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To: Cllr Carol Ellis (Chair)

Councillors: Paul Cunningham, Adele Davies-Cooke, Andy Dunbobbin, Veronica Gay, David Healey, Cindy Hinds, Ray Hughes, Mike Lowe, Dave Mackie, Hilary McGuill, Mike Reece, Ian Smith, David Wisinger and Matt Wright

7 December 2016

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 2.00 pm on Tuesday, 13th December, 2016 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items

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 BETSI CADWALADR UNIVERSITY HEALTH BOARD (PRESENTATION)

Purpose: To receive a presentation from representatives of Betsi Cadwaladr University Health Board (BCUHB).

4 THE FUNCTION AND PURPOSE OF FLINTSHIRE COMMUNITY MENTAL HEALTH TEAMS (Pages 3 - 16)

Report of Chief Officer (Social Services) enclosed. Portfolio of the Cabinet Member for Social Services.

Purpose: To update the Committee on the work of the teams.

5 **QUARTER 2 IMPROVEMENT PLAN 2016/17 MONITORING REPORT**
(Pages 17 - 36)

Report of the Chief Executive and Chief Officer (Social Services) enclosed.
Portfolio of the Cabinet Member for Social Services.

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** (Pages 37 - 44)

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

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

Yours sincerely



Robert Robins
Democratic Services Manager



SOCIAL AND HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Tuesday, 13 December 2016
Report Subject	The function and purpose of Flintshire Community Mental Health Teams
Portfolio Holder	Cabinet Member (Social Services)
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

This report provides information to Scrutiny Committee on the function and purpose of the Community Mental Health Teams (CMHT). It also seeks to provide case examples typical of referrals received on a daily basis within this service.

RECOMMENDATIONS

1	Scrutiny are informed and aware of, in general terms, the structure of the service.
2	Scrutiny understand the referral process to CMHT and typical presentation of those being referred.

REPORT DETAILS

1.00	Explaining the Community Mental Health Service
1.01	All Community Mental Health teams are jointly funded and managed by Flintshire Social Services and Betsi Cadwalader University Health Board (BCHUB).

1.02	<p>Referral Process</p> <p>Flintshire Community Mental Health Team (CMHT) is made up of four parts and based in two buildings, namely Aston House (Deeside) and Pwll Glas (Mold).</p>
1.03	<p>Eligibility for services falls into two main categories We have services that support people with mild to moderate mental health issues. This would include difficulties due to intermittent MH problems, with mild to moderate impact on wellbeing. The Local Primary Mental Health Services responds to these needs.</p>
1.04	<p>The Community Mental Health Team. This service supports people with severe mental health problems, resulting in a major risk to wellbeing and/or Mental Health Act intervention needed immediately and/or issues relating to capacity.</p>
1.05	<p>Any professional can refer to the service. In addition, under Mental Health measure, any person who used to receive a service can re refer themselves.</p>
1.06	<p>The Mental Health Measure was introduced by the Welsh Government to ensure standards are consistently applied across all of Wales.</p>
1.07	<p>CMHT services are for working age adults, although MH Act also applies to children.</p>
1.08	<p>The principles of the Social Services Wellbeing Act support the work of Mental Health Services in that we all seek to promote peoples' recovery, and in this aim we are now supported.</p>
1.09	<p>Service Structure – Appendix 1</p> <p>There are a small number of vacancies for health staff within CMHTs. These are in the process of being filled. There are 2 Community Psychiatric Nurse posts being recruited.</p>
1.10	<p>The Local Primary Mental Health Support Service (LPMHSS) provides services to people with mild to moderate mental health issues, such as anxiety and mild to moderate depression. They use a cognitive based approach. The team covers the whole of Flintshire and is based at Aston House. They are the lowest resourced team per 1000 population of all 6 North Wales counties.</p>
1.11	<p>Secondary Care Team</p> <p>This is the team that supports people with more complex needs, for example they see people with severe and enduring mental ill health, schizophrenia, Bi-Polar Affective Disorder, severe depression and severe personality disorders.</p>
1.12	<p>Secondary Care team work on a three patches bases. Deeside/Connah's Quay area. Mold / Buckley area and Flint/Holywell.</p>
1.13	<p>These teams have access to the Home Treatment Team and the Community Rehabilitation Team. The Community Rehabilitation Team Supports people with enduring mental ill health and/or severe personality disorders on a</p>

	'recovery' journey, usually from specialist hospitals to supported living in the community.
1.14	Team have access Psychological therapies, specialised services offered by psychological therapists and psychologists. There is also a specialist service for ex service personnel who have Post Traumatic Stress Disorder (PTSD).
1.15	For the psychological therapies we have two part-time therapists who mostly run groups sessions and have only a short waiting list.
1.16	However where there is a need for a psychologist, there is a long waiting list in excess of 18 months and referrals to the therapeutic groups for people with personality disorders are currently closed to new referrals and have been for about a year. This is the responsibility of BCU and has been raised as an area of concern.
1.17	Links with Third Sector We work in partnership with third sector organisations to support people who don't meet the eligibility for stator services.
1.18	PARABL offers counselling to people who would not meet the criteria for any statutory mental health service; this is also a gateway to access CRUSE and RELATE who offer specific help to those bereaved and with relationship difficulties respectively.
1.19	Caseload The Secondary care team have approx. 800 current open cases which has been consistent during recent years. There aren't any waiting lists although allocating is a struggle. In the main these are people who have severe and enduring mental ill health with diagnoses such as schizophrenia, bi-polar affective disorder and severe depression.
1.20	There are a significant number of people who have personality disorders and we are seeing an increase in the number of cases. This group of individuals can cause difficulties for other agencies such as the police and ambulance service. Examples would include multiple calls made to emergency services when no urgent need exists.
1.21	There are an increasing number of adults who have children being assessed for Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) who are themselves asking to be assessed as they see the same traits in themselves. We accept these referrals which contribute to using capacity available. This is an area of unmet need as there is little to offer other than assessment and, where appropriate, a diagnosis and sometimes medication helps those with ADHD.
1.22	There are some people with Autism Spectrum Disorders who are unable to manage unaided in the community and we have had to look to outside agencies to provide the care and assistance needed to enable these people to move back to the community.

1.23	Single Point of Assessment and Allocation (SPoAA) All referrals to the Mental Health teams are screened by SPoAA. This takes place every morning and is attended by a combination of County Manager or Deputy, Duty officers, Older persons CMHT (CMHT(E)), Substance Misuse Service (SMS), LPMHSS, Psychiatrist, Psychology with admin support.
1.24	We receive approx. 4000 referrals per year. Just under half (45%) are offered an appointment with LPMHSS, (mild/ moderate service).
1.25	The remainder (55%) are for secondary care, CMHT, SMS as well as other services within health or the local authority. The Mental Health Measure requires referrals to be seen within timescales, depending on urgency of need e.g. high priority are seen on the same day. There are waiting times to see Consultant (new appointments) of 12 weeks.
1.26	In the main referrals come from GPs using an electronic form. If sent this way the referral is dealt with the following day at SPoAA and passed to one of the following:
1.27	Urgent referrals are followed up by the Duty Officer by contacting the referrer and the person concerned. A decision is made about how best to deal with the referral. Urgent referrals include people presenting with high suicide risk. These urgent cases will be seen by the Duty Officer either the same day or later after discussion with the person referred.
1.28	Referrals that require an assessment under the Mental Health Act will be passed to one of the Approved Mental Health Professionals (AMHP) based in the teams for action. The response time for seeing someone varies from within 3 hours when there is someone who has been placed under a police place of safety (s136 MHA). This is increasingly taking a day or more because of shortage of beds locally and nationally to which people can be admitted after the Mental Health Assessment.
1.29	BCU have the responsibility to source beds and often have to contact hospitals throughout England and Wales.
1.30	Routine referrals go to the appropriate team to be allocated. For the secondary care teams this is a weekly Multi-Disciplinary Meeting.
1.31	We work closely with GP practices and where possible we will visit the practice to carry out the assessments.

2.00	RESOURCE IMPLICATIONS
2.01	Social Services provide funding jointly with Betsi Cadwaladr University Health Board. There are concerns about the raising number of referrals to the team and the ability to support individuals within the available resources.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	CMHT undertake user surveys commissioning the third sector organisation 'Unllais'. People comment on positive relationships and achievement of outcomes. These are often linked to Mental Health support services too.
3.02	Flintshire Mental Health Support Services also undertake an annual survey of all users, this has been presented previously to Scrutiny by Rhian Evans.

4.00	RISK MANAGEMENT
4.01	CMHT operate within a high risk environment with service users often displaying challenging behaviours/threats/suicidal thoughts. There are occasionally serious incidents which are all investigated by BCU as reflective learning process.
4.02	There is good joint working in the community based services, which can help mitigate risk.
4.03	There remains a concern about the availability of in-patient beds for individuals who need hospital based MH assessment. This is has been recognised as an Issue by BCUHB.

5.00	APPENDICES
5.01	Appendix 1 – Service Structure
5.02	Appendix 2 – Example 1. This is a (real) typical example of a referral to LPMHSS from a GP.
5.03	Appendix 3 - Example 2. This is a referral to secondary services from a GP.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Contact Officer: Jo Taylor, Service Manager, Disability, Progression and Recovery – Adult Services</p> <p>Telephone: 01352 701341</p> <p>E-mail: jo.taylor@flintshire.gov.uk</p>

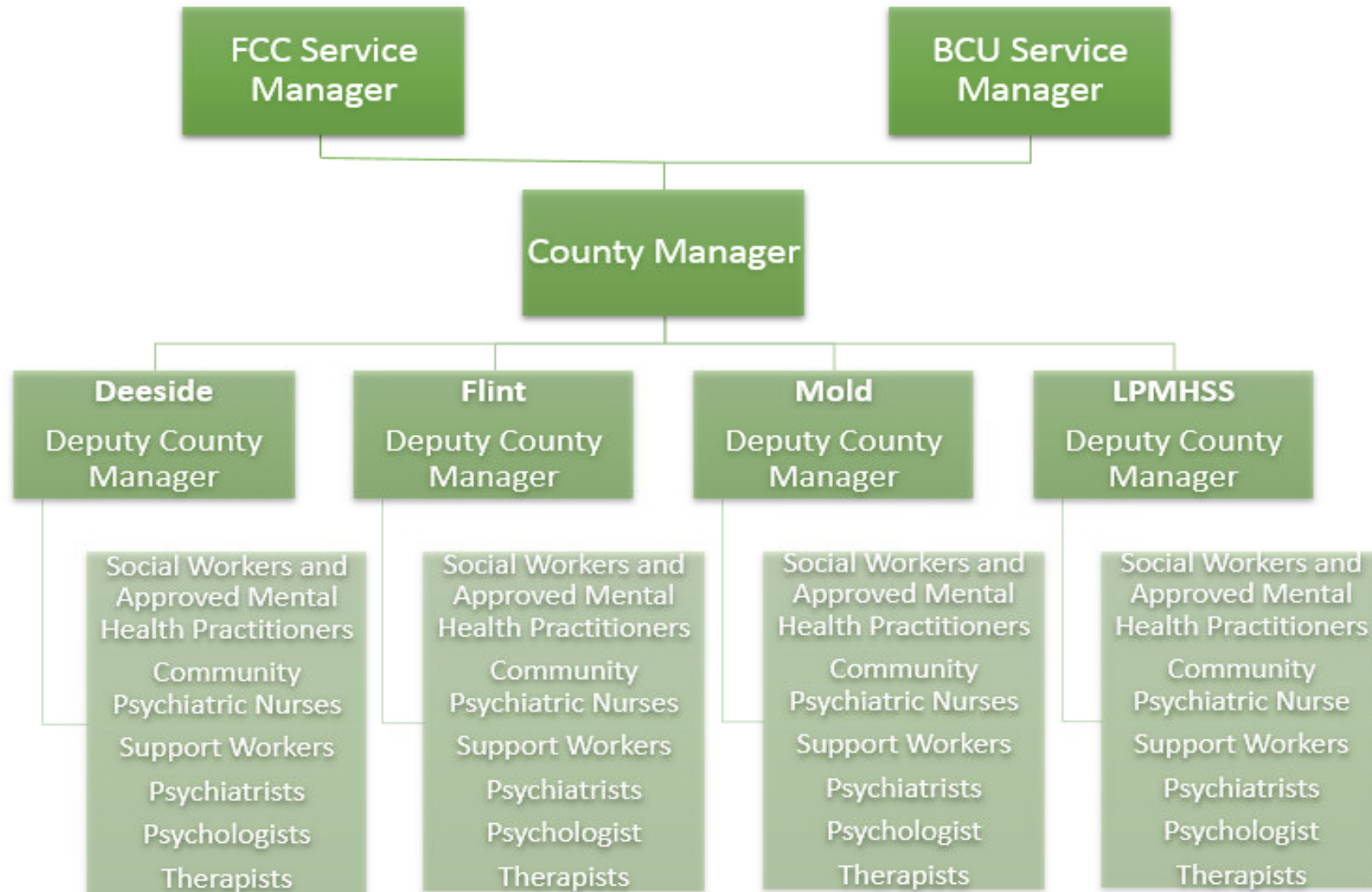
7.00	GLOSSARY OF TERMS
7.01	(1) Community Mental Health Teams – Social Services and health provided services for people with enduring and severe mental ill health.

(2) Mental Health Measure – Legislation introduced by Welsh Government to standardise/improve waiting times across Wales.

(3) PARABL - Third sector organisation funded by BCU to offer counselling to people who would not meet the criteria for any statutory mental health service. They also act as a gateway to access CRUSE and RELATE.

(4) CRUSE - Third Sector organisation who offer specific help to those who are bereaved or affected by bereavement.

(5) RELATE - Third Sector organisation who offer specific support for those with relationship difficulties.



Appendix 1 - Service Structure

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Appendix 2 - Example 1:

Dear Colleague,

I would be most grateful if you would see this 47 year old who has been on Diazepam for 25 years for postnatal depression. She was slowly weaned down to 2mg tds but it was increased again to qds as she was not coping.

She has anxiety and has difficulty going out. She cannot enjoy things and finds it difficult to laugh. She also has flashbacks regarding a massive PV bleed she had earlier this year, she has vivid memories of the amount of blood on her bed. She has no thoughts of self-harm or suicide. Her mother has similar mental health issues and she is finding it difficult to cope with her mother.

On examination she was well kempt and had good eye contact.

I have increased her Citalopram to 40mg od. We had a chat about long term diazepam use and as it does not seem to be working she is in agreement to slowly wean off.

I would be most grateful if you would see her and advise.

Many thanks.

This would go to the LPMHSS team, and they would respond in a variety of ways, cognitive behaviour based. In this case the worker will attempt to get the person to understand what is happening and how it is possible to change that way of thinking by challenging thoughts. Generally this will take place over a number of sessions, typically 2 – 6 sessions.

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Appendix 3 – Example 2

This is a referral to secondary services from a GP. A is well known to the service but has disengaged:

Dear Colleague

A is well known to your service. He attended today with his father. His father is struggling with the behaviour of A and wishes for help with A's behaviour.

He is requesting 'intensive psychological input'. A describes himself as 'tormented' his 'core is shattered', 'not a happy guy', 'scared', 'misanthropic', 'people seem to prey on the vulnerable and they see my idiosyncrasies and they prey on me', 'lonely on a daily basis'.

When I asked what he wanted he told me he didn't want to see any psychiatrists. He described them in multiple derogatory ways. 'I can't stand psychiatrists' I have a phobia about them' He describes his previous detentions in hospital under the Mental Health Act as incarcerations and that he came out worse than when he went in.

Ideally he would want to have a friend who he could work through his problems without using medication.

He is not taking aripiprazole. He uses diazepam and zopiclone PRN. He has no active thoughts of self-harm but has considered euthanasia as a solution.

He sees his future living a monastic life and he is currently speaking to somebody who can help him achieve this.

I would be grateful for your expert help with this.

Thank you.

- A is well known and has been detained under the Mental Health Act in the past. He and his family are not keen on medication and even less keen on involvement from mental health services. Despite this we have a duty to continue to offer help and support not least because A is subject to s117 MHA which is known as 'statutory aftercare'. This is to try and prevent A's readmission to hospital by supporting him in the community. (It is only available to people who have been detained on a treatment section of the Mental Health Act, usually S3)
- Although it is unlikely that A will accept support offered, this referral was passed to the relevant CMHT for action and probable re allocation of a care co-ordinator.
- Both these referrals were received in the week preceding writing this report.

- The Mental Health Measure (MHM) requires that 'Relevant Patients' be allocated a Care Coordinator. Care coordinators can be Social Workers (SWs), Community Psychiatric Nurses (CPNs), Psychiatrists, Psychologists and Occupational Therapists.
- Working with a 'Relevant Patient' requires that there is a full assessment of their mental health and other needs. This is put into a document called a Care and Treatment Plan (CTP). This is a document prescribed in the MHM and is worked out alongside the service user.
- Working with a 'Relevant Patient' requires that there is a full assessment of their mental health and other needs. This is put into a document called a Care and Treatment Plan (CTP). This is a document prescribed in the MHM and is worked out alongside the service user.
- In considering actions the CTP looks at what services are to be provided, when and by whom. The areas are:
 - Accommodation, Education and training, finance and money, medical and other forms of treatment including psychological interventions, parenting or caring responsibilities, personal care and physical well-being, social cultural and spiritual and outcomes to be achieved in other areas.
 - Also included is what might indicate the person was becoming unwell (Relapse signatures) and who should be contacted if this occurs. It also includes a section regarding who may be told about the person's treatment and who may not.
 - This assessment can be carried out in English or Welsh. There are a number of practitioners within the team who are first language Welsh speakers
 - Although many of the areas covered within the CTP will be carried out by the team members there is a significant part played by the support services provided by Flintshire County Council. These services work alongside and compliment the services provided by the CMHT. Included here are individual support packages to enable people to better engage within their family and local community. This might be by way of a support worker helping someone regain their ability to use public transport by means of accompanying them gradually withdrawing
 - Having something productive to occupy ones time is important. It is especially so for those who have withdrawn from the world due to their mental ill health. Support services are able to provide a number of ways for this to be provided. Without this support it is clear that the lives of those people with mental ill health supported by the team would be much more limited.

- As well as those services provided by FCC the team makes use of the Third Sector provisions. These include MIND, KIM, KIM4HIM, Hafal, Advocacy Services North East Wales and Unllais. These organisations provide support information, advice and opportunities for work. Hafal offers similar things to carers.

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Tuesday 13 th December, 2016
Report Subject	Quarter 2 Improvement Plan 2016/17 Monitoring Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Executive Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Improvement Plan for 2016/17 was adopted by the Council on 14th June, 2016.

This report presents the monitoring of progress for the second quarter of the Improvement Plan 2016/17 priority 'Living Well' relevant to the Social & Health Care Overview and Scrutiny Committee.

Flintshire is a high performing Council as evidenced in previous Improvement Plan monitoring reports as well as in the Council's Annual Performance Reports. This second quarter monitoring report for 2016/17 is also a positive report with 98% of activities being assessed as making good progress and 54% likely to achieve the desired outcome. In addition, 68% of the performance indicators met or exceeded target for the quarter. Risks are also being successfully managed with the majority being assessed as moderate (71%) or minor/insignificant (12%).

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

RECOMMENDATIONS

1	That the Committee consider the Quarter 2 Improvement Plan monitoring report for the Living Well priority to monitor under performance and request further information as appropriate.
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REPORT DETAILS

1.00	EXPLAINING THE IMPROVEMENT PLAN MONITORING REPORT
1.01	<p>The Improvement Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2016/17 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 being controlled.</p>
1.02	<p>Monitoring our Activities</p> <p>Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: -</p> <ul style="list-style-type: none"> • RED: Limited Progress – delay in scheduled activity; not on track • AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track • GREEN: Good Progress – activities completed on schedule, on track <p>A RAG (Red/Amber/Green) status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Each outcome has been categorised as: -</p> <ul style="list-style-type: none"> • RED: Low – lower level of confidence in the achievement of the outcome(s) • AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) • GREEN: High – full confidence in the achievement of the outcome(s).
1.03	<p>In summary our overall progress against the high level activities is: -</p> <p>ACTIVITIES PROGRESS</p> <ul style="list-style-type: none"> • We are making good (green) progress in 56 (98%) activities. • We are making satisfactory (amber) progress in 1 (2%) activity. <p>ACTIVITIES OUTCOME</p> <ul style="list-style-type: none"> • We have a high (green) level of confidence in the achievement of 31 (54%) activity outcomes. • We have a medium (amber) level of confidence in the achievement of 26 activity outcomes (46%). • None of our activities have a low (red) level of confidence in achievement of outcomes.
1.04	<p>Monitoring our Performance</p> <p>Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG status. This is defined as follows: -</p> <ul style="list-style-type: none"> • RED equates to a position of under-performance against target • AMBER equates to a mid-position where improvement may have been

	<p>made but performance has missed the target</p> <ul style="list-style-type: none"> • GREEN equates to a position of positive performance against target.
1.05	<p>Analysis of current levels of quarterly performance shows the following: -</p> <ul style="list-style-type: none"> • 30 (68%) had achieved a green RAG status • 3 (7%) have an amber RAG status • 11 (25%) have a red RAG status
1.06	<p>The quarterly performance indicator (PI) which showed a red RAG status for current performance, relevant to the Social & Health Care Overview & Scrutiny Committee is:-</p> <p>Priority: Living Well <i>PI: Initial child protection conferences held within 15 days of the strategy discussion.</i></p> <p>Conference numbers are still high; capacity impacting on ability to meet timescales for 3 families. The Safeguarding Unit schedule all initial conferences within statutory timescales or as soon as possible afterwards.</p>
1.07	<p>Monitoring our Risks</p> <p>Analysis of the current risk levels of strategic risks identified in the Improvement Plan are as follows: -</p> <ul style="list-style-type: none"> • 3 (6%) are insignificant (green) • 6 (12%) are minor (yellow) • 36 (70%) are moderate (amber) • 6 (12%) are major (red) • There are no severe (black) risks.
1.08	<p>The one major (red) risk area identified for the Social & Health Care Overview & Scrutiny Committee is:-</p> <p>Priority: Living Well <i>Risk: Fragility and sustainability of the care home sector.</i></p> <p>Data from the national census has been received but the figures require further analysis. The regional group is considering the recommendations regarding fee setting for the year ahead currently, and early discussions will be taking place with independent sector providers in the new year to agree fee levels. Flintshire has employed a Project Manager to work with independent sector colleagues to improve the viability of the sector, an innovative approach, warmly welcomed by the sector. Meetings with care providers are proposed for the 2nd week of January, 2017 to discuss fee setting.</p>

2.00	RESOURCE IMPLICATIONS
2.01	There are no specific resource implications for this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The Improvement Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest.
3.02	Chief Officers have contributed towards reporting of relevant information.

4.00	RISK MANAGEMENT
4.01	Progress against the risks identified in the Improvement Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.06 and 1.08 above.

5.00	APPENDICES
5.01	Appendix 1 – Quarter 2 Improvement Plan Monitoring Report – Living Well

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. Contact Officer: Margaret Parry-Jones Telephone: 01352 702427 E-mail: margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	Improvement Plan: 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	Risks: These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time.

Risk Likelihood and Impact Matrix							
Impact Severity	Catastrophic	Y	A	R	R	B	B
	Critical	Y	A	A	R	R	R
	Marginal	G	Y	A	A	A	R
	Negligible	G	G	Y	Y	A	A
		Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)
Likelihood & Percentage of risk happening							

The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit.

7.05	CAMMS – An explanation of the report headings
	<p>Actions:</p> <p><u>Action</u> – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority.</p> <p><u>Lead Officer</u> – The person responsible for updating the data on the action.</p> <p><u>Status</u> – This will either be ‘In progress’ if the action has a start and finish date or ‘Ongoing’ if it is an action that is longer term than the reporting year.</p> <p><u>Start date</u> – When the action started (usually the start of the financial year).</p> <p><u>End date</u> – When the action is expected to be completed.</p> <p><u>% complete</u> - The % that the action is complete at the time of the report. This only applies to actions that are ‘in progress’. An action that is ‘ongoing’ will not produce a % complete due to the longer-term nature of the action.</p> <p><u>Progress RAG</u> – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green).</p> <p><u>Outcome RAG</u> – Shows the level of confidence in achieving the outcomes for each action.</p> <p>Measures (Key Performance Indicators - KPIs):</p> <p><u>Pre. Year Period Actual</u> – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as ‘no data’.</p> <p><u>Period Actual</u> – The data for this quarter.</p> <p><u>Period Target</u> – The target for this quarter as set at the beginning of the year.</p> <p><u>Perf. RAG</u> – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.</p> <p><u>Perf. Indicator Trend</u> – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year. It is important to note that a ‘downward arrow’ always indicates poorer</p>

performance regardless of whether a KPI figure means that less is better (e.g. the amount of days to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire).

Similarly an 'upward arrow' always indicates improved performance.

YTD Actual – The data for the year so far including previous quarters.

YTD Target – The target for the year so far including the targets of previous quarters.

Outcome RAG – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), medium – uncertain level of confidence in the achievement of the target (Amber) and high-full confidence in the achievement of the target (Green).

Risks:

Risk Title – Gives a description of the risk.

Lead Officer – The person responsible for managing the risk.

Supporting Officer – The person responsible for updating the risk.

Initial Risk Rating – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).

Current Risk Rating – The level of the risk at this quarter.

Trend Arrow – The shows if the risk has increased, decreased or remained the same between the initial risk rating and the current risk rating.

Risk Status – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.



Quarter 2 Improvement Plan 2016/17 Progress Report

Living Well

Flintshire County Council



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Print Date: 06-Dec-2016

2 Living Well



Actions

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	Ongoing	01-Apr-2016	31-Mar-2017	-	 GREEN	 AMBER

ACTION PROGRESS COMMENTS:

Data from the national census has been received. The regional group is considering recommendations regarding fee setting for the year ahead, and early discussions will be taking place with independent sector providers in the new year to agree fee levels. Flintshire has employed a Project Manager to work with independent colleagues to improve the viability of the sector, an innovative approach which has been warmly welcomed. The pilot joint monitoring tools for nursing care will commence with 3 homes in January 2017. The evaluation of the "Community Circles" project was positive; this may link into regional work on community integration. Progress for providers is being rolled out with residential homes in Flintshire; each contract officer has been allocated a number of services to work with. One page profiles and the welcome pack are being implemented prior to Christmas, followed by other person centred tools in the new year. In April care homes will be asked to assess themselves against the Flintshire standards. This action is ongoing and therefore there is no "% complete" recorded. Tasks are on track to meet the expected position at the end of March; the amber Outcome RAG reflects the continuing fragility of the sector.



Last Updated: 06-Dec-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, including those at risk of isolation.	Susie Lunt - Senior Manager, Integrated Services	Ongoing	01-Apr-2016	31-Mar-2017	-	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

Loneliness and isolation will be included as part of the "What Matters" conversation implemented in the information, advice and assistance service. Phase 2 is in progress of a pilot for 'Multi Me', a secure social platform created for people with learning disabilities. It is designed to help them communicate and tell their story through the use of "multi-media", and become more in control of their lives through personal goal setting and the help of their online support network. This action to support greater independence for individuals with a frailty and / or disability is ongoing and therefore there is no "% complete" recorded. Tasks which contribute to this action are on track to meet the expected position at the end of March.



Last Updated: 05-Dec-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.1.3 Improve outcomes for looked after children	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2016	31-Mar-2017	50.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

Proposals to refresh the Corporate Parenting Strategy were endorsed by Health and Social Services Overview and Scrutiny Committee. The strategy will set out commitments around the themes of Education, Health and Well-Being, Stability and Security and Leaving Care. The action is 50% complete to date. During quarter 3 Internal Audit will work with the service to review how effective the authority is as a Corporate Parent for care leavers. The Internal Audit Review will consider how effective the Council is in equipping care leavers to have the skills to lead a good quality, independent life. The findings will help refresh the strategy.

Last Updated: 06-Dec-2016



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.1 Ensure that effective services to support carers are in place as part of the integrated social and health services.	Lin Hawtin - Commissioning Manager	Ongoing	01-Apr-2016	31-Mar-2017	-	 GREEN	 GREEN

06-Dec-2016

ACTION PROGRESS COMMENTS:

The work on co-production will continue through to December. The action plan resulting from the review of the Carer's Strategy will be in place by March 2017. The new strategy for young carers has a performance framework, incorporating an annual progress report which is presented to senior managers and the regulator. The tasks underpinning this action are on track and outcome RAG is green. [This action has a status of Ongoing because it has no finite end point and is aimed at ensuring effective services are in place for carers continuously and for the long term. Therefore a percentage completion rate is not shown]



Last Updated: 06-Dec-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.2 Influence the use of intermediate care funds to support effective discharge from hospital and ensure a smoother transition between Health and Social Care Services.	Susie Lunt - Senior Manager, Integrated Services	In Progress	01-Apr-2016	31-Mar-2017	80.00%	 GREEN	 AMBER

ACTION PROGRESS COMMENTS:

The Intermediate Care Funds (ICF) programme has been subject to change during the year in line with ministerial announcements. There are now 3 identifiable elements of the fund. Welsh Government and/or the Part 9 Regional Board have approved the majority of funding proposals with work actively taking place to implement, hence the 80% completion. Part 9 Regional Board was established in line with the Regulation and Inspection Act 2016 and is tasked with overseeing the implementation of pooled budgets and facilitating joint working between Flintshire County Council (FCC) and Betsi Cadwaladr University Health Board (BCUHB). Challenges to implementation of some "projects" within the current financial year are being actively managed. All established projects will continue to be monitored through quarters 3 and 4, with reporting arrangements being met in line with regional governance arrangements. Partners are actively involved in the development of proposals and monitoring of progress and the financial position.



Last Updated: 06-Dec-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.3 Work through the Children's Services Forum and Participation Group to improve access to CAMHS	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2016	31-Mar-2017	30.00%	 GREEN	 AMBER

ACTION PROGRESS COMMENTS:

We estimate that the tasks underpinning this action are now 30% complete. We are making good progress, but the outcome is uncertain, and therefore the Outcome RAG is amber. A costed business case has been developed in partnership with Child and Adolescent Mental Health Services (CAMHS) and Wrexham to extend the provision of therapeutic support across the area. A tendering process has been undertaken for the service but assurance will need to be given that Intermediate Care Funds (ICF) will be available before the service can be commissioned. There is regional work being led by Betsi Cadwaladr University Health Board (BCUHB) to enhance CAMHS and improve performance from referral to assessment (28 days) and assessment to treatment timeline. This work will continue into the second half of the year. Progress is being made in recruiting staff and services to enhance CAMHS provision with some challenges finding psychologists and psychiatrists available in the region. BCUHB will be sharing progress and performance with regional Heads of Children's Services during Quarter 3.

Last Updated: 06-Dec-2016



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.1.2.4 Further develop dementia awareness across the County.	Lin Hawtin - Commissioning Manager	In Progress	01-Apr-2016	31-Mar-2017	50.00%	 GREEN	 GREEN

ACTION PROGRESS COMMENTS:

A new dementia cafe has opened in Sealand. 3 events have been held for local businesses and 10 businesses have since applied for accreditation. A Facebook page for care homes will be going live in September, and the Betsi Cadwaladr University Health Board (BCUHB) dementia support workers project implemented. The tender has been awarded to Crossroads, and signage for Dementia Friendly Flint has been completed. Quarter 2 update: The Facebook page has gone live with 10 care home providers and is actively being used between homes and 7 activities providers, to promote activities available for residents. The 10 businesses have now been accredited by Flint Dementia Friendly Communities including three

Flintshire County Council departments. These tasks have contributed to the 50% completion rate. Key milestones for the next half of the year include accreditation of Sealand and Queensferry as a Dementia Friendly Community, and another memory cafe opening in Connah's Quay.

Last Updated: 06-Dec-2016



ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.1 Strengthen arrangements within all Council portfolios to have clear responsibilities to address safeguarding.	Fiona Mocko - Policy Advisor (Equalities and Cohesion)	Completed	01-Apr-2016	31-Mar-2017	100.00%	 GREEN	 AMBER

ACTION PROGRESS COMMENTS:

Each Portfolio has a nominated lead for safeguarding. A Corporate Safeguarding Panel has been set up and is meeting regularly.

Last Updated: 30-Nov-2016



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ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.2 Ensure that the workforce are trained in line with the new Codes of Practice for Safeguarding	Fiona Mocko - Policy Advisor (Equalities and Cohesion)	In Progress	01-Apr-2016	31-Mar-2017	5.00%	 GREEN	 AMBER

ACTION PROGRESS COMMENTS:

A training strategy will need to be developed to ensure that all employees who come into direct or indirect contact with children or adults at risk , recognise signs of abuse and modern slavery and know how to make a report. There will need to be a range of training for different groups of employees. The Training Strategy will be developed and implemented following approval of the Corporate Safeguarding policy. A draft Corporate Safeguarding policy has been prepared; the Training Strategy will be completed by January 2017.

Last Updated: 30-Nov-2016

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
2.2.1.3 Working with our partners we will ensure that our response rates to referrals remain within statutory targets.	Jacque Slee - Performance Lead – Social Services	Ongoing	30-Aug-2016	31-Mar-2017	-	 GREEN	 GREEN



ACTION PROGRESS COMMENTS:

Good performance was recorded in quarter 2; risk was managed for all adult protection referrals and 99.2% of reviews of child protection plans were carried out on time. The

Safeguarding Unit continue to manage increasing requests for initial conferences, which has impacted on diary capacity; however, performance improved this quarter to 90.6%. This is an ongoing action so there is no % completion rate shown.

Last Updated: 06-Dec-2016

Performance Indicators

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.1.1M02 (SCAL/027) Number of care homes which are a 'Service of Concern'	2	1	3	 GREEN	↑	1	3	 GREEN



Lead Officer: Lin Hawtin - Commissioning Manager

Reporting Officer: Nicki Kenealy - Contracts Team Manager

Aspirational Target: 0.00

Progress Comment: There is 1 care home which is deemed to be a 'service of concern' by Care and Social Services Inspectorate Wales (CSSIW). An action plan is in place to address the issues of concern, and this is being monitored by CSSIW.

Last Updated: 06-Dec-2016

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.1.1M03 (SCAL/028) Number of care homes in 'Escalating Concerns'	0	0	2	 GREEN	↔	0	2	 GREEN





Lead Officer: Lin Hawtin - Commissioning Manager

Reporting Officer: Nicki Kenealy - Contracts Team Manager

Aspirational Target: 0.00

Progress Comment: We don't currently have any care homes with "escalating concerns".

Last Updated: 28-Nov-2016

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.2.1M01 (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	99.86	91.05	82	 GREEN	↓	91.05	82	 GREEN
<p>Lead Officer: Lin Hawtin - Commissioning Manager Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 82.00 Progress Comment: Work is progressing with North East Wales Carers Information Service (NEWCIS) to ensure capture of all data for carers' assessments and services. New documentation developed regionally in line with the Social Care and Well-being Act is being implemented in Social Services, although this is currently in paper form. Work is ongoing to develop these forms electronically and until this work is completed the Council is unable to report on a complete data set for carers' assessments and services. The Integrated Assessment should be available electronically from March 2017.</p> <p>Last Updated: 05-Dec-2016</p>								
KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.1.2.2M01 SCA/001 Monitoring the rate of delayed transfers of care for social care reasons (rate per 1000)	2.3	1.18	2	 GREEN	↑	1.18	2	 GREEN
<p>Lead Officer: Janet Bellis - Localities Manager Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 2.00 Progress Comment: There were 4 delayed discharges for social care reasons in the quarter. Delayed discharges for social care reasons tend to be where there are complex mental health needs and the local authority are seeking a suitable placement. All delays are monitored regularly by Social Care and Betsi Cadwaladr University Health Board (BCUHB) jointly and early resolutions are prioritised.</p> <p>Last Updated: 06-Dec-2016</p>								

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KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.2.1.1M04 SCC/014 - Initial child protection conferences held within 15 days of the strategy discussion	88.71	90.57	95		↓	79.28	95	
<p>Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 98.00 Progress Comment: Conference numbers are still high; diary capacity impacting on ability to meet timescales for 3 families. The Safeguarding Unit endeavor to schedule all initial conferences within statutory timescales or as soon as possible afterwards. Conferences are occasionally delayed in the best interest of the family.</p> <p>Last Updated: 30-Nov-2016</p>								

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.2.1.1M05 SCC/034 – The percentage of child protection reviews completed within timescales.	99.13	99.17	98		↑	99.53	98	
<p>Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning Reporting Officer: Jacque Slee - Performance Lead – Social Services Aspirational Target: 100.00 Progress Comment: A late review was recorded for one child; the review was moved to take account of statutory timescales for the pre-birth conference of a younger sibling, which was felt to be in the best interests of the family. All other child protection reviews were completed within timescales.</p> <p>Last Updated: 30-Nov-2016</p>								

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP2.3.3M03 SCA/019 - Adult protection referrals where the risk was managed	100	100	98		↔	100	98	

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Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 100.00
Progress Comment: Risk was reduced or removed for all adults with an adult protection referral completed in the quarter.

Last Updated: 25-Oct-2016

RISKS

Strategic Risk

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Fragility and sustainability of the care home sector.	Neil Ayling - Chief Officer - Social Services	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Red	Red	↔	Open

Potential Effect: Reduced quality of care, increased difficulties with recruitment and retention of staff, and reduced capacity in the care home sector.

Management Controls: Refocus specialisms within in-house provision to fit with changing demands. Continue to monitor capacity in the sector.

Progress Comment: Data from the national census has been received. The regional fee setting group met on 18th October, taking into census data, data from local authority questionnaires regarding hours and existing market intelligence.

A Project Manager has been appointed to deliver a programme of work and priorities to support the care crisis.

Last Updated: 06-Dec-2016

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	Amber	Amber	↔	Open

Potential Effect: Negative impact on reputation of the Council.
Management Controls: Contract monitoring in place. Good relationship with Care and Social Services Inspectorate Wales (CSSIW). Good relationships with providers. Staff Training.
Progress Comment: The pilot joint monitoring tools for nursing care will commence with 3 homes in January 2017. The evaluation of the "Community Circles" project was positive; this may link into regional work on community integration. Progress for providers is being rolled out with residential homes in Flintshire; each contract officer has been allocated a number of services to work with. One page profiles and the welcome pack are being implemented prior to Christmas, followed by other person centred tools in the new year. In April we will be asking homes to assess themselves against the Flintshire standards. 3 Nursing homes have requested that they be included in this project.

Last Updated: 06-Dec-2016

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	Craig Macleod - Senior Manager, Children's Services & Workforce	Ray Dickson - Children's Fieldwork Services Manager	Amber	Amber	↔	Open

Potential Effect: High re-referral rates, Looked After Children (LAC) health assessments not completed on time, IAA requirements not met
Management Controls: Development and implementation of multi agency early intervention hub.
Progress Comment: Project arrangements for developing an Early Intervention Hub are in place with a Project Sponsor, Strategic Advisor and project administrator in place. Specific work streams have been developed and lead officers identified to take them forward. Within Social Services there is a high demand for targeted support and early intervention services. Management decisions are being made on how finite resources can be best deployed based on individual circumstances and presenting/associated risk. This area of the service will be reviewed by the service in quarter 3 to identify opportunities to take different approaches to manage and respond to demand.

Last Updated: 06-Dec-2016

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Demand and aspirations for independent living will not be met.	Neil Ayling - Chief Officer - Social Services	Susie Lunt - Senior Manager, Integrated Services	Amber	Amber	↔	Open

Potential Effect: Insufficient capacity within existing extra care provision

Management Controls: Flint:

- Full planning approval was granted for the scheme in March 2015.
- Pennaf aim to be on site by September 2015; FCC is overseeing the completion of several tasks in order to meet this target, which includes 1) further investigative work of the historic ditch, 2) demolition of the maisonettes, 3) surveys and 4) utility diversions.
- Partnership working groups will continue to agree, oversee and monitor the building design and service model as the scheme progresses.

Holywell:

- The outline design has been amended to reflect stakeholder feedback, as a result the site will now include additional public parking to meet local demand.
- Outline planning application refused 18th May 2015.
- Partnership working groups will be established once the scheme has received outline planning approval.

Progress Comment: Flint:

The construction of the Flint Extra Care scheme – to be named Llys Raddington – commenced in July 2016. Ty Glas, a subsidiary of Pennaf, are managing the scheme development, with Anwyl undertaking construction. Llys Raddington will open in early 2018 with 73 1 & 2 bedroom apartments. Partnership working groups will continue to agree, oversee and monitor the interior design, service model and public relations activities as the construction develops.

Holywell:

Social Services teams continue to work with Wales & West Housing to confirm a viable site for the Holywell Extra Care scheme. Detailed design and planning activities to follow.

Last Updated: 28-Nov-2016

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Funding between Health and the Council does not transfer smoothly e.g. Continuing Health Care, ICF, Primary Care Funds	Neil Ayling - Chief Officer - Social Services	Susie Lunt - Senior Manager, Integrated Services	Amber	Green	↓	Open

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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: Betsi Cadwaladr University Health Board (BCUHB) have appointed a Continuing Health Care (CHC) Lead Officer, and we are in the process of updating the standard operating procedures for CHC. The Lead Officer now attends Partnership Friday on a monthly basis to deal with CHC issues.

With regard to Intermediate Care Funds (ICF), meetings with BCUHB are regularly held to agree ongoing and new funding arrangements. Under these controls the Council are able to mitigate the level of risk to green.

Last Updated: 05-Dec-2016

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	Susie Lunt - Senior Manager, Integrated Services	Amber	Amber	↔	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: Part 9 of the Social Services and Wellbeing Act (Wales) sets out new requirements for pooled budgets. Betsi Cadwaladr University Health Board (BCUHB) and Local Authorities are required to develop pooled budget arrangements for long term care by 2018. Discussions are taking place regionally and locally in relation to how best to take this forward. The level of risk relates to our ability to achieve this in what is a challenging timescale.

Last Updated: 05-Dec-2016

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 - Senior Manager, Safeguarding & Commissioning	Yellow	Yellow	↔	Open

Potential Effect: Criticism from Regulator

Management Controls: N/A

Progress Comment: A specific module on Safeguarding in line with the Act is being delivered to staff in Social Services. Work is being undertaken to develop a programme for the staff group in the wider Council. Corporate Training are making act compliant e-learning available to all staff by end December 2016.

Last Updated: 11-Oct-2016

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 22 December, 2016
Report Subject	Forward Work Programme
Cabinet Member	Not applicable
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	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 of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME
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">1. Will the review contribute to the Council's priorities and/or objectives?2. Is it an area of major change or risk?3. Are there issues of concern in performance?4. Is there new Government guidance of legislation?5. Is it prompted by the work carried out by Regulators/Internal Audit?
2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.
3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Publication of this report constitutes consultation.
4.00	RISK MANAGEMENT
4.01	None as a result of this report.
5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme
6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>None.</p> <p>Contact Officer: Margaret Parry-Jones Overview & Scrutiny Facilitator</p> <p>Telephone: 01352 702427</p> <p>E-mail: margaret.parry-jones@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	Improvement Plan: 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.

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CURRENT FWP

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
Thursday 19 January 2017 10.00 a.m.	(Budget Consultation)		Budget Options Consultation	Chief Officer Social Services	12 January 2017
Thursday 26 January 2017 2.00 p.m.	Update on Delayed Transfer of Care Population Needs Assessment	To receive an update on Delayed Transfer of Care data for Flintshire To consider the findings of the Population Needs Assessment	Monitoring	Chief Officer: Social Services	19 January 2017
Thursday 2 March 2017 10.00 a.m.	Quality Assurance report Quarter 3 Improvement Plan Monitoring Report At the rise of the meeting a mini workshop will be held to consider the Social Services Annual report	To be confirmed To enable members to fulfil their scrutiny role in relation to performance monitoring	Assurance	Senior Manager: Children and Workforce Facilitator Senior Manager: Safeguarding & Commissioning	23 February 2017

Thursday 6 April 2017 2.00 p.m.	Double Click	To receive a presentation on progress following the transition to a Social Enterprise.		Chief Officer: Social Services	30 March 2017
	Transition	To be confirmed		Chief Officer: Social Services	
	Social Services Annual Report	To consider the draft report		Chief Officer: Social Services	
Thursday 15 June 2017 2.00 p.m.	21016/17 Year End Reporting and Improvement Plan Monitoring	To enable members to fulfil their scrutiny role in relation to performance monitoring	Assurance	Senior Manager Children and Workforce Facilitator	8 June 2017
Thursday 20 July 2017 2.00 p.m.	Comments, Compliments and Complaints	To consider the Annual Report	Assurance	Chief Officer Social Services	13 July 2017

Regular Items

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

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

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