

Public Document Pack

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Head of Legal and Democratic Services
Pennaeth Gwasanaethau Cyfreithiol a Democraataidd



To: Cllr Carol Ellis (Chair)

CS/NG

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

29 August 2014

Sharon Thomas 01352 702324
sharon.b.thomas@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 **THURSDAY, 4TH SEPTEMBER, 2014** at **10.00 AM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

A G E N D A

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**
- 3 **MINUTES** (Pages 1 - 12)

To confirm as a correct record the minutes of the meetings held on 12 June and 3 July 2014.

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

4 **INTEGRATED HEALTH AND SOCIAL CARE ACTION PLAN TO SUPPORT INDIVIDUALS WITH DEMENTIA** (Pages 13 - 28)

Report of Chief Officer, Social Services enclosed.

5 **BETSI CADWALADR UNIVERSITY HEALTH BOARD UPDATE**

To receive a verbal update on outstanding issues following the meeting on 12 June 2014.

6 **IMPROVEMENT PLAN MONITORING REPORT** (Pages 29 - 54)

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

7 **ROTA VISITS**

To receive a verbal report from Members of the Committee.

8 **FORWARD WORK PROGRAMME** (Pages 55 - 64)

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

THE FOLLOWING REPORT IS FOR INFORMATION ONLY

9 **FLINTSHIRE CHILDCARE SUFFICIENCY ASSESSMENT 2014-2017**
(Pages 65 - 104)

Report of Chief Officer, Social Services enclosed.

Agenda Item 3

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

12 JUNE 2014

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at Delyn Committee Room, County Hall, Mold CH7 6NA on Thursday, 12 June 2014

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Marion Bateman, Peter Curtis, Andy Dunbobbin, Hilary Isherwood, Stella Jones Brian Lloyd, Mike Lowe, Hilary McGuill, Dave Mackie, Ian Smith, and David Wisinger

SUBSTITUTIONS: Councillors Mike Peers for Veronica Gay and Mike Reece for Cindy Hinds

IN ATTENDANCE:

Cabinet Member for Social Services, Chief Officer (Social Services), Senior Manger Commissioning and Performance, Service Manager Localities, Team Manager Performance, Environment and Social Care Facilitator, and Committee Officer

1. DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)

Councillors Hilary McGuill and Dave Mackie declared personal interests in the following item as members of the Community Health Council:-

Agenda Item 5 – Presentation by the Betsi Cadwaladr University Health Board

2. APPOINTMENT OF VICE-CHAIR

The Chairman sought nominations for a Vice-Chairman for the Committee.

Councillor David Wisinger nominated Councillor Andy Dunbobbin as Vice-Chair of the Committee and this was duly seconded.

RESOLVED:

That Councillor Andy Dunbobbin be appointed Vice-Chair of the Committee.

3. MINUTES

- (i) The minutes of the meeting held on 1 May 2014 had been circulated with the agenda.
- (ii) The minutes of the joint Lifelong Learning and Social & Care Overview and Scrutiny Committee meeting held on 2 May 2014 had been circulated with the agenda.

Matters arising

Visual Impairment Support to Children and Adults in Flintshire

Councillor Peter Curtis referred to his request to reinstate the Disability Sub Group and expressed his disappointment that no resources were available to enable this to happen.

RESOLVED:

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

4. BETSI CADWALADR UNIVERSITY HEALTH BOARD (BCUHB)

The Chair welcomed and introduced Mr. John Darlington, Assistant Director of Planning (BCUHB), and Jon Falcus, Operational Manager, Wrexham Maelor Hospital. She invited them to provide an update on service change/developments and respond to the issues which had been raised by Members in advance of the meeting

Mr. Darlington and Mr. Falcus thanked the Committee for the opportunity to provide an update about key areas of public health practice in the County and gave a brief overview of the structural changes and developments which had taken place in BCUHB.

In response to the question on the removal of services from Flintshire, including Deeside Hospital, Mr. Darlington and Mr. Falcus said they were not aware of any services withdrawn from Flintshire. Mr. Darlington referred to the importance of Deeside Hospital and explained that significant capital development had been made in Deeside to expand the range of services for the area and population. Mr. Falcus commented on the work being undertaken to re-establish links with the Authority's Social Services department to develop a closer working relationship between Deeside Community Hospital, BCUHB, and the Countess of Chester Hospital.

Mr. Falcus referred to the changes put in place at Deeside Hospital to maintain quality of care and referred to the secondment of a senior charge nurse, and the allocation of an additional 8 beds from May 2014. He also commented on the need to recruit nursing staff as a result of the increase in the number of beds at Deeside Hospital and whilst this had presented a challenge it was anticipated that appointments would be made by September 2014. He advised that since March 2014 a range of measures had been introduced to assess the quality of services delivered in Deeside Hospital and significant improvement had been made in terms of quality of care which should be sustained.

During discussion Mr. Darlington and Mr. Falcus responded to the additional comments and queries raised by Members around the increased pressure on main hospitals due to closure of local cottage/community hospitals, demands of a future ageing population and the new Deeside Enterprise Zone.

Concerning the question on the hearing clinic being discontinued at Deeside Hospital, Mr. Darlington advised that BCUHB continued to provide an

audiology service at Deeside Hospital, however, the Countess of Chester had withdrawn its audiology service from the site.

The Chair expressed congratulations, on behalf of the Committee, to Mr. Darlington and Mr. Falcus, for the recent award received by Deeside hospital.

Concerning the question on cross boundary issues Mr. Darlington commented on the ongoing collaborative work with the Countess of Chester in terms of managerial and clinical matters. Regarding Flintshire residents accessing treatment at Gobowen, Mr. Darlington advised that access to Gobowen was the same for Flintshire areas as elsewhere in North Wales and that all patients in North Wales received the same treatment and standard of care. BCUHB had a contract with Gobowen to provide a range of services and was an important partner in terms of specialised services. Mr. Darlington and Mr. Falcus responded to the further queries raised around patient choice and explained that patient choice was part of the English policy but there was not a policy of choice in Wales. Mr. Falcus highlighted the significant increase in the range of services in local areas and the development of services in Flintshire. He advised that GPs were encouraged to refer patients to Deeside Hospital rather than Countess of Chester.

Referring to Podiatry Services and changes to the clinic arrangements in local centres and hospitals, Members were informed that the changes were a temporary measure and that the Podiatry Services would be moved to the new Buckley Health Centre when completed.

In response to the question concerning a reduced service at Mold Hospital X-Ray department, Mr. Falcus confirmed that the X-Ray service was reduced in April 2013, however, following the purchase of new equipment there are proposals to increase the number of sessions at Mold hospital. Mr. Falcus agreed to provide information to the Committee on the timeline for the commencement and number of sessions.

Concerning Dementia services and the outcome of CSSIW Inspection, Members sought BCUHBs view regarding moving forward on the recommendations within the report to progress Dementia services and the dementia care provision at Mold Cottage Hospital. Mr. Darlington referred to the need for a joint commissioning plan with the Authority and commented on the ongoing work with the Director of Community Services and his Team to develop a joint plan to respond to the recommendations within the CSSIW Report.

The Chief Officer Social Services referred to the many positive outcomes in the CSSIW Inspection Report. He said there were also some areas which required further improvement and that an action plan had been produced to address the recommendations. It was agreed that the Action Plan would be submitted to the meeting of the Committee in September 2014 for consideration.

On the question of recruitment of staff, Mr. Falcus advised that there was a shortfall in nursing staff in England and Wales and said recruitment was also taking place from Europe to fill the vacancies. He also referred to a shortage in medical staff in some areas in a range of specialities. In answer to the comments made by Councillor Peter Curtis regarding retention of staff and use of agency

workers, Mr. Falcus said the objective was to get to a position where agency staff were used as an absolute minimum. Members raised a number of further issues around primary care in relation to recruitment of GPs and NHS dentists and suggested that the Primary Care Support team be invited to attend a future meeting of the Committee to provide more detailed information.

Concerning the issue of Infection control which had been raised by Members, Mr. Falcus reported that a review of the infection control services in BCUHB had been undertaken. He referred to the range of structural and governance changes being put in place as a result and advised that infection control in North East Wales was kept under weekly review and if a case was identified a root cause analysis was undertaken. He also gave an overview of the rigorous procedures in place to control Cdiff, and the cleaning regimes in all sites to reduce the risk of infection. During discussion Mr. Falcus responded to the concerns raised by Members regarding hospital visiting times, handwashing, and the wearing of staff uniforms outside hospitals.

It was agreed that Mr. Darlington and Mr. Falcus would provide a detailed consolidated response to the additional issues which had been raised by Members during discussion. The Chair thanked Mr. Darlington and Mr. Falcus for an informative update and responses to Members' questions and welcomed the initiatives and progress achieved to improve the health and well being of residents in Flintshire.

RESOLVED:

That the update be noted.

5. IMPROVEMENT PLAN 2014/15

The Performance Team Leader gave a short presentation on the draft Improvement Plan 2014/15 and the "How achievement will be measured" document prior to final publication in June 2014. She provided background information and advised that for 2014/15 a review of the current priorities and sub-priorities had been undertaken. She referred to the main considerations in the report and explained that the sub-priorities to be monitored and reviewed by the Committee, as part of the quarterly Improvement Plan monitoring process, were attached as Appendix A to the report. Members were also asked to comment on the targets and milestones proposed for the 2014/15 Improvement Plan.

The Chief Officer (Social Services) gave an update on plans to extend extra care housing in Flintshire. He advised that the Authority had agreed a Social Housing partner to provide units in Flint and Holywell. The Chief Officer explained that one of the options for consideration was to develop extra housing and a primary care resource centre on the same site.

Councillor Hilary McGuill raised concerns around the proposal to create a 'joint site' in Flint by developing an Extra Care unit and a Health Centre on the same site and emphasised the need to "protect" extra care facilities. The Chief Officer acknowledged the concerns raised and gave an assurance that extra care would not be compromised as a result of a 'joint site' facility and referred to the

joint site at Hafan Gwydir, Llanrwst, as an example. It was suggested and agreed that it would be helpful if a site visit was arranged for the Committee to view the facilities at Hafan Gwydir, Llanrwst.

During discussion Members raised further queries around the Intermediate Care Fund. The Senior Manager Commissioning and Performance advised that a range of measures were being implemented to support people out of hospital into care at home. It was suggested that a report be submitted to a meeting of the Committee in six months time to provide more detail around how the Intermediate Care fund was being used.

RESOLVED:

- (a) That the contents of the draft Improvement Plan 2014/15 and the “How achievement will be measured” document be supported; and
- (b) That a site visit be arranged for the Committee to view the facilities at Hafan Gwydir, Llanrwst.

6. FORWARD WORK PROGRAMME

The Environment and Social Care Facilitator introduced the report to consider the Forward Work Programme of the Committee. She advised that the following items were scheduled for consideration at the next meeting of the Committee to be held on 3 July 2014:

- Adult Safeguarding
- Emergency Duty Team
- 2013/14 year End and Q4 data
- Improvement Plan Monitoring update
- Chief Officer Performance Report

Councillor Dave Mackie asked that a report on hearing impairment be submitted to a future meeting of the Committee.

The Facilitator advised Members that a Forward Work Programme planning session had been arranged to be held on 25 July 2014.

RESOLVED:

That subject to the above the Forward Work Programme be agreed.

7. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

There was one member of the press and no members of the public in attendance.

(The meeting started at 2.00 pm and ended at 4.30 pm)

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Chairman

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SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE
3 JULY 2014

Minutes of the meeting of the Social and Health Care Overview and Scrutiny Committee of the Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Wednesday, 3 July 2014

PRESENT: Councillor Carol Ellis (Chair)

Councillors: Adele Davies-Cooke, Andy Dunbobbin, Cindy Hinds, Hilary Isherwood, Stella Jones, Mike Lowe, Hilary McGuill, Dave Mackie, Ian Smith and David Wisinger

SUBSTITUTION:

Councillor Dennis Hutchinson for Veronica Gay

APOLOGIES:

Councillors: Marion Bateman, Peter Curtis and Brian Lloyd

CONTRIBUTORS:

Cabinet Member for Social Services, Chief Officer (Social Services), Service Manager/Resources, Senior Manager: Commissioning and Performance and Disability, Progression and Recovery Service Manager
For minute number 10 - Jason Winkworth, Acting Regional Co-ordinator for the Emergency Duty Team

IN ATTENDANCE:

Environment and Social Care Overview and Scrutiny Facilitator and Committee Officer

8. DECLARATIONS OF INTEREST

Councillor Andy Dunbobbin declared a personal interest in Agenda item 3 – Year End Service Performance Report as he was a Kinship Carer.

Councillor Mike Lowe declared a personal interest in Agenda item 3 – Year End Service Performance Report as he was a Carer.

Councillors Hilary McGuill and Dave Mackie declared a personal interest as they were members of the Community Health Council.

9. VARIATION IN ORDER OF BUSINESS

The Chair indicated that there would be a slight change in the order of business to bring forward agenda item 5 – Emergency Duty Team.

10. EMERGENCY DUTY TEAM

The Chair welcomed Mr. Jason Winkworth, Acting Regional Co-ordinator for the Emergency Duty Team to the meeting.

Mr. Winkworth introduced to report to provide an update on the joint Wrexham, Flintshire and Denbighshire Emergency Duty Team. He explained that the successful partnership provided an emergency social work service for the three counties during the hours when the main stream services were closed. Sharing of considerable resources was a significant advantage for the Team and further enhancement of information services had been achieved with the inclusion of encryption software on desktops. He explained that it was important to ensure that information could be accessed where it was needed and he detailed how the system currently worked and the changes that were due to be made. Mr. Winkworth explained that information on the performance reporting provided detail on variations in call volume broken down over each quarter. He added that in general, the figures for Flintshire over the last year appeared proportionate to the size of area covered and suggested that the service was being used appropriately.

The team had noticed that hospital referrals had increased and a piece of work was being undertaken to look at the issue in more detail. Key service objectives for 2014-15 were reported which included the review and assessment of the effectiveness of the existing telephony systems. Mr. Winkworth advised the Committee of the overspill call centre which was in place for the service and he spoke of a project which was ongoing to introduce the recording of incoming telephone calls. He highlighted the issue of Health and Safety and commented on the introduction of a new monitoring service for staff to ensure their safety during difficult visits.

Councillor Stella Jones requested that percentage figures and numbers of users be reported in the section on performance data for future reports.

In response to a question from Councillor Hilary McGuill, Mr. Winkworth said that the team consisted of 10 core social workers and 10 sessional staff. On the issue of hospital discharges after hours raised by Councillor McGuill, Mr. Winkworth explained that the team did not have the capacity to start up any new packages of care. He added that routine referrals made by Accident & Emergency departments were passed on to the day services and that work on hospital referrals would identify which hospitals were making the referrals. In response to a further query from Councillor McGuill, he said that the service had two incoming phone lines which would increase to three for the new system; the two existing lines would ring out four times before being transferred to the call centre.

Councillor McGuill referred to the table on page 73 about the source of calls received and queried which other authorities the calls came from. Mr. Winkworth said that the calls were from a number of sources but did not result in a significant amount of work for the service. The Chief Officer (Social Services) provided details of the computer services used by Flintshire, Wrexham and Denbighshire Councils and said that the percentage figures for the calls generated by each of the authorities had remained static during the period April 2013 to March 2014.

Councillor Hilary Isherwood queried why no calls were recorded in the entry for Drug and Alcohol for the period October 2013 to March 2014. In response, Mr. Winkworth explained that there could be an overlap with other services as the database only allowed the team to capture calls for one data group. Councillor Isherwood referred to the Mental Health service which she felt was a 'Cinderella' service and in response, Mr. Winkworth explained that the details for the calls for the service were reported on page 72.

Councillor Cindy Hinds asked whether hospitals that made calls provided any funding towards the team. Councillor Stella Jones felt that hospitals should be paying their fair share. The Chief Officer (Social Services) confirmed that no funding was received from hospitals and added that the service was the responsibility of the local authority. He also explained that the partnership took on appropriate referrals but passed back any that were not for those authorities in the partnership. The Chair suggested that future reports include scenarios of the types of requests that the partnership had to deal with.

In response to a query from Councillor Dave Mackie about the increase in calls from 2731 in quarter 1 of 2013 to 4366 in quarter 2, Mr. Winkworth confirmed that this was as a result of a change in the way the calls had been captured.

RESOLVED:

That the update be received.

11. YEAR END SERVICE PERFORMANCE REPORT

The Chief Officer (Social Services) introduced a report to request that the Committee consider the 2013/14 Year End Service Performance Report under the adopted business model of the Council.

He and the Service Manager/Resources gave a short presentation on the performance within Children's Social Services, including highlights for the year end 2013-14, Internal and External Regulatory Reports and Corporate Reporting including complaints/compliments and sickness absence.

In response to a query from Councillor Hilary McGuill about the table on page 6, the Chief Officer (Social Services) advised that he could obtain the missing information for Members. Councillor McGuill also asked why the number of complaints for Childcare Fieldwork had increased and the Service Manager/Resources responded that it could be as a result of the withdrawal of legal aid. The Chair suggested that future reports include the number of complaints alongside percentage figures to allow Members to compare the results. Following a query from Councillor McGuill about the indicator on delivery of Disabled Facility Grants reported on page 12, the Disability, Progression and Recovery Service Manager advised that budget figures for adaptations to local authority properties could be obtained for Members.

The Chief Officer (Social Services) and Disability, Progression and Recovery Service Manager then gave a short presentation on the performance within Adult Social Services of highlights for year end 2013-14, Internal and External Regulatory Reports and Corporate Reporting including complaints/compliments and sickness absence.

Councillor Andy Dunbobbin highlighted the section on Safeguarding Vulnerable adults and sought assurance that colleagues in Social Services and Housing would liaise to ensure that referrals of anti-social behaviour were dealt with as soon as possible as he felt that the issue was a concern. The Chief Officer (Social Services) agreed to ensure the matter was taken up with the Housing Manager.

In referring to the national Social Care Accolade on the Recovery approach in the Mental Health Service, Councillor Hilary Isherwood asked whether working within constraints set by Betsi Cadwaladr University Health Board (BCUHB) and Welsh Government would mean that the service could continue to perform to the Measure. The Chief Officer (Social Services) responded that he had to be optimistic that the service would keep performing even though the prevention of mental health issues would continue to be a challenge. The Disability, Progression and Recovery Service Manager explained that performance against the measure was recorded by BCUHB and the results had indicated that Flintshire County Council was performing significantly better than other authorities. She added that she could provide Members with the details. Councillor Isherwood echoed the comments about the fantastic service provided by the officers in the Mental Health service but raised concern about future issues within BCUHB.

Councillor David Wisinger asked about the figures for compliments/complaints and in response, the Senior Manager: Commissioning and Performance said that the information reflected the numbers of people who had complained.

RESOLVED:

That the reports be received.

12. YEAR END IMPROVEMENT PLAN MONITORING REPORT

The Senior Manager: Commissioning and Performance introduced a report to consider elements of the 2013/14 Year End Improvement Plan monitoring report relevant to the Committee for the period January to March 2014. He gave a short presentation on the progress made towards delivery of the impacts set out in the Improvement Plan.

Councillor Andy Dunbobbin felt that there was a need to look earlier at the issue of housing for young people including care leavers to try and prevent them becoming homeless. The Chief Officer (Social Services) responded that discussions had been taking place with the Chief Officer (Community and Enterprise) and Community Support Services Manager on the issue and

suggested that a report be submitted to future meetings of this Committee and Housing Overview & Scrutiny Committee.

Councillor Hilary Isherwood raised concern that the report did not provide enough information for the public. In response, the Chief Officer (Social Services) said that it was a summary document on the improvement priorities of the overall Council and that detailed information would be included in the business plans of the relevant services.

RESOLVED:

That the report be received.

13. FORWARD WORK PROGRAMME

Prior to the discussion on the Forward Work Programme, Councillor Hilary McGuill asked whether feedback from Rota Visits could be provided to the Committee. Following a discussion, it was agreed that verbal updates on Rota Visits would be included on agendas for future meetings.

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

The Facilitator detailed the items scheduled to be considered at the meeting of the Committee on 4 September 2014 and explained that a Forward Work Programme planning session followed by a visit to Hafan Gwydir Extra Care facility in Llanrwst would take place on 25 July 2014. She asked those Members who had not responded to the invitation to do so and added that an earlier start time for the visit was being explored but a response to the request was awaited.

Councillor Hilary Isherwood suggested that ambulance response times also needed to be considered at a future meeting of the Committee.

RESOLVED:

That the Forward Work Programme be received.

14. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was one member of the public or press in attendance.

(The meeting started at 2.00 pm and ended at 3.25 pm)

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Chair

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FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY, 4 SEPTEMBER 2014**

REPORT BY: **CHIEF OFFICER, SOCIAL SERVICES**

SUBJECT: **INTEGRATED HEALTH AND SOCIAL CARE ACTION PLAN TO SUPPORT INDIVIDUALS WITH DEMENTIA**

1.00 PURPOSE OF REPORT

- 1.01 The purpose of this report is to inform elected Members of the strategic approach being taken by Social Services in Flintshire and its Partners within BCUHB, to deliver integrated Health & Social Care Services to individuals living with Dementia, their families and carers.
- 1.02 To seek Member's views regarding the approval for the development and implementation of an ambitious, crosscutting, integrated Dementia Action Plan that will roll out over the next three years and seek to address those areas of need identified within Flintshire's Dementia Strategy as well as the recommendations made by CSSIW following their inspection of Dementia Services in Flintshire earlier this year.

2.00 BACKGROUND

2.01 Flintshire's Commissioning Strategy for Dementia Services was supported by Members at the Scrutiny Committee in November 2013, and agreed by Cabinet in December 2013. Early in 2014 Welsh Assembly Government announced a National Review of Commissioning in Adult Social Care with a particular focus on the commissioning of Dementia services. CSSIW's report concerning Flintshire was published in May 2014 and in it CSSIW made three recommendations. They stated that the Local Authority, together with the Local Health Board should:-

- Accelerate an integrated 'outcome focused' approach to supporting people with Dementia and their carers. This should include co-location of operational teams and agreeing care management arrangements and a joint approach to risk.
- Review the usage of joint funded Dementia support workers to optimise access and availability, especially at the point of diagnosis.
- Develop a joint approach to ensure there is sufficient, locally based high quality nursing home capacity.

- 2.02 Building on the collaborative approach and shared understanding arising out of production Flintshire's Dementia strategy work has been ongoing to create a comprehensive improvement plan. This seeks to join up the activity of Health & Social Services and respond to what those individuals currently on "the dementia road" told us they needed most.

3.00 CONSIDERATIONS

- 3.0 It was recognised that simply addressing the CSSIW recommendations alone would be insufficient if we were to deliver improved outcomes for individuals with dementia in Flintshire from the first point of diagnosis in Memory Services right through to ensuring the availability of suitable services for those in need of long term care. "The Integrated Dementia Action Plan" (see Appendix 1A) is an ambitious proposal and currently "work in progress" across both Health and Social Care organisations. Already, however, there have been significant achievements, with more initiatives on course to be delivered during Autumn 2014. I have sought to highlight below, a few examples of progress made to date and in particular provide an update in relation to CSSIW recommendations.

- 3.02 The task of co-locating Health and Social Care teams has moved forward from just one team base established in the North West Locality (Holywell) in 2013 to a further base due to be occupied in the North East Locality (Deeside) in October of this year. A potential site for a South Locality base has also been identified in Mold and work is ongoing to agree a date for occupation in 2015. BCUHB have demonstrated their commitment to taking forward integrated working by offering social workers the opportunity to work from the Older Peoples Mental Health (OPMHT) team base in Deeside alongside Community Psychiatric Nurses, initially "Hot desking" but with the potential to explore more permanent arrangements in the future.

- 3.03 Implementation of the National Integrated Assessment framework later this year also provides an important opportunity to ensure joint assessments of need take place and that there is a shared approach to risk management in accordance with CSSIW recommendations.

- 3.04 Flintshire has indicated its intention to develop an 'Outcome Based' model of domiciliary care service in conjunction with the North Wales Regional Collaboration Project. It plans to pilot a "Living Well" model of dementia care in conjunction with a number of local independent domiciliary care providers, in one locality of Flintshire later this year. To support this initiative Flintshire has also indicated a willingness to explore rolling out "Dementia Red" an initiative successfully launched in Denbighshire last year by BCUHB to raise awareness of the needs

of people with dementia and their carers within primary care services and establish Dementia Champions in all primary and community settings.

- 3.05 Significant progress has been achieved by BCUHB in reducing waiting times for Memory Services in Flintshire (currently 8 weeks). The Memory Service hopes to seek accreditation by the Royal College of Psychiatry during the next 12 months and demonstrate that the improvements are being sustained. In accordance with CSSIW recommendations the Local Authority will initiate a review of the Dementia Support Worker Service later in the year along with colleagues from BCUHB and seek to utilise the skills and knowledge of this staff group more effectively, at the point of diagnosis.
- 3.06 A 12 week modular style 'Education Programme' aimed at better supporting carers of people with dementia commenced at NEWCIS Carers centre in early July. Initial feedback reports that it is being well received and places on a further two courses planned for later in the year are already in high demand. An E-learning programme is also due to be launched in September for family members of people with dementia and has over 20 families from Flintshire signed up.
- 3.07 Officers from the Local Authority along with colleagues in BCUHB continue to contribute to the development of a North Wales Specification for "Enhanced Dementia Care". This is designed to be outcome focused and set out for care home providers what good dementia care should look and feel like in residential care settings. The Enhanced Dementia Care Specification is on target to be completed by November 2014 and be implemented in April 2015.
- 3.08 Flintshire Contract & Commissioning team have worked successfully with Barchester Health Care Ltd to support the refurbishment and development of a specialist "Memory Lane" dementia unit offering 21 EMI Nursing placements within Bod Hyfryd Nursing Home in Flint. This additional capacity will ensure there is high quality specialist dementia care provision available within Flintshire, in accordance with CSSIW recommendations.
- 3.09 The Local Authority in partnership with BCUHB, Pennaf Housing Association and Wales and West have successfully developed plans to build Flintshire's third extra care schemes planned for the Flint and Holywell area. There is a firm commitment to develop specifically designed apartments to support individuals living with dementia within both of these developments. This will extend the range of options available to individuals with dementia, providing enhanced care environments within all localities in Flintshire.

4.00 RECOMMENDATIONS

- 4.01 That Members note the commitment across Health & Social Care organisations to deliver integrated support to those individuals living

with Dementia and the joined up approach to service improvements in the future.

4.02 That Members comment on the development of an 'Integrated Dementia Action Plan' and its implementation over the next three years, recognising that it is "work in progress", requiring further agreements in terms of performance measurement and monitoring arrangements.

4.03 That Members seek regular progress reports through the regular quarterly monthly reports.

5.00 FINANCIAL IMPLICATIONS

5.01 There are no financial implications; improvements will be achieved through service re-design within available budgets.

6.00 ANTI POVERTY IMPACT

6.01 None.

7.00 ENVIRONMENTAL IMPACT

7.01 None.

8.00 EQUALITIES IMPACT

8.01 None.

9.00 PERSONNEL IMPLICATIONS

9.01 Review role of three Dementia support workers funded through CHC but managed by Social Services (currently filled by staff seconded from Social Services).

10.00 CONSULTATION REQUIRED

10.01 None.

11.00 CONSULTATION UNDERTAKEN

11.01 Dementia Care Commissioning Strategy.

12.00 APPENDICES

12.01 Integrated Dementia Action Plan.

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None.

Contact Officer: Lin Hawtin – Commissioning Manager
Telephone: 01352 701448
Email: lin.hawtin@flintshire.gov.uk

FLINTSHIRE COUNTY COUNCIL DEMENTIA STRATEGY –
Integrated Health and Social Care Dementia Action Plan

Integrated Health and Social Care Strategic Development					
ACTION	Lead Responsibility	Date started	Date Reviewed	Date Completed	Comment
Integrated Dementia Care Action Plan agreed with BCUHB	CM/ SP	Sept 14			Report to Flintshire County Council Scrutiny Committee
Formalise Performance Measures and reporting mechanism across Health and Social Care Services to include both service activity and service user experience.	JS/ BCUHB Performance Team	Jan 15			
Report Progress on Integrated Action Plan to Flintshire County Councils “Modernising Social Services Board” and Health Wellbeing and Independence Board	LH/SP	Biannually			

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Theme 1 - Living Well with Dementia in the Community					
ACTION	Lead Responsibility	Date started	Date Reviewed	Date Completed	Comment
1. Develop and pilot an enhanced domiciliary care service for people living with dementia based on Flintshire 's "Living Well Service" in partnership with a number of independent sector providers that adopts an "outcome based "care planning approach.	Social Services, Intermediate Care Project Manager – CM/LH	Sept 14			Appoint additional planning officer to lead Dementia Project advertised August 2014
2. Develop and pilot an "outcome based model" of domiciliary care in conjunction with the regional domiciliary care project that enriches the lives of individuals with dementia in Flintshire and enables them to remain living at home longer.	Regional Domiciliary Care Project - MB	Sept 14			Task team formed and initial meeting held July 2014 Expression of interest from independent sector providers to develop new model.
3. Increase the use of Telecare equipment to support people with dementia to be independent and safe in their communities (50% increase on 2013/2014)	Social Services Intermediate Care Project Manager/ - CM / CD Flintshire Telecare Officer in conjunction with JC Technician	Sept 14			Establish current usage August 14
4. Increase the use of "Just Checking" monitoring system to inform person centred care planning during the first 6 weeks of service and ensure people living with dementia have support services tailored to meet their individual needs.	Flintshire Telecare Officer – SL /WH	Sept 14			Additional monitoring kits order July 2014. System in place to monitor use of Just Checking in each locality from September March 2015
5. To raise awareness within the independent domiciliary care sector in Flintshire of the range of Telecare equipment available to support individuals to live at home, and to review existing referral pathways	Team Manager Flintshire Reablement	Sept 14			Open Day planned at Smart Lodge for Sept 2014

<p>6. Ensure timely access to rehabilitation services and Falls Clinics in Flintshire in order to maintain mobility and independence for people living with dementia.</p>	<p>Services/ CIT.N.E Wales Falls Co-ordinator</p>	<p>Nov 14</p>			<p>Establish recording mechanism for identifying service users with dementia utilising Reablement programmes, falls pathways and measure timeliness of intervention for a pilot period</p>
<p>7. To develop dementia specific Reablement programmes to support and maintain daily living skills for people living with dementia at home.</p>	<p>Community Mental Health Occupational Therapist / FCC Reablement Team</p>	<p>Nov 14</p>			
<p>8. To educate families and informal carers / dementia buddies to encourage individuals with dementia to maintain independence / mobility and undertake daily living tasks with support for as long as possible.</p>		<p>Oct 14</p>			<p>Additional module to be developed for inclusion in carers training programme following initial pilot.</p>

Theme 2 - Early Diagnoses and Integrated Health and Social Care Support

ACTION	Lead Responsibility	Date started	Date Re-viewed	Date Completed	Comment
1. Sustain improved waiting times for diagnosis in Flintshire Memory Clinics by 25% within 2014, and work towards National accreditation for memory services.	Rowenna Spencer / Sean Page	Jul 14			Waiting time for memory clinics reduced from 16 weeks to 8 weeks currently; ongoing with target 6 weeks. Registration submitted to Royal College of Psychiatrist for Memory Services Accreditation
2. Manage increased number of referrals to memory services in Flintshire to improve throughput of individuals attending memory services and review current screening recording and monitoring processes.	Rowenna Spencer	Jul 14			New referral pathways established screening process revised to ensure greater efficiency
3. Increase staffing capacity within Memory Clinics and review existing structures to ensure maximum efficiency from the service.	Lisa Gallagher Locality Manager Sean Page	Jul 14		Jul 15	Consider the information and recommendations in the Wales National Audit of Memory Services 2014 to improve local services Increased number of CPN and support workers in memory service in N.E.Wales
4. In accordance with CSSIW Recommendations review the role of Flintshire's joint funded dementia support workers to improve support to individuals living with dementia and their families/ carers at the point of diagnosis.	Sean Page/ Rowena Spencer /Susie Lunt/ Sandra Loxton	Oct 14			
5. Enhance the knowledge and understanding of health and social care services and the third sector to enable dementia support work to be able to provide efficient signposting within localities in Flintshire.	Flintshire Information Officer / NEWCIS / Unllias	Jan 15			First team co- located in Holywell 2013. Second Team planned move to Deeside October 2014 . Plans being
6. In accordance with CSSIW recommendations accelerate the integra-	Christine				

<p>tion of health and social care services for people with dementia through co-location of social work and community psychiatric nursing teams.</p>	<p>Duffy / Sandra Loxton</p>	<p>Jan 15</p>			<p>developed for Mold Locality.</p>
<p>7. Implement the National Integrated Assessment Framework across Flintshire to ensure a more timely and proportional approach to care planning in localities.</p>	<p>Christine Duffy / Sandra Loxton</p>	<p>Oct 14</p>			<p>Pilot proposal in North Flintshire considered by Strategic Locality Board Aug 14</p>
<p>8. Roll out “Dementia Red” model to raise awareness of the needs of users and carers living with Dementia across primary care and localities in Flintshire.</p>	<p>Intermediate care manager and regional collaboration project manager</p>	<p>Oct 14</p>			<p>EMI Assessment bed commissioned in the independent sector operational since June 2014.Planned review date Nov 2014.</p>
<p>9. Prevent accelerated admission to EMI Nursing Homes through the use of Step Down Assessment Beds in the independent sector.</p>	<p>Intermediate Care Manager Sarah Thelwell and Sandra Loxton</p>	<p>June 14</p>			
<p>10. Roll out Butterfly identification of Dementia patients within Community Hospitals.</p>	<p>Sean Page</p>	<p>July 14</p>			

Theme 3 – Educating Families and Carers

ACTION	Lead Responsibility	Date started	Date Reviewed	Date Completed	Comment
1. Pilot and implement a modular 12 week dementia education programme for informal carers and families facilitated by NEWCIS.	NEWCIS	Jul 14		Sept 14	Programme agreed carers identified, facilitator appointed. First Course Completed Sept 14 Evaluation in January 15
2. Pilot and implement an e-learning programme for informal carer of people living with dementia facilitated by Dynamic Training.	Dynamic Training	Aug 14			Programme developed carers identified evaluation in Jan 15
3. Extend the current psychological support programme “coping with bereavement and loss” facilitated by BCUHB and provide an additional 2 courses in 2014.	Sean Page	Jul 14			Programme to commence September 14, evaluation March 15.
4. Establish a dementia café to support people living with dementia and their carers in each locality of Flintshire.	Dementia Café Task Group lead Christine Duffy/ Janet Bellis	Jul 14		2016	First Dementia Café established in Llŷs Jasmine Mold. Review model in Dec 14 and plan further Café development in Flint extra care development 2015 and all areas 2016
5. Ensure “ Flintshire Sounds” Music therapy for individuals with dementia and their carers is accessible and there are robust links with other community based services i.e. Dementia Café	Sara Davies Susie Lunt/ Christine Duffy	Jan 14			Review of Flintshire Sounds to be commissioned to explore extending the service in partnership with a third sector organisation.
6. Develop a single directory of health and social care services for carers of people with dementia. In conjunction with FLVC to ensure availability of accurate accessible and timely information.	NEWCIS				
7. Improve the quality information available to families on Flintshire County Councils website and establish link to other websites supporting people with dementia.	FCC Information Officer Flintshire Social Services/				Flintshire County Council currently improving website navigation and links
8. Ensure the ongoing development of a flexible range of respite care					

<p>services are available to support informal carers and families across Flintshire.</p>	<p>NEWCIS Regional</p>	<p>March 16</p>			
<p>9. Work collaboratively with other North Wales Authorities to scope need and develop a service model of respite services to meet the specific needs of younger people with dementia and individuals with learning disabilities and dementia.</p>	<p>Commissioning Hub</p>	<p>March 15</p>			<p>Review carers strategy Sept 14 and prioritise funding to maximise flexible support for carers</p>

Theme 4 – High Quality Residential / Nursing Provision with Flintshire

ACTION	Lead Responsibility	Date started	Date Reviewed	Date Completed	Comment
1. In accordance with CSSIW recommendations increase the number of residential placements available to people with dementia and complex nursing need within Flintshire boundaries.	Social Services / BCUHB	May 14			Additional 22 places within Flintshire available from Barchester Health Care.
2. Contribute to the development and implementation of a regional enhanced specification for dementia care services in residential and nursing home settings.	Social Services / BCUHB / Regional Collaboration Group	Jun 13			Consultation on Draft Specification final version to be implemented by Nov 14
3. Pilot new models of support for people in residential settings with complex nursing needs		Mar 15			Working party established by Regional Hub with Lead from BCUHB.
4. Explore funding opportunities available from health and social care to stimulate the development and accreditation of “Butterfly Homes” in Flintshire.	BCUHB	Oct 14			Meeting with independent Provider, agreed initial assessment to be undertaken in Aug 14 Issue speculative notice to EMI Residential Homes in Flintshire
5. Extend the range of specialist accommodation available in Flintshire to support individuals with dementia to remain living in the community through establishing 2 additional extra care developments in conjunction with housing association partners.		Jul 14			Potential sites identified in Holywell and Flint funding agreed for project 1 in Flint, Housing Partners identified.
6. In conjunction with BCUHB, Housing Association and Social Service					

<p>explore the potential to develop an intensive care model of support for individuals with complex needs as an alternative to traditional EMI Nursing Care offering a “home for life” in the community.</p> <p>7. Strengthen links between CPN Teams and independent sector homes on a locality basis, CMHTE to provide link workers to care homes and build relationships.</p>	<p>Commissioning Manager FCC/ Project Manager Extra Care FCC/ Commissioning Manager BCUHB</p> <p>Sandra Loxton / Christine Duffy</p>	<p>Mar 15</p>			
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Theme 5 Work force Development in Health and Social care

ACTION	Lead Responsibility	Date started	Date Reviewed	Date Completed	Comment
1. Develop a tiered training model to ensure staff at all levels in health and social care recognise the additional needs of support individuals with Dementia	Jane Davies/ Sean Page	March 14			Specialist Training commissioned for SSD Staff. Work with Bangor University to develop intensive intervention model for all operational staff.
2. Develop a strategic work force plan for North Wales to meet the needs of Social Care Staff in both in house and independent sector to support individuals living with Dementia.	Regional Collaboration Work Force Task Group – Glenys Jones	March 14			Regional conference held in May 2014 by North Wales Commissioning Hub. Work ongoing by Regional Workforce Task Group to develop integrated workforce plan with colleagues in BCUHB.
3. Review Mental Capacity Act / Dols Training available and offer additional refresher modules to ensure clearer understanding of roles and responsibilities within Health and Social Care Sector	Jane Davies/ Workforce Development Plan	March 15			Rolling programme of half day workshops aimed at managers in residential settings to improve understanding of DOLs.
4. Roll out personal centred care planning and outcome based assessment training to all Social Care Staff	Jane Davies	March 14			Contract and commissioning team arrange training for independent sector in person centred care planning for people with dementia from Helen Sanderson Associates Sept 14 and Dynamic Care, June 14

Theme 6 Safeguarding Vulnerable People

ACTION	Lead Responsibility	Date started	Date Reviewed	Date Completed	Comment
1. Establish the Joint Inter-agency Monitoring Panel (JIMP) as part of Flintshire's Safeguarding Board to receive reports on services placed in escalating concerns.	Lin Hawtin	Sept 14			Initial meeting 16 th September 14
2. Monitor recorded complaints and identify lessons learnt to improve service for individual living with Dementia in Flintshire.	JS/ Ian Maclaren	Sept 14			Report in to Flintshire JIMP
3. Establish Quality Circles to share information about the performance of providers of dementia care as well as celebrate innovation and positive outcomes for people.	Nicki Salter/ CSSIW	July 14			Quarterly Meetings involving all stakeholders established in Flintshire Review TRO in March 2015 Draft 8 completed August 2014
4. Roll out Enhanced Dementia Care Specification in residential settings and monitor against specification.	LH/ NS	Nov 14			
5. Agree with BCUHB service standards and outcomes for health and wellbeing of people living with dementia, develop integrated monitoring tool	N.W Regional Hub/	Aug 14			
6. Further develop creative ways for families, friends and carers to provide comments / feedback on dementia services within Flintshire.	N.W Regional Hub	March 15			Flintshire App to include facility to comment on quality of residential and domiciliary care service
7. Safeguarding Team / Commissioners to explore systems that provide reports on early indicators of concern.	Commissioning Manager/ Safeguarding Manager	August 14			Carers Strategy to be reviewed September 2015
8. Ensure the availability of specialist advocacy services to support those individuals with dementia and their families	Contract and Commissioning Team / Carers Strategy				

Theme 7 – Dementia Friendly Communities					
ACTION	Lead Responsibility	Date started	Date Reviewed	Date Completed	Comment
1. Raise Awareness and build community confidence in responding to individuals with dementia and providing support to their carers.	FLVC / NEW-CIS/ Alzheimer's / SPOA (future)	Mar 15			ICF Allocated to Alzheimer's to enable community participation.
2. Develop links with Flintshire's Business Advisory Team to raise the profile of Dementia friendly initiatives with local businesses.	Flintshire Local Business Advisor	Mar 15			
3. Work with Housing Partners both in FCC and Housing Associations ensure all staff receives appropriate training to identify and support tenants living with dementia.	Jane Davies / (housing training officer)	Mar 15			

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY 4TH SEPTEMBER, 2014**

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

SUBJECT: **IMPROVEMENT PLAN MONITORING REPORT**

1.00 PURPOSE OF REPORT

1.01 To note and consider elements of the 2014/15 Improvement Plan Monitoring Report relevant to the Social & Health Care Overview and Scrutiny Committee. The report covers the period April – July 2014.

1.02 To note the following:-

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

2.00 BACKGROUND

2.01 The new style Improvement Plan adopted by Council in June 2013 which is aligned to the new three year Outcome Agreement, focuses on the priorities which are expected to have the most impact during 2014/15.

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 2014/15 Improvement Plan Monitoring Report, highlight concerns and feedback details of any challenge to the Corporate Resources Overview & Scrutiny Committee who are responsible for the overview and monitoring of performance.

5.00 FINANCIAL IMPLICATIONS

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

6.00 ANTI POVERTY IMPACT

6.01 There are no specific anti poverty implications for this report, however poverty is a priority within the Improvement Plan 2014/15.

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 2014/15.

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 The Chief Officer Team and the Performance Leads from across the Authority have contributed to help shape the new approach to reporting.

12.00 APPENDICES

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

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985
BACKGROUND DOCUMENTS

None.

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APPENDIX 1

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

What we said we would do in 2014/15: -

1. Maintain the success of the reablement / recovery approach, engaging in regional working for the further roll out of telecare / telehealth and improve the timeliness of adaptations.

Progress Status	Progress RAG	A	Outcome RAG	G
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Reablement/Recovery:

Intermediate Care Fund money has enabled us to recruit 1.5 occupational therapists and 1 social worker in the Reablement team. 74.5% of people referred in the Quarter completed a period of reablement with their support package being maintained or reduced, or not requiring further support.

Telecare:

We are continuing with the regional work for the further roll out of telecare and telehealth. Regional guidance has been produced on the use of certain pieces of equipment. Through the Health grant we have purchased four multi-room sensors which are being piloted for people with learning disabilities with a view to increasing their independence.

Adaptations:

The measures below (PSR/009a and PSR/009b) are the national indicators for the timeliness of the delivery of major adaptations which go through the Disabled Facilities Grant (DFG) process. This applies to adaptations in owner/occupier dwellings only. In Quarter 1, 26 adaptations for adults were completed through the DFG process, in an average of 369 days. The increase in average time taken was due to a reduction in staffing in Housing, causing a delay in the post-inspection of works. We have now obtained clearance to recruit to this post, but it is expected that a similar impact on adaptation delays will be seen in Quarter 2. It is also the case that since more works are going through the minor adaptation route, the remaining DFGs are more complex and are likely to take longer on average.

In contrast, major adaptations completed in local authority dwellings, which do not go through the DFG process, are being completed in an average of 120 days.

There was only one DFG completed for children in Quarter 1; this was a complex case where the needs of the child changed several times throughout the course of the grant works; the adaptation was completed in 767 days.

Achievements will be measured through

- Extended local use of telecare / telehealth technologies consistent with regional plans
- Exceed the all Wales average for adaptations
- Meet local improvement targets for reablement

Achievement Milestones for strategy and action plans:

- Extended local use of telecare / telehealth technologies consistent with regional plans by March 2015

Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
PSR/009a - The average number of calendar days taken to deliver a Disabled Facilities Grant for children and young people.	Chief Officer – Social Services	257 days	257 days	231 days	767 days	R	A
PSR/009b - The average number of calendar days taken to deliver a Disabled Facilities Grant for adults.		247 days	247 days	231 days	369 days	R	A
SCAM2L - Percentage of referrals where support was maintained or reduced or no further support was required at the end of a period of Reablement.		77%	71 – 75%	80%	74.5%	G	G

Risk to be managed – Service user/ family resistance to using new technologies e.g. telecare.

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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)		
M	M	A	Regional guidance has been produced on the use of certain pieces of equipment. 6 week pilot of multi-room sensors.	L	M	A	Evaluation of multi-room sensor pilot.	Chief Officer – Social Services	↔	L	L	G	Mar 2015

Risk to be managed – Ensuring we have enough capital funding for disabled facilities grants alongside other competing demands for capital resources

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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
H	H	R	<p>DFG's are prioritised within the Private Sector Housing Regeneration & Strategy Capital programme to ensure that demand can be met.</p> <p>Reductions to non DFG spend by the council have taken place and monies for key priorities in those areas secured through external sources</p>	L	H	A	<p>There has been a reduction to the capital budget in 2013/14 and a further reduction in 2014/15. This risk has been managed through a combination of more competitive pricing, achieved through tendering.</p> <p>The Council's move to a reablement model also appears to have had a positive on the number of referrals for major adaptations. However, this will need to be closely monitored to assess whether this process is simply delaying the need for a major adaptation, or whether this will be an ongoing trend.</p>	Chief Officer – Community & Enterprise	↔	L	L	G	

2. Implement a series of actions to support greater independence for individuals with a frailty and/or disability including completion of rightsizing exercises for all supported living projects provided and commissioned. Implement a night support service.

Progress Status	Progress RAG	A	Outcome RAG	G
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Rightsizing
Half of our in-house Supported Living houses have been rightsized with a focus on quality of life for the service user and the structure of the package of care provided. We need to complete this process with the remaining in-house provision and roll out to Health provision and houses in the independent sector.

Night Support Service
We are in the process of developing a business case and potential model for a night support service. Negotiations are currently taking place with a provider to deliver a pilot service. Through the Project Board, further work is being undertaken as to how we will ensure that this service is affordable and sustainable, with a view to rolling the preferred model out to the whole of Flintshire.

- Achievements will be measured through:**
- Improved quality of life for service users with a disability
 - Reduction in care hours in supported living
 - Reduction in one to one care needed in supported living

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Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
Number of minor adaptations (under £1000) completed for service users with a disability.	Chief Officer – Social Services	377 *	TBC	TBC	197	N/A	N/A
Number of people receiving Direct Payments / Citizen Directed Support.		302	320	350	335 people	G	G
Maintain the percentage of clients who are supported in the community in the top quartile for Wales. (SCA/020)		86%	90%	90%	Data not available	N/A	N/A

**Note: Baseline data for measure 1 is based on minor adaptations (under £500) in private dwellings – we are collecting data on all minors under £1,000 from 01/04/2014. Targets to be agreed based on Q2 data in October 2014.*

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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)		
H	H	R	<p>Development of a joint action plan with Health to develop an integrated and coherent approach to support people with dementia.</p> <p>Development of a regional specification for enhanced dementia care in residential and nursing care homes.</p> <p>Reassignment of ordinary nursing beds in Independent Sector provision to provide specialist dementia care, and new models of support.</p>	M	M	A	<p>Launch of regional specification for enhanced dementia care in residential and nursing care homes across NW.</p> <p>Development of dementia provision within 2 new Extra Care developments.</p>	Chief Officer – Social Services	↔	M	M	A	<p>March 2015</p> <p>2018</p>

3. Use a whole family approach by implementing the Integrated Family Support Service

Progress Status	Progress RAG	G	Outcome RAG	G
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Policies and procedures have been aligned with Wrexham.
Six new families were referred to IFSS in the Quarter; two were closed after consultation with the families and the other four were taken forward for services, alongside the five families already working with IFSS.

Achievements will be measured through:

- Number of families receiving a service
- Average “distance travelled” score at 12 month review
- Maintain level of repeat referrals to Children’s Social Services
- Alignment of Flintshire’s policies and procedures with those of Wrexham

Achievement Milestones for strategy and action plans:

- Alignment of Flintshire’s policies and procedures with those of Wrexham by December 2014 – Achieved.

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Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
Number of families referred to IFSS (Flintshire County Council only)	Chief Officer – Social Services	13	Maintain 13	Maintain 13	6	G	G
Average “distance travelled” score at 12 month review		1.4	Maintain 1.4	TBC	Report March 2015	N/A	N/A
SCC/010a – The percentage of referrals that are re-referrals within 12 months		13%	Below 15%	Below 15%	13.9%	G	G

4. Examine the Children’s Services structure with a view to remodelling the teams to create capacity to do more preventative work.

Progress Status	Progress RAG	G	Outcome RAG	G
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We have agreed a new operating structure for Social Services which incorporates enhanced arrangements for safeguarding and operational and strategic links between Children’s and Adult Services. The remodelling of services for children has been proposed as an opportunity to achieve efficiencies through the business planning process. Some alternative models have been discussed and a planning day has been held. Further discussions are being channelled through the corporate business planning process.

Achievements will be measured through:

- Implementation of the new model by March 2015
- Maintain level of repeat referrals to Children’s Social Services

Achievement Milestones for strategy and action plans:

- Implementation of the new model by March 2015

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Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
SCC/016 - The percentage of reviews of child in need plans carried out in accordance with the statutory timetable	Chief Officer – Social Services	53%	82%	100%	79%	A	A
SCC/010a – The percentage of referrals that are re-referrals within 12 months		13%	Below 15%	Below 15%	13.9%	G	G

5. Prevent homelessness for people who are:

- alcohol and drug dependent; and /or
- victims of domestic violence; and/or
- ex-offenders; and/or
- young people including care leavers

Progress Status	Progress RAG	G	Outcome RAG	G
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The service has recruited to the independent Shelter post to support the pilot. The post holder started at the beginning of June. The prevention for six months outcome data is not available until later in the year but there are already examples of good prevention outcomes. The Accommodation Support Team are being used to enhance prevention activity.

Achievements will be measured through:

- Homeless prevention for at least 6 months for people who are:
 - alcohol and drug dependent,
 - victims of domestic abuse,
 - ex-offenders;
 - young people including care leavers
- Monitoring the success of the 6 month pilot being introduced to trial measures proposed in the Housing Bill to strengthen homeless prevention

Achievement Milestones for strategy and action plans:

Evaluate the success of the 6 month pilot being introduced to trial measures proposed in the Housing Bill to strengthen homeless prevention by January 2015.

Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
HHA/013 - The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months.	Chief Officer – Community and Enterprise	84.89%	90%	90%	N/A	N/A	N/A
Homeless prevention for at least 6 months for people who are victims of domestic abuse.		During 2014/15 changes to recording and reporting of data will be made to systems to create a baseline for these indicators in 2014/15 so that target setting can take place for 2015/16.			N/A	N/A	N/A
Homeless prevention for at least 6 months for people who are ex-offenders.		N/A	N/A	N/A			
Homeless prevention for at least 6 months for people who are young people including care leavers		N/A	N/A	N/A			

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

Progress Status	Progress RAG	G	Outcome RAG	G
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We are continuing to work through the action plan which was developed from the comments and actions resulting from the stakeholder and user element of the 2013 review of the Transition Service. This action plan is maintained and is up to date.

Annual evaluations will be held with stakeholders, and in the longer term this will enable us to build up a picture of how outcomes are improving for current and previous users of the transition service. The next annual evaluation is planned for Autumn 2014, and feedback from service users will be gathered at this event.

Achievements will be measured through:

- Effective transition pathway as demonstrated through the annual evaluation.

Achievement Milestones for strategy and action plans:

- Collection of feedback from service users by March 2015

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Achievement Measures	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
Number of people receiving Direct Payments / Citizen Directed Support.	Chief Officer – Social Services	302	320	350	335 people	G	G

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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)		
M	M	A	Implement Action Plan from Transition Review	L	M	A	The primary outstanding action resulting from the review is to provide young people and families with an information pack that involves every agency, to provide service users with a single pathway through transition.	Chief Officer – Social Services	↓	L	L	G	March 2015

Independent Living: Risk to be managed – Managing demand and expectations with limited resources.

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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)		
H	H	R	Regular performance and activity data is produced to continually monitor and project service demand.	M	M	A	<p>Redevelopment of website to manage expectations.</p> <p>Integration of the Integrated Assessment which focuses on how an individual can manage their own circumstances and access universal support.</p> <p>Business planning process to identify how we effectively manage and respond to demand whilst delivering significant savings.</p>	Chief Officer – Social Services	↔	L	L	G	2017

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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 2014/15: -

1. Continue the integration of community based health and social care teams within three localities.

Progress Status	Progress RAG	A	Outcome RAG	G
------------------------	---------------------	----------	--------------------	----------

The Centre Manager at the Quay Health Centre has confirmed that an agreement has now been reached at WG that Social Services can be co-located alongside health staff within the centre.

Early indications of progress were identified in this quarter relating to the South Locality; progress will be reported in full in Q2.

Subject to partners being able to contribute to plans to progress, the milestones cited remain achievable from a Social Services perspective.

Achievements will be measured through

- Development of our second co-located team in 2014/15
- Plans developed for our third and final co-located team in 2015/16

Achievement Milestones for strategy and action plans:

- Development of our second co-located team by March 2015
- Plans developed by March 2015 for our third and final co-located team in 2015/16

Risk to be managed – Ensuring effective joint working with BCUHB to achieve common goals.

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	Discussions take place at Health Wellbeing and Independence Board and Strategic Locality Group meetings. Issues escalated if required to the Strategic Partnership Group	M	M	A	Escalation process in place including Strategic Partnership Group, Strategic Locality Group and Locality Groups.	Chief Officer – Social Services	↔	L	L	G

2. Support the introduction of Enhanced care Service (ECS) in the North East and South Localities by March 2015.

Progress Status	Progress RAG	A	Outcome RAG	G
------------------------	---------------------	----------	--------------------	----------

Flintshire County Council remains committed to supporting this work. BCUHB are considering revised business models for roll out but no further details were available during this quarter.

Achievements will be measured through

- Agree and implement the business case for ECS in the North East & South Localities
- Improved experiences of patients

Achievement Milestones for strategy and action plans:

- Agree the business case for ECS in the North East Locality by November 2014
- Implement the business case for ECS in the North East Locality by March 2015
- Agree the business case for ECS in the South Locality by November 2014
- Implement the business case for ECS in the South Locality by March 2015
- Collection of a further 3 patient stories by March 2015

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

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)	
M	H	R	Continued dialogue at senior manager level. Awaiting decisions from BCUHB in order to assess any impact.	M	M	A	Upon receiving details of the proposed service model, consideration will be given to the impact and if appropriate senior level discussions will take place with BCUHB managers re alternative options	Chief Officer – Social Services	↔	M	M	A

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
------------------------	---------------------	----------	--------------------	----------

Training on Carers Needs Assessments by NEWCIS has been rolled out following the successful pilot last year. This has now been supplemented by training on the identification and assessment of young carers, delivered by Barnardos. We continue to help parents and carers of children with a disability to access carers services through Bridging the Gap funding.

Achievements will be measured through

- Plans to support carers are agreed and implemented

Achievement Measure	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
SCA/018c - 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.	Chief Officer – Social Services	85%	75% - 80%	90%	85%	G	G

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*Latest data from March 2014

4. Ensure Single Integrated Plan (SIP) priorities are progressed through localities.

Progress Status	Progress RAG	G	Outcome RAG	G
------------------------	---------------------	----------	--------------------	----------

Locality Leadership Team plans contain a number of commitments that are relevant to commitments made within the SIP. There are opportunities to develop this further through the year. Governance arrangements for the LLT's are in place (albeit with an ability to further strengthen its role) with the Strategic Locality Group.

- Achievements will be measured through**
- Improved communication and governance arrangements to ensure that localities deliver the priorities of the SIP.
- Achievement Milestones for strategy and action plans:**
- Inclusion of relevant SIP priorities in the Locality Leadership Teams plans by March 2015
 - Achievement of relevant outcomes in Locality Leadership Teams plans by March 2015

5. Effective and efficient use of Intermediate Care Funds to support individuals to remain in their own homes.

Progress Status	Progress RAG	G	Outcome RAG	G
------------------------	---------------------	----------	--------------------	----------

Action areas have been agreed and project briefs developed for a range of areas.
 Regional project lead post in place.
 Local project management mechanisms within existing resources have been agreed and implemented.
 Outcome measures have been proposed to WG at programme level. Decision awaited. Local performance measures being agreed with project leads.
 Step down beds purchased and being used within 3 local authority care homes.
 Assessment bed (for dementia) has been commissioned from a nursing home in Caergwrle.
 Funding has been allocated to the voluntary sector to support people living at home.
 Significant level of activity has commenced and continues to implement the action plan.

- Achievements will be measured through**
- Agree and implement action plan for use of Intermediate Care Funds
 - Independent evaluation of outcomes achieved
- Achievement Milestones for strategy and action plans:**
- Agree an action plan for use of Intermediate Care Funds by June 2014 – Achieved.
 - Implement the action plan for use of Intermediate Care Funds by March 2015
 - Determine process for evaluation of outcomes by March 2015

Risk to be managed – Spending the Intermediate Care Fund on services that we can continue with once the funding stream has finished.

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	H	R	Clear exit strategies are in place for ICF projects, including time limited posts.	L	L	G	N/A	Chief Officer – Social Services	N/A	N/A	N/A	N/A

FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY 4 SEPTEMBER 2014**

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

SUBJECT: **FORWARD WORK PROGRAMME**

1.00 PURPOSE OF REPORT

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

2.00 BACKGROUND

2.01 Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council, or Chief Officers. 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 Forward Work Programme Planning session on the 25th of July.

3.02 At the session on the 25th of July a suggestion was made that the DVD

entitled Experiences of Young People in Care should be shown at Full Council to give all Members of the Council an opportunity to view the DVD in consideration of their Corporate Parenting responsibilities. Following a request made to the Democracy and Governance Manager to progress this matter, he has advised that the DVD should be shown to the Social & Health Overview & Scrutiny Committee in the first instance, who should then make a formal committee decision to ask for the DVD to be repeated at full Council.

4.00 RECOMMENDATIONS

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

4.02 That the Committee make a formal recommendation to Council that the DVD Experiences of Young People in Care be shown at Full Council.

5.00 FINANCIAL IMPLICATIONS

None as a result of this report.

6.00 ANTI POVERTY IMPACT

None as a result of this report.

7.00 ENVIRONMENTAL IMPACT

None as a result of this report.

8.00 EQUALITIES IMPACT

None as a result of this report.

9.00 PERSONNEL IMPLICATIONS

None as a result of this report.

10.00 CONSULTATION REQUIRED

N/A

11.00 CONSULTATION UNDERTAKEN

Publication of this report constitutes consultation.

12.00 APPENDICES

Appendix 1 – Forward Work Programme

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None.

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Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 9 October 2014 2.00 p.m.	<p>Direct Payments/Penderels Trust</p> <p>Regional Safeguarding Children's Board proposal</p> <p>Adult Safeguarding</p> <p>Rota Visits</p>	<p>To receive an update on Direct Payments.</p> <p>To inform Members of the proposals to develop a regional Safeguarding children's Board for North Wales.</p> <p>To inform Members of the annual adult protection monitoring report submitted to the Welsh Government and to monitor progress of CSSIW Adult Safeguarding Inspection Action Plan</p> <p>Verbal update</p>	<p>Monitoring</p> <p>Pre-decision</p> <p>Monitoring</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	
Thursday 13 November 2014 2.00 p.m.	<p>Q2 Performance Reporting</p> <p>Regional Safeguarding (Adults) Proposals</p> <p>Rota Visits</p>	<p>To enable members to fulfil their scrutiny role in relation to performance monitoring</p> <p>To inform Members of the proposals for a Regional Adults Safeguarding Board.</p> <p>Verbal Update</p>	<p>Performance monitoring</p> <p>Pre-decision</p>	<p>Chief Officer Social Services</p> <p>Chief Officer Social Services</p>	

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 18 December 2014 10.00 a.m.	BCUHB Partnership working – Localities/Mental Heath/CAMHS etc – ability to influence joint working Rota Visits	To maintain 6 monthly meetings with Betsi Cadwaladr University Health board Verbal Update	Joint working	Facilitator	
Thursday 29 January 2015 2.00 p.m.	Intermediate Care Fund update Reablement/Independent living progress update	Update report Update report	Service Monitoring Service Monitoring	Chief Officer Social Services Chief Officer Social Services	
Thursday 5 March 2015 10.00 a.m.	Collaborative projects/Regional Initiatives update	To receive a progress report on projects and services running collaboratively across North Wales and Nationally.	Partnership Working/ Performance Monitoring	Chief Officer Social Services	
Thursday 16 April 2015 10.00 a.m.	Q3 Performance Reporting Annual Council Reporting Framework	To enable members to fulfil their scrutiny role in relation to performance monitoring. To consider the final draft of the Flintshire County Council Social Services Annual Performance Report 2014/15.	Performance Monitoring Service Delivery	Chief Officer Social Services Chief Officer Social Services	

Social & Health Care Overview & Scrutiny Forward Work Programme

APPENDIX 1

Date	Item	Purpose of Report/Session	Scrutiny Focus	Responsible/ Contact Officer	Submission Deadline
Thursday 14 May 2015 2.00 pm	Complaints & Compliments - lessons learned	To receive a report on the compliments, representations and complaints received by Social Services for the year April 2014 – March 2015.	Performance Monitoring	Chief Officer Social Services	
Thursday 18 June 2015 10.00 a.m.	Year End and Quarter 4 Performance Reporting Betsi Cadwaladr University Health Board	To enable members to fulfil their scrutiny role in relation to performance monitoring. To maintain 6 monthly meetings with Betsi Cadwaladr University Health board	Performance Monitoring Joint Working	Chief Officer Social Services Facilitator	

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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
March	Corporate Parenting	Report to Social & Health and Lifelong Learning Overview & Scrutiny	Director of Community Services

Month	Item	Purpose of Report	Responsible / Contact Officer
Half-yearly	Betsi Cadwaladr University Health Board Update	To maintain 6 monthly meetings – partnership working	Facilitator
May	Comments, Compliments and Complaints	To consider the Annual Report.	Director of Community Services
Sept	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

Joint Meeting with Lifelong Learning Spring 2015

Corporate Parenting
 Safeguarding and Child Protection
 Educational Attainment of Looked After Children
 Hearing Impairment (Adults & Children)
 Childcare Sufficiency Assessment
 Youth Justice Services

Joint meeting with Housing

Extra Care/Telecare/Telehealth

Items to be scheduled following workshop held on 25th July:

WAO Safeguarding Inspection outcome

Demands on Children's Services

Fostering Services

Children's Services Forum update – Chairman to update as relevant (on FWP?)

Ambulance response times – invite BCUHB & Ambulance Service to same meeting (December?)

ACRF - workshop or workshop plus task group?

Day Services proposals – pre- decision (workshop or similar)

Older People's Strategy Group rep to be invited – Ageing Well in Wales

Full Review of Adoption Service 12 months after implementation.

Site Visit to Arosfa

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FLINTSHIRE COUNTY COUNCIL

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

DATE: **THURSDAY, 4 SEPTEMBER 2014**

REPORT BY: **CHIEF OFFICER, SOCIAL SERVICES**

SUBJECT: **FLINTSHIRE CHILDCARE SUFFICIENCY ASSESSMENT 2014 - 2017**

1.00 PURPOSE OF REPORT

1.01 To inform Members of the Social and Health Care Scrutiny Committee of the findings of the Flintshire Childcare Sufficiency Assessment for the period 2014-2017.

2.00 BACKGROUND

2.01 The Childcare Act 2006 underpins the Welsh Assembly Government's childcare strategy "Childcare is for Children" and enshrines in law:

- Parents legitimate expectation of accessible high quality childcare for children and their families; and
- Local Authorities' responsibilities for providing information to parents and prospective parents to support their parenting role.

2.02 The intention of the Act is to place a duty on Local Authorities in Wales to secure, as far as is reasonably practicable, sufficient childcare to meet the requirements of parents in their area who require childcare in order to train, to work, or to prepare for work. The Act provides the Assembly with powers to make regulations requiring Local Authorities in Wales to prepare assessments of childcare sufficiency in their areas.

2.03 This Assessment of Childcare Sufficiency executes Flintshire County Council's obligations under Section 26 the Childcare Act (2006). It identifies gaps and makes recommendations that will meet the needs of parents so that the Authority can fulfil its childcare sufficiency duty.

3.00 CONSIDERATIONS

3.01 The duties on Flintshire County Council to manage the local childcare market need to be taken seriously and resourced appropriately. Childcare should be recognised as a crosscutting issue that benefits the wider economy and community as much as individual children and

families.

- 3.02 This assessment of sufficiency suggests that the childcare market is functioning adequately across much of the County in meeting the needs of most working parents. However, there are areas where there are shortfalls in the volume or type of childcare. Here, childcare is insufficient to meet not only the demands of working parents, but also insufficient to break down the barriers to work or training that a lack of childcare creates for families not in work.
- 3.03 In the majority of areas, the role of the Authority should be in monitoring levels of supply against changing demand; providing information; and ensuring high levels of quality.
- 3.04 Through partnership working with Communities First, Jobcentre Plus, Families First Projects the Childcare Development Group aims to target groups of parents who need intensive support, or specific localities where the market is not functioning. This could make a difference to families and their ability to participate and contribute to the local economy, and to raise children out of poverty.

4.00 RECOMMENDATIONS

- 4.01 To advise Members of the Council's Childcare Sufficiency Audit 2014-2017.
- 4.02 For Members to note the contents of the report and support the ongoing work being undertaken by the Childcare Development Group in working towards addressing the recommendations in the audit of sufficiency.

5.00 FINANCIAL IMPLICATIONS

- 5.01 Funding to support the childcare market in Flintshire comes from the following sources:
- FCC Childcare budget
 - FCC Early Education budget
 - Welsh Government Flying Start Grant
 - Welsh Government Out of School Childcare Grant
 - HMRC via childcare tax credits

6.00 ANTI POVERTY IMPACT

- 6.01 Access to childcare can be a barrier which prevents parents/carers from accessing training and/or employment. The Flintshire Assisted Places Scheme provides families on low incomes with financial support to assist them in paying for a childcare place

6.02 The Family Information Service provide information to families to enable them to access information about help with childcare costs.

7.00 ENVIRONMENTAL IMPACT

7.01 There are no environmental impacts as a direct result of this report.

8.00 EQUALITIES IMPACT

8.01 The report takes into account the diverse needs of the population of Flintshire and it considers how childcare can be made accessible to:

- Children with a disability
- Children from minority ethnic groups
- Welsh speaking children
- Children in rural areas
- Children of lone parents

9.00 PERSONNEL IMPLICATIONS

9.01 There are no direct personnel implications for Flintshire County Council as a result of this report.

10.00 CONSULTATION REQUIRED

10.01 The Childcare Act 2006 places a duty on local authorities to assess the sufficiency of childcare provision to enable parents to access employment or training. There is a requirement that consultation is undertaken to gather the views of:

- Parents
- Children/Young people
- Employers
- Childcare providers

11.00 CONSULTATION UNDERTAKEN

11.01 Between October 2013 and February 2014, a consultation exercise took place to establish the views of parents and carers.

11.02 An electronic survey was publicised to all parents of children in Flintshire via schools, through existing childcare provision, local press, County Council website and Twitter account, local employers and in a number of other locations where parents meet.

11.03 Face-to-face consultation took place through existing structures such as parent and toddler groups; integrated centres; family learning groups in schools; pre-schools; health clinics and other locations where parents were already meeting.

- 11.04 Parents in more deprived areas and in marginalised groups (such as parents of disabled children) were targeted to provide balance against the likelihood that fewer parents in these areas and groups would return surveys.
- 11.05 Feedback gathered throughout 2013-2014, from parents who access assistance with the costs of childcare has also been incorporated.
- 11.06 Childcare providers were engaged through a telephone survey carried out between September 2013 and December 2013. They were representative of types of provision as well as geographically spread across the authority.
- 11.07 Children and young people were engaged in consultation about their views of childcare within Flintshire. In August 2013 41 children and 11 members of staff from 4 holiday clubs attended a consultation day. A further 41 children in 7 holiday clubs were consulted during holiday club sessions. Between November 2013 and February 2014 35 children from 1 welsh after school childcare setting and 7 English settings were consulted on their views of childcare. The clubs were set in both rural and urban areas of Flintshire and representative of the type of provision and geographically spread across the county.
- 11.08 Thirty nine employers were consulted between September 2013 and December 2013. They ranged from small and medium enterprises to large multinational employers employing in excess of 5,000 staff and they were located throughout the county.
- 11.09 Flintshire Childcare Sufficiency Assessment 2014/17 has been shared with Cabinet in July 2014.

12.00 APPENDICES

- 12.01 Flintshire Childcare Sufficiency Assessment 2014-2017

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

Childcare Act 2006

Welsh Government Childcare Sufficiency Assessment Toolkit 2010

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**Assessment of
Childcare
Sufficiency
Flintshire County
Council**

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Introduction

Statutory Duty

The Childcare Act 2006 underpins the Welsh Assembly Government's childcare strategy "Childcare is for Children" and enshrines in law:

- Parents legitimate expectation of accessible high quality childcare for children and their families; and
- Local Authorities responsibilities for providing information to parents and prospective parents to support their parenting role.

The Childcare Act will achieve these aims through statutory duties that will build on Local Authorities' existing roles and responsibilities. In Wales it will:

- Place a duty giving Local Authorities the lead role in facilitating the childcare market to ensure it meets the needs of working parents; in particular those on low incomes, those with disabled children, or those who wish their child to attend Welsh medium provision.
- Ensure people have access to the full range of information they need as a parent.

The intention of the Act is to place a duty on Local Authorities in Wales to secure, as far as is reasonably practicable, sufficient childcare to meet the requirements of parents in their area who require childcare in order to train, to work, or to prepare for work. The Act provides the Assembly with powers to make regulations requiring Local Authorities in Wales to prepare assessments of childcare sufficiency in their areas.

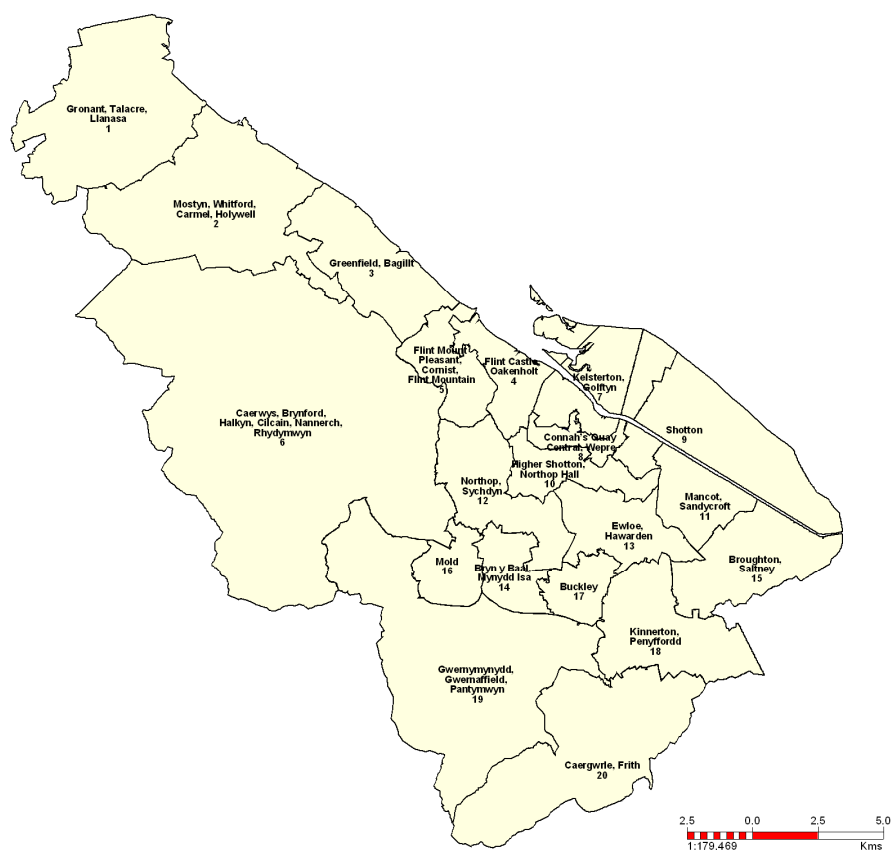
This *Assessment of Childcare Sufficiency* executes Flintshire County Councils obligations under Section 26 the Childcare Act (2006). It identifies gaps and makes recommendations that will meet the needs of parents so that the Authority can fulfil its childcare sufficiency duty as set out in section 22 of the Act.

Methodology

All of the information gathered for the Assessment has been analysed by area to present a picture of childcare supply and demand by sub-local authority area as proscribed by the Act.

Middle Layer Super Output Areas (MLSOA's) have been used as the geographical area of study. MLSOA's are groupings of lower layer areas used for collecting Census data and have an average population size in Flintshire of 7,429 people. One of the advantages of using MLSOA's is that they are much more similar in population size than electoral divisions (wards) making comparisons between areas less prone to error. In addition, MLSOA's are much less prone to change than wards enabling accurate updating of the Assessment to be carried out on a regular basis. There are 20 Middle Layer Super Output Areas (MLSOA) in Flintshire as shown below.

Figure 1: Flintshire County Middle Layer Super Output Areas



During October 2013 and February 2014, a consultation exercise took place to establish the views of parents and carers in Flintshire regarding childcare. Through a mixture of focus groups and structured questionnaires, the views of parents (fathers, mothers and other carers in loco parentis) as to the availability and accessibility of childcare were sought.

An electronic survey was publicised to all parents of children in Flintshire via schools, through existing childcare provision, local press, County Council website and Twitter account, local employers and in a number of other locations where parents meet. Only 63 responses were received.

Face-to-face consultation took place through existing structures such as parent and toddler groups; integrated centres; family learning groups in schools; pre-schools; health clinics and other locations where parents were already meeting. A total of 43 parents in 6 groups across Flintshire were interviewed in person or by telephone. Parents in more deprived areas and in marginalised groups (such as parents of disabled children) were targeted to provide balance against the likelihood that fewer parents in these areas and groups would return surveys.

In addition, feedback gathered throughout 2013-2014, from parents who access assistance with the costs of childcare, has also been incorporated.

Childcare providers were engaged through a telephone survey carried out September 2013 and December 2013. In total 31 registered childcare providers were interviewed as part of the assessment, representative across provision types and geographically across the authority.

Children and young people were engaged in consultation about their views of childcare within Flintshire. In August 2013 41 children and 11 members of staff from 4 holiday clubs attended a consultation day. A further 41 children in 7 holiday clubs were consulted during holiday club sessions. Between November 2013 and February 2014 35 children from 1 Welsh after school childcare setting and 7 English settings were consulted on their views of childcare. The clubs were set in both rural and urban areas of Flintshire and representative of provision type and geographically spread across the county.

39 employers were consulted between September 2013 and December 2013. They ranged from small and medium enterprises to large multinational employers employing in excess of 5,000 staff and they were located across the county.

Children and Families in Flintshire

The number of children in the population is important in deciding how much childcare is likely to be needed to meet local demand. In Flintshire, the population of children set against all people, ranges from 16 per 100, to just over 20 per 100 people. Areas on Deeside have more children in the population compared with the more rural areas in the west of the County.

For the purposes of the Childcare Sufficiency Assessment, it is estimated that there are 26,719 children and young people Flintshire between the ages of 0 and 14 years along with disabled children aged 15 to 17 years of age.

While the population of Flintshire as a whole has increased from 148,629 in 2000 to 152,743 in 2011, the population of children fell from 30,732 to 26,719 between 2000 and 2011. This was a higher than average loss for a Welsh County. While there has been a small increase in the number of births in the County recently, the overall trend is downwards. By 2026 it is expected that there will be between 11% and 17% fewer children and young people living in the region than there were in 2001.

There is a small net gain in families coming to Flintshire from elsewhere in the UK, but more recently, a larger gain from children moving to the County from Eastern Europe. While migration is unlikely to place a significant additional burden on the childcare market, the way in which services are delivered and in particular, how information is delivered may need to be examined to meet the needs of migrant families.

The Flintshire Unitary Development Plan allows for nearly 500 new houses to be built each year in Flintshire up to 2015. While this scale of house building will probably not result in a significant increase in demand for childcare across Flintshire, where significant developments are taking place of a type likely to attract families with young children, discussions within the local authority are needed to ensure that the impact on the childcare market is assessed.

The population of Flintshire is overwhelmingly white, with less than 2% of residents recorded as being from a black or minority ethnic group.

Welsh is spoken by 13.2% of people in Flintshire compared to 19% across Wales. Welsh is used across most areas of the County by a significant

minority. In five areas of the County, Welsh is spoken by over a fifth of residents.

Family structures in Flintshire are slightly more traditional than the averages across Wales, with more families headed by married couples (63%). The proportion of families headed by a lone parent (20%) is less than the average for Wales. However, in areas that are more deprived, the proportion of children living in lone parent families is as high as 48%.

The number of lone parents is an important factor in childcare demand as they are less likely to be working when their children are younger but have greater need for childcare to support work once their children are in school. In Flintshire there are 4,466 lone parent households. In 35.6% of such households parents are in part-time employment and 29.2% are in full-time employment. 35.1% are not in employment.

Work and Family Incomes

Overall, economic activity levels in Flintshire are higher than is average in Wales with 72.7% in employment compared to 68.9% for Wales.

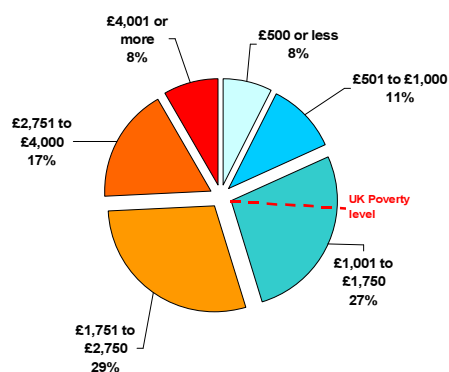
The overall level of unemployment and long-term unemployment rates are lower than the average for Wales and Great Britain. This should mean that demand for childcare in Flintshire should be high.

In 2012 15% of children in Flintshire were living in a household where no-one works. Of these, two-thirds live with a lone parent. New requirements for parents to seek work will have an impact on this figure and will increase the demand for affordable childcare for up to 1,000 lone parents moving into employment in Flintshire over the next two years. Childcare to meet this demand will need to be in the areas of highest deprivation, where there are currently a disproportionate number of lone parents. It is unlikely that the market will respond to this growth in demand and some intervention may be needed.

For working families, average earnings are higher in Flintshire than in Wales as a whole, but lower than the UK average. An average gross income for a two-parent family based on one partner working full time, and the other working part time would be £512.25 or £26,637 per annum. For a single, female parent, the average weekly wage for working full-time would be £420.

Around half of all families in Flintshire have moderate incomes of between £21,000 and £40,000 per annum, but a quarter have incomes that puts them below the UK poverty level of £16,500 per year.

Figure 2: Monthly Income of Flintshire Families



For low and moderate income families, the Working Tax Credit should provide an income top-up and provide support to pay for 70% of childcare

costs. However, in Flintshire (as elsewhere in Wales) take-up rates are relatively low at 79.5% of families in work receiving Working Tax Credit compared to 74.7% across Wales. 20% of families do not claim their entitlement – particularly the childcare element. Some parents do not know that they are entitled to support, while others are put off by stories about overpayments and lots of form-filling.

Low take-up of tax credits is compounded by a perception amongst many parents that it does not provide enough support, so it's not worth working.

Overall levels of deprivation in Flintshire are low but there are a number of small areas of the County where many people experience multiple deprivation. These include parts of the Shotton Higher and Sealand in Garden City, Greenfield and Holywell Central, *Bagillt*, Mold West in *Mold* and Flint Castle. In these areas, childcare is likely to be needed to tackle child poverty, but is least likely to be sustainable in the short-term.

More women work in Flintshire than the average across Wales. As women take primary responsibility for childcare, this is likely to lead to a higher demand for services.

Childcare: Supply

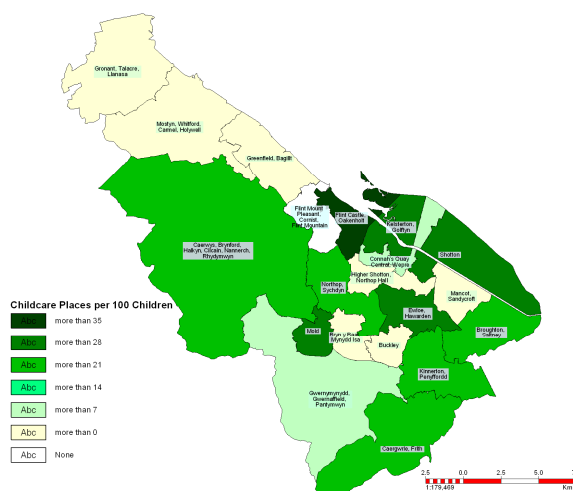
The Childcare Act (2006), defines childcare for which the Sufficiency Assessment must take account, as that for which the childcare element of the Working Tax Credit is payable.

According to information held by Flintshire FIS there were 5235 childcare places in 260 settings for which the childcare element of the Working Tax Credit could be claimed in December 2013. Set against the population of children aged 0 to 14 (and to 17 with disabilities) there was one childcare place for every five children in the County. Compared with other local authorities, Flintshire had the fourth highest amount of childcare in Wales in relation to its population.

Childcare is not spread evenly across all areas of the County but there is not a direct link between the amount of childcare and levels of deprivation. In many areas of Wales, the market often fails in less affluent areas as the private sector sees little opportunity to sustain a profit-led business model. Some of the most deprived areas of Flintshire have the highest levels of childcare and the expansion of Flying Start is a significant contributor to the sustainability of early years childcare in such areas.

Early Years Childcare for children under 5 in Flintshire, is provided by childminders and day nurseries. Sessional care settings (pre-school playgroups and cylch meithrin that only operate for 2 ½ or 3 hour sessions) have not been included as on their own, they are not generally meeting the childcare needs of working parents as set out in the 2006 Childcare Act.

Figure 3: Early Years Childcare Places / 100 children aged 0 to 4



Across the County there were 1,472 places available for children under 5, in 29 group daycare settings and with 132 registered childminders. Set

against the population, there was one early years childcare place for every six children aged 0 to 4 years of age in 2013. Analysis by area shows no clear pattern to the spread of early years childcare in Flintshire with low levels of provision in some areas interspersed by areas with more. Neither is there any clear link between deprivation and a lack of early years childcare with some evidence that use of day nurseries, for example, in more deprived areas is higher than in more affluent communities.

The type of early years childcare is important in providing parents with a choice of setting between home-based care and group care. Childminders also often provide the only option for parents working unusual or flexible hours. In Flintshire, childminders provide a minimum level of daycare provision in most areas of the County, but in a number of areas there are none, or very few. In general, there are far fewer childminders across the northern part of the County.

Childcare for babies is limited with few vacancies with childminders or in day nurseries.

Care for school aged children in Flintshire is provided by out of school clubs, schools, some day nurseries and childminders. In total, there were 1,850 school aged childcare places in Flintshire in December 2013 providing 10 places per 100 children in the population (aged 5 to 14). This compares with 6.7 places per 100 children across Wales. In 2013, Flintshire had the fourth highest amount of school aged childcare in Wales.

Before school care is mainly delivered in schools where it is estimated that 74 out of the 95 schools in Flintshire are served by either before-school childcare or a free breakfast club.

After school care in Flintshire is provided by 48 registered out of school settings, along with a small number of day nurseries and 132 childminders. The majority of care is delivered by out of school clubs attached to a particular school, but there are a small number of clubs and day nurseries that provide transport or 'walking buses' from more than one school.

There are 48 registered after school providers in Flintshire and of the 95 schools in the County, only 14 schools are located more than 1km away from an after school club. However, while some schools may be served by a distant club providing transport, this is not generally a sustainable option and schools of any significant size should consider how they can meet the needs of their communities through developing after school care as part of the Out of School Childcare initiative. For small schools in rural

areas, sustaining an out of school club may not be possible. Here, close links with local childminders could provide parents with a coordinated service.

While most schools in Flintshire are served by an after school club, many parents said that there were not enough places available when they needed them in some clubs. Details of vacancies gathered through the provider's survey of indicated that after school clubs were reporting occupancy levels of 75%-100%. The vast majority of out of school care is focused on children of primary school age and many providers exclude older children as most clubs admissions policies make the intake exclusive to the school in which it is based. Only 8 after school clubs cater for children over the age of 11.

There were 19 separate settings recorded by Flintshire FIS providing holiday care to school aged children in 2008. They were run by a mixture of day nurseries, out of school clubs, schools and voluntary organisations. In addition, there two open-access playschemes registered with CSSIW. While this setting may be used by some parents as childcare, it is not included in the out of school holiday childcare figures.

There were 574 places recorded as being available in holiday schemes alongside 144 childminder places usually taken up by school aged children. This works out as 1 holiday place for every 33 children aged 5 to 14 years in Flintshire. The amount of holiday care is low across most of the County and not all settings are open across all school holidays.

Sessional care is daycare that is provided for a continuous period of less than four hours. It is used primarily to provide pre-school playgroup or cylch meithrin services to children aged 2 to 4 years of age, for sessions of 2 ½ to 3 hours at a time.

In Flintshire there were 43 sessional care providers in 2013. Together they were recorded as having 1,044 registered places between them. As some settings offer two sessions per day, a further 246 places could be added to this total. Eleven settings were recorded as providing an extended service that 'wraps around' the sessional place or a school nursery place to match the school day. In most cases, these places match the school day and operate only during term-time, yet they are likely to be meeting the needs of a number of working parents.

Flintshire has a good spread of sessional care provision with sessional or sessional and wrap-around services in all areas. Set against the population of 3 and 4 year old children in Flintshire, there were 46

sessional places available for every 100 children aged 3 and 4 years of age.

Along with 19 maintained schools, 37 sessional care providers and 19 day nurseries, 5 childminders provide free early education to 3 year old children, and in Flying Start target areas, free places for 2 year olds. The type of setting in which children receive their early education is important in providing working parents with a choice of sessional care; sessional care combined with other care such as a childminder; or an integrated package of care as provided by day nurseries and Playgroup Plus / Meithrin + settings.

Childcare provision for disabled children in Flintshire is provided by mainstream childcare settings along with two specialist holiday schemes operated in partnership by Action for Children and the specialist schools. While the majority of childcare providers said that they would make efforts to accommodate children with disabilities who wanted to use their services, in practice, it would seem from the evidence that disabled children are not taking up childcare places in proportion to their population. In order to address this concern a specialist post of Childcare Brokerage Officer has been developed jointly with Wrexham FIS to support families with a child with a disability to access childcare.

Childcare providers in Flintshire have a range of services for which they charge differing amounts. The average (median) hourly amount that parents paid for childcare in 2013 was £5.39 per hour. Prices for childcare in Flintshire would seem to be broadly in line with the rest of Wales, although there are some isolated differences.

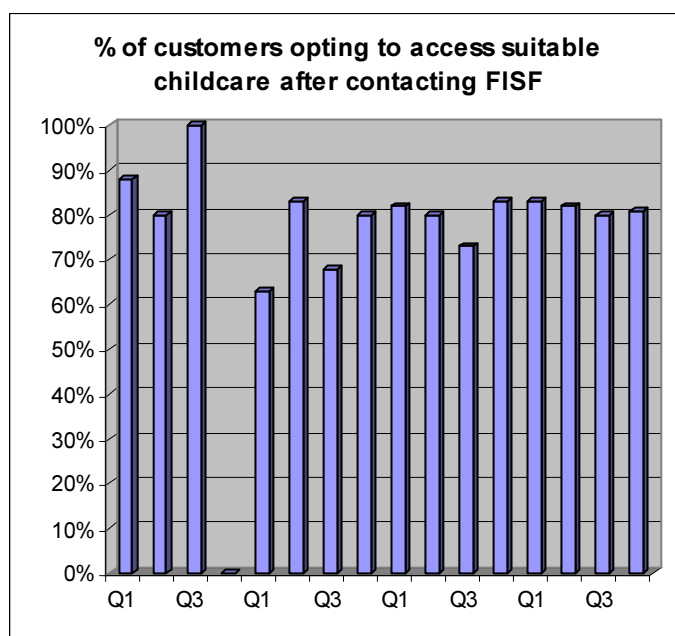
Just over 20% of the childcare providers surveyed in 2013 were planning to increase their fees in the coming year. Of those planning increases, the average price rise was approximately 3%. How providers charge for childcare can have a bearing on its accessibility to parents. In Flintshire, 48% of providers charge for their services in advance; 26% charge in arrears while the same number are flexible. Whilst it is good business practice to charge in advance, it can make accessing childcare more difficult for some parents. A third of childcare providers in Flintshire also ask for deposits from parents before they start using their services. This can range from a £5 registration fee to use a Cylch Meithrin to a £600 deposit to secure full daycare places in a nursery.

Overall, the majority of childcare providers in Flintshire class themselves as *English Medium*. Only 4% are Welsh medium with a further 2% being *Welsh and English* and 2% *Bilingual*. The largest proportion of *Welsh*

medium childcare is delivered by Mudiad Meithrin, providing sessional and wrap around care. In total, only 10% of childcare places are available through the medium of Welsh or bilingually. This is set against a Welsh speaking population of around 14% of all Flintshire residents. Welsh medium childcare is also only available in 5 out of 20 areas of the County.

Childcare information is supplied by Flintshire Family Information Service who operate a website, personal and telephone enquiry service to parents looking for childcare and information about a wide range of services to assist families. Of the 26,000 or so enquiries for childcare information made in 2013-2014, a consistently high percentage were assisted in making a positive choice about accessing childcare.

Figure 4: Customers accessing childcare after gaining information from FIS.



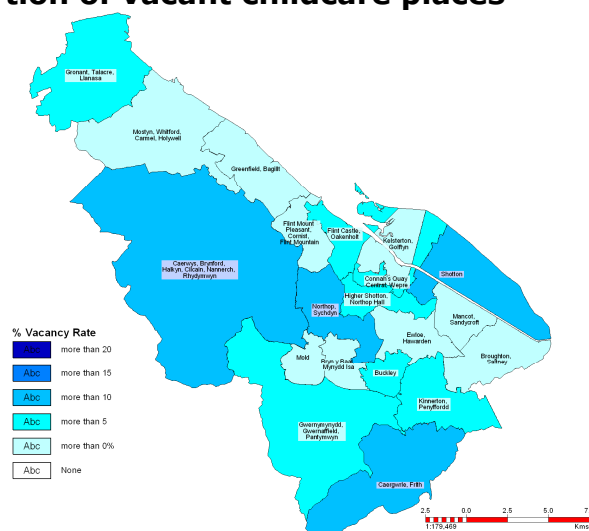
Childcare: Demand

To establish sufficiency, an assessment needs to be made of the demand for childcare by parents that will enable them to remain in, or enter, work.

An indication of unmet demand can be made from the number of vacancies available in settings, by type, across the area. Where there are high levels of vacancies, there may be low demand. Alternatively, settings with less than 15% spare capacity are likely to find it difficult to take many more children. Within an open market, this should indicate high demand and either sufficiency, or some unmet demand.

In December 2013, 11% of all childcare places recorded in Flintshire were vacant. While over half of all childcare providers had at least one vacancy, only 15% had a vacancy for a full-time place. Across the areas of the County vacancy rates ranged from 3% to 15%. Compared with vacancy rates in other authorities, Flintshire had very little spare childcare capacity in 2013. While this means that settings should be operating efficiently and sustainably, parents may not be able to access their preferred childcare service.

Figure 5: Proportion of vacant childcare places



The volume of enquiries that childcare providers receive is a further indication of demand for childcare services. In 2013, out of the 31 providers surveyed, 20% of providers said that they had received more enquiries for their services over the past 12 months; 28% said levels had not changed; while 24% said that demand was falling. There were some differences by sector, with more childminders reporting a drop in enquiries as opposed to other sectors where more than half reported an increase in demand. In total, 7 out of the 20 areas in Flintshire reported a net increase in demand for childcare. No areas reported an overall drop in

demand. The overall picture, would suggest that there is a healthy demand for all types of childcare provision in Flintshire.

Parents in Flintshire have some strong views about the availability, affordability and accessibility of childcare. Their opinions provide a good indication of demand for childcare by area, and by type. Due to a very low number (63) parents responded to the parent childcare survey, it is not statistically significant so cannot be used to conclude that their views are representative of parents across the County.

The survey found that 67% of parents of children aged 0 to 14 in Flintshire regularly use childcare. Relatives or friends provide the most frequently used childcare option with 17% of parents taking this option. Formal childcare is used by 50.3% of parents in Flintshire.

Overall, 92% of parents who expressed an opinion, said that they were satisfied with their current childcare arrangements. The most satisfied were parents using childminders, day nurseries and out of school clubs where there was over 90% satisfaction. Interestingly, there was a lower rate of satisfaction with current arrangements by parents using informal childcare suggesting that care by friends and relatives was not their first choice but was perhaps their only option.

Barriers to childcare use fall under a number of common themes: accessibility; availability; affordability; lack of information; and a lack of services catering for specific needs.

Nearly a third (33%) of all parents surveyed who gave an opinion, said that there is a good choice of local childcare. In many cases parents said that there was not a good range of services that catered for different situations and different age groups. In particular, out of school care was not sufficient to meet their needs – particularly during school holidays. By area, responses showed that in general, parents in the rural and outlying areas of the County felt that they had the least choice in childcare provision.

Some parents choose informal care because they prefer and trust their relatives. For others, it is the last resort and many parents clearly would prefer to use formal care if it were accessible and they could (or would) pay for it.

Supply data shows that childcare is not spread evenly across the County with childcare provision accessible in some areas but not in others. 45% of parents responding to the question said that they agreed that childcare was available locally where they needed it, but 38% of parents disagreed. In the *Gronant, Talacre, Llanasa* and *Broughton, Saltney* areas, a majority of parents said that the childcare they needed was not accessible to them.

The lack of appropriate childcare for older children (of secondary school age) was an issue that a large number of parents (over 10% of all comments) were concerned about.

A majority of parents say that childcare was not available when they need it. Many parents said that childcare was not available to enable them to work shifts; was not available outside 'normal' working hours; and was not available at the times of the year they required it.

Over 12% of survey respondents and 18% of working parents said that they worked shifts or unusual hours. This is higher than was found in other areas of Wales. In some areas, over 35% of parents work a-typical hours.

While those working rotating shifts clearly find it most difficult to access childcare, parents having an early or later than usual start to the working day also find it difficult.

While 38% of parents who were surveyed said that they could afford to pay for childcare, 43% said that they couldn't. As would be expected, those with higher incomes find childcare most affordable, while families with low incomes find it much more difficult.

Parents with low incomes, or low earning potential are also discouraged from using childcare by the reality – or the perception - that their salary would not, or would only just cover their childcare costs. Lone parents said that there was no incentive for them to work because they feel that as soon as they work more, or receive any maintenance, the same amount is taken away from their benefits.

Some of the parents who were interviewed said that it was difficult to find out about childcare, and support for childcare costs. Those parents

engaged with agencies usually had more information, but in general parents would like better information with which they can make informed decisions.

Of parents that use formal childcare 53% think that the quality of childcare locally is high, while 22% said that it was not. While the number of comments about poor quality of childcare was limited, some parents who use formal childcare raised some specific issues around the quality of care.

The parent survey suggests that there is some unmet demand for additional Welsh Medium childcare provision in Flintshire. 23% of parents in Flintshire – representing 6,000 children – said that there was not enough Welsh medium childcare. Those that highlighted a lack of Welsh medium services were most likely to be in the northern areas of the County, and *Shotton* and *Kinnerton, Penyffordd*.

Parents would clearly like to see some choice of Welsh Medium childcare of all types – including day nursery care, all types of out of school care and particularly holiday care.

Survey data shows how childcare use by families with disabled children differs from other families. Disabled children are less likely to be in day nurseries, with childminders, in out of school childcare or even cared for by family or friends. A far higher proportion of families with disabled children do not access childcare outside of the home.

While parents of disabled children had the same concerns as any others, their difficulties were often compounded by a lack of information, trust and flexibility.

Some parents of disabled children require help with asking for help. They are not sure what they are entitled to and struggle to cope with their everyday situation. This impacts on the children themselves who need to socialise with other children when not at school. For parents of young disabled children, childcare in day nurseries is possible but very expensive. Some parents have given up their former employment to look after their disabled child when they are very young, perhaps taking up more local, less well paid / low skill part time hours when the child reaches school age. Even then, there are significant barriers for many in accessing out of school care – both during term-time and in school holidays.

Parents of disabled children can themselves feel isolated as carers. In families where there are siblings, it can be very difficult for the parent to

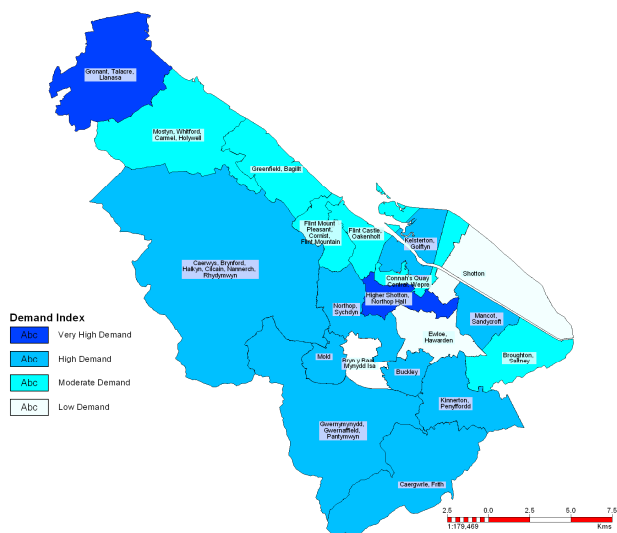
take them out on excursions during holidays, when one child is disabled / has behavioural problems. This can result in the whole family being confined to the home.

Employers contacted for this assessment reported that staff recruitment and retention is generally not an issue in Flintshire area, and does not seem to be affected by any shortage of childcare provision. However, employers are increasingly aware of childcare as an issue with many larger employers engaged through the provision of childcare vouchers. There is an opportunity for the childcare sector to utilise this new interest to build mutually beneficial relationships. The local authority has a key role in facilitating this.

Statistical Evidence of Demand

In making a full assessment of demand, parents’ needs must to be taken in context alongside an analysis of social and economic data. This is particularly important in making an assessment of whether additional childcare is likely to be sustainable. The following map is based on a range of data including parental demand; vacancies and a range of other data to suggest where demand for childcare in Flintshire is likely to be highest.

Figure 6:Childcare Demand Index Map



Market Analysis

The evidence collected for the Childcare Sufficiency Assessment highlights many issues regarding the supply of childcare and the demand for childcare places in Flintshire.

Geographical Gaps

Relating the supply of childcare to demand is a complex calculation that involves many variables. The most obvious method of identifying childcare gaps geographically, is to examine current levels of provision in different areas and plan to 'bridge the gap' between the current level of provision and the average number of childcare places by type across the County.

In total, this would require 501 new daycare places (with day nurseries or childminders) to be created along with 435 term-time out of school places and 198 holiday scheme places. The total number of new places in each area are set out below:

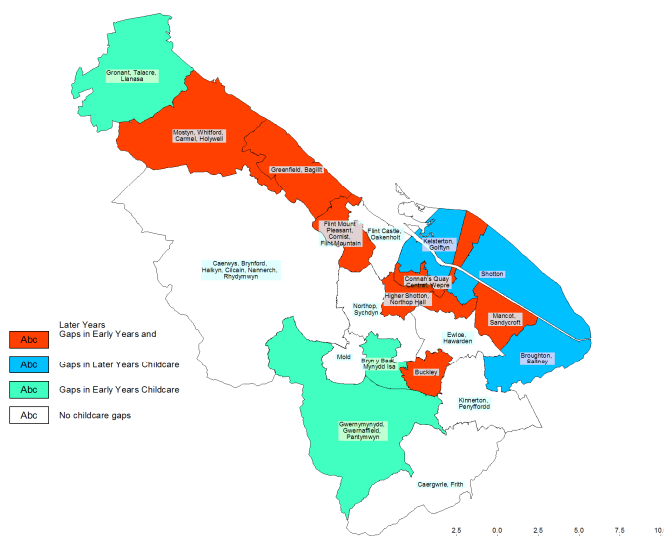
Figure 7: Childcare gaps based on average levels of provision

Area	Additional Daycare Places	Additional After School Places	Additional Holiday Places
Gronant, Talacre, Llanasa	40	0	0
Holywell	52	51	24
Greenfield, Bagillt	62	8	0
Flint Castle, Oakenholt	0	0	0
Cornist, Flint Mountain	65	59	27
Cilcain, Nannerch,	0	0	0
Kelsterton, Golfryn	0	33	0
Wepre	31	27	0
Shotton	0	65	27
Higher Shotton, Northop Hall	52	42	21
Mancot, Sandycroft	46	42	20
Northop, Sychdyn	0	0	15
Ewloe, Hawarden	0	0	0
Bryn y Baal, Mynydd Isa	46	0	16
Broughton, Saltney	0	58	0
Mold	0	0	0
Buckley	56	42	0
Kinnerton, Penyffordd	0	0	15
Gwernaffield, Pantymwyn	15	0	20
Caergwle, Frith	35	9	12

Filling the gaps identified through developing new childcare places would result in a minimum level of provision being available in all areas of Flintshire and there is some evidence from the levels of vacancies in current settings and in consultation with parents, that there is demand in some of the areas highlighted for childcare services to fill these gaps. In particular, comparing maps of where parents are least satisfied with the accessibility of childcare and the map above, shows up particular areas

such as Talacre, Mostyn, and Saltney as having childcare gaps and parents saying that childcare is inaccessible.

Figure 8: Childcare gaps based on average levels of provision



However, the analysis fails to take into account the range of demand evidence – such as vacancies - and also the need for childcare to be sustainable. Local issues such as the rural nature of areas of the County, and deprivation in other areas means that it is highly unlikely that the amount of new provision needed to make things equal, would be practical. For example, it is unlikely that nearly 150 new childcare places in the *Flint Mount Pleasant, Cornist, Flint Mountain* area would be sustainable given the amount of childcare available in the neighbouring Flint Castle, Oakenholt area. In the Mostyn, Whitford, Carmel, Holywell area, the childcare gap is 128 places, yet a higher than average unemployment and poverty may make this number of places difficult to sustain in the short term.

To identify areas of Flintshire where childcare is both needed and would be easily sustainable, the gaps in current provision need to be placed within the context of the Demand Index as set out in *Section 6*.

The following table combines a range of data to summarise the local childcare supply and demand situation in each area of Flintshire. While this may provide some guidance in developing strategy, further local context will need to be sought prior to any new development of childcare places.

Figure 9: Supply & Demand Analysis by Area

Area	Early Years Care Supply Level	Out of School Care Supply Level	Demand Level
Gronant, Talacre, Llanasa	low	high	high
Mostyn, Whitford, Carmel, Holywell	low	low	low
Greenfield, Bagillt	low	low	low
Flint Castle, Oakenholt	high	high	low
Flint Mount Pleasant, Cornist, Flint Mountain	low	low	low
Caerwys, Brynford, Halkyn, Cilcain, Nannerch, Rhydymwyn	high	high	high
Kelsteron, Golftyn	high	low	high
Connah's Quay Central and Wepre	low	low	low
Shotton	high	low	low
Higher Shotton, Northop Hall	low	low	high
Mancot, Sandycroft	low	low	high
Northop, Sychdyn	high	high	high
Ewloe, Hawarden	high	high	low
Bryn y Baal, Mynydd Isa	low	high	high
Broughton, Saltney	high	low	low
Mold	high	high	high
Buckley	low	low	high
Kinnerton, Penyffordd	high	high	high
Gwernymynydd, Gwernafield, Pantymwyn	low	low	high
Caergwle, Frith	low	low	low

Areas with **low** supply and **high** demand are those where development of more childcare is needed and should be sustainable (eg. *Higher Shotton, Northop Hall / Mancot, Sandycroft / Buckley / Gwernymynydd, Gwernafield, Pantymwyn*)

Areas with **low** supply and **low** demand are those where it is unlikely that the market will develop childcare places. The needs of these communities may be being served by provision in neighbouring areas. Where they are not, to increase childcare supply intervention in the market is likely to be required to stimulate more demand (eg. *Mostyn, Whitford, Carmel, Holywell / Flint Mount Pleasant, Cornist, Flint Mountain / Caergwle, Frith*)

Areas with **high** supply and **high** demand are those where the market is most likely to be functioning and market forces will meet supply with little further intervention (eg. *Caerwys, Brynford, Halkyn, Cilcain, Nannerch, Rhydymwyn / Northop, Sychdyn / Mold / Kinnerton, Penyffordd*)

Area with **high** supply and **low** demand are likely to have a sufficiency of childcare. It is possible that there could be an over-supply in these areas (eg. *Flint Castle, Oakenholt / Ewloe, Hawarden*) or that the supply in these areas is meeting demand elsewhere.

Type Gaps

Taking the average number of places by each type of childcare provision, the following table shows the number of additional places required of each type, in each area, to bring it up to the average level of provision for Flintshire.

Figure 10: Childcare Gaps by Type and Area

Area	Childminder Place Gap	Day Nursery Place Gap	Sessional Care Gap	Out of School Club Gap	Holiday Scheme Place Gap
Gronant, Talacre, Llanasa	7	34	0	0	0
Mostyn, Whitford, Carmel, Holywell	14	42	0	45	24
Greenfield, Bagillt	27	38	0	0	0
Flint Castle, Oakenholt	0	0	0	0	0
Flint Mount Pleasant, Cornist, Flint Mountain	21	48	26	51	27
Caerwys, Brynford, Halkyn, Cilcain, Nannerch, Rhydymwyn	0	0	0	0	0
Kelsterton, Golftyn	4	0	0	31	0
Connah's Quay Central and Wepre	0	53	39	40	0
Shotton	1	0	0	64	27
Higher Shotton, Northop Hall	0	50	24	41	21
Mancot, Sandycroft	13	36	22	37	20
Northop, Sychdyn	0	0	2	0	15
Ewloe, Hawarden	0	0	20	0	0
Bryn y Baal, Mynydd Isa	0	48	0	0	16
Broughton, Saltney	0	0	17	59	0
Mold	19	0	0	0	0
Buckley	0	60	14	47	0
Kinnerton, Penyffordd	0	0	1	0	15
Gwernymynydd, Gwernafield, Pantymwyn	0	14	0	0	20
Caergwrie, Frith	0	39	20	12	12
Total	106	462	185	427	198

While this information may be useful in identifying areas where theoretical gaps exist, as with the broader analysis of childcare gaps, there may not be demand for these services, and a local analysis may indicate that needs are being met in adjacent areas.

Income Gaps

Compared with Wales as a whole, childcare in Flintshire is no more expensive yet, family incomes are slightly higher than the average. This suggests that childcare should be more affordable to more families. Yet higher than average levels of working mean that for many families childcare is more of a necessity.

Around 16% of families in Flintshire have earnings that take them beyond the limits for Child Tax Credit support and therefore, should be able to afford to pay for childcare out of their earnings.

The majority of families in Flintshire are in middle-income bands with two working parents and using formal childcare. Around half of these families (mainly at the lower end of the middle-incomes bracket) said that they could not afford to pay for childcare, yet had to support their work. Some

said that it was a marginal decision whether or not it was worthwhile both partners going out to work. These parents should be getting support through tax credits, but evidence suggests that many do not bother to apply, or are not aware of the benefits. This group of parents are probably the most vulnerable to rises in childcare prices, or adverse economic conditions.

For other families in Flintshire, formal childcare is perceived - and often is - unaffordable. These are parents whose purchasing power is limited either because they do not work, their work is low-paid and part-time, or because they work longer hours in multiple jobs, the childcare element of the Working Tax Credit is insufficient to meet their childcare needs, or because they do not access the tax credit system through lack of trust. When they are in work, these parents are more likely to be using informal childcare. If they do not have relatives locally who can provide this, some choose not to work. However, if given the right support and information, some parents in these situations would be able to pay for childcare.

Given the data collected on childcare costs in *Section 5* set against information regarding incomes from *Section 4*, a number of examples can be constructed that illustrate the affordability of childcare in Flintshire.

Example 1: The average Flintshire family with two pre-school children

For the average Flintshire family, with one parent working full-time and the other working part-time (average net weekly income of £586.86 plus £86.42 in Tax Credits) with two pre-school children in part-time daycare (£146) would be spending 21.6% of their family income on childcare.

If they did not claim WTC, childcare would take up nearly 25% of their income.

Example 2: A lone parent with one pre-school child

For a female lone parent working full time will take home on average £363.40 per week plus £131.14 tax credit. Childcare will cost on average £146 per week representing 29.5% of her income.

If she did not claim WTC, childcare would take up 40% of her income.

Example 3: A low-income two-parent family with two school-aged children

For a family, with one parent working full-time and the other working part-time (both earning minimum wage) with two school-aged children using part-time out of school and holiday care costing on average £48 a week would spend 7% of their family income on childcare.

Example 4: A low-paid lone parent with one school-aged child

For a female lone parent working full time earning on minimum wage of £188.66 per week plus £147.09 tax credit. Out of school care will cost on average £39.98 per week during term-time and £85.15 during holidays representing 14% of her income.

It is clear that the proportion of family income spent on childcare is far greater when children require early-years care. Childcare costs as a proportion of family income are also greater for lone parents than couples.

Whether or not childcare is affordable will depend on a range of other factors – including housing and other household costs, as well as individual perceptions of what people find affordable.

To enable more parents to use childcare in Flintshire, strategies are needed that tackle both affordability for parents on low incomes and increase accessibility for parents who can afford childcare but have no access to it. The lack of vacancies for many services – and out of school care in particular - is also a factor that makes it difficult for parents to match work and childcare commitments.

The low level of tax credit take-up is likely to be a factor in the affordability of childcare. If more parents took up their entitlement, the childcare sector and the economy as a whole would benefit.

Specific Needs Gaps

All the evidence suggests that disabled children are not taking up childcare places in proportion to their population, with the parents of disabled children facing additional barriers in accessing childcare. A complicating factor is that the parents of disabled children would often like childcare for respite and social reasons rather than to support work, which takes the responsibility to assure sufficiency away from the Council's statutory duty under the Childcare Act. However, there is some evidence from schemes that have supported disabled children to access childcare (eg. in Oxfordshire) that once they have settled in a childcare setting, their parents often recognise the opportunities that this brings and then feel confident enough to access work or training.

While some parents would prefer additional specialist provision for disabled children, increased accessibility to mainstream services is the main issue that needs to be addressed. However, accessibility to services is also limited by a general lack of spare childcare capacity in Flintshire that affects all parents, but is likely to exacerbate the situation for parents of disabled children.

The gaps in provision for disabled children are often greater as they get older. For many disabled children, developmental differences with their peers become greater and childcare provision becomes less age-appropriate. For disabled children in secondary education, there is no provision that is likely to be able to meet their needs.

Time Gaps

While some group care providers offer longer hours than many across Wales (eg. there is some day nursery, out of school and holiday provision that offers 7am to 7pm), the majority of childcare available in Flintshire operates within fairly 'standard' hours despite the fact that a large proportion of parents work shifts or unusual hours.

Care to cater for parents working unusual hours, shifts, weekends and overnight is available in Flintshire with a small number of childminders. The ability for childminders to provide this service is an important reason to value and nurture a diversity of childcare provision.

It would be helpful for all childcare providers to regularly review their hours in consultation with their customers.

Language Gaps

Taking the estimate of 13.2% Welsh speakers in Flintshire set against the 5% of childcare places currently available in the County through the medium of Welsh or bi-lingually, an additional 488 Welsh medium childcare places would be needed to ensure that all Welsh speaking families had access to Welsh medium or bi-lingual childcare in the same proportion as the English speaking population. Given that Welsh-medium childcare is limited to a small number of Cylch Meithrin, there are likely to be gaps in Welsh-medium or bi-lingual childcare in all types of childcare and most areas of Flintshire.

Age Gaps

2 and under

There is a limited supply of childcare places for this age group and few vacancies for babies, suggesting that more provision could be sustained. However, there were very few comments from parents with children in this age-group to suggest that there is a critical shortage. Most parents seem to recognise that supply is limited and therefore booking their place in advance is critical. The increase in maternity leave entitlement has reduced demand for provision for 6month-12 month old babies.

3 and 4 year olds

Most three and four year old children are in receipt of funded early education places in schools and 'approved' settings, for which there seems to be plenty of supply. An amount of wrap-around care is available in both day nurseries and in playgroup plus / Meithrin +settings. Nonetheless, provision is not universal and there would seem to be limited vacancies indicating unmet demand. More wrap-around care could provide parents of three and four year olds with more choice and flexibility to be able to work. As four year olds enter reception classes they are often using out of school clubs, where there are some issues around supply, and a small number of out of school clubs that have higher age-limits.

5, 6, 7 and 8 year olds

Although Flintshire has a high level of out of school care compared with other authorities, provision is not universal and there would seem to be a number of parents who would like to see more provision, particularly at the schools not currently served by an out school club. In addition, there is a shortage of places in clubs that was highlighted by parents and reinforced by vacancy data.

Holiday care is unavailable in many parts of the County and the number of places available is very limited. There would seem to be a considerable amount of unmet demand expressed by parents for more holiday provision however the existing provision of holiday care reports a reduction in demand and issues of sustainability...

8, 9 & 10 year olds

There is no evidence of any significant difference in the availability of childcare for this age-group that for 5 to 8 year olds, with most out of school care catering for the entire primary-school age-group. However, use of out of school clubs was found to decrease, as children got older. Some parents commented on the quality of some out of school clubs in catering for older primary school children. The appropriateness of provision may be a factor in take-up of places for this age-group.

11 to 14 year olds

As parents increasingly rely on good quality school aged childcare for their children in primary schools, many working parents are unhappy about children being left to go home alone at the end of the school day. Appropriate provision for older children is needed in or around secondary schools during term time and during school holidays. This will become more important in light of planned changes to the benefits system.

Parents are no longer be able to claim Income Support solely on the grounds of being a lone parent. From October 2009 this was extended to parents with a youngest child aged 10 and then from aged 7 or over from October 2010. The Welfare Reform impacts are starting to be felt locally and Shotton is a pilot area for Universal Credit.

Disabled children aged 15 to 17

There is no specific provision, apart from holiday care, available for this age-group of disabled children in Flintshire, and with a limited number of places advertising for children over 11 years of age, childcare for disabled young people aged 15 to 17 is likely to be very limited. While it is possible that should an older disabled young person require a place in an out of school club, they could be accommodated with the right support, for some disabled children, their developmental age might be a barrier in choosing an appropriate setting.

Recommendations

Given the local authorities role in managing the childcare market the following recommendations should be followed to bridge current supply and demand gaps.

Pre-School Childcare

While Flintshire has higher than average levels of childcare for pre-school children, there are a some areas where further development could take place and would be sustainable as indicated by a high demand for services in, for example, the *Talacre, Llanasa / Higher Shotton, Northop Hall / Mancot, Sandycroft / Bryn y Baal, Mynydd Isa / Buckley and Gwernymynydd, Gwernaffield, Pantymwyn* areas. The role of the local authority should be to oversee the operation of the market here through encouraging new group care, and targeting recruitment of childminders, but it should not need to intervene.

In areas where there are low levels of Pre-school Childcare but there is low demand, it is unlikely that additional provision would be sustainable in the short-term. This is true in areas such as *Flint Mount Pleasant, Cornist, Flint Mountain* where there is significant provision in the adjacent area. In the most deprived areas of Flintshire – *Shotton and Flint Castle, Oakenholt*, there is already a high level of early years provision that should be enabling parents to train or work and therefore have an impact on child poverty. However, there are more deprived areas of the County – notably *Greenfield, Bagillt and Mancot, Sandycroft* where supply levels are very low. If provision could be encouraged to develop in these areas (through for example, short-term incentives) it would break down barriers that currently restrict parents' ability to work. In the *Greenfield and Bagillt areas* in particular, the lone parent rate is much higher than the County average and therefore more parents are likely to need childcare support to become economically active.

Childminders in Flintshire provide the backbone of childcare provision for all ages but are the most vulnerable to new group-care developments. They also provide a range of more flexible childcare for parents working unusual hours. The local authority needs to carefully monitor their numbers and should continue to promote childminding services to parents to retain this core level of flexible childcare provision.

Appropriately trained and resourced childminders could also provide the key to enabling more parents of disabled children to access childcare.

Early Years Education

There would seem to be plenty early years education provision to meet existing demand in Flintshire and overall, parents and carers are satisfied with the quality of provision. There is no case for developing any significant number of new places other than to provide parents with more choice in some areas, and more choice of early education and childcare provision that meets the needs of working parents though wrap-around care.

School-aged Childcare

The focus on developing after and before school services should be firstly, around filling the small number of gaps in provision to ensure that all primary schools in Flintshire are adequately served by an out of school club. In many cases this can be achieved as part of Out of School Childcare Programme. Secondly, vacancy levels need to be monitored and where there is insufficient space to meet local needs, the development of additional places should be encouraged.

There is growing demand for the development of specific services for children of secondary school age that also needs to be addressed as part of Out of School Childcare Programme. The appropriateness of care provided needs to be examined to ensure that it is meeting the needs of older children and young people. To this end, young people should be engaged alongside their parents to establish how their needs can be met.

Levels of holiday provision are very low in Flintshire with considerable unmet demand expressed by parents across the County. Only a small number of after school clubs currently offer holiday care and these could be encouraged to work together in clusters to develop larger, more sustainable holiday schemes.

The development of specialist childcare for school-aged disabled children should be supported as well as improving information, training and advice to mainstream out of school clubs to enable them to become more accessible to disabled children and young people.

Flexible Childcare

All childcare providers need to be encouraged to examine the flexibility of their services to meet the needs of parents. Childcare providers in general need to become more customer focused and talk to parents who use their services (and those that don't).

While there are parents who work shifts, weekends and other unusual hours, there are probably not enough of them wanting childcare at the same times to sustain new or extended provision. However, childminders currently provide a range of flexible services that could meet the needs of some parents, but this is not always known by parents.

Information

The profile of Flintshire Family Information Service should continue to be publicised to promote information for parents with which they can make educated choices about childcare. Accessible, accurate information is the key in enabling parents to use childcare that in turn will sustain existing services and stimulate new demand.

A coordinated approach delivered in harmony by a range of agencies (covering childcare, housing, debt advice, Job Centre Plus etc.) is needed to provide parents in hard-to-reach and marginalised groups with information that enables them to overcome the barriers to finding and remaining in work. The Novus/Quest Project has been active in taking this approach, but method needs to be mainstreamed beyond the life of the project. For migrant families, there is likely to be a need for childcare information to be made available in languages other than English or Welsh.

Employers in Flintshire would generally welcome a relationship with FIS and the ability to provide information to their employees or signpost employees to the helpline.

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Flintshire Family Information Service will need to examine the way in which data is collected and held to fulfil the on-going duty to undertake a Childcare Sufficiency Assessment. In particular, information on childcare that is not registered but requires inclusion in the Sufficiency Assessment should be gathered and category definitions need examination to account for new services, such as 'playgroup plus / cylch plws'. The categorisation of 'services' rather than 'settings' is would help in the sufficiency analysis.

Sustainability

Because most existing childcare in Flintshire should be sustainable through market forces, local authority intervention and funding to the sector needs to be focused on supporting existing high quality provision to attain sustainable occupancy rates, while recruiting new providers (mainly childminders) to cover natural wastage (the recruitment and retention of

flexible childminders is critical as this is the only option for parents working unusual hours).

Where new services need to be developed to fill gaps identified in this report, in most cases the local authority's role will be in supporting market-led developments. In areas where the market is not functioning, the Council will need to support developing provision as part of Community Focused Schools, Flying Start and Integrated Centre developments.

The sustainability of all childcare provision in Flintshire would be helped by the provision of better support and advice to parents on accessing financial support for childcare, including the childcare element of the Working Tax Credit.

Welsh Medium Childcare

There is clearly unmet demand alongside limited supply of Welsh medium childcare in Flintshire. There is limited access to both pre-school and school-age Welsh medium childcare. The local authority should encourage new Welsh medium childcare places to be developed to meet what seems to be a demand from not only Welsh speaking parents, but from a wide range of families.

In some areas, parents would like to see more choice of Welsh medium childcare, but additional childcare places are not always needed. There is a danger of unsustainable competition for a limited number of children if parallel Welsh and English medium settings are created in areas where there is no significant demand for additional childcare. This would lead to sustainability problems for both. This could be avoided if more Welsh-medium or bi-lingual childcare options for parents were developed within existing settings, and more Welsh speaking childminders were recruited.

Whereas to date, the local authority has supported Welsh medium *settings*, resources should be re-configured to provide support for Welsh medium *places* in a wider range of childcare settings alongside general Welsh language support accessible to all providers.

Views of Children and Young People

Children and young people reported that they mainly go to childcare because their parents are working. The main messages from the consultation indicated a need to improve access to outside play provision and to encouraging the workers to engage in more outdoor activity with the children.

The Role of the Local Authority

The duties on Flintshire County Council to manage the local childcare market need to be taken seriously and resourced appropriately. Childcare should be recognised as a crosscutting issue that benefits the wider economy and community as much as individual children and families.

This assessment of sufficiency suggests that the childcare market is functioning adequately across much of the County in meeting the needs of most working parents. However, there are areas where there are shortfalls in the volume or type of childcare. Here, childcare is insufficient to meet not only the demands of working parents, but also insufficient to break down the barriers to work or training that a lack of childcare creates for families not in work.

In the majority of areas, the role of the Authority should be in monitoring levels of supply against changing demand; providing information; and ensuring high levels of quality. Additional resources are needed to target hard-to-reach groups of parents who need intensive support, or specific areas where the market is not functioning. This could make a dramatic difference to families and their ability to participate and contribute to the local economy, and to raise children out of poverty.

Information Sources

The most recent data available has been used throughout this assessment and we acknowledge that this may not be as current as we would wish. However data collected will be revised and updated annually to be included in the annual review of this Childcare Sufficiency Assessment.

Information sources include:

Reports resulting from:

Parents Consultation

Childcare Provider's Consultation

Employer's Consultation

Children and Young People's Consultation

Infobase Flintshire

Flintshire Family Information Service

Daycare Trust

Welsh Index of Multiple Deprivation Child Index 2008

Census 2011

Office for National Statistics: Mid year population estimates

Office for National Statistics: NOMIS

Office for National Statistics: Neighbourhood Statistics

Flintshire Childcare Sufficiency Assessment 2014

Local Government Data Unit Wales: Infobase Cymru

Job Centre Plus

Care and Social Services Inspectorate for Wales

HM Revenue and Customs: Child and Working Tax Credit

Statistics

Department for Work and Pensions

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