

# Public Document Pack



Contact Officer:  
Maureen Potter 01352 702322  
maureen.potter@flintshire.gov.uk

To: Cllr Carol Ellis (Chair)

Councillors: Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, David Healey, Cindy Hinds, Hilary Isherwood, Brian Lloyd, Mike Lowe, Hilary McGill, Dave Mackie, Mike Reece, Ian Smith, Carolyn Thomas and David Wisinger

18 April 2016

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 11.00 am on Friday, 22nd April, 2016 in the Council Chamber, County Hall, Mold CH7 6NA to consider the following items.

**Members are asked to note the venue for the meeting.**

**PLEASE NOTE THE CHANGE OF TIME FOR THIS MEETING.**

## A G E N D A

### 1 **APOLOGIES**

**Purpose:** To receive any apologies.

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

**Purpose:** To receive any Declarations and advise Members accordingly.

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

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

### 4 **RESIDENTIAL CARE REVIEW** (Pages 9 - 48)

**Purpose:** To receive a report on the outcome of the Residential Care Review

5 **2015/16 Q3 IMPROVEMENT PLAN MONITORING (SOCIAL & HEALTH CARE)** (Pages 49 - 66)

Report of Environment and Social Care Overview and Scrutiny Facilitator -

**Purpose:** To enable Members to fulfil their scrutiny role in relation to performance monitoring.

6 **ROTA VISITS**

**Purpose:** To receive a verbal report from Members of the Committee.

7 **FORWARD WORK PROGRAMME (SOCIAL & HEALTH CARE)** (Pages 67 - 74)

**Purpose:** The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Peter Evans', with a long horizontal stroke extending to the right.

Peter Evans  
Democracy & Governance Manager

# Agenda Item 3

## **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** **3 MARCH 2016**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at County Hall, Mold on Thursday 3 March 2016

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

Councillors: Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, David Healey, Cindy Hinds, Mike Lowe, Hilary McGill, Dave Mackie, Mike Reece, and David Wisinger

**APOLOGIES:** Councillors: Hilary Isherwood, Brian Lloyd, and Ian Smith

### **CONTRIBUTORS:**

Cabinet Member for Social Services, Chief Officer (Social Services), Senior Manager Children's and Workforce Services, Children's Fieldwork Manager, and Senior Manager Integrated Services, Lead Adults

(for minute no.66) Mr. Rob Gifford, Care and Social Services Inspectorate Wales (Inspector CSSIW)

### **IN ATTENDANCE:**

Social & Health Overview and Scrutiny Facilitator and Committee Officer

## **61. DECLARATIONS OF INTEREST**

Councillor David Healey declared a personal interest in the following agenda item as he was a trustee of Home Start Flintshire.

Agenda item 6 – CSSIW Inspection of Children's Services in Flintshire Progress update

## **62. MINUTES**

- (i) The minutes of the meeting of the Committee held on 11 December 2015 had been circulated to Members with the agenda.
- (ii) The minutes of the meeting of the Committee held on 21 January 2016 had been circulated to Members with the agenda.

### **RESOLVED:**

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

## **63. ROTA VISITS**

The Facilitator advised that when the outstanding visits had been completed a new list would be circulated to Members.

**64. FORWARD WORK PROGRAMME**

The Social & Health Care Overview & Scrutiny Facilitator introduced the Forward Work Programme of the Committee. She advised that a meeting of the Committee had been arranged for 22 April 2016 to consider the issue facing the Council about residential care, specialist nursing and domiciliary care. The Chief Officer suggested that representatives from the independent sector be invited to attend. Councillor Hilary McGuill suggested that representation from the residential and nursing homes sector also be invited to attend.

The Facilitator advised that the next meeting of the Committee would be a joint meeting with the Education and Youth Overview & Scrutiny Committee to consider the following items:

- Corporate Parenting
- Educational Attainment of Looked After Children
- Safeguarding and Child Protection Report

**RESOLVED:**

That the Forward Work Programme be noted.

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

**RESOLVED**

That the press and public be excluded from the meeting for the following item as it was considered to contain exempt information by virtue of paragraph 15 of Part 4 of Schedule 12A of the Local Government Act 1972 (as amended).

**66. CSSIW INSPECTION OF CHILDREN'S SERVICES IN FLINTSHIRE PROGRESS UPDATE**

The Chief Officer (Social Services) introduced a report on the strategic action plan in relation to the CSSIW Inspection into Children's Fieldwork Services which was carried out during May and June 2015. He advised that the report also focussed on the referral process in operation within Children's Services and highlights referral sources and trends. The Chief Officer referred to the key areas that were subject to scrutiny in the CSSIW Inspection Report. As a result of the CSSIW Inspection recommendations were made to the Council which resulted in a robust action plan being implemented. A copy of the action plan was appended to the report and the Chief Officer reported that a number of the recommendations had been completed and actions were being worked through. The Chief Officer invited the Senior Manager Children's and Workforce Services to report on the key actions contained within the plan which are instrumental in securing significant achievement in taking forward the themes from the inspection.

Senior Manager Children's and Workforce Services reported on progress concerning the implementation of a revised structure in children's

Services, developing the approach to assessment and implementation of a quality assurance framework. He drew attention to the proposed operation structure for Fieldwork and Resources services which was appended to the report and explained that it was intended to have in place by April 2016 to meet implementation of the Social Services Well Being Act.

The Children's Fieldwork Manager reported on the measures taken to reduce re-referrals as detailed in the report and referred to changes in the "front door" process which was accessed by the public and other agencies to make referrals into the department. He also commented on changes around the Early Intervention Services which are now integrated into Children's Services with Team Around the Family and the Family Information Service forming a part of the referral process. He highlighted data in the report to demonstrate that the issue over repeat referrals is starting to diminish and advised that it was anticipated that there would be further reduction following work completed on a regional basis with North Wales Police to look at the Police notification forms to determine what information is provided. The Senior Manager Children's and Workforce Services referred to the potential to tap into resources in Education Services and advised that work was currently being undertaken to see what can be done to enhance work before it becomes a referral to social services.

The Chair thanked the Chief Officer and his team for their presentations and invited Members to raise questions.

Councillor David Healey welcomed how the change was being managed and applauded the improved continuity of social worker input as he had been aware of issues with continuity in the past. He also welcomed the increased focus on other agencies. He expressed concern regarding the intervention in the early years and sought assurances that if the bulk of referrals came in from one geographical area this would not mean that other areas were neglected. Councillor Healey also sought clarification regarding the involvement of third sector agencies in delivering early intervention strategies and asked if these were coordinated to avoid duplication. Officers responded to the questions and concerns raised and it was agreed that further information could be included within the report due to be presented to the joint meeting of Social & Health Care and Education & Youth Overview & Scrutiny Committee to be held on 24 March 2016 around the contribution of third sector agencies to early years services.

Councillor Hilary McGuill welcomed the report and asked whether the vacant manager post had been filled. She welcomed the restructure to the 'front door' and asked for clarification around how contacts would be recorded and at what stage Social Services would intervene. The Children's Fieldwork Manager confirmed that all contacts would be recorded on the system and that if 3 contacts were received a referral would be automatically generated.

Councillor Hilary McGuill expressed the view that more support mechanisms were needed to support children leaving care and suggested that more feedback should be obtained from children who are care leavers to ensure robustness of the systems in place. She emphasised the responsibilities of Councillors as Corporate Parents in ensuring the best

possible outcomes for Flintshire children either in or leaving care. The Senior Manager Children's and Workforce Services referred to the draft improvement plan and a proposal to include a new indicator for Looked After Children and Care Leavers. In response to the further concerns expressed by Councillor McGuill around what support was available for young adults who were leaving behind the Care support services the Senior Manager Children's and Workforce Services referred to the Social Services Act to come into effect on 6 April 2016 in Wales and commented on how it was built around resilience. He advised that one of the new Senior Practitioner posts within the new structure had a Leaving Care remit. It was agreed that when officers had been confirmed in post the names would be circulated to the Members of the Committee.

Councillor David Mackie referred to the Children Services Forum and the benefits of being a member of both the Forum and the Social and Health Overview & Scrutiny Committee. He referred to the skilled and innovative ways the Participation Officer used to ensure the children were given every opportunity to have their voices heard. The Chief Officer welcomed the positive comments and reported that the Participation Officer and himself had attended a meeting of the Headteachers Association to raise further awareness of the Access to Action card.

Councillor Mackie reported that schools faced significant challenges concerning non-educational issues which affected the day to day running of schools and outcomes. He gave an example of children entering school who were not toilet trained and commented that whilst this was not an educational issue it had to be dealt with by school staff which could have a negative affect on all pupils concerned. Senior Manager Integrated Services, Lead Adults advised that continence issues in early years were within the remit of Health Visitors and suggested that this could be raised with BCUHB at the meeting of the Committee to be held in June 2016. The Chief Officer referred to a recent session held with multi agency partners and agreed that many issues had a significant cross-over between education and children's services. Senior Manager Integrated Services, Lead Adults referred to an initiative at Ysgol Merllyn which was now being progressed to other schools within Flintshire.

The Chair asked for data on current waiting times for Children in need referrals. The Children's Fieldwork Manager said he was pleased to report there were no unallocated referrals at the present time.

Councillor Cindy Hinds asked if the Authority had a good working relationship with North Wales Police. The Children's Fieldwork Manager confirmed that excellent working relationships were in place across both organisations. In response to a further question from Councillor Hinds regarding provision of services out of hours, The Children's Fieldwork Manager agreed that there was a need to look at Out of Hours and Emergency Duty Services to ensure resilience in the future.

**RESOLVED:**

- (a) That the Committee welcomes the progress made in response to the CSSIW inspection report, including progress in reducing and managing

repeat referrals, and progress made with the implementation of the new structure that was agreed at Cabinet on 16 February 2016; and

- (b) That the Committee requests a further progress report in 6 month's time.

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

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

(The meeting started at 10.00 am and ended at 11.25 am)

.....  
**Chairman**

This page is intentionally left blank





## SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE MEETING

<b>Date of Meeting</b>	Friday 22 <sup>nd</sup> April 2016
<b>Report Subject</b>	Care Sector Report
<b>Cabinet Member</b>	Cabinet Member for Social Services
<b>Report Author</b>	Chief Officer, (Social Services)
<b>Type of Report</b>	Strategic

### EXECUTIVE SUMMARY

This report examines the changes taking place within the care sector in Wales and England, and the challenges we are facing in Flintshire.

The report explores the role Flintshire is playing in cultivating a collaborative approach to finding creative solutions to these challenges with Welsh Government and key partners such as the Health Board.

The report incorporates the recently completed Flintshire Residential Care Review and draws on the engagement work with local domiciliary and residential care providers.

This report is written with the intent of being a platform to develop solutions with providers, the Health Board, partners and the Welsh Government to maintain market stability.

## RECOMMENDATIONS

1	The Committee accept the report and recognise the immediate and longer-term challenges faced in Flintshire.
2	The Committee supports the need for national reform in the funding of the social care sector in Wales, and endorses the position to engage with a new Welsh Government to develop solutions as a matter of urgency.
2	That the Committee accept the Residential Care Review and endorses the recommendations within the report.

## REPORT DETAILS

<b>1.00</b>	<b>AN ANALYSIS OF THE CARE SECTOR</b>
1.01	<u>Fragility Of The Sector</u> The care sector across Wales and England is fragile. Both domiciliary and residential care are experiencing difficulties sustaining their business models and real concerns are being raised across the country about the ongoing viability of the sector.
1.02	As a local authority, Flintshire recognises as a priority the interface between Social Services and hospitals to ensure people can return home as quickly and safely as possible. This is becoming more challenging as we look to find the right care and support packages to allow people to leave hospital, whilst also working to keep others living independently in their own homes. Added to this are the pressures in unscheduled care which are creating an urgent need to transfer people from acute hospital settings to suitable care placements.
1.03	There is a growing concern about the ability of care homes and domiciliary care providers to recruit and retain competent workers. This includes a shortage of registered managers and qualified nurses. Residential and domiciliary providers often lose key staff to other employment sectors, such as retail and manufacturing, creating an over reliance on overseas and agency staff. There is a concerning pattern in recent movement of employees away from care into other sectors.
1.04	The current market model of commissioning independent providers, with councils retaining limited in-house provision is proving difficult to sustain. This is an opportunity to actively consider alternative models of delivery and explore capital investment models to support the sector.
1.05	There are significant pressures on local authority budgets. This is acute in Flintshire. The Council has been engaged in a six month dialogue with independent providers, during which time it has aimed to fully understand the implications of the challenges facing the sector. The Chief Executive, Leader and the Social Services Cabinet Member with senior officers have

	<p>been personally involved in these discussions and appreciate the severity of the situation. The Council had to agree to an additional investment to meet the increases in independent provider care fees as part of setting the annual budget. As a temporary solution the shortfall for 16/17 of £646k, has been funded from reserves for this financial year only. The budget pressure remains unresolved for 2017/18 onwards and has been built in to the MTFS as a recurring pressure.</p> <p>The pressures on the system are causing businesses to fail across the UK resulting in insufficient available bed and domiciliary care packages to meet the needs of residents. A recent report into the UK care home market by healthcare consultancy LaingBuisson (the Care Home Pay Survey) echoed "...these well versed fears, that those operators with large exposure to state funded residents, across the UK, face a dire future."</p>
1.06	<p><u>Recent Pressures within the Sector</u> The introduction of the National Living Wage (NLW) on the 1st April 2016 requires all employees over the age of 25 be paid a minimum of £7.20 per hour in the tax year 2016/17 a rise of £0.50 per hour from the National Minimum Wage of £6.70 per hour. This is particularly relevant for the care sector where the majority of carers are over 25 and 1 in 5 of the workforce are over 55.</p>
1.07	<p>The financial impact of compulsory employee pension schemes introduced in April 2016, is currently estimated to be costing business an additional 1% on top of staff costs. This is set to rise to 3% by 2018.</p>
1.08	<p>A European Court of Justice ruling in 2015 confirmed that time spent travelling to and from an employee's first and last job of the day is classed as work. This ruling relates to domiciliary care workers traveling between service users' homes, and the implementation of the ruling is being enforced by HMRC.</p>
1.09	<p>The removal of Welsh Government funding for over 24's undertaking an Apprenticeship Framework, has eliminated funded QCF qualifications through FEIs for those 25 and over. As noted above, the majority of care workers are over 25 and the registration of the workforce is usually accompanied with a requirement for minimum qualifications. The cost of these qualifications is approximately £1,500 per QCF Level 2 and is in the main, being borne by the employer, unless employees are fortunate enough to obtain a funded place through the SCWDP grant.</p>
1.10	<p>In Flintshire there is a growing inability to recruit and retain staff within the care sector (both in-house and independent providers). Flintshire has had economic success and this has brought a very welcome relatively low unemployment rate, (4.2 percent compared to Wales figure of 6.3 percent). This has meant that other sectors such as retail and manufacturing have attracted staff who may have worked in Health and Social Care.</p>
1.11	<p><u>Challenges To Be Faced By The Sector Over The Coming 5 Years</u> The Regulation and Inspection of Social Care (Wales) Act 2016 became law in January 2016 and is intended to improve the quality of care and support in Wales and strengthen protection for citizens. However, these legislative changes also have resource implications for providers such as</p>

	the requirement for all domiciliary care workers in Wales to be registered from 2020, and for adult residential care workers to follow in 2022.
1.12	QCF Qualifications will be withdrawn by 2019 and whilst the introduction of the Regulated Qualification Framework (RQF) may replace the QCF the uncertainty could have an impact on the required registration of domiciliary care workers by 2020.
1.13	Continued increases to the National Living Wage over the next 4 years will bring the overall increase in pay to more than £9 per hour by 2020.
1.14	<p><u>Flintshire's Residential Care Review</u></p> <p>The recently completed review of the residential care market in Flintshire has illustrated the continued fragility of the market. The report assesses the current residential market against:</p> <ul style="list-style-type: none"> <li>• Demand and Supply</li> <li>• Cost</li> <li>• Quality</li> </ul>
1.15	The report assesses the current market and forecasted challenges and risks that cause real concern for the sector.
1.16	<p>To mitigate these risks the report recommends the following options for the in-house provision of residential care (evidence of benefits, challenges and risks are included in the appending document):</p> <ol style="list-style-type: none"> <li>a. Keep in-house facilities, maintaining current model of provision.</li> <li>b. Keep in-house facilities but consider refocusing the delivered provision to fit with the changing demand and supply i.e. creating an intermediate care facility that focuses on early intervention and prevention and delayed transfer of care from acute settings.</li> <li>c. Reduce capacity of in-house provision.</li> <li>d. Transfer one or more Local Authority homes to another provider e.g. independent sector provider or social enterprise.</li> <li>e. Expand our current network of homes in Flintshire</li> <li>f. Expand our current stock, through a joint investment with another partner e.g. Health Board, Registered Social Landlord.</li> </ol>
1.17	<p>Any reduction in in-house provision (Option 3) is no longer an option due to demand for services, nor is the transfer of services to another provider (Option 4) at this stage. The remaining viable options are:</p> <ol style="list-style-type: none"> <li>a. Maintain the status quo</li> <li>b. Retain our in-house provision refocussing delivery to fit with demand</li> <li>c. Expand our current provision</li> <li>d. Expand our current provision in partnership with others.</li> </ol>
1.18	Some initial work to further investigate Option 2 has been undertaken and the possibility of utilising Intermediate Care Fund monies to support short term care through 'step up, step down' beds is being explored with Betsi Cadwalader University Health Board (BCUHB).
1.19	<p><u>Extra Care</u></p> <p>Flintshire recognises the responsible action to plan to have the best possible availability of care for this generation and the next. Extra Care has</p>

	an important part to play in solutions.
1.20	Work has commenced on the Flint Extra Care site which will provide 72 additional apartments for older people with care needs and work continues to identify a suitable site at Holywell.
1.21	<u>Conclusions</u> Flintshire's older population (+80) is predicted to rise by 23% in the next 4 years with the number of older people with significant health and social care needs predicted to rise by 22% during the same period (Source: Flintshire Residential Care Review). During this period there is a clear and ever present risk that the care sector will be unable to sustain itself if no action is taken.
1.22	Flintshire recognises the need to adopt a comprehensive strategy to address this significant threat. Within the strategy we are aiming to: <ul style="list-style-type: none"> <li>a. Ensure that all partners share the need to prioritise this issue and the recognition that this is one of the most difficult issues facing the public sector at this time;</li> <li>b. Explore a range of delivery models including co-operative models of care and the increase of our in-house provision;</li> <li>c. Recognise that in-house residential homes are assets which are needed within the local care economy to sustain the market; and</li> <li>d. Recognise that Extra Care continues to improve the provision of care in Flintshire</li> </ul>
1.23	There is a need for national reform to the funding of the social care sector in Wales through open urgent discussion with Welsh Government. By expressing our real concerns for the sector and offer workable solutions, such as the removal of the £60 weekly maximum charge for non-residential services, we would hope to create some spare resource capacity. These are 'live' issues within the Council's Medium Term Financial Strategy.
1.24	Flintshire is seeking to ensure Health colleagues appreciate the importance of the role they play in sustaining the care sector and we would hope to work collaboratively with BCUHB to bridge the 'gap' through shared resources.

<b>2.00</b>	<b>RESOURCE IMPLICATIONS</b>
2.01	To create and implement innovative and sustainable solutions for the care sector, the resource of a short-term project manager is needed.
2.02	This role would be to work with key stakeholders to develop ideas, research existing initiatives and plan the implementation of solutions. This could potentially attract 'save to invest' funding.

<b>3.00</b>	<b>CONSULTATIONS REQUIRED / CARRIED OUT</b>
3.01	The Residential Care Review has sought and received input and feedback from a variety of sources including staff, management and professionals from independent and in-house care homes, BCUHB, Care Forum Wales, CSSIW and Welsh Government.
3.02	A series of open meetings have been held with both residential and domiciliary providers from the independent sector to discuss the pressures highlighted in this report.
3.03	A continuation of this mature debate is required to create sustainable solutions for the sector.

<b>4.00</b>	<b>RISK MANAGEMENT</b>
4.01	The risks of inaction for the care sector in Wales and England is potential critical. By acting responsibly, Flintshire is seeking to gain BCUHB's appreciation that the implications of failures in the sector are jointly owned and that their involvement in the solution is critical.
4.02	Whilst our adoption of an early intervention approach to our care pathways, in line with the Social Services and Well-being (Wales) Act 2014, is envisaged to elevate some pressures, this alone goes only a short way to sustaining the sector.

<b>5.00</b>	<b>APPENDICES</b>
5.01	Flintshire Residential Care Review.

<b>6.00</b>	<b>LIST OF ACCESSIBLE BACKGROUND DOCUMENTS</b>
6.01	None.  <b>Contact Officer:</b> Jane Davies – Senior Manager Safeguarding and Commissioning <b>Telephone:</b> 01352 702503 <b>E-mail:</b> <a href="mailto:jane.m.davies@flintshire.gov.uk">jane.m.davies@flintshire.gov.uk</a>

<b>7.00</b>	<b>GLOSSARY OF TERMS</b>
	<u>FEIs</u> Further Education Institutions, colleges providing qualifications and courses to further education. These qualifications relate in the main to vocational qualifications below degree level.

QCF

The Qualification and Credit Framework previously known as NVQ (National Vocational Qualifications). The QCF was introduced in Wales in 2011 and replaced the well-known NVQ.

SCWDP Grant

Social Care Workforce Development Programme Grant, Welsh Government monies made available to local authorities to supplement the costs of training and qualifying the social care workforce in their area.

This page is intentionally left blank



# FLINTSHIRE'S RESIDENTIAL CARE SECTOR 2015-2020

Contemporary and Projected Challenges, and Options Going  
Forward

Flintshire County Council  
31 March 2016

## Contents

Executive Summary .....	3
1. Background and Policy Context .....	6
2. Demand and Supply: What are the Challenges.....	7
2.1 Forecast for Flintshire .....	7
2.2 Demand vs. Supply in the Region.....	8
2.3 Demand and Supply Conclusion.....	8
3. Financial Considerations up to 2020.....	9
3.1 Financial Impact of Increase in Demand .....	9
3.2 National Living Wage.....	9
3.3 The Self-Funding Market.....	10
3.4 In House Provision Cost.....	10
3.5 Costing Conclusion .....	11
4. Securing a High Quality Home Sector .....	12
4.1 Recruitment and Staffing .....	12
4.2 In House Provision Focus .....	12
4.3 Independent Sector Focus .....	13
4.4 Quality Monitoring Report: Positives and Challenges for In House and Independent Sector Providers .....	13
4.5 Quality Conclusion .....	15
5. Options Appraisal.....	16
5.1 Keep all Our In House Provision .....	16
5.2 Refocus Provision to Fit with Demand .....	17
5.3 Reduction of In House Capacity .....	18
5.4 Transfer of One or More In House Homes .....	20
5.5 Expansion of Current Network of Homes.....	22
5.6 Expansion of Current Network of Homes through Joint Partnership.....	23
6. Conclusion.....	24
Appendices.....	25
Appendix A – Population Increase .....	25
Appendix B – Demand Forecasts Based on Population Increase .....	26
Appendix C – Increase in Cost of Care .....	26
Appendix D – Increased Cost of Local Authority Funded Care Packages in the Independent Sector Due to Demand Increase .....	27
Appendix E – Number of People in the Risk Population to Care Beds by Local Authority.....	28
Appendix F – Map of Flintshire Care Homes.....	29
Bibliography .....	30
List of Consultees .....	31

## Executive Summary

The purpose of this report is to examine the changes that are facing the residential care sector, locally and nationally, by the year 2020. It will assess the current state of Flintshire's market as well as predict the likely situation in 2020, and offer recommendations to manage and mitigate the forecasted risks.

The report considers three domains to identify current and future challenges; Demand/Supply, Cost and Quality.

### **Demand and Supply**

- Flintshire's older population is rising significantly, thus the number of people with significant health and social care needs is expected to increase (Appendix A).
- Projected need (based on demographic changes) of further 178 beds will be required by 2020; 67 Residential, 52 EMI Residential, 51 Nursing and 8 EMI Nursing (Appendix B).
- The pressure of demand on supply is high in all 3 Flintshire localities and across all categories of care, however this is significantly so in EMI residential provision.
- Above forecasts assume there will be no independent home closures, however there are significant risks with this assumption.
- While there may be a temptation to rely on neighbouring authorities to accommodate the increase in demand, the fragility of the market and the pressure of demand is a regional and national concern, not just a local one. Thus neighbouring authorities are unlikely to be able to integrate our demand into their local residential care market.

### **Cost**

- The national living wage is expected to cost the residential care sector an extra £830million nationally (Joseph Rowntree Foundation, 2015<sup>1</sup>), while local estimates suggest an increase care costs in the independent sector by £100 per person per week by 2020 (Appendix C).
- Small homes (30 beds or less) have highest potential for closure due to living wage implementation (Knight Frank, 2015<sup>2</sup>); this accounts for all residential care homes, and 60% of all category of homes in Flintshire.
- Increase in demand is estimated to cost the Local Authority an extra £30,000 per week by 2020 (Appendix D).
- In House facilities costs approximately a third more for residential care than the Local Authority rate for funded residents in independent sector residential care.

---

<sup>1</sup> Ingham, H., Bamford, S., & Johnes, G., 2015, *The costs and benefits of paying all the lowest-paid care home workers in the UK the Living Wage*, Joseph Rowntree Foundation: York

<sup>2</sup> Knight Frank Research, 2015. *2015 Care Homes Trading Performance Review*, London: Knight Frank LLP

## **Quality**

Our Quality Monitoring Tool establishes where homes have good practice and where homes need to improve by scoring them against 9 domains. Reports indicate that all homes in Flintshire (independent and in house) are currently performing well in the areas of relationship based care and financial safeguarding, with EMI homes performing extremely well across all domains. However, there are some significant issues which need to be considered:

- The national concern regarding recruitment and retention of staff is represented locally in Flintshire.
- This has led to an abundant use of agency staff, primarily in independent sector nursing homes, which is not only detrimental to a home financially, but also impedes relationship and person centred practice to benefit residents.
- There are a significant number of registered managers who are reaching retirement age and there are concerns over the ability of the sector to recruit sufficient new managers to replace potential retirements.
- The Quality Monitoring Report suggests that nursing homes have the greatest scope to improve. This combined with a weak retention and recruitment rate and two homes falling in and out of escalating concerns, expresses specific concerns for this category of home in Flintshire.
- A majority of independent homes self-report a need for refurbishment, however state that a lack of finances make this difficult.
- The Quality Monitoring Report identifies a need for improvement in areas of person centred care, creating an enabling environment, and enhancing service user's independence, for in house and independent homes.
- While the above issues relate to both independent and in house provision, Local Authority homes report a good state of repair, are sited geographically well with access to wider community resources and are a service of choice for Flintshire residents with waiting lists for admissions.

## **Potential Options**

The demand/supply, cost and quality analysis leads us to conclude that changes are required within the care sector in Flintshire if future risks are to be mitigated. The risk of inaction could be critical and Flintshire need to consider sustainable solutions for future care models. With regard to the current model of in house provision, six options have been identified for consideration (with evidence of benefits, challenges and risks included page 17 onwards);

1. Keep in house facilities, maintaining current model of provision.
2. Keep in house facilities but consider refocusing the delivered provision to fit with the changing demand and supply i.e. creating an intermediate care facility that focuses on early intervention and prevention, and delayed transfer of care from acute settings, to reduce future demand.
3. Reduce capacity of in house provision.
4. Transfer one or more Local Authority homes to another provider e.g. independent sector provider or social enterprise.

5. Expand our current network of homes in Flintshire
6. Expand our current stock, through a joint investment with another partner e.g. Health Board, Registered Social Landlord.

Given the picture of current demand, it is felt that option 3 presents too many risks for the long term strategy for the sector. Therefore, based on the analysis provided in the body of this report, options 1, 2, 5 and 6 are the viable options, with option 2 being preferred initially due to the prevention and early intervention focus.

While these options address some projected challenges to the sector locally, there remains a number of strategic issues that if not addressed nationally would impede efforts by any local authority to strengthen their residential care market. These include;

1. The effect of the National Living Wage on the sustainability of independent care providers.
2. Reported lack of financial resources available to improve the state of repair of independent care homes, and a decreasing appeal for potential new investors to the sector.
3. Retention and recruitment rates of care staff, with a perceived unclear career pathway and unappealing job conditions, specifically registered managers.
4. A national concern of poorly performing nursing homes.
5. Increasing demand for services with decreasing budgets.

Therefore it is suggested that while Local Authorities are responding to the threats posed to the sector in their areas, it will take national co-ordination, partnership and strategy to prevent the weight of these four factors bearing down on what is, and what will be in 2020, a fragile sector in Wales.

## 1. Background and Policy Context

This report has been commissioned by the Residential Care Review Board of Flintshire County Council, with the purpose of assessing the market position of residential care in Flintshire. The growing concern nationally regarding the sector's resilience to sustain itself through significant legislative and demographic changes, led for a desire to be proactive in dealing with this potential risk. It was felt that assessing the situation locally, regionally and nationally, would allow the key areas of concern to be identified and could offer strategic solutions to dealing with such concerns

The legislative changes, which are referred to above and throughout this report include;

- The National Minimum Wage (Amendment) Regulations 2016 –The implementation of the “national living wage” which will require employers to pay all those over the age of 25 a minimum of £7.20 per hour, a 50p increase on April 2015. The intention is that annual increases will lead the national living wage to be set at £9 by 2020.
- Social Services and Well-Being (Wales) Act 2014 –
  - Part 9, Section 167 – Allows Local Authorities and Local Health Boards to pool budgets in order to deliver a service in partnership.
  - Part 2, Section 14 – Requires Local Authorities to assess the extent of need for care and support services in their area.
  - Part 2, Section 15 – Requires a “range and level” of preventative services, with the purpose of “preventing or delaying” the development of needs for care and support, or reducing such needs.
- Regulation and Inspection of Social Care (Wales) Act 2016 –
  - Part 1, Section 19 – States that service providers will have to name a responsible individual, which should be the individual who owns a care home or a partner of the group that does. This will ensure that accountability does not stop with frontline staff and managers, but makes those who are making decisions on the resources of homes are held accountable for the service they are providing as a result of such decisions.
  - Part 5, Section 113 – Allows for the provision of monitoring of all social care workers and their professional development by Social Care Wales (Care Council for Wales), not just social workers as is currently the case.

## 2. Demand and Supply: What are the Challenges

The residential care market in Flintshire is due to face a difficult period over the next 4 years. The older population in Flintshire is increasing, the highest rise in Wales for 80 and over's, and the number of those with dementia is expected to rise significantly. This will inevitably increase those with needs that are appropriate for residential and nursing care under the current model of provision, propelling demand well above the present supply in Flintshire.

### 2.1 Forecast for Flintshire

Using the number of those with dementia combined with the number of those 80 and over, we can formulate a "risk population"; those most at risk of going into residential care. Evidently in 2020, this will be higher than it currently is, increasing forecasted demand by 22%. If all homes within our areas are consistently low on vacancies, as bed mapping figures, care providers and locality's managers testify, then the demand for residential and nursing care will exceed supply significantly. The following table projects the number of additional residential care beds needed in line with the increase in risk population (Appendix A and B);

<i>Increase in Beds Required by 2020</i>	
<b>Residential</b>	67
<b>EMI</b>	52
<b>Nursing</b>	51
<b>EMI Nursing</b>	8

These figures were presented with the assumption that there would be no closures in the independent sector, however with the increasing financial pressures, structural challenges and current public policy, the likelihood of this assumption diminishes (Allan and Forder, 2012)<sup>3</sup>, with the case of the collapse of Southern Cross illustrating the instability of the market. Furthermore some social work managers have stated that this increase in demand for beds is understated, based on their experiences of need and the substantial increase of those with dementia related needs. This has been reiterated by locality team managers, who state, in their experience, that demand for EMI nursing provision in Flintshire is currently higher than supply, and that the estimates do not portray a real picture of the situation, which is supported by the high numbers of EMI out of county placements commissioned. Finally comparative work on the number of nursing beds for over 85's in the BCUHB region suggests that Flintshire is second in the region for having the least amount of relative supply.

---

<sup>3</sup> Allan S., Forder J., 2012, *Care Markets in England: Lessons from Research*, PSSRU Discussion Paper 2815. PSSRU: Canterbury

## 2.2 Demand vs. Supply in the Region

What is evident from comparative work across the North Wales region is that Flintshire has a significant higher level of demand to supply of EMI Nursing and Residential provision (Appendix E). Furthermore Projections suggest that Flintshire is due a larger rise in those over 80 than anywhere else in North Wales.

Other Local Authorities have adopted strategies that have led to their in-house provision being closed, however they still have sufficient residential supply. Removal of any capacity in Flintshire currently, or more-so in the near future, could not be supported by this reasoning. Furthermore, while it is currently evident that some excess demand can be accommodated in neighbouring authorities, it is clear that this rise in demand is a regional concern and it cannot be assumed that other North Wales authorities will be able to absorb this excess in the future.

## 2.3 Demand and Supply Conclusion

In conclusion it is anticipated that demand will significantly exceed supply by 2020 across Flintshire, with specific concerns in regards to the demand of both EMI and EMI nursing care. This has been expressed by quantitative statistics, care providers (in regards to EMI), and social work managers (in regards to EMI nursing). The Older People's Commissioner for Wales<sup>4</sup> expects there to be a sufficient amount of provision appropriate for the populations needs in the future, and it is the responsibility of the Local Authority to consider such demand projections carefully to strategically plan to ensure this is the case in 2020.

Currently the pressure of demand is high across all categories of care in Flintshire, with residential demand being vastly higher than any other authority in North Wales. This provides sound evidence that any removal of in-house capacity would be extremely detrimental. Furthermore EMI nursing provision is only accommodated by two homes in the area, with Flintshire having the lowest level of supply to demand in this category. This, combined with the fact that one of the two homes is consistently struggling to remain viable (as is covered in the Quality section) it is plausible to suggest that this will become the significant point of pressure within the sector by 2020. A recent report commissioned by Welsh Government, and undertaken by Institute of Public Care, emphasises the importance of the diminishing boundaries between residential and nursing care in the future<sup>5</sup>. This is increasingly an issue locally in Flintshire, with opportunity within the Change Model option to remodel the specialism and focus of in house provision.

---

<sup>4</sup> The Older People's Commissioner for Wales, 2015, *A Place to Call Home: A Review into the Quality of Life and Care of Older People living in Care Homes in Wales*, OPCW: Cardiff.

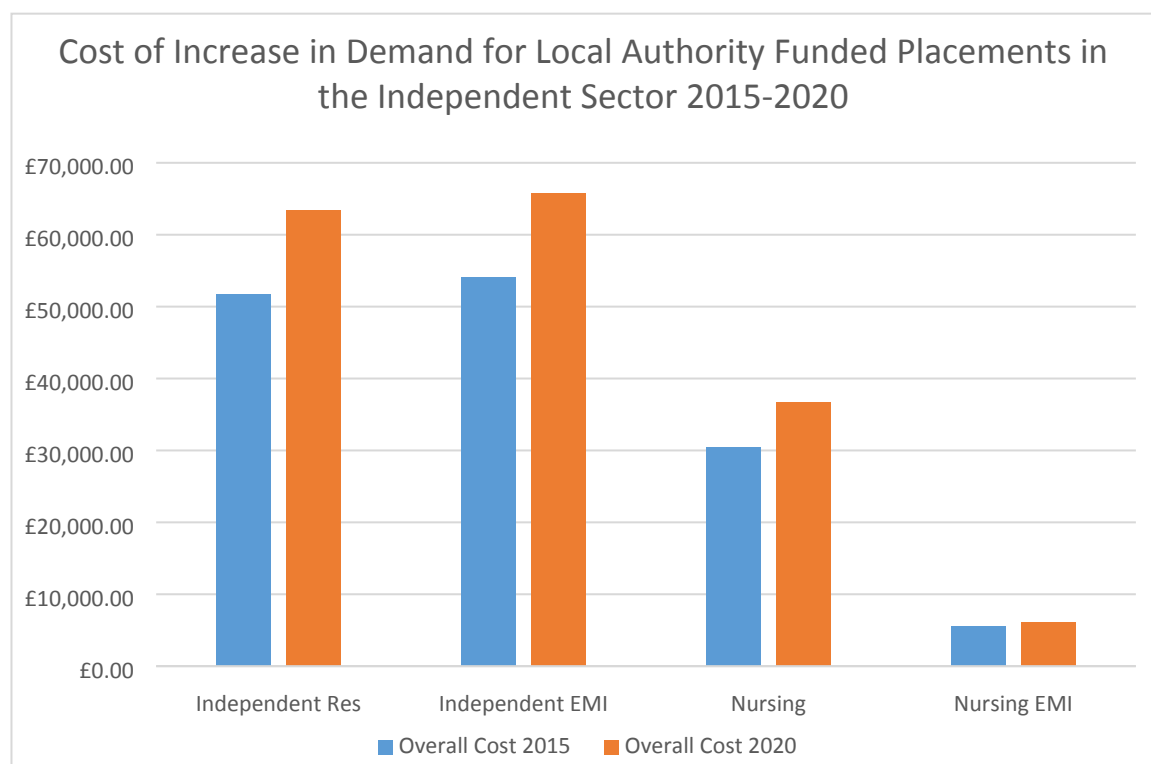
<sup>5</sup> Welsh Government, 2015, *A Working Vision for the Care Home Sector in Wales*, Institute of Public Care: Oxford



### 3. Financial Considerations up to 2020

#### 3.1 Financial Impact of Increase in Demand

On the assumption that the local authority would be funding as many placements in 2020 as it is now, 48% residential and 25% nursing, independent residential and nursing care provision is estimated to cost an extra £30,000 per week for the local authority to fund, regardless of any alteration to the Local Authority rate for independent sector provision (Appendix D).



#### 3.2 National Living Wage

The impact of the National Living Wage implementation, set at over £9 per hour by 2020, is going to be profound within the care sector. This could see some care staff's wages rise by over £2.30 per hour over the course of 5 years, with the majority of staff in the independent sector being paid close to minimum wage. Nationally, a Joseph Rowntree Foundation study has estimated that the increase in wage will cost the industry an extra £830 million a year<sup>6</sup>.

Estimates are provided on how the implementation of the National Living Wage is predicted to effect the cost of care in the independent sector locally. On the presumption that every member of staff was originally on minimum wage, and factoring in inflation at 1% per year, it is estimated that the cost for providing one person with one week's care

<sup>6</sup> Ingham, H., Bamford, S., & Johnes, G., 2015, *The costs and benefits of paying all the lowest-paid care home workers in the UK the Living Wage*, Joseph Rowntree Foundation: York

will increase by £100 (based on the minimum wage rate of £6.70 in Sept 2015) by 2020, regardless of type of care;

Care Home	2015	Living Wage Increase	Compounded inflation	2020 Total
Residential	£465.90	£536.45	1.00%	£563.81
EMI Residential	£509.72	£588.60	1.00%	£618.62
Nursing	£523.83	£599.28	1.00%	£629.85
EMI Nursing	£549.00	£617.58	1.00%	£649.08

As set out by a report commissioned by the Association of Directors for Social Services Cymru (ADSSC)<sup>7</sup>, the increase in financial reward for care workers is a much aspired to principle, and may act as a much needed encouragement for those interested in a career in the sector. However the independent sector may await Local Authority support with this increase in cost, in the form of increased rates, which ADSSC state will be virtually impossible for any Local Authority to absorb. The consequences of some authorities raising their fees while others don't, is that those areas with low fees will struggle to retain providers and thus capacity. Also low Local Authority rates may lead to providers turning down state funded packages of care, with preference for self-funders whom they can charge what they feel would be a true cost of care.

### 3.3 The Self-Funding Market

Flintshire is an asset rich community, having the highest proportion of owner occupied dwellings in North Wales (StatsWales, 2015). The implications of this are that more people are able to fund their own care within Flintshire than other local authorities. According to our estimates on the number of self-funders in our area the Local Authority is still the main funder of residential care packages (51%, in comparison to 44.5% of self-funders), however the difference between state funded and self-funded is not substantial. To put this into context, estimates in England<sup>8</sup> consider the proportion of self-funders in care to be 39%, which is 5% less than estimates for our area.

### 3.4 In House Provision Cost

Our in house provision is more expensive than the rate at which we pay for independent sector residential care; £115-£185 more per resident per week for residential care. This discrepancy is due to a number of factors such as higher wages for care staff, more hours for domestic staff and increased catering costs. However the implementation of the living wage should see the gap in some staff costs diminish. Despite this and given the higher cost of providing in house provision, further consideration could be given to providing more specialist care in order to gain better value for money.

<sup>7</sup> Association of Directors for Social Services Cymru, 2016, *The Impact of the National Living Wage on the care sector in Wales*, Abercynon.

<sup>8</sup> Miller, C., Bunnin, A., & Rayner, V., 2013, *Older people who self-fund their social care: A guide for health and wellbeing boards and commissioners*, OPM: London.

### 3.5 Costing Conclusion

Summarising, there is a growing cost of providing residential care on a national basis. The issue of the National Living Wage, the rise of the National Minimum Wage and the automatic enrolment of employees on a pension scheme (with minimum contributions required from employers) combine to further increase the highest cost in all care homes: staffing. Inevitably this increases the true cost of care, and conflict between this and the budget Local Authorities have to provide care is foreseen. In house provision currently provides the Local Authority a stake in the market, and a vantage point to negotiate fees, but without this it can be argued that the Local Authority's position would suffer with fees rising, as can be seen in children's residential care currently.

The concern regarding cost also has an impact on demand and supply. Care home owners have stated their expectation that more homes will close without support from national government, or rising local authority fees. The Care Homes Trading Performance Review 2015<sup>9</sup> reiterates this fear, expecting homes with 30 beds or less to become unviable with such legislation changes. This is significantly worrying in Flintshire as all residential homes, all bar two EMI homes, and 60% of homes overall have 30 beds or less. This may lead to an increase in hospital admissions or family carer breakdown, as lack of capacity causes delays in finding placements. Similarly, an increase in delayed hospital discharges would be predicted, causing pressure on both Health and Social Care services.

---

<sup>9</sup> *Knight Frank Research*, 2015. 2015 Care Homes Trading Performance Review London: Knight Frank LLP

## 4. Securing a High Quality Home Sector

The final element that has been focused on in terms of market positioning is quality. Going forward with the challenges in regards to demand and supply and lack of financial investment, there is a fear that quality can suffer as a result. Providers have stated that with the higher complexity of needs, growing numbers of older people with dementia, and the increase in paperwork demands, staff feel unable to dedicate the time needed for residents to provide a good quality of care.

### 4.1 Recruitment and Staffing

There is evidence that recruiting and retaining sufficient numbers of staff is extremely challenging across the sector. This is specifically relevant within the elements of person centred care, in that home managers have stated that while they recognise the good practice this brings, an environment of needs that are ever more complex and a staffing level that is declining (with an increasing use of agency staff) means that time and resources are sparse to release staff to learn new skills in this area. Furthermore, there is an ageing population of managers, where concerns are expressed that replacing any retirements could become challenging. The Care Council for Wales<sup>10</sup> suggests this a national concern, and the low numbers of registered assistant managers illustrates the lack of planning undertaken to replace the ageing leadership.

The challenges posed to the social care workforce stem from a very competitive employment market in Flintshire, with industrial and retail opportunities aplenty, combined with the perception of a less attractive nature of care work and low pay it offers. Data provided over the past 12 months illustrates a decline in the overall workforce, significantly so in the nursing sector.

Changes brought by the Regulation and Inspection of Social Care (Wales) Act 2016, will require more staff in social care to be registered and will encourage continuing professional development. It is hoped this will make a more professional, knowledgeable and accountable workforce, and thus make the profession more attractive to potential employees.

### 4.2 In House Provision Focus

Marleyfield, Croes Atti, and Llys Gwenffrwd are purpose built care homes situated in the towns of Buckley, Flint and Holywell. The managers are all registered with Care & Social Services Inspectorate Wales, and have been in post for a number of years. The buildings require little refurbishment or renovation. Llys Gwenffrwd differs in that provision is provided over three floors, which requires a change in staffing levels to creatively support people with dementia on the top floor, while Marleyfield and Croes Atti are single storey. The home also differs in the fact that both Marleyfield and Croes Atti have separate units for those with dementia related needs, where Llys Gwenffrwd does not have this option. Llys Gwenffrwd houses rehabilitation beds and all three homes provide a number of respite, step up / step down and assessments beds rather than permanent residential.

---

<sup>10</sup> Care Council for Wales (2015) *The Profile of the Adult Care Home Managers in Wales 2015*. CCW: Cardiff

Marleyfield and Croes Atti have adjoining day-care provision which would be affected with some of the options presented.

#### 4.3 Independent Sector Focus

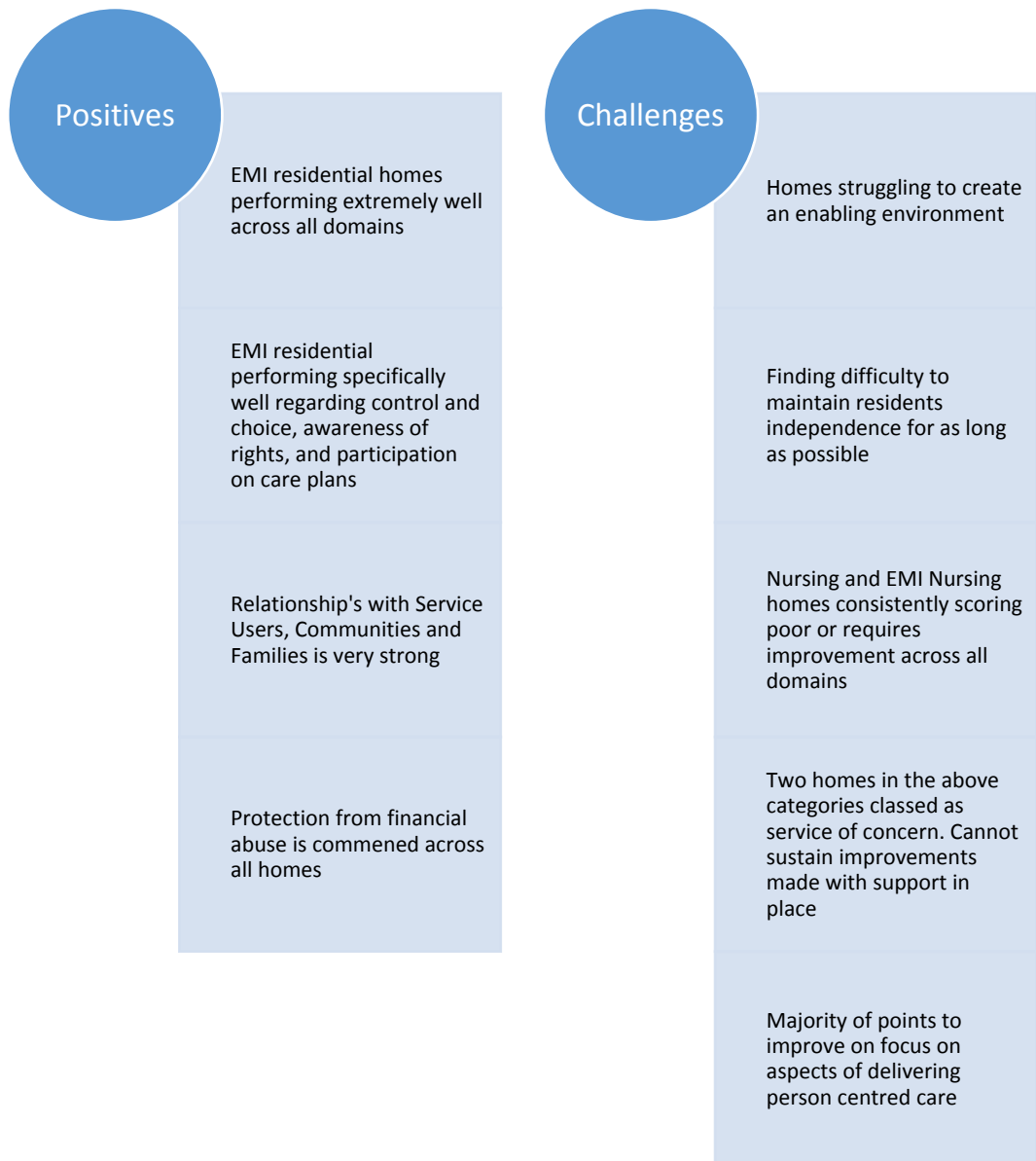
A majority of independent sector homes are in need of refurbishment of some kind. This issue is more common for the nursing care sector. However care homes across all categories have expressed that funds have not been sufficient enough to enable upgrades, and thus it is reported that such buildings will continue to deteriorate.

The majority of care homes in Flintshire are owned by small groups, who own no more than 4 care homes each. Private owners of individual care homes make up the bulk of the rest of the sector within the county, with only two homes being owned by an organization with more than 10 homes. In general, the small group owned homes are self-sustainable, however two homes within a group in the area have become interdependent, and thus the consequences and risks of one home becoming unviable are greater.

#### 4.4 Quality Monitoring Report: Positives and Challenges for In House and Independent Sector Providers

As a commissioner of care home placements it is incumbent on us to monitor, and be satisfied with, the quality of care provided across in house and independent sector provision. We use a quality monitoring tool to identify where good quality of service is, and where improvements can be made, through reviewing 9 domains and reaching a judgement of either 'exemplar', 'good', 'needs improvement' and 'poor'. The framework we use was recently praised as good practice within the Older People's Commissioner's Report (2014) "A Place to Call Home".

The conclusions from our most recent quality monitoring activities are as follows;



Despite these assertions, many of the challenges regarding person centred care are hoped to be diminished by the wide scale take up by homes of two programmes centred on the approach, that are being implemented across Flintshire; the Helen Sanderson “A place to call home.....delivering what matters” Programme, and the 6 Steps accredited end of life care programme.

Flintshire have recently taken part in Working Together for Change with Helen Sanderson Consultants, which is a 6 step programme that aims to inform strategic planning and commissioning by analysing person-centred information from individual reviews, support plans or person-centred plans. We recently conducted a workshop as part of this process which will involve clustering information into key themes, before analysing the information, looking at what is working or not working and why. This analysis can then be used to formulate an action plan to address highlighted considerations. This was done in conjunction with managers of independent care homes to consolidate the methodology

behind this approach, and it is intended the workshop will be repeated to include a wider variety of stakeholders and include better person centred information. Independent managers also expressed desire to complete a similar exercise individually within their own homes, in order to get richer feedback from residents about what matters to them.

#### 4.5 Quality Conclusion

There is a fragility to the residential care sector in Flintshire, which needs significant development. Many of the issues raised within the quality element of this document correlate to issues that the Older People's Commissioner for Wales has raised within her report<sup>11</sup>, which represents similar concerns nationally. In terms of delivering care, both reports indicate challenges in developing inclusive, enabling, and risk appropriate practice that takes into account resident's preferences. It should be noted however that positive work is being undertaken in Flintshire through the Helen Sanderson and 6 steps programmes, in order to make staff become more confident and competent in delivering practice with such ethos.

The element of staff retention and recruitment offers significant concerns; there are no statutory minimum staffing levels required which creates risks. A joint workforce development programme to address such concerns is being looked at on a regional level. The quality of this care can be affected by staff levels, with some homes citing lack of staff cover for not being able to attend programmes to develop their ability to deliver person entered care. As has been focused on, development of inclusive, enabling, and risk appropriate practice that takes into account residents preferences, is a point to improve on within Flintshire care homes.

---

<sup>11</sup> The Older People's Commissioner for Wales, 2015, *A Place to Call Home: A Review into the Quality of Life and Care of Older People living in Care Homes in Wales*, OPCW: Cardiff.

## 5. Options Appraisal

### 5.1 Keep all Our In House Provision

#### **Description**

Maintain our current situation regarding provision, and not expand, amend or reduce.

#### **Benefits**

No disruption to current residents

Occupancy rates will continue to be high

The model is already established and requires minimal further investment

Retain ability to ensure that residential places are made available for those residents with the greatest care need

Ability to influence the development of quality

#### **Challenges**

Demand is forecasted to surpass the current supply

Relies on independent sector investment

Cost of provision will rise, regardless of change in demand

#### **Risks**

No reduction on the pressure on budget

Provision not aligned to specialised need

Maintains status quo in a fragile market



## 5.2 Refocus Provision to Fit with Demand

### **Description**

Retaining the three existing homes but realigning their specialisms and focus to fit with changing demands. There are a range of options that could be considered such as; joint working with Health to provide nursing care in house, or increase in Intermediate Care beds. This area would need further work if the option was to be taken forward

### **Benefits**

Will be suited to the needs of the population if modelled on projections

Can allow for a slight amount of interchangeable beds which means more flexibility

Will be modelled on demand, thus efficient

Can mean more short term care, respite and step up/step down beds with the aim of reducing the need for long term placements and delayed discharges

Can support integrated working between the Local Authority and Health Board

Focus on prevention and early intervention

### **Challenges**

Limited to the current number of beds, which is projected to be insufficient

Short term beds have an adverse effect on long term residents, giving a home a 'hotel' feel

More Intermediate Care beds mean unpredictability for management; there is no consistent level of need that requires a consistent level of staffing

Some of the potential models need strong primary care support, including GP's

Joint running a home with Health may require a new registration, thus would have to upgrade any non-en suite rooms in line with the National Minimum Standards for Care Home for Older People (Standard 35)

### **Risks**

Increase in Local Authority EMI or nursing placements could mean higher costs

### 5.3 Reduction of In House Capacity

#### **Description**

Closure of one or more of our in house homes

#### **Benefits**

Less costs as LA owned homes are currently more expensive per placement

Will mean demand exceeds supply further, leaving plenty of opportunity for investors.

#### **Challenges**

Disruption to existing service users

Explicit costs such as staff redundancies

Cost of carrying out robust consultation and matching processes

Gives market a stronger position to negotiate fees

Will need increased investment into contract monitoring, to retain capacity to influence quality across the sector

Public Confidence

Demand will be too high even with the homes

**Risks of Closing In House Provision**

<b>Impact Severity</b>	<b>Catastrophic</b>	Transfer to another home may detrimentally affect residents health (Veale, 2011)		Coincides with closure of Ind Homes, to accelerate deficit in supply	Lack of supply becomes a regional concern; no available placements in neighbouring authorities to rehouse current of accomodate future residents	Potential residents with dementia related needs will have to move out of area, away from families	Emotional Impact - Loss of Networks and Friendships
	<b>Critical</b>						
	<b>Marginal</b>	Reduces employment opportunities in Flintshire care sector		Will agrieve the local community	Local Authority may have to pay for out of county rates for some residents	Staff Redundancies	
	<b>Negligible</b>						
		Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)
		<b>Likelihood and Percentage of Risk Happening</b>					

<sup>12</sup> Veale, A., 2011, *Enforced relocation of older people when Care Homes close: a question of life and death?* Age and Ageing; 40: 534–537

## 5.4 Transfer of One or More In House Homes

### **Description**

To consult on the potential of transferring one or more in house homes to an independent provider.

### **Benefits**

Provider may be able to provide care for less

Does not affect demand and supply detrimentally

RSL's – Local Authority can control the type of residents admitted, to prevent residents from other local authorities adding to demand

### **Challenges**

Transfer of Undertakings (Protection of Employment) Regulations 2006 – Currently pay staff higher wage, which is perhaps unviable, so not easy to attract that investment

May have to pay for voids

Attracting investors

Will need increased investment into contract monitoring, to retain capacity to influence quality across the sector

Will be classed as a new building and will therefore have to meet the updated National Standards of Care Homes for Older People (Standard 35), which would require 17 rooms to be upgraded to en suite to comply

RSL's are inexperienced in delivering provision for higher needs residents.

**Risks of Transferring In House Provision**

<b>Impact Severity</b>	<b>Catastrophic</b>	Lack of demand may lead to extensive cost for voids				No buyer is found	
	<b>Critical</b>		Independent will prioritise self-funders regardless of area; possible influx of out of county residents	Independent Provider decreases hours of care each resident receives	Lose a significant stake in regards to independent sector fee negotiations	Independent Provider does not replace departing staff	
	<b>Marginal</b>		Will agrieve local community	Will disturb and demoralise staff and residents Will agrieve local community	Lose ability to control quality in the sector		
	<b>Negligible</b>						
		Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)
		<b>Likelihood and Percentage of Risk Happening</b>					

## 5.5 Expansion of Current Network of Homes

### **Description**

To build or buy a new home to add to our existing stock.

### **Benefits**

Dilutes future demand concerns

Quality of home is in Local Authority's control

Makes market more resilient in the case of independent sector closures

New build would improve the current stock of care homes in Flintshire

### **Challenges**

Local Authority could not afford to staff a purpose built home

Securing funding to purchase or build a home

### **Risks**

Aggrieve communities whose services have been cut

Cause an unsustainable level of debt

May conflict with current initiatives to support independent living such as Homes for Life and Extra Care

## 5.6 Expansion of Current Network of Homes through Joint Partnership

### **Description**

To co-invest in expanding the stock of centrally managed care homes. This could represent taking control of the lease of a care home, which has either been closed or is in danger of doing so, and co-delivering a residential/nursing care service with the Local Health Board.

### **Benefits**

Dilutes future demand concerns

Quality of home is in Local Authority's control

Makes market more resilient in the case of independent sector closures

New build would improve the current stock of care homes in Flintshire

Not so financially demanding as lone investment

### **Challenges**

Local Authority could not afford to staff a purpose built home alone, and may still struggle with joint investment

Relies on relationships with, and resources of, partners

### **Risks**

Aggrieve communities whose services have been cut

May conflict with current initiatives to support independent living such as Homes for Life and Extra Care

## 6. Conclusion

As is evident through the narrative of this report there is a fragility within the sector heading to 2020, both locally and nationally. The increase in the ageing population is especially potent for Flintshire and will increase demand beyond the current capacity of care homes in the area. The implementation of the national living wage is likely to create gap in the cost of care and the rate at which local authorities can afford to fund care in consideration of austerity, which creates further risk for the long term viability of some, specifically smaller, independent residential care providers. Fears have been expressed that the increase in the pressure of demand and the increased cost of providing care will mean reduced numbers of staff will have less time to undertake their care role for a similar number of residents, therefore affecting the quality of care in the future.

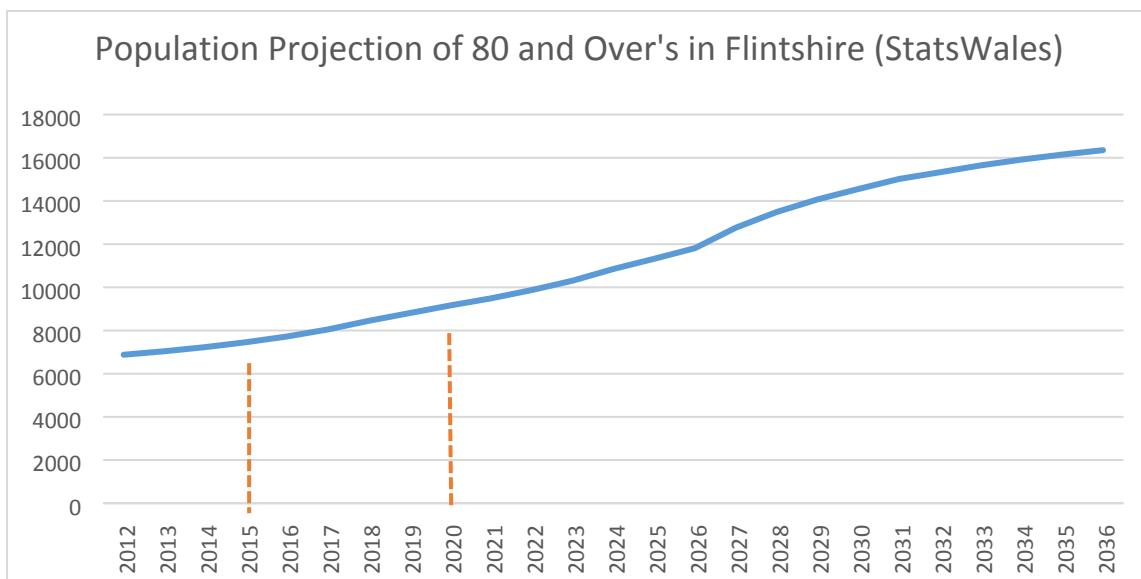
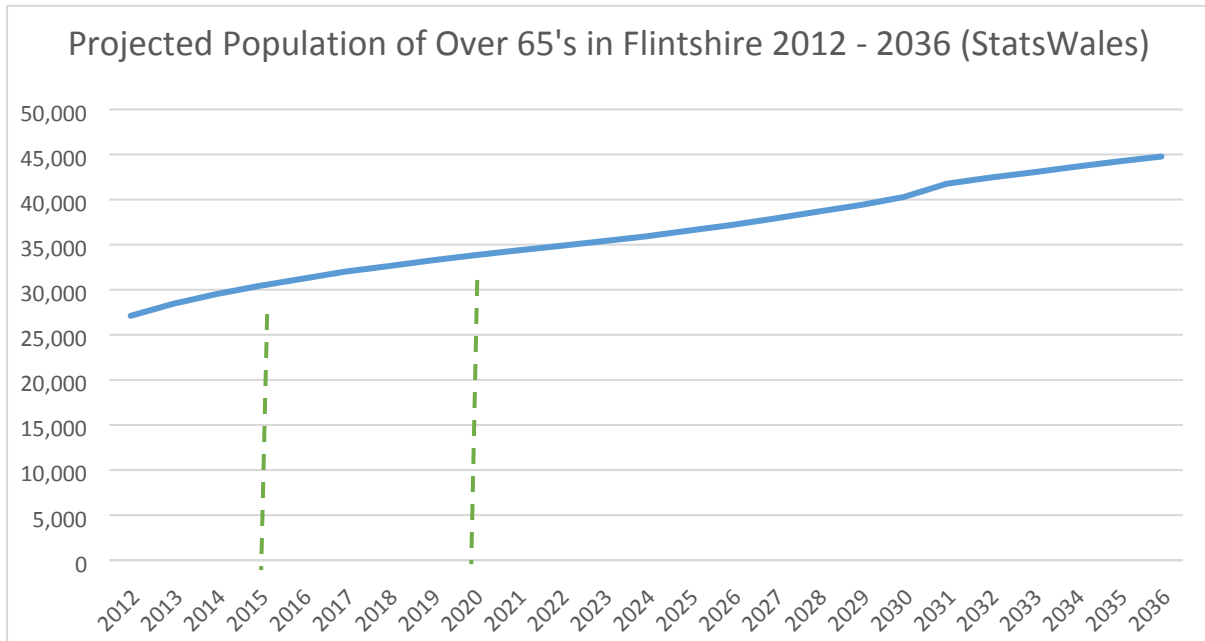
With careful consideration to these points, the option of reducing our in house provision presents some serious and significant risks to the sector and future residents, and therefore appears unviable. The option of increasing the number of in house homes is also considered unviable, due to the time needed to secure such investment, and the budgetary pressures facing the council. Therefore the maintenance of the current level of provision, through options 1, 2 or 4 are concluded to be the most appropriate courses of action. However to adapt our current model of provision (option 2) to suit the changing demands of the sector, in developing an intermediate care hub focused on preventative and early intervention work, is hypothesised to be the most efficient solution to dealing with demand pressures in the future. This would satisfy requirements of both Part 2, Section 15, and Part 9, Section 16 of the Social Services and Well-being (Wales) Act 2014, in providing a “range and level” of preventative/early intervention service, and establishing a pooled fund to co-deliver services with its partners.

What is also clear is that a number of issues presented in the content of this report are not unique to Flintshire, but are present in Local Authorities across Wales. Concerns such as the National Living Wage, poor performances of nursing homes, worrying recruitment and retention of care staff, and a depreciating capital state of homes with little room for investment, are all issues that individual authorities will find challenges with to address individually. Therefore, along with utilising our own methods to deal with such future demands, a national co-ordination, partnership and strategy must be a priority in order to strengthen what is a potentially fragile market.



## Appendices

### Appendix A – Population Increase



<sup>13</sup> StatsWales, 2015, 2011 based local authority population projections for Wales: 2011 to 2036. Welsh Government: Cardiff.

## Appendix B – Demand Forecasts Based on Population Increase

	<u>2015</u>	<u>2020</u>	<u>Increase</u>	<u>Increase (%)</u>
<b><u>Population 80+</u></b>	7457	9160	1703	23%
<b><u>Overall Dementia</u></b>	2049	2451	402	20%
<b><u>Under 80 with Dementia</u></b>	698	787	89	13%
<b><u>Risk Population</u></b>	8155	9947	1792	22%
<b><u>Demand for All Residential</u></b>	544	664	120	22%
<b><u>Demand for EMI Residential</u></b>	238	290	52	22%
<b><u>Demand for General Residential</u></b>	306	373	67	22%
<b><u>Demand for General Nursing Care</u></b>	230	281	51	22%
<b><u>Demand for EMI Nursing Care</u></b>	38	46	8	22%
<b><u>Overall Demand</u></b>	812	990	178	22%

The above forecasts for future demand are based on future demographic projections. This has incorporated StatsWales population projections, to estimate the number of those aged 80+ would be living in Flintshire in 2020, and dementia prevalence figures<sup>14</sup> to estimate the number of those aged 65-79 with dementia. These two factors combined give what is defined as risk population; the demographic most at risk of having significant health and social care needs.

The increase in the risk population from 2015 to 2020 is 22%. Therefore the estimated increase in demand for residential placements for that period is 22% which, assuming that all homes operate at full capacity, leaves a gap of 178 care beds needed to satisfy demand in Flintshire by 2020.

## Appendix C – Increase in Cost of Care

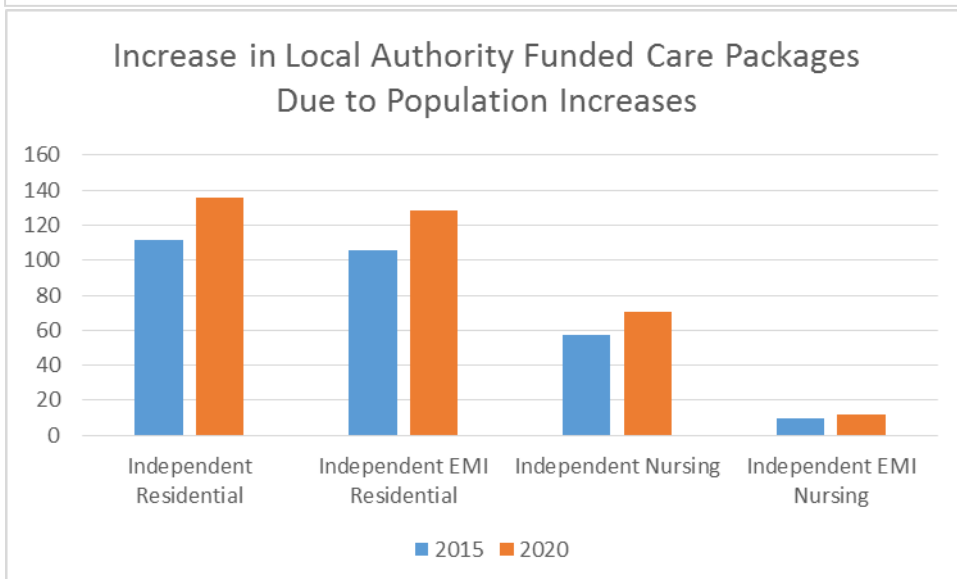
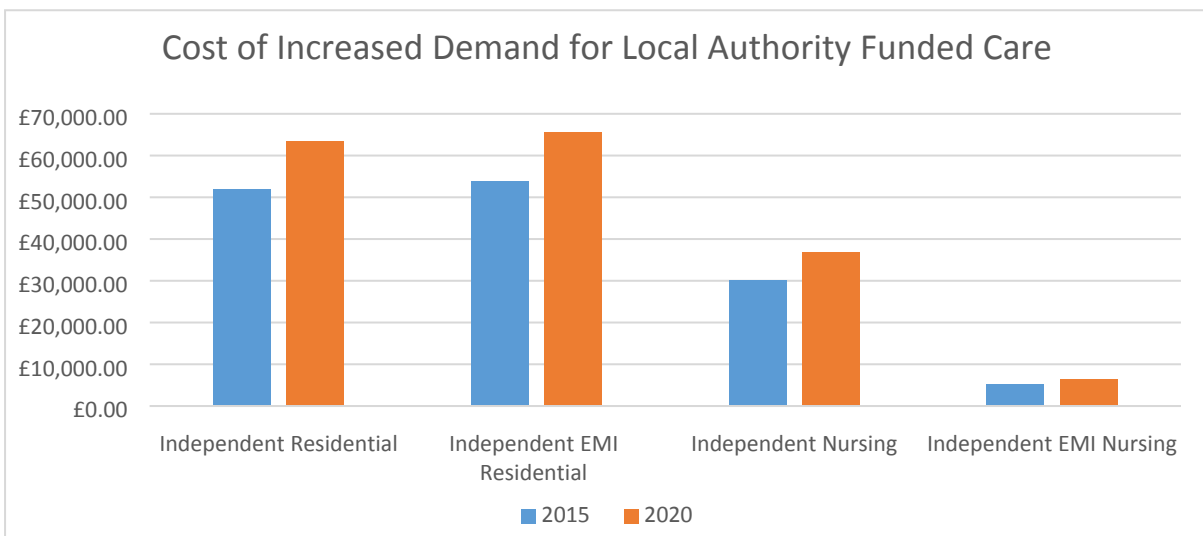
<u>Home Category</u>	<u>Average hours of care per resident per week</u>	<u>Living wage increase by 2020</u>	<u>Extra cost of care per resident per week</u>
<b><u>Independent Residential</u></b>	28.22	£2.50	£70.55
<b><u>EMI Residential</u></b>	31.55	£2.50	£78.88
<b><u>Nursing</u></b>	30.18	£2.50	£75.45
<b><u>EMI Nursing</u></b>	27.43	£2.50	£68.58

<sup>14</sup> Alzheimer's Society, 2007, *Dementia UK – The Full Report*, PSSRU: London

Care Home	2015	Living Wage Increase	Compounded inflation	2020 Total
<b>Residential</b>	£465.90	£536.45	1.00%	£563.81
<b>EMI Residential</b>	£509.72	£588.60	1.00%	£618.62
<b>Nursing</b>	£523.83	£599.28	1.00%	£629.85
<b>EMI Nursing</b>	£549.00	£617.58	1.00%	£649.08

The above table shows that if the average number of hours of care given to a resident per week is maintained, the £2.50 increase for the living wage (based on the national minimum wage in September 2015), means the cost of care for each resident would have increased by £68-79 per week by 2020. With compounded inflation considered, this contributes to approximately £100 increase for all categories of care.

Appendix D – Increased Cost of Local Authority Funded Care Packages in the Independent Sector Due to Demand Increase

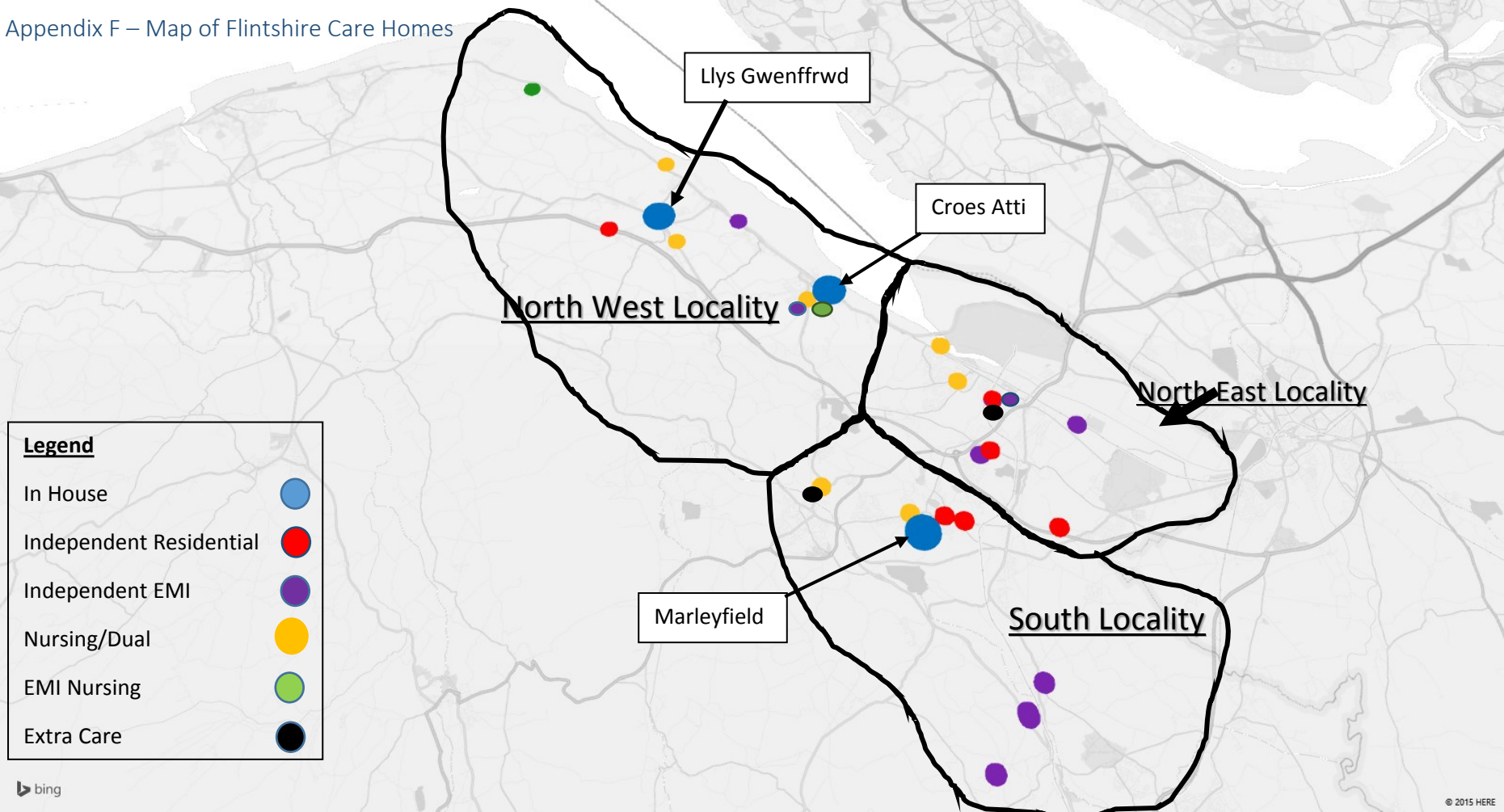


The number of care packages funded by the Local Authority is estimated in the first graph using current proportions of those in residential care that are supported by the Local Authority (48% residential, 25% nursing), and increasing the demand by 22% (as done in appendix B). Using 2015 rates that the Local Authority provide for independent care, only factoring the increase in demand, this equates to an extra £30,000 as illustrated in the latter graph.

#### Appendix E – Number of People in the Risk Population to Care Beds by Local Authority

LA	Residential	EMI Residential	Nursing	EMI Nursing
Conwy	17		39	59
Denbighshire	11		20	44
Flintshire	26		33	207
Gwynedd	15		86	109
Isle of Anglesey	20		42	84
Wrexham	14		25	41
Average	17		41	91

Appendix F – Map of Flintshire Care Homes



## Bibliography

Allan S., Forder J., 2012, *Care Markets in England: Lessons from Research*, PSSRU Discussion Paper 2815. PSSRU: Canterbury

Association of Directors for Social Services Cymru, 2016, *The Impact of the National Living Wage on the care sector in Wales*, Abercynon.

Alzheimer's Society, 2007, *Dementia UK – The Full Report*, PSSRU: London

Care Council for Wales, 2015, *The Profile of the Adult Care Home Managers in Wales 2015*. CCW: Cardiff

Ingham, H., Bamford, S., & Johnes, G., 2015, *The costs and benefits of paying all the lowest-paid care home workers in the UK the Living Wage*, Joseph Rowntree Foundation: York

StatsWales, 2015, *2011 based local authority population projections for Wales: 2011 to 2036*. Welsh Government: Cardiff.

The Older People's Commissioner for Wales, 2015, *A Place to Call Home: A Review into the Quality of Life and Care of Older People living in Care Homes in Wales*, OPCW: Cardiff.

Veale, A., 2011, *Enforced relocation of older people when Care Homes close: a question of life and death?* Age and Ageing; 40: 534–537

Welsh Government, 2015, *A Working Vision for the Care Home Sector in Wales*, Institute of Public Care: Oxford

## List of Consultees

### Dialogue, Information and Intelligence

The following people have contributed to this document through either dialogue, giving their perception and opinions on the care sector nationally and locally, or through factual information and intelligence;

- Steve Vaughan, Welsh Government
- Reena Cartmell, Betsi Cadwaladr University Health Board
- Mary Wimbury, Care Forum Wales
- John Williams, Regional Collaboration Team
- Maria Bell, North Wales Social Services Improvement Collaborative
- Managers of Independent and In House Care Homes in Flintshire

### Direct Feedback on Written Product

The following people have given a critique to a final draft of this document, offering advice on the areas covered, the conclusions that have been drawn, or any amendments that they feel should be made;

- Vicky Poole, CSSIW
- Reena Cartmell, Betsi Cadwaladr University Health Board
- Maria Bell, North Wales Social Services Improvement Collaborative

This page is intentionally left blank





## SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

<b>Date of Meeting</b>	Friday 22 <sup>nd</sup> April, 2016
<b>Report Subject</b>	Quarter 3 Improvement Plan Monitoring Report
<b>Cabinet Member</b>	Cabinet Member for Corporate Management
<b>Report Author</b>	Social Care Overview & Scrutiny Facilitator
<b>Type of Report</b>	Strategic

### EXECUTIVE SUMMARY

The Improvement Plan 2015/16 was adopted by the Council in June 2015. This report presents the monitoring of progress for the third quarter of 2015/16 focusing on the areas of under performance relevant to the Social & Health Care Overview & Scrutiny Committee.

This report is an exception based report and therefore detail focuses on the areas of under-performance.

### RECOMMENDATION

1	That the Committee consider the 2015/16 Quarter 3 Improvement Plan Monitoring Report, highlight concerns and feedback details of any challenge to the Corporate Resources Overview & Scrutiny Committee which is responsible for the overview and monitoring of performance.
---	--

## REPORT DETAILS

1.00	<b>EXPLAINING THE QUARTER 3 IMPROVEMENT PLAN MONITORING REPORT</b>
1.01	The Improvement Plan monitoring report gives an explanation of the progress being made towards the delivery of the impacts set out in the 2015/16 Improvement Plan. The narrative is supported by performance indicators and/or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are controlled.
1.02	The detailed sub-priority report, shown at Appendix 1, is in a new format, which has been generated from the new performance management solution, CAMMS.
1.03	<p>CAMMS has been purchased to provide benefits which include:</p> <ul style="list-style-type: none"> <li>• efficiencies by reducing duplication and data entry;</li> <li>• a single version of the truth;</li> <li>• improved visibility and accountability for performance and programme / project management objectives; including an audit trail; and</li> <li>• dynamic, exception based reporting with dashboards and standard reports.</li> </ul>
1.04	<p>Analysis of performance against the Improvement Plan measures is undertaken using the RAG (Red, Amber and Green) status. This is defined as follows:-</p> <p><b><u>Performance</u></b></p> <ul style="list-style-type: none"> <li>• RED – equates to a position of under-performance against target.</li> <li>• AMBER – equates to a mid-position where improvement may have been made but performance has missed the target.</li> <li>• GREEN – equates to a position of positive performance against target.</li> </ul> <p><b><u>Outcome</u></b></p> <ul style="list-style-type: none"> <li>• RED – equates to a forecast position of under-performance against target at year end.</li> <li>• AMBER – equates to a forecast mid-position where improvement may have been made but performance will miss target at year end.</li> <li>• GREEN – equates to a forecast position of positive performance against target at year end.</li> </ul>
1.06	The high level (RED) risk area identified for the Social & Health Care Overview & Scrutiny Committee, is as follows:-
1.06.1	<p><b>Priority: Living Well (Integrated Community Social and Health Services)</b>  <b>PI: Dementia Respect Empathy and Dignity (RED) project within GP surgeries</b></p>

	<p><b>Q3 Target 12 – Q3 Actual No Data</b></p> <p>No data has been received from the main parties involved in the project for quarter 3. This is currently being followed up. As a result the year to date performance reflects the combined performance for quarters one and two, compared with the year to date target, which is the combined target for the first three quarters of the year.</p>
--	--

<b>2.00</b>	<b>RESOURCE IMPLICATIONS</b>
2.01	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.

<b>3.00</b>	<b>CONSULTATIONS REQUIRED / CARRIED OUT</b>
3.01	The Chief Officer Team and the Performance Leads from across the Authority have contributed to help shape the new approach to reporting.

<b>4.00</b>	<b>RISK MANAGEMENT</b>
4.01	Progress against the risks identified in the Improvement Plan have been reported on for quarter 3 and the detail is included in the report at Appendix 1.

<b>5.00</b>	<b>APPENDICES</b>
5.01	Appendix 1 – Quarter 3 Improvement Plan Progress Report – Living Well.

<b>6.00</b>	<b>LIST OF ACCESSIBLE BACKGROUND DOCUMENTS</b>
6.01	<p><b><u>Improvement Plan 2015/16</u></b></p> <p><a href="http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx">http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx</a></p> <p><b>Contact Officer:</b> Margaret Parry-Jones Environment &amp; Social Care Overview &amp; Scrutiny Facilitator</p> <p><b>Telephone:</b> 01352 702427</p> <p><b>Email:</b> <a href="mailto:margaret.parry-jones@flintshire.gov.uk">margaret.parry-jones@flintshire.gov.uk</a></p>

<b>7.00</b>	<b>GLOSSARY OF TERMS</b>
7.01	<b>Improvement Plan</b> – the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.
7.02	<b>CAMMS</b> – is an integrated planning, risk management and programme/project management and reporting software. It was purchased in April 2015 and work to commence implementation began in May; focusing initially on the Council’s Improvement Plan and the Portfolio of Social Services. The link below provides further information about CAMMS. <a href="http://cammsgroup.com/">http://cammsgroup.com/</a>
7.03	<b>Dementia Respect Empathy and Dignity (RED) project</b> – a North Wales project aimed at contributing to the development of dementia supportive communities.

# Quarter 3 Improvement Plan Progress Monitoring Report – Living Well

Flintshire County Council



Page 53

## Actions



### 2 Living Well

#### 2.1 Enabling more people to live independently and well at home

##### 2.1.1 Independent Living

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.1.1 Ensure Care Home Provision within Flintshire enables people to live well and have a good quality of life.	Lin Hawtin - Commissioning Manager	In Progress	01-Apr-2015	31-Mar-2016	90.00%	 GREEN	 GREEN
<p><b>ACTION PROGRESS COMMENTS:</b></p> <p>1. Delivering the Dementia Awareness training to all care homes by September 2015 - We have delivered 5 initiatives through the dementia awareness programme and can report the following progress:</p> <ul style="list-style-type: none"> <li>• Voucher Scheme- Session in Music/ Happy Time Activities completed by providers for EMI Care Homes</li> <li>• Training for Care Staff- All training and Follow up session completed in Dance Circles/ Dementia Gardening.</li> <li>• Equipment loans and delivery support- On going access to resources and 'Never Ending Story' with both resources and delivery support booked till January 16</li> <li>• Memory Cafes - 5 Memory Cafes established in Mold, Holywell, Mostyn, Flint and Buckley. With Care Homes attending and invited to every cafe.</li> <li>• Sustainability Event of above services arranged for November 15 with all EMI Care Homes</li> </ul> <p>2. Evaluating the impact (including satisfaction levels) of the pilot project being undertaken with Age Concern 'Listening Friends' by March 2016 -The project is being delivered by Age Connects North East Wales using a pool of existing volunteers. Training is on-going and volunteers are starting to set up regular visits to homes. Their progress will be reported through the Quality Circle.</p> <p>3. Improving the quality of care through implementing pre-placement agreements for all care homes by May 2015 - Pre placement agreements have been sent to all care homes in Wales who have a Flintshire funded placement. The agreed start date was 1.6.15.</p> <p>We have received a challenge against the pre placement agreement from a home owner in Wrexham, following legal advice we have extended the date for return to 30.09.15 However approximately 80% of contracts have been returned signed</p> <p>09/10/15 Challenge from provider in Wrexham is still on-going and the region have sought legal advice, a decision is to be made about making small amendments to 2 clauses</p> <p>Q3 progress:</p> <p>A sustainability Event was completed successfully with the full attendance of Care Homes, residents and providers.</p> <p>2 projects were arranged for Care Homes to build upon dementia awareness and sustainability of the Voucher Scheme.</p> <p>Planned Projects include a Small Grant competition for enhanced environments in technology, reminiscence resources and outside space, and a Voucher scheme project enhancement using a Buy one Get one free model from providers via ICF funding.</p>							

Last Updated: 05-Feb-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.1.2 Support greater independence for individuals with a frailty and / or disability.	Susie Lunt - Integrated Services Manager	In Progress	01-Apr-2015	31-Mar-2016	75.00%		

**ACTION PROGRESS COMMENTS:**

The baseline for the existing access routes for obtaining information, advice and access to community services has been completed and there is recognition for the benefit of introducing a Single Point of Access for citizens and professionals alike. We are progressing our action plan in readiness for the implementation of the Single Point of Access and our duties under the Social Services and Wellbeing Act, as follows:

1. Adoption of outcome focused and person centred 'front door' approach to assessment.
2. Review of working practices to reflect the new approach and documentation.
3. Roll out of training and support programme to support staff to confidently offering information, advice and assistance.
4. Supporting the population of the new DEWIS Directory of Services (DoS).

In terms of the SPOA position, the above actions remain in place and are on going.

BCUHB have appointed to the area director post and strategic discussions should provide a clearer indication of when BCUHB are likely to deploy resources to SPOA.

DEWIS had had a soft launch across North Wales.

As a Flintshire information network is established, they will lead and oversee the continued population of information .

The pilot of the night support service is underway and monitoring has taken place.



A review of the pilot has been undertake as part of phase 1. Phase 2 will seek to establish the business benefits, e.g. cost effective, sustainable with flexible service model, dependent on the development agreements funding .

January update: Health and Social Care staff are using the "What Matters" conversation at the front door, and progress is being made on getting the new documentation into Paris.

There is a plan in place that links with the Act. We are continuing to support DEWIS and encouraging staff to use it.

There will be a Phase 2 review of Night Time Support by the end of March 2016.

Last Updated: 27-Jan-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.1.3 Strengthen and enhance prevention and early intervention services for vulnerable children and families.	Craig Macleod - Development & Resources Manager	In Progress	01-Apr-2015	31-Mar-2016	75.00%		

**ACTION PROGRESS COMMENTS:**



Quarter 3: A proposed operating structure has been developed in consultation with staff and the unions. Arrangements are in place for the proposed structure to be formally endorsed and implemented. The proposed structure responds to the key recommendations identified within the CSSIW Inspection Report. Included within this is the establishment of a targeted

support team that will bring together and coordinate a range of early intervention services. A report on progress will be submitted to Scrutiny in March as part of an overall update on progress in responding to the CSSIW inspection recommendations.

Quarter 2: A new structure for Children's Services has been developed and is currently out for consultation with all staff. The proposed structure responds to the key recommendations identified within the CSSIW Inspection Report. Included within this is the establishment of a targeted support team that will bring together and coordinate a range of early intervention services.

Last Updated: 03-Feb-2016

## 2.1.2 Integrated Community Social and Health Services



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.1 Continue integrating community based health and social care teams to provide consistent service across localities.	Christine Duffy - Localities Manager	In Progress	01-Apr-2015	31-Mar-2016	33.00%	 AMBER	 AMBER

### ACTION PROGRESS COMMENTS:

Awaiting response from Health colleagues re organisation of community services.

Q3 update: Health are looking at a site in Connah's Quay, although co-location is now unlikely to be achieved by March 2017.

Last Updated: 26-Jan-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.2 Ensure that effective services to support carers are in place as part of the integrated social and health services.	Lin Hawtin - Commissioning Manager	In Progress	01-Apr-2015	31-Mar-2016	75.00%	 GREEN	 GREEN



### ACTION PROGRESS COMMENTS:

Consultation events with Vol orgs held March to July 2015 Wider consultation with all Flintshire Carers arranged for September 2015 Notification to Providers to end current contract and develop new contracts from April 2016

Final consultation with carers October 19th. Tender process to follow with new contracts in place by March 2016.

Last Updated: 20-Jan-2016



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.3 Influence the use of Intermediate Care Funds to support effective discharge from hospital and ensure a smoother transition between Health and Social Care services.	Craig Macleod - Development & Resources Manager	In Progress	01-Apr-2015	31-Mar-2016	75.00%	 GREEN	 GREEN

**ACTION PROGRESS COMMENTS:**

Quarter 3: Projects are running well with governance arrangements in place to assess and evaluate performance. Arrangements are in place for determining the allocation of funding for 16/17 to support effective intermediate care services with proposals to support and sustain existing services where there are specific pressure points. This includes the potential for supporting high quality Care Home provision and independent sector domiciliary support which plays an integral role in reducing pressures on hospital in terms of admissions and facilitating timely discharge.

Quarter 2: All projects are live with governance arrangements in place to assess and evaluate performance.

Joint 'East Division' planning sessions have taken place with Health, GP's and Wrexham LA to set an agreed vision for services in the area, including how ICF funding can be effectively deployed in future years. This work will inform funding priorities for 2016/17 onwards as part of a strategic approach to bringing together services to support people in the community with effective interfaces with hospitals.



Detailed quarterly performance reports incorporating quantitative performance data as well as case studies are produced and submitted to Welsh Government.

Last Updated: 03-Feb-2016

Page 57

## 2.2 Ensuring adults, young people and children are safeguarded



### 2.2.1 Safeguarding



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.1 Create a single Safeguarding Unit to manage safeguarding and protection processes for adults, young people and children.	Jane M Davies – Workforce Development Manager	Completed	01-Apr-2015	31-Mar-2016	100.00%	 GREEN	 GREEN

**ACTION PROGRESS COMMENTS:**

There is now an established Safeguarding Unit operational that covers both the adults and children's safeguarding processes and functions. The Unit is located in the Flint offices and has close contact with operational services in both Adults and Children's. Consideration is currently being given to the appointment of a dedicated Safeguarding Unit manager

Last Updated: 13-Nov-2015



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.2 Prepare for the new and additional safeguarding requirements of the SSWB Act.	Jane M Davies - Workforce Development Manager	In Progress	01-Apr-2015	31-Mar-2016	60.00%	 GREEN	 GREEN
<p><b>ACTION PROGRESS COMMENTS:</b>            Upon receipt of the new legislation for safeguarding contained within the Social Services &amp; Wellbeing Act (Wales), the North Wales Safeguarding Board and its associated groups will plan full implementation of the new requirements. The corporate safeguarding panel which is scheduled to commence in early December will have preparation for the Act as a primary priority.</p> <p>Last Updated: 05-Feb-2016</p>							



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.3 Strengthen arrangements within all Council portfolios to have clear responsibilities to address safeguarding.	Jane M Davies - Workforce Development Manager	In Progress	01-Apr-2015	31-Mar-2016	15.00%	 GREEN	 GREEN
<p><b>ACTION PROGRESS COMMENTS:</b>            Named safeguarding leads have been identified by each Chief Officer and the first meeting of the Corporate Safeguarding Panel will take place in December and will commence the establishment of these roles. A self assessment will be completed against the recent Auditor General for Wales' 'Review of Corporate Safeguarding Arrangements in Welsh Councils' and presented to the appropriate Scrutiny Committee.</p> <p>Last Updated: 26-Jan-2016</p>							



# Performance Indicators

## 2 Living Well



### 2.1.1 Independent Living

KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.1M01 (SCAL/025) Percentage of Flintshire care homes using the One Page Profile as the foundation to person-centred practice	No Data	100	0	 GREEN	↔	100	0	 GREEN
<p><b>Lead Officer:</b> Lin Hawtin - Commissioning Manager  <b>Reporting Officer:</b> Nicki Kenealy - Contracts Team Manager  <b>Aspirational Target:</b>  <b>Progress Comment:</b> All 16 homes on the Person Centred Care programme are using the One Page Profile.</p>								

KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.1M02 (SCAL/027) Number of care homes which are a 'Service of Concern'	0	2	3	 GREEN	↓	2	3	 GREEN
<p><b>Lead Officer:</b> Lin Hawtin - Commissioning Manager  <b>Reporting Officer:</b> Nicki Kenealy - Contracts Team Manager  <b>Aspirational Target:</b>  <b>Progress Comment:</b> Two nursing homes remain a 'Service of Concern' with CSSIW, progress is being monitored through the Joint Inter -agency Monitoring Panel</p>								



KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.1M03 (SCAL/028) Number of care homes in 'Escalating Concerns'	0	0	2	 GREEN	↔	0	2	 GREEN
<p><b>Lead Officer:</b> Lin Hawtin - Commissioning Manager  <b>Reporting Officer:</b> Nicki Kenealy - Contracts Team Manager</p>								

**Aspirational Target:****Progress Comment:** There are no homes in Escalating Concerns.

KPI Title	Pre. EOY Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.1M04 (SCAL/023) - Percentage of referrals where support was maintained or reduced or no further support was required at the end of a period of Reablement.	77.3	82.56	75	 GREEN	↓	82.56	75	 GREEN



**Lead Officer:** Christine Duffy - Localities Manager**Reporting Officer:** Joanne Caffrey - Performance Officer**Aspirational Target:****Progress Comment:** The outturn is slightly down on the last quarter but we are still well on track to meet our target at the end of this year.



Page 60



KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.1M05 (FS/002) The percentage of service users who say that the advice and assistance received from the Family Information Service (FIS) enabled them to make an informed decision about childcare and family support.	No Data	100	87	 GREEN	↔	100	87	 GREEN

**Lead Officer:** Gail Bennett - Early Intervention Services Manager**Reporting Officer:** Peter Wynne - Information Service Manager**Aspirational Target:****Progress Comment:** During Q3, 402 tailored packages of information were provided to customers. Of these, 129 were sent a customer survey form and 19 responses were received, equivalent to 15%, of which 100% confirmed that they were able to make an informed decision about childcare and / or family support services from the advice and / or assistance received from the service. The FISF Service is planned to relocate to the Flint Office in January 2016 to increase partnership working between Social Services for Children, Housing and Adults with Learning Disabilities.

## 2.1.2 Integrated Community Social and Health Services

KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.2M06 (SCAL/030) Support people effectively through the use of 'step up and step down' beds	0	30	22.5	 GREEN	↑	82	67.5	 GREEN
<p><b>Lead Officer:</b> Christine Duffy - Localities Manager  <b>Reporting Officer:</b> Jacque Slee - Performance Lead – Social Services  <b>Aspirational Target:</b>  <b>Progress Comment:</b> A further 30 people were admitted between October and December</p>								

KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.2M07 (SCAL/026) The number of care homes in Flintshire signed up to the Six Steps to Success.	No Data	20	Not Set		↑	47	Not Set	
<p><b>Lead Officer:</b> Lin Hawtin - Commissioning Manager  <b>Reporting Officer:</b> Nicki Kenealy - Contracts Team Manager  <b>Aspirational Target:</b>  <b>Progress Comment:</b> 10 homes have successfully completed the programme. We are now in a position to offer the programme to the remaining homes in Flintshire.</p>								



KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.2M08 (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.	82.35	97.77	82	 GREEN	↓	97.77	82	 GREEN
<p><b>Lead Officer:</b> Lin Hawtin - Commissioning Manager  <b>Reporting Officer:</b> Joanne Caffrey - Performance Officer  <b>Aspirational Target:</b> 82.00  <b>Progress Comment:</b> We are well on track to meet our target by the end of the year.</p>								

KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.2M09 (SCAL/029) Dementia Respect Empathy and Dignity (RED) project within GP surgeries	No Data	No Data	12.5		↔	16	37.5	 RED
<b>Lead Officer:</b> Lin Hawtin - Commissioning Manager <b>Reporting Officer:</b> Luke Pickering-Jones - Planning Officer <b>Aspirational Target:</b> <b>Progress Comment:</b> No data has been received from the main parties involved in the project. We are following this up.								



KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.1.2M10 (SCA/001) – The rate of delayed transfers of care for social care reasons.	1.23	2.37	2	 AMBER	↓	2.37	2	 AMBER
<b>Lead Officer:</b> Christine Duffy - Localities Manager <b>Reporting Officer:</b> Joanne Caffrey - Performance Officer <b>Aspirational Target:</b> 2.00 <b>Progress Comment:</b> There has been a considerable reduction in the number of delays this quarter. Two of the reported 4 cases are in dispute with Health, and it is likely that the overall outturn will be better.								

### 2.2.1 Safeguarding

KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.2.1M11 (SCA/019) The percentage of adult protection referrals where the risk was managed.	100	100	98	 GREEN	↔	100	98	 GREEN
<b>Lead Officer:</b> Jane M Davies - Workforce Development Manager <b>Reporting Officer:</b> Joanne Caffrey - Performance Officer <b>Aspirational Target:</b> 100.00 <b>Progress Comment:</b>								

KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.2.1M12 (SCC/014) – The percentage of initial child protection conferences held within 15 days of the strategy discussion.	100	84.78	95	 AMBER	↓	84.78	95	 AMBER

**Lead Officer:** Jane M Davies - Workforce Development Manager  
**Reporting Officer:** Laura D'Arcy - Performance Officer  
**Aspirational Target:** 98.00  
**Progress Comment:** This quarters decline in performance is primarily due to conferences being held outside timescales because of diary capacity and family none attendance.




KPI Title	Pre. EOY Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	YTD RAG
IP2.2.1M13 (SCC/034) – The percentage of child protection reviews completed within timescales.	100	1000	98	 GREEN	↔	100	98	 GREEN




**Lead Officer:** Jane M Davies - Workforce Development Manager  
**Reporting Officer:** Laura D'Arcy - Performance Officer  
**Aspirational Target:** 100.00  
**Progress Comment:**

# RISKS

## 2 Living Well

### 2.1.1 Independent Living

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
The quality of care home services will not meet required standards.	Neil Ayling - Chief Officer - Social Services	Lin Hawtin - Commissioning Manager				Open
<p><b>Potential Effect:</b> Negative impact on reputation of the Council.</p> <p><b>Management Controls:</b> Contract monitoring in place Good relationship with CSSIW Good relationships with providers</p> <p><b>Progress Comment:</b> Both nursing homes previously in escalating concerns have had the embargos lifted. We are working closely with CSSIW to monitor the quality of provision and the evidence that intended improvements are being delivered. The level of risk remains the same.</p>						

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Children and vulnerable families are not fully supported where multi-agency services and partners do not move toward an early intervention and prevention approach together.	Neil Ayling - Chief Officer - Social Services	Gail Bennett - Early Intervention Services Manager				Open
<p><b>Potential Effect:</b></p> <p><b>Management Controls:</b></p> <p><b>Progress Comment:</b> Risk reviewed annually</p>						

### 2.1.2 Integrated Community Social and Health Services

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Funding between Health and Council does not transfer smoothly; eg. CHC, ICF, Primary Care funds	Neil Ayling - Chief Officer - Social Services	, Craig Macleod - Development & Resources Manager				Open






**Potential Effect:** Increased costs to the Council

**Management Controls:** Refreshed strategic direction led by BCUHB's new Executive Boards and a new operating structure currently being introduced. The structure will have more of a locality focus with a strengthened focus on increasing capacity within community based services.

**Progress Comment:** Quarter 3: There are a small number of high cost packages of care that remain in CHC dispute processes. We continue to try and secure agreement on these cases with BCU but, despite effort, they remain unresolved. This creates financial risks for the authority.

ICF funding will increase for 2016/17. We are working with Health with a view to ensuring that the additional allocation supports social care issues and can be used for sustainability issues.

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Service provision is not co-ordinated / integrated.	Neil Ayling - Chief Officer - Social Services	, Craig Macleod - Development & Resources Manager				Open

**Potential Effect:** Ineffective joint services

**Management Controls:** Refreshed strategic direction led by BCUHB's new Executive Boards and a new operating structure currently being introduced. The structure will have more of a locality focus with a strengthened focus on increasing capacity within community based services.

**Progress Comment:** Quarter 3 There is an established Integrated Services Board (ISB) which provides governance for integrated services between BCUHB and local authorities. The Memorandum of Understanding between the partners was refreshed in quarter 1 to underpin the work of the ISB and the associated commitment to integrated and co-ordinated service delivery. There is a positive alignment of ambition between the newly developed Senior Management Team for the East Area of BCUHB with acknowledgement of the need for closer, more integrated working. The success of translating this ambition into consistent organisational practice and approach will need continuous review.

Page 65

### 2.2.1 Safeguarding

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Safeguarding arrangements do not meet the requirements of the SSWB Act.	Neil Ayling - Chief Officer - Social Services	, Jane M Davies - Workforce Development Manager				Open

**Potential Effect:** Criticism from Regulator

**Management Controls:**

**Progress Comment:** Until we receive the final regulations and code of practice it is difficult to identify the requirements and reach a judgement as to whether these can/will be met.

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Adults, young people and children are not sufficiently safeguarded.	Neil Ayling - Chief Officer - Social Services	, Jane M Davies - Workforce Development Manager	Yellow	Yellow	↔	Open
<p><b>Potential Effect:</b> Criticism from regulator Negative impact on reputation of Council</p> <p><b>Management Controls:</b> Establish wider ownership and governance of safeguarding across the authority whilst streamlining its management</p> <p><b>Progress Comment:</b> Lead Officers for Safeguarding have been appointed and their work programme will be agreed at the first Corporate Safeguarding Panel in December. Quarter 2 performance has shown improvement.</p>						



## SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

<b>Date of Meeting</b>	Friday 22 <sup>nd</sup> April 2016
<b>Report Subject</b>	Forward Work Programme
<b>Cabinet Member</b>	Not applicable
<b>Report Author</b>	Social & Health Care Overview & Scrutiny Facilitator
<b>Type of Report</b>	Operational

### EXECUTIVE SUMMARY

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

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

### RECOMMENDATION

1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair and Vice-Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

## REPORT DETAILS

<b>1.00</b>	<b>EXPLAINING THE FORWARD WORK PROGRAMME</b>
1.01	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 Improvement Plan.
1.02	<p>In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:</p> <ol style="list-style-type: none"><li>1. Will the review contribute to the Council's priorities and/or objectives?</li><li>2. Is it an area of major change or risk?</li><li>3. Are there issues of concern in performance?</li><li>4. Is there new Government guidance of legislation?</li><li>5. Is it prompted by the work carried out by Regulators/Internal Audit?</li></ol>
<b>2.00</b>	<b>RESOURCE IMPLICATIONS</b>
2.01	None as a result of this report.
<b>3.00</b>	<b>CONSULTATIONS REQUIRED / CARRIED OUT</b>
3.01	Publication of this report constitutes consultation.
<b>4.00</b>	<b>RISK MANAGEMENT</b>
4.01	None as a result of this report.
<b>5.00</b>	<b>APPENDICES</b>
5.01	Appendix 1 – Draft Forward Work Programme
<b>6.00</b>	<b>LIST OF ACCESSIBLE BACKGROUND DOCUMENTS</b>
6.01	<p>None.</p> <p><b>Contact Officer:</b> Margaret Parry-Jones Overview &amp; Scrutiny Facilitator</p> <p><b>Telephone:</b> 01352 702427</p> <p><b>E-mail:</b> <a href="mailto:margaret.parry-jones@flintshire.gov.uk">margaret.parry-jones@flintshire.gov.uk</a></p>

7.00	<b>GLOSSARY OF TERMS</b>
7.01	<b>Improvement Plan:</b> the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

This page is intentionally left blank

**CURRENT FWP**

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
<b>Thursday 19 May 2016 2.00 p.m.</b>	<b>Comments, Compliments and Complaints</b>  <b>Draft Improvement Plan 2016/17</b>  <b>Annual Council Reporting Framework Workshop to follow meeting.</b>	To receive a report on the compliments, representations and complaints received by Social Services for the year April 2015 – March 2016  To consider the draft improvement plan  To consider the draft report	Assurance  Options Consultation  Assurance	Chief Officer Social Services  Assistant Policy Officer (Partnerships)  Chief Officer Social Services	
<b>Thursday 9<sup>th</sup> June 2016 10.00 am</b>	<b>Meeting with Betsi Cadwaladr University Health Board (confirmed) and Welsh Ambulance Service (confirmed)</b>				
<b>Thursday 23 June 2016 10.00 a.m.</b>	<b>Year End &amp; Q 4 performance reporting</b>	To enable members to fulfil their scrutiny role in relation to performance monitoring	Assurance	Facilitator	

(to be re-arranged due to EU Referendum)	<b>Mental Health Services</b>	To receive an update on Mental Health Services		Chief Officer Social Services	
	<b>Progress report on the development of the North Wales Safeguarding Boards April 2016</b>	To enable the Committee to fulfil their scrutiny role in relation to performance and Assurance governance of collaborative services.		Chief Officer Social Services	
<b>Thursday 21 July 2016 2.00 p.m.</b>				Chief Officer Social Services	

### Regular Items

Month	Item	Purpose of Report	Responsible / Contact Officer
<b>January</b>	<b>Safeguarding &amp; Child Protection</b>	To provide Members with statistical information in relation to Child Protection and Safeguarding	Chief Officer Social Services
<b>March</b>	<b>Educational Attainment of Looked After Children</b>	Education officers offered to share the annual educational attainment report which goes to Education and Youth OSC with this Committee	Chief officer Education
<b>March</b>	<b>Corporate Parenting</b>	Report to Social & Health and Education and Youth Overview & Scrutiny	Chief Officer Social Services



Month	Item	Purpose of Report	Responsible / Contact Officer
Half-yearly	<b>Betsi Cadwaladr University Health Board Update</b>	To maintain 6 monthly meetings – partnership working	Facilitator
May	<b>Comments, Compliments and Complaints</b>	To consider the Annual Report.	Chief Officer Social Services
	<b>Adult Safeguarding</b>	To consider the annual statistical information	Chief Officer Social Services
Every 6 months	<b>Repeat Referrals in Children’s Services</b>	To monitor progress	Chief Officer Social Services

This page is intentionally left blank