

Public Document Pack

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Head of Legal and Democratic Services
Pennaeth Gwasanaethau Cyfreithiol a Democraataidd



To: Cllr Carol Ellis (Chair)

CS/NG

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

3 January 2014

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Dear Sir / Madam

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **DELYN COMMITTEE ROOM, COUNTY HALL, MOLD CH7 6NA** on **THURSDAY, 9TH JANUARY, 2014** at **10.15 AM** to consider the following items.

****Members will note the start time of the meeting is 15 minutes later than normal. This is for a short informal meeting at 10am to receive a briefing on declarations of interest from the Monitoring Officer/Deputy Monitoring Officer.****

Yours faithfully

Democracy & Governance Manager

AGENDA

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

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Mae'r Cyngor yn croesawau gohebiaeth yn y Cymraeg neu'r Saesneg

3 **MINUTES** (Pages 1 - 8)

To confirm as a correct record the minutes of the meeting held on 25th November 2013.

4 **COLLABORATIVE PROJECTS UPDATE** (Pages 9 - 38)

Report of Director of Community Services enclosed.

5 **INTEGRATED FAMILY SUPPORT SERVICE** (Pages 39 - 46)

Report of Director of Community Services enclosed.

6 **HOME ENHANCED CARE SCHEME** (Pages 47 - 54)

Report of Director of Community Services enclosed.

7 **FORWARD WORK PROGRAMME** (Pages 55 - 60)

Report of Environment and Social Care Overview & Scrutiny Facilitator enclosed.

Agenda Item 3

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **25 NOVEMBER 2013**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold CH7 6NA on Monday, 25 November 2013

PRESENT: **Councillor Carol Ellis (Chair)**

Councillors: Marion Bateman, Peter Curtis, Andy Dunbobbin, Veronica Gay, Cindy Hinds, Hilary Isherwood, Brian Lloyd, Mike Lowe, Hilary McGill, Dave Mackie, Ian Smith and David Wisinger

APOLOGY:

Councillors: Stella Jones

CONTRIBUTORS:

Cabinet Member for Social Services, Director of Community Services, Head of Adults Services, Mental Health and Substance Misuse Service Manager, and Commissioning and Contract Monitoring Manager

IN ATTENDANCE:

Environment and Social Care Overview & Scrutiny Facilitator and Committee Officer

33. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

There were no declarations of interest.

34. MINUTES

The minutes of the meeting held on 24 October 2013 had been circulated with the agenda.

Matters arising

Carers Services in Flintshire

Page 3: Councillor Hilary McGill referred to the request for information on the 'buddy' scheme and the Social Care Overview & Scrutiny Facilitator agreed to contact the relevant officers to see what progress had been made.

Page 4: The Facilitator confirmed that a response had been received from the Welsh Government regarding the Social Services and Well-being (Wales) Bill and a copy had been circulated to Members.

RESOLVED:

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

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

The Director of Community Services introduced the report which provided an overview of CSSIW's evaluation of social care in Flintshire. He advised that the report gave a positive view of social services in Flintshire and recognised the progress made by the Authority in the provision of Adult Services and Children's Services.

The Director delivered a presentation on the key areas of progress for the year 2012/13 in Flintshire's Social Services and areas for future improvement. The main points of the presentation were:

Adults Services

- As a result of the Authority's emphasis on prevention, fewer people are supported in residential care and more are able to lead independent lives
- The reablement service had been successful in helping people regain independence with the majority of users not requiring ongoing services
- Adult safeguarding should be strengthened and the Authority had taken action to improve management of risk
- There are ongoing issues in improving community health services with the Authority reporting that the complex decision making processes with Betsi Cadwaladr University Health Board (BCUHB) had not always learnt 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

The Chairman invited Members to raise questions.

Councillor Hilary McGuill referred to the risk identified within the report regarding locally focused strategic planning with Betsi Cadwaladr University Health Board (BCUHB). She referred to the ongoing situation concerning Buckley Medical Health Centre and asked the Director of Community Services what work was being undertaken to focus strategic planning with BCUHB.

The Director of Community Services acknowledged the points raised by Councillor McGuill. He commented that more positive things had happened over the last six months and referred to the work of the Strategic Partnership Group which had met on three occasions in the last six months with the next meeting scheduled for January 2014. He commented that there had been small improvements but there was still a lot more to be done.

Councillor Dave Mackie congratulated the Cabinet Member for Social Services, the Director, and his team, on the positive outcome of the CSSIW annual review and evaluation of performance for 2012/13. Councillor Marion Bateman also expressed her thanks to Officers. The Cabinet Member for Social Services referred to the positive outcomes and the many strengths and areas where sound progress had been delivered in the face of diminished resources.

The Chair advised that an update on the Home Enhanced Care Services had been requested for the meeting of the Committee scheduled in January 2014.

Members thanked the Director for the presentation and welcomed the positive report.

RESOLVED:

- (a) That the CSSIW's evaluation of performance be noted; and
- (b) That an Action Plan progress monitoring report be submitted to the Committee in six months time to ensure recommendations are implemented.

36. MENTAL HEALTH COMMISSIONING PLAN – SERVICE UPDATE

The Head of Adult Services introduced a report to outline the plan for the provision of training, education and work opportunities within the context of supporting recovery for service users with a mental health. He advised that the strategy also aimed to address a gap in the area of accommodation support. The focus of the commissioning strategy excluded dementia or dementia related illnesses.

The Head of Adult Services provided background information and referred to the key considerations as detailed in the report. He advised that in formulating the strategy the key message was that the Mental Health Commissioning Strategy should continue to provide an approach that was community based and

would further develop people's rights to respect and have independent and fulfilled lives.

The Chairman thanked the Head of Adult Services for presenting the report and invited Members to raise questions.

In response to a question from Councillor Hilary McGuill regarding the need for an holistic approach to families where a member had mental health issues, the Mental Health and Substance Misuse Service Manager advised that all work with individuals involved working with family members and the service worked closely with Children's Services and linked in with the integrated family support services.

Councillor Hilary Isherwood expressed concerns around mental illness which she felt was on the increase. She raised a number of concerns around substance misuse, funding, and access to transport services in rural areas to enable people with mental health issues to gain the help they require.

The Head of Adult Services advised that the Authority aimed to deliver a good level of service including early intervention strategies and referred to the work of the Drug and Alcohol Team.

In response to a question from the Chair the Cabinet Member for Social Services advised that waiting times for tier 1 and 2 mental health services met the standards set by the Welsh Government.

Councillor Veronica Gay raised a query regarding cross border services. The Director advised that he and the Head of Adult Services would be meeting with the Director of Adult Services in Chester in January 2014 and would be willing to raise any issues with him on behalf of members.

Councillor Hilary McGuill asked for details regarding the number on a waiting list for detox beds. The Mental Health and Substance Misuse Service Manager agreed to provide the requested information.

The Chair referred to paragraph 2.1.4 of the report and challenged the information provided which suggested there would be a decrease of 45 children with a mental health problem in 2020 compared to 2011.

RESOLVED:

That the report be noted.

37. DEMENTIA COMMISSIONING PLAN

The Head of Adult Services introduced a report on the Dementia Commissioning Strategy which outlined the Authority's vision for long term care services for people living with dementia in Flintshire over the next five years. He advised that the focus of the document was primarily residential care services, but it recognised that much work was needed to improve the quality of life for people living with dementia in all settings. The strategy document described the

overall direction of travel for these services and would be subject to review on an ongoing basis.

The Head of Adult Services provided background information and gave an overview of the main considerations which were detailed in the report concerning demography, carers, and key issues.

Councillor Marion Bateman commented on the number of dementia patients which were placed in local community hospitals. She referred to the need for appropriate training in dementia care and the additional pressures placed on nursing staff. In his response the Head of Adult Services referred to the importance in the strategy of providing good support to allow people to return to their own homes and if this was not possible to nursing care.

The Commissioning and Contract Monitoring Manager advised that a big part of the strategy included diversifying more beds for the EMI nursing sector.

The Director also acknowledged the pressures regarding care provision locally and nationally.

Councillor Hilary Isherwood referred to the early onset of dementia and commented on the differing needs of this user group.

The Commissioning and Contract Monitoring Manager advised that a resource centre was available for younger people with dementia and that direct payments were also available which gave service users more flexibility and independence. She commented that the Authority did not have any residential facilities for this group generally because people would rather be supported in their own homes and the Authority had looked at a more flexible way of providing respite. She added that the best form of dementia care is tailored to meet individual needs and circumstances. She also advised that the authority are working hard to upskill the workforce in dementia care. She acknowledged the pressures faced by carers who care for people with dementia.

Councillor Cindy Hinds referred to the sale of two community hospitals and asked what had happened to the funding which was to be protected for Health. The Head of Adult Services agreed to make enquiries and report back to the Committee.

Councillor Peter Curtis referred to the closure of Prestatyn and Flint community hospitals and expressed concern that facilities and resources are not sufficient to care for the numbers requiring hospital care resulting in bed blocking.

Councillor Hilary McGuill asked regarding plans for further extra care developments in Flintshire over the next 6 years. The Director of Community Services referred to the housing strategy and said that 2 further extra care units were planned within that timescale for North West Flintshire. He advised that further discussions needed to be held to determine a long term strategy for the Authority.

Councillor Hilary McGuill expressed her concern at the lengthy processes involved in moving forward with such developments and that as no sites had yet

been identified for future projects she was concerned that they would not be ready and referred to the projected increases in demand.

The Director of Community Services acknowledged the long term nature of such developments and advised that further discussions would be taking with prospective partners over the coming months with a view to progressing future extra care provision in Flintshire.

Councillor Dave Mackie referred to the need for training to be provided for carers to help them cope with the challenges of caring for someone with dementia.

The Chair referred to the concerns raised during the discussions and the importance of effective partnership working with BCUHB to ensure sustainable services for the Citizens of Flintshire.

RESOLVED:

(a) That the report be noted.

38. IMPROVEMENT PLAN MONITORING REPORT

The Environment and Social Care Overview and Scrutiny Facilitator introduced the 2013/14 Mid Year Improvement Plan Monitoring Report relevant to the Committee for the period April to September 2013. She advised that the Improvement Plan Monitoring Report explained the progress being made towards delivery of the impacts set out in the Improvement Plan. The Facilitator invited the Director of Community Services to report on the Improvement Plan sub-priority reports on Independent Living and Integrated Community Social and Health Services, which were appended to the report.

Commenting on the improvements achieved around delivering Disabled Facilities Grants Councillor Cindy Hinds expressed praise for the services provided by the Care and Repair Service.

Councillor Hilary McGuill referred to the need for effective joint working with BCUHB and expressed concerns regarding action planning/strategic direction.

Discussion took place around Mental Health & Dementia commissioning strategies which demonstrated high dependency on partnership working with BCUHB and Members were concerned regarding the risks to future provision of services for the residents of Flintshire and the impact on budgets.

The Chair again highlighted the need for partnership working with BCUHB and suggested that the issues be drawn to the attention of the Corporate Resources Overview & Scrutiny Committee.

Commenting on the new format of the performance reports Councillor Hilary McGuill asked that more detail be provided in future reports on how services progress from red to green.

RESOLVED:

That the issues outlined above be referred to the Corporate Resources Overview and Scrutiny Committee to look at joint working with BCUHB.

39. MID YEAR SERVICE PERFORMANCE REPORT

The Director of Community Services introduced the 2013/14 Mid Year Service Performance report produced at Head of Service/Divisional level under the adopted business model of the Council which covered the period April to September 2013. He advised that detailed Mid Year Service Performance Reports were appended to the report for Adult Social Services, and Children's Social Services.

Members requested that information on sickness absence for Adult Social Services be provided. The Director of Community Services agreed to circulate to the Committee the report on absence management that was submitted to the meeting of Cabinet held on 19 November 2013.

RESOLVED:

That the Director of Community Services circulates to the Committee the report on absence management which was submitted to the meeting of Cabinet held on 19 November 2013.

40. FORWARD WORK PROGRAMME

The Environment and Social Care Overview & Scrutiny Facilitator introduced the report to consider the Forward Work Programme of the Committee. She advised that the following items were scheduled for consideration at the next meeting of the Committee to be held on 9 January 2014:

- Collaborative Projects update
- Integrated Family Support Service
- Enhanced Care Scheme

During discussion it was suggested and agreed that an item on Rota Visits be included as an agenda item for a future meeting of the Committee.

The Facilitator advised that following agreement with the Overview & Scrutiny Chairs, officers had agreed to run all Member workshops in December to consider the 2014/15 budget.

RESOLVED:

- (a) That the report be noted;
- (b) That an item on Rota Visits be included as an agenda item for a future meeting of the Committee.

41. **MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE**

There was one member of the press in attendance.

(The meeting started at 10.00 am and ended at 12.11 pm)

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Chairman

FLINTSHIRE COUNTY COUNCIL

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

DATE: **9 JANUARY 2014**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **COLLABORATIVE PROJECTS UPDATE**

1.00 PURPOSE OF REPORT

- 1.01 To receive a progress report on projects and services running collaboratively across North Wales including the development of a Statement of Intent on Integrated Care for Older People with Complex Needs.

2.00 BACKGROUND

Established collaborations

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

Service	Focus
North Wales Commissioning Hub	The Hub has been fully operational for a year. Highlights include the delivery of savings of over £1m across North Wales including Health, sourcing placements, the development of a regional contract monitoring framework to improve quality assurance and a range of work emerging on commissioning new services.
Telecare /Telehealth and Assistive Technology	A 24-hour bilingual call and response service to support people using assistive technology in their own homes. Flintshire are now leading on this collaboration and will be looking at opportunities to expand the use of telecare and telehealth in 2014.
Supporting People – North Wales Supporting People Regional Collaborative Committee (RCC)	RCC have developed a Regional Commissioning Plan with shared approaches to improve consistency and assessing the quality of services and associated outcomes

North Wales Carers Strategy	The Project Board oversees the implementation of the Carers Measure and the allocation of regional Welsh Government funding. The project is led by Health.
Emergency Duty Team	A long established sub regional emergency response service between Flintshire, Wrexham and Denbighshire.
Regional Families Board	The Board works to bring synergy and co-ordination between initiatives to provide targeted preventative and early intervention services for vulnerable families.
Social Care in Partnership	SCiP promotes a collaborative approach to business development, education and training within the Social Care Sector
Area Partnership Board – Substance Misuse	Multi agency partnership led by Health to develop services for people who misuse drugs, alcohol or other substances.
North Wales Adoption Service	The Service is now in its fourth year of operation. The Region will be building on the existing service as part of the Welsh Government development of a National Adoption Service.
Mental Health Measure/Partnership	A multiagency collaboration responding to 'Together for Mental Health'. There is recognition that local authority representation on the Board needs to be strengthened with more effective links to local planning groups. Positively we now have a Flintshire Mental Health Champion.
Sustainable Social Services	There is a regional approach to responding to the key themes outlined in the Welsh Government Strategic Plan: Sustainable Social Services. The associated themes are Workforce, Safeguarding, Commissioning, Integrated services and Improvement.
Single Point Of Access	Transforming access to community based Health & Social Care Services through the development of a Community Single Point of Access in each local authority area. A Flintshire project manager has been appointed to take forward this initiative locally with FLVC taking the regional lead for the 3 rd sector.

New developments

- 2.02 The Region was recently successful in securing additional Welsh Government funding to develop the following collaborations:

Service	Focus
Commissioning New Services	To explore and develop approaches to commissioning new service models e.g. well-being services and integrated services and opportunities to evaluate and drive up service quality e.g. the development of the outcomes star as a performance measurement mechanism
Dementia	The project will develop the range and quality of dementia services by supporting current and new service models and up-skilling the workforce in person centred dementia care.
Safeguarding Systems and Workforce	There are 2 work streams for this project. One relates to the regional safeguarding agenda for both adults and children and the other will progress an options appraisal for a regional workforce service.

3.00 CONSIDERATIONS

Governance and performance

- 3.01 There are clear governance arrangements and management structures in place for the regional collaborations. At a senior level the regional agenda is managed through the North Wales Social Services Improvement Collaborative (NWSSIC). NWSSIC is made up of the 6 Directors of Social Services in North Wales plus representatives of the Heads of Children's, Adults and Business Services. NWSSIC reports to the Regional Partnership Board formed by lead Members of each authority chaired by the Chief Executive of Wrexham.
- 3.02 As a member of NWSSIC Flintshire, along with regional partners, is able to direct the development and focus of the collaborative projects/services and assess their effectiveness. Overall the projects/services are running well. There is good evidence of services developing greater resilience at a strategic and operational level through harnessing effort, skills and knowledge. Many initiatives have lead to cost avoidance with a modest number delivering cashable savings.
- 3.03 As with all services there are associated challenges and risks which are managed through a NWSSIC Programme Board and developing and sustaining regional approaches can take significant Officer time. Positively, there are no specific performance issues that need be

escalated to Cabinet arising from the regional collaborations and our assessment is that the investment in these services is worth sustaining.

- 3.04 Locally we have established a Strategic Partnership Board with Betsi Cadwaladr University Health Board (BCU). The Board is chaired by the Leader of the Council and membership includes the Chief Executive and the Cabinet Member for Social Services. The Board has proven to be a useful vehicle in cementing a joint commitment to improving and progressing partnership working between health and social care in Flintshire. The implementation of Enhanced Care Service and recent co-location of social care staff at Holywell hospital provide real examples of this progression in joint working at a local level. We hope to build on this in 2014 through the principles contained within the Statement of Intent.
- 3.05 All currently established collaborations comply with the Council's Protocol on Collaboration.

Statement of Intent

- 3.06 The Statement of Intent provides a single regional statement on Integrated Care for Older People with Complex Needs between the North Wales Local Authorities and BCU.
- 3.07 Feedback received from Council Members, Health Board Directors, Older People and from Welsh Government will all contribute to a final Statement to be accompanied by an Action Plan to be produced by 31/3/14.
- 3.08 The Statement is predicated on the understanding that health, social care, third sector and independent services should be designed and delivered to promote and maximise well-being, enabling people to live independently in their community for as long as possible. This means services being provided in a person's own home or within community settings to avoid the need for ongoing, acute or institutional care.
- 3.09 The Statement is designed to be responsive to local need and historical service developments whilst developing an ambitious agenda to develop new innovative services. The Statement recognises that integrated care is not about structures, organisations or pathways per se, nor about the way services are commissioned and funded. Its primary purpose is to ensure that citizens have a better experience of care and support, experience less inequality and achieve better outcomes. However, within the current financial climate, it is also essential to recognise the imperative for any change to be at least cost neutral in the long term and that systems are designed to maximise efficiencies.

Appendix 1 provides the most recent iteration of the Statement of

Intent. The Statement is designed to reflect both regional and local perspectives with a view to agreement by the end of January 2014 for submission to Welsh Government.

- 3.10 The Framework document requires the Statement of Intent to be focused on Older People with Complex Needs. The approach noted will be considered for all other service user groups in the future.
- 3.11 In considering the range of issues for Older People with complex needs, the statement addresses both physical and mental health needs which is reflected in the reference to Adult Mental Health Services.
- 3.12 Partners recognise that in order for the vision to succeed, there will need to be a shift of resources from acute / critical services to primary / community services and that this poses considerable challenge at the current time.

4.00 RECOMMENDATIONS

- 4.01 Scrutiny are asked to:
 - i) note the continued success in managing and developing regional project/service collaboration
 - ii) support the content of the Statement on Intent

5.00 FINANCIAL IMPLICATIONS

- 5.01 A number of the collaborative projects noted have supported Flintshire County Council to manage the overall cost of running services. Specifically the North Wales Commissioning Hub has supported regional and local savings allowing the authority to continue to respond to demand for specialist placements.

Progress and increases in the use of telecare and telehealth equipment regionally contributes to the authority's goal of assisting people to remain in their own homes. As a result the number of people requiring residential placements within Flintshire and associated costs remain at comparably low levels.

- 5.02 The three new projects noted under section 2.02 of this report are supported through the Welsh Governments Regional Collaboration Fund. These projects will be subject to ongoing evaluation.

The projects are expected to support improved outcomes for residents across the region, as well as contributing to the management of current and future costs of service delivery across partners.

6.00 ANTI POVERTY IMPACT

6.01 NA

7.00 ENVIRONMENTAL IMPACT

7.01 NA

8.00 EQUALITIES IMPACT

8.01 NA

9.00 PERSONNEL IMPLICATIONS

9.01 NA

10.00 CONSULTATION REQUIRED

10.01 The development of the Statement of Intent has involved all 6 North Wales local authorities and BCU

11.00 CONSULTATION UNDERTAKEN

11.01 As 10 above

12.00 APPENDICES

12.01 Appendix 1 – Statement of Intent

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

None

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North Wales Statement of Intent—

1 Introduction

The following paper constitutes the Statement of Intent on Integrated Care for Older People with Complex Needs between the North Wales Local Authorities and Betsi Cadwaladr University Health Board.

It has been developed jointly by colleagues from the North Wales Authorities and Betsi Cadwaladr University Health Board, to provide a single regional statement.

Across North Wales, there is a strong recognition of the need to work within a regional footprint—both to accommodate the LHB structure and to maximise efficiencies; whilst also being responsive to local need and historical service developments. This results in service planning and delivery needing to operate on a regional, sub-regional and county level.

Currently the LHB's clinical management structure is under review whilst Local Authorities are awaiting the outcome of the Williams Review—this inevitably leads to a level of organisational uncertainty. However, the paper has been written to reflect the strategic intent of Partners, with the Vision, Aims and Objectives for Integration across North Wales being ones which will be actioned regardless of future organisational structures.

The need to take a more robust and immediate approach to the Integration of Services for Older People, has been clearly disseminated by the Minister and Deputy Minister for Health and Social Services. This message is one that partner agencies across North Wales welcomes and indeed there are many examples of strong partnership working which demonstrate the commitment to this approach. We intend to build on this in order to develop an ambitious agenda which pushes existing boundaries and develops new, innovative services and systems.

'Integrated working' can have a variety of interpretations and for the purposes of this report, we are using the following (organisational) definition:

A single system of needs assessment, commissioning, and/or service provision that aims to promote alignment and collaboration between the care and the cure sectors (Ham, 2008).

This definition, should also be considered against the Narrative to explain integrated care and support to the citizen, developed by Welsh Government:

“My care is planned by me with people working together to understand me, my family and carer(s), giving me control, and bringing together services to achieve the outcomes important to me”.

We understand that Integrated Care is not about structures, organisations or pathways per se, nor about the way services are commissioned and funded. Its primary purpose is to ensure that citizens have a better experience of care and support, experience less inequality and achieve better outcomes.

However within the current financial climate, it is also essential to recognise, the imperative for any change to be at least cost neutral in the long term.

When considering any move to Integration, we need to ask the following:

- Will it improve quality of life?
- Will it improve the quality of care?
- Will it improve the citizen’s experience?
- Will it maximise cost efficiencies?

The paper is also predicated on the understanding that for Older People, health, social care, third sector and independent services should be designed and delivered to promote and maximise well-being; enabling the person to live independently in their community for as long as possible with services being provided in the person’s own home or within community settings to avoid the need for ongoing, acute or institutional care.

These core features are the underpinning foundation for recent joint policy—Setting the Direction, Sustainable Social Services, Delivering Local Health Care and A Framework for Delivering Integrated Health and Social Care . They are also fundamental to the new Older People’s Assessment Framework and the Social Services and Wellbeing (Wales) Bill.

Through integrated working Partners would expect to utilise their combined skills, knowledge, experience and resources to deliver better outcomes for Older People.

Specifically they would expect to:-

- Promote citizen ownership and control over their personal well-being and care needs, creating an independent rather than a dependent care culture.
- Support older people to live independently and be connected to their home and community, with the aim of reducing the possibility of loneliness and isolation.

- Provide proactive as well as reactive care, considering ways in which the individuals needs can be met through a variety of supports within the community and irrespective of their eligibility criteria.
- Streamline services and care to meet the individual needs of the older person better.
- Reduce duplication and increase awareness of services delivered across all sectors to older people.
- Reduce the inappropriate use of longer term and more intensive or acute care.
- Drive down the cost of caring for older people.

2 Conceptual Framework

In order to plan for and describe the development of Integrated Services, this Statement of Intent has utilised a Partnership Continuum ⁽ⁱ⁾(see Appendix 1) which can be applied at Strategic, Managerial and Service Delivery levels; with implementation possible on a regional, sub-regional, county wide and locality basis.

Integrated working will develop at a different pace and for different services across North Wales. We will ensure that learning is shared through partnership structures. This may be through a shared website with a resource library and common templates for key documents and / or regular learning events.

Learning from “Collaboration in Social Services Wales” ⁽ⁱⁱ⁾, from key documents such as “Making integrated care happen at scale and pace”^(iv) and experiences nationally have highlighted the issues which help and hinder Integration and will bring pragmatism to our debate.

3 Model for the Integration of Health and Social Care Services for Older People / Target Operating Model

Currently within North Wales, there is no one coherent model for Integration which encapsulates all public health, primary, community, acute, social care and third sector services, and which is endorsed by all stakeholders—not least its citizens.

However the following components of a service model are ones we recognise which can meet the 4 key themes identified by older people when asked about the service difficulties they experienced i.e. co-ordination of care, continuity of care, straightforward and consistent referral and communication systems and access to services^(v):-

- Integrated Structures within a Governance Framework

- Operational/Service Integration
- Prevention and early intervention
- Intermediate Care/Short Term Intervention
- Longer Term Community Support
- Sub Acute/In-patient Care
- Planned workforce
- Streamlined back office functions

The development of a North Wales Integrated service model for Older People is a clear priority for Partners and one which we will work to achieve over the next 12 months. In this undertaking, we recognise that there may be variations between the 6 Local Authority Areas as to which of the components listed above will be adopted, at what stage in the Partnership Continuum and whether at strategic/managerial or service delivery level.

4 Current Arrangements and Future Intent

The following sections provide a baseline of current “integration” together with the intent and aspiration for the future in North Wales.

4.1 Leadership to drive the Vision

Current arrangements

i)The **North Wales Regional Leadership Board** is comprised of:-

- The Leaders and Chief Executives of the six North Wales Local Authorities
- The Chair and Chief Executive of the Betsi Cadwaladr University Health Board
- The Chair and Chief Officer of the North Wales Fire and Rescue Service
- The Police and Crime Commissioner for North Wales
- The Chief Constable of North Wales Police

A key objective for the North Wales Regional Leadership Board is the promotion of joint working between local authorities and between local authorities and other public services like police, health and fire and rescue services. To this end it manages a portfolio of collaborative projects.

ii) Partnership working within North Wales is further supported by the **Social Services and Health Programme Board**. This Board is chaired by a sponsoring Chief Executive and its membership consists of Directors of Social Services; Lead or Executive member for Social Care; Betsi Cadwaladr University Health Board officers and WLGA, WG, SSIA representatives.

iii) Social Services Directors also meet formally with BCUHB Executive Directors on a quarterly basis at the **NWSSIBCUHB Quarterly Strategic Forum**.

iv) Each **LSB**, within its Single Integrated Plan has a commitment to improve collaborative working.

v) Local Authorities have key links with four of the BCUHB **Clinical Programme Groups (CPGs)** - Primary, Community and Specialist Medicine, Children and Young People, Therapies and Clinical Support, and Mental Health and Learning Disabilities. A senior Social Services Manager is included as a member on each of the four CPGs and invited to attend monthly meetings.

vi) Locality working is the foundation for Integrated services in North Wales. Within the joint working arrangements in North Wales key partners come together at the (regional) **Community Services Partnership Forum**. This Forum includes representatives from BCUHB (in relation to public health, primary care, community health services and mental health), independent contractor professions, social services (from each of the six Local Authorities) and the Third Sector. The Forum was originally established to drive forward the development and implementation of locality working and other key elements with *Setting the Direction*.

Discussion is now underway to ascertain whether the Forum can take a broader strategic role to become a regional Delivery Group which has the responsibility of driving forward all the required actions outlined in both "A Framework for Delivering Integrated Health and Social Care" and "Delivering Local Health Care". Through this Forum, the needs of the older population of North Wales for co-ordinated and consistent service delivery will be planned, using locality/ county/ regional and national data.

Future intent

i)The need for strong county governance structures which promote and support joint leadership at strategic, managerial and service delivery levels has been recognised , with a local Framework structure (attached as Appendix 2) showing the links between localities, county and the whole region of North Wales. This has been adapted to meet the needs of each County. The Forum at County level is intended to support integrated working by unlocking barriers and unnecessary bureaucracy.

ii)The Chair of Betsi Cadwaladr University Health Board has recently instigated a Partnership Review, the findings of which will help to inform strategic plans for Integration.

4.2 Commissioning

Current arrangements

- i) The BCUHB Director of Public Health Annual report 2012, provides information on and further links to population needs assessment and priorities relating to the health and well-being of older people across North Wales. Additionally there are Older Peoples Indicators (2012) which have been developed by Public Health Wales.

- ii) As an initial move towards a single commissioning plan, a regional working group comprising social care and health managers, has been established to scope existing provision and identify the continuum of community based services which come under the broad umbrella of “Intermediate Care Services”.

- iii) The North Wales Commissioning Hub for high cost, low volume placements is a positive example of regional joint commissioning activity and one which can be built on to develop joint procurement of residential placements, oversee a regional contract and ensure a consistent approach to fee setting.

Future Intent

Commissioning is a broad concept and there are many definitions. It can be described as the means to secure the best value for local citizens and taxpayers. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which deliver the best possible health and wellbeing outcomes and provide the best possible health and social care provision within the best use of available resources.

- i) For Older People’s services such benefits can be realised by planning and commissioning services jointly across social care and health in partnership with the third and independent sector. These will be developed at a locality, county and regional level.

- ii) An initial element of this activity will be the development of market position statements.

- iii) Risk stratification will also be incorporated as this enables appropriate services to be targeted in order that pro-active, personalised care planning can be achieved. Users who require case management due to the complexity and unpredictability of their condition could then expect to receive care via co-ordinated care pathways that will ensure a smooth transition between services.

iv) A key issue will be to take a joint approach to ensure that providers of health and social care services operate in an enabling culture, support independence and avoid unnecessary escalation e.g. hospital admission.

v) The need to develop a strong model for joint commissioning has been agreed by Partners as a priority for action and a bid for additional support in this endeavour is currently being developed.

4.3 Resource Management/Pooled Budgets

Current arrangements

i) In respect of Formal S33 Agreements, all Counties have a Pooled Budget for the Community Equipment Service.

ii) **Conwy** has

- two jointly funded Extra Care Housing Short Term Flats to facilitate early discharge and reablement where people cannot return home.

iii) **Denbighshire** has

- a pooled budget agreed for health and social care workers.

iv) **Wrexham** has

- health and social care currently joint funding a number of initiatives including telecare, intermediate care, falls prevention programme and third sector contracts delivering low level preventative services for example.

Future intent

i) All organisations are required to make significant efficiencies over the next few years and this could be a barrier to the further development of formal pooled budgets. However, it could also be argued that pooling budgets could lead to efficiencies. As with any aspect of integration, the rationale for taking such action requires the citizen and organisational benefits to be explored. This is an identified objective in respect of the Intermediate Care services working group referenced above.

However, it is clear that we need to have an improved understanding of the resources available within the County, preferably by locality, so as an initial step Partners will work together to map out the current budget, estate and staffing currently allocated to services for Older People.

4.4 Managerial/Service Integration

4.4.1 Workforce

There is an ambition across North Wales to move to a more integrated workforce structure for Older People. The predictions for future demand will be based on demographic change and the shift of services from ongoing, acute or institutional care to the community, whilst also taking into account additional demand arising from the need to address well-being, social inclusion, public health and the expected rise in the management of chronic conditions.

Current arrangements

i) All organisations provide development opportunities that support staff from both health and local authorities as well as utilising Social Care Workforce Development grants to support developments in the third and independent sector.

ii) **Conwy** has

- single management of Adult Mental Health Services.
- co-location of health and social care staff for older people in Canolfan Crwst, Plas Menai and Abergele Surgery with Llys Dyfrig in Llandudno opening in March 2014..
- integrated care & treatment planning in respect of Mental Health Measures.

ii) **Denbighshire** has

- a single line management arrangement for Adult Mental Health Services and a small team for Older People's Services.

iii) **Flintshire** has

- a single line management arrangement for Adult Mental Health Services.
- 3 Locality teams for Older People's Services that are coterminous with health locality boundaries. One is co-located with health colleagues in a local community hospital. These have been established including Social Workers and Occupational Therapies with the aspiration of co-locating the remaining 2 teams in 2014.

iv) **Gwynedd** has

- social care staff working in Meirionnydd co located with health colleagues . Currently staff work from 6 "touchdowns", 5 of which are based in Health Centres or Community Hospitals.

v) **Wrexham** has

- strong partnership working in relation to intermediate care services with health employed generic workers based with the older people's social work team and managed by the social work team manager.
- an integrated multi-disciplinary team approach being piloted at the Maelor Hospital as part of the frailty project to reduce avoidable admissions and facilitate timely discharge.

Future intent

i) We will determine the workforce required to meet the agreed Integrated Service Model for Older People to ensure that we have sufficient staff with the right skills in

the right place. It is axiomatic that this is a particular challenge for the rural areas of the County.

ii) We will explore opportunities for the joint location of teams—noting the need for pragmatism in the shared cost implications of such provision.

iii) Shared arrangements have been identified as key in leading change and cutting across the fragmented services and silo working that characterise dysfunctional systems. We need to develop well co-ordinated, integrated pathways to ensure that citizens do not experience disconnect. We intend to commence discussion to explore the options of establishing joint Locality Managers who would have operational and developmental responsibility for the management of a complex range of specialist, multi-agency services in a cost effective and responsive way, integrating established practices and multi-disciplinary staff across care pathways.

iv) A recent Partnership Assessment exercise undertaken by the Locality Teams in each County, has provided an analysis of current working arrangements and identified areas for improvement. This assessment will provide a baseline for the future.

4.4.2 Back Office functions

The need to ensure that Integration is based on a whole systems/organisational approach is highlighted in “Collaboration in Social Services in Wales”⁽ⁱⁱ⁾. This document evidences the risks to developing integrated services when all key departments eg finance, human resources, information, are not engaged in the journey from the outset. They need to be involved in agreeing the level to be achieved on the Partnership Continuum.

For the Health Board, support functions such as ‘payroll, procurement and transactional aspects of HR’ are provided by the all Wales Shared Services Partnership.

Effective integrated working should be supported by policies and procedures that are at best joint and at least aligned and we will explore this in the context of the all Wales Partnership. There is also a need for shared training programmes, “joint” data management and information systems that “talk” to each other.

Current arrangements

i) BCUHB and the 6 Local Authorities are developing a shared Choice Policy to support timely and appropriate hospital discharge.

ii) **Conwy** has

- developed an information sharing protocol in respect of care home monitoring and a joint monitoring arrangement.
- an agreement to make funded nursing care payments on behalf of the Health Board.

iii) **Denbighshire** and iv) **Flintshire** have

- WASPI agreements in a number of services to support joint working.

v) **Gwynedd**

- is a member of The Welsh Systems Consortium [WSG] which consists of 8 Local Authority's in Wales who purchased a social care system in 2003. The WSC are currently undertaking a joint procurement with Health for a Community Care information system in order to realise the vision of Social Care and Community Health using the same system.

vi) **Wrexham** has

- an Adult Social Care's Workforce Strategy and Development team providing training to operational staff working across the Health and Social Care spectrum.
- Intermediate Care, Enhanced Care and South Locality Project – which are supported by joint data management systems.

Future intent

i) Within North Wales we will consider how development of joint information systems can be taken forward within the current model of the Shared Services Partnership. This will consider the national procurement programme for a Community Care Information System.

ii) The intention is to support the integrated working objectives which in themselves deliver improvements for patients and more efficient working practices. In general a single system for community health and social care would enable:

- Improved decision making leading to better outcomes for people– through access to more complete data. This should improve patient outcome and help avoid admissions and improve service planning.
- Improved coordination – between authorities and thereby resulting in efficiencies and better service to patients.
- Improved individual patient safety – through less transcription errors, improved timeliness, reduction in 'lost' referrals, traceability to one point.
- Reduced visits to base – through access to information on the move.
- Reduced duplication in data capture and checking information.
- Reduction in unnecessary interventions.

- Increased confidence in the identity of the person.
- A joint core data set across health and social care.

4.4.3 Wider Partnerships

A range of services apart from health and social care are required by citizens and carers to live independent lives. For example, housing and transport equally affect the way people live, yet these services can sometimes operate in parallel, rather than in partnership with each other.

Current arrangements

To-date there have been some discussions and collaboration undertaken through existing partnerships, particularly through the Health, Social care and Well Being strategies, and occasional involvement in specific projects.

A North Wales Transport to Health Group has been established which is chaired by BCU HB and involves Welsh Government, representatives of the six Local Authorities, Taith – the regional transport consortium - WAST and Community Transport.

The aim of this group is to understand and improve access to health services and facilities in North Wales. The group is also seeking to ensure a better strategic fit between planning and delivery for all partners involved.

Future Intent

In response to some of these difficulties, we should have care pathways that assist patients in their journey through multi-agency services and that work across boundaries to support people in accessing and negotiating services and in making the transition from one care setting to another. This is particularly relevant for those citizens and carers who experience difficulties in accessing care from teams that fall outside the remit of integrated provision.

4.5 Citizen Centred / Co-produced services

Current arrangements

In North Wales, we recognise the value not only of adopting healthy lifestyle behaviours, but ensuring strong social networks are in place to support individuals. Being an active member of a community can increase the level of control people have over their lives and contribute to improved health and well-being. Co-production – using the experience, knowledge and abilities of professionals, partner agencies, people using services and their communities – can contribute to improved outcomes. It can also help ensure that better value for money is achieved and can help in empowering communities.

The Director of Public Health's Annual Report 2013 recognises and supports the importance of such approaches. "Co-production means that people share decisions about their health and wellbeing with health and social care professionals. It means that health and social care workers move towards a facilitation role and away from the traditional fixing role. It means a shift of power, and it means that everyone needs the skills to take part in shared decision making."

Co-production approaches are being used in the planning and development of some community based initiatives and the six Local Authorities are developing a shared understanding of this methodology.

We are also exploring the potential development of social enterprise schemes – businesses that trade to tackle social problems, improve communities, people's life chances, or the environment.

The Local Authorities and the Health Board have identified the need to develop a shared approach to social enterprise as part of the transformational change required for the implementation of the Social Services and Wellbeing Bill. Our proposals for use of the funding for implementation include the commissioning of expertise to support us in this approach.

The Strategy for Older People was launched in 2003 to address the issues and aspirations of people aged 50 and over living in Wales. The strategy is grounded in ageing as a positive concept. Mechanisms and structures have been established at local levels across North Wales that allow public services to hear the voice of older people and to allow older people to be involved in decisions that affect their lives.

It is recognised that Carers are a key partner in the delivery of care and supporting their involvement is central to the sustainability of care provision. The Health Board, Local Authorities and Third Sector organisations in North Wales are expected to work in partnership to achieve the cultural change and deliver the main duties arising from the Carers Strategies (Wales) Measure 2010. Strong and effective partnerships will be crucial to enable the successful delivery of the key actions that include improved joint working, joint reporting systems and strengthened carer information services.

i) In **Conwy** .

- The Consultation on the modernisation of Older Peoples Services ensured that citizens were at the heart of the developments and each new scheme has been oversubscribed.
- Similarly Carers have a high profile and are actively involved in the development of services. The Health Board and Conwy Local Authority have

been working together to prepare, publish and implement a Strategy for Carers.

- A cultural change in empowering carers to be part of the decision making processes around care management.
- Moving On Solutions, re-provision of health and well being activities (social and Leisure) is a good example of co-production, managed by third sector with a volunteer base and support from the LA via grant.

ii) In **Denbighshire**

- the North Denbighshire Community Healthcare Services project has been working with service user and community representatives, who are taking part in the development of proposals for the planned new community hospital in the locality. We are exploring the potential for social enterprise or entrepreneurship to support local people becoming involved in the hospital facilities and services, working with other local agencies.

iii) In **Flintshire**

- there are a number of excellent examples of citizen centred/ co produced services. These include:-
- current and former service users in Mental Health as partners in all aspects of service provision. They support delivery of training, attend training courses and are part of the overall positive approach to co-producing service provision and delivering outcomes.
- as part of ongoing service development, Flintshire County Council providing opportunities for communities to co-produce options for future service delivery in 2014
- individual Business Plans by service considering options to develop further co-produced services.

iv) In **Gwynedd**

- there are a number of existing groups for example the Older People's Forum and Ageing Well Centres which provide regular opportunities for conversations which help inform the citizen centered direction of our service. The intention is to increase the use of existing groups ensuring that any gaps are filled re citizen engagement.

Future Intent

i) We will explore together how we can build on early work on co-production, working to embed the principles into our planning and development of future services.

ii) Local Authorities and the Health Board will work with LA Regeneration Departments and established social enterprises across North Wales to research, explore and learn more about the development of social enterprises and co-

operatives. Although there are examples of well-established social enterprises operating across North Wales there is room to learn from these, develop these further and to establish Social Enterprises and / or Co-operatives in other service areas. North Wales will undertake a series of events to learn more about the development of such initiatives and will strive to establish further initiatives across social care and health services.

iii) The Locality Leadership Team recognises the need for an Outcomes Focused approach in working directly with older people and also when developing services. The new Assessment Framework will ensure outcomes are captured by whichever professional undertakes the assessment, whilst the recent regional document “Developing Joint Outcomes for Localities” will enable partners to agree the priority outcomes to be achieved through respective organisational actions.

iv) The provision of pathways that encompass self-management through to end of life care will be developed.

v) **Conwy** has

- a Corporate group established to consider the opportunities of working with social enterprise to deliver a range of services including social care.

vi) In **Flintshire**

- Mental Health Support Services expect to progress a Social Enterprise in early 2014 with service users, the community and the council to allow wider community and individual engagement in service provision.

4.6 Service Delivery Integration

4.6.1 Service provision

Current arrangements

i) In **Conwy**

- the provision of Community Mental Health Services for adults is provided through a single line management arrangement.
- The Local Authority provides professional input into Intermediate Care services and has Service Level Agreements in place to provide support for Intermediate Care Services and End of Life services.

ii) In **Denbighshire**

- Community Mental Health Teams for adults are provided through a single line management structure. The Health & Social Care Support Workers are managed locally by the Local Authority through a pooled budget. The Local

Authority provides professional input to the Enhanced Care Service and supported the Seasonal Plan.

iii) In **Flintshire**

- the Crisis Intervention Team consists of health and social care staff and works in partnership across health & social care boundaries to maintain people at home during a medical crisis and support speedy discharge from hospital.
- 3 Dementia Support Workers are funded by Continuing Health Care Funding delivered by Social Care specifically to link people with dementia into community support services and enable them to maintain their place in the community for as long as possible.
- an Early Onset Dementia Social worker works across the boundaries of health & Social care specialising in uniquely complex cases and supporting creative solutions that maintain people at home.
- the North East Wales Carers Information Service deliver carers assessment on behalf of statutory partners
- Service Agreements exist for the provision of equipment services with “Care and Repair” and for visual and hearing impairment support with Vision Support and North Wales Deaf Association and Wales Council for the Blind
- 3 health staff within the Re-ablement team based within the local authority are managed on a daily basis by the Re-ablement Manager.

iv) In **Wrexham**

- the Intermediate Care Service represents a joint partnership between Wrexham Adult Social Care Department and Betsi Cadwaladr University Health Board. This initiative successfully supports the achievement of joint health and social care outcomes whilst delivering care and support which best meets the needs of older people in Wrexham.
- Enhanced Care has been successfully implemented within South Wrexham and demonstrates effective joint working between health and social care at both a strategic and operational level.
- The South Locality Pilot represents a successful joint Health and Social Care Initiative which manages the discharge home of patients with chronic conditions and who might otherwise face unnecessarily lengthy hospital admissions.
- A number of pilot projects are underway to assess (a) the value of an expanded Intermediate Care Service (Social Workers, Therapists, District Nurses and generic workers) – available over the weekend in order to increase the number of safe discharges during the Winter pressures period; (b) the value in having social work presence within the Medical Assessment Unit at the Maelor hospital to help prevent avoidable hospital admissions and facilitate earlier discharge.

Future Intent

i) In **Conwy**

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- Enhanced Care, Intermediate Care and End of Life Care will be jointly delivered through a Memorandum of Understanding.

i) In Denbighshire

- the Local Authority is working with BCU in the development of the North Denbighshire Community Healthcare Services Project and the Llangollen Primary Care Centre and the roll out of Enhanced Care Services in the Central and South Locality area.

ii) In Flintshire

- the Local Authority is working with BCUHB in the development of Primary Care Centres in Buckley & Flint and the roll out of Enhanced Care Services in all areas of Flintshire. Health and Social Care operate co-terminus locality structures and have developed locality leadership teams driving local agendas.

iii) In Wrexham

- the Intermediate Care Service will be enhanced both in size and scope in order to meet the growth in demand. It is the aspiration that the service operating hours will be extended in order to accept referrals at evenings and weekends.
- Intermediate Care, Enhanced Care and Re-ablement services will be developed to deliver a seamless, proportionate, needs led service.
- the value of further integration and co-location of health and social care staff will be evaluated and pursued as appropriate.
- the value of the future development of a step-up / down facility to support the achievement of Intermediate Care outcomes will be investigated.

4.7 Engagement

Current arrangements

i) Within the regional Locality model, Locality Stakeholder Groups were identified as the mechanism for engaging directly with the population, to discuss current provision and identify future need/ options for change. This approach was initially used to debate changes to health provided community services.

ii) Local Service Boards are developing engagement strategies to enable local communities to be better able to understand the work of the LSBs. Similarly, shared engagement strategies around the Single Integrated Plans are being used or developed.

iii) Initial exploration of shared approaches to engagement and consultation has commenced through the North Wales Consultation Officers group, which comprises representatives of the six Local Authorities and more recently the Health Board.

iv) The advantages of a shared approach are recognised in the Guidance for Engagement and Consultation on Changes to Health Services^(v) which anticipates that in engagement and consultation, Local Service Board partners should be fully involved to ensure that proposals are seen and addressed within the context of the “whole system” of public service provision.

v) In **Conwy**

- the Joint Localities Board (delivering the current Health, Social Care and Wellbeing Strategy) is currently developing a participation strategy to ensure a citizen focussed approach.

vi) In **Denbighshire**

- there is an Older People’s Strategy Group, a My Life, My Way Group and contracts with third sector organisations for advocacy and consultation in order to inform service quality and developments. We are currently engaging with groups to explore ‘Supporting Independence in Denbighshire’, characterised by ‘SID’, an older man representing individuals with a range of different social, health and care needs and how services can support his independence and wellbeing.

vii) In **Flintshire**

- services for adults in social care were transformed following extensive engagement with community partners.
- there are strong multi agency arrangements to engage with older people in Flintshire and a locality service questionnaire is used to gain vital information from the community. In Mental Health there is a strong structure to support service user engagement in current and future service delivery.
- It is commonplace for service users to sit on panels to support appointments within key areas.

viii) In **Gwynedd**

- A process of community engagement has recently commenced with groups of citizens. This is in order to both inform them about, and create opportunities to help shape the development of the Integrated Single Point of Access (SPOA) between community health and Gwynedd Adult Social Care services.

Future Intent

i) The need to review the work and focus of Locality Stakeholder Groups has been identified and will be discussed within the Community Services Partnership Forum.

These groups present an opportunity for a shared approach between the six Local Authorities and the Health Board.

ii) We will explore opportunities for development of shared engagement and communications.

As part of the transformational change under the Social Services and Wellbeing Bill, it is proposed that a regional strategy is developed to be delivered over 3 years which would secure effective communication, including consideration of suitable materials such as banners, leaflets, materials for media and engagement with communities. This is to underpin a shared approach to community engagement and information.

iii) We will continue to explore and identify opportunities for bringing together of activities on the spectrum of participation - communication, information, engagement and consultation, shared decision making – within the governance arrangements of each organisation.

iv) All the partners are committed to the provision of all services in the language of choice and to the implementation of More Than Just Words – the Welsh Government's strategic framework for Welsh language services. This is important for services which we commission from other providers, as well as services provided by the Health Board and the Local Authorities. We will seek to ensure Welsh language services are available wherever possible; greater collaborative working may help facilitate this. We are also committed to promoting the use of the language and maintaining Welsh culture and will strive to ensure that our strategies for integrated working support and complement these commitments.

v) We are also committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. Our collective focus is on well-being in its widest sense to improve and enhance the lives of individuals, communities and the population of North Wales. We are required by the specific equality duties for authorities in Wales to undertake Equality Impact Assessment (EqIA) on any policies or proposals which might affect protected characteristic groups and to engage with those groups who may be affected by proposals. As we develop our thinking on the integrated model of care for older people with complex needs, we will undertake impact assessment and seek to engage with representatives of groups who may be affected.

4.8 Transforming Access

Current arrangements

i) Conwy

- is part of the regional project around transforming access. It is clearly understood that the development of a SPOA is fundamental to the success of community based services. Conwy has undertaken a piece of research to consider access into services and identified a range of desired outcomes which will be achieved over net 12 – 18 month via a project management approach.

ii) In Denbighshire

- there has been a project team developing a Single Point of Access (SPoA) for health and social care services for adults. Agreement has been reached on what will be included in Phase 1 of the development, in order to use the learning from this to inform both local and regional approaches.

iii) Flintshire

- is the host organisation for the Regional Programme Manager and is currently developing a local Single Point of Access (SPOA) project team to take the development forward locally.
- Current Hospital Social Work arrangements and first contact structures support excellent access to social care support for service users and for referrals from partners. Additionally adult social care have developed Self Assessment for equipment provision which reducing waiting times and becoming highly regarded.
- are also working with BCUHB to develop a falls pathway and are seeking to make the documentation more user friendly for Care Home Managers.

iv) Gwynedd

- have an established SPOA (Integrated Single Point of Access) Strategic Group. This multidisciplinary partnership Group is transforming access to integrated community based services through leading the SPOA development for Gwynedd. The decision to extend the remit of the Group to include the broader integration agenda was made recently. This Strategic Group also

established (November 2013) a SPOA operational group for the Meirionnydd Locality to begin to deliver the SPOA on the ground.

Future Intent

i) North Wales Local Authorities in partnership with BCUHB, the voluntary and independent sector are currently taking forward plans to develop Community Single Points of Access in each local authority area. This programme of work is supported via funding received through the National Regional Collaboration Fund with the aim of establishing all access points by April 2016. This development will be crucial in supporting our commitment to provide rapid and coordinated access to advice and support that is coordinated across agencies and will play an ongoing part in supporting unscheduled care pressures.

ii) In **Denbighshire**

- during Phase 1 the SPoA will:
 - process referrals for health and social care community services to support Denbighshire residents' hospital discharge.(this to include referrals for Enhanced Care, Rhyl District Nursing Team, Community Therapy services, community Hospitals.
 - co-ordinate a service response according to an individual's presenting needs.
 - inform the referrer and all services which other services are to be involved, with details of each care coordinator where appropriate when multiple referrals are made for a patient / service user.
 - offer telephone advice, information and signposting (or referral as appropriate) to non-statutory sector community services in Denbighshire.
 - maintain and develop the Directory of Services for Denbighshire, publish the information on the Family Information Service website and become involved in future public-information developments in the county.
 - record and analyse SPOA activity.
- The SPOA workers will be co-located and managed by a single Team leader but their work will not be fully integrated. A 'health' staff member will always be on duty to lead on Health referrals and a Social Services staff member will be on duty to lead on Social Services referrals. All workers will be familiarised with each other's procedures so that work can be shared but workload will be managed according to the resources available. Exceptions will be noted and capacity will be monitored daily by the Team Leader so that issues can be escalated immediately.

iii) In **Flintshire**

- the SPOA will build on the already well-established First Contact team.

4.9 Assessment of Older People

Future intent

We will implement the Guidance in respect of Integrated Assessment, Planning and Review Arrangements for Older People, as required by Welsh Government on December 2nd 2013, recognising this action as being the catalyst to support the broader integration of care

We are mindful that in order to deliver the new Framework there are requirements for both operational and cultural change in practice and it is the latter which may prove most challenging

5. References

- I. adapted from Community Based Collaborations, Oregon Centre for Community Leadership 1994
- II. Collaboration in Social Services Wales, SSIA 2013
- III. Lessons from experience—Making integrated care happen at scale and pace King’s Fund, March 2013
- IV. Mc Cormack et al 2008
- V. Guidance for Engagement and Consultation on Changes to Health Services, Welsh Assembly Government

Partnership Continuum

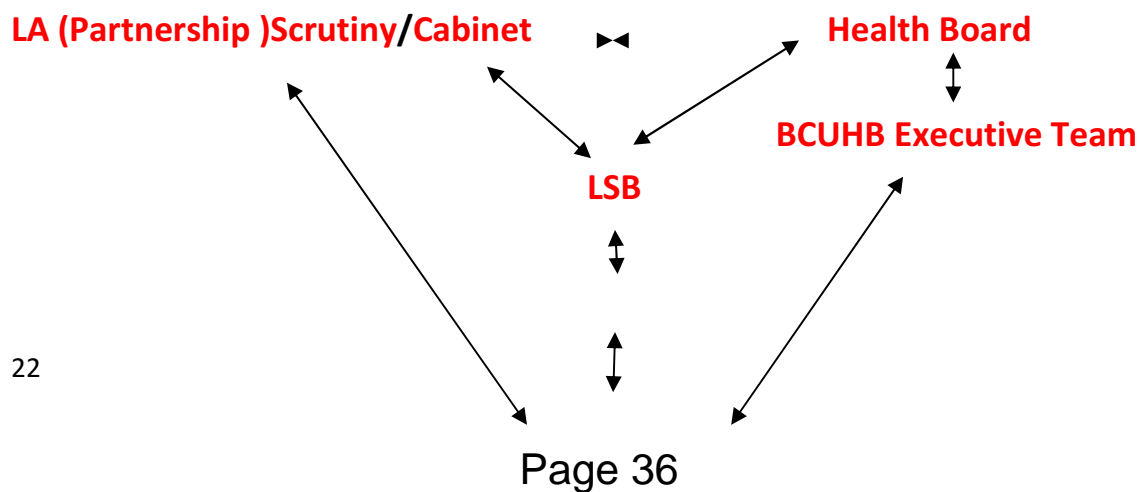
Appendix 1

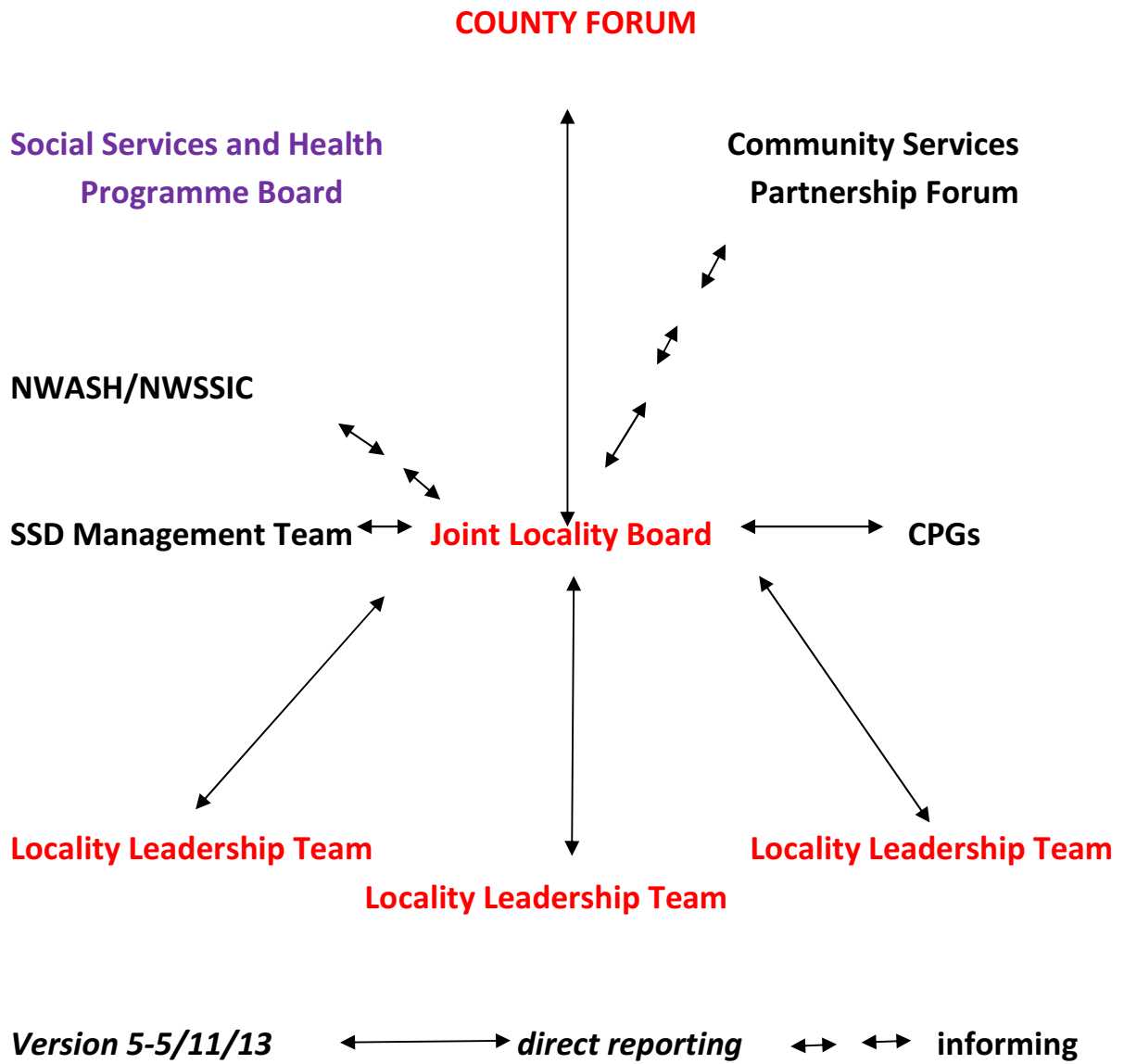
Levels	Purpose
Networking	* Dialogue and common understanding * Clearing house for information * Create base of support
Cooperation or Alliance	* Match needs and provide coordination * Limit duplication of services * Ensure tasks are done
Coordination	* Share resources to address common issues * Merge resource base to create something new

- Coalition**
 - * Share ideas and be willing to pull resources from existing systems
 - * Develop commitment for a minimum of three years
- Integration**
 - * Accomplish shared vision and impact benchmarks
 - * Build interdependent system to address issues and opportunities

Appendix 2

GOVERNANCE STRUCTURE FOR INTEGRATED COMMUNITY BASED SERVICES





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FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY, 9 JANUARY 2014**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **INTEGRATED FAMILY SUPPORT SERVICE**

1.00 PURPOSE OF REPORT

1.01 To update the Committee with the progress of the IFSS since the Service has become live in Flintshire.

2.00 BACKGROUND

2.01 The IFSS delivers a family focused service to enable parents to achieve the necessary behavioural changes that will improve their parenting capacity, and engages with the wider family if needed. The service also seeks to address the social, cultural and organisational factors which have an impact on the safe care of a child or young person and their parents.

2.02 In order to achieve the best outcome for both children and adults and ensure that children are safeguarded, the IFSS seek to meet the needs of all family members. This approach requires a holistic approach to the work.

2.03 In order to address the needs of families with complex problems the IFSS team is multi agency and multi disciplinary, consisting of professionals with the skills and experience in working directly with children in need and their parents and adults with complex health and social care needs. The culture within the team is reflective practice, peer mentoring and support in order to deliver effective evidence based interventions which are relevant to families' needs.

2.04 It is important to note that IFSS is a reorientation of process and delivery of services to children in need, including those in need of protection and in care. Its key strength is the bridging of children and adult services across; local government and its health partners where both bodies are accountable for the efficient provision, either directly or through co-ordinated arrangements, of support services to children and families who are referred to them.

3.00 CONSIDERATIONS

The following information is taken from the interim report sent to the Welsh Government in October 2013.

Strategic:

- 3.01 The new North Wales Family Support Group now provides the IFSS Management Board function it is multi-agency and takes joint responsibility for ensuring that the Welsh Government agenda and expectations are working effectively within IFSS areas in the region.

Challenges and/or opportunities and removal of barriers:

- 3.02 Wrexham has written a comprehensive Section 58 agreement which is supported by statutory and voluntary partners and will now be used as a template for Flintshire and other North Wales partners.

Local:

- 3.03 The most successful cases continue to move over time from being children on the Child Protection Register (CPR) to Children in Need (CIN). In Wrexham we are fortunate that we have a 'Team around the Child' service (recently changed to Together Achieving Change (TAC) and that the TAC Co-ordinators are trained social workers. This means that they can therefore act as the lead professional for IFSS families receiving TAC support on a voluntary basis, which enables them to receive the full intervention. Without this facility they would have to remain in Children's Services unnecessarily to receive the complete IFSS term. This is an example of innovative practice to ensure the success of IFSS. It is hoped that this arrangement can be mirrored in Flintshire.
- 3.04 The Independent Safeguarding and Reviewing Officers' (ISROs) role within Wrexham works well, with a well established notification and planning procedure. This means that allocated CIN cases are reviewed within the statutory and IFSS time limits. The management of the meetings has been streamlined to reduce bureaucracy and repetition, for example the ISROs chair CIN meetings, thus preventing the duplication of meetings for families, IFSS staff and ISROs. It is hoped that this area can be developed with the Reviewing Managers in Flintshire.
- 3.05 The Child and Family Assessment Team (CAFAT), Family Support Team (FST) and Looked After Children (LAC) Team in Wrexham remain the main referrers to the IFSS. Maintaining a steady flow of referrals remains a challenge and recent strategies have included the provision of an updated laminated referral criteria and team information cards for referring teams. All new Social Workers in the authority spend time with the IFSS team as part of their induction and

are encouraged to attend any of the IFSS Training dates.

- 3.06 The service went live in Flintshire on the 1st August 2013, with an official launch taking place on the 10th September 2013, there were over 50 attendees who benefited from a presentation and information pack.
- 3.07 The Duty and Assessment Team (Duty), Family Intervention Team (FIT) and Children and Young Adult Support Team (CYAST) in Flintshire are our referring teams and Duty and FIT have made a number of referrals to date.

Impact on Families

- 3.08 During the period 1st April 2013 to 30th September 2013, 42 Wrexham referrals were made to the IFSS team. Of these thirteen families were re-referrals. From August 2013, 5 Flintshire referrals were made to the IFSS team.

IFSS	Number of families
Consultation/Referral	47
Re-referrals accepted	13

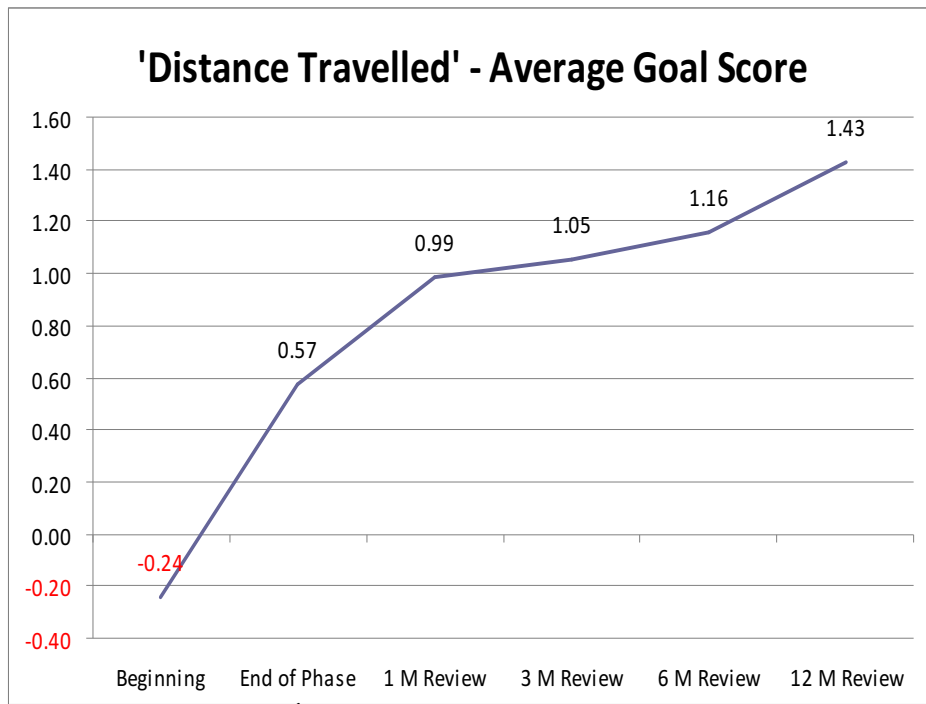
- 3.09 The table below indicates the numbers of families who have received a service at each stage.

Interventions	No.
Consultation	47
Consultation advice and signposting given	25
72 Hour Assessment including NFA following this period	22
Phase 1 completed and current cases	26
Phase 2 new and continuing cases	23

- 3.10 The table below shows the breakdown of the Legal Status for the Families referred to the IFSS Team between 1st April 2013 and the 30th September 2013. The last two rows show those families who have more than one child and the status of the children varies.

Legal Status	Number of families	Number of children affected
Looked After Child/Children	2	2
Child Protection	30	72
Child in Need	14	27
Child in Need & Looked After Child	0	0
Child Protection & Looked After Child	1	1

3.11 IFSS measures success by considering the “distance travelled” in terms of scores for each family’s individual goals. All the goals are strength based, requiring the family to be pro-active in making positive changes which contribute to safer, improved family functioning. The goals are negotiated with the spearhead worker, taking account of any child protection concerns. The goals are agreed during phase 1; each family scores itself and subsequently scores at the first, third, sixth and twelve month review. The chart below shows the aggregated scores for our families.



The pattern noted in previous reports to the Welsh Government remains in place, with an initial and expected significant improvement followed by steady progress and a final considerable rise at the end of phase 2.

Wider Workforce Training –

3.12 Flintshire and Wrexham’s training calendar for the year is set out below.

Date	Training Description	Attendees
Module 1		
Sept 13	Enhancing Motivation for Behaviour Change in Families	12
Feb 14	Enhancing Motivation for Behaviour Change in Families	
Module 2		
Sept 13	Lowering Resistance to Behaviour Change in Families	11

	in Families	
	Module 3	
Oct 13	Goal Centred Intervention with Families	10
March 14	Goal Centred Intervention with Families	
	Other Training (4 day)	
March 14	Building Stronger Families Through Integrated Family Support Service	

- 3.13 We identified that the four-days training should be reserved for Spearhead Workers in preparation for new teams that will be live by the end of 2013. The four-day training and module training focuses on the IFSS process and motivational interviewing techniques. The model also emphasises the use of Solution Focused Brief Therapy and Cognitive Behavioural interventions.

The Attendees come from a number of different organisations as set out in the table below

Figure 3

Area of Organisation	Number
Flying Start	2
CAIA Park Partnership	17
Youth Justice Service	11
Action For Children	1
Genesis & Quest	1
AVOW	1
Total	33

EVALUTION OF EFFICIENCIES MADE

Barriers/Issues

- 3.14 As with any new service, there is always a challenge introducing a new multi-agency team of professionals with differing skills, experience, values and pay and conditions coming together to deliver the same intervention. There are learned lessons about the support required for staff that move from working within the governance arrangements of a health environment to a social care workplace.
- 3.15 An initial challenge for the team was ensuring a steady flow of referrals to the service and whilst there had been resistance from some child care teams these have been largely overcome, but there remains a requirement for regular contact with referring teams. This appears mirrored in Flintshire.

- 3.16 The IFSS Central Training Resource (hosted by Western Bay IFSS) to establish a pool of Mentor Trainers as part of future sustainability and roll-out of training whilst welcomed in principal, has created a number of issues for the North Wales area of Wales.
- 3.17 At a local level, challenges have centred on maximising the potential for consistency of practice when working across two local authority areas that have different systems and processes that are well established and work effectively.
- 3.18 Whilst Welsh Government have confirmed that IFSS funding will continue in grant form for 2014/15. The roll out of IFSS is at a juncture where funding for every service is under scrutiny and provides a complex and critical challenge for local authorities who will need to seek reassurance from Welsh Government that an impact assessment will be undertaken to clearly establish the effect of changing the grant funding distribution formula.
- 3.19 The new North Wales Family Support Group which now provides the IFSS Management Board function is multi-agency and takes a joint responsibility for ensuring that the Welsh Government agenda and expectations are working effectively within IFSS areas in the region. They are currently considering their reporting processes for the IFSS
- 3.20 Maintaining families during Phase 2 with reduced team size and double geographical area will require further consideration.
- 3.21 **Priorities planned**
1. To continue to provide a service as close to the model as set out by the Welsh Government
 2. Emulate Wrexham's work in Flintshire
 3. Align Flintshire's policies and procedures with those of Wrexham
 4. Ensure there is an Information Sharing Protocol in place
 5. Explore if a Section 58 Agreement is required in Flintshire

4.00 RECOMMENDATIONS

- 4.01 That the committee receive the report

5.00 FINANCIAL IMPLICATIONS

Expenditure against the IFSS grant

- 5.01 The allocation by Welsh Government is on target to be fully utilised by the end of March 2014.
- 5.02 The roll out of IFSS in North Wales continues with the Wrexham/Flintshire collaboration in the North East being the lead.

The other North Wales authorities are making progress on their rollout.

- 5.03 In terms of the North Wales IFSS grant of £850,000 for 2013/2014. It is projected that full spend will occur against the £850,000 grant made available, as the Local Authorities already up and running with IFSS are providing additional support to the new authorities setting up their IFSS teams.

6.00 ANTI POVERTY IMPACT

- 6.01 A clear message from developing policies of the Welsh Assembly Government is that the future of effective public services in Wales must be built around integrated services to children and families to provide holistic support at every level of need.
- 6.02 The Stronger Families consultation¹ set out proposals to make legislation which would support vulnerable families by focusing on the complex needs of families where substance misuse, domestic violence, mental health problems or mental illness and learning disabilities may have impaired parenting capacity and where there is concern for a child's welfare.
- 6.03 The Children and Families (Wales) Measure 2010 provides the framework for the new approach starting with two key developments in.
- 6.04 New ways to tackle poverty through targeted approaches to co-ordinate the delivery of preventative services to families in vulnerable groups or communities.
- 6.05 The establishment of statutory Integrated Family Support Services (IFSS) where both local government and their respective health board partners will have collective responsibility to ensure the integration and provision of seamless services to families with complex needs, where a child/children can be at risk.

7.00 ENVIRONMENTAL IMPACT

- 7.01 The Welsh Assembly Government's fundamental belief is that children are best supported living with their family or friends of the family in their local community and social networks, for as long as this is positive for their welfare. Research suggests that there is often room for services to act earlier and more decisively to provide support to families and safeguard children's welfare. It is intended that the introduction of IFSS, taken with the development of wider changes through the implementation of the Children and Young Persons Act 2008 and the new Public Law Outline for childcare proceedings, will result in a greater number of children being supported to live safely with their families.

7.02 Working with families earlier, before children become at risk of entry in to care, will enable local authorities and their partners to foster a social contract with families to gain their commitment and to ensure they receive the right support to overcome their difficulties.

8.00 EQUALITIES IMPACT

8.01 IFSS is underpinned by a key principle of the Children Act 1989 that children are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary. The right to know and be cared for 'by one's parents' is also established in the United Nations 4 Convention on the Rights of a Child (UNCRC) 3. In UK law and policy the principal is reflected in the concept of parental responsibility. It is also reflected in:

- the local authority's general function to provide services to support children and their families;
- the local authority's duty to return a looked after child to his/her family;
- unless this is against his/her interest; and the local authority's duty to endeavour to promote contact between looked after children and his/her parents or others, unless it is not reasonably
- practical or consistent with his/her welfare.

9.00 PERSONNEL IMPLICATIONS

9.01 N/A

10.00 CONSULTATION REQUIRED

10.01 N/A

11.00 CONSULTATION UNDERTAKEN

11.01 N/A

12.00 APPENDICES

12.01 None

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None

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FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY, 9 JANUARY 2014**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **ENHANCED CARE AT HOME**

1.00 PURPOSE OF REPORT

1.01 To provide Scrutiny members with an update of the progress of Enhanced Care at Home in Flintshire.

2.00 BACKGROUND

2.01 Following BCUHB's consultation regarding "Healthcare in North Wales is changing" a commitment was made to develop Enhanced Care at Home in each North Wales Locality.

2.02 This service was originally piloted in North Denbighshire in 2010 to provide care for people in their own homes who would otherwise have been admitted to hospital.

3.00 CONSIDERATIONS

3.01 In September 2013, the Enhanced Care at Home service in North West Flintshire was launched. From September to the end of November 2013, 20 people have received support from the team.

Of these:

- 11 were step-up patients from the community (referred by GP or other community services)
- 9 were step down patients (from hospitals to facilitate discharge home)

The average time people receive the service is two weeks.

3.02 All core health staff are in post to support the service.

3.03 Flint General Practitioner's have been part of the service since its inception, BCUHB hope to recruit those from Holywell in the near future.

3.04 Flintshire Social Services are supporting the services in the following ways:-

- Generic Workers in the service have had an opportunity to shadow reablement staff as part of their initial training.
- A locum social worker is in post pending recruitment to the team.
- The team has managed access to Flintshire Social Service electronic database PARIS.
- A number of cases have moved onto our reablement service following successful support at home.
- Good joint working has been evidenced in a number of the cases.

3.05 To date the level of evaluation and patient stories gathered is limited, however examples of patients supported include

- a service user with a high level of dementia who was recently supported to return home. In the absence of the service admission to a care home placement was considered to be the most likely outcome for the individual.
- orthopaedic patients who have required medical monitoring due to co-existing conditions such as hypotension.
- patients who have had slow heart rates and been prone to falls with co-existing conditions such as recurrent Urinary Tract Infections.
- patients who have dementia with coexisting medical conditions such as bradycardia, hypotension and nutritional deficits.
- patients who need stabilisation of their medication regimes due to memory problems and vision loss.

3.06 Enhanced Care at Home services within North East and South Flintshire are planned to be in place in Spring 2014.

3.07 As a simple illustration of process' within Enhanced Care, pathways for individuals who step up from the community into the service and those who step down from hospital are shown in Appendix 1 & 2.

4.00 RECOMMENDATIONS

4.01 That scrutiny note the contents of this update report.

5.00 FINANCIAL IMPLICATIONS

5.01 The financial costs of delivering the service are borne by BCUHB.

5.02 We will continue to consider the impact of the service on the overall costs of delivering social services for adults. We will monitor this on an ongoing basis and report to scrutiny in future meetings.

6.00 ANTI POVERTY IMPACT

6.01 N/A

7.00 ENVIRONMENTAL IMPACT

7.01 N/A

8.00 EQUALITIES IMPACT

8.01 Subject to BCUHB Equalities Impact Assessment.

9.00 PERSONNEL IMPLICATIONS

9.01 N/A

10.00 CONSULTATION REQUIRED

10.01 The development of the Enhanced Care at Home service was subject to consultation as part of the "Healthcare in North Wales is Changing Consultation" in 2011/12.

11.00 CONSULTATION UNDERTAKEN

11.01 As 10 Above

12.00 APPENDICES

12.01 Appendix 1 Home Enhanced Care Service- Step Up Pathway

12.02 Appendix 2 Home Enhanced Care Service- Step Down Pathway

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

None

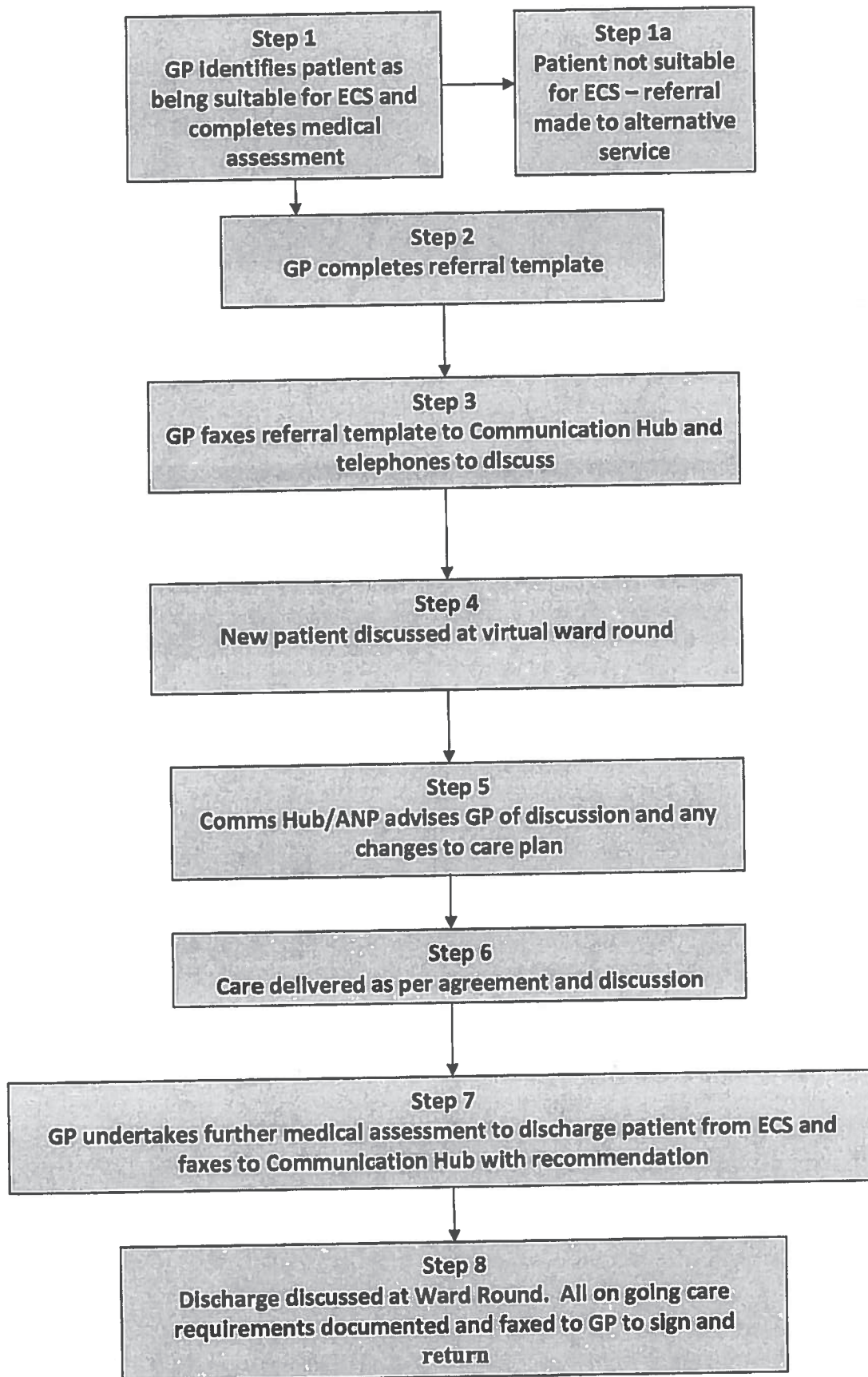
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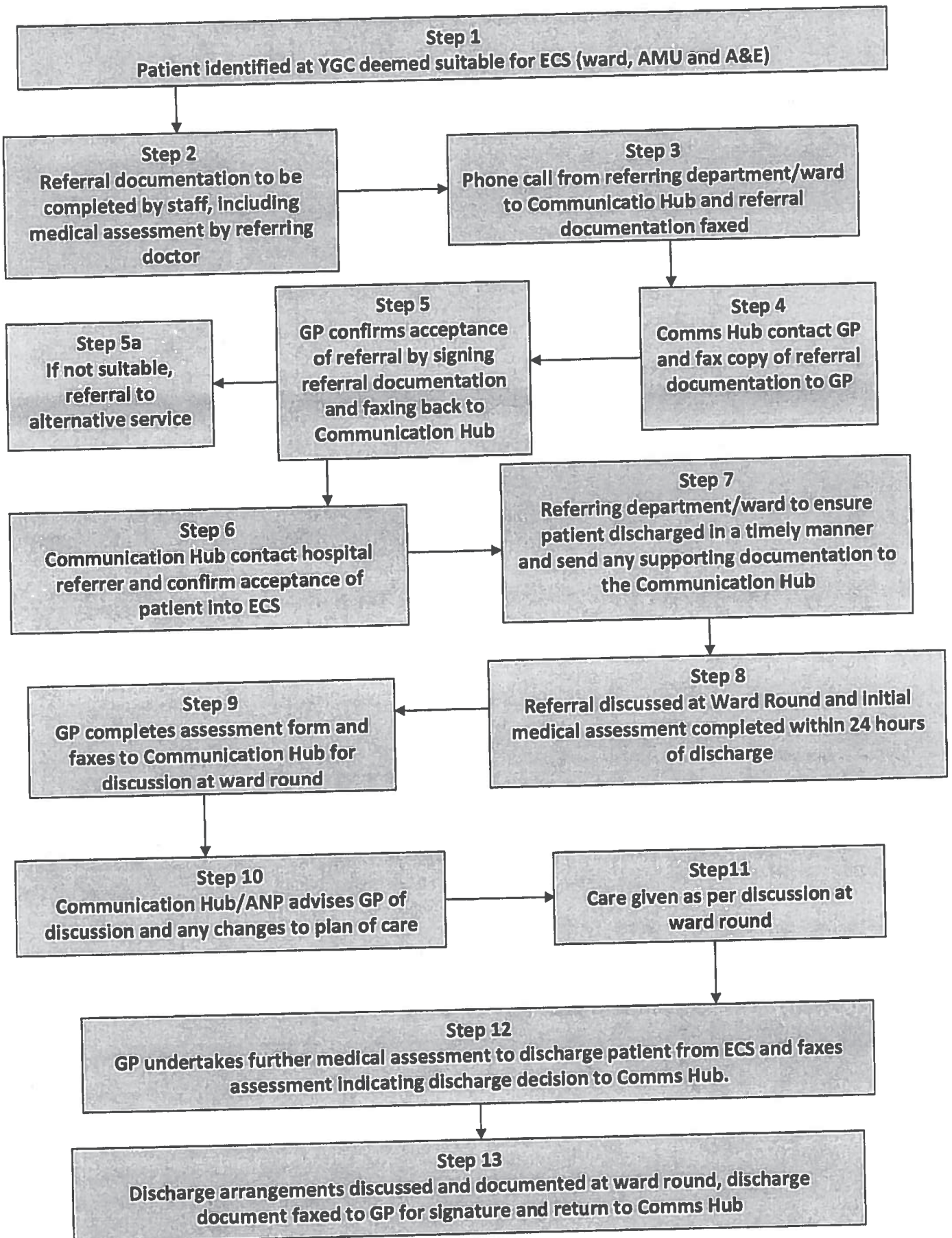
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HOME ENHANCED CARE SERVICE – STEP UP PATHWAY



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ENHANCED CARE SERVICE – STEP DOWN PATHWAY



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FLINTSHIRE COUNTY COUNCIL

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

DATE: **9 JANUARY 2014**

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

SUBJECT: **FORWARD WORK PROGRAMME**

1.00 **PURPOSE OF REPORT**

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

2.00 **BACKGROUND**

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

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

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

3.00 **CONSIDERATIONS**

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

4.00 RECOMMENDATIONS

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

5.00 FINANCIAL IMPLICATIONS

None as a result of this report.

6.00 ANTI POVERTY IMPACT

None as a result of this report.

7.00 ENVIRONMENTAL IMPACT

None as a result of this report.

8.00 EQUALITIES IMPACT

None as a result of this report.

9.00 PERSONNEL IMPLICATIONS

None as a result of this report.

10.00 CONSULTATION REQUIRED

N/A

11.00 CONSULTATION UNDERTAKEN

Publication of this report constitutes consultation.

12.00 APPENDICES

Appendix 1 – Forward Work Programme

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

None.

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DRAFT

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
6th February 1.30 pm	Joint Meeting with Housing Overview & Scrutiny at Llys Jasmine, Mold. <ul style="list-style-type: none"> • Disabled Facilities Grants • Bedroom/bathroom pods • Supporting People • Telecare • Extra Care 				
13 February 2.00 p.m.	CSSIW Inspection Report – Commissioning Dementia Public Health Rota Visits	To inform members of the outcome of the Dementia Inspection To receive an update on Public Health. Verbal update from Members	Service Delivery/Performance Partnership Working	Director of Community Services Facilitator	

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
<p>20 March 2.00 p.m.</p>	<p>Annual Council Reporting Framework</p> <p>Improvement Plan Monitoring Update</p> <p>Annual Fostering Inspection</p> <p>Directorate Plan (provisional)</p>	<p>To consider the final draft of the Flintshire County Council Social Services Annual Performance Report 2013-14.</p> <p>To enable members to fulfil their scrutiny role in relation to performance monitoring</p> <p>To inform members of the outcome of the Annual Fostering Inspection</p>	<p>Service Delivery</p> <p>Performance Monitoring</p> <p>Service Delivery/ Performance</p>	<p>Director of Community Services</p> <p>Facilitator</p> <p>Head of Children's Services</p> <p>Director of Community Services</p>	
<p>1 May 10.00 p.m.</p>	<p>Comments, Compliments & Complaints</p>	<p>To receive a report on the compliments, representations and complaints received by Adult and Children Social Services for the year April 2013 – March 2014.</p>	<p>Performance Monitoring</p>	<p>Director of Community Services</p>	
<p>12 June 2.00 p.m.</p>					

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
3 July 2.00 p.m.	Adult Safeguarding	To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Inspection Action Plan	Performance monitoring	Director of Community Services	
	2013/13 Year End & Q4 data	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring	Facilitator	
	Improvement Plan Monitoring Update HoS Performance Reports				

ITEMS TO BE SCHEDULED

Joint meeting with Lifelong Learning Overview & Scrutiny Committee – March 2014

- Corporate Parenting
- Children and Young People Plan
- Educational Attainment of Looked After Children
- Safeguarding
- Services for the blind/partially sighted in Flintshire

Site Visits

- Ambulance Depot – Alltami
- Arosfa

Suggested mini scrutiny topics

- Dementia

Awareness raising – Safeguarding – Regional Local Safeguarding Children’s Board

Regular Items

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