 2.01 The schemes, announced in a recent statement to Welsh Assembly Members, are in response to the recommendations from the Business Rates Task and Finish Group that examined how the business rates system in Wales could be used to encourage economic development.
- 2.02 It is intended that business rate relief under these schemes, fully funded by the Welsh Government, will be available from 1 October 2013 subject to each local authority accepting the terms of the grant offer and administering the schemes in line with the guidance notes issued by the Welsh Government.
- 2.03 The first scheme, 'Open for Business', is focused on bringing long term unoccupied retail properties back into use and especially supporting new businesses in the first year of trading.
- 2.04 The 'Open for Business' scheme will provide 50% rate relief for all eligible retail properties for up to 12 months from the date of occupation. The retail properties will have had to have been unoccupied for a continuous period of 12 months or more and have a rateable value of no more than £45,000.

- 2.04 The second scheme, 'The New Developments Scheme', is designed to incentivise new and speculative development in a bid which could boost construction in Wales and which will exempt from business rates all newly built but vacant commercial property, completed on or after 1st October 2013 and before 1st October 2016 for the first 18 months following completion.
- 2.05 The obligation to pay empty property rates on premises that may not be first occupied for a lengthy period of time is often a significant disincentive against new development and therefore the Welsh Government acknowledge that a longer period of rates exemption would make a positive statement about how the Welsh Government is working with business to encourage investment and employment.
- 2.06 The Regeneration service welcome the introduction of the 'Open for Business' scheme which may go some way to helping to support and sustain town centres especially for those businesses which do not qualify for small business rate relief. The 'New Developments' scheme should also help to incentivise new and speculative development in a bid which could boost construction in the County. Flintshire is currently seeing a high demand for workshop space particularly in the Deeside Enterprise Zone.

3.00 CRITERIA FOR THE 'OPEN FOR BUSINESS' SCHEME

- 3.01 In summary, for commercial properties which have been empty for a continuous period of at least 12 months, the Council can grant 50% rate relief for a period of up to 12 months once the property becomes occupied again, provided that the occupation date is on or after 1st October 2013 and on or before 31st March 2015.
- 3.02 To claim for this relief, eligible properties are those which:
- Have been unoccupied for a continuous period of 12 months or more, and
 - Have a rateable value of £45,000 or less, and
 - Meet certain previous/existing use criteria.
- 3.03 The previous/existing use criteria is defined by the Welsh Government as either :
- When last occupied, the property was in use 'wholly or mainly' for retail purposes, or
 - Where the property has never previously been occupied, it is now in use 'wholly or mainly' for retail purposes.
- 3.04 For the purposes of administering this scheme, a property is used for retail purposes if a trade or business is carried on there which consists wholly or mainly of the provision of goods or services for the personal use of members of the public who visit the property.

- 3.05 The rateable occupier will be required to make an application for the relief within six months after the first date of occupation or before 1st July 2015 if this is earlier.
- 3.06 The 'Open for Business' relief scheme may not always be the most beneficial relief available, especially in the context of the availability of relief under other schemes such as the Small Business Rate Relief scheme. The ratepayer will need to select the relief or business rates related grant that will be of the most benefit to them. To aid this decision, Council officers will provide advice on a case by case basis to ensure that ratepayers always receive the most beneficial relief available to them.
- 3.07 To maximise take up and raise awareness of this scheme, a letter will be dispatched on 18th December to owners/landlords of all empty properties in Flintshire that may qualify for this relief. As at 1st October 2013 there are 560 empty properties that could potentially benefit if they became re-occupied for retail purposes. The Regeneration service will also work through the Council's various town partnerships and business networks to help promote awareness.

4.00 CRITERIA FOR THE 'NEW DEVELOPMENTS' SCHEME

- 4.01 In summary, the Council can award relief under the 'New Developments' scheme for unoccupied completed properties that are 'wholly or mainly' comprised of qualifying new structures (i.e. newly build commercial property), beginning on the 1st October 2013. The relief is for up to 18 months at 100% of the normal charge.
- 4.02 New Developments relief can only be applied if the following criteria are met:
- The property is a wholly or mainly comprised of a new structure 'completed' on or after 1st October 2013 and before 1st October 2016, and
 - The property is unoccupied
- 4.03 For the purposes of this scheme, new structures are considered to be 'completed' when the building or part of the building of which they form part is ready for occupation for the purpose it was constructed unless a completion notice has been served in respect of such a building in which case it would be the date specified in that notice.
- 4.04 To help promote awareness of this scheme, colleagues in the Regeneration service have been briefed on the introduction of this scheme, which may also help to promote new developments across the County, especially in key strategic areas, including the Deeside Enterprise Zone.

5.00 RECOMMENDATIONS

5.01 That members support the implementation of both the 'Open for Business' scheme and 'New Developments' scheme by adopting the scheme resolution as set out in Appendix 1 to this report.

6.00 FINANCIAL IMPLICATIONS

6.01 The Welsh Government will fully reimburse local authorities for any rate relief awards granted under the criteria of these schemes as part of the non domestic rate national collection pool arrangements.

7.00 ANTI POVERTY IMPACT

7.01 None.

8.00 ENVIRONMENTAL IMPACT

8.01 None.

9.00 EQUALITIES IMPACT

9.01 None

10.00 PERSONNEL IMPLICATIONS

10.01 None.

11.00 CONSULTATION REQUIRED

11.01 Although there is no requirement to undertake public consultation on the implementation of the schemes there is a requirement for cabinet to endorse the implementation using discretionary relief powers under section 47 of the Local Government Finance Act 1988.

12.00 CONSULTATION UNDERTAKEN

12.01 None.

13.00 APPENDICES

13.01 None.

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

Welsh Government Policy Announcements on 'Open for Business Scheme' and 'New Developments Scheme'– 1/10/13

Section 47 of the Local Government Finance Act 1988

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Appendix 1 – Resolution for the implementation of the ‘Open for Business’ and ‘New Developments’ Business Rate Schemes

RESOLVED

1. Section 47 (discretionary relief) of the Local Government Finance Act 1988 (the Act) will apply as regards the hereditaments described below in accordance with the rules described in relation to those hereditaments.

It is reasonable for the Council to make this decision having regard to the interests of persons liable to pay council tax set by the Council.

2. Relief is not available under this resolution in respect of any hereditament which is occupied by -

- the Welsh Ministers, a Minister of the Crown or government department,
- any public authority (including any local authority),
- the holder of any public office, or
- the Crown.

For the avoidance of doubt, in respect of any chargeable day, rate relief under this resolution is not available in addition to any other relief or business rates-related support for the same day. Business rates-related support includes grant under the Welsh Government’s “Enterprise Zone Business Rates Scheme”.

First category of hereditament (New Development)

3. Paragraph 7 of this resolution applies to a hereditament in respect of chargeable days described in paragraph 4 if the following conditions are fulfilled in respect of any such day (and subject to paragraphs 2, 3 and 4) -

- (a) on the day none of the hereditament is occupied;
- (b) on the day the ratepayer is the owner of the whole of the hereditament;
- (c) the hereditament is shown for the day in the Council’s local non-domestic rating list in force for the relevant chargeable financial year;
- (d) the hereditament is wholly or mainly comprised of qualifying new structures where the completion date for the structures is on or after 1 October 2013 but before 1 October 2016;
- (e) the hereditament is unoccupied on the completion date;
- (f) any rate relief granted in consequence of this paragraph would not be incompatible with article 107(1) of the Consolidated Version of the Treaty on the Functioning of the European Union;

(g) the owner of the hereditament has submitted an application to the Council requesting that paragraphs 1 to 7 of this resolution together with the annex apply to the hereditament, together with such information as is necessary for the Council to establish that the conditions above are fulfilled;

(h) where the Council has requested further information to establish that the condition in paragraph (f) continues to be met, the owner of the hereditament has supplied that information to the satisfaction of that Council;

(i) the application to the billing authority relates to the chargeable days (as described in paragraph 4) during the period no longer than 18 months beginning with the completion date for the hereditament.

4. The chargeable days are those days after the expiry of the following period, namely –

- in the case where the hereditament is one described in regulation 4(a) of the Non-Domestic Rating (Unoccupied Property) (Wales) Regulations 2008, three months;

- in the case where the hereditament is one described in regulation 4(b) of those Regulations, six months.

If this resolution is applied to a hereditament which is subsequently occupied (and therefore rates are payable in the normal way) and then subsequently unoccupied, this resolution will not re-apply until the expiration of any further applicable period under those Regulations.

5. Where the owner disposes of the hereditament, the discretionary relief available in respect of the hereditament under this resolution will continue to apply provided that, within 28 days after the date of the disposal, the new owner notifies the Council in writing of the disposal and provides it with information to establish that the condition in paragraph 3(f) continues to be met.

6. For the purposes of paragraph 3 of this resolution –

“completion day” means, in relation to structures, the day on which the building or part of the building of which the new structures form part is ready for occupation for the purpose for which it was constructed unless a completion notice has been served in respect of the such a building or part of a building, in which case the completion date is the date specified in that notice;

“qualifying new structures” means those structures which fall within the criteria described in the annex to this resolution.

7. The chargeable amount is 0.

Second category of hereditament (Open for Business)

8. Paragraph 10 of this resolution applies to a hereditament in respect of chargeable days during the period beginning on 1 October 2013 and ending on 31 March 2016 if the following conditions are fulfilled in respect of any such day (subject to paragraph 2)-

- (a) on the day the hereditament is occupied;
- (b) on the day the occupier is the occupier of the whole of the hereditament;
- (c) the hereditament is shown for the day in the Council's local non-domestic rating list in force for the relevant chargeable financial year;
- (d) on the day the rateable value of the hereditament is no greater than £45,000;
- (e) prior to the occupier occupying the hereditament the hereditament was not occupied for a continuous period of 12 months or longer;
- (f) either –
 - (i) when last previously occupied, the hereditament was in use wholly or mainly for retail purposes, or
 - (ii) where the hereditament has never previously been occupied, it is in use wholly or mainly for retail purposes;
- (g) the first day of occupation by the occupier is during the period beginning on 1 October 2013 and ending on 31 March 2015.
- (h) the application to the billing authority relates to the chargeable days during the period no longer than 12 months beginning with the first day of occupation by the occupier;
- (i) any rate relief granted in consequence of this paragraph would not be incompatible with article 107(1) of the Consolidated Version of the Treaty on the Functioning of the European Union;
- (j) the occupier of the hereditament has submitted an application to the Council requesting that paragraphs 1 and 2 and 8 to 10 of this resolution apply to the hereditament, together with such information as is necessary for the Council to establish that the conditions above are fulfilled; but where, by virtue of an arrangement between the occupier and another person ("L"), L agrees to pay the rates, an application may only be made jointly by the

occupier and L, and in such cases L must undertake to apply the relief for the benefit of the occupier;

(k) the application under paragraph (i) is submitted to the Council no later than (a) 6-months after the first day of occupation or (b) if earlier, 30 June 2015;

(l) where the Council has requested further information to establish that the condition in paragraph (i) and the undertaking mentioned in paragraph (j) continue to be met, the occupier of the hereditament has supplied that information to the satisfaction of that Council.

9. For the purposes of paragraph 8 of this resolution –

(a) a hereditament is used for retail purposes if a trade or business is carried on there which consists wholly or mainly of the provision of goods or services for the personal use of members of the public who visit the hereditament;

(b) "goods" includes -

(i) meals or refreshments for consumption on or off the hereditament on which they are sold or prepared; and

(ii) intoxicating liquor for consumption on or off the hereditament on which it is sold;

(c) "personal use" means unconnected with a trade or business;

(d) "services" excludes provision of sleeping accommodation.

10. The chargeable amount is one half of the amount which would have been payable if it was calculated in accordance with the formula -

$$(A \times B) \text{ divided by } C$$

and for these purposes A, B and C have the meanings given in section 44(2), (4) and (6) of the Act.

Annex

Criteria for qualifying new structures.

Meanings

“structures” means:

- a) foundations and/or
- b) permanent walls and/ or
- c) permanent roofs

“mainly” means more than half.

General

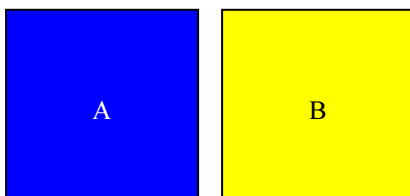
This resolution is not intended to capture properties that have been refurbished: it is intended to capture those that have been the subject of substantial structural construction, so for example those properties that are built on existing foundations or built around a retained façade are likely to benefit from the relief.

Splits, mergers, and changes to existing hereditaments

Where a hereditament is created as a result of a split or merger of other properties, or where the existing hereditament is altered for example with an extension, the same test will apply i.e. the hereditament must be wholly or mainly comprised of new structures completed within the necessary timeframes to benefit from the discretionary relief under the resolution. There will be some instances where this is not clear cut (such as where a hereditament is formed from the merger of a hereditament that comprises mainly or wholly of new structures with a hereditament that comprises structures that are not new) – the relief will only be available where the new hereditament wholly or mainly comprises qualifying new structures.

Examples of qualifying properties

Example 1 – A new build property and an existing property

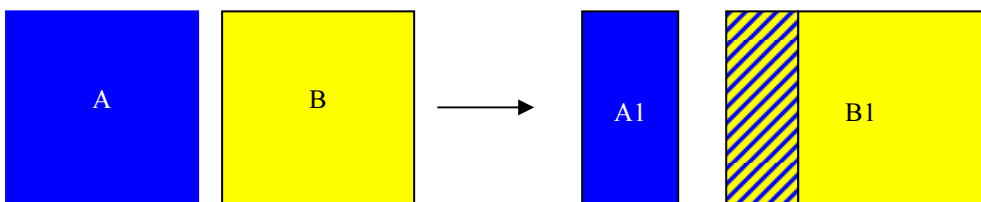


1. Property A is an office block built from scratch, completed on 1 April 2014. Property B is an office block built in the late 1990s.
2. All of Property A's structures comprise qualifying new structures - the foundations, permanent walls and permanent roof were completed on 1

April 2014. The structures would be considered 'new' until 30 September 2015 and as such the hereditament would be eligible for relief for any period for which empty property rates are payable up to then.

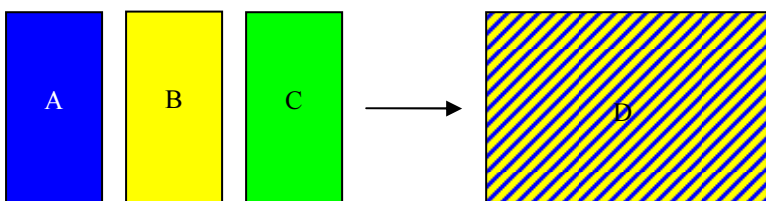
3. None of Property B's structures comprise qualifying new structures - the foundations, permanent walls and permanent roof were completed in the late 1990s and as such, the hereditament would not be eligible for this relief.

Example 2 – A new build property splits and merges with an existing property



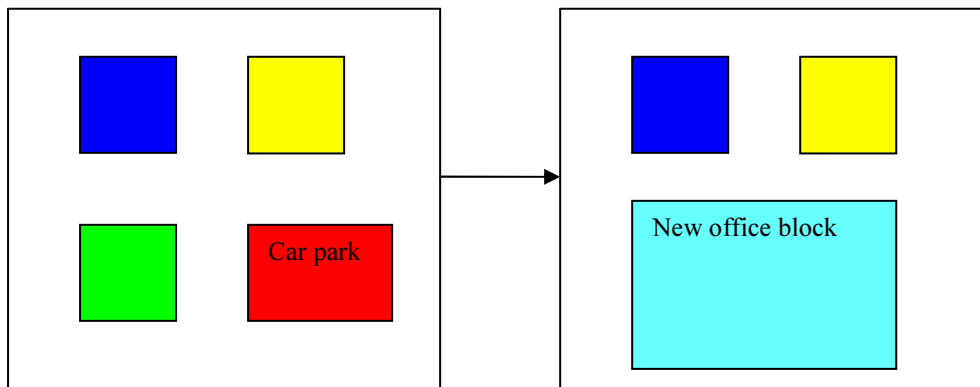
4. Property A is an office block built from scratch, completed on 1 April 2014. Property B is an office block built in the late 1990s.
5. Part of property A splits and merges with property B. Two new hereditaments are formed on 1 October 2014 – A1 and B1.
6. All of Property A1's structures comprise qualifying new structures - the foundations, permanent walls and permanent roof were completed on 1 April 2014. The structures would be considered 'new' until 30 September 2015 and as such the hereditament would be eligible for relief for any period for which empty property rates are payable up to 30 September 2015.
7. Some of Property B1's structures comprise qualifying new structures – as some of the foundations, permanent walls and permanent roof were completed on 1 April 2014. However as more than half of the hereditament's structures were completed in the late 1990s, the hereditament would not be eligible for this relief.

Example 3 – three new build properties (with different completion dates) merge



8. Property A is an office block built from scratch, completed on 1 April 2014. Property B is an office block built from scratch, completed on 1 May 2014. Property C is an office block built from scratch, completed on 1 June 2014.
9. The properties subsequently merge to form a new hereditament on 1 July 2014 – property D. The structures of properties A, B and C equally make up Property D's structure.
10. Until 30 September 2015 property D comprises *wholly* of qualifying new structures as the structures were completed less than 18 months previously, as well as being completed after 1 October 2013 and before 30 September 2016. Between 1 October 2015 and 31 October 2015 property D comprises *mainly* of qualifying new structures as two thirds of the structures were completed less than 18 months previously, as well as being completed after 1 October 2013 and before 30 September 2016. From 1 November 2015 property D *does not* comprise wholly or mainly of qualifying new structures as only one third of the structure was completed more than 18 months previously. On that basis Property D would be eligible for relief for any period for which empty property rates are payable up to 31 October 2015.

Example 4 – a single hereditament comprising a large site with 3 separate small single storey properties and a car park is redeveloped. One of the small properties is demolished and a new large office block is built on the site of the small property and the car park. The site continues to be a single hereditament.



11. The foundations, permanent walls and permanent roof of the new office block were completed on 1 April 2014 and comprise more than the aggregate amount of foundations, permanent walls and permanent roofs of the two remaining small properties. On that basis the hereditament would be eligible for relief for any period for which empty property rates are payable up to 30 September 2015.

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FOR INFORMATION

FLINTSHIRE COUNTY COUNCIL

REPORT TO: **CABINET**

DATE: **TUESDAY, 17 DECEMBER 2013**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **EXERCISE OF DELEGATED POWERS**

1.00 PURPOSE OF REPORT

1.01 To inform Members of action taken under delegated powers.

2.00 BACKGROUND

2.01 At the Executive Meeting held on 31st October, 2000 it was agreed that one of the standard agenda items at each Executive should be a report on the "Exercise of Delegated Powers".

3.00 RECOMMENDATION

3.01 Members note the details of actions taken under the "Exercise of Delegated Powers".

4.00 FINANCIAL IMPLICATIONS

4.01 As detailed in each report.

5.00 ANTI-POVERTY IMPACT

5.01 As detailed in each report.

6.00 ENVIRONMENTAL IMPACT

6.01 As detailed in each report.

7.00 EQUALITIES IMPACT

7.01 As detailed in each report.

8.00 PERSONNEL IMPLICATIONS

8.01 As detailed in each report

9.00 CONSULTATION REQUIRED

9.01 Not applicable

10.00 CONSULTATION UNDERTAKEN

10.01 Not applicable

11.00 APPENDICES

11.01 Summary of Decisions taken under Delegated Powers.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background documents: See individual report.

Contact Officer: Detailed on the individual reports.

APPENDIX 1

EXERCISE OF DELEGATED POWERS – DECISIONS TAKEN

Directorate

Subject

Corporate

Business Rates – Write Offs

Organisational Change Strategy
Consultancy Support

Environment

Sychdyn – Proposed Traffic Calming

Sainsbury Supermarkets Ltd Site
Redevelopment, Mold

Granting of Lease of Former Youth Service
Premises, Mostyn (Community Asset
Transfer)

Lease of Former Bagillt Library –
Community Asset Transfer

Copies of the Delegated Powers reports are on deposit in the Team Manager's Room, Committee Services

**FLINTSHIRE COUNTY COUNCIL FORWARD WORK PROGRAMME ITEMS
COUNCIL, CABINET, AUDIT AND OVERVIEW & SCRUTINY
DECEMBER 2013 TO MAY 2014**

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
December					
Community Profile & Partnerships Overview & Scrutiny Committee	2 December 2013	Overview and Scrutiny	C P & P Forward Work Programme To consider the Forward Work Programme of the Community Profile and Partnerships Overview & Scrutiny Committee		
Flintshire County Council	10 December 2013	Legal and Democratic Services	Section 85 of the Local Government Act 1972 To approve Councillor Ted Evans' failure to attend meetings due to his current ill-health.		
Corporate Resources Overview & Scrutiny Committee	12 December 2013	Finance	Medium Term Financial Plan 2014/15 - 2018/19 To provide an update on the Medium Term Financial Plan 2014/15 - 2018/19		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	12 December 2013	Finance	Revenue Budget Monitoring 2013/14 (Month 6) To provide Members with the Revenue Budget Monitoring 2013/14 (Month 6)report		
Corporate Resources Overview & Scrutiny Committee	12 December 2013	Human Resources and Organisational Development	Workforce Information Quarter 2 July - September 2013 To provide Members with an update for the second quarter 2013/14.		
Corporate Resources Overview & Scrutiny Committee	12 December 2013	Overview and Scrutiny	Corporate Resources Forward Work Programme To consider the Forward Work Programme of the Corporate Resources Overview & Scrutiny Committee		
Housing Overview & Scrutiny Committee	13 December 2013	Legal and Democratic Services	Legal and Governance Issues around establishing a Proposed Housing Company To explain the legal and governance issues around the establishment of the proposed housing company and to approve its creation.		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Housing Overview & Scrutiny Committee	13 December 2013	Housing	Communal Area Management & Fire Safety To inform and advise the Housing Overview and Scrutiny Committee of the options available for the management of communal areas in relation to fire safety.		
Environment Overview & Scrutiny Committee	16 December 2013	Environment	North Wales Residual Waste Treatment Partnership To receive and consider further details on the progress of the project.		
Environment Overview & Scrutiny Committee	16 December 2013	Overview and Scrutiny	Broadband Presentation - To receive an update on the roll out of the Welsh Government/BT Superfast Cymru Broadband initiative		
Environment Overview & Scrutiny Committee	16 December 2013	Overview and Scrutiny	Environment Forward Work Programme To consider the Forward Work Programme of the Environment Overview & Scrutiny Committee		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	17 December 2013	Finance	<p>Revenue Budget Monitoring 2013/14 (Month 6) To provide Members with the most up to date revenue budget monitoring information (Month 6) for the Council Fund and the Housing Revenue Account 2013/14.</p>	Operational	Leader of the Council and Cabinet Member for Finance
Cabinet	17 December 2013	Finance	<p>Capital Programme 2013/14 (Month 6) To provide Members with the latest capital programme information for 2013/14.</p>	Operational	Leader of the Council and Cabinet Member for Finance
Cabinet	17 December 2013	Finance	<p>New Business Rate Grant Schemes For Members to approve the introduction of two Welsh Government Grant Schemes ('Open for Business' Scheme and 'New Developments' Scheme) designed to assist new businesses.</p>	Operational	Cabinet Member for Corporate Management

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	17 December 2013	Legal and Democratic Services	<p>Establishing the Proposed Housing Company To explain the legal and governance issues around the establishment of the proposed housing company and to approve its creation.</p>	Strategic	Cabinet Member for Housing
Cabinet	17 December 2013	Community Services	<p>Together for Mental Health To advise Cabinet of the response of Flintshire with partners to the Welsh Governments Strategy “Together for Mental Health” That Cabinet note that Councillor Christine Jones has the responsibilities of Mental Health Champion as part of her agreed role and will carry out these duties in the future</p>	Strategic	Cabinet Member for Social Services

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	17 December 2013	Community Services	<p>The Dublin Declaration on Age Friendly Cities and Communities in Europe 2013 To provide background information on the Dublin Declaration on Age Friendly Cities and Communities in Europe 2013, and the invitation from WLGA to every Council in Wales to sign the Declaration (please see Appendix 1, WLGA Briefing 'Age Friendly Cities and Communities).</p> <p>To recommend that the Council signs the Dublin Declaration (please see Appendix 2, Template Letter for Endorsement).</p>	Strategic	Cabinet Member for Social Services
Cabinet	17 December 2013	Community Services	<p>Assisted Gardening Service To request that Cabinet consider and approve the new Assisted Gardening Service.</p>	Strategic	Cabinet Member for Housing

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	17 December 2013	Community Services	Mental Health Commissioning Plan - Service Update To receive for approval a Commissioning Plan for the provision of Mental Health Services.	Strategic	Cabinet Member for Social Services
Cabinet	17 December 2013	Community Services	Dementia Commissioning Plan To receive for approval a commissioning strategy for provision of support to people with Dementia.	Strategic	Cabinet Member for Social Services
Cabinet	17 December 2013	Environment	Review of Subsidised Bus Services To advise Members on the findings of the subsidised bus service review following consultation and assessment, along with proposed options and recommendations.	Strategic	Deputy Leader of the Council and Cabinet Member for Environment
Cabinet	17 December 2013	Environment	Agricultural Estate Management To seek approval for the disposal of part of the estate.	Operational	Deputy Leader of the Council and Cabinet Member for Environment

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	17 December 2013	Lifelong Learning	The amalgamation of Ysgol Perth y Terfyn Infant School and Ysgol y Fron Junior School in Holywell To determine the amalgamation of Ysgol Perth y Terfyn Infant School and Ysgol y Fron Junior School in Holywell	Strategic	Cabinet Member for Education
Audit Committee	18 December 2013	Legal and Democratic Services	Corporate Governance To consider the annual update of the Code of Corporate Governance and to approve the process for preparing the draft Annual Governance Statement	All Report Types	
Audit Committee	18 December 2013	Finance	Internal Audit Progress Report To present to members an update on the progress of the internal audit department.		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Audit Committee	18 December 2013	Legal and Democratic Services	<p>Informal Meeting between Audit Committee Members and Overview & Scrutiny Chairs/Vice Chairs</p> <p>To report back on the informal briefing meeting between Audit Committee members and Overview & Scrutiny Chairs/Vice Chairs held on the 7 October 2013.</p>	All Report Types	
Audit Committee	18 December 2013	Environment	<p>Fleet Management</p> <p>To provide the Committee with an update on the progress of the ongoing Fleet Review and current vehicle monitoring arrangements.</p>		
Audit Committee	18 December 2013	Finance	<p>Annual Audit Letter</p> <p>To report to the Committee the Annual Audit Letter from the Council's Appointed Auditor, Wales Audit Office.</p>		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Audit Committee	18 December 2013	Finance	<p>Audit of Financial Statements 2012/13 - Issues Raised</p> <p>To outline the Council's response to the Wales Audit Office report 'Audit of Financial Statements 2012/13' and to present to Members an 'action plan' of how issues raised in the report will be addressed.</p>		
Audit Committee	18 December 2013	Finance	<p>Forward Work Programme</p> <p>To consider the forward work programme for the Audit Committee for next year.</p>		
Audit Committee	18 December 2013	Finance	<p>Treasury Management Mid Year Report 2013/14</p> <p>To present the 2013/14 mid year report on the Council's Treasury Management Strategy.</p>		
Audit Committee	18 December 2013	Legal and Democratic Services	<p>Size of Audit Committee</p> <p>To consider whether to increase the number of members on the Audit Committee.</p>		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Lifelong Learning Overview & Scrutiny Committee	19 December 2013	Overview and Scrutiny	<p>Recommendations of the Playscheme Task & Finish Group</p> <p>To present the recommendations of the Playscheme Task & Finish Group in order to provide sustainable play provision from April 2014 with reference to the summer play scheme programme.</p>		
Lifelong Learning Overview & Scrutiny Committee	19 December 2013	Lifelong Learning	<p>Flintshire Music Service Review</p> <p>To receive an update on the Flintshire Music Service</p>		
Lifelong Learning Overview & Scrutiny Committee	19 December 2013	Lifelong Learning	<p>Health & Safety Annual Report</p> <p>To receive a summary report on accidents and incidents in schools and other services during the year and the actions taken to achieving healthy and safe environments</p>		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Lifelong Learning Overview & Scrutiny Committee	19 December 2013	Overview and Scrutiny	Terms of Reference of the Leisure Finance Task & Finish Group To enable the Committee to note the Terms of Reference of the Leisure Finance Task & Finish Group, as agreed by the Task & Finish Group.		
Lifelong Learning Overview & Scrutiny Committee	19 December 2013	Overview and Scrutiny	Lifelong Learning Forward Work Programme To consider the Forward Work Programme of the Lifelong Learning Overview & Scrutiny Committee.		
January					
Housing Overview & Scrutiny Committee	8 January 2014	Housing	Draft Asset Management Strategy To consider stock investment and proposals to provide high quality sustainable housing stock to meeting the Welsh Housing Quality Standard (WHQS).		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Housing Overview & Scrutiny Committee	8 January 2014	Housing	<p>Tenant Satisfaction Survey and Action Plan To consider the tenant satisfaction survey results and benchmark them with the last independent survey and agree an action plan to address any issues identified.</p>		
Housing Overview & Scrutiny Committee	8 January 2014	Housing	<p>Anti-Social Behaviour and Neighbourhood Management To consider progress in delivering the revised Anti-Social Behaviour Strategy.</p>		
Social & Health Care Overview & Scrutiny Committee	9 January 2014	Overview and Scrutiny	<p>Social & Health Care Forward Work Programme To consider the Forward Work Programme of the Social and Health Care Overview & Scrutiny Committee</p>		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	16 January 2014	Finance	Revenue Budget Monitoring 2013/14 (Month 7) To provide Members with the Revenue Budget Monitoring 2013/14 (Month 7) report.		
Corporate Resources Overview & Scrutiny Committee	16 January 2014	Finance	Council Tax Reduction Scheme Approval of a Council Tax Reduction Scheme within prescribed requirements and local discretions for 2014/15		
Corporate Resources Overview & Scrutiny Committee	16 January 2014	Chief Executive's	WAO Improvement Assessment Letter To receive the Improvement Assessment Letter from the Auditor General for Wales and note the Council's Response		
Corporate Resources Overview & Scrutiny Committee	16 January 2014	Overview and Scrutiny	Corporate Resources Forward Work Programme To consider the Forward Work Programme of the Corporate Resources Overview & Scrutiny Committee.		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Community Profile & Partnerships Overview & Scrutiny Committee	20 January 2014	Overview and Scrutiny	Community Profile & Partnerships Forward Work Programme To consider the Forward Work Programme of the Community Profile and Partnerships Overview & Scrutiny Committee		
Cabinet	21 January 2014	Chief Executive's	Improvement Assessment letter from Wales Audit Office Receipt of Improvement Assessment letter from the Auditor General for Wales and endorse the Council's response	Strategic	Cabinet Member for Corporate Management
Cabinet	21 January 2014	Finance	Revenue Budget Monitoring 2013/14 (Month 7) To provide Members with the most up to date revenue budget monitoring information (Month 7) for the Council Fund and the Housing Revenue Account 2013/14.	Operational	Leader of the Council and Cabinet Member for Finance

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	21 January 2014	Finance	Council Tax and Business Rate Policies 2014-15 For Members to approve various policies for the administration of Council Tax and Business Rates	Operational	Cabinet Member for Corporate Management
Cabinet	21 January 2014	Finance	Council Tax Reduction Scheme To approve a Council Tax Reduction Scheme within prescribed requirements and local discretions for 2014/15.	Operational	Cabinet Member for Corporate Management
Cabinet	21 January 2014	Finance	Treasury Management Mid Year Report 2013/14 To present the 2013/14 mid year report on the Council's Treasury Management Strategy.	Operational	Leader of the Council and Cabinet Member for Finance
Cabinet	21 January 2014	ICT and Customer Services	Customer Services Strategy Update To provide an update on progress with the implementation of the Customer Services Strategy.	Strategic	Cllr Billy Mullin

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	21 January 2014	ICT and Customer Services	Update on Collaborative Procurement Projects To provide an update on progress with the previously agreed collaboration projects.	Operational	Cllr Tim Newhouse
Cabinet	21 January 2014	Legal and Democratic Services	Eleventh Annual Report of the Flintshire Local Access Forum For Cabinet, on behalf of the County Council, to note and approve the eleventh annual report of the Flintshire Local Access Forum, prepared in accordance with Regulation 16 of the Countryside Access (Local Access Forums) (Wales) Regulations 2001	Operational	Leader of the Council and Cabinet Member for Finance
Cabinet	21 January 2014	Environment	Rural Development Plan Local Action Groups 2014-2020 To seek Member approval for “in principle” support from the Council for Cadwyn Clwyd to act as the Local Action Group for Flintshire for the next Rural Development Plan programme.	Strategic	Cllr Derek Butler

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	21 January 2014	Environment	<p>Setting up of a Joint Committee for the Area of Outstanding Natural Beauty To advise on new arrangements for the management of the Clwydian Range and Dee Valley Area of Outstanding Natural Beauty.</p>	Strategic	Deputy Leader of the Council and Cabinet Member for Environment
Cabinet	21 January 2014	Environment	<p>Charging for Re-rating Inspections Carried Out Under the Food Hygiene Rating (Wales) Act 2013 To gain approval for the recommended fee level for re-rating visits carried out under the Food hygiene Rating (Wales) Act 2013.</p>	Operational	Cabinet Member for Waste Strategy, Public Protection and Leisure
Cabinet	21 January 2014	Environment	<p>Public Rights of Way Priorities For the Cabinet to endorse a hierarchical approach to public rights of way maintenance, definitive map and public path orders and handling complaints.</p>	Operational	Deputy Leader of the Council and Cabinet Member for Environment

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Environment Overview & Scrutiny Committee	22 January 2014	Environment	The Council's Household Waste Collection Policy To seek Scrutiny comments on the revised waste collection policy		
Environment Overview & Scrutiny Committee	22 January 2014	Overview and Scrutiny	Environment Forward Work Programme To consider the Forward Work Programme of the Environment Overview & Scrutiny Committee		
Flintshire County Council	28 January 2014	Finance	Treasury Management Mid Year Report 2013/14 To present the 2013/14 mid year report on the Council's Treasury Management Strategy.		
Flintshire County Council	28 January 2014	Legal and Democratic Services	Independent Remuneration Panel Annual Report To inform the County Council of the annual report by the Independent Remuneration Panel for Wales for 2014/2015		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Flintshire County Council	28 January 2014	Finance	Council Tax Reduction Scheme To approve a Council Tax Reduction scheme within prescribed requirements and local discretions for 2014/15.		
Audit Committee	29 January 2014	Finance	Treasury Management Strategy 2014/15 and 2013/14 Update To present the 2014/15 Treasury Management Strategy and provide an update on the 2013/14 Treasury Management activity.		
Audit Committee	29 January 2014	Legal and Democratic Services	Annual Report on External Inspections To consider report issued by external regulators and inspectors during the Calendar year.		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Audit Committee	29 January 2014	Chief Executive's	WAO Improvement Assessment Letter To receive the Improvement Assessment Letter from the Auditor General for Wales and note the Council's Response		
Audit Committee	29 January 2014	Finance	Action Tracking To inform the Committee of the actions resulting from points raised at previous Audit Committee meetings.		
Audit Committee	29 January 2014	Finance	Audit Charter Update To report back to the Audit Committee following the meeting of the Constitution Committee on 16th October 2013.		
Audit Committee	29 January 2014	Chief Executive's	Protocol on Collaboration To note the updated protocol on collaboration.		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Audit Committee	29 January 2014	Chief Executive's	<p>Risk Management update To provide members with an update on the improved risk management approach as part of streamlining and integrating the business planning arrangements.</p> <p>To provide an overview of the key risks of the Improvement priorities of the Council.</p>	Strategic	
Lifelong Learning Overview & Scrutiny Committee	30 January 2014	Lifelong Learning	<p>School Performance Report To provide Members with details of overall School Performance and Inspection outcomes</p>		
Lifelong Learning Overview & Scrutiny Committee	30 January 2014	Lifelong Learning	<p>School Funding Formula Review To provide an update on the recommendations arising from the Formula Review and Consultation Process.</p>		
February					

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Housing Overview & Scrutiny Committee	5 February 2014	Housing	Collaborative Working within Housing Services To receive and consider current and future collaborative initiatives.		
Corporate Resources Overview & Scrutiny Committee	13 February 2014	Finance	Revenue Budget Monitoring 2013/14 (Month 8) To provide Members with the Revenue Budget Monitoring 2013/14 (Month 8) report.		
Corporate Resources Overview & Scrutiny Committee	13 February 2014	Chief Executive's	Workforce Information Quarter 3 October - December 2013 To provide Scrutiny Members with an update for the third quarter 2013/14		
Corporate Resources Overview & Scrutiny Committee	13 February 2014	Overview and Scrutiny	Corporate Resources Forward Work Programme To consider the Forward Work Programme of the Corporate Resources Overview & Scrutiny Committee		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Social & Health Care Overview & Scrutiny Committee	13 February 2014	Overview and Scrutiny	Social & Health Care Forward Work Programme To consider the Forward Work Programme of the Social and Health Care Overview & Scrutiny Committee		
Community Profile & Partnerships Overview & Scrutiny Committee	17 February 2014	Overview and Scrutiny	Community Profile & Partnerships Forward Work Programme To consider the Forward Work Programme of the Community Profile and Partnerships Overview & Scrutiny Committee		
Cabinet	18 February 2014	Chief Executive's	Annual Improvement Report from Wales Audit Office Receive Annual Improvement Report from the Auditor General for Wales and endorse the Council's response	Strategic	Cabinet Member for Corporate Management

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	18 February 2014	Chief Executive's	Single Integrated Plan 2012 - 2017 To receive and support the Single Integrated Plan 2012 - 2017	Strategic	Cabinet Member for Corporate Management
Cabinet	18 February 2014	Chief Executive's	Improvement Plan Quarterly Monitoring Quarterly assessment of performance against the Improvement Plan	Operational	Cabinet Member for Corporate Management
Cabinet	18 February 2014	Finance	Treasury Management Strategy 2014/15 To present the 2014/15 Treasury Management Strategy.	Strategic	Leader of the Council and Cabinet Member for Finance
Cabinet	18 February 2014	Finance	Revenue Budget Monitoring 2013/14 (Month 8) To provide Members with the most up to date revenue budget monitoring information (Month 8) for the Council Fund and the Housing Revenue Account 2013/14.	Operational	Leader of the Council and Cabinet Member for Finance

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	18 February 2014	Finance	Minimum Revenue Provision 2014/15 To present the Council's Minimum Revenue Provision policy for approval.	Strategic	Leader of the Council and Cabinet Member for Finance
Cabinet	18 February 2014	Finance	Prudential Indicators 2014/15 To present the 2014/15-2016/17 Prudential Indicators for approval.	Strategic	Leader of the Council and Cabinet Member for Finance
Cabinet	18 February 2014	Human Resources and Organisational Development	WORKFORCE INFORMATION QUARTER 3 (OCT - DEC 2013) To provide Members with an update for the third quarter 2013/14.	Operational	Cabinet Member for Corporate Management
Cabinet	18 February 2014	Environment	The Council's Household Waste Collection Policy To seek Cabinet approval for the revised waste collection policy	Strategic	Cabinet Member for Waste Strategy, Public Protection and Leisure
Flintshire County Council	18 February 2014	Legal and Democratic Services	Community Review Update To update the County Council on the Community Review Progress.		

COMMITTEE		MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Flintshire Council	County	18 February 2014	Finance	Treasury Management Policy and Strategy Statement To present to Council the recommendations of the Cabinet in relation to the Treasury Management Policy Statement for 2014/15.		
Flintshire Council	County	18 February 2014	Finance	Prudential Indicators 2014/15 - 2016/17 To present to Council the recommendations of the Cabinet in relation to the setting of a range of prudential indicators.		
Flintshire Council	County	18 February 2014	Finance	Minimum Revenue Provision 2014/15 To present to Council the recommendations of the Cabinet in relation to the setting of a prudent minimum revenue provision for the repayment of debt.		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Environment Overview & Scrutiny Committee	26 February 2014	Overview and Scrutiny	Environment Forward Work Programme To consider the Forward Work Programme of the Environment Overview & Scrutiny Committee		
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Corporate Resources Overview & Scrutiny Committee	13 March 2014	Overview and Scrutiny	Revenue Budget Monitoring 2013/14 (Month 9) and Capital Programme 2013/14 (Quarter 3) To provide Members with the Revenue Budget Monitoring 2013/14 (Month 9) and Capital Programme 2013/14 (Quarter 3) report.		
Corporate Resources Overview & Scrutiny Committee	13 March 2014	Chief Executive's	Annual Improvement Report from Wales Audit Office Receive Annual Improvement Report from the Auditor General for Wales and note the Council's response		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	13 March 2014	Overview and Scrutiny	Corporate Resources Forward Work Programme To consider the Forward Work Programme of the Corporate Resources Overview & Scrutiny Committee		
Cabinet	18 March 2014	Finance	Revenue Budget Monitoring 2013/14 (Month 9) To provide Members with the most up to date revenue budget monitoring information (Month 9) for the Council Fund and the Housing Revenue Account 2013/14.	Operational	Leader of the Council and Cabinet Member for Finance
Cabinet	18 March 2014	ICT and Customer Services	ICT Strategy Update To provide an update on progress with the implementation of the Corporate Information and Communications Technology [ICT] Strategy.	Strategic	Cllr Billy Mullin

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Environment Overview & Scrutiny Committee	19 March 2014	Overview and Scrutiny	Environment Forward Work Programme To consider the Forward Work Programme of the Environment Overview & Scrutiny Committee		
Audit Committee	26 March 2014	Chief Executive's	Annual Improvement Report from Wales Audit Office Receive Annual Improvement Report from the Auditor General for Wales and note the Council's response	Strategic	
Audit Committee	26 March 2014	Finance	Treasury Management Update 2013/14 To provide an update on the 2013/14 Treasury Management activity.		Leader of the Council and Cabinet Member for Finance
April					
Flintshire County Council	8 April 2014	Finance	Clwyd Pension Fund Update To update Members on issues relating to the Clwyd Pension Fund.		

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	10 April 2014	Finance	Revenue Budget Monitoring 2013/14 (Month 10) To provide Members with the Revenue Budget Monitoring 2013/14 (Month 10) report.		
Cabinet	15 April 2014	Chief Executive's	Local Service Board and Strategic Partnerships end of year report Local Service Board and Strategic Partnerships end of year report	Operational	Cabinet Member for Corporate Management
Cabinet	15 April 2014	Finance	Revenue Budget Monitoring 2013/14 (Month 10) To provide Members with the most up to date revenue budget monitoring information (Month 10) for the Council Fund and the Housing Revenue Account 2013/14.	Operational	

COMMITTEE	MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	15 April 2014	Chief Executive's	<p>Clwyd Theatr Cymru Business Plan</p> <p>Members are requested to endorse the Business Plan as recommended by the Theatre Board of Governors.</p> <p>A full copy of the Business Plan is available in the Members Library and each of the group rooms.</p>	Operational	Cabinet Member for Corporate Management
May					
Cabinet	13 May 2014	Finance	<p>Revenue Budget Monitoring 2013/14 (Month 11)</p> <p>To provide Members with the most up to date revenue budget monitoring information (Month 11) for the Council Fund and the Housing Revenue Account 2013/14.</p>	Operational	Leader of the Council and Cabinet Member for Finance

COMMITTEE		MEETING DATE	DIRECTORATE	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Flintshire Council	County	20 May 2014	Legal and Democratic Services	<p>Constitutional Matters: Committees and Outside Bodies</p> <p>To deal with those matters which require decisions at the Annual Meeting of the County Council in accordance with Council Procedure Rule 1.1(vii)-(xiv). Those matters are set out in separate paragraphs.</p>		
Flintshire Council	County	20 May 2014	Legal and Democratic Services	<p>Schedule of Member Remuneration</p> <p>The purpose of the report is to approve the Council's Schedule of Member Remuneration for 2014/2015.</p>		

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By virtue of paragraph(s) 12 of Part 1 of Schedule 12A of the Local Government Act 1972.

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