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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

13 March 2014

Tracy Waters 01352 702331
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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, 20TH MARCH, 2014** at **2.00 PM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

A G E N D A

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
- 3 **MINUTES** (Pages 1 - 6)
To confirm as a correct record the minutes of the meeting held on 13th February 2014 (copy enclosed).

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

- 4 **IMPROVEMENT PLAN MONITORING REPORT** (Pages 7 - 28)
Report of Environment and Social Care Overview & Scrutiny Facilitator enclosed.
- 5 **FORWARD WORK PROGRAMME** (Pages 29 - 34)
Report of Environment and Social Care Overview & Scrutiny Facilitator enclosed.

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **13 FEBRUARY 2014**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at Delyn Committee Room, County Hall, Mold CH7 6NA on Thursday, 13 February 2014

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Marion Bateman, Andy Dunbobbin, Brian Lloyd, Mike Lowe, Dave Mackie, Ian Smith and David Wisinger

SUBSTITUTIONS: Councillors Mike Reece for Peter Curtis and Arnold Woolley for Veronica Gay

APOLOGIES: Councillors: Stella Jones and Hilary McGuill

CONTRIBUTORS:

Cabinet Member for Social Services, Director of Community Services, Head of Adults Services. (For minute No. 52) Andrew Jones, Executive Director of Public Health, Betsi Cadwaladr University Health Board (BCUHB), Dr. Sandra Sandham, Director of Dental Public Health, Heather Ramessur-Marsden, Lead Screening Engagement Specialist, Hannah Jones, Screening Engagement Specialist, Marian Jones, North Wales Community Dental Services, Dr. Neil Wigglesworth, Nurse Consultant, Welsh Healthcare Associated Infection Programme Team, Tracey Cooper, Assistant Director of Nursing – Infection Prevention, BCUHB, Jackie James, Principal Health Development Specialist, Karen Chambers, Well Being and Partnership Lead, Flintshire County Council/BCUHB, and Helen Jones, Well Being and Partnership Assistant.

IN ATTENDANCE:

Member Engagement Manager and Committee Officer

49. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

There were no declarations of interest.

50. MINUTES

The minutes of the meeting held on 9 January 2014 had been circulated with the agenda.

Matters arising

Enhanced Care at Home:

Page 7: The Chairman referred to the comments expressed by Councillors Dave Mackie and Stella Jones in relation to BCUHB discharging patients from hospital to free up beds. She asked for an update on the position in Deeside Hospital and commented that 28 beds had been closed in Flintshire and asked when they would be reopened.

RESOLVED:

- (a) That the minutes be approved as a correct record and signed by the Chair; and
- (b) That the Member Engagement Manager seeks the information relating to the comments on page 7 from BCUHB.

51. ADDITIONAL ITEM

The Chair announced that she had agreed that the Committee should consider an additional item on the grounds of urgency, as provided for under Section 100 B(4)(b) of the Local Government Act 1972 (as amended). The item was concerning consultation on amendment of the Welsh Health Specialised Services Committee (Wales) Directions 2009.

The Chair invited the Director of Community Services to report on the above consultation by the Welsh Government. The Director advised that responses to the consultation were to be submitted by end of 13 February 2014 and gave an outline of the three main proposals in the consultation document. He explained that he had drafted a response on behalf of the Authority for the Committee's consideration which, if agreed, supported the changes proposed but made the point that commissioning arrangements should be based on local need, supported patient choice, and reflected cross border arrangements and good relationships.

The Committee considered the draft response. Councillor David Wisinger proposed that the draft response be agreed and this was endorsed by the Committee.

RESOLVED:

That the Committee endorsed the draft response to the consultation on amendment of the Welsh Health Specialised Services Committee (Wales) Directions 2009.

52. PUBLIC HEALTH UPDATE

The Chair welcomed Andrew Jones, Executive Director of Public Health, Betsi Cadwaladr University Health Board (BCUHB) to the meeting.

Mr. Jones introduced Dr. Sandra Sandham, Director of Dental Public Health, Heather Ramessur-Marsden, Lead Screening Engagement Specialist, Hannah Jones, Screening Engagement Specialist, Marian Jones, North Wales Community Dental Services, Dr. Neil Wigglesworth, Nurse Consultant, Welsh Healthcare Associated Infection Programme Team, Tracey Cooper, Assistant Director of Nursing – Infection Prevention, BCUHB, Jackie James, Principal Health Development Specialist, and Karen Chambers, Well Being and Partnership Lead, Flintshire County Council/BCUHB.

Mr. Jones thanked the Committee for the opportunity to provide an update about key areas of public health practice in the County and in particular concerning:

- Cancer prevention (focus on screening)
- Oral hygiene (including school setting and access to dentists)
- Healthcare Associated Infections (focus on C Difficile and MRSA)
- Current health improvement initiatives involving Flintshire County Council

Heather Ramessur-Marsden, and Hannah Jones gave a presentation on Screening in Flintshire. Members were informed that the Screening Division, Public Health Wales, was charged with managing the following population based national screening programmes across Wales:

- Breast Test Wales
- Cervical Screening Wales
- Bowel Screening Wales
- Wales Abdominal Aortic Aneurysm Screening Programme
- Newborn Hearing Screening Wales
- Newborn Bloodspot Screening Wales
- The Division also hosted the Antenatal Screening Clinical Network (Antenatal Screening Wales)

In response to the comments and concerns expressed by Members around the uptake of screening, specifically bowel and cervical screening programmes, Heather Ramessur-Marsden explained that a number of initiatives were being undertaken to increase uptake and tackle inequity. She said there were many factors, including personal choice, which may deter individuals from participating in screening. She advised that the aim was to enable all eligible people to make an informed decision as to whether or not to engage in screening and that collaborative working with partners was key to achieving the objective.

Dr. Sandra Sandham and Marian Jones provided an overview on oral hygiene in Flintshire and gave a presentation on the following:

- Access to NHS General Dental Practice: Flintshire
- National Oral Health Plan (identified areas of good practice – Flintshire)
- Designed to Smile programme – Flintshire

In response to the comments made by Members, Marian Jones confirmed that all schools in Flintshire were participating in the Designed to Smile programme which aimed to establish good health habits from an early age.

Dr. Neil Wigglesworth and Tracey Cooper gave a presentation on the Prevention and Control of Healthcare Associated Infections in the BCUHB. They provided an update on progress with infection prevention, including developments in reducing Clostridium difficile infection, the prevention of MRSA, and the actions in place to strengthen Norovirus control measures.

Dr. Wigglesworth provided a brief overview on the work programme to improve antimicrobial prescribing across BCUHB and the actions to achieve required outcomes. Tracey Cooper advised that the Welsh Government and Health Boards and Trusts in Wales had committed to a 'zero tolerance of preventable Healthcare Associated Infection (HCAI)'. She referred to the new national targets and large-scale change programme for HCAI reduction which had been introduced by the Welsh Government. She advised that BCUHB was keen to progress with these initiatives to achieve infection prevention and control and ensure patients are protected from avoidable harm and received safe care.

During discussion Members expressed a number of concerns around hospital visiting and the risk of infection, and the levels of staffing for nursing care. The Cabinet Member for Social Services asked if any data was available on the 'Stevens-Johnson syndrome' which can result in overuse of antibiotics amongst the elderly.

Jackie James gave a presentation on Improving Population Health in Flintshire. She provided background information and referred to a range of initiatives which the Council, in its leadership role as an employer and provider of services, continued to be involved in, in partnership with the NHS and third sector organisations, to improve health and wellbeing outcomes for its residents. The main points of the presentation were:

- Babies are born healthy (reducing teenage pregnancy)
- People do not smoke
- Reducing alcohol related harm
- Older people do not fall
- Reducing overweight and obesity, including child obesity

Councillor Marion Bateman referred to the subject of planning applications and cited as an example the issue of fast food or alcohol retail outlets located in close proximity to school premises. Karen Chambers acknowledged the point made and commented on the need to consider how planning decisions could impact on local health and well being. Andrew Jones commented on working with local communities and the need for a community approach and interest in taking responsibility for all aspects of improving the health and well being of the population.

Andrew Jones gave a brief overview of the Annual Report 2013 of the Director of Public Health. He referred to the focus on working age adults with particular emphasis on those aged 30 to 50 years, and on an asset based approach which is an alternative way of thinking about health and wellbeing. He explained that by strengthening the assets in individuals, communities and environments a greater difference could be made to the health and wellbeing of the population. The report looked at assets from three aspects:

- The individual
- The family and community
- Resources for living: financial, natural and built environments

Mr. Jones gave an overview of the key messages in the Report and some suggestions and recommendations for individuals and service providers in North Wales.

The Chairman thanked Mr. Jones and the representatives from Public Health Wales and BCUHB for their detailed and informative presentations and welcomed the initiatives and progress achieved to improve the health and well being of residents in Flintshire.

RESOLVED:

That the update be noted.

53. ROTA VISITS

The Head of Adult Services introduced a report to provide feedback on rota visits completed from September 2013 to start of February 2014. He referred to the visits undertaken to Arosfa, Estuary Crafts, Freshfields, Glanrafon, Marleyfield Day Centre, Melrose Day Centre, North East Wales Community Equipment Service (NEWCES) and Triffordd, and commented on the value of feedback and the actions taken to improve services where necessary.

The Head of Adult Services said that if any Member should require support to carry out their initial rota visits arrangements could be made to assist them in this task. Councillor Andy Dunbobbin asked if he could be provided with training on Rota Visits. The Head of Adult Services said he would ask the Contact Team Manager to coordinate arrangements.

RESOLVED:

- (a) That the report be noted;
- (b) That Members be encouraged to complete all outstanding visits up the end of March 2014; and
- (c) That further updates on rota visits be provided to the Committee at 6 month intervals.

54. FORWARD WORK PROGRAMME

The Member Engagement Manager introduced the report to consider the Forward Work Programme of the Committee. He advised that the following items were scheduled for consideration at the next meeting of the Committee to be held on 20 March 2014:

- Annual Council Reporting Framework
- Improvement Plan Monitoring update
- Annual Fostering Inspection
- Directorate Plan

The Member Engagement Manager sought volunteers to form an Annual Council Reporting Framework Task Group. In response to the request

Councillors Marian Bateman, Dave Mackie, Andy Dunbobbin, Carol Ellis and volunteered to serve on the Group. The Chairman commented that Councillor Hilary McGuill had also previously indicated that she may be willing to serve on such a group.

The Member Engagement Manager advised that the Local Government (Wales) Measure provided a duty to scrutinise other public service bodies. The Welsh Government (WG) had issued draft guidance on which bodies be included and Health was included which was a major change of the previous Welsh Government (WG) stance. However, he cautioned this may not be implemented for a while. In the circumstances, health scrutiny would continue to be carried out using the general powers in S21(2)(e) of the Local Government Act 2000.

RESOLVED:

- (a) That the report be noted;
- (b) That an Annual Council Reporting Framework Task Group be formed by Councillors Marian Bateman, Dave Mackie, Andy Dunbobbin, Carol Ellis and Hilary McGuill.

55. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

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

(The meeting started at 2.00 pm and ended at 4.10 pm)

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Chairman

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY 20TH MARCH, 2014**

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

SUBJECT: **IMPROVEMENT PLAN MONITORING REPORT**

1.00 PURPOSE OF REPORT

1.01 To note and consider elements of the 2013/14 Mid Year Improvement Plan Monitoring Report relevant to the Social & Health Care Overview and Scrutiny Committee. The report covers the period October – December 2013.

1.02 To note the following:-

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

2.00 BACKGROUND

2.01 The new style Improvement Plan adopted by Council in June 2013 which is aligned to the new three year Outcome Agreement, focuses on the priorities which are expected to have the most impact during 2013/14.

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

3.00 CONSIDERATIONS

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

3.02 For Social & Health Care Overview and Scrutiny Committee the following Improvement Plan sub-priority reports are attached at Appendix 1 and 2:-

- Independent Living
- Integrated Community Social and Health Services

4.00 RECOMMENDATIONS

4.01 That the Committee consider the 2013/14 Mid Year Improvement Plan Monitoring Report, highlight concerns and feedback details of any challenge to the Corporate Resources Overview & Scrutiny Committee who are responsible for the overview and monitoring of performance.

5.00 FINANCIAL IMPLICATIONS

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

6.00 ANTI POVERTY IMPACT

6.01 There are no specific anti poverty implications for this report, however poverty is a priority within the Improvement Plan 2013/14.

7.00 ENVIRONMENTAL IMPACT

7.01 There are no specific environmental implications for this report; however the environment is a priority within the Improvement Plan 2013/14.

8.00 EQUALITIES IMPACT

8.01 There are no equalities implications for this report.

9.00 PERSONNEL IMPLICATIONS

9.01 There are no personnel implications for this report.

10.00 CONSULTATION REQUIRED

10.01 Publication of this report constitutes consultation.

11.00 CONSULTATION UNDERTAKEN

11.01 Corporate Management Team and the Performance Leads from across the Authority have contributed to help shape the new approach to reporting.

12.00 APPENDICES

- 12.01 Appendix 1 – Independent Living
Appendix 2 – Integrated Community Social and Health Services

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

None.

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APPENDIX 1

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

What we said we would do in 2013/14: -

1. Build on the success of the reablement / recovery approach; agree the regional plan for telecare / telehealth; improve the timeliness of adaptations.

Progress Status	Progress RAG	A	Outcome RAG	G
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The Telecare Regional Group is submitting bids against the Welsh Government Telecare & Technology Fund to support further roll out of the scheme.

27 major adaptations were completed in owner occupied properties between October and December 2013, taking an average of 264 days per adaptation. This is better than the All Wales average of 271 days. These were all for adults with a disability – there were no children's adaptations completed in the Quarter.

Self assessment to identify the need for small pieces of equipment and minor adaptations such as grab rails and stair rails to help with everyday activities was introduced in April 2013. It offers a fast track service for people who have low level needs which could be met without the need for a face to face assessment. In the first six months, 97 referrals were received for self assessment. Of those that resulted in an intervention, 72% were provided with equipment or a minor adaptation without the need for a home visit.

Achievement will be measured through:

- agreeing the regional plan for telecare / telehealth
- meeting the all Wales average for adaptations
- meeting local improvement targets for reablement

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)

Agreeing the regional plan for telecare / telehealth – by March 2014

Achievement Measures	Lead Officer	2012/13 Baseline Data	2013/14 Target	2016/17 Aspirational Target	Q3 Outturn	Performance RAG	Outcome Performance Predictive RAG
The average number of calendar days taken to deliver a Disabled Facilities Grant for adults (PSR/009b).	Head of Adult Social Services	283 days	300 days	250 days by 2018	7136 total days 27 completions 264 days average	G	G
The average number of calendar days taken to deliver a Disabled Facilities Grant for children (PSR/009a).	Head of Children's Social Services	482 days	300 days	250 days by 2016	No DFGs were completed in Q3	N/A	G
Percentage of referrals where support was maintained or reduced or no further support was required at the end of a period of Reablement.	Head of Adult Social Services	72.7%	72%	70% by 2016	79% at the end of Q2	G	G

Risk to be managed – Ensuring we have enough capital for disabled facilities grants.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)
H	H	R	DFG's are prioritised within the Housing Renewal Capital programme to ensure that demand can be met. Additional limitations on adaptations work were introduced in 2010.	M	M	A	Further reductions to the scope of work will be considered in 2013/14. Such reductions are limited by the requirements of the legislation.	Head of Housing	↓	L	L	G

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2. Develop Commissioning Plans for specific service areas to ensure service provision meets need

Progress Status

Progress RAG

G

Outcome RAG

G

Commissioning plans for dementia, learning disability and mental health services are in place. Collaboration money is being used to fund a mentor to help us develop our market position statements and consult with the market in the development of new services.

Achievement will be measured through:

- Commissioning plans for dementia, learning disability and mental health services

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)

- Commissioning plans for Learning Disability in place – September 2013
- Commissioning plans for Mental Health Services in place – September 2013
- Commissioning plans for Dementia in place – October 2013

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

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)	
H	H	R	Developing the commissioning plan to fully understand the longterm needs for residential placements for people with dementia.	L	L	G	Develop a market position statement. Work with partners to develop an agreed model of dementia service with an investment plan for the future	Head of Adult Social Services	↔	L	L	G

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3. Use a whole family approach by implementing the Integrated Family Support Service			
Progress Status	Progress RAG	G	Outcome RAG
<p>The joint team across Flintshire and Wrexham was approved and implemented on 1 August 2013 with Flintshire taking the lead. A report on progress was delivered to Health & Social Care Overview and Scrutiny Committee in January 2014.</p>			
<p>Achievement will be measured through:</p> <ul style="list-style-type: none"> approval from Welsh Government for the sub regional team between Wrexham and Flintshire launch of the Integrated Family Support Service 			
<p>Achievement Milestones for strategy and action plans: (Lead Officer – Head of Children’s Social Services) Approval from Welsh Government for the sub regional team between Wrexham and Flintshire – August 2013</p>			
<p>Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services) Launch of the Integrated family Support Service – August 2013</p>			

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4. Prevent homelessness for people who are alcohol and drug dependent, victims of domestic violence, ex offenders and young people including care leavers

Progress Status	Progress RAG	A	Outcome RAG	G
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Housing Options Officers have been given specialist areas to focus on i.e. care leavers/ domestic abuse so that a range of early interventions and relevant expertise can be employed to prevent homelessness.

The Supporting People Support Gateway has been developed to ensure more timely support is targeted to these groups.

Achievement will be measured through:

- Homeless prevention for at least 6 months for households and individuals including care leavers

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Achievement Measures	Lead Officer	2012/13 Baseline Data	2013/14 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
Homeless prevention for at least 6 months for households and individuals (including care leavers). Measured annually (HHA/013)	Head of Housing	83.41%	90%	90%	Reported Annually	N/A	N/A
Referrals to the Homesafe Service.	Interim Head of Public Protection	170	170	170	55	G	G

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

Progress Status	Progress RAG	G	Outcome RAG	G
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In September 2013, an external reviewer was commissioned to lead on a review of the Transition Team, 1 year from commencing the service. This took place and involved the team, Managers and Partners. An Action Plan was produced and monitored.

In November 2013, the team led on a consultation event with representatives from young people using the service. 33 attended with parents, carers and teachers. Quotes received include:

"It helped my confidence, when you take me out"

"As a parent, transition has provided me with a key worker who can be contacted quickly and always comes back with information".

"Transition Team gives us reassurances that our students needs will be cared for whilst giving them confidence to share new experiences" (teacher)

"Team have helped me by talking to my mum"

"A booklet to explain the process and key stages of each Transition/Education and Careers Wales" parent.

Overall Judgement:

Evidence shows we have made a positive difference to young people as they grow into adults. However, we recognise that further work can be done to make it even better and for more people. We have a plan to do this and can measure our success.

The 16+ service implemented in Year 1 is now in its second year and has been rolled out to 15+ as agreed. The plan is to extend this to the 14+ age group in Year 3.

The usage of direct payments continues to increase, with 296 adults and children in total receiving a direct payment between October and December 2013. 138 of these are adults and children receiving services from the Learning Disability Service, Children's Integrated Disability Service, and those going through Transition.

Achievement will be measured through:

- children with disabilities are better supported to become young adults

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Children's Social Services)

Consultation with children with disabilities and their families to ensure they are better supported to become young adults – March 2014

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

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood (L)	Impact (I)	Gross Score (LxI)		Likelihood (L)	Impact (I)	Gross Score (LxI)				Likelihood (L)	Impact (I)	Gross Score (LxI)
M	M	A	Annual Transition event Promotion of Direct Payments	L	L	G	Implement Action Plan from Transition Review	Head of Children's Social Services	↔	L	L	G

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

What we said we would do in 2013/14: -

1. Integrate community based health and social care teams within localities

Progress Status	Progress RAG	G	Outcome RAG	A
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In December 2013 the North West locality team moved into Holywell Community Hospital as the first co-located team. Discussions continue to take place as to the remaining two teams.

A joint statement of intent at a regional level relating to older people 65+ with complex needs has been developed and is near completion. Work will then continue at a service level. A report was presented to Social and Health Care Overview & Scrutiny Committee on 9 January 2014.

Achievement will be measured through:

- development of one co-located team this financial year - Achieved

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)

Development of one co-located team this financial year – March 2014 - Achieved

Joint processes and procedures in place for co-locating teams – March 2014

Risk to be managed – Ensuring effective joint working with BCUHB to achieve common goals, in order to ensure that people can safely remain at home and be medically and socially supported.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood (L)	Impact (I)	Gross Score (LxI)		Likelihood (L)	Impact (I)	Gross Score (LxI)				Likelihood (L)	Impact (I)	Gross Score (LxI)
H	H	R	<p>Working together strategically to ensure effective communication and forward planning.</p> <p>Working together operationally to prevent unnecessary hospital admissions.</p> <p>Action plans in place for LLT's</p>	M	M	A	<p>Implement Action Plan for LLT's</p> <p>Implement Action Plan for co-located services</p> <p>Develop and implement action plan around statement of intent</p>	Head of Adult Social Services	↔	M	M	A

2. Support the introduction of Enhanced care Service (ECS) in the North West Locality by summer 2013 and in North East and South Localities by autumn 2013

Progress Status	Progress RAG	A	Outcome RAG	G
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Enhanced Care was introduced in the North West locality in September 2013. Early feedback from patients and carers has been positive. Until recently, Holywell GPs had not been referring in to the services but indications are that this is changing. Between the launch in September and the end of November 20 people had received support from the team. Four patients have returned satisfaction questionnaires, and all reported that they were happy with the service they received.

We are continuing to promote the service to increase uptake in the North West locality. In the meantime the business cases for the South and North East localities are progressing and we expect to be reaching agreement by Spring 2014. A report on progress was presented to Health and Social Care Overview and Scrutiny Committee on 9 January 2014.

The key issues for the partnership are:

- To ensure that timescales are met to deliver Enhanced Care at home across the rest of the county by Spring 2014 within the approved level of funding.
- There was a ministerial announcement in December regarding the Intermediate Care Fund. Proposals will then be developed jointly with Health to drive forward new models of sustainable integrated care. This will be through a North Wales Group, chaired by the Director of Community Services in Flintshire.

Achievement will be measured through:

- agree and implement the business case for ECS in the North West locality - Completed
- the experiences of patients – evidenced and ongoing.

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)

Option for co-location explored by June 2013 - Achieved

Preferred recommendation delivered by September 2013 - Achieved

Achievement Milestones for strategy and action plans: (Lead Officer – Director of Community Services)

Agree the business case for ECS in the North West locality – June 2013 - Achieved

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)

Implement the business case for ECS in the North West locality – September 2013 - Achieved

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)

Three patient stories to be gathered in first quarter – October 2013 – we expect to be able to report back on these in Quarter 4.

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)

Agree and implement proposals for new models of sustainable integrated care under the Intermediate Care Fund.

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

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)
M	M	A	Planning for implementation of Enhanced Care Service (ECS).	M	M	A	Monitor cost of packages of care funded by the Local Authority for those people receiving Enhanced Care who would previously have gone into hospital. (Start Aug 2013 in NW Flintshire, and Oct 2013 for NE and S).	Head of Adult Social Services	↓	L	L	G

Risk to be managed – Public support for the changes to the services.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)	
M	M	A	Planning for implementation of Home Enhanced Care Service (HECS).	M	M	A	Gather patient stories in partnership with BCUHB to evidence the effectiveness of ECS, and make outcomes public.	Head of Adult Social Services	↓	L	L	G

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

Progress Status

Progress RAG

G

Outcome RAG

G

Flintshire has implemented its Carers' Commissioning Strategy through third sector contracts from October 2012 to March 2015. This includes organisations collaborating to provide new and more flexible services.

A number of priorities for the short term have been identified by the Carers Strategy Group based on the actions within the current Commissioning Strategy:

- Extend Carer Consultation Network – focus on parents / carer or someone with autism
- Support for Young carers who have siblings with autism
- Efforts by all agencies in reaching carers from BME backgrounds
- Transition services to ensure that carers, who support people through transition, receive adequate and appropriate information
- Ensure Existing social services training opportunities are inclusive of staff, service users and carers.
- Focus on informing front line staff about services that are available to support carers.

Carers Measure funding is available to provide more training for health and social care staff in supporting carers who care for people with continuing health care needs. Training is provided through the Flintshire Learning Zone and is available to Flintshire and third sector staff.

For respite carers there is a generic menu of services across all carers groups, which are accessed via a voucher system. Initial feedback is that this has been very successful – awaiting 6 month evaluation report.

Achievement will be measured through:

- plans to support carers are agreed and implemented

Achievement Measure	Lead Officer	2012/13 Baseline Data	2013/14 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
Percentage of plans to support carers agreed and implemented	Head of Adult Social Services	72%	65%	75%	64.4%	A	G

4. Ensure Health and Social Care and Well Being Strategy priorities are progressed through localities

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Progress Status	Progress RAG	A	Outcome RAG	A
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Progress against Locality Leadership Team (LLT) action plans continue to be reported to the Strategic Locality Group and then to the Strategic Partnership Group.

The Health, Social Care and Well being Partnership Board has now been replaced by the Health and Wellbeing Board. An End of Strategy Summary was developed and shared with the LSB in January 2014 to outline progress, current position and key messages for the future. This report will continue to inform local planning and development

Previous comments made relating to the level and pace of working at LLT level remain the case i.e. that there is variable progress, complex issues to address and that priorities are likely to require continued focus into the next financial year.

Achievement will be measured through:

- Locality action plan outcomes

Achievement Milestones for strategy and action plans: (Lead Officer – Director of Community Services)

Inclusion of relevant HSCWB Strategy priorities in the Locality Leadership Teams plans – June 2013

Achievement of relevant outcomes in Locality Leadership Teams plans – March 2014

FLINTSHIRE COUNTY COUNCIL

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

DATE: **20TH MARCH 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 & 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
<p>1 May 10.00 p.m.</p>	<p>CSSIW Inspection Report – Commissioning Dementia</p>	<p>To inform members of the outcome of the Dementia Inspection</p>	<p>Service Delivery/Performance</p>	<p>Director of Community Services</p>	
	<p>Annual Fostering Inspection</p>	<p>To inform members of the outcome of the Annual Fostering Inspection</p>	<p>Service Delivery/Performance</p>	<p>Head of Children's Services</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>Annual Council Reporting Framework</p>	<p>To consider the final draft of the Flintshire County Council Social Services Annual Performance Report 2013-14.</p>	<p>Performance</p>	<p>Director of Community Services</p>	

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
<p>12 June 2.00 p.m.</p>	<p>CSSIW Action Plan update</p> <p>Emergency Duty Team</p>	<p>To receive an update on the Flintshire County Council Social Services Annual Performance Report 2013-14.</p> <p>Update report</p>	<p>Service delivery</p> <p>Service delivery monitoring</p>	<p>Director of Community Services</p> <p>Director of Community Services</p>	
<p>3 July 2.00 p.m.</p>	<p>Adult Safeguarding</p> <p>2013/13 Year End & Q4 data</p> <p>Improvement Plan Monitoring Update</p> <p>HoS Performance Reports</p>	<p>To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Adult Safeguarding Inspection Action Plan</p> <p>To enable members to fulfil their scrutiny role in relation to performance monitoring</p>	<p>Performance monitoring</p> <p>Performance monitoring</p>	<p>Director of Community Services</p> <p>Facilitator</p>	

ITEMS TO BE SCHEDULED

Joint meeting with Lifelong Learning Overview & Scrutiny Committee

- 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 (await outcome of CSSIW inspection)

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

Regular Items

Month	Item	Purpose of Report	Responsible / Contact Officer
January	Safeguarding & Child Protection	To provide Members with statistical information in relation to Child Protection and Safeguarding	Director of Community Services
March	Educational Attainment of Looked After Children	Education officers offered to share the annual educational attainment report which goes to Lifelong Learning OSC with this Committee	Director of Lifelong Learning

Month	Item	Purpose of Report	Responsible / Contact Officer
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