Public Document Pack

Gareth Owens LL.B Barrister/Bargyfreithiwr
Head of Legal and Democratic Services
Pennaeth Gwasanaethau Cyfreithiol a Democrataidd

To: Cllr Carol Ellis (Chair)

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

CS/NG

19 November 2013

Tracy Waters 01352 702331
tracy.waters@flintshire.gov.uk

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 **MONDAY, 25TH NOVEMBER, 2013** at **1.00 PM** to consider the following items.

Members are requested to note the time for the start of the meeting.

Yours faithfully

Democracy & Governance Manager

A G E N D A

1 **APOLOGIES**

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

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

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

County Hall, Mold. CH7 6NA
Tel. 01352 702400 DX 708591 Mold 4
www.flintshire.gov.uk
Neuadd y Sir, Yr Wyddgrug. CH7 6NR
Ffôn 01352 702400 DX 708591 Mold 4
www.siryfflint.gov.uk

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

4 **CSSIW ANNUAL REVIEW AND EVALUATION OF PERFORMANCE 2012/13** (Pages 9 - 28)

Report of Director of Community Services

5 **MENTAL HEALTH COMMISSIONING PLAN – SERVICE UPDATE** (Pages 29 - 74)

Report of Director of Community Services

6 **DEMENTIA COMMISSIONING PLAN** (Pages 75 - 132)

Report of Director of Community Services

7 **SOCIAL & HEALTH CARE IMPROVEMENT PLAN MONITORING REPORT** (Pages 133 - 152)

Report of Member Engagement Manager

8 **SOCIAL & HEALTH CARE MID YEAR SERVICE PERFORMANCE REPORT** (Pages 153 - 174)

Report of Member Engagement Manager

9 **SOCIAL & HEALTH CARE FORWARD WORK PROGRAMME** (Pages 175 - 182)

Report of Member Engagement Manager

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
24 OCTOBER 2013

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, 24 October 2013

PRESENT: **Councillor Carol Ellis (Chair)**
Councillors: Andy Dunbobbin, Veronica Gay, Cindy Hinds, Hilary Isherwood, Stella Jones, Brian Lloyd, Hilary McGuill, Dave Mackie and David Wisinger

APOLOGIES:
Councillors: Marion Bateman, Peter Curtis, Mike Lowe and Ian Smith

CONTRIBUTORS:
Cabinet Member for Social Services, Director of Community Services, Head of Social Services for Children, Head of Social Services for Adults, Social Workers

For minute number 27 - Claire Sullivan - Chief Officer for North East Wales Carers Information Service (NEWCIS), Janet Fletcher - Acute Family Support Officer – Hafal and Evelyn Oldale – a Carer

For minute number 30 - Internal Audit Manager and Senior Auditor

IN ATTENDANCE:
Environment and Social Care Overview & Scrutiny Facilitator and Committee Officer

25. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Councillor Hilary McGuill declared a personal interest in agenda item 4 – Carers Services in Flintshire as she was a carer.

Councillor Andy Dunbobbin declared a personal interest in agenda item 5 – Social Services Improvement Agency as he was a kinship carer.

26. MINUTES

The minutes of the meeting held on 19 September 2013 had been circulated with the agenda.

RESOLVED:

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

27. CARERS SERVICES IN FLINTSHIRE

The Chair introduced Claire Sullivan (Chief Officer at North East Wales Carers Information Service (NEWCIS)), Janet Fletcher (from Hafal) and Evelyn Oldale who was a Carer.

Ms. Sullivan welcomed the opportunity to speak to the Committee to explain how Members could signpost carers to NEWCIS.

Ms. Oldale provided a detailed presentation to the Committee, in form of a job advert, of the work undertaken by a carer. She explained that the hours were long, that no formal qualifications were required and that the successful applicant might need to carry out the tasks of two people such as when lifting of the patient was required and that the environment was stressful. The pay was poor and that there was no occupational pension available and that days off were limited and there was no prospect of promotion and once the carer reached the age of 65, any allowances that they received were stopped.

Ms. Sullivan then provided a detailed presentation on NEWCIS explaining that they provided information and support to carers and that they signposted carers to the most appropriate service if required. NEWCIS was the point of contact for all carers and she provided information on carers which included:-

- There had been a seven percent increase in the numbers of adult carers in Flintshire since the last census in 2001
- Young carers from the ages of 12 to 17 totalled 4,745 in 2012
- NEWCIS had 25% of adult carers registered in Flintshire (which was one of the highest figures in Wales)
- In the first six months of this financial year, NEWCIS had received 543 referrals from GPs, Social Services, Community Hospitals, voluntary sector and self referrals from carers. 380 of these had received a home visit and assessment of their needs and were signposted to other services

She explained that there was a Flintshire Carers Strategy Group and she detailed those on the group and added that the group linked Betsi Cadwaladr University Health Board (BCUHB) via NEWCIS who attended and contributed to regional work currently being developed. The action plan for NEWCIS was updated on a regular basis and the NEWCIS website was linked to the Flintshire County Council website. All registered carers were sent a quarterly newsletter to inform carers of all training, groups, events and local service information. Newsletters were also sent to all GP's practices, community hospitals, social services, libraries, community centres, local organisations, private businesses and local councillors to ensure that carers saw the information that was available.

Ms. Sullivan explained that NEWCIS:-

- undertook carers needs assessments
- provided carer specific training, one to one support and home visits
- arranged carer groups and drop in sessions
- Managed Bridging the Gap respite service
- Prepared a quarterly newsletter
- Provided a 48 hour break scheme at Llys Eleanor in partnership with Clwyd Alyn and Flintshire County Council

Ms. Fletcher then provided a detailed presentation on Hafal with the main features being as follows:-

- Hafal – What's our mission?

- What do we do
- Hafal in Flintshire
- What services do we provide?
- Family Support
- Group activities
- Acute Family Support
- Get2gether
- Partnership meetings
- Respite fund
- Group respite
- Networking
- National Services

The Chair thanked Ms. Sullivan, Ms. Fletcher and Ms. Oldale for their presentations. She said that she hoped that the funding continued as NEWCIS and Hafal provided a lifeline for many people in Flintshire.

Councillor Stella Jones asked whether Ms. Fletcher felt that the small team at Hafal could provide the services that were needed to those carers living in areas such as Gronant due to the distance from the team's base at Wrexham. Ms. Fletcher said that she worked from the Deeside Community Mental Health Team office and attended Home Treatment Team clinical review meeting at least once a week at Wrexham. In response to a question from Councillor Hilary Isherwood about whether Hafal worked with young carers, Ms. Fletcher said that Hafal worked with carers aged 18 or over and that she would refer any young carers to NEWCIS or Barnardos.

Councillor Hilary McGuill asked for information on the 'buddy' scheme for those who went into Llys Eleanor as part of the 48 hour break project. In response, Ms. Sullivan explained that when it was identified that a carer needed a break, the carer and their relative would visit Llys Eleanor along with a volunteer who would then visit them during the stay. The buddy scheme was currently only available to those on the 48 hour break project but the staff at Llys Eleanor had asked that it be extended to the residents who lived there, which Ms. Sullivan was to consider. Talks were ongoing with Llys Jasmine about extending the scheme to that facility and Ms. Sullivan said that she would like it to be a whole Wales scheme.

Councillor Hilary Isherwood spoke of the respite projects and asked whether help was available for transport costs for those that lived in rural areas and did not have a regular bus service. Ms. Fletcher said that each case would be looked at but that it was possible to sometimes refund petrol costs, train fares or taxi costs through certain companies if the carer did not have a car and was not able to use a bus. Councillor Isherwood queried whether it was possible to send a leaflet on agencies such as NEWCIS and Hafal to all residents with their Council Tax bill as this would ensure the information was available to every household. Councillor Stella Jones also suggested that information on all agencies including NEWCIS and Hafal should be made available to all Councillors as part of the information they received following an election. In response to a question from Councillor McGuill, Ms. Sullivan said that a Carers Information Day was to be held on 29th November 2013 and Ms. Oldale said that

regular visits were made to hospitals and supermarkets to promote the work undertaken by carers and organisations such as NEWCIS and Hafal.

Ms. Sullivan commented on the Social Care and Wellbeing Bill 2016 and said that it was the intended that the Care Strategy for Wales Bill be repealed but this was being challenged as the Bill suggested that there be a charge for information, care advice and services. She asked Members to support that a charge not be put in place. The Chair proposed that the Committee send a letter expressing their objection to charging for the service.

RESOLVED:

(a) That the presentation be received; and

(b) That the Committee send a letter expressing their objection to charging for information, care advice and services.

28. SOCIAL SERVICES IMPROVEMENT AGENCY

The Head of Social Services for Children introduced a report to advise the Committee of Children's Services involvement in the Social Services Improvement Agency project.

Two of the social workers, Brigid Gore and Mike Jones, were introduced to the Committee. The Head of Social Services for Children detailed the background to the report, explaining that four social workers had worked for approximately ten months using an outcomes-based approach with three of their cases. Mr. Jones provided details of the case that he had worked on, explaining how he had used the "Turning the Curve" exercises as a visualisation tool to encourage interaction between the children and parent. He felt that from his point of view, this worked well but added that it was important for the social worker to choose the appropriate tools to create the greatest impact. Ms. Gore spoke about a case that she had inherited and the work undertaken by the social worker, Duty Team and the Family Intervention Team with the parent and child. She explained that their relationship had now dramatically improved and the child was much happier. Councillor Hilary McGuill felt that the work undertaken had taught the individuals to care and to think about the results of their actions and the effect it would have on others as it was automatically assumed that everyone knew how to be a parent but this was not always the case.

Councillor Hilary Isherwood commented that in most cases she felt that it was crucially important that the mother and child were not separated. In response to a comment from Councillor Andy Dunbobbin, the Head of Social Services for Children detailed work undertaken with 'Action for Children' and explained about accessing Mental Health Services. She added that each case was reviewed by an Independent Review Officer.

In response to a comment from Councillor Cindy Hinds about a recent case of a child that had died in Bradford but had not been discovered for two years, the Head of Social Services for Children said that it was a learning organisation and that issues which had been broadcast nationally were shared at team meetings. She reminded Members that social workers did not have an

automatic right to enter a property if there were concerns and that they would liaise with the Police if necessary about accessing a property. Mr. Jones said that social workers gained experience through their work and that there was a need for all other agencies to be part of a planned process to improve the life of children. The Director of Community Services said that there was a need to learn from tragic cases from across the country and also to learn from good practice. He thanked Mr. Jones and Ms. Gore for sharing their experiences with the Committee.

RECEIVED:

That the evaluation report be received and the involvement in the pilot be endorsed.

29. WORKSHOP OUTCOME FOR DOUBLE CLICK AND AGREEMENT TO PROGRESS

The Director of Community Services introduced a report to advise Members of the outcome of the Members workshop held at Double Click on 2 October 2013.

The Chair explained that this was the third time that the report had been considered by Members and said that any questions should have been raised at the workshop.

The Director said that a number of issues had been discussed which included the impact on service users, the Business Plan and the opportunities provided by the changes and he highlighted section three of the report. He explained that the business plan had been discussed in detail and added that there were more practical opportunities available to Double Click if the transfer from a Social Services run work scheme to a Social Enterprise company was approved.

RESOLVED:

That the proposal be supported and it be recommended that Cabinet agree to transfer Double Click from a Social Services run work scheme to a Social Enterprise company in the form of a Company Limited by Guarantee.

Councillor Dave Mackie voted against the recommendation.

30. INTERNAL AUDIT OF SAFEGUARDING ARRANGEMENTS

The Head of Adult Services introduced a report to provide Members with an opportunity to consider the outcome of the internal audit of Adult Safeguarding Arrangements which was completed in July 2013.

He detailed the background to the report and explained that the audit reflected on areas of good practice, where improvement was needed and areas where management needed to ensure full application of existing controls. Paragraph 3.05 detailed the actions which had been taken in response to the

improvement areas noted and the need for application of existing controls to ensure that there was no likelihood of increased risk materialising in this area.

In response to a comment from Councillor Dave Mackie about timings for electronic connectivity for all partner agencies needs to be prioritised and actively pursued, the Head of Adult Services said that it was not possible to include a timescale but added that guidance was now in place from Welsh Government on a simplified assessment process.

The Chair spoke about a meeting of Chairs and Vice-Chairs where it had been suggested that Internal Audit consider the risk to the Council from Betsi Cadwaladr University Health Board.

Councillor Hilary McGuill spoke of the responsibility of the authority under Protection of Vulnerable Adults (POVA) in relation to the sexual health of adults in sheltered accommodation or with learning disabilities. She felt that there should be a process in place. In response, the Head of Adult Services said that the issue would be managed and that steps would be put in place but added that he would speak to the team to establish whether further structures would be appropriate. The Internal Audit Manager said that it was the role of Internal Audit to see that processes were in place, not to design them but if it was an area of concern, the overall system could be looked at. He said that the Internal Audit report was good and said that at the time of writing the report in May 2013 there had been four recommendations outstanding. He welcomed the good progress that had been made.

The Chair welcomed the opportunity for the Committee to be able to refer issues to Internal Audit and Audit Committee.

RESOLVED:

That the overall findings of the Internal Audit report published in August 2013 and management actions taken to address improvements and application of existing controls be noted.

31. FORWARD WORK PROGRAMME

The Environment and Social Care Overview & Scrutiny Facilitator introduced the report to consider the Forward Work Programme of the Committee.

The Facilitator reminded Members of the following:-

- Corporate Parenting and Public Law Outline seminar scheduled for 25 October 2013
- Effective Overview & Scrutiny training on 31 October and 1 November 2013
- The Welfare Reform workshop scheduled for 1pm on Friday, 8 November 2013

She detailed the items scheduled for consideration at the 25 November 2013 meeting but advised that the CSSIW Annual Letter may be moved to the

January 2014 meeting if the CSSIW officers were unable to attend in November 2013. The budget meeting was due to take place on 5 December 2013 with the next ordinary meeting taking place on 9 January 2014. The Facilitator detailed the items for consideration at the meetings scheduled upto March 2014. She also advised that an update on Home Enhanced Care would be submitted to a future meeting of the Committee.

Following a request for any other items that Members wanted to discuss, the following were suggested:-

- Update on rota visits
- Public health including oral hygiene
- Information on whether the people with family members with bowel cancer were being targeted to receive the testing kit
- Whether risk assessments for those working at home were undertaken – the Chair indicated that this issue would be referred to Corporate Resources Overview & Scrutiny Committee
- Problems with Betsi Cadwaladr University Health Board (BCUHB) and cross border services that were changed without giving prior notice to service users

In response to the information on bowel cancer, the Director of Community Services said that the issue could be submitted to a future meeting of the Committee but added that he would ask Public Health colleagues for an update.

The Director then provided an update to Members on the meeting which had been held the previous evening with the new Chairman and the acting Chief Executive of BCUHB. The meeting was to allow stakeholders to give their views and to allow engagement with local authorities and third sector partners. The Director felt that it was a positive meeting.

On the issue of rota visits, Councillor Dave Mackie said that he had undertaken a number of visits with some being at the same location; he queried whether there were other addresses that could be visited. The Director explained that rota visits only applied to in-house facilities but that the facilities visited would be re-considered.

The Facilitator advised that BCUHB had in the past been invited to the Committee meetings but that this practice had stopped pending the meeting with the new Chairman of BCUHB. As this had now taken place, an invitation could be extended to BCUHB to attend future meetings of the Committee.

RESOLVED:

(a) That the report be noted;

(b) That the Environment and Social Care Overview and Scrutiny Facilitator and the Chair consider the inclusion of the suggested items at future meetings of the Committee;

(c) That the issue or risk assessments for those undertaking agile working be referred to the Corporate Resources Overview & Scrutiny Committee.

32. 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)

....

Chairman

Agenda Item 4

FLINTSHIRE COUNTY COUNCIL

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

DATE: **MONDAY, 25 NOVEMBER 2013**

REPORT BY: **DIRECTOR OF COMMUNITY SERVICES**

SUBJECT: **CSSIW ANNUAL REVIEW AND EVALUATION OF PERFORMANCE 2012/13**

1.00 PURPOSE OF REPORT

1.01 The Care and Social Services Inspectorate for Wales (CSSIW) have produced their annual report for Flintshire Social Services. The report relates to performance for 2012/2013.

1.02 This report provides an overview of CSSIW's evaluation of social care in Flintshire.

2.00 BACKGROUND

2.01 CSSIW produce an annual report for every local authority in Wales identifying areas of progress and areas for future improvement

2.02 Flintshire's annual report for 2012/2013 is presented in Appendix A.

3.00 CONSIDERATIONS

3.01 In summary the CSSIW report:

- provides a positive reflection of social services in Flintshire
- recognises the improvement journey that has been delivered
- identifies that the Council is well placed to respond to significant challenges.

3.02 In their report CSSIW recognise that the Council is able to evidence a range of positive outcomes which have been delivered through its strategic transformation of services.

3.03 The report identifies many strengths and areas where sound progress has been delivered. Specific strengths in Adult Services include:

- the emphasis on prevention with more people able to lead independent lives
- the success of the reablement service in helping people regain independence

- our recovery approach to supporting people with mental health needs
- the development of extra care with purpose built dementia apartments

3.04 Specific strengths in Children Services include:

- a significant range of national indicators remaining amongst the best in Wales
- an effective response to incoming referrals
- good performance in fulfilling responsibilities relating to child protection and looked after children
- good support to young people leaving care and improved access to accommodation

3.05 The identification of these strengths reflects the strategic and operational investment that has taken place in developing a service model that aims to reduce dependency and support more people to live independent lives. The report identifies that this is underpinned by strong leadership and clear vision.

3.06 Within the context of the current economic climate, welfare changes and demographic pressures the report describes the Council as being 'forward looking and innovative' and 'increasingly realistic about how to prepare for new demands and shifting public expectations'.

3.07 The report identifies that we have a credible financial plan but recognises the challenge in ensuring that the pace of savings that have been delivered to date are sustainable.

3.08 To help ensure that our medium term financial plan is sustainable we have established a programme board to modernise social care with an ambition to deliver a lean, efficient and effective programme of services that are cost effective and well placed to respond to pressures. This work forms and integral part of the wider organisational approach to delivering value for money and achieving financial efficiencies.

3.09 The CSSIW evaluation provides a balanced assessment and identifies areas for improvement as well as strengths and good practice.

3.10 Positively the areas for improvement that are identified within the report are areas we are aware of and have arrangements in place to address. For example adult safeguarding is an area identified for further improvement and we have already instigated action. Our progress has been assessed by internal audit and an associated report has been presented to Social and Health Care Overview and Scrutiny Committee (24th October 2013).

3.11 As part of their evaluation CSSIW have identified three potential risks

for the authority. The risks relate to:

- the sustainability of our medium term financial plan (see 3.08)
- securing robust outcomes in adult safeguarding (see 3.10)
- our ability to influence locality focused strategic planning with Besti Cadwaladar University Health Board (BCUHB).

3.12 Our assessment is that we have appropriate control measures in place to manage and mitigate the risks identified by CSSIW and no additional action is required.

4.00 RECOMMENDATIONS

4.01 Members are asked to note CSSIW's evaluation of performance.

5.00 FINANCIAL IMPLICATIONS

5.01 Not applicable. Management actions and controls to respond to areas for improvement and risks are in place and no additional financial resources are required.

6.00 ANTI POVERTY IMPACT

6.00 None arising from this report.

7.00 ENVIRONMENTAL IMPACT

7.00 None arising from this report.

8.00 EQUALITIES IMPACT

8.01 None arising from this report.

9.00 PERSONNEL IMPLICATIONS

9.01 None arising from this report.

10.00 CONSULTATION REQUIRED

10.01 None arising from this report.

11.00 CONSULTATION UNDERTAKEN

11.01 None arising from this report.

12.00 APPENDICES

12.01 Appendix A – CSSIW Annual review and Evaluation of Performance 2012/2013

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS

None

Contact Officer: **Neil Ayling**
Telephone: **01352 702500**
Email: **neil.j.ayling@flintshire.gov.uk**

Annual Review and Evaluation of Performance 2012/2013

Council Name: **Flintshire County Council**

This report sets out the key areas of progress for the year 2012/13 in Flintshire Social Services Department and areas for future improvement

Summary

The council benefits from strong leadership and clear vision. Overall it has continued to make progress in a number of key areas. It is able to evidence a range of positive outcomes which have been delivered through its strategic transformation of services. It has signalled its intention to put people in control of the services they receive and to support more people to live independent lives. It is seeking to reduce dependency on its services by strengthening support in communities and the use of new technology.

The council is forward looking and is innovative. This has been recognised in the number of awards it has been given.

Adult services

The result of the council's emphasis on prevention has meant fewer people are now supported in residential care and more are able to lead independent lives. Its reablement service has been particularly successful in helping people regain independence with the majority of users not requiring ongoing services.

Adult safeguarding has been identified as an area which should be strengthened and the council has taken action to improve the management of risk.

There are ongoing issues in improving community health services with the council reporting that the complex decision making processes within the Betsi Cadwaladr University Health Board (BCUHB) have previously not always lent themselves to joint working for shared outcomes.

Children's services

Performance against a significant range of national indicators remains amongst the best in Wales. The council provides an effective response to incoming referrals and performs well in fulfilling its responsibilities in relation to child protection and looked after children. It should consider the potential to improve placement stability.

The council has developed a range of preventative services and provides good support to young people leaving care and access to accommodation has improved.

The council's annual performance report has been restructured to reflect the key components of the Social Services and Well-being (Wales) Bill and will better lend itself to public scrutiny against the key areas of leadership, commissioning, improvement, voice for citizens, safeguarding and integrating services.

The report recognises that the current economic climate, welfare changes and demographic pressures present significant challenges for the future and is increasingly realistic about how to prepare for new demands and shifting public expectations.

CSSIW has identified the following 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.

Response to last year's areas of development

There has been a mixed response to the key areas for development identified by CSSIW. The council recognises this and has appropriately prioritised those areas where sufficient progress has not yet been assured.

With regard to last year's specific priorities:

- The council contracts with a range of third sector organisations to support carers to a value of £435k per year – this includes specifically commissioning North East Wales Carers Information Service (NEWCIS) to undertake some carers assessments on their behalf. In addition, there has been an increase in the number of young carers known to the council, together with more being provided with support.
- More short break overnight provision for children and young people with disabilities has been secured. The new contract with Action for Children provides additional capacity and greater flexibility. Following refurbishment, a

short break unit at Arosfa has now reopened with capacity having increased from 220 nights per year to 350.

- The council is continuing to invest resources in improving adult safeguarding – the site visit revealed that, although some progress had been made, more needs to be done to secure consistently robust outcomes.
- Good progress has been made ensuring statutory visits and reviews for looked after children meet requirements.
- There has been significant progress in the timeliness of major and minor adaptations.

Good practice identified

CSSIW has identified the following areas of good practice:

- The development of a second extra care scheme that incorporates 15 purpose built dementia apartments – the first in Wales.
- Social Care Accolade finalist in the Citizens Controlling Services category for citizen directed support work.
- Social Care Accolade winner in the Better Outcomes through Working Together category for its recovery approach in providing better support for people with mental health needs.
- The allocation of up to 10 units from Flintshire housing stock each year for care leavers.
- The council was runner up in the UK Grandparents Association National Awards 2013 for its Kinship and Family Group Meeting services.
- Contract monitoring team input into adult safeguarding processes – specifically around alerting, risk assessment and taking responsibility for actions to secure positive outcomes for vulnerable people.

Visits and inspections undertaken during the year

CSSIW completed a programme of inspections of regulated services operating in the Flintshire area and held routine engagement meetings with senior council officers.

A site visit was conducted in January 2013 to look at the use of risk assessment in adult safeguarding processes.

There has been significant attendance at a range of safeguarding meetings in both adult and children's services.

Areas for follow up by CSSIW next year

A number of specific areas for improvement have been identified in the body of this report. The council's progress in relation to these will be discussed with the council during regular engagement meetings in the coming year. This includes:

- The impact of resource investment in strengthening adult safeguarding.
- Application of Deprivation of Liberty Safeguards.
- Work in identifying and supporting adult carers.
- Joint working arrangements with Betsi Cadwaladr University Health Board.

In addition, CSSIW will be undertaking a national thematic inspection of looked after children and a national thematic review of commissioning of social care for older people.

PERFORMANCE

Shaping services:

Adults

The council continues to make progress in reshaping adult services within a strategic transformation programme that aims to secure a balance between preventative approaches and supporting those who are already vulnerable. There is a clear sense that it understands the needs in the area and is more effectively planning to meet future demand.

This is evidenced by increasing numbers of people able to maintain their independence, with fewer requiring ongoing services, complimented by increasing investment in a range of services, such as specialised extra care developments which provide additional support when required.

The council recognises that citizens are central to this process, and is embedding greater control for local people in strategic decision making processes - this is increasingly generating commitment and ownership of future service development that needs to better meet changing public expectations and adapt to demographic pressures.

Better commissioning is a priority, and is increasingly being developed for the long-term - strategies for learning disability and mental health services have recently been developed that anticipate needs and demand for the next five years and beyond. The plan for older people is to follow.

The council recognises the need to develop services across boundaries which maximise the potential of regional capacity, the valuable contribution of partner agencies and the crucial roles of the independent and voluntary sectors - the latter particularly in supporting preventative work.

BCUHB has recently responded to a report by Healthcare Inspectorate Wales (HIW) and the Wales Audit Office (WAO) by developing an action plan that aims to improve governance, leadership and management arrangements - this will require

sustained input by the council in order to ensure that local priorities have the appropriate attention.

Children

The council is continuing to invest in services for children and young people. It aims to embed a comprehensive early intervention model that underpins a commitment to prevention, with less emphasis upon acute crisis intervention.

This is demonstrated by the recent implementation of the Integrated Family Support Service that seeks to work with families in an earlier and more co-ordinated way to achieve stability and better long-term outcomes. The council has built upon lessons learned from pilot work elsewhere and believes that it is in a strong position to rapidly develop a successful local approach.

The Families First programme represents a key component of the council's response to the Welsh Government child poverty strategy, and is designed to improve outcomes for children, young people and their families. It works alongside initiatives such as the Integrated Family Support Service, with particular emphasis upon working with the whole family and targeting those living in poverty.

Areas of progress

- Investment in improving commissioning in adult services.
- Reablement becoming embedded in practice.
- Early intervention approach in children's services.

Areas for improvement

- The ability to influence locality focused strategic planning with the BCUHB.

Getting help:

Adults

The council has good arrangements in place to enable people to be well informed in making choices about health and wellbeing initiatives and services.

There is a comprehensive range of increasingly electronic information that is website based and easily updatable, supported by printed leaflets in a number of key locations. In both formats, the information is accessible, easy to read and provides clear guidance about services that can be provided, although there is some recognition that this needs to be improved for people with a learning disability.

The council has continued to develop and expand contact methods and facilities in order to provide a range of options for the public to better access advice and support. The Flintshire Connects initiative is now operational at Holywell, with further hubs scheduled to open at Connah's Quay, Buckley and Flint.

Response to referrals is good, and this is reflected in key areas of activity, such as working in partnership with health colleagues in supporting appropriate and timely hospital discharges, with rates amongst the best in Wales.

There has been a shift to considering reablement as an option for all people through the establishment of Reablement and First Contact duty teams - this is an important step in embedding a culture that promotes and supports independence at an early stage.

Fewer older people required long-term support in care homes over the course of the year, and this was confirmed when reported against the census date of 31 March 2013 which measures numbers on that day compared to the same date the previous year.

This is mirrored by younger adults with a physical or sensory disability and also by those with a learning disability, although the latter experienced a small increase in numbers requiring residential care.

The number of younger adults supported in the community with mental health needs fell, with fewer requiring residential care. This has been achieved within the context of the council continuing to embed its recovery approach - the emphasis being upon enabling people to direct their own rehabilitation with less dependence upon long-term support.

Although an increasing number of older people were supported in the community, as reported at the census date, fewer were supported over the course of the year - the council explained that this is an expected outcome from increased preventative work, reduced waiting lists and more accurate data recording.

More service users had their care plans reviewed, and performance is moving in the right direction of travel, with over 90% having met this standard. However, effective care management is underpinned by timely reviews for all, in order to ensure that need continues to be appropriately met and the quality of individual service is regularly monitored and tested.

The council has contracted the North East Wales Carers Information Service (NEWCIS) to support its aim of identifying and supporting more adult carers. It is currently working to ensure that data capture is improved in order to ensure that outcomes can be effectively reviewed. The fall in the number of carers known to the council is likely to be a short-term data anomaly, although it still compares relatively well against most others in North Wales.

Children

The council has good systems in place to inform children, young people and their families of services, options and choices that are available in a range of accessible formats.

Multi-agency work is increasingly effective in ensuring that preventative work is better co-ordinated and focused upon delivering better outcomes at an early stage of contact.

Reported referral numbers remain comparatively low and have fallen further during the past year - from 821 to 709. However, when all contacts to the children's services are considered, this figure increases to 7,784 - up from 5,751 the previous year. Timeliness of decision making is very good and the council has responded well to this improvement priority from last year.

Proportionally more referrals are now allocated for assessment and this suggests that screening processes are becoming more effective - this is further supported by evidence of fewer re-referrals being received. There are more looked after children, together with a significant increase in the number of children in need.

Timeliness in undertaking both initial and core assessments is very good and has improved further over the past year, with systems for escalating and de-escalating work being effective.

The council has rightly prioritised timely reviews for all children and young people receiving services and there is increasing evidence that this is being given the attention it requires as more were conducted within schedule, although this needs to be more consistently achieved for children in need in particular.

It has also signalled its intention to identify more young carers - the past year having seen the number increased, with a high proportion being provided with a service. It has responded to the Young Carers Forum and has now commissioned the Barnardo's Young Carers project to undertake assessments on its behalf.

The council has invested in the creation of a specialist transition team that is better positioned to support young people with a disability between the ages of 16 to 25 by having an integrated approach to meeting need at this crucial stage of their lives.

Areas of progress

- Fewer older people supported in residential care.
- Increasingly strong reablement focus.
- Services for young carers.

- The creation of the specialist transition team.

Areas for improvement

- All adult service users having a timely review.
- Adult carer data capture.
- Timely reviews for children in need.

<u>Services provided</u>:

Adults

The council is committed to supporting people to maintain their independence as much as possible and continues to develop new models of care as part of its transformation strategy.

A growing range of resource availability and choice is evidenced by the recent development of a second extra care scheme – Llys Jasmine – with the addition of 15 purpose built dementia apartments within the 61 apartment complex. This is the first of its type in Wales, and will provide more independent living options for older people with care and support needs. Two further extra care developments are planned by 2016.

There is increasing emphasis upon personal choice and control offered by the active promotion of direct payments and citizen directed support. This forms a key part of the council's transformation strategy and numbers are growing significantly, with almost 200 adults now able to decide the best way they wish to manage their independence. Significantly, the number of older people accessing direct payments has almost doubled over the past year. The council was a Social Care Accolade finalist in the Citizens Controlling Services category for citizen directed support work

The council is driving greater use of new technology and is expanding telecare use as part of its reablement strategy, with increasingly sophisticated equipment that can better monitor changes in need through sensors and detectors. This is evidenced by a reported 44% increase in people supported in their own homes by telecare systems during the past year.

The learning disability commissioning strategy has recently been developed and has a clear focus upon independence with "just enough support" to promote wellbeing and ensure safety. There is recognition that planning needs to be better and the range of support options needs to increase – particularly those that promote a choice of short breaks and accommodation options that are independence outcome focused. Of those people with a learning disability known to the council, relatively few live in a care home when compared to other areas in North Wales.

The mental health commissioning strategy is being finalised and is focused upon the promotion of independence and the recovery approach. It acknowledges the impact of the current economic climate, welfare changes and the potential for increased poverty. With an increasing emphasis upon better working with key partners and the voluntary sector, the council is looking to bolster its preventative and early intervention approach wherever possible and this is partially evidenced by the lowest care home placement rate in North Wales.

More people are using the recovery approach to achieve positive outcomes. For example, 12 were supported over the past year to secure employment through Next Steps – up from five the previous year. This is an important programme that enables access to education, training, voluntary work and employment. Feedback from service users provides assurance that the recovery emphasis is well understood and valued.

The council has recently won an award at the Social Care Accolades in the Better Outcomes through Working Together category for its recovery approach in providing better support for people with mental health needs.

There is a strong quality assurance drive within the council's approach to contract monitoring and this is actively used to improve standards and tackle poor practice in commissioned services. It is a significant component within the safeguarding process, frequently alerting concerns and well as a playing a key role in monitoring residual risks.

Children

The council works well with partner agencies and there are long standing arrangements that plan services within a joint strategic needs analysis framework, primarily within the context of the current children and young people's partnership plan.

The children's services forum meets quarterly and is a key driver for service improvements for looked after children and care leavers. It is attended by the chief executive, senior council officers, elected members and two young people from the Speaking Out for Children in Care group and the Care Leavers Support network.

The volunteer mentor project has consolidated progress over the past year with over 50% of volunteers having been involved for over 12 months – this ensures some consistency and growth of experience. The emphasis is upon supporting looked after children, children in need and care leavers to develop personal, social and independent living skills.

The fostering service has been subject to an internal review over the past year and is currently considering a number of options for further development. The pool of

in-house foster carers has increased and now stands at 100 approved carers. A foster carer secure website has been developed and this enables better communication, with a facility to book training and events, with a chat forum to follow.

The council was runner up in the UK Grandparents Association National Awards 2013 for its Kinship and Family Group Meeting Services. This is a significant achievement as it represents recognition of its value not just within Wales, but in the UK as a whole.

The proportion of looked after children who experienced three or more placements has increased over the past year and the council needs to prioritise improvement in order to reduce the impact this can have.

The council is committed to ensuring that care leavers have access to suitable accommodation, with all achieving this over the past year. In addition, executive agreement has recently been secured for the allocation of up to 10 units from Flintshire housing stock each year specifically for this purpose.

Areas of progress

- The development of a second extra care scheme that incorporates 15 purpose built dementia apartments.
- Social Care Accolade finalist in the Citizens Controlling Services category for citizen directed support work.
- Social Care Accolade winner in the Better Outcomes through Working Together category for its recovery approach in providing better support for people with mental health needs.
- Increasing use and application of technology in supporting independence in adult services.
- The volunteer mentoring project.
- The council was runner up in the UK Grandparents Association National Awards 2013 for its Kinship and Family Group Meeting Services.
- Accommodation for care leavers.

Areas for improvement

- Stability of placements for looked after children.

<u>Effect on people's lives</u>:

Adults

There is increasing output evidence that the council's strategic shift towards the promotion of prevention, short-term intervention and supporting independence is securing targeted outcomes – this most demonstrated by fewer people requiring

residential care and more people being supported to live independently in their own homes.

More people are accessing reablement services with the council reporting that 62% did not require any further home care support compared to 54% the previous year – this despite an increase in numbers, up from 605 to 759 over the same period. Feedback from service users has been positive and provides anecdotal evidence that this approach is making a positive difference to people's lives.

More equipment is being issued and adaptations arranged, both of which are significant factors in supporting people in their own homes for as long as possible.

Response is increasingly co-ordinated on an integrated basis within a locality model of service delivery. The council is committed to moving towards a co-located team approach with health colleagues, whereby social workers, occupational therapists and community nursing staff work together in three geographical areas that are co-terminus with health boundaries.

The council has signalled its intention to develop more robust adult safeguarding practice and has recently remodelled its approach with the appointment of additional staff. Safeguarding referrals have increased significantly in recent years.

A site visit was conducted in early 2013 to primarily assess risk assessment practice and its impact, but also looked at some general safeguarding practice.

The initial response was found to be inconsistent with delays in convening some strategy meetings. Furthermore, case file analysis established a clear need for a more robust establishment of respective agency responsibilities and accountabilities - particularly with regard to clarifying investigative leads, respective roles, action timescales, tracking and review arrangements. Response to more complex scenarios needs to better targeted, aligned and actively monitored.

Inspectors found that risk was generally a considered component of safeguarding practice although it was not always specifically recorded consistently, nor formally reviewed at the conclusion of any intervention. In particular, recordings of strategy meetings and case conferences did not always clearly detail risks, how these could potentially be minimised or eliminated, by whom, by when, and how the success of intervention would be measured. This sometimes made it difficult to determine the impact of safeguarding activity and has been prioritised by the council as an area that needs to be strengthened.

The council recognises that safeguarding investigations can only be concluded when safe outcomes are sufficiently established, recorded and reported. Although this was generally the case, inspectors found evidence that this was not

consistently demonstrated and senior managers need to be assured that this is routinely monitored and managed.

The contracts team is a particularly effective component in identifying, alerting, monitoring and reviewing safeguarding risks in care settings, but more needs to be done to strengthen the care management role in safeguarding matters.

The council has recently produced an action plan that is intended to strengthen safeguarding arrangements - commendably, it has adopted an open and transparent approach for improvement that will be validated by use of expert independent critical friends.

Deprivation of Liberty Safeguards have an increasing profile, but overall activity remains low. Although there has been an increase in applications and standard authorisations, the latter number remains lower than may be expected at just six – despite being the highest in North Wales. The council, as a supervisory body, has, however, invested resources in this important area and is now better positioned to ensure that vulnerable people are supported to maximise their decision making capacity before resorting to restriction or restraint with appropriate best interest safeguards.

The low level of activity generally across North Wales will be a focus for more attention next year.

Children

The council is committed to continuing to develop an effective child protection system that recognises that early help is better for children and young people. Using an increasingly child centred approach, it is demonstrably more responsive and flexible in adapting to individual need in frequently complex situations.

There are fewer children and young people on the child protection register, the number having fallen to 58, compared to 95 at the same point in the previous year, although sibling group size is likely to be a factor in this instance and numbers have since increased significantly. There has been sustained improvement in the timeliness of initial conferences, core group meetings and child protection reviews.

Reviews for looked after children are now more robustly managed and the council has responded well in prioritising improvements in this key function.

Maintaining good health is central to the needs of looked after children, primarily because of the nature of their vulnerability and its profound impact. The council has a key role to play in ensuring that partnership arrangements work well and that health needs are met in a co-ordinated and timely way. However, this is a shared responsibility with BCUHB and more needs to done to improve performance in this important area as only 47% of looked after children had a health assessment

within timescales, with just 53% having had a dental check during the year – these represent some of the lowest proportions in Wales.

The Access to Action (A2A) card has been implemented in four secondary schools and will be rolled out to all others during the course of year.

There are signs that overall educational attainment is improving, but there is still some way to go with performance remaining amongst the lowest in Wales for 16 year old looked after children. The council needs to prioritise improvement in this area and provide the sustained attention required in order to ensure life chances for young people are maximised and performance is amongst the best in Wales.

Outcomes for young adults aged 19 who were formerly looked after are good, with nine of the identified 11 known to be engaged in education, training or employment – this represents effective work by the council

Areas of progress

- Increase in numbers of people accessing reablement services.
- Equipment issue and adaptations that support independence.
- Contracts monitoring role in adult safeguarding.
- Use of critical friends to test effectiveness of adult safeguarding.
- Reviewing the needs of looked after children.
- A2A rollout.
- Improving outcomes for care leavers.

Areas for improvement

- Securing consistently robust outcomes in adult safeguarding.
- Stronger care management role in adult safeguarding.
- Health assessments for looked after children.
- Dental checks for looked after children.
- Educational attainment for looked after children at age 16.

CAPACITY

Delivering Social Services:

The council continues to make solid progress in transforming service delivery that secures greater independence and choice for local people. It has adopted the philosophy of operating as a social business that is sustainable and secures measurable impact in improving service.

This is demonstrated by investment in smarter commissioning that will equip key staff with the modern skills necessary to secure high quality services and deliver improved financial management. Opportunities for collaboration are being

increasingly sought in order to improve productivity, service quality and collective buying power, most notably with a strong commitment to the development of the Regional Commissioning Hub.

Care provided to people in their own home is central to maintaining their independence and reducing the need for residential care. Clearly, the council is focusing upon those most in need as more staff hours are now invested in delivering more direct care to slightly fewer people over the past year.

A credible financial plan underpins ambitions to deliver a lean, efficient and effective programme of services that reduces dependency and need for ongoing support. Within the context of its medium term strategy, social services exceeded last year's savings target of £1m - this was largely achieved by improved commissioning and the promotion of more creative and flexible responses to meeting need and projected demand. This is further supported by a commitment to maximise the potential of technology to support a programme of continuous improvement.

The council is committed to developing a strong and professional workforce – it understands that this is fundamental to delivering better quality services. It is more assertively promoting its consolidation training programme for newly qualified social workers that provides credits towards the Graduate Certificate in Consolidation of Social Work Practice – the first council in Wales to support this.

Last year's report commented upon the high level of workforce absence and this was a priority for sustained attention. This has been subject to scrutiny committee attention and the council accepts that more needs to be done – there is some recent evidence that this may now be beginning to improve, but this will need to be closely monitored.

Performance management is increasingly becoming a mainstream function within the organisation and there is increasing confidence in information and its meaningful use in monitoring progress in improvement. It has invested resources in data cleansing in order to make it more accurate, and this will leave it better positioned to make informed decisions about the impact of its strategic goals.

Complaints within adult services have fallen significantly during the past year, down from 89 to 51 - the council explained that this is primarily due to a restructuring of some provider services. Four progressed to Stage two, compared to 10 the previous year. The council reports that 86% of complaints were responded to within prescribed timescales – those not within time were due to key staff not being available and agreement was obtained with complainants to delay the process.

There were 140 compliments received during the year.

Children's services received 57 complaints during the year, five of which progressed to Stage two. The council reports that 80% were responded to within prescribed timescales – as with adult services, those not within time were due to key staff not being available and agreement was obtained with complainants to delay the process.

There were 67 compliments received during the year.

Areas of progress

- Regional commitment to partnership working.
- Increasingly effective approach to performance management.
- Consolidation programme for newly qualified social workers.

Areas for improvement

- Absence management outcomes remain an outstanding area for improvement from the previous year.

Providing direction:

There is strong political and corporate support for key social services objectives and this is reflected in continued investment in the transformation programme. A new cabinet member has overseen social services since May 2012.

Leadership is strong and there is a clear sense of direction and purpose. The new head of adult services has brought fresh impetus and the pace of positive change is accelerating with the reablement approach becoming embedded in practice.

A social business culture is being cultivated that underpins all work activity and will greatly assist the council in achieving sustainable, flexible and adaptable ways of working that will be better position to meet the undoubted challenges ahead.

Senior managers communicate well in sharing their vision with the workforce and securing its commitment. In addition, the council is keen to recognise good practice and this is reflected within its annual Flintshire Excellence Awards that has celebrated successful work over the past year in areas such as reablement, care leaver participation and mental health service user involvement in training.

There is increasing representation and influence on a regional basis that is helping to ensure social care priorities are better aligned, goals are outcome based and accountability more clearly defined. This is evidenced by leadership on a regional level in initiatives such as the recently reconvened North Wales regional telecare programme board, where the council both leads and chairs the board.

Political scrutiny is increasingly targeted and proportionate with appropriate informed challenge being progressively more demonstrable in publically accessible reports.

Areas of progress

- Increasing regional influence and leadership.
- New head of adult services is providing strong direction and fresh impetus with transformation agenda and in securing more robust adult safeguarding services.

FLINTSHIRE COUNTY COUNCIL

REPORT TO:	**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**
DATE:	**MONDAY, 25 NOVEMBER 2013**
REPORT BY:	**DIRECTOR OF COMMUNITY SERVICES**
SUBJECT:	**MENTAL HEALTH COMMISSIONING PLAN – SERVICE UPDATE**

1.00 PURPOSE OF REPORT

1.01 The Mental Health Commissioning Strategy and Summary documents appended to this report describe our plans for the provision of training, education and work opportunities within the context of supporting recovery for service users with a mental health.

1.02 The strategy also aims over time to address a gap in the area of accommodation support.

1.03 The focus of this commissioning strategy excludes dementia or dementia related illnesses.

2.00 BACKGROUND

2.01 In drawing together this strategy a range of statutory drivers, legislation and strategic policy has been taken into account.

2.02 The key messages from these documents (which is reinforced by what people have told us locally) is that our Mental Health Commissioning Strategy should continue to provide an approach that is community based and further develops people's rights to respect and to have independent and fulfilled lives.

2.03 Current mental health services include:-

- Direct support to individuals provided in partnership with the Betsi Cadwaladr University Health Board in the form of Tier 1, Primary Mental Health Support Services based locally within GP practices and Tier 2, Community Mental Health services which are specialist multidisciplinary teams based in Deeside and Mold.
- Local authority provided mental health support services including Occupation and Employment Support, Community Living and Medium and Intensive Support Teams providing varying degrees of support based on an individuals needs.

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

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

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

3.00 CONSIDERATIONS

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

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

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

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

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

We will achieve this vision by:-

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

3.03 Working in conjunction with housing partners to develop further housing and support options for service users.

3.04 In developing this strategy a simple exercise was carried out to test the market for potential independent sector providers who may be able to deliver the community living and intensive support arms of the service currently provided by the local authority. The only proposal received was considered not to have the potential to deliver an improved quality of service, or efficiency savings.

3.05 This strategy therefore supports continued in-house provision of such services.

3.06 As noted within the strategy, opportunities to consider social enterprise as part of service delivery will continue to be considered.

4.00 RECOMMENDATIONS

4.01 That scrutiny consider and comment on the implementation of the Mental Health Commissioning Strategy.

5.00 FINANCIAL IMPLICATIONS

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

6.00 ANTI POVERTY IMPACT

6.01 Not Applicable.

7.00 ENVIRONMENTAL IMPACT

7.01 Not Applicable.

8.00 EQUALITIES IMPACT

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

9.00 PERSONNEL IMPLICATIONS

9.01 Not Applicable.

10.00 CONSULTATION REQUIRED

10.01 Standard 2 of Fulfilled Lives Supportive Communities Commissioning Framework states that '*Representatives of service providers need to be engaged at each stage of the analysis process as they can make*

valuable contributions towards identifying changes in need and with regard to the existing capacity to deliver services and options for future developments'

10.02 We are of the view that we have fully met this requirement.

10.03 With full involvement of the Mental Health Strategic Planning Group (MHSPG), representatives include all voluntary sector services we currently commission, health partners, service users and carers.

10.04 Managers from our provider service and mental health teams inputted via team meetings.

11.00 CONSULTATION UNDERTAKEN

11.01 The views of stakeholders have informed the 'analysis of need' stage of the development of this commissioning strategy.

11.02 The Strategy was discussed with our partners via the Mental Health Strategic Planning Group (MHSPG) at an early stage and their responses have influenced the document. Final feedback from this group was received on the 29th October.

11.03 Managers from commissioned services and in –house provision were involved via team manager meetings and workshops.

11.04 The findings of the Mental Health Support Services annual customer satisfaction questionnaire 2013 shaped our commissioning strategy. Alongside feedback obtained from previous Annual Council Reporting Framework workshops, with representation from all those connected with the service.

12.00 APPENDICES

12.01 Appendix 1 - Mental Health Commissioning Strategy 2013- 2018

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

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

Contact Officer: **Sumnadipa**
Alwyn Jones

Telephone:01352 70514, 01352 702502
Email: sumnadipa@flintshire.gov.uk
alwyn.jones@flintshire.gov.uk

Mental Health Commissioning Strategy 2013-2018

Contents:

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

Appendix

Introduction and Purpose

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

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

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

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

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

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

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

Key priorities from this strategy

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

Our response has been based on a careful consideration of:

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

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

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

Section 1 - Legislation and National Guidance

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

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

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

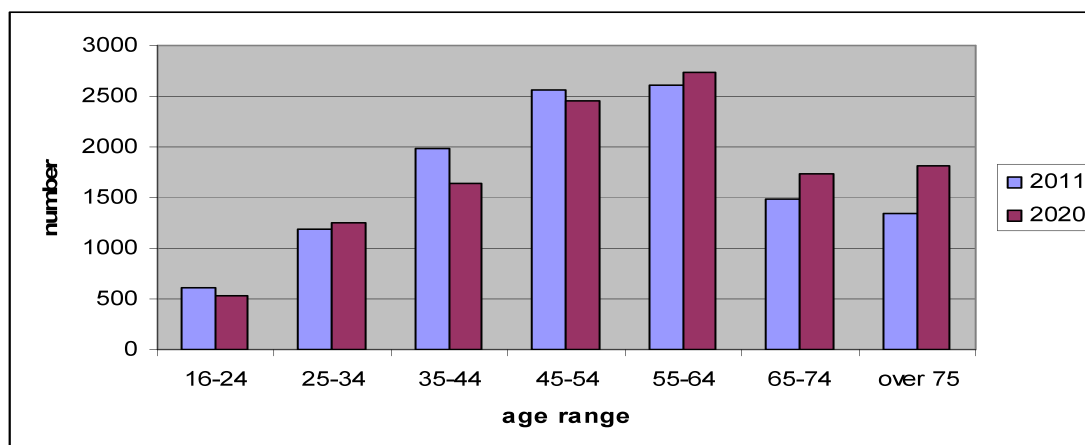
The key messages from these documents (which is reinforced by what people have told us locally) is that our Mental Health Commissioning Strategy should continue to provide an approach that is community based and further develop people's rights to respect and to have independent and fulfilled lives. We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

Section 2- What do we know?

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

2.1.1 It is projected that the number of people aged 16 and over predicted to have any mental health problem[1] will increase by **3.32% (391)** from 2011 to 2020. The number stands at **11,770** (for 2011*).*

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



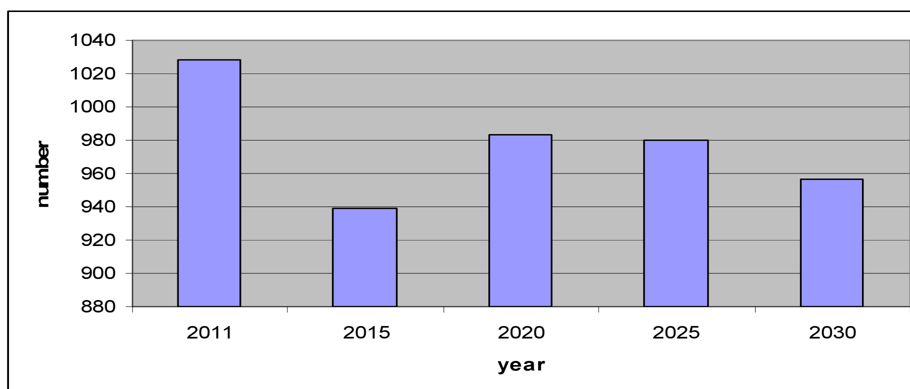
2.1.2 It is projected that the number of people aged 65 and over predicted to have any mental health problem[2] will increase by **20% (588)** from 2012 to 2020. The number stands at **2,941** (for 2012*).*

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

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

[1] Respondents were classified as having any mental health problem if they reported currently being treated for depression, anxiety or 'another mental illness'
[2] Respondents were classified as having any mental health problem if they reported currently being treated for depression, anxiety or 'another mental illness'
[3] Source- Daffodilcymru

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



2.1.5 **Black and Minority Ethnic Communities (BME)**

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

2.1.6 **Welsh Language**

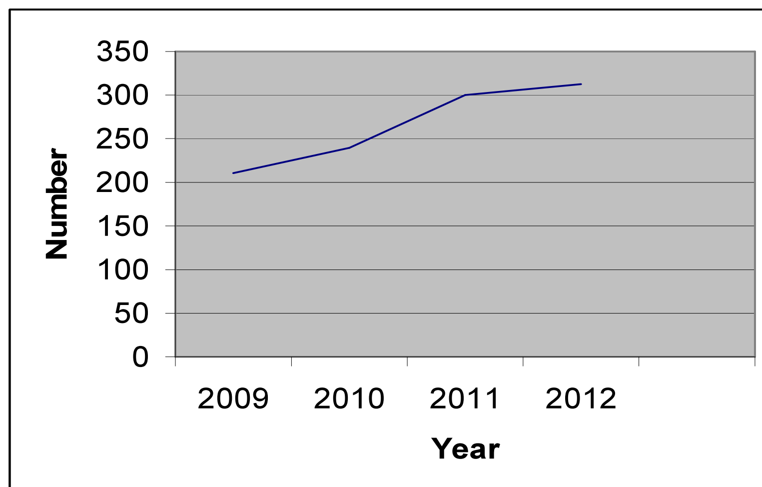
We know from the Census 2011 that 13% of the Flintshire population speak welsh. Currently we have no one open to Mental Health Support Services who receives a service in welsh. However, we have recently had a referral for someone who's first language is welsh and Mental Health Support Services can deliver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

2.2 How many people are we supporting?

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

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

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



2.3 What type of support can people currently get?

2.3.1 Primary Care Mental Health Support service (Tier 1)

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

2.3.2 Community Mental Health Team (CMHT – Tier 2)

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

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

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

2.3.3 Mental Health Support Services

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

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

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

Occupation and Employment Services.

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

Social Links.

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

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

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

Work Services.

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

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

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

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

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

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

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

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

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

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

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

2.3.5 Work with Housing

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

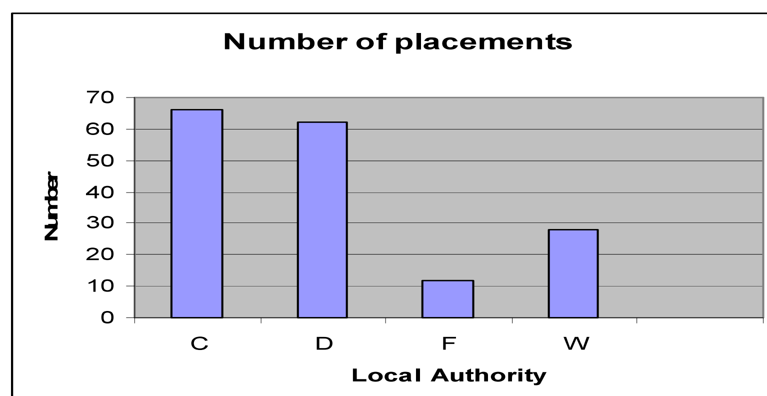
2.3.6 Residential/ Nursing Care

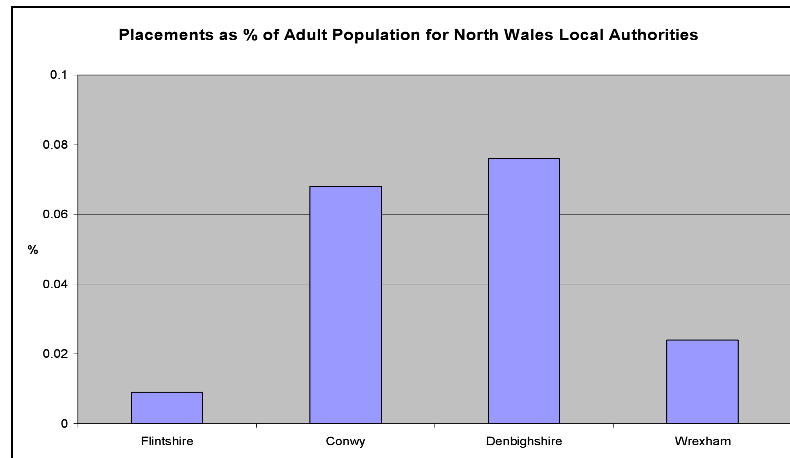
As of February 2013 17 people live in a Residential or Nursing home. 14 of these people live in a home out of county owing to the specialist nature of their needs which is only viable if delivered as a regional service.

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

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

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





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

2.3.7 Voluntary Sector Services we currently provide grants to:

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

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

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

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

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

Flintshire Mind is an independent local mental health charity, affiliated to the national charity Mind. They work to make sure everyone with a mental health problem has somewhere to turn for advice and support. They do this through:
A Wellbeing Centre in Mold, which is a community hub for information, holistic therapies and activities to help people develop the mental and emotional resilience to cope with everyday life. Activities include relaxation workshops, therapeutic massage, IT advice, poetry writing, craft groups and a Saturday drop-in.
Social and occupational support, which works to help people develop or redevelop the skills and confidence they need to take their place in and contribute to their local community, including as volunteers and peer mentors. This is done through accredited courses in Community Volunteering, Skills for Everyday Life and Peer Mentoring and through volunteering groups which offer their services to a range of community organisations

Volunteering and Mentoring – started in April 2011
Aim: To support people's recovery and key them back into their communities.

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

No in employment	5	

Training to help develop emotional and mental wellbeing in individuals and communities, including Stress Management; Mindfulness; Mental Health First Aid; ASIST (suicide intervention skills) and SAFEtalk (suicide alertness)
Talking Therapies are designed to help people think through their problems and work out what is best for themselves and find new ways of coping with issues in their life. Both individual and group therapies are offered.

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

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

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

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

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

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

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

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

2.3.8 Mental Health Strategic Planning Group

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

The aim of the MHSPG is to:

- Identify and assess major local and national forces and influences that will affect strategic planning activities, including implementation of the Mental Health Strategy, and Mental Health Measure and show how these are interpreted and incorporated locally into Mental Health strategic planning.

- Produce Flintshire's Mental Health and Wellbeing Delivery Plan, and oversee the process for its implementation, monitoring and review and feed into Health and Social Care commissioning strategies.

- Influence the Strategic direction of services bearing in mind local priorities

2.4 How much do we spend?

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

Annual Spend is set out in the table below

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

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

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

Section 3 – Expectations

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

3.2 The Mental Health Support Services Annual Feedback Survey has been devised in a way that attempts to capture whether the services provided have been delivered in line with the principles of Recovery. The questionnaire was sent out to 348 service users who had received support services over the past year (2012-13). 94 questionnaires were returned, which amounted to around 27% of people who had chosen to respond to the survey.
Of 83 respondents who received support services, 76% felt that they had received enough support from the services. The high amount of people satisfied with the level of support hopefully indicates that support is person centred and responsive to individual need. 17 people said that they would like support in other areas. This represented 18% of respondents. 41% of these additional requests were for help with finding paid work and voluntary work, and 17.5% were for help with education or training. This is similar to figures recorded last year where people wanted help to find paid work, thus providing further justification of the need for Social Firms to create employment and training opportunities for those experiencing barriers to employment.

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

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

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

Section 4 - The issues

4.1 It is most important for jointly delivered services that Social Services and Health Services commissioning strategies and intentions are consistent.
The emphasis of the Mental Health measure is on emotional and physical well being with a focus on prevention and early intervention, this should be key to both our strategies.

4.2 There is a need for employment and occupational opportunities, as evidenced by what people had told us in the Mental Health Support services annual feedback survey conducted. 18% of respondents requested support with finding paid work, voluntary work, accessing education and training. We need to strengthen pathways from statutory services to community services; a pathway that focuses on recovery which includes training opportunities that enhance skills of recovery for people.

4.3 We need to continue developing appropriate support services that embrace recovery such as increasing the uptake of Direct Payments and create a culture of supporting people that promotes independence and 'moving on'. We accept that learning from elsewhere that if we are to increase the uptake of Direct Payments by people with Mental Health problems then we need to commission a specialist support service.

4.4 Across all services there are plenty of examples and case studies which demonstrate peoples' successful recovery journeys but we need a more robust performance management system to evidence that we are supporting people to achieve their outcomes. We need a system that captures the positive outcomes that are being achieved by our services. This is work which needs to be done with Health Partners for the joint Community Mental Health Services.

4.5 Despite the great strides we have made there is recognition that we need to do more if we are to fully embed recovery, a particular area appears to be helping people to access information about their communities, as the lowest number of people (64%) who responded to the Mental Health Support Services Annual Survey felt that support had helped them to find out about their community and other important information.

4.6 We need to acknowledge the detrimental impact the welfare changes may have on this client group.

4.7 For many years there has been recognition that a 'befriending scheme' would benefit people and complement our existing services both in house and those commissioned. We would like to see a Social Enterprise considered as a model to deliver such a scheme in Flintshire.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5.6 The establishment of Wellbeing Centres.

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

23

5.7 Further develop accommodation and support.

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

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

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

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

Section 6 - Conclusion

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

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

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

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

Appendix

Appendix 1

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

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

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

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

Appendix 2

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

Appendix 3 Mental Health Service – The Joint Vision
We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical health, education, occupation, income, accommodation, relationships, social support, social roles, and spirituality).

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

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

Outcomes for our Service Users:

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

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

Lives they choose.
Service users controlling their own support
Service users in receipt of direct payments

Mental Health/ Well being
Quality of life, confidence and self esteem for service users.
Service users able to manage own mental distress.

Physical Health
Improved physical health for service users
Service users taking regular exercise

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

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

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

Accommodation/ Income
Service users receiving appropriate benefits / financial advice.
Service users living in independent accommodation.
Social Networks/ Relationships/ Roles
Service users increasing the size and range of their social networks.
Service users maintaining social and caring roles

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

Outcome for our Service:
Service that is responsive –

Involvement
Service users satisfied with the delivery and outcomes of service.
Service users reporting that they have achieved their goals.
Service user involvement in the design, delivery, management, review and development of services.
Service users involved in delivering services and/ or activities.

Diversity
Equality of access to mental health and substance misuse services for all people with mental health problems and / or drug and alcohol problems.
Services which specifically meet the needs of under represented groups.

Appendix 4

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

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

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

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

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

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

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

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

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

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

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

- The numbers accessing our support services have increased. For example Next Steps a service we provide that supports and guides people to access education, training, voluntary work and employment has seen a 24% increase in people using it's service in March 2011 compared to March 2010. We are really pleased that 5 people have been supported to get a job.

- Also, in response to need last year we set up and funded a volunteer mentoring project, hosted with Mind. The project is already getting great results, having supported 18 Mental Health service users to

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

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

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

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

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

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

33

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

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

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

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

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

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

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

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

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

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

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

This page is intentionally left blank

Mental Health Commissioning Strategy 2013-2018

Summary

1. Why do we need a Commissioning Strategy?

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

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

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

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

- From October 2012 to September 2013 there have been 1644 referrals to the single point of access. The single point became live in October 2012 in response to the implementation of the Mental Health Measure and has resulted in an increasing number of referrals.
- At any given time there will be approximately 507 cases open to Tier 2 and 200 to Tier 1.
- From April 2012 to the end of March 2013 there were 317 people in total using Mental Health Support Services, with a monthly average of 294 on the register. New referrals have increased on the previous year from 296 to 322 individuals.
- People have told us that the service we provide is operating in a recovery-orientated way, particularly given that 76.5% said they were more hopeful about the future, 79% said they were encouraged to do more things, 77.5% said they were encouraged to make own decisions and 74.5% indicated an increase in self confidence.

- From April 2012 to the end of March 2013 Mental Health Support Services (Next Steps) have supported
    - 66 people in education or training
    - 40 people in volunteering
    - 9 people in employment (3 of these to retain existing jobs)
- Our annual spend is £275,350 on services we commission from the voluntary sector to complement our in-house provision and £546,500 on residential and domiciliary support. We spend £1,192,500 on in-house services and contribute £581,071 to Community Mental Health Services (Health Led)

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

3. Our vision for the future

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

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

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

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

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

4. How we will achieve this vision

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

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

We believe that our recovery approach is effectively working. This is evidenced by only 17 people living in a residential setting and most of these have a dementia related illness, whilst everyone else is supported at home in their local community.
To explain what we mean by recovery and what we want to see happening for more people in Flintshire see box below. *A real life case study that charts a person's recovery journey; this has been based on the service user's own*

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

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

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

On discharge G returned to his flat with an IST support package consisting of twice daily support sessions Monday to Friday and one daily on Saturday and Sundays. The IST worked with G on a number of needs such as eating patterns, diet, social activities and housing. G had serious issues with leaving his home and would manifest signs of chronic anxiety. A gradual approach was taken by the IST to support G to deal with his anxiety from shopping on set days at set shops to walking down aisles alone. With the support of the IST G introduced routine into his life, such as eating healthy meals 3 times a day, which by is own admission has been a catalyst to him staying away from alcohol.
After 4 months of IST input G's support package was reduced by two evening support sessions a week, which led to increased independence and confidence. To address the anxiety of leaving his flat the IST team supported G to attend a local drop –in. G was supported to develop his own coping strategies to deal with hearing voices and had 1:1 sessions with a hearing voices specialist.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.7 Further develop accommodation and support.
We will explore as a Directorate creative solutions to the accommodation shortfall, for example exploring models such as the 'honest broker' to capitalise on private land lord opportunities and working with Housing Associations on developments for all our service users not just particular groups.
Jointly with Health Partners and Housing we will be proactive in providing people with the opportunity to return from out of county placements.

5. Conclusion

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

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

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

FLINTSHIRE COUNTY COUNCIL

REPORT TO:	**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**
DATE:	**MONDAY, 25 NOVEMBER 2013**
REPORT BY:	**DIRECTOR OF COMMUNITY SERVICES**
SUBJECT:	**DEMENTIA COMMISSIONING PLAN**

1.00 PURPOSE OF REPORT

1.01 The Dementia Commissioning Strategy and Summary documents appended to this report describe Flintshire County Council's vision for long term care services for people living with dementia in Flintshire over the next five years.

1.02 The focus of the document is primarily residential care services, but it recognises that much work is needed to improve the quality of life for people living with dementia in all settings.

1.03 This strategy document describes an overall direction of travel for these services and it is acknowledged this will be subject to review on an ongoing basis.

2.00 BACKGROUND

2.01 Specific guidance and legislation in relation to providing dementia care within residential care homes remains limited. There are however a number of research and best practice documents, which, allied with service user and carer feedback have supported us to develop this strategy.

2.02 The key messages from this research into best practice, and our knowledge of current services is that :-

- In Flintshire we want people living with dementia to be able to live fulfilled and meaningful lives, to feel safe and be supported in their communities
- We know that currently we have limited specialist care home places available in particular EMI Nursing provision within Flintshire boundaries.
- Our goal at present is to keep people with dementia at home for as long as possible. Our 'Living Well Home Care Service' delivers a highly effective specialist service to support people in their own home. Living Well does however have limited

capacity to support all people requiring that care.

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

3.00 CONSIDERATIONS

Demography

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

Carers

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

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

3.04 **Key Issues**

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

- There is a need to improve the quality of care in all care home settings.

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

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

4.00 RECOMMENDATIONS

4.01 That scrutiny considers and comments on the Dementia Commissioning Strategy.

5.00 FINANCIAL IMPLICATIONS

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

6.00 ANTI POVERTY IMPACT

6.01 Not Applicable.

7.00 ENVIRONMENTAL IMPACT

7.01 Not Applicable.

8.00 EQUALITIES IMPACT

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

9.00 PERSONNEL IMPLICATIONS

9.01 There are no specific personnel implications within the strategy.

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

10.00 CONSULTATION REQUIRED

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

11.00 CONSULTATION UNDERTAKEN

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

11.02 This consultation included:-

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

12.00 APPENDICES

12.01 Appendix 1 - Dementia Commissioning Strategy 2013- 2018

12.02 Appendix 2 - Summary Dementia Commissioning Strategy 2013- 2018

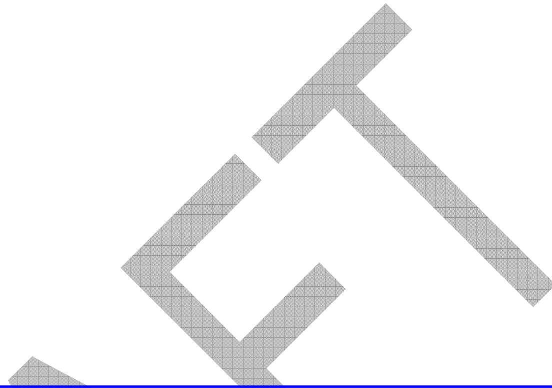
LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None

Contact Officer: Lin Hawtin & Alwyn Jones
Telephone: 01352 701448, 01352 702502
Email: lin.hawtin@flintshire.gov.uk
alwyn.jones@flintshire.gov.uk

This page is intentionally left blank

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



Contents: Page

Introduction 3

Section 1 Legislation, National Guidance and Best Practice 5

Section 2 What do we know? 6

Section 3 What we know now about the current and future dementia population 14

Section 4 Views of Stakeholders 19

Section 5 The Issues 21

Section 6 What we will do 24

Section 7 Next Steps 28

Section 8 Conclusion 29

Acknowledgements 29

Section 9 Appendix 30

DRAFT

Introduction

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

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

DRAFT

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

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

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

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

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

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

"*The lack of communication between departments was stressful and frustrating for me as a carer, I felt that no one understood or cared about our situation*"
(Flintshire Carer from Listening Event October 2013)

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

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

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

DRAFT

Section 1 - Legislation, National Guidance and Best Practice

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

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

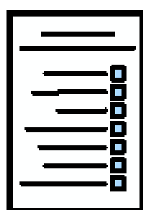
The key message from these documents is that people with dementia should be valued as individual people and receive support to take part in life by staff who truly understand them and create positive opportunities for engagement and communication on a daily basis. It recommends that EMI Care Home environments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

DRAFT

Section 2- What do we know?

2.1 Headlines

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



Key Messages:

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

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

2.1.1 Community – Based Services

- We have changed our in -house homecare service to support people with dementia to live at home. Rather than just have care staff visit at set times each day to complete tasks and then go on to the next call we have made the service more responsive to the persons needs on the day, and tailoring support visits around the person and their circumstances. We have even renamed our Domiciliary Dementia Service **"**Living Well", so everyone is clear about it's purpose.

- We have appointed 3 Dementia support workers to work closely with families when people with Dementia are admitted to hospital so we can ensure they get the help they need during their stay and return home as quickly as possible.

- We have opened the 'Old Brewery' Resource centre as a drop in service specifically for younger people with dementia and their families.

DRAFT

- We promote the use of Direct Payments, so that people living with dementia and their carers can have an opportunity to directly purchase their own care and support and arrange it to suit their individual circumstances.

- We seek to promote the well being of people with dementia through our Flintshire Sounds Project. A weekly singing group for people living with dementia, their carers, families and friends.

- We promote the use of telecare assistive technology that will help people remain independent in both their own homes and in residential settings.

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

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

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

- We have opened the first extra care facility in Wales to offer specially designed apartments for people living with Dementia at Llys Jasmine in Mold. This is an exciting new build development in partnership with

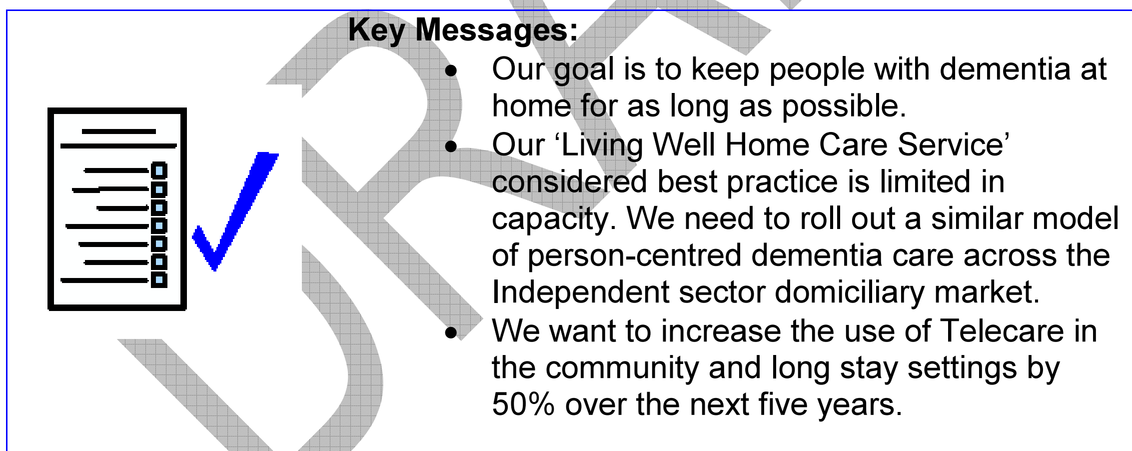
DRAFT

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

2.1.2 Local Authority long stay provisions.

- The Local Authority has two small EMI facilities within its homes in Buckley and Flint. Both offer respite care to enable carers and families to have a short break. The Local Authority homes also provide day care for people with dementia and host a Saturday drop-in service for people with dementia in conjunction with NEWCIS (North East Carers Information Service).

- Our Local Authority Homes have recently entered into a partnership with ‘My Home Life Wales’, which is an acclaimed best practice model of person-centred care. They are helping us to develop practices that that puts relationships, families and carers at the heart of service delivery.



Key Messages:

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

DRAFT

2.2 – Current Commissioning Activity

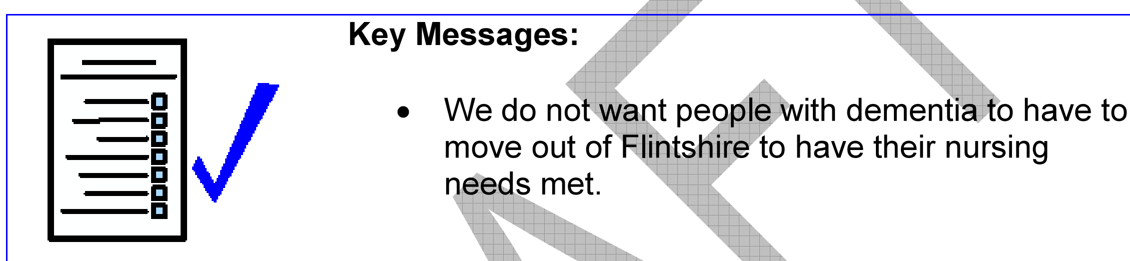
- As a major commissioner of dementia care the Local Authority has the potential to influence and shape the independent sector market. Currently all residential placements in Flintshire are “spot” purchased the only exception to this is a small number of respite places that are block purchased on an annual basis to support carers.

- There are currently 217 EMI residential places available in Flintshire boundaries (including 16 places in Local Authority Homes) and we commission 188 (87%) of these. There are only 23 EMI Nursing places

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

- As a result of the shortfall we both have look out of county to meet the EMI Nursing needs of people with dementia. On 1st October 2013 Flintshire were commissioning 33 EMI Nursing placements out of county whilst BCU Health Board were commissioning 36 EMI Nursing placements for Flintshire residents out of county.

- At present there are no plans to build new EMI Nursing Homes in Flintshire to increase the number of placements. Any further reduction in placements would be extremely dangerous.



Key Messages:

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

DRAFT

2.2 -How much does it cost

2.2.1 Independent Sector fee levels

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

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

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

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

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

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

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

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

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

a. **27% (5)** saw an escalation in the level of care needed following hospital admission and as a result were not discharged back to their previous long term Emi residential placement but transferred to an Emi nursing placement.

b. **27% (5)** of individuals who previously accessed significant" Community care packages were discharged directly into an Emi residential care placements.

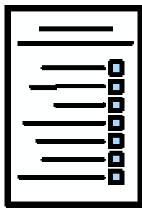
c. **42% (8)** of individuals who had previously accessed a low level community care package or received no formal support services at all were discharged from hospital into Emi residential care placements (and all but one of these individuals had been supported at home by a partner living in the same household or a family carer providing frequent visits prior to hospital admission.)

DRAFT

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

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

Key Messages:



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

DRAFT

2.3.2 Progress for Providers Self-Assessment Tool

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

2.3.3 Care Checker

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

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

2.3.4 Complaints and POVAs

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

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

2.3.5 Contract Monitoring Reports

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

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

DRAFT

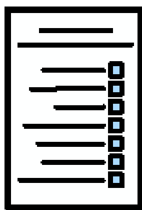
- Move away from institutional routines such as set bedtimes and "bath days" and evidenced individualised care planning and person centred record keeping.

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

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

- Generally family members felt the quality of life of people with dementia in Flintshire care homes was positive.

- When the different aspects of care and support were considered individually aspects that received poorer ratings were; opportunities to get involved in activities, opportunities to socialise, support to remain independent and active and access to health care services.



Key Messages:

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

DRAFT

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

3.1 Older People and Dementia

- The number of older people in North Wales is rising rapidly; the 65+ age group is predicted to increase by 60% between 2008 and 2033. The population of those aged 85+ is expected to double by 2033.

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

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

- It is very difficult to quantify how many placements we will need in the future with any certainty. We do not know how many people are living with dementia in Flintshire today due to the 'diagnosis gap'[1] and only 38.5% of people with dementia in Wales have had a formal diagnosis.

- As we are successfully supporting people to live in their own homes for longer the cohort of people now in need of residential /nursing home care has changed. People are much older with more complex needs such as dementia. This is evident from our tracking of bed vacancies in all approved homes in Flintshire from July 2011 to January 2013. We found that there were vacancies in general nursing homes but not in EMI nursing homes (see graph appendix 9c). Therefore, we either need to remodel existing provision to respond the growing numbers with complex needs such as dementia or develop new provision.

- As of 28th January 2013 there were 118 older people assessed by Flintshire Social Services as needing either a General Nursing or EMI Nursing placements, with an average age of 85. The average length of stay in a Nursing home in 2012 was 1.9 years (range 2 months – 7 years / median 1.3 years) this compares to an average of 2.7 years in 2005.

- To work out how many more beds we need we believe our best guess is to focus on the 85+ group with dementia, looking at what we know about current spread of service uptake on one given day and

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

DRAFT

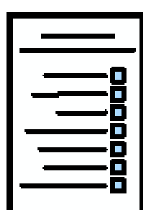
the future projections for people with dementia aged over 85 in Flintshire [2], see table below:

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

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

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

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



Key Messages:

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

DRAFT

[2] Daffodilcymru

3.2 Learning Disability and Dementia

- The advances in medical and social care have increased life expectancy for people with learning disabilities. Therefore we are expecting that the future number who will develop age related frailties and illnesses such as dementia will increase.

- The number of people in Flintshire with a moderate to severe learning disability and aged 65 and over is predicted to increase by 14 % from 2011 to 2015 and by 42% from 2011 to 2030.[3] We know that currently there are **12** people aged 50 and over with dementia and **over 12** people are being assessed for dementia. There are **24** people aged 50 or over still at home with their family. We also know that there are 70 people known to our service with Downs Syndrome. With this diagnosis comes a higher incidence of early onset dementia

3.3 Younger Onset Dementia

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

3.4 People with Hearing loss and Dementia

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

3.5 Black & Minority Ethnic (BME) and Dementia

- From the Census 2011, the BME population makes up 1.5% of the Flintshire population, this compares to 0.8% from the census 2001. The BME population has a higher percentage of children than the 'White' population but a much lower proportion of older people. The number of BME people aged 85 and over in Flintshire is in single figures.

- Overall, the proportion of BME people affected by dementia is broadly the same as that found among white people. A research briefing paper by SCIE[4] identified some keys messages for us as service providers and commissioners, namely that BME people are under represented in dementia services owing to lower levels of awareness and the existence of stigma in their communities. Staff working in dementia services require training on how to give culturally acceptable care and support to BME people with dementia. Ensuring personalised approaches to services, and

[3] Daffodil Cymru website projecting future social care needs.
[4] SCIE Black and minority ethnic people with dementia and their access to support and services

DRAFT

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

3.6 Welsh Language and Dementia

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

3.7 Carers of people with dementia in Flintshire.

- Focussing on maintaining independent living for people with dementia goes 'hand in hand' with support to carers. Growth in numbers of people with dementia implies an increase in the number of carers needed in the future. Caring for a person with dementia can be difficult as the intensity of caring required increases as the illness develops. Many carers are unpaid family members, whose own health and well being will be affected. Our changing lifestyles, smaller families, relationship breakdowns, longer period to retirement and family migration can only mean that the availability of carers will be less in the future with a resultant shift of responsibility to the statutory sector and a further pressure on diminishing resources. If carers are properly supported they can care for longer. It has been found that if carers are supported and receive counselling at the point of diagnosis a care home placement can be prevented in 28%.of cases. [5] A recent report[6] from the Carers Trust has found that carers of people with dementia are not getting the support and advice they desperately need. For example many carers, particularly those caring for someone in the later stages of the illness felt ill equipped to deal with more challenging behaviours and communication issues. More than 68% of those surveyed said they had not received the training or advice they needed on this subject.

- Our Commissioning Strategy for Carers 2012 -2015 sets out how we support carers in Flintshire. All carers have access to a range of generic carer services (carers fund, breaks, information and emotional support etc) and more specifically; a long term condition support group facilitated by NEWCIS (North East Wales Information Service) a Saturday respite service and bespoke training opportunities facilitated by NEWCIS in conjunction with Flintshire Alzheimer's Society.

- In 2012 NEWCIS received 1,260 new referrals and of this over 60% were from carers of people with memory problems or a diagnosis with dementia.

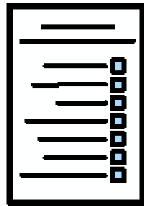
[5] National Carers Strategy - UK
[6] The Carers Trust – A road less rocky – supporting people with dementia

DRAFT

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

Claire Sullivan manager of NEWCIS said:

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



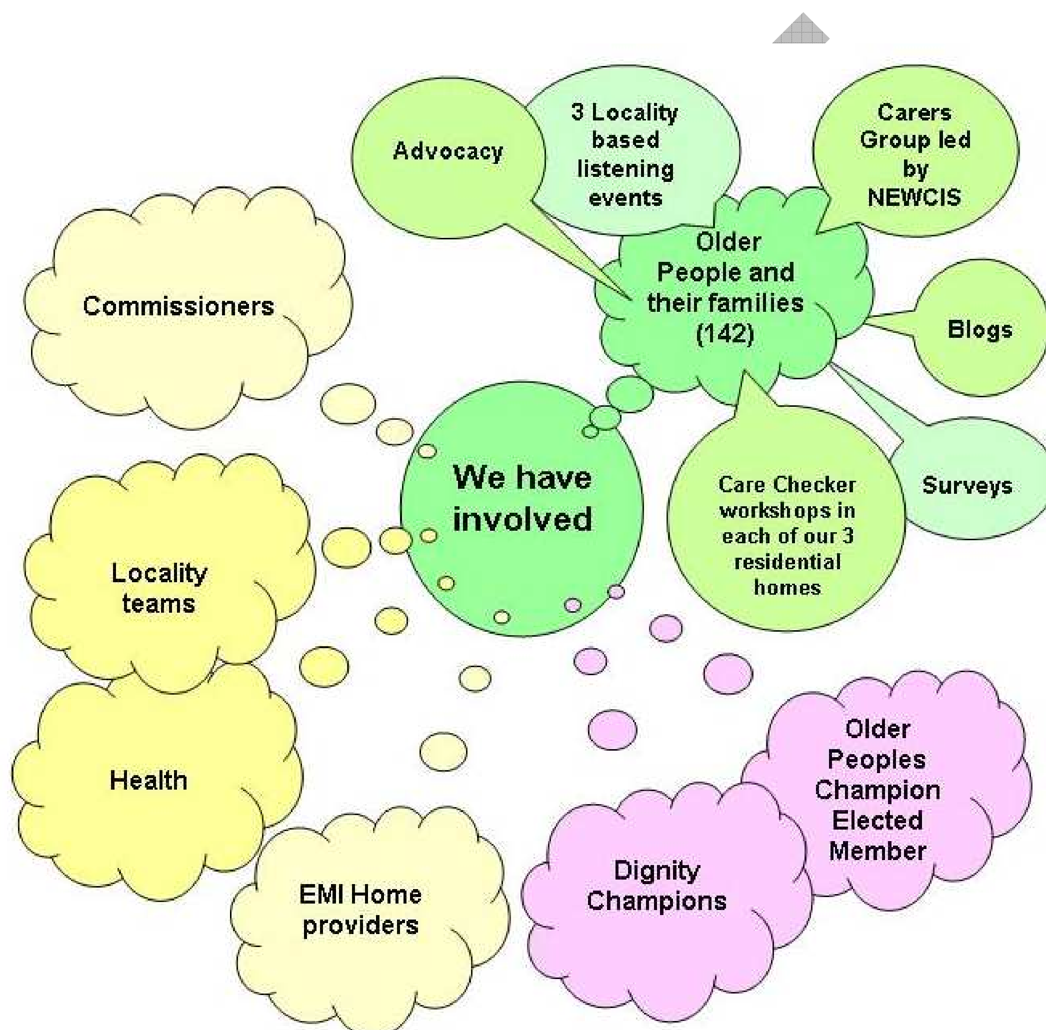
Key Messages:

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

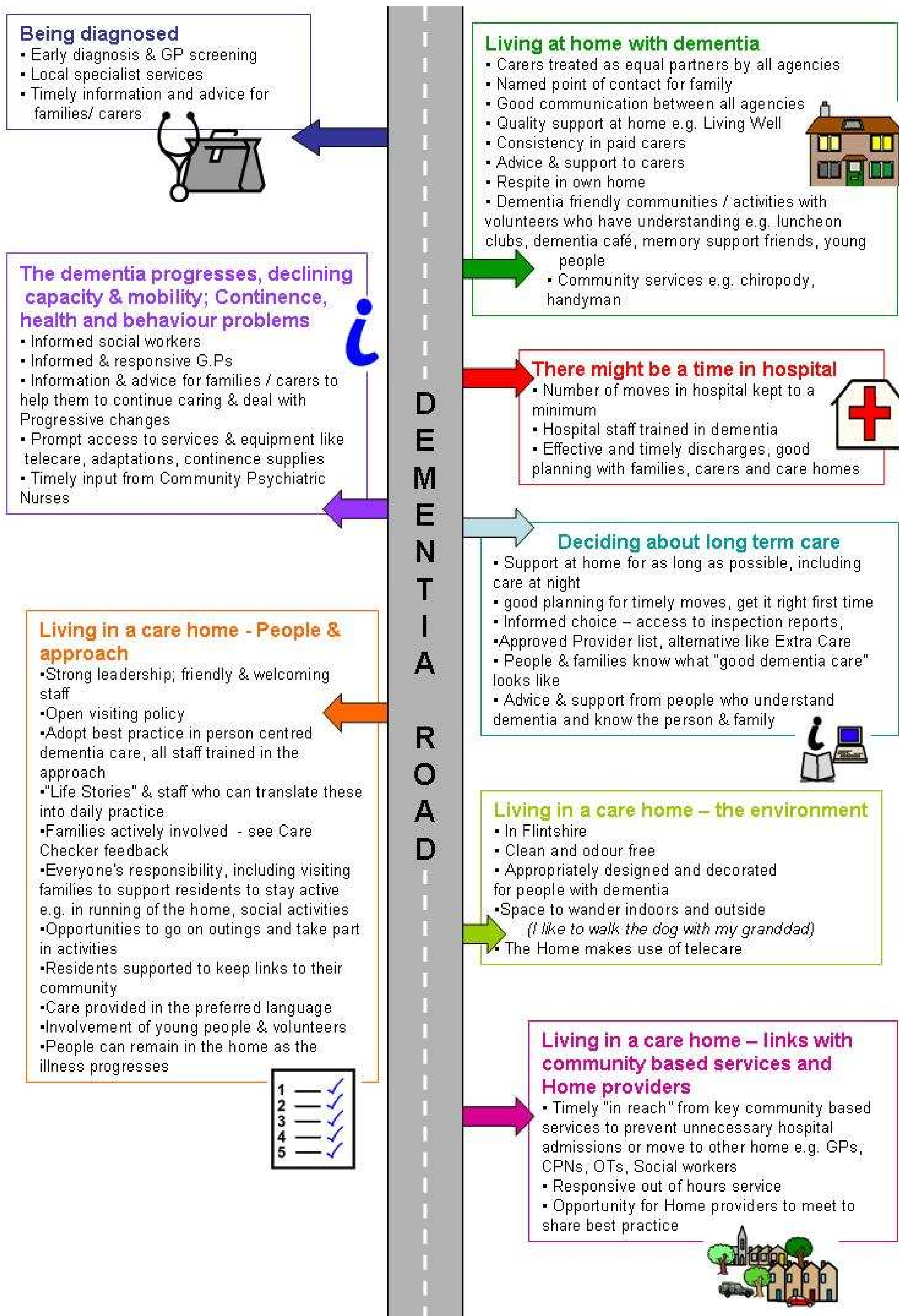
DRAFT

Section 4 – Views of Stakeholders

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



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


Being diagnosed
• Early diagnosis & GP screening
• Local specialist services
• Timely information and advice for families/ carers
Living at home with dementia
• Carers treated as equal partners by all agencies
• Named point of contact for family
• Good communication between all agencies
• Quality support at home e.g. Living Well
• Consistency in paid carers
• Advice & support to carers
• Respite in own home
• Dementia friendly communities / activities with volunteers who have understanding e.g. luncheon clubs, dementia café, memory support friends, young people
• Community services e.g. chiropody, handyman
The dementia progresses, declining capacity & mobility; Continence, health and behaviour problems
• Informed social workers
• Informed & responsive G.Ps
• Information & advice for families / carers to help them to continue caring & deal with Progressive changes
• Prompt access to services & equipment like telecare, adaptations, continence supplies
• Timely input from Community Psychiatric Nurses
There might be a time in hospital
• Number of moves in hospital kept to a minimum
• Hospital staff trained in dementia
• Effective and timely discharges, good planning with families, carers and care homes
DEMENTIA ROAD
Deciding about long term care
• Support at home for as long as possible, including care at night
• good planning for timely moves, get it right first time
• Informed choice – access to inspection reports,
•Approved Provider list, alternative like Extra Care
• People & families know what "good dementia care" looks like
• Advice & support from people who understand dementia and know the person & family
Living in a care home - People & approach
•Strong leadership; friendly & welcoming staff
•Open visiting policy
•Adopt best practice in person centred dementia care, all staff trained in the approach
•"Life Stories" & staff who can translate these into daily practice
•Families actively involved - see Care Checker feedback
•Everyone's responsibility, including visiting families to support residents to stay active e.g. in running of the home, social activities
•Opportunities to go on outings and take part in activities
•Residents supported to keep links to their community
•Care provided in the preferred language
•Involvement of young people & volunteers
•People can remain in the home as the illness progresses
Living in a care home – the environment
• In Flintshire
• Clean and odour free
• Appropriately designed and decorated for people with dementia
•Space to wander indoors and outside
(I like to walk the dog with my granddad)
• The Home makes use of telecare
1
2
3
4
5
Living in a care home – links with community based services and Home providers
• Timely "in reach" from key community based services to prevent unnecessary hospital admissions or move to other home e.g. GPs, CPNs, OTs, Social workers
• Responsive out of hours service
• Opportunity for Home providers to meet to share best practice

Section 5 - The Issues

Demographics

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

Care Homes

- **The acute shortage of EMI Nursing Home placements** in Flintshire and an over reliance on out of county provision.

- **The quality of existing residential dementia care services** and their failure to consistently deliver high quality, person centred care.

- **Escalation from EMI Residential settings to EMI Nursing**. Individual's are frequently labelled as "challenging " rather than the service being seen as failing to understand their needs and responding appropriately. It is our contention that if the quality of care in EMI residential care homes improved less people would be admitted to EMI Nursing homes and significant funds could be freed up by BCU Health Board to invest earlier in support services earlier on the '*dementia road'* We estimate this could be as much as £33k per week (see section 2.2.1 Costings)

- **A lack of places for people with early onset dementia** while Flintshire has developed some community based support for younger people with dementia it does not have access to any specialist residential facilities.

- **Lack of skilled workforce** to deliver person centred dementia care and particularly availability of Registered Managers with the skill knowledge and leadership skills necessary to develop alternative and sustainable models of dementia care across North Wales.

- **Failure of existing data systems** to record unmet need and provide real time information about service needs and outcomes for people with dementia to inform future commissioning.

Community Based Health and Social Care Services

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

---

[7] DaffodilCymru

DRAFT

- **There are insufficient Community Psychiatric Nurses for Older people in Flintshire**. We have been informed that Flintshire is the second least resourced Local Authority in terms Community Psychiatric Nursing provision for Older People. Currently there are only 6.8 CPNs in the Older Persons Community Mental Health Team this resource has reduced over the last three years by 3 full time equivalent posts.

- **Lack of 'in reach support' into the EMI residential care sector**. Timely access to all community based health services such as Community Psychiatric Nurses, Social Workers, Out of hours G.P, physiotherapy and Occupational Therapy could prevent hospitalisations

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

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

DRAFT

Carers

- **Carers and families of people living with dementia need to be better informed.** Carers told us they wanted better education specific to dementia, as well as timely access to useful information on what support is available to help them in their caring role.

- **Homes do not consistency work to fully involve families** and use them to learn about the person's past which is essential for developing 'life stories'. Homes could be doing more to involve families in the daily life of the individual within the home.

- **Carers need more help to understand what 'good' dementia care looks like.** This was evidenced by the inconsistency between judgement of performance through contract monitoring and the views expressed by older people and their families. We believe that carer's

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

Finance

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

DRAFT

Section 6 - What we will do

6.1 Regional Collaboration

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

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

6.2 Flintshire's joint solution with BCU Health Board

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

6.3 Our vision for 'good' dementia care

We want to be proud of what we commission and work with all our EMI Residential and Nursing Home providers to develop consistent high quality person-centred dementia care in Flintshire. Through developing an enhanced specification for dementia services and recognising best practice in service delivery models such The Butterfly approach[8] we want to reach a shared understanding with all our providers and families on what 'good' dementia care should look like.

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

---

[8] Dementia Care Matters

DRAFT

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

DRAFT

We believe the key elements are captured below:

1. A Home that has a manager who is a true leader in dementia care and leads a staff group who are skilled in person -centred planning and emotional intelligence.

2. A Home that adopts a model of dementia care that sees the person as an individual and treats them with dignity and respect.

3. A Home where the staff group know what is important to each individual they support and record this using person centred tools.

4. A Home that brings out the best in people that is pleasant, warm, and busy.

5. A Home where people's personal possessions are treasured and staff support people to take care of them.

6. A Home where everyone understands how to respond and communicate with the people who live there.

7. A Home where people are supported to make choices and decisions every day and 'best interest' meetings are used.

8. A Home that supports people to initiate and maintain friendships and relationships.

9. A Home that matches people with dementia together based on where they are on their dementia journey.

10. A Home that actively involves family and friends in the home and seeks to educate them about dementia.

11. A Home that undertakes quality assessments on admission and place great importance on using a person's 'Life Story' to plan their care and support.

12. A Home that ensures people's independence is maintained and promotes positive risk taking with the use of equipment and assistive technology.

13. A Home where there is meaningful occupation for everyone and individuals feel that they matter.

14. A Home that provide opportunities for people to go out and about and be part of their local community.

6.4 'A Road Less Rocky for Carers'

6.4.1 We will seek to develop a Carer's Course that is specific to the needs of carers of people with dementia. We will use the Carers Trust report [9] to guide its content and ensure that all relevant areas along the '*dementia road*' are addressed so that carers feel better equipped in their caring role. This will require working in partnership with Carers, Health, the Voluntary Sector and current providers of dementia services to agree and deliver a rolling programme of sessions. We will consider showcasing such courses within existing homes and hopefully in the future our first ***dementia café*** in Flintshire.

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

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

6.5 Skill up the Workforce

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

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

DRAFT

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

Section 7 - What Next?

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

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

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

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

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

DRAFT

Section 8 - Conclusion

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

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

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

DRAFT

Acknowledgements

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

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

Front cover images by courtesy of www.careimages.com

Section 9 - Appendix

Appendix 9a - Costings

Residential & Nursing

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

Gross cost less PAA

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

% Split

	Flintshire	Out of County	Part 3
EMI Residential	74%	21%	5%
EMI Nursing	21%	79%	

DRAFT

Appendix 9b – The Views of Stakeholders

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

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

1. Older People with Dementia and their Families

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

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

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

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

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

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

Key messages for Commissioners:

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

DRAFT

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

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

Key messages for commissioners:

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

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

Key messages for commissioners:

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

DRAFT

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

SUGGESTED IMPROVEMENTS list:

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

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

Key messages for Commissioners:

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

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

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

In Flintshire we distributed the survey via care homes, Social Services, voluntary sector partners and direct to Social Services staff. In total **32** surveys were returned[10]. Even though our numbers are small the findings and conclusions are in the main in line with the national research undertaken by the Alzheimer’s Society.

The keys messages for the Commissioning Strategy are as followed:

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

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

DRAFT

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

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

In Flintshire we distributed the survey via care homes, Social Services, voluntary sector partners and direct to Social Services staff. In total **26** surveys were returned[11]

The keys messages for the Commissioning Strategy are as followed:

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

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

Three questions posed**:**

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

The key messages for commissioners are as follows:

Communication & Information

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

Support Services

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

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

DRAFT

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

Image & Practice

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

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

The key messages for commissioners are as follows:

Selecting a Home

- Signpost carers and people with dementia to Inspection

Approach of the Home

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

Physical attributes that are important:

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

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

The key messages for commissioners, as follows:

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

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

DRAFT

The keys messages for the Commissioning Strategy are as followed:

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

2. Current EMI home care providers

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

DRAFT

The keys messages for the Commissioning Strategy are as followed:

Families

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

Health Services

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

Categories

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

Training

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

Best practice / person - centre care

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

DRAFT

snake', key worker group model, active support model, life books, reflective practice, seeking design advice for new-builds, use of technology
- Create opportunities for Home Managers to meet and share good practice

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

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

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

DRAFT

3. Locality Teams (Social Workers and Occupational Therapists)
A 'Strengths, Limitations, Opportunities and Threats' Tool (SLOT) by the team
The keys messages for the Commissioning Strategy are as followed:

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

DRAFT

4. Commissioners and the Contract Monitoring Team

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

STRENGTHS	**LIMITATION**
• Specific day centres i.e. old brewery, Croes Atti • Quality monitoring • Strong working relationship i.e. health professionals, independent sector • Training in partnership with independent providers • Choice across the county (EMI Residential) • Knowledge and intelligence of the market • Open market facilitation, working well together, informal discussions • Extra Care project in – Llys Jasmine • Pockets of good practice in some residential settings involving change culture and practice • Flintshire has good strong links with other agencies i.e Alzheimer's society and the Regional Dementia task group involving the independent sector and other stakeholders • Strong relationships and engagement with the independent sector and contract monitoring and commissioning	• Large variance of dementia knowledge of some managers in the market • Lack of resources to enable people to access their community and links when placed in a residential home and over 65yrs • Lack of understanding from the assessor at initial assessment – care planning is often not outcome focused or person centred • Historic culture and expectations • Everybody has a responsibility to deliver meaningful activities i.e. environmental and therapeutic – i.e. handyman, carer to domestic care, this is everyone's responsibility • Lack of EMI nursing • Social Services and Health colleagues are currently doing very little joined up working, duplication of process taking place adding additional pressure to providers and families i.e. reviews • Lack of safe out door space in some residential homes
OPPORTUNITIES	**THREAT**
• Regional Monitoring framework • Work with existing practitioners and residential setting to change the culture • Opportunities to develop and maintain meaningful daily activities • Work with the independent sector to develop family forums to assist with education and training of dementia to assist to maintain a meaningful relationship with their relative • Dementia training for the contract monitoring and commissioning team • Model of care – home for life rather than having to move on when enhanced care is required	• CSSIW removal of categories • Home in administration • Escalating concerns • Lack of EMI Nursing care • Voids in EMI Residential • Current economics environment i.e. strategic funding • Higher level of dependency at the point of accessing services • Model of care – home for life rather than having to move on when enhanced care is required • Statistics show a high turn over of Registered Managers • Employment Terms & Conditions do not reflect specialist skills and additional training required to deliver dementia care

DRAFT

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

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

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

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

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

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

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

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

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

DRAFT

<u>How the care in long term placements could be improved :</u>

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

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

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

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

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

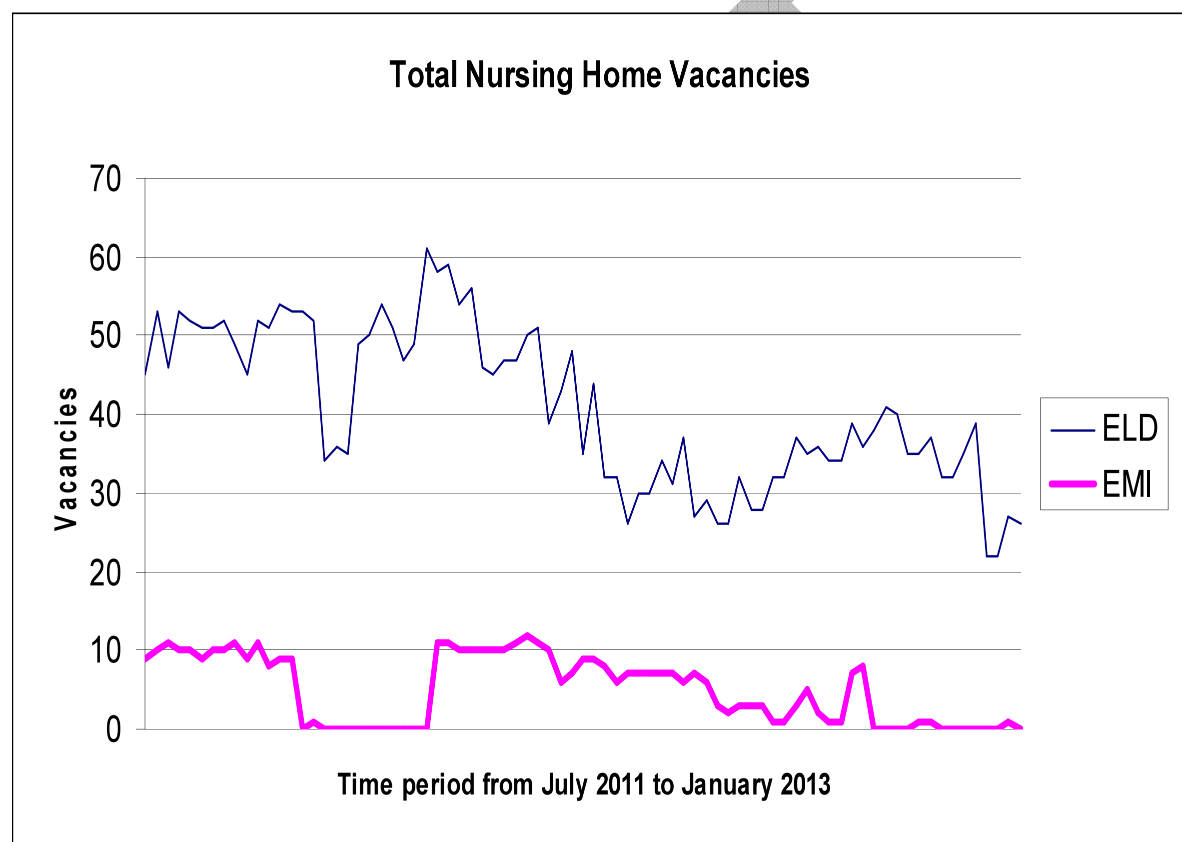
We need more Extra Care housing schemes for people with dementia, and the Llys Jasmine development is a very good example. Having apartments specially designed for people with dementia, while also having integrated facilities where all the residents can come together is an excellent model.

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

DRAFT

7. Flintshire Advocacy Services.
Key messages from Advocates:
Address waiting times for OT and Occupational health,
There is a lack of EMI nursing home placements in Flintshire
Some homes need more staffing at night.
More staff training and knowledge on specific illnesses
There is a lack of facilities for younger dementia sufferers
Access to facilities when in residential care e.g. day centre/ day care in particular for younger dementia/brain acquired injury.
Knowledge of Mental capacity Act and in particular DOLS probably in all areas

Appendix 9c - Tracking Nursing Home vacancies



DRAFT

Older People [Dementia Care Long Term Placements] Commissioning Strategy

Executive Summary

2013- 2018

Front cover images by courtesy of www.careimages.com

Introduction

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

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

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

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

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

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

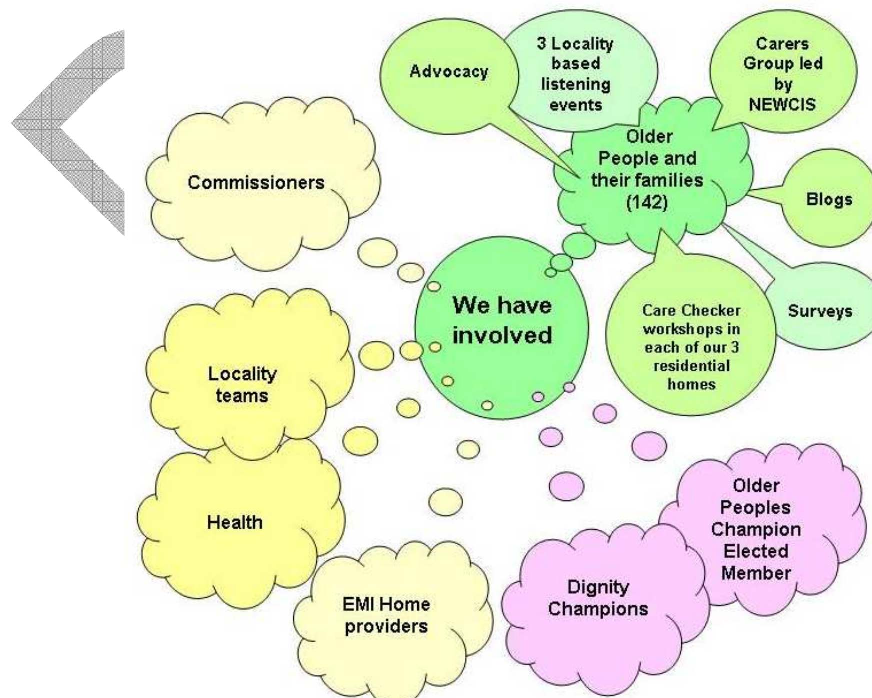
In Flintshire we know that currently we do not have enough specialist care home places available in particular EMI Nursing provision within Flintshire boundaries and we want this to change

DRAFT

Key Messages:

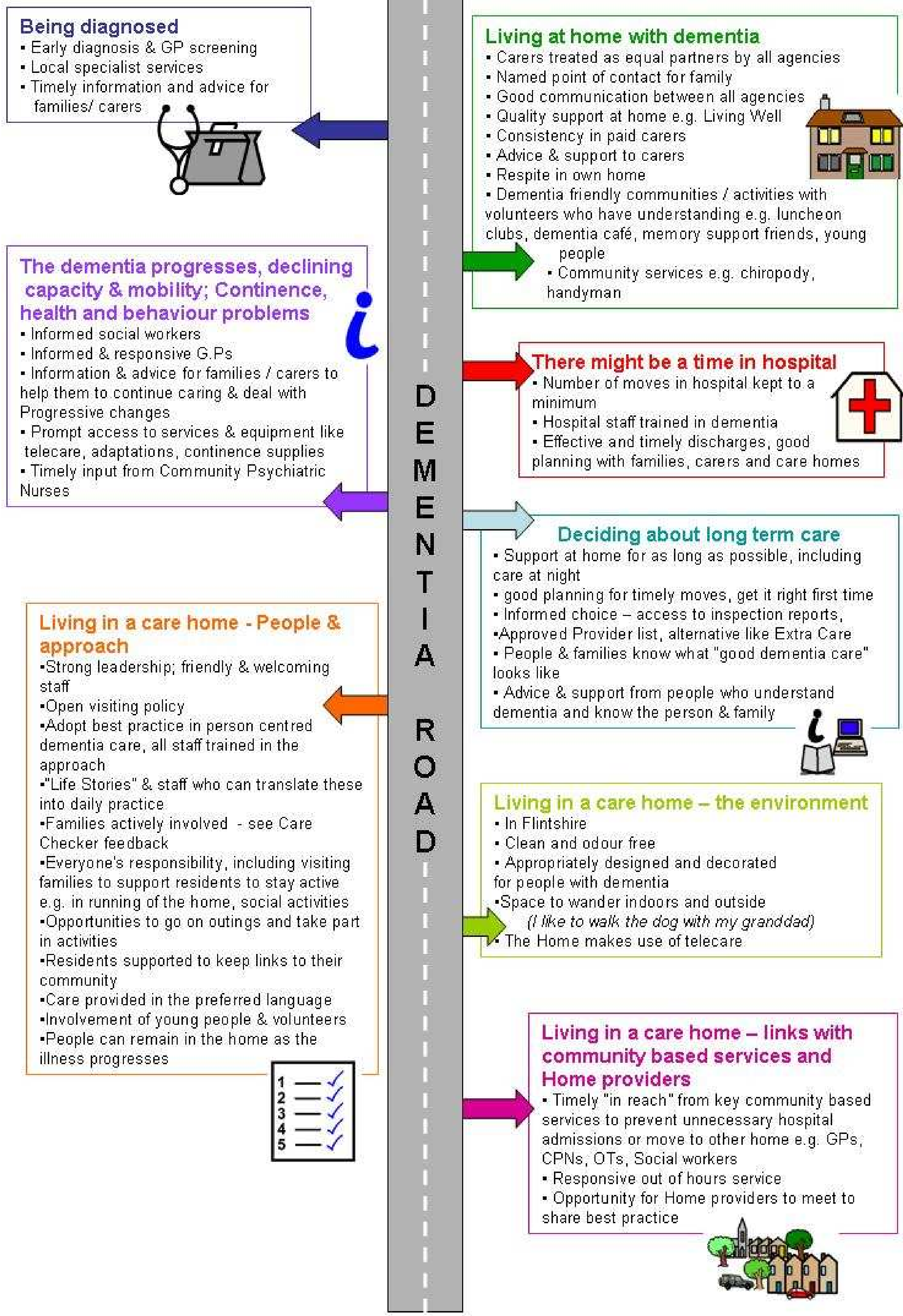
- Our annual spend on EMI Nursing and Residential is £4.4 million
- 69 people are currently funded in EMI Nursing Homes outside of Flintshire by Flintshire County Council and BCU Health Board.
- There are significant variations in the quality of dementia care services in Care home settings within Flintshire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

A lot of people were involved in shaping our strategy.
Our first illustration depicts ‘who’ was involved in shaping our strategy:



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

DRAFT



Being diagnosed
• Early diagnosis & GP screening
• Local specialist services
• Timely information and advice for families/ carers
Living at home with dementia
• Carers treated as equal partners by all agencies
• Named point of contact for family
• Good communication between all agencies
• Quality support at home e.g. Living Well
• Consistency in paid carers
• Advice & support to carers
• Respite in own home
• Dementia friendly communities / activities with volunteers who have understanding e.g. luncheon clubs, dementia café, memory support friends, young people
• Community services e.g. chiropody, handyman
The dementia progresses, declining capacity & mobility; Continence, health and behaviour problems
• Informed social workers
• Informed & responsive G.Ps
• Information & advice for families / carers to help them to continue caring & deal with Progressive changes
• Prompt access to services & equipment like telecare, adaptations, continence supplies
• Timely input from Community Psychiatric Nurses
There might be a time in hospital
• Number of moves in hospital kept to a minimum
• Hospital staff trained in dementia
• Effective and timely discharges, good planning with families, carers and care homes
DEMENTIA ROAD
Deciding about long term care
• Support at home for as long as possible, including care at night
• good planning for timely moves, get it right first time
• Informed choice – access to inspection reports,
•Approved Provider list, alternative like Extra Care
• People & families know what "good dementia care" looks like
• Advice & support from people who understand dementia and know the person & family
Living in a care home - People & approach
•Strong leadership; friendly & welcoming staff
•Open visiting policy
•Adopt best practice in person centred dementia care, all staff trained in the approach
•"Life Stories" & staff who can translate these into daily practice
•Families actively involved - see Care Checker feedback
•Everyone's responsibility, including visiting families to support residents to stay active e.g. in running of the home, social activities
•Opportunities to go on outings and take part in activities
•Residents supported to keep links to their community
•Care provided in the preferred language
•Involvement of young people & volunteers
•People can remain in the home as the illness progresses
Living in a care home – the environment
• In Flintshire
• Clean and odour free
• Appropriately designed and decorated for people with dementia
•Space to wander indoors and outside
(I like to walk the dog with my granddad)
• The Home makes use of telecare
Living in a care home – links with community based services and Home providers
• Timely "in reach" from key community based services to prevent unnecessary hospital admissions or move to other home e.g. GPs, CPNs, OTs, Social workers
• Responsive out of hours service
• Opportunity for Home providers to meet to share best practice

The issues

Demographics

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

Impact of demographics on services

- We estimate that we will be providing services to **at least 135 more** people with dementia aged 65 and over by 2020.

- We estimate that we will at least **need 24 more long term places by 2015 and 95 by 2020.**

Care Homes

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

Community Based Health and Social Care Services

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

---

[1] DaffodilCymru

DRAFT

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

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

DRAFT

Carers

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

Finance

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

What we will do

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

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

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

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

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

Conclusion

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

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

DRAFT

This page is intentionally left blank

FLINTSHIRE COUNTY COUNCIL

REPORT TO:	**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**
DATE:	**MONDAY 25TH NOVEMBER 2013**
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 April – September 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.

1.03 To enable Members to comment on the new approach to performance reporting.

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.

4.02 That the Committee comment on the newly introduced improvement plan performance monitoring approach.

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.

Contact Officer: Margaret Parry-Jones
Telephone: 01352 702427
Email: Margaret.Parry-Jones@flintshire.gov.uk

This page is intentionally left blank

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**	**A**

- The Reablement and First Contact (Duty) teams are now fully established with the Reablement model embedded across Social Services for Adults. The percentage of referrals where no further support was needed at the end of reablement period was 57% at the end of quarter one (with a target of 55%) demonstrating continued success. Hospital Social Work processes have now been aligned to the Reablement model.
- Streamlined processes are in place to support the provision of assistive technology equipment.
- The timeliness of provision of DFGs has reduced and the targets have been met for both Children and Adults with an overall average of 210 days. The number of DFG's completed in the quarter has also reduced, a sign of the success of reablement and the alternative solutions being offered by Housing.
- DFG's are prioritised within the Housing Renewal Capital programme to ensure the demand can be met and the risk reduced. Additional limitations on adaptation work were introduced in 2010, which reduced the cost of each adaptation and also the eligibility for some adaptations.

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	Current 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	**205 days**	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	**294 days**	G	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	**78%**	G	G

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

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

2. Develop Commissioning Plans for specific service areas to ensure service provision meets need				
Progress Status	**Progress RAG**	**A**	**Outcome RAG**	**A**
Commissioning plans for Learning Disability and Mental Health are at the final stages of their development. A commissioning plan for older people with Dementia is under development. The next step will be to develop market position statements and to meet with providers to discuss meeting identified gaps and the refocus of models of service for the future, Joint commissioning of dementia services with BCUHB continues to be a challenge. The risk will remain amber until plans are signed off and implementation can begin.				
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				

Cyngor Sir y Fflint
Flintshire County Council

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.	M	M	A	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

3. Use a whole family approach by implementing the Integrated Family Support Service				
Progress Status	**Progress RAG**	G	**Outcome RAG**	G
The joint team across Flintshire and Wrexham was approved and implemented on 1st August 2013 with Flintshire taking the lead.				

Achievement will be measured through:
- approval from Welsh Government for the sub regional team between Wrexham and Flintshire
- launch of the Integrated Family Support Service

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

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)
Launch of the Integrated family Support Service – August 2013

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

In 2012/13 the housing options service were successful in preventing 83% of all households who access that service requesting housing assistance from accessing the homelessness route. By undertaking proactive and effective homeless prevention work the housing options team are minimising the financial pressures on the council through the fulfilment of its statutory homeless duties. The target is 90%

The percentage of young people formerly looked after with whom the authority is in contact at the age of 19 and know to be in suitable accommodation is currently 50% (compared to 100% at the end of year). However the cohort consisted of 2 young people in the quarter.

The Homesafe Service is a target hardening service providing free security to victims of domestic abuse. Last year the Service received 170+ referrals. Effectively, by assisting victims of domestic abuse to remain safe in their own homes, we are preventing them becoming homeless.

Achievement will be measured through:

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

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%	N/A (annual)	N/A	G
Referrals to the Homesafe Service.	Interim Head of Public Protection	170	170	170	63 (Q1) 55 (Q2)	G	G

5. Carry out a major review of the Transition Service and implement findings				
Progress Status	**Progress RAG**	**A**	**Outcome RAG**	**G**

The Transition Team is operational and fully staffed and cases of young people aged 16+ are being transferred from the Children's Integrated Disability Service (CIDS). A review of the Transition Team will take place in July 2013, to analyse the successes of the first year and to consider some plans for the coming year.
The risk below is identified as amber, until we have analysed the success of the team through consultation with young people with disabilities and their families.

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	**Impact**	**Gross Score**		**Likelihood**	**Impact**	**Gross Score**				**Likelihood**	**Impact**	**Gross Score**
(L)	**(I)**	**(LxI)**		**(L)**	**(I)**	**(LxI)**				**(L)**	**(I)**	**(LxI)**
M	**M**	**A**	Annual Transition event Promotion of Direct Payments	**M**	**M**	**A**	Implement Action Plan from Transition Review	Head of Children's Social Services		**L**	**L**	**G**

Cyngor Sir y Fflint Flintshire County Council

APPENDIX 2

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**	**A**	**Outcome RAG**	**G**

Three Locality Teams within Social Services have been established to cover North East, North West and South Flintshire. Discussions are taking place with Health colleagues in order to co-locate health and social care staff in one of the three localities.

Staff have adopted agile working practices and make use of facilities in the Flintshire Connects Hub in Holywell and Holywell Hospital.

Regular meetings of the Locality Leadership Teams (LLT's) take place working towards common goals.

Achievement will be measured through:

- development of one co-located team this financial year
- effective joint working

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
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	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)
H	H	R	Working together strategically to ensure effective communication and forward planning. Working together operationally to prevent unnecessary hospital admissions. Action plans in place for LLT's	M	M	A	implement Action Plan for LLT's Implement Action Plan for co-located services	Head of Adult Social Services		L	L	G

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

2. Support the introduction of Home Enhanced care Service (HECS) 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**

Developing and gaining approval for the Business case for HECS in North West Flintshire has been challenging, and the timetable for implementation has been slower than initially anticipated. However final approval was made at the Strategic Partnership Meeting in June 2013. Implementation will be phased in from August/ September 2013.in North West Flintshire with a view to implementation in the other two areas later in the year The business cases for North East and South Flintshire have commenced and all parties are applying the learning from the experience in the North West.

The enhanced care model is strengthening the existing Crisis Intervention (CIT) and Reablement Teams. As a result the numbers of health staff in the CIT element will grow by the end of September. Therefore the original plans to co-locate CIT and Reablement together in County Hall will need reviewing.

Although progress in now being made, the RAG status remains amber until full implementation.
Those people who were already receiving support from Social Services when they go onto the Home Enhanced Care Service, will continue to receive their social care support. As those people would previously have been cared for in hospital there is a need to monitor the cost of those packages, in order to understand the risk to be managed.

Achievement will be measured through:

- co-location of the Crisis Intervention Team (Health) and the Reablement Team (Council)
- agree and implement the business case for HECS in the North West locality
- the experiences of patients

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)
Co-location of the Crisis Intervention Team (Health) and the Reablement Team (LA)
Option for co-location explored by June 2013
Preferred recommendation delivered by September 2013

Achievement Milestones for strategy and action plans: (Lead Officer – Director of Community Services)
Agree the business case for HECS in the North West locality – June 2013

Achievement Milestones for strategy and action plans: (Lead Officer – Head of Adult Social Services)
Implement the business case for HECS in the North West locality – September 2013

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

Risk to be managed – 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 Home Enhanced Care Service (HECS).	M	M	A	Monitor cost of packages of care funded by the Local Authority for those people receiving Home 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

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

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 HECS, 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 to meet individual emergency needs. There is 6 monthly monitoring of the contracts with an annual report produced to evidence achievements.

The Regional Carers Information Strategy to support the Carers' Measure has been approved by Welsh Government and is being progressed through a regional group led by BCUHB.

There are 5 performance indicators in total measuring assessments offered, assessments undertaken and services provided for both Carers and Young Carers, one of which is an improvement target (The percentage of identified carers of adult service users who are assessed or reassessed in their own right during the year who were provided with a service). The out turn at the end of quarter 1 is 78.9%, performing better than the target of 65%.

Processes for identifying and assessing the needs of young carers have been strengthened across adult and children's services and with the third sector by the development and re launch of the Young Carers Protocol.

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%	74%	90%	78.91%	G	G

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

4. Ensure Health and Social Care and Well Being Strategy priorities are progressed through localities				
Progress Status	**Progress RAG**	**A**	**Outcome RAG**	**A**
Each of the Locality Leadership Teams' 2013/14 action plans contains priorities that are consistent with the priorities within the HSCWBS. For each locality, one key public health priority has been identified; South Flintshire is working on a set of actions to increase uptake of smoking cessation services, the North West locality is focussing on reducing the incidence of falls in the community and the North East has identified obesity as a priority. In addition, there is work taking place to consider what support is available to people with continence needs and to look for ways to improve support to those with dementia and their carers. There are good examples of progress within localities for taking forward the priorities, however, the predicted RAG status for achieving outcomes has been identified as amber because each locality is progressing at different rates and it is likely that a number of the activities will need to be carried forward into the next year, not least because achieving progress in these areas is complex, often resource intensive and requires involvement of a wide range of partners. Further work is also taking place in relation to the performance management and reporting arrangements for work within localities.				
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				

This page is intentionally left blank

FLINTSHIRE COUNTY COUNCIL

REPORT TO:	**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**
DATE:	**MONDAY 25TH NOVEMBER 2013**
REPORT BY:	**ENVIRONMENT AND SOCIAL CARE OVERVIEW & SCRUTINY FACILITATOR**
SUBJECT:	**MID YEAR SERVICE PERFORMANCE REPORT**

1.00 PURPOSE OF REPORT

1.01 To note and consider the 2013/14 Mid Year Service Performance Report produced at the Head of Service/Divisional level under the adopted business model of the Council. The report covers the period April – September 2013.

1.02 To enable Members to comments on the new approach to performance reporting.

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 Copies of the detailed Mid Year Service Performance Reports are attached at Appendix 1.1 – Adult Social Services and Appendix 1.2 – Children's Social Services.

3.02 The contents of the half yearly Head of Service reports include:

- Improvement Priorities that do not have an in-year priority
- Service Plan progress
- Corporate measures e.g. absence management
- Reporting against findings from external regulatory bodies e.g. Wales Audit Office, Care and Social Services Inspectorate Wales or Estyn
- Improvement Targets
- National Strategic Indicators (NSIs) – as part of the new Outcome Agreement

4.00 RECOMMENDATIONS

4.01 That the Committee consider the 2013/14 Mid Year Service Performance Reports produced by the Heads of Service, highlight and monitor poor performance 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 None as a result of this report.

6.00 ANTI POVERTY IMPACT

6.01 None as a result of this report.

7.00 ENVIRONMENTAL IMPACT

7.01 None as a result of this report.

8.00 EQUALITIES IMPACT

8.01 None as a result of this report.

9.00 PERSONNEL IMPLICATIONS

9.01 None as a result of this report.

10.00 CONSULTATION REQUIRED

10.01 Publication of this report constitutes consultation.

11.00 CONSULTATION UNDERTAKEN

11.01 Not applicable.

12.00 APPENDICES

12.01 Appendix 1.1 – Adult Social Services.
Appendix 1.2 – Children's Social Services.

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None.

Contact Officer: Margaret Parry-Jones
Telephone: 01352 702427
Email: Margaret.Parry-Jones@flintshire.gov.uk

Mid-Year Performance Report
Adult Social Services (Community Services Directorate)

REPORT AUTHOR: ***ALWYN JONES***
REPORT DATE: ***NOVEMBER 2013***
REPORT PERIOD: ***APRIL TO SEPTEMBER 2013***

Introduction

The Head of Service report is produced on a half yearly basis and provided to Executive Members for review and assurance and will be available for Overview and Scrutiny Committees as part of their Forward Work Programmes.

The approach is based on exception reporting to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues / operational risks should also be highlighted. The report is split into 3 distinct sections: -

1. Improvement Priorities & Service Plan Monitoring – this section is used to discuss the progress being made towards the Improvement Priorities which do not have an in year focus and therefore are not included within the quarterly progress report on the Improvement Plan. It is also used to highlight good news and key issues (including operational risks and the actions necessary to control them) arising from monitoring the progress being made towards delivering the service plan.

2. Internal and External Regulatory Reports – this section summarises regulatory work reported in the half year and its outcomes and intended actions arising from recommendations.

3. Corporate Reporting – this section summaries the performance in relation to corporate issues e.g. sickness absence, appraisals, complaints, data protection training

Appendix 1- NSI & Improvement Target Performance Indicators – summary table of the performance for the NSI and Improvement Targets. Graphs and commentary are included in section 1 for those indicators shown with a red RAG status. An asterisk (*) indicates that the indicator is an *improvement* target.

1. Improvement Priorities & Service Plan Monitoring

Report highlights for the half year are as follows: -

Housing / Extra care Housing / Helping more people to live independently and well at home

1. Extend our extra care supported living service from 1 to 2 schemes increasing provision from 50 to 113 housing units by opening Llys Jasmine in Mold to follow Llys Eleanor in Shotton.

Llys Jasmine opened its doors on 7th October and tenants are planned to move in on a staggered basis over coming weeks. It is expected that all apartments will be occupied by the end of December. A formal opening will be held in the new year.

2. Develop a new and sustainable business model for more extra care schemes, now there is no longer Welsh Government capital funding available, with plans for further schemes in the Flint and Holywell catchments.

The timescales for developing further extra care schemes have been agreed as
Appoint Partner – November 2013
Develop new business model – December 2013
Develop agreed plans for new schemes – February 2014

Living Well / Independent Living / Improving peoples quality of life

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

- **Reablement / Recovery** – the Reablement and Recovery approach is embedded in Older Peoples and Mental Health Services and being rolled out across other service areas. For example, as part of the review of in house Learning Disability Services the approach will be used to revisit the way in which support is provided with the use of assistive technology being considered at the outset.
- **Telecare / telehealth regional plan** – we are contributing to the regional plan for telecare and telehealth and expect this to be agreed March 2014, with a view to implementation thereafter
- **Timeliness of adaptations** – We are continuing to improve the delivery of equipment and adaptations
  - By undertaking a larger pilot following the Bushmede project which explored alternative means of supplying and fitting minor adaptations - evaluation March 2014.
  - A new joint DFG Home Adaptations Improvement Action Plan with the aim of improving the time taken to deliver DFGs and minor adaptations in Flintshire has been agreed with Housing and is being monitored through team and joint meetings.
  - The Self Assessment pilot for small pieces of equipment and minor adaptations has shown positive results to date and will be evaluated in November 2013.

We have set targets for Disabled Facilities Grants with the target for 2016 /17 being 250 Days.

2. Helping more people to live independently and well at home.

- Integrate community based health and social care teams within localities – virtual social care teams have been established and following the move of the North West team to its shared locality base in December 2013, we expect the remaining two teams to move in 2014
- Home Enhanced Care Services (HECS) – HECS has been established in the North West locality. It is expected that the two remaining HECS will be implemented in the first quarter of 2014 / 15

Commissioning Plans for learning disability, mental health and dementia are being progressed through the political process. We expected these to be signed off by December 2013 and will be progressing individual action plans and work streams accordingly.

Alternative accommodation and support models
We have begun to work with Housing and Housing Associations to explore alternative models of accommodation and flexible tenancy options for other client groups including Learning Disability and Mental Health. We have recently reviewed the supported accommodation for 5 individuals with acquired brain injury and are taking forward learning from this. We are actively promoting DP and have engaged with an independent organisation to ensure people's views are captured.

An independent review of the Transition Service has taken place and an action plan developed which will be taken forward into 2014 / 2015.

Safe communities / Keeping people and communities safe / Safeguarding vulnerable adults
1. To ensure our Safeguarding Service remains fit for purpose
An Action Plan is in place and being monitored and we have appointed an external critical friend to provide comment and input.
Early indications are that a restructured Safeguarding Team has been a positive first step and we are moving forward to provide a more consistent approach to safeguarding. The use of risk assessment documentation has increased at point of referral and the storage of key documentation is more consistent. The appointment of a social worker to the Safeguarding Team whose role is to conduct person centred investigations, rather than previous contract monitoring investigations alone, is proving a good use of resources ensuring a stronger care management process.
Adult Protection training has been reviewed and is delivered jointly to staff from Children's and Adult Services
Training was delivered to agreed Adult Social Services staff in October on the use of the standard risk assessment tool to identify high risk victims (MARAC / DASH - Domestic Abuse Stalking and Harassment) and further courses are scheduled for 2014.

2. Internal and External Regulatory Reports

Internal Audit Reports
The following reports have been finalised in Periods 1-6. Action plans are in place to address the weaknesses identified.

Levels of Assurance – standard reports.

Project Reference	Project Description	Level of Assurance	Recommendations		
			High	Med	Low
CS0020S1	Care Homes	Amber +	0	0	8
CS1050S1	Performance Information	Green	0	0	1

Croes Atti Residential Home – inspected 27.2.13 – reported 24.4.13.
A positive report with no issues of non compliance.

Community Support Services – inspected 20.3.13 – reported 23.4.13
A positive report with no issues of non compliance although two recommendations were made with regard to cover arrangements for the long term absence of the registered manager, and the need for a more up to date management structure.

Annual Review and evaluation of performance 2012/13 , **CSSIW**
Our Annual Performance Report for Social Services (ACRF) received a very positive response from CSSIW when the Inspectors visited in September. The Council has received the draft letter setting out the key areas of progress in the year. The final version will be published at the end of October and reported separately to Overview and Scrutiny Committee.

Supported Living Service – inspected 7.8.13 – reported 2.9.13
One issue of non compliance in relation to Quality of Life, and the administration of medication, which has since been actioned.

3. Corporate Reporting

Complaints / Compliments
During this period:

- 29 complaints resolved at Stage 1 (Local Resolution)
- 88% of complaints responded to within 10 day timescale
- 2 complaints responded to at Stage 2 (Independent Investigation)
- 1 complaint responded to at Stage 3 (Independent Panel Hearing)
- 1 complaint responded to by the Public Services Ombudsman
- 1 complaint to be considered by the Public Services Ombudsman
- 108 compliments received about the work of staff

The number of complaints remains consistent with last year's average number. The number of compliments is lower than average and staff are to be reminded to share positive feedback they receive with the Complaints Team

Sickness Absence
Information was not available at the time of writing this report.

Staff Turnover
Information was not available at the time of writing this report.

Staff Appraisals

Service Area	No. of staff on iTrent	No. of staff for whom appraisals have been recorded	No. of staff for whom appraisals are up to date	% of staff with up to date appraisals
Adults	965	230	230	24%
Childrens	318	95	95	30%
Development and Resources	62	35	35	56%

These figures have been provided from iTrent. We currently have about 25% of staff with appraisals recorded on iTrent, and in the next six months we will be contacting those managers not yet using the system, to ensure that a more accurate count of completed appraisals can be provided in the future.

Equality Monitoring
We have a robust system in place to ensure that all new strategies, policies and procedures undergo an Equality Impact Assessment (EIA). Examples of those completed in the first half of 2013/14 include a revision of the Extra Care EIA (for Llys Jasmine), Getting Engaged (our Community services Involvement strategy), and Supported Living. We ensure that all our EIAs are considered by the Corporate Equality Check Group (made up with representatives from the different protected groups).

Welsh Language Monitoring
The Authority is committed to implementing the More Than Just Words Framework and ensuring the needs of our Welsh speakers are met. The Community Services Directorate is currently focused on achieving the key expectations for year one progress outlined by the Welsh Government (as highlighted below):
We have strengthened our leadership; by appointing Welsh Language Champions within the Directorate to lead our action plan and promote the WL agenda.
We are mapping the skills our workforce; HR are currently collating data via staff WL self assessments, this data will enable us to develop our plans to actively offer WL services and up-skill our workforce through targeted training. Flintshire is also linking with Bangor University in relation to our Social Work recruitment process.
We are Accepting the 'Active Offer' principle and mainstreaming WL Services into key systems; A new Paris specification has been developed, which will ensure staff actively offer welsh language services and are recording more in depth detail in relation to our service users language needs. New staff/service user conversational groups have been established to improve staff confidence levels. Training has been promoted by the Directorate, HR report the majority of attendees on WL training are Social Services staff. More than just Words has been highlighted as a priority in the Directors ACRF and the Heads of Service Plans and will be consistently highlighted as an objective for improvement.

We believe this is more than just a Strategy. It is an opportunity to revitalise the Welsh language within our communities, to raise staff confidence and abilities and to come out and say "rydym yn Gymraeg ac yn falch", "we are Welsh and proud."

Data Protection Training
410 staff have received training in Community Services to date. Training is not mandatory for all staff however, and we are in the process of identifying the core group of staff who will require training. Once this is done we will be able to present this in terms of percentage compliance with the data protection policy.

Appendix 1 - NSI & Improvement Target Performance Indicators

Key

R	**Target missed**
A	**Target missed but within an acceptable level**
G	**Target achieved or exceeded**

The RAG status of the indicators for the half year position are summarised as follows:

Graphs and commentary are included in section 1 for those indicators shown with a red RAG status.
Note 1 – NSI = National Statutory Indicator   Imp T = Improvement Target
Note 2 – Change (Improved / Downturned) is based on comparison with the previous quarter. Where it is more appropriate to compare performance with the same period in the previous year this should be stated in the commentary.

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCA / 001 The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	NSI	2 per 1,000	12 11674 **1.03**	16 11674 **1.37**	**14** **11674** **1.20**	2 per 1,000	G	Improved	
SCAM2L Percentage of referrals where support was maintained or reduced or no further support was required	Imp T	60%	N/A	150 259 **57.92**	134 169 **79.29**	60%	G	Improved	

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
at the end of a period of Reablement									
IA1.1L4 Number of adults receiving a personal budget for services via either a direct payment or Citizen Directed Support	Imp T	200	**232**	**211**	**231**	200	G	Improved	
PSR / 009 b The average number of calendar days taken to deliver a Disabled Facilities Grant for Adults	Imp T	300	22800 54 **422**	6340 31 **205**	**3201** **16** **200**	300	G	Improved	
SCA / 002 a The rate of older people (aged 65 or over) supported in the community per 1,000 population ages 65 or over at 31 March	NSI	Management Information (Mgt Info) therefore target not appropriate	1677 27109 **61.86**	1864 27109 **68.76**	**Data not available at time of report**	Mgt Info N/A	**N/A**	N/A	Latest data provided is a snapshot on 30 June 2013. September data is not yet available.
SCA / 002 b The rate of people aged 65 and over whom the authority supports in care homes per 1000 population aged 65+	NSI	21 per 1,000	481 27109 **17.74**	439 27109 **16.19**	**445** **27109** **16.41**	21 per 1,000	G	Improved based on Q2 2012/13	Although a small downturn has been seen since the end of June, the overall trend is of more people being helped to live at home, whilst fewer are supported in care homes.

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCA / 018 c The percentage of identified carers of adult service users who were assessed or reassessed in their own right during the year who were provided with a service	Imp	74%	246 363 **67.77%**	116 147 **78.91%**	**240** **351** **68.37%**	74%	**A**	Improved based on Q2 2012/13	The target was changed in year to realign the measure with a priority in the Council's Improvement Plan (original target was 65%). There has been a downturn since Q1, but we do experience fluctuations from quarter to quarter depending on the number of carers who require services.
SCA / 019 The percentage of Adult Protection Referrals completed where the risk has been managed	Imp T NSI	88%	40 45 **88.89%**	79 79 **100%**	55 55 **100%**	88%	**G**	Maintained	

This page is intentionally left blank

APPENDIX 1.2

Mid-Year Performance Report
Children's Social Services (Community Services Directorate)

REPORT AUTHOR: ***CAROL SALMON***
REPORT DATE: ***OCTOBER 2013***
REPORT PERIOD: ***APRIL TO SEPTEMBER 2013***

Introduction

The Head of Service report is produced on a half yearly basis and provided to Executive Members for review and assurance and will be available for Overview and Scrutiny Committees as part of their Forward Work Programmes.

The approach is based on exception reporting to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues / operational risks should also be highlighted. The report is split into 3 distinct sections: -

1. Improvement Priorities & Service Plan Monitoring – this section is used to discuss the progress being made towards the Improvement Priorities which do not have an in year focus and therefore are not included within the quarterly progress report on the Improvement Plan. It is also used to highlight good news and key issues (including operational risks and the actions necessary to control them) arising from monitoring the progress being made towards delivering the service plan.

2. Internal and External Regulatory Reports – this section summarises regulatory work reported in the half year and its outcomes and intended actions arising from recommendations.

3. Corporate Reporting – this section summaries the performance in relation to corporate issues e.g. sickness absence, appraisals, complaints, data protection training

Appendix 1- NSI & Improvement Target Performance Indicators – summary table of the performance for the NSI and Improvement Targets. Graphs and commentary are included in section 1 for those indicators shown with a red RAG status. An asterisk (*) indicates that the indicator is an *improvement* target.

1. Improvement Priorities & Service Plan Monitoring

Report highlights for the half year are as follows: -

Living Well / Improving People's Quality of Life
1. Use a whole family approach by launching the Integrated Family Support Service (IFSS)
Protocols and polices, including recording and reviewing mechanisms have been agreed and the Integrated Family Support Service became operational on 1st August. It was formally launched in September 2013.

2. Carry out a major review of the Transition Service and implement findings.
An independent review of the Transition Service has taken place and an action plan developed which will be taken forward into 2014 / 2015. An event to gather the views of young people who have received a service over the last year is being planned for November 2013 and findings will be incorporated into the Action Plan.

Living Well / Giving Children and young people the best start in life
1. Out of county placements
A new Regional lead for Children's Commissioning has been agreed and contract monitoring will take place via the Regional Hub.
A Regional Framework is being developed for Children's and Young Peoples Service, with the residential element completed and fostering element in progress. Outcome focussed services will be a key component of the Regional Framework.

We are working with the regional Commissioning Hub to obtain residential placements that are appropriate for the individuals' need where a low volume, high cost placement is required. Our documentation has been adopted by the Commissioning Hub for use on a wider basis.

2. Looked after children and care leavers
The Systems Thinking report on the Fostering Service has been presented and recommendations made to the Modernizing Social Services Board. An Action Plan has been developed and progress will be reviewed in the first quarter of 2014.

An Action Plan has been written following a Blue Sky Thinking Day to focus on the new court proceedings timeframe arrangements of 26 weeks. A Members workshop is scheduled for 25th October and 20 staff attended training facilitated by Robert Hornby (Barrister) in July.

3. Children and vulnerable families
Care leavers' housing support needs is a key area - the impact of the Welfare Reforms heightens the need to ensure appropriate accommodation given the increased restrictions placed upon the payment of benefits to this group. The Night Stop initiative has been launched and we are looking to build on the Shared Care Housing provision already in place. We are also working jointly with Housing to provide support to young people aged 18 - 24 who have legal child status.

The Parenting Strategy / Action Plan has been finalised and provides the overarching document for the implementation of services to parents in Flintshire.

- The Taith Y Teulu Team is fully operational and meeting the targets set by the Families First monitoring officer.
- The Quest Project was re-launched at the beginning of September, delivering a

service to parents furthest away from the labour market.

- The Sure Start Creche Service continues to deliver services to enable parents to attend courses. In the long term the aim is to develop this into a social enterprise.
- The bid to extend the delivery of family focused services at the Gronant Centre is in draft and will be submitted by 21st December. If successful service delivery will commence in the new financial year.

Flying Start - Multiagency teams are delivering the four entitlements of the Flying Start Programme and the improvement objective has been fully achieved.

Safe Communities / Keeping people and communities safe

1. Safeguarding vulnerable children

Members of the Safeguarding Unit attend the Performance Development Forum and are involved in a number of subgroups to contribute to topics in the Head of Service Forward Work Plan. They continue to develop their internal consultancy role by attending team meetings.

Obtaining and recording feedback from children, young people and their families will be taken forward through Survey Monkey in the second half of the year. We are aware we need to extend opportunities for local children and young people to be able to give feedback on their own experiences so that learning is considered as regional safeguarding services continue to be developed.

Managers ensure staff access training on the new assessment and screening tools known as the Risk Model in order to routinely assess and analyse risk of significant harm.

A part time Therapist has been employed through a Service Level Agreement with Action for Children and this resource is focussing on preventing placement breakdown for looked after children. Arrangements will be reviewed in March 2014

The NHS secure file sharing portal does not meet the needs of the council and the Safeguarding Unit will be included in a new project EGRESS from October 2013.

2. Internal and External Regulatory Reports

Internal Audit Reports
The following reports have been finalised in Periods 1-6. Action plans are in place to address the weaknesses identified.

Levels of Assurance – standard reports.

Project Reference	Project Description	Level of Assurance	Recommendations		
			High	Med	Low
CS0020S1	Care Homes	Amber +	0	0	8

Annual Review and evaluation of performance 2012/13
Our Annual Performance Report for Social Services (ACRF) received a very positive response from CSSIW when the Inspectors visited in September. The Council has received the draft letter setting out the key areas of progress in the year. The final version will be published at the end of October and reported separately to Overview and Scrutiny Committee.

3. Corporate Reporting

Complaints / Compliments
During this period:

- 40 complaints resolved at Stage 1 (Local Resolution)
- 83% of complaints responded to within 10 day timescale
- 7 complaints responded to at Stage 2 (Independent Investigation)
- 0 (zero) complaints involved Stage 3 (Independent Panel Hearing)
- 0 (zero) complaints referred to or responded to by the Public Services Ombudsman
- 103 compliments received about the work of staff

The number of complaints has risen compared to last year, though this small increase is consistent year upon year and is a pattern that appears to be replicated across Children's Social Services Departments in Wales. The number of compliments is lower than average and staff are to be reminded to share positive feedback they receive with the Complaints Team

Sickness Absence
Information was not available at the time of writing this report.

Staff Turnover
Information was not available at the time of writing this report.

Staff Appraisals

Service Area	No. of staff on iTrent	No. of staff for whom appraisals have been recorded	No. of staff for whom appraisals are up to date	% of staff with up to date appraisals
Adults	965	230	230	24%
Childrens	318	95	95	30%
Development and Resources	62	35	35	56%

These figures have been provided from iTrent. We currently have about 25% of staff with appraisals recorded on iTrent, and in the next six months we will be contacting those managers not yet using the system, to ensure that a more accurate count of completed appraisals can be provided in the future.

Equality Monitoring
The EIA Screening Tool is completed to ascertain if a full EIA is required for changes to key policy / service delivery.
The DEG is beginning to review systems that enable accurate data to be recorded and collected and will continue this work through its ongoing work programme.
We will consider the standardized questionnaire including the equality monitoring data template adopted in Adult Services and reflect on its use in Children's Services. Currently a number of different questionnaires exist across Children's Services including a range of mechanisms to capture equality data.

Welsh Language Monitoring
The Authority is committed to implementing the More Than Just Words Framework and ensuring the needs of our Welsh speakers are met. The Community Services Directorate is currently focused on achieving the key expectations for year one progress outlined by the Welsh Government (as highlighted below):
We have strengthened our leadership; by appointing Welsh Language Champions within the Directorate to lead our action plan and promote the WL agenda.
We are mapping the skills our workforce; HR are currently collating data via staff WL self assessments, this data will enable us to develop our plans to actively offer WL services and up-skill our workforce through targeted training. Flintshire is also linking with Bangor University in relation to our Social Work recruitment process.
We are Accepting the 'Active Offer' principle and mainstreaming WL Services into key systems; A new Paris specification has been developed, which will ensure staff actively offer welsh language services and are recording more in depth detail in relation to our service users language needs. New staff/service user conversational groups have been established to improve staff confidence levels. Training has been promoted by the Directorate, HR report the majority of attendees on WL training are Social Services staff. More than just Words has been highlighted as a priority in the Directors ACRF and the Heads of Service Plans and will be consistently highlighted as an objective for improvement.

We believe this is more than just a Strategy. It is an opportunity to revitalise the Welsh language within our communities, to raise staff confidence and abilities and to come out and say "rydym yn Gymraeg ac yn falch", "we are Welsh and proud."

Data Protection Training

410 have received training in Community Services to date. Training is not mandatory for all staff however, and we are in the process of identifying the core group of staff who will require training. Once this is done we will be able to present this in terms of percentage compliance with the data protection policy.

Appendix 1 - NSI & Improvement Target Performance Indicators

Key

R	**Target missed**
A	**Target missed but within an acceptable level**
G	**Target achieved or exceeded**

The RAG status of the indicators for the half year position are summarised as follows:

Graphs and commentary are included in section 1 for those indicators shown with a red RAG status.
Note 1 – NSI = National Statutory Indicator   Imp T = Improvement Target
Note 2 – Change (Improved / Downturned) is based on comparison with the previous quarter. Where it is more appropriate to compare performance with the same period in the previous year this should be stated in the commentary.

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
SCC/004 The percentage of children looked after on the last day of the period who have had three or more placements during the year.	NSI Imp T	Below 7.5%	21 186 **11.3%**	24 126 **11.1%**	40 209 **19.1%**	Below 7.5%	**A**	Downturned	Our increasing LAC population includes several large sibling groups, who have moved in the last 12 months. Each child is counted individually, and that has had the effect of raising the percentage. We are of the view that most of these moves were planned in the interest of the child; a review of the reasons for the moves has been done and the moves were in the following categories; Placement with parents Moved to permanent placement Adoption

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
									For those that aren't in the above category i.e. placement breakdown, disruption meetings are held to examine the reasons (12).
SCC/021 The percentage of looked after children reviews to be carried out within statutory timescales.	Imp T	93%	104 108 96.3%	98 129 **76%**	91 91 **100%**	93%	**G**	Improved	
SCC/033d The percentage of young people formerly looked after with whom the authority is in contact at the age of 19.	NSI	90%	1 2 **50%**	2 3 **66.7%**	2 4 **50%**	90%	**A**	Downturned	This is a small cohort of 4 young people. In Quarter 2, two young people returned home and declined further involvement with Children's Social Services despite having it being offered.
SCC/033e The percentage of young people formerly looked after with whom the authority is in contact at the age of 19, and known to be in suitable accommodation.	NSI	95%	1 1 **100%**	1 2 **50%**	2 2 **100%**	95%	**G**	Improved	This is a small cohort of 2 young people. In Quarter 2, one young person was living at a domestic violence centre.
SCC/033f The percentage of young people formerly looked after with whom the authority is in contact	NSI Imp	75%	1 1 **100%**	0 2 **0%**	0 2 **0%**	75%	**A**	Downturned	This is a small cohort of 2 young people. 1 young person has recently given birth and therefore their ability to engage in education/training is temporary limited and the other young person

Indicator	NSI / Imp T (Note 1)	Annual Target 2013/14	2012/13 Q2 Outturn	2013/14 Q1 Outturn	2013/14 Q2 Outturn	2013/14 Q2 Target	RAG	Change e.g. Improved / Downturned (Note 2)	Commentary
at the age of 19, and known to be engaged in education, training or employment.									is currently suffering from illnesses which prevent them engaging in education/training and employment.
SCC/041a The percentage of 'eligible', relevant and former relevant children that have pathway plans as required.	NSI	98%	67 67 **100%**	61 61 **100%**	63 63 **100%**	98%	G	Maintained	
PSR/009a The average number of calendar days taken to deliver a Disabled Facilities Grant.	Imp T	300 days	1254 4 **314**	588 2 **294**	439 2 **220**	300 days	G	Improved	

This page is intentionally left blank

FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

DATE: 25TH NOVEMBER 2013

REPORT BY: ENVIRONMENT & 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.

Contact Officer: **Margaret Parry-Jones**
Telephone: **01352 702427**
Email: **Margaret.parry-jones@Flintshire.gov.uk**

DRAFT

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
9 January 2014 10.00 am	Collaborative Projects update	To receive a progress report on projects and services running collaboratively across North Wales.	Partnership Working/Performance Monitoring	Director of Community Services	
	Integrated Family Support Service	To receive a progress report post implementation of the Integrated Family Support Service across Flintshire and Wrexham.	Joint Working/Performance Monitoring	Head of Children's Services	
	Home Enhanced Care Scheme	To receive an update regarding the implementation of HECS in Flintshire	Service Delivery	Head of Adult Services	
6th February 1.30 pm	Joint Meeting with Housing Overview & Scrutiny at Llys Jasmine, Mold. • Disabled Facilities Grants • Bedroom/bathroom pods • Supporting People • Telecare • Extra Care				

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

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
12 June 2.00 p.m.					
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 Improvement Plan Monitoring Update HoS Performance Reports	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring	Facilitator	

ITEMS TO BE SCHEDULED

Rota Visits

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/0partially 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

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

This page is intentionally left blank