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To: Cllr Hilary McGuill (Chair)

Councillors: Mike Allport, Marion Bateman, Paul Cunningham, Jean Davies, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect and David Wisinger

26 February 2021

Dear Sir/Madam

NOTICE OF REMOTE MEETING
SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
THURSDAY, 4TH MARCH, 2021 at 2.00 PM

Yours faithfully

Robert Robins
Democratic Services Manager

Please note: Due to the current restrictions on travel and the requirement for physical distancing, this meeting will not be held at its usual location. This will be a remote meeting and 'attendance' will be restricted to Committee Members. The meeting will be recorded.

If you have any queries regarding this, please contact a member of the Democratic Services Team on 01352 702345.

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 5 - 12)

Purpose: To confirm as a correct record the minutes of the meeting held on 21 January 2021.

4 **FORWARD WORK PROGRAMME AND ACTION TRACKING** (Pages 13 - 22)

Report of Social and Health Care Overview & Scrutiny Facilitator

Purpose: To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.

5 **MOCKINGBIRD – UPDATE ON THE PROGRAMME** (Pages 23 - 28)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To receive a progress report

6 **AROSFA UPDATE** (Pages 29 - 34)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To receive a progress report.

7 **NORTH WALES DEMENTIA STRATEGY AND THE FLINTSHIRE LOCAL STRATEGY** (Pages 35 - 64)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To receive a progress report

8 **RECOVERY STRATEGY UPDATE** (Pages 65 - 78)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To provide oversight on the recovery planning for the Committee's respective portfolio(s).

Please note that there will be a 10 minute adjournment of this meeting if it lasts longer than two hours

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **21 JANUARY 2021**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held remotely on Thursday 21 January 2021

PRESENT: Councillor Hilary McGuill (Chair)

Councillors: Mike Allport, Marion Bateman, Paul Cunningham, Jean Davies, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect and David Wisinger

CONTRIBUTORS: Councillor Christine Jones (Cabinet Member for Social Services); Chief Officer (Social Services); Senior Manager – Integrated Services and Lead Adults; Senior Manager – Children and Workforce; Strategic Performance Advisor. (For Minute no.27) Planning and Development Officer and Claire Sullivan, NEWCIS Chief Executive Officer.

OBSERVER: Ms. Phillipa Earlam, Independent Member of the Standards Committee.

IN ATTENDANCE: Overview & Scrutiny Facilitators and Democratic Services Support Officer.

Prior to the start of the meeting the Chair expressed her condolences on the recent sad loss of Councillor Kevin Hughes. She invited Members to join her in one minutes silence in his memory of his life and achievements.

23. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

None were received.

24. MINUTES

The minutes of the meeting held on 3 December 2020 were submitted.

Matters arising

Councillor Gladys Healey raised further concerns regarding the lack of monitoring for children who are home schooled. The Senior Manager: Children and Workforce advised that this continued to be a live issue in Wales and remained a significant concern for the Children's Commissioner. Members supported the suggestion that a joint letter be sent from the Chair of the Committee and the Chair of the Education & Youth Overview & Scrutiny to the relevant Minister at the Welsh Government with a copy to the Children's Commissioner.

The minutes were moved by Councillor Dave Mackie and seconded by Councillor David Wisinger.

RESOLVED:

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

25. FORWARD WORK PROGRAMME AND ACTION TRACKING

The Overview & Scrutiny Facilitator presented the current Forward Work Programme for consideration. She referred to the items for consideration at the next and future meetings of the Committee and invited members to raise any items they wished to be included for consideration on the forward work programme.

Referring to the action tracking report which was appended to the report The Facilitator advised that there were currently no outstanding actions from previous meetings.

Councillor Carol Ellis suggested that an update be provided on the vaccination process. The Chair advised that an email had been circulated by the Chief Executive with the vaccination strategy as an attachment which was very informative. Key questions regarding the vaccination process should be directed to the Chief Executive via email.

Councillor Cindy Hinds asked that a report on disability and discrimination be considered by the Committee. The Chief Officer advised that the Strategic Policy Advisor was the lead officer for this area of work as it was a corporate issue. Further enquiries would be made to ascertain how this request could be progressed.

RESOLVED:

- (a) That the Forward Work Programme be noted;
- (b) 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; and
- (c) That the Committee notes the progress made in completing the outstanding actions

26. COUNCIL PLAN 2021/22

The Chief Officer (Social Services) introduced a report to consider the proposed Council Plan for 2020/21 with specific focus on the Committee's respective portfolio. He provided background information and gave a brief summary of the Plan.

The Chief Officer invited the Strategic Performance Advisor to outline the contents of the draft plan and the process for further development. The

Strategic Performance Advisor informed the Committee that a number of elements within the plan had been revised. He advised that the Wellbeing objectives were embedded within the plan and further work had taken place on the development of themes. He added that with regard to monitoring of the Plan, the aim was to be able to demonstrate impact as an authority in a strategic sense. He welcomed any comments and suggestions to be included which would be fed back to the Corporate Resources Overview & Scrutiny Committee in February before being considered by Cabinet in March/April. Work on Part 2 of the Plan would commence shortly to develop tasks, milestones, measures, and risks. He commented that the Council Plan was ambitious but also realistic in view of current circumstances.

Councillor David Mackie welcomed the contents of the priority area: Personal and Community Well-being which he felt was comprehensive and well presented. He requested further information on the following as outlined on page 25 of the Plan:

- The Well Fed at Home service
- Hospital to Home meals service
- Mobile meals Service

Councillor Mackie drew attention to a duplication on page 27 (explore opportunities to develop a young person's homeless hub) which appeared in two sections. Referring to page 28 he questioned whether the fourth bullet point (supporting our tenants to access technology and create sustainable digital communities) should be in the digital communities section. On page 30 he referred to the Circular Economy section and specifically to the fourth bullet point which he felt needed further clarification.

The Chief Officer advised that further detailed information on the above could be obtained from the Benefits Manager who was the lead officer for this area of work.

The Strategic Performance Advisor explained the process for reviewing progress of the plan once adopted, and said a performance report on the whole Plan would be presented to each Overview & Scrutiny Committee with the relevant areas highlighted for each specific committee.

The Chair referred to the earlier discussion around monitoring of home schooling and suggested this should be incorporated within the Plan. Councillor Gladys Healey concurred with the views expressed by the Chair that this area should be included in the Plan. The Chief Officer suggested that the Education and Skills section of the report could be an area where the home schooling issue might be reflected. Councillor Carol Ellis commented that this was an aspiration and suggested it could be included under child poverty in relation to having access to technology, equipment, and books for home schooling.

The Cabinet Member for Social Services agreed on the importance of keeping home schooling under review. She gave an explanation of the difference between children who were home-schooled due to Covid-19 and children who received home-schooling due to parental choice. She added that children who

usually attended school were monitored when home-schooled by their own school, however, there was no monitoring mechanism in place for children who were being home-schooled through parental choice and the Children's Commissioner was concerned about this. The Chair expressed her concerns that despite the arrangements made some children were not being suitably home-schooled as agreed. .

Councillor Cindy Hinds commented on the issues of domestic abuse and mental health and the potential impact on some children who were home-schooling. Councillor Paul Cunningham suggested that the Education and Youth Overview & Scrutiny Committee be made aware of the Committee's concerns.

The Chief Officer referred to the comments made by Councillor Dave Mackie regarding the Personal and Community Wellbeing priority and asked the Committee to confirm that they approved the draft plan from a Social Services perspective.

The recommendation in the report was moved by Councillor David Wisinger and seconded by Councillor Jean Davies.

RESOLVED:

That the Committee notes the developed themes of the Council Plan 2021/22 prior to approval by Cabinet.

27. YOUNG CARERS – NORTH EAST WALES CARERS INFORMATION SERVICES (NEWCIS) CONTRACT

The Chair commented on the excellent standard of the report which was submitted to the Committee for consideration.

The Chief Officer (Social Services) introduced the report and provided background information. He invited the Planning and Development Officer and Chief Executive Officer of NEWCIS to present the report.

The Planning and Development Officer advised that the Social Services Well-being Act had introduced significant and positive changes for both unpaid adult and young carers which had resulted in an opportunity to review the Young Carers service contract which ended in March last year. Four young carers had been part of the tendering process by supporting officers as equal partners. This included shaping the service, choosing questions and interviewing prospective service providers which had resulted in NEWCIS being awarded the contract.

Referring to the New Young Carers ID Card she advised that the new card would build on the foundations of the A2A card previously adopted by Flintshire. She added that Flintshire had decided to take a regional approach to the development of the national Young Carers ID Card, working with Conwy, Denbighshire and Wrexham Councils and the Betsi Cadwaladr University Health Board. A communication plan was being worked on collectively with

partners including the launch of the new card and potentially involving high profile celebrities currently planned for the 16 March 2021 to mark Young Carers Awareness day.

The Chief Executive of NEWCIS expressed her delight at acquiring the contract in July last year. Whilst Covid 19 restrictions were not factored in whilst drawing up the tender, it had not stopped progress, and had encouraged more innovation in service delivery with virtual meetings due to restrictions on face to face meeting opportunities. Going forward it was expected that there would be a mix of virtual and physical interaction. She added that the service was extremely busy and working with young carers was proving to be very positive for NEWCIS staff, whilst recognising there had been a few difficult cases. She referred to the significant rise in participants both in the under 18 and 18-25 age groups. Going forward, she was confident that NEWCIS would continue to provide a good service and referred to good regional links with Credu who provide young carer services for other local authority areas and cited Wrexham and Denbighshire as examples. The Chief Executive Officer was particularly pleased to report that in December a young carer had been employed by NEWCIS and funding had been made available to support a young carer to start his own business. She commented on the enthusiasm of the young people despite the ongoing challenges of the current pandemic.

The Chair referred to section 1.11 of the report which stated that 201 new referrals had been received between July and September 2020. The Chief Executive Officer explained this was mainly due to publicity in partnership with social services and through the development of a more robust social media presence. She added that the power of social media had allowed the Service to engage with many more young people.

Councillor Dave Mackie spoke in support of the innovative work being taken forward by NEWCIS which further demonstrated the new initiatives to service delivery and continuous improvement within the Social Services department working in partnership.

Councillor Mackie referred to the A2A card which had been developed following discussions at the Children's Services Forum. He welcomed the development of the Young Carers ID card and the drawing on the learning and experience from the A2A card and agreed that publicity had been an issue. He drew attention to the case studies on page 67 of the report which brought home the importance of the service and encouraged everyone to read them.

Councillor Gladys Healey welcomed the report and commented on the importance of rewards to show appreciation to young carers and cited provision of skateboards and 'goody' bags as examples. She emphasised that young carers saved the Council a large sum of money by providing unpaid care.

Councillor Carol Ellis felt that the achievements gained in such a short space of time were to be commended. She referred to page 45 of the report and the contract value agreed by all partners for the duration of the 3 year period of a maximum of £71,000 per annum. She asked for a breakdown of contributions and questioned whether the budget was sufficient given the large increase in

demand as a result of awareness raising. She also referred to section 3.02 of the report which outlined a potential risk to the service. Councillor Ellis suggested that the Committee should review the budget risk for the service in 12 months.

The Senior Manager – Children and Workforce acknowledged the points made by Councillor Ellis. He advised that the risk was being monitored by all partners and a collective response would be agreed if and when needed. He added that Flintshire had a very positive relationship with NEWCIS. The Planning and Development Officer confirmed that BCUHB gave a contribution of £9,000 per annum, Youth Services provided £20,000 per annum and the remainder was provided through the Social Services Carers Strategy funding.

In response to the earlier comments made by Councillor Mackie, the Planning and Development Officer referred to lessons learnt and the importance of ensuring teachers recognised the Young Carers ID card. She gave assurances that there would be a robust campaign before the launch as part of the local and regional communication plan. The Chair commented that an area of concern with the A2A card had been that some chemists did not accept the ID Card and refused to give the medication to the young carer for their parent.

The Chief Executive recognised that this was a small project coming across to NEWCIS but they had been able to draw down additional funds and going forward she was confident there would be further funding opportunities for the service.

The Committee welcomed a suggestion from Councillor Paul Cunningham that a press release be issued through Corporate Communications to recognise the successes of the service.

The recommendations in the report were moved by Councillor David Mackie and seconded by Councillor Mike Lowe.

RESOLVED:

- (a) That the Committee thanks officers for the report and congratulates Flintshire Social Services for developing the much needed Young Carers Support Service;
- (b) That the Committee further commends NEWCIS for setting up the Flintshire Young Carers Support Service and for performing above the expectations in the service contract and delivery outcomes, and for developing the Young Carers ID Card;
- (c) That funding for the Young Carers Support Service be reviewed in 12 months; and
- (d) That the Committee proposes that a press release be issued regarding the Young Carers – NEWCIS contract.

28. MARLEYFIELD HOUSE UPDATE

The Senior Manager Integrated Services and Lead Adults introduced the report to update on progress. She advised that a 32 bed expansion at Marleyfield House in Buckley was currently under construction taking in-house capacity from 90 to 112. The work commenced in April 2020 and progress was substantial and on target for handover was 21 May 2021, with an opening date in the second week of June 2021. Residents moving in on a phased approach.

The Senior Manager advised that capital funding had been made available to refresh the original Marleyfield House and exterior and interior work was being undertaken on the building to update the appearance. She invited the Committee to visit the premises prior to opening in line with Covid-19 guidelines and said this could be co-ordinated through the Chair and the Committee's Facilitator nearer to the time. She explained that the model of support would include 16 placements available for discharge to assess and recover a "step down facility" and 16 additional long-term placements, whilst maintaining some flexibility on placements to meet service needs. She added that learning from the opening of Ty Treffynnon would inform the operation of the assess and recover placements. Support from BCUHB had been good and funding had been secured for an advanced nurse practitioner in addition to support from district nurses, whilst a consultant would have oversight of the beds.

Councillor Carol Ellis welcomed the update and said she was very pleased with the progress achieved and looked forward to the opening of the facility in Buckley. She thanked the Chief Officer, Service Manager, and all staff involved and in addition the previous Council leadership for moving this initiative forward on behalf of the residents of Buckley and Flintshire.

The recommendations in the report were moved by Councillor Carole Ellis and seconded by Councillor David Wisinger.

RESOLVED:

- (a) That the Committee notes the progress made on the Marleyfield House Expansion Project as a strategic priority for Social Services; and
- (b) That the Committee notes the key upcoming project activities including developing and implementing the operational model with the Health Board.

29. PLAS YR YWEN (HOLYWELL EXTRA CARE)

The Senior Manager Integrated Services and Lead Adults introduced the report to update on progress with the new £8.5 million extra care facility in Holywell. She advised that whilst the facility had been due to open in March 2020, fire regulations had changed prior to the opening and this had required further work being undertaken to meet new regulations. In addition Covid-19 had created additional challenges, thus lengthening the time taken to complete the development. The facility will offer 55 spacious apartments with a number being allocated to people with Dementia. She added that Plas yr Ywen has a new smart digital solution being used in the scheme (the Appello Living Hub) which

included features such as digital emergency alarm, voice and video calling, notifications, video door entry, telecare compatibility and smart home connectivity. The benefits for staff included call records and 7 day histories, pendant device management, battery life alerts and notifications.

The Senior Manager advised that whilst lettings were full last March, some people allocated a place no longer required it for a range of reasons. She provided reassurance that there were 45 applications and people would be moved in as soon as practicable. The aim was to adhere to the one-third high level need, one-third medium level and one-third not yet needing support. Recruited staff had been redeployed to other work areas to provide care, e.g. Ty Treffynnon. The opening date will be reviewed in February with a view to opening in mid-March depending on lockdown measures.

Councillor Dave Mackie expressed his thanks to the Senior Manager Integrated Services, Lead Adults and her team for their sterling work. The Chair concurred with Councillor Mackie's comments and thanked the Senior Manager and her team for their achievements during the current challenging times.

The Chief Officer Social Services welcomed the positive comments from Members. He referred to the Council Plan and commented on how provision was being increased to ensure Flintshire was a leading provider within the County and said the Council Plan signalled a commitment to extend in-house provision further in the future. The Chair welcomed the comments by the Chief Officer and said she hoped the Council would continue to build extra care facilities in the future suggesting that areas such as Penyffordd, Broughton, and other areas were not catered for at the current time.

The recommendations in the report were moved by Councillor David Wisinger and seconded by Councillor Gladys Healey.

RESOLVED:

That the Committee notes the progress of the Plas yr Ywen Extra Care Scheme and the operational timeframe.

30. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There were no members of the press in attendance.

(The meeting started at 10.00 pm and ended at 11.22 am)

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Chairman



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 4 th March 2021
Report Subject	Forward Work Programme and Action Tracking
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.

The report also shows actions arising from previous meetings of the Social & Health Care Overview & Scrutiny Committee and the progress made in completing them. Any outstanding actions will be continued to be reported to the Committee as shown in Appendix 2.

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.
3	That the Committee notes the progress made in completing the outstanding actions.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME AND ACTION TRACKING
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?6. Is the issue of public or Member concern?
1.03	In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following a meeting of the Corporate Resources Overview & Scrutiny Committee in July 2018, it was recognised that there was a need to formalise such reporting back to Overview & Scrutiny Committees, as 'Matters Arising' was not an item which can feature on an agenda.
1.04	It was suggested that the 'Action tracking' approach be trialled for the Corporate Resources Overview & Scrutiny Committee. Following a successful trial, it was agreed to extend the approach to all Overview & Scrutiny Committees.
1.05	The Action Tracking details including an update on progress is attached at Appendix 2.

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In some cases, action owners have been contacted to provide an update on their actions.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme Appendix 2 – Action Tracking for the Social & Health Care OSC.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Minutes of previous meetings of the Committee as identified in Appendix 2. Contact Officer: Margaret Parry-Jones Overview & Scrutiny Facilitator 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.

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Forward Work Programme

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
27 May 10.00 am	Directors Annual Report	To consider the draft report prior to consideration at Cabinet	Pre-decision scrutiny	Chief Officer	
	North Wales Adoption Service Update	To receive a collective regional update	Assurance	Peter Robson	
	Fostering Wales	To receive an update	Assurance	Jill Jones	
	Arosfa	To receive an update regarding the new service model and the difference it will make to the lives of children and young people	Assurance	Craig Macleod	
	Children's Residential Provision	To receive an update	Assurance	Craig Macleod	
17 June 2.00 pm Joint with Education & Youth OSC	Looked After Children	To provide Members with an update on the provision for and outcomes of Looked After Children	Assurance	Chief Officers	
	Corporate Parenting	To review the Corporate Parenting Strategy	Assurance	Chief Officers	
	Intensive Assessment and Therapeutic Support	To provide an update on bringing health and social care staff together to provide intensive assessment and therapeutic support for young people who don't meet the	Assurance	Chief Officers	

	Multi Systematic Therapy Project	thresholds for CAMHS. To provide an update on the Project.	Assurance	Chief Officers	
	Safeguarding in Education	To provide Members with an update on the discharge of statutory safeguarding duties in schools and the Education portfolio.	Assurance	Chief Officers	
	Additional Learning Needs Transformation	To provide Members with an update on the Authority’s implementation plan and any national/regional updates	Assurance	Chief Officers	
	Corporate Parenting	To review the Corporate Parenting Strategy	Assurance	Chief Officer	
1 July 10.00 am	Year-end Council Plan Monitoring Report	To enable members to fulfil their scrutiny role in relation to performance monitoring.	Assurance	Facilitator	
	Directors Annual Report	To consider the final draft	Assurance	Chief Officer	
	Overview of Early Years – Key Achievements	To provide members with an update	Assurance	Gail Bennett	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
Nov/Dec	Safeguarding	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)
May	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)
May	Corporate Parenting	Report to Social & Health Care and Education & Youth Overview & Scrutiny.	Chief Officer (Social Services)
	Comments, Compliments and Complaints	To consider the Annual Report	Chief Officer (Social Services)
	Betsi Cadwaladr University Health Board Update	BCUHB are invited to attend on an annual basis – partnership working.	Facilitator

Suggestions for reports to be tabled at a BCUHB Scrutiny when convened:-

- General Mental Health services (including Workforce Mental Health)
- Perinatal Mental Health

Items to be scheduled:-

Sept - Glan y Morfa Court - supporting independence for people with a disability – Susie Lunt

November - Transition Programmes – Update on Achievements – Susie Lunt

January 2022 - Young Carers Contract (NEWCIS) Review of budget risk

Please note - All Member Seminar to discuss Out of County Placements will be held on 22nd March at 2pm

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ACTION TRACKING FOR THE SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Meeting Date	Agenda Item	Action Required	Action Officers	Action taken	Timescale
21/01/21	Minutes	Joint letter to be sent from the Chair of the Committee and the Chair of the Education, Youth and Culture Overview & Scrutiny (if in agreement) to the Education Minister with a copy to the Children's Commissioner.	Craig McLeod/ Facilitator	Letter sent	Completed
21/01/21	Forward Work Programme	Report on disability and discrimination requested.	Facilitator	Contact made with Strategic Policy Advisor regarding report.	Ongoing
Young Carers NEWCIS Contract		Press release to be issued to recognise the success of the service.	Facilitator	Press release issued by Corporate Communications	Completed
Young Carers NEWCIS Contract		Committee to review the budget risk for the service in 12 months.	Facilitator	Add to Forward Work Programme	Completed

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SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	4 th March 2021
Report Subject	Mockingbird Fostering Project – update on the programme
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

As part of our commitment to enhance our in house fostering offer we secured an innovation loan to implement the Mockingbird model of foster care (which mirrors a family model). This report provides an overview of the implementation of Mockingbird. The report identifies challenges, barriers, progress and success in establishing of our first two Mockingbird constellations. A constellation within Mockingbird is the name given to each group comprising between 6-10 fostering families supported by one experienced foster carer, or Hub Carer. Within Flintshire, each constellation has a geographical focus. Our ambition is for a further Mockingbird constellations in 2021 along with an intensive campaign to recruit more general foster carers.

RECOMMENDATIONS

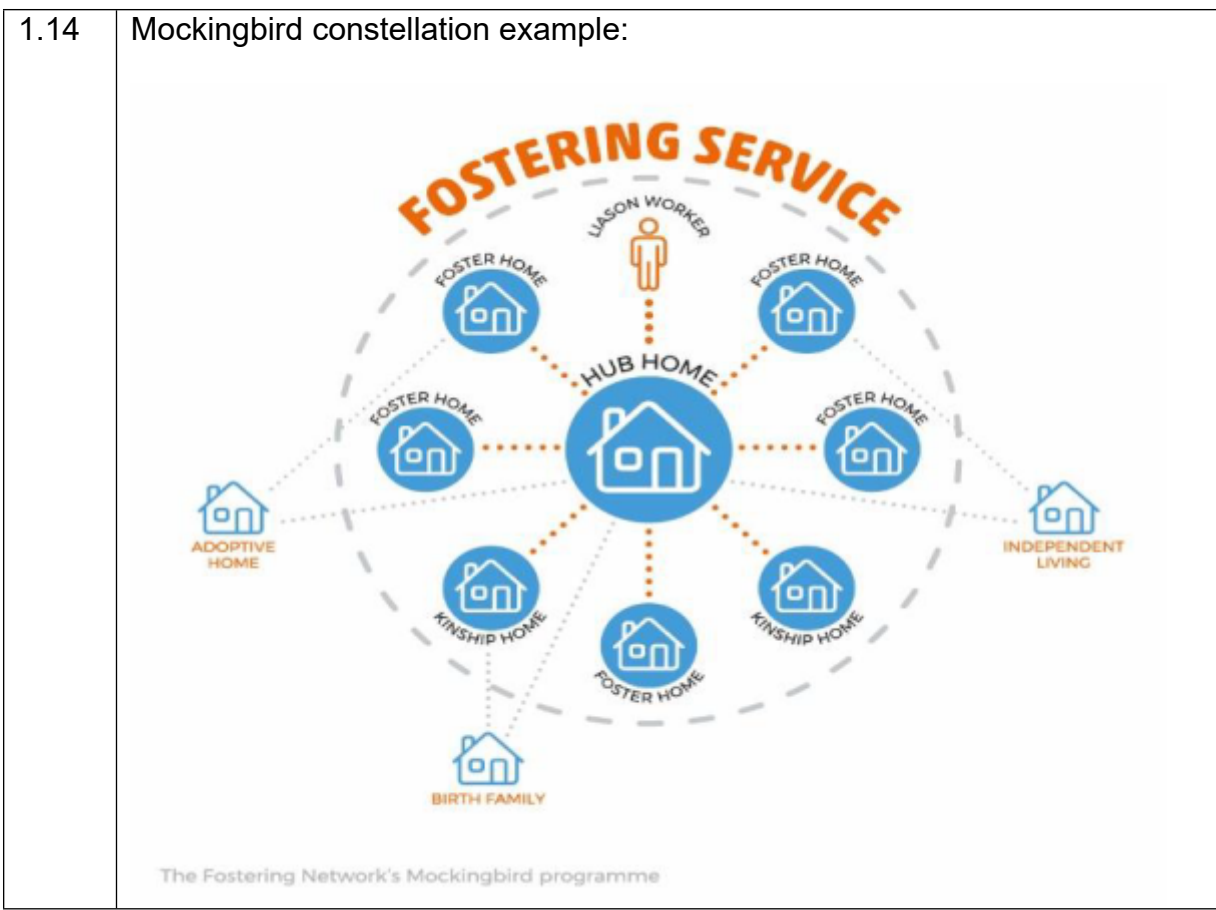
1	Members note that the implementation of constellation one and two is recognised with number three set for Autumn 2021.
2	Members note the effectiveness of the model in terms of a social and cost benefit analysis.

REPORT DETAILS

1.00	EXPLAINING THE MOCKINGBRID FOSTERING PROJECT – UPDATE ON THE PROGRAMME
1.01	The Fostering Network has delivered the Mockingbird Family Model in the UK since 2015 under the licence from the Mockingbird Society, who

	<p>established the Model.</p> <p>Its aim is to replicate the support available through an extended Family Network, with the fundamental imperative to provide children looked after with a safe, secure and stable environment, with the clear intent to avoid disruption and unnecessary change.</p>
1.02	<p>Groups of Mockingbird Carers are called a Constellation. A Constellation comprises of 6 – 10 satellite Fostering Families who are supported by a Hub Home that is operated by an experienced Foster Carer and offers advice, training and peer support, planned and emergency sleepovers. It also facilitates positive relationships and visits for sibling groups who are in care, but not in the same care setting. Each constellation is supported by a Mockingbird Liaison Worker who provides support and a link between the Constellation and Fostering Service.</p>
1.03	<p>Grant funding was secured to enable comprehensive research to exploring the feasibility of the Mockingbird model in Flintshire. The research was supported by NESTA, Cardiff University and YLAB to research the benefits that could be realised through this innovate way of delivering foster care and the associated model that could be deployed to respond to the needs of Flintshire.</p>
1.04	<p>In summary the research identified that the Mockingbird model could increase child wellbeing, placement stability, and improve foster care recruitment and retention. Specific identified service improvements include:</p> <ul style="list-style-type: none"> • Improvement in foster carer retention • Reduction in foster carer recruitment costs per constellation • Reduction in placement breakdowns • Reduction in the use of external fostering and residential providers. • A higher skilled foster care population • Improved recruitment from word of mouth and competitive advantage.
1.05	<p>This research informed a successful bid leading to a significant loan of £1.5m from Welsh Government's initiative to establish innovative social programmes. We have been working with the Fostering Network to utilise this loan to implement Mockingbird as part of our corporate commitment to expand in House Fostering and rebalance the balance between in house and externally commissioned services for children and young people.</p>
1.06	<p>The following activities were completed in advance of the first constellation:</p> <ul style="list-style-type: none"> • Development of an Implementation Group. • A arrange of stakeholder engagement activities. • Recruitment of Hub Carers. • Identifying satellite families and launching our first constellation. • Developing operational protocols, policies and procedures to support the running of the project.
1.07	<p>The planning of the first constellation commenced in the Spring (2019). The experience of setting up the initial project provided learning relating to the recruitment of key staff, the identification of a Hub Carer and the</p>

	<p>mixing of appropriate Foster Carers/Children within a geographical cluster. Challenges in these areas were overcome with key appointments and an extensive programme of consultative events with Social Care, Education, Health Third Sector, Young People and other allied agencies promoting the model.</p>
1.08	<p>Our first constellation has been live since January 2020 and now consists of one Hub Carer and 6 Satellite families comprising 6 looked after children, 1 birth child and 2 young people in 'When I'm Ready' arrangements. Over the last 12 months the constellation has provided a range of:</p> <ul style="list-style-type: none"> • Emergency and planned sleepovers/short breaks. • Monthly social activity events. • Peer Foster Care support and training opportunities. • Family and sibling contact.
1.09	<p>Our second constellation recently launched in February 2021 and now consists of one Hub Family and 5 Satellite families comprising 8 looked after children, 10 birth children and 2 young people in 'When I'm Ready'.</p>
1.10	<p>Constellation one and two have both been impacted by the COVID-19 Pandemic as face to face support and activities have been limited. Hub Carers have been innovative in their practice and have adapted to new technologies in order to promote, develop and sustain the relationships within each constellation.</p>
1.11	<p>Specialist Therapeutic services have been identified to support Mockingbird. Currently therapeutic support is offered in Flintshire to children who meet a threshold of need as part of the RAP project commissioned from Action For children. Therapeutic services within Mockingbird provide additionality, focusing on support for foster carers to discuss the children's behaviour directly with the therapist and receive support and develop strategies for meeting the holistic needs of the children.</p>
1.12	<p>COVID 19 pandemic has presented challenges to Mockingbird and the fostering community however we have remained on track with regards to progression and implementation. Further consultation has taken place and agreement given to extend the loan period due to the ongoing COVID restrictions and limitations.</p>
1.13	<p>We plan to use the leverage of the Mockingbird loan to enhance our capacity to recruit, assess and support additional foster carers in 2021. The ambition is to expand our portfolio of general foster carers with a view to ensuring a sufficiency of foster carers for Mockingbird constellations as well as to establish general fostering model.</p>



2.00 RESOURCE IMPLICATIONS

2.01 There are a number of clear social and cost benefit analysis which are measured as part of the projects work which demonstrate the following:

- Placement stability which avoids unplanned moves, avoids both the social disruptions for a young person, but also the need for high cost emergency settlements.
- Children missing from placement, which results in the potential for increased vulnerability in young people and less staff demand upon social and support services.
- Children avoiding residential care, with the net consequence of reducing the social care budget and retaining young people within their social, peer and educational groups.
- Foster care support, training and retention.

There is no need for further additional resources; the potential positive impact of preventing more expensive care options is clearly evidenced within Mockingbird Programme Evaluation Reports.

3.00 IMPACT ASSESSMENT AND RISK MANAGEMENT

3.01 The medium to longer term results of the project will determine the success of the model. The collection of key data, in conjunction with the Fostering

	Network, alongside localised social budget and scrutiny activity will enable a longer term measure of the cost savings and social benefits of the project. As part of the loan arrangement it has been agreed to delay the external evaluation phase of Mockingbird within Flintshire by 12 months. This reflects the challenges of COVID -19 and will enable the evaluation to cover a period where the project has been able to operate with full functionality.
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4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	There was an extensive programme of professional, and sector specific dissemination and promotional work undertaken including direct work with looked after children. This remains under review as part of the rollout for 2021 and 2022.

5.00	APPENDICES
5.01	None

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Mockingbird Research and Development report https://whatworks-csc.org.uk/research-project/evaluation-of-the-mockingbird-programme/
6.02	Mockingbird Programme- Evaluation Report September 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933119/Fostering_Network_Mockingbird.pdf

7.00	GLOSSARY OF TERMS
7.01	<p>Hub Home Carer- An experienced carer who acts as the glue who unites the constellation. The Hub Carer is responsible for organising social arrangements and sleepovers.</p> <p>Satellite – Each fostering family receiving support within the constellation is known as a Satellite family.</p> <p>Constellation - This is the collective name given to the group of Foster Carers comprised of 6-10 satellite carers and a Hub Home Carer.</p> <p>Mockingbird Society (USA)- A social care organisation set up in 1999 to promote the welfare of children within good care placements.</p> <p>Fostering Network- A UK wide organisation that promotes the values and strengths of Foster Care. Fostering Network are responsible for Mockingbird within the UK.</p>

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SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	4 March 2021
Report Subject	Arosfa refurbishment: update
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer, Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

'Arosfa' is a well-established service providing short term breaks / respite for children with disabilities. The unused wing of the building has been refurbished to provide two additional bed spaces at the facility. The beds bring additional capacity to the current short break, respite provision for up to three children. Together the plans would enable us support a maximum of five children at any one time. This will provide a high quality, cost effective and local service. An assessment is currently being undertaken to identify the children/families that would most benefit from the provision and the associated support model. Action for Children are working to extend their staff capacity and secure approval the requisite approval from CIW to commence these arrangements.

RECOMMENDATIONS

1	Committee note the refurbishment that has been achieved and support progress to the next phase of service modelling and the opening the provision, once appropriate regulatory conditions have been met.
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REPORT DETAILS

1.00	EXPLAINING THE EXTENDING PROVISION AT AROSFA
1.01	Arosfa is a registered Children's Homes situated in Mold. It provides a short break facility for children and young people (5-19) with

	disabilities/their parents. The facilities provide overnight stays for those who require specialist care.
1.02	Since 2012 Action for Children have successfully provided a short breaks service for disabled children at Arosfa. Young people who attend the project have a severe learning disability / complex health needs with need for specific procedures such as gastrostomy, peg feeding / challenging behaviour / autism / communication issues / physical disability with need to have use of specialist equipment. It has three bedrooms; two of which are suitably designed and equipped for wheel chair use. Currently the project can accommodate up to a maximum of 3 children at any time plus two rooms for staff to use as sleeping in rooms.
1.03	This service meets a wide range of purposes. It gives young people an opportunity to spend time away from home, preparing them for future independent living and it gives them an opportunity to socialise outside of school with friends in a way that disabled children rarely get a chance to do. It provides an opportunity for parents and carers to get a much-needed break and spend quality time with other family members, in fact this provision for some families is crucial in keeping families together.
1.04	The Service has received consistently positive CIW reports and is a strong provision securing positive outcomes for children, young people and their families.
1.05	Arosfa opened in 2012 following significant refurbishment. At the time of refurbishment there was not sufficient funds to complete the whole building and as a consequence the left wing of the building consisting of two bedrooms, one bathroom and two living areas were left unused.
1.06	A physical assessment was undertaken to determine the potential refurbishment of the wing to offer additional care arrangements. This work informed a Capital allocation from our Council to fund building/refurbishment work. The building work has now been completed and we are currently in the process of internal decoration and soft furnishing.
1.07	Given the passing of time between the initial demand and needs analysis and the completion of the refurbishment (which has been impacted by COVID-19) we are revisiting our desk top analysis to ensure we have an up to date and in-depth understanding of the needs of children and families. This will inform the type of support that could be appropriately provided at Arosfa to secure better outcomes and financial efficiency. It is suggested that the final support model is brought back to Scrutiny to ensure a shared understanding of the extended provision that is being offered to support children with disabilities and their families.
1.08	It is proposed that the current management arrangements would continue, the present Registered Manager would remain in post with extended responsibility across both elements of the service. A larger staff team would be recruited with all staff being required to work across both units but with staff identified as having a primary link to each child. We are proposing as a minimum that staff would occupy accommodation in both

	wings overnight therefore ensuring staff are on hand close to the young people.
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2.00	RESOURCE IMPLICATIONS
2.01	The capital refurbishment of £177,162.43 has been met by the local authority as part of its commitment to support children in local placements.
2.02	The revenue costs are anticipated to be £200k per annum, subject to the final support model. The development of the provision has strategic commitment from BCU and there is joint agreement to use ICF grant funds in 2021/22 to meet the revenue costs of the service. Agreement will need to be secure when the ICF grant is replaced by a new funding allocation from Welsh Government for 2022/23 onwards.
2.03	The minimum annual cost for a residential placement is £182k with many placements exceeding this. Supporting two young people through the open market would therefore cost a minimum of £364k per year, and so this is a minimum anticipated cost avoidance for the council.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	The provision of an additional 2 beds forms part of our strategic intent to reduce reliance on expensive out of county placements, and to support children and young people within County. Failure to undertake the work and to offer more respite and care provision with impact on our strategic ambition.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	At the time of the original refurbishments, extensive local neighbourhood events were conducted. Work will be needed to ensure the community is advised of the plans but it is not expected that extensive consultation will be required given no additional demands will be placed on local amenities or parking demands.

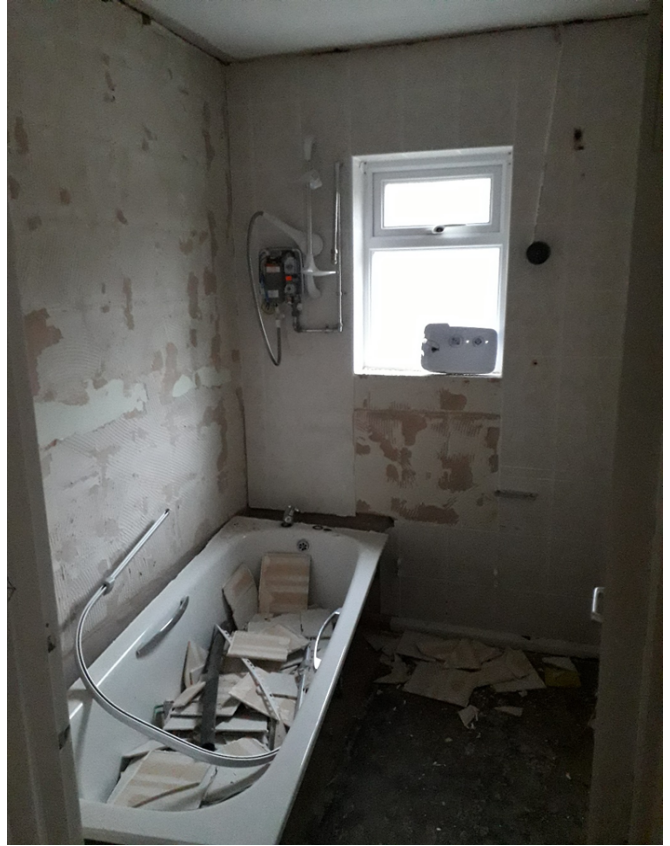
5.00	APPENDICES
5.01	Before and after pictures

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Peter Robson Telephone: 01824 701028 E-mail: peter.robson@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>SHORT BREAK REPSITE: This is the provision of overnight care and support and is determined by the needs of the child.</p> <p>Integrated Care Fund (ICF) A regional grant allocated by Welsh Government which is administered by a regional partnership board. Local authorities, Health and other partner agencies work in partnership to support older people, people with a learning disability and children with complex needs</p>

Before Pictures



After pictures





SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	4th March 2021
Report Subject	Flintshire Dementia Strategy
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of report	Strategic

EXECUTIVE SUMMARY

This report provides an update on the development of a strategy for care and support services for people living with dementia in Flintshire. The dementia strategy is being developed collaboratively by Flintshire County Council Social Services and Betsi Cadwaladr University Health Board (BCUHB), with input from care providers, third sector organisations and community groups. This reflects a co-productive approach to integrated health and social care.

The BCUHB Dementia Strategy 2018-2020 responded to the Dementia Action Plan for Wales by supporting a local emphasis on creating ‘dementia supportive communities’. The BCUHB strategy commits to listening to and respecting the voice of people affected by dementia, ensuring services are accessible and responsive to the needs of the community. BCUHB will continue this strategic approach in alignment with the priorities defined in the North Wales Regional Dementia Strategy published in March 2020, with the aim of improving the experience of all people living with dementia who access health services.

In alignment with BCUHB and regional strategies, the Flintshire ‘Council Plan’ includes an objective for Social Services to continue to improve the lives of people living with dementia in Flintshire. This includes a specific objective to develop a Flintshire dementia strategy that sets a shared vision to develop dementia support for individuals, families, carers and communities. This objective is fully supported by the Council’s Cabinet Member for Social Services and Older People’s Champion, who has developed strong supportive links with service teams, third sector providers, community groups and residents.

The Flintshire dementia strategy is being developed to prioritise and implement projects, activities and initiatives to support people living with dementia, initially for the next two years. The strategy and action plan will be reviewed on an ongoing basis in line with the North Wales dementia strategy and the North Wales Population Needs Assessment, scheduled to be revised in 2022.

RECOMMENDATIONS

1	That the Committee members note the progress made to develop a Dementia Strategy for Flintshire, in collaboration with Health and Social Care partners, to meet the Council Plan objectives.
2	For Members to support the further development and implementation of a detailed strategy and action plan to support people living with dementia in Flintshire and their families and carers, in alignment with the North Wales Regional Dementia Strategy that was published in 2020.

REPORT DETAILS

1.00	EXPLAINING THE FLINTSHIRE DEMENTIAL STRATEGY
1.01	<p>Support for people living with dementia is a priority in the North Wales Regional Plan based on what people said was important to them in a North Wales Population Needs Assessment. There is also a legal duty in the Social Services and Well-being Act 2014 for Regional Partnership Boards to prioritise the integration of services in relation to older people with complex needs and long term conditions, including dementia.</p> <p>In response to these duties and priorities, the North Wales Social Care and Wellbeing Services Improvement Collaborative group published a North Wales Dementia Strategy in March 2020. The strategy was developed jointly by the six North Wales Councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales and other partners. The strategy sets out how Public and Third Sector organisations will work collaboratively to develop and maintain integrated dementia services in North Wales.</p>
1.02	<p>The Regional strategy is based around the themes of the Welsh Government Dementia Action Plan with the addition of a specific priority for carers. These themes were supported by the regional consultation findings, and are summarised here:</p> <ul style="list-style-type: none"> • Risk reduction and delaying onset • Raising awareness and understanding • Recognition and identification • Assessment and diagnosis • Living as well as possible for as long as possible with dementia • The need for increased support • Supporting carers • Putting the strategy into action • <p>The Flintshire dementia strategy is aligned to the regional strategy and provides a framework to support people living with dementia and their carers in Flintshire, responding to population needs and delivering what matters to people.</p>
1.03	The Flintshire dementia strategy is being developed with key stakeholders, including health and social care professionals, third sector organisations,

	<p>community groups and importantly, people with a lived experience, to ensure that all activities are working towards shared objectives and goals to deliver the best outcomes for people living with dementia. The strategy is aligned to the North Wales Dementia Strategy, and will be delivered in collaboration with the new Regional Dementia Project team.</p> <p>The strategy incorporates the provision of formal services by Health and Social Care teams. It also promotes the importance of community activities and initiatives led by community groups supported by third sector organisations. The strategy has a strong foundation due to the high quality of innovative services and activities developed in Flintshire over the last five years. The strategy builds on the success of dementia initiatives in Flintshire and provides an ambitious framework for future development.</p> <p>The success of the strategy is dependent on community involvement and collaboration between all groups to provide engaging activities and support networks across the whole County.</p>
1.04	<p>The Flintshire dementia strategy sets key priorities, initially for 2021 and 2022, and to be reviewed in response to a revised population needs assessment and regional strategy. The priorities will include the following projects and activities:</p> <ul style="list-style-type: none"> • Adapt dementia care services in response to Covid-19 restrictions by redirecting or increasing support to meet demands in residential care settings to keep people safe and connected with families and friends; • Develop community and home based services to provide person-centred 'wrap-around' care and support, including flexible night-time respite services, delivered by a multi-disciplinary team including care workers, social workers and community psychiatric nurses; • Continue to develop Dementia Friendly Communities, including rural areas, supported by a Dementia Friendly Council, extending the roll-out of inter-generational projects, training and awareness programmes and provide additional support for the recovery and restart of community activities; • Support Health led projects, research and initiatives to reduce risks, delay onset, and early detection and ensure that the support and care arrangements are age and life stage appropriate; • Improve awareness and access to health services, including GP surgeries, clinics and emergency departments; • Explore new and innovative care and support processes for dementia, including supportive technology and arts based therapies, informed by best practices across the region; • Maintain and expand dementia services in Extra Care schemes, with seven dementia supportive apartments in the new Plas Yr Ywen Holywell scheme, adding to dementia and memory supported accommodation in the three existing schemes; • Establish the feasibility of a capital project to redevelop and extend Croes Atti care home, Flint to provide additional Elderly Mentally Infirm (EMI) nursing capacity under a pooled budget arrangement with Health partners, utilising Integrated Care Funding (ICF).
1.05	<p>The Flintshire dementia strategy document is currently in draft. A consultation and collaboration process is being undertaken with key stakeholders including Health and Social Care service teams, providers, third</p>

	sector organisations and community groups. The completed strategy document will be validated with the Regional Dementia Strategy Steering Group in March 2021 to enable publishing and implementation of the key actions from April 2021.
1.06	A Flintshire Dementia Strategy Working Group will be established to oversee and implement the key priorities and actions. The working group will be chaired by the Head of Adults Social Services and will include representation from all key stakeholder groups. The group will meet bi-monthly, timed to precede regional strategy steering group meetings to maintain alignment of key priorities.

2.00	RESOURCE IMPLICATIONS
2.01	Revenue: The draft strategy identifies no implications for the approved revenue budget for this service for either the current financial year or for future financial years. Existing core services and ICF projects for Dementia are funded for 2021/22. The Dementia Strategy will be developed to identify any future implications on revenue budgets.
2.02	Human Resources: The draft strategy identifies no implications for capacity or for any change to current workforce structures or roles. Staff leading the development and implementation of the strategy are in funded posts with specific objectives to develop a Dementia Strategy. The Dementia Strategy will be developed to identify any future implications on human resources.
2.03	Capital: The draft strategy identifies no implications for approved revenue budgets for dementia services for the current or future financial years. The strategy contains actions to enhance services in existing and new capital developments such as Plas Yr Ywen and Marleyfield House. The strategy will also inform designs and practices for future capital developments.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT						
3.01	<p>An Equality and Well-being Impact Assessment was undertaken as part of the Regional Dementia Strategy development, with a specific focus on the equality and well-being of people in protected characteristic groups that are living with dementia. The regional Impact Assessment contains a number of known benefits and risks and will provide the basis of a Flintshire Integrated Impact Assessment to be developed as a key next step.</p> <p>A summary of the Regional Impact Assessment, and how this will be developed in Flintshire, is provided here:</p> <table border="1" data-bbox="323 1832 1369 2074"> <tr> <th colspan="2">Ways of Working (Sustainable Development) Principles Impact</th> </tr> <tr> <td>Long-term</td> <td>Positive Impact</td> </tr> <tr> <td></td> <td>The Regional Strategy aims to develop Dementia services for the long term, responding to the current and future population needs. The</td> </tr> </table>	Ways of Working (Sustainable Development) Principles Impact		Long-term	Positive Impact		The Regional Strategy aims to develop Dementia services for the long term, responding to the current and future population needs. The
Ways of Working (Sustainable Development) Principles Impact							
Long-term	Positive Impact						
	The Regional Strategy aims to develop Dementia services for the long term, responding to the current and future population needs. The						

		Flintshire Dementia Strategy will replicate this approach.
Prevention	Positive Impact	A key aim of the Regional and Flintshire strategies is to develop preventative services. This includes working with partners to provide information and advice and to promote and support initiatives to reduce risks and delay onset
Integration	Positive Impact	The Dementia Strategy documents positively promote the integration of services across health, social care, third sector and community groups.
Collaboration	Positive Impact	The Regional Strategy was developed as a collaboration of public sector representatives across North Wales, working closely with people with lived experiences to inform the priorities of the strategy. The Flintshire strategy will continue this collaborative approach of engagement and coproduction.
Involvement	Positive Impact	The Regional Dementia Strategy was developed as a partnership strategy with involvement from all key stakeholders including people with lived experience. The Flintshire strategy will continue to provide this involvement.
Well-being Goals – Overall Impact		
Prosperous Wales	Neutral Impact	The Regional and Flintshire Strategies have an opportunity to positively impact economic development, by enhancing the skills and knowledge of the workforce across the public, independent and third sectors to meet long service needs. It is not yet fully understood if the best models for meeting care and support needs are currently achievable with a low carbon model so this will need to be explored further.
Resilient Wales	Neutral Impact	The Regional Dementia Strategy is likely to have a minimal impact on biodiversity, waste, fuel consumption and flood risk management. All future accommodation related projects for

		dementia services will make due consideration to the provision of a resilient Wales.
	Healthier Wales	Positive Impact One of the key aims for the development of the Regional and Flintshire Dementia Strategies is to improve the health and wellbeing of all people impacted by Dementia. A number of current and future projects and initiatives will adopt a person centred approach to positively impact health and wellbeing.
	More equal Wales	Positive Impact A key aim of the Regional and Flintshire Dementia Strategies will be the introduction of new services and improvement of existing services for people living with dementia and their carers.
	Cohesive Wales	Positive Impact The Regional and Flintshire Dementia Strategies include specific objectives and actions to develop more cohesive dementia friendly communities. This will include initiatives to encourage more community participation, addressing specific inequalities relating to digital exclusion and rural isolation.
	Vibrant Wales	Positive Impact The dementia strategies aim to improve and provide services available in the Welsh language, adopting the 'more than words' model. Projects and initiatives will ensure equal access, promoting the Welsh language, culture and heritage.
	Globally responsible Wales	Neutral Impact The Regional Dementia Strategy identified more neutral impacts in relation to the environment and local development plan. This will be considered by the Flintshire Dementia Strategy to identify potential positive impacts.
3.02	<p>The development of the strategy and implementation of the action plan will be managed by the Wellbeing and Partnership Lead, reporting directly to Head of Service for Adult Social Services.</p> <p>Additional support and direction will be provided by the Flintshire County Council Cabinet Member for Social Services and Older People's Champion. Additional governance roles, to approve the strategy and actions, will be fulfilled by the BCUHB Assistant Director East Area, and Chief Officer,</p>	

	<p>Flintshire Local Voluntary Council, through their governance roles for the Integrated Care Fund (ICF) East Area group.</p> <p>Regional governance will be provided by the North Wales Regional Dementia Strategy Steering Group, led by the Regional Dementia Project Manager.</p>
3.03	<p>An Integrated Impact Assessment (IIA) will be completed as part of the Flintshire dementia strategy development. This impact assessment will assess risk associated with the implementation of the strategy, with a specific focus on the equality and well-being of people in protected characteristic groups that are living with dementia.</p> <p>The Regional Dementia Strategy includes a completed equality and well-being impact assessment and this will be used to inform the Flintshire impact assessment.</p>
3.04	<p>Risk management will be undertaken as part of the initial development of the Flintshire strategy. The strategy document is currently in preparation, and will include a risk management plan to ensure that the strategy is developed and implemented using a participatory and co-productive approach.</p> <p>Risks will be managed by the Flintshire Strategy Working Group, with escalations to Flintshire Local Authority and Health Board senior managers, and to the Regional Steering Group where necessary.</p>

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	<p>The regional dementia strategy was based on findings from consultation events, surveys and citizens panels carried out as part of the population assessment and regional plan.</p> <p>This consultation and research process estimated that there are between 10,000 and 11,000 people living with dementia in North Wales. This number is likely to increase as the number of older people in the population increases.</p> <p>It is understood that women are more likely to develop dementia than men, with possible links to higher life expectancy statistics for women. In North Wales an estimated 6,300 women have dementia and 3,700 men. It is also estimated that 2,700 people living with dementia in North Wales will be Welsh speakers.</p>
4.02	<p>The scope and prioritisation of the Flintshire dementia strategy is informed by, aligned to, the regional strategy. The Flintshire strategy will be developed co-productively in close collaboration with social care and health care professionals, independent and third sector providers, community groups and citizens impacted by dementia.</p>
4.03	<p>All key stakeholders will be represented at the Flintshire Dementia Strategy Working Group to ensure ongoing consultation to set and adapt priorities for care, support and community development.</p>

5.00	APPENDICES
5.01	Flintshire Dementia Strategy 2021 v1.0 Draft

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	North Wales Dementia Strategy available at: https://www.northwalescollaborative.wales

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Michael Jones. Wellbeing and Partnership Lead Telephone: 01352 702546 E-mail: michael.jones@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	Betsi Cadwaladr University Health Board (BCUHB) Betsi Cadwaladr University Health Board are a key partner in the delivery of health and social care services in Flintshire.
8.02	Dementia The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other causes such as vascular dementia or dementia with Lewy bodies.
8.03	Elderly Mentally Infirm (EMI) EMI nursing refers to dedicated nursing for older people with emotional well-being challenges or frailties that incorporate Alzheimer's and different types of dementia.
8.04	Flintshire Local Voluntary Council (FLVC) Flintshire Local Voluntary Council provide a lead role in supporting citizens of Flintshire, liaising with, and coordinating voluntary sector activities.
8.05	Integrated Care Fund (ICF) The Welsh Government Integrated Care Fund programme provides revenue and capital founding to support integrated health and social care projects and activities in Wales. The ICF Programme targets four key themes: Older People; Early Intervention; Learning Disabilities, Children With Complex Needs and Carers; and Dementia. Regional ICF funding allocation and management is undertaken by the North Wales Regional Partnership Board.
8.06	Mild Cognitive Impairment Mild cognitive impairment is a decline in mental abilities greater than normal

	aging but not severe enough to interfere significantly with daily life, so it is not defined as dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person's risk of developing dementia but not everyone with a mild cognitive impairment will develop dementia.
8.07	<p>North Wales Population Needs Assessment</p> <p>The North Wales Population Needs Assessment was undertaken in 2017 and The population assessment brings together information about people's care and support needs and the support needs of carers in North Wales. The assessment will be reviewed and updated in 2022.</p>
8.08	<p>North Wales Regional Partnership Board (NWRPB)</p> <p>The Regional Partnership Board (RPB) provides a collaborative board to oversee the implement of integrated health and social care projects and activities in response to the North Wales population assessment published on 1 April 2017.</p>
8.09	<p>Young Onset Dementia</p> <p>Young onset dementia is where someone is under the age of 65 at the point of diagnosis and affects about 5% of people who have dementia. The numbers of younger people living with dementia are relatively small however the impact for them and their families can be very significant and quite different in a number of ways. Younger people are more likely to still be working when they are diagnosed, and many will have financial commitments and some may still have dependent children.</p>

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Flintshire Dementia Strategy

DRAFT



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DRAFT

1. Introduction

This document provides a strategy for the provision of care and support for people living with dementia in Flintshire. This strategy provides an integrated health and social care approach led by Flintshire County Council Social Services and Betsi Cadwaladr University Health Board (BCUHB) teams, in collaboration with independent sector providers, third sector providers or community groups.

The BCUHB Dementia Strategy 2018-2020 reflected the Dementia Strategic Action Plan for Wales by:

- Supporting a local emphasis for the commitment to creating ‘dementia supportive communities’.
- Respecting the voice of people affected by dementia.
- Consulting and listening to the people who access services.
- Ensuring services available are accessible and responsive to the needs of the community.
- Ensuring that people with dementia are included in activities and their carers supported.

BCUHB will continue this strategic approach in alignment with the priorities defined in the North Wales Dementia Strategy, with the aim of improving the experience of all people living with dementia who access health services.

In accordance with this strategic approach, the Flintshire County Council ‘Council Plan’ includes an objective for Social Services to continue to improve the lives of people living with dementia in Flintshire. This includes a specific objective to:

- Develop a Flintshire dementia strategy that sets a shared vision, and action, for the next phase of developing good dementia support for individuals, families, carers and communities.

This objective is fully supported by the Flintshire County Council Cabinet Member for Social Services and Older People’s Champion, Cllr. Christine Jones, who has developed a strong supportive link with service teams, third sector providers and community groups.

This document identifies the key projects and activities to be delivered by health and social care teams. The strategy and action plan will be reviewed on an ongoing basis to account for any legacy impacts from Covid-19 on this community, and in line with updates to the North Wales Dementia Strategy and the next Population Needs Assessment to be published in 2022.

2. What is dementia?

The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other causes such as vascular dementia or dementia with Lewy bodies.

Young onset dementia is where someone is under the age of 65 at the point of diagnosis and affects about 5% of people who have dementia. The numbers of younger people living with dementia are relatively small however the impact for them and their families can be very significant and quite different in a number of ways. Although younger people experience similar symptoms to older people with dementia, the impact on their lives is significantly different. Younger people are more likely to still be working when they are diagnosed, and many will have financial commitments and some may still have dependent children.

Mild cognitive impairment is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life, so it is not defined as dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person's risk of developing dementia but not everyone with a mild cognitive impairment will develop dementia.

3. North Wales Dementia Strategy

Support for people living with dementia is a priority in the North Wales Regional Plan based on what people said was important to them in a North Wales Population Needs Assessment. There is also a legal duty in the Social Services and Well-being Act 2014 for Regional Partnership Boards to prioritise the integration of services in relation to older people with complex needs and long term conditions, including dementia.

In response to these duties and priorities, the North Wales Social Care and Wellbeing Services Improvement Collaborative group published a North Wales Dementia Strategy in March 2020. The strategy was developed jointly by the six North Wales Local Authorities and Betsi Cadwaladr University Health Board (BCUHB), and supported by Public Health Wales and other partners. The strategy sets out how Public and Third Sector organisations will work collaboratively to develop and maintain integrated dementia services in North Wales.

The strategy was based initially on findings from consultation events, surveys and citizens panels carried out as part of the population assessment and regional plan. A service mapping exercise was undertaken as part of the development of the strategy. This provided a snapshot of current services in North Wales and this further informed the strategy.

The regional dementia strategy estimates that there are between 10,000 and 11,000 people living with dementia in North Wales. This number is likely to increase as the number of older people in the population increases. Women are more likely to have dementia than men,

possibly because they live longer. In North Wales there were an estimated 6,300 women have dementia and 3,700 men. It is estimated that 2,700 of the 11,000 people living with dementia in North Wales were Welsh speakers.

A link to the regional dementia strategy is included in the Appendices. The strategy is based around the themes of the Welsh Government Dementia Action Plan with the addition of a specific priority for carers. These themes were supported by the regional consultation findings, and are summarised here:

- Risk reduction and delaying onset
- Raising awareness and understanding
- Recognition and identification
- Assessment and diagnosis
- Living as well as possible for as long as possible with dementia
- The need for increased support
- Supporting carers
- Putting the strategy into action

4. Aims of the Flintshire Dementia Strategy

The Flintshire Dementia Strategy provides a framework to:

- support people living with dementia and their carers in Flintshire
- support the implementation of the Regional Dementia Strategy actions
- respond to the continuing public health crisis relating to Covid-19

This strategy will be developed with key stakeholders, including people with live experiences to ensure that all activities are working towards shared objectives and goals to deliver the best outcomes for people living with dementia. The strategy is aligned to the North Wales Dementia Strategy, and will be delivered in collaboration with the new Regional Dementia Project team.

The strategy incorporates the provision of formal services by health and social care teams. It also promotes the importance of community activities and initiatives led by community groups supported by third sector organisations. The success of this strategy is dependent on community involvement and collaboration between all groups to provide engaging activities and support networks across the whole County.

5. Key Priorities and Actions

The key priorities for the Flintshire Dementia Strategy in 2021/22 are as follows:

- Adapt dementia care services in response to Covid-19 restrictions by redirecting or increasing support to meet demands in residential care settings to keep people safe and connected with families and friends;

- ❑ Develop community and home based services to provide person-centred ‘wrap-around’ care and support, including flexible night-time respite services, delivered by a multi-disciplinary team including care workers, social workers and community psychiatric nurses;
- ❑ Continue to develop Dementia Friendly Communities, supported by a Dementia Friendly Council, extending the roll-out of inter-generational projects, training and awareness across Council teams, third sector and community groups, providing additional support for the recovery and restart of community activities;
- ❑ Support Health led projects, research and initiatives to reduce risks, delay onset, and early detection and ensure that the support and care arrangements are age and life stage appropriate;
- ❑ Improve awareness and access to health services, including GP surgeries, clinics and emergency departments.
- ❑ Develop solutions to resolve challenges to rural access to services and activities.
- ❑ Explore new and innovative care and support processes for dementia, including supportive technology and arts based therapies, informed by best practices across the region;
- ❑ Maintain and expand dementia services in Extra Care schemes, with seven dementia supportive apartments in the new Plas Yr Ywen Holywell scheme, adding to dementia and memory supported accommodation in the three existing schemes;
- ❑ Establish the feasibility of a capital project to redevelop and extend Croes Atti care home, Flint to provide additional Elderly Mentally Infirm (EMI) nursing capacity under a pooled budget arrangement with Health partners, utilising Integrated Care Funding (ICF).

The table below describes the actions required to deliver the strategic priorities summarized above. The table is structured to reflect the themes defined in the Regional Strategy, aligning the key actions to be developed and implemented in Flintshire. The projects and activities include those supported by Integrated Care Funding (ICF) and will be subject to regular review and prioritisation, including the addition of new projects, in response to changing population needs.

Regional Themes	Regional Actions	Flintshire Strategic Actions <i>(Health Board and other groups' key actions to be added)</i>
Risk reduction and delaying onset	1. Work with partners to promote and support initiatives to reduce risks and delay onset, including links between hearing loss and dementia.	<ul style="list-style-type: none"> ▪ Member of North Wales Regional Dementia Strategy Steering Group. ▪ Support Health Board projects.
	2. Work with partners to support research into the causes and treatment of dementia and encourage participation.	<ul style="list-style-type: none"> ▪ Member of North Wales Regional Dementia Strategy Steering Group. ▪ Support Health Board projects.
	3. Facilitate a regional sharing practice workshop for health and social care practitioners to scope a preventative approach to dementia early detection, assessment and support for adults with learning disabilities.	<ul style="list-style-type: none"> ▪ Member of North Wales Regional Dementia Strategy Steering Group.
	4. Extend support services to all with dementia and mild cognitive impairment.	<ul style="list-style-type: none"> ▪ Work with Health colleagues to review scope of services for assessment, diagnosis and care.
Raising awareness and understanding	5. Work towards Dementia friendly status for organisations and communities.	<ul style="list-style-type: none"> ▪ Expand Dementia Friends sessions across the Council workforce, and establish networks of 'champions'. ▪ Support new communities to work towards 'Dementia Friendly' status. ▪ Increase Dementia Friends community network. ▪ Support Regional Dementia Friendly activities.
	6. Integrated training between health and social care.	<ul style="list-style-type: none"> ▪ Deploy community and home based support models including Progress for Providers, Creative Conversations and Arts base therapies.

Regional Themes	Regional Actions	Flintshire Strategic Actions <i>(Health Board and other groups' key actions to be added)</i>
	7. Provide comprehensive training programmes for dementia care staff, and awareness training for all public sector staff.	<ul style="list-style-type: none"> ▪ Ongoing dementia training and awareness of the Council workforce.
	8. Establish regional learning and development networks.	<ul style="list-style-type: none"> ▪ Engage with regional learning and development networks.
	9. Develop DEWIS to improve accessibility, maintain information and increase usage.	<ul style="list-style-type: none"> ▪ Support health partners to increase awareness. ▪ Develop dementia friendly and accessible Council services, including online, with links to DEWIS.
	10. Dementia champions based in the GP practices to support and signpost.	<ul style="list-style-type: none"> ▪ Promote GP dementia champion projects. ▪ Promote national id schemes in hospitals and GPs.
Recognition and identification	11. Raise awareness to encourage people to approach their GP about symptoms.	<ul style="list-style-type: none"> ▪ Promote and refer to Health Board information and advice – including GP services.
	12. Raise awareness and share positive stories to help with early diagnosis and support, including from English and Welsh speakers and a wide range of communities.	<ul style="list-style-type: none"> ▪ Information and story sharing through older people's and other core services, and community networks. ▪ Assess and respond to lower involvement from minority groups.
	13. Include dementia symptoms into standard health checks at certain ages or life stages and include as a general triage question at emergency departments.	<ul style="list-style-type: none"> ▪ Promote Health led activities, and develop integrated referral processes. ▪ Include dementia symptoms in health checks at social care settings where appropriate.

Regional Themes	Regional Actions	Flintshire Strategic Actions <i>(Health Board and other groups' key actions to be added)</i>
Assessment and diagnosis	14. Explore options for new memory clinics, including mobile clinics to improve rural access.	<ul style="list-style-type: none"> ▪ Develop community and home based models for support, respite and longer term care planning for people living with dementia and their carers and families.
	15. Implement research recommendations on challenges and enablers for adults with learning disabilities and their carers.	<ul style="list-style-type: none"> ▪ Implement research recommendations regarding people living with dementia and learning disabilities, ▪ Support prioritised actions as member of Regional Dementia Strategy Steering Group.
	16. Support for people with hearing impairments who are also living with dementia.	<ul style="list-style-type: none"> ▪ Implement research recommendations regarding people living with dementia sensory loss. ▪ Support prioritised actions as member of Regional Dementia Strategy Steering Group.
	17. Incorporate a better Make Every Contact Count approach to all interactions and interventions, including third sector and non-statutory services.	<ul style="list-style-type: none"> ▪ Incorporate a 'Make Every Contact Count' and 'What Matters' approach to all interactions and interventions. ▪ Develop consistent approach in collaboration with third sector partners.
	18. Introduce a co-produced user friendly local service maps and pathways for post-diagnosis support.	<ul style="list-style-type: none"> ▪ Support co-production to develop integrated health and social care processes.
	19. Develop a co-produced set of standards for services.	<ul style="list-style-type: none"> ▪ Support co-production process as member of Regional Dementia Strategy Steering Group.
	20. Provide the active offer of Welsh language during assessments and use Welsh language assessments where required.	<ul style="list-style-type: none"> ▪ Flintshire County Council and BCUHB promote the active offer in all services, projects and activities.

Regional Themes	Regional Actions	Flintshire Strategic Actions <i>(Health Board and other groups' key actions to be added)</i>
Living as well as possible for as long as possible with dementia	21. Promote Dementia friendly communities and initiatives.	<ul style="list-style-type: none"> ▪ Expand dementia friendly communities and support networks in collaboration with Health partners, third sector and community groups. ▪ Develop dementia friendly and accessible Council services. ▪ Support existing Memory Cafes and community groups.
	22. Look at options to extend the BCUHB funded dementia support service for people diagnosed with dementia before October 2016.	<ul style="list-style-type: none"> ▪ Regional commissioning decision to be supported as part of the Regional Dementia Strategy Steering Group.
	23. Improve consistency of services for younger onset dementia, including support for people with learning disabilities, across North Wales and share good practice.	<ul style="list-style-type: none"> ▪ Implement community and home based support services, facilitated by Integrated Care Funding. ▪ Maintain Specialist Social Worker Role for younger onset dementia ▪ Maintain flexible support services at home or close to home, including Extra Care and Residential Care settings. ▪ Introduce support to new Plas Yr Ywen Extra Care scheme and expanded Marleyfield House Care Home.
	24. Improve rural access to services, promote existing and develop new 'dementia friendly' community transport schemes in collaboration with transport planners and providers.	<ul style="list-style-type: none"> ▪ Support communities to establish new Memory Cafes and support groups, with a focus on isolated rural areas. ▪ Identify improvements to transport solutions to access care, respite and community activities.

Regional Themes	Regional Actions	Flintshire Strategic Actions <i>(Health Board and other groups' key actions to be added)</i>
The need for increased support	25. Work with emergency services to support people affected by dementia.	<ul style="list-style-type: none"> ▪ Support prioritised actions as member of Regional Dementia Strategy Steering Group. ▪ Work with Health partners to increase awareness and support capability in emergency service settings, including admission and discharge processes.
	26. Encourage community and health services to work together so people living with dementia are less likely to require hospital care.	<ul style="list-style-type: none"> ▪ Develop EMI discharge processes to improve experiences for people supported and their families and to optimise capacity. ▪ Implement community and home based support services, facilitated by Integrated Care Funding. ▪ Explore opportunities for new methods of support and respite, including Arts Based Therapies.
	27. Support care homes to improve awareness to meet specific individual needs of people with dementia and improve commissioning of appropriate placements.	<ul style="list-style-type: none"> ▪ Continued implementation of Progress for Providers with residential and domiciliary care providers. ▪ Support providers to achieve Bronze/Silver/Gold standards to promote continuously improved care. ▪ Expand to include Support Sequence methods and processes. ▪ Review market position and implement required changes to sustain the supply of dementia and EMI services.

Regional Themes	Regional Actions	Flintshire Strategic Actions <i>(Health Board and other groups' key actions to be added)</i>
	28. Support for people with dementia attending Emergency Departments, for example, providing a quiet room or 'bus stop' and try to make them feel as comfortable as possible.	<ul style="list-style-type: none"> ▪ Work with Health partners to improve admission experiences for people living with dementia and their families.
Supporting Carers	29. Joint commission services wherever possible.	<ul style="list-style-type: none"> ▪ Utilise Integrated Care Funding (ICF) to deliver priority projects and activities, including integrated Health and Social Care projects where appropriate. ▪ Support regional projects and activities as prioritised by the Regional Dementia Strategy Steering Group. ▪ Implement Carers Respite Review recommendations with regular review and co-production of respite services to meet population needs.
	30. Continue to promote the active offer of Welsh language services, implement the strategic framework across North Wales and recommendations from research.	<ul style="list-style-type: none"> ▪ Flintshire County Council and BCUHB promote the active offer in all services, projects and activities.
	31. Promote successful new initiatives such as 'coping with caring and loss, currently led by Psychology in the West.	<ul style="list-style-type: none"> ▪ Support regional initiatives as an active member of the Regional Dementia Strategy Group.

Regional Themes	Regional Actions	Flintshire Strategic Actions <i>(Health Board and other groups' key actions to be added)</i>
Putting the strategy into action		<ul style="list-style-type: none"> ▪ Establish a Flintshire Dementia Strategy Implementation Working Group. ▪ Complete Local Authority self-assessment checklists and Dementia Action Plan reports to the Regional Dementia Strategy Steering Group. ▪ Maintain links with Dementia Friendly Community representatives and the wider community for ongoing engagement

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6. Governance and Monitoring

6.1 Development

The development of the strategy and delivery of the implementation plan will be managed by the Wellbeing and Partnership Lead, reporting directly to Head of Service for Adult Social Services. Additional support and direction will be provided by the Flintshire County Council Cabinet Member for Social Services and Older People's Champion.

A number of key projects and activities require the continued delivery of core health and social care services, and additional projects, including third sector and community led activities, that are funded by the ICF programme. Additional governance roles, to approve the strategy and actions, will be fulfilled by the BCUHB Assistant Director East Area, and the Chief Officer, Flintshire Local Voluntary Council through their governance roles for the Integrated Care Fund (ICF) East Area group.

This Flintshire Dementia Strategy document will be developed through a consultation and collaboration process with key stakeholders including Health and Social Care service teams, providers, third sector organisations and community groups. The completed strategy document will be validated with the Regional Dementia Strategy Steering Group in March 2021 to enable publishing and implementation of the key actions from April 2021.

6.2 Implementation and governance

A Flintshire Dementia Strategy Implementation Working Group will be established to oversee and implement the key priorities and actions. The working group will be chaired by Head of Adults services and will include representation from all key stakeholder groups. The group will meet bi-monthly, timed to precede regional strategy steering group meetings to maintain alignment of key priorities.

The North Wales Regional Dementia Strategy Steering Group will provide a governance structure to oversee the implementation of the regional strategy. Regional governance will be provided by the North Wales Regional Dementia Strategy Steering Group, led by the Regional Dementia Project Manager. The group will meet regularly to prioritise regional activities within the scope of regional strategy and action plan. The group will address any issues highlighted and will lead any regional projects developed in response to the strategy, facilitate the sharing of good practice across the region and identify funding to support the steering group and other regional projects.

6.3 Equality and Wellbeing Impact assessment

An Equality and Well-being Impact Assessment was undertaken as part of the Regional Dementia Strategy development, with a specific focus on the equality and well-being of people in protected characteristic groups that are living with dementia. The regional Impact Assessment contains a number of known benefits and risks and will provide the basis of a Flintshire Integrated Impact Assessment to be developed as a key next step.

A summary of the Regional Impact Assessment, and how this will be developed in Flintshire, is provided here:

Ways of Working (Sustainable Development) Principles Impact	
Long-term	Positive Impact The Regional Strategy aims to develop Dementia services for the long term, responding to the current and future population needs. The Flintshire Dementia Strategy will replicate this approach.
Prevention	Positive Impact A key aim of the Regional and Flintshire strategies is to develop preventative services. This includes working with partners to provide information and advice and to promote and support initiatives to reduce risks and delay onset
Integration	Positive Impact The Dementia Strategy documents positively promote the integration of services across health, social care, third sector and community groups.
Collaboration	Positive Impact The Regional Strategy was developed as a collaboration of public sector representatives across North Wales, working closely with people with lived experiences to inform the priorities of the strategy. The Flintshire strategy will continue this collaborative approach of engagement and coproduction.
Involvement	Positive Impact The Regional Dementia Strategy was developed as a partnership strategy with involvement from all key stakeholders including people with lived experience. The Flintshire strategy will continue to provide this involvement.

Well-being Goals – Overall Impact	
Prosperous Wales	Neutral Impact The Regional and Flintshire Strategies have an opportunity to positively impact economic development, by enhancing the skills and knowledge of the workforce

	<p>across the public, independent and third sectors to meet long service needs. It is not yet fully understood if the best models for meeting care and support needs are currently achievable with a low carbon model so this will need to be explored further.</p>
Resilient Wales	<p>Neutral Impact</p> <p>The Regional Dementia Strategy is likely to have a minimal impact on biodiversity, waste, fuel consumption and flood risk management. All future accommodation related projects for dementia services will make due consideration to the provision of a resilient Wales.</p>
Healthier Wales	<p>Positive Impact</p> <p>One of the key aims for the development of the Regional and Flintshire Dementia Strategies is to improve the health and wellbeing of all people impacted by Dementia. A number of current and future projects and initiatives will adopt a person centred approach to positively impact health and wellbeing.</p>
More equal Wales	<p>Positive Impact</p> <p>A key aim of the Regional and Flintshire Dementia Strategies will be the introduction of new services and improvement of existing services for people living with dementia and their carers.</p>
Cohesive Wales	<p>Positive Impact</p> <p>The Regional and Flintshire Dementia Strategies include specific objectives and actions to develop more cohesive dementia friendly communities. This will include initiatives to encourage more community participation, addressing specific inequalities relating to digital exclusion and rural isolation.</p>
Vibrant Wales	<p>Positive Impact</p> <p>The dementia strategies aim to improve and provide services available in the Welsh language, adopting the 'more than words' model. Projects and initiatives will ensure equal access, promoting the Welsh language, culture and heritage.</p>
Globally responsible Wales	<p>Neutral Impact</p> <p>The Regional Dementia Strategy identified more neutral impacts in relation to the environment and local</p>

	development plan. This will be considered by the Flintshire Dementia Strategy to identify potential positive impacts.
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6.4 Risk management

Risk management will be undertaken as part of the initial development of the Flintshire strategy. The strategy document is currently in preparation, and will include a risk management plan to ensure that the strategy is developed and implemented using a participatory and co-productive approach.

Risks will be managed by the Flintshire Dementia Strategy Implementation Working Group, with escalations to Flintshire Local Authority and Health Board senior managers, and to the Regional Steering Group where necessary.

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Appendix A: Glossary of Terms

Term	Definition
Betsi Cadwaladr University Health Board (BCUHB)	Betsi Cadwaladr University Health Board are a key partner in the delivery of health and social care services in Flintshire.
Dementia	The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other causes such as vascular dementia or dementia with Lewy bodies.
Elderly Mentally Infirm (EMI)	EMI nursing refers to dedicated nursing for older people with emotional well-being challenges or frailties that incorporate Alzheimer's and different types of dementia.
Flintshire Local Voluntary Council (FLVC)	Flintshire Local Voluntary Council provide a lead role in supporting citizens of Flintshire, liaising with, and coordinating voluntary sector activities.
Integrated Care Fund (ICF)	<p>The Welsh Government Integrated Care Fund programme provides revenue and capital funding to support integrated health and social care projects and activities in Wales. The ICF Programme targets four key themes: Older People; Early Intervention; Learning Disabilities, Children With Complex Needs and Carers; and Dementia.</p> <p>Regional ICF funding allocation and management is undertaken by the North Wales Regional Partnership Board.</p>
Mild Cognitive Impairment	Mild cognitive impairment is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life, so it is not defined as dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person's risk of developing dementia but not everyone with a mild cognitive impairment will develop dementia.
North Wales Population Needs Assessment	The North Wales Population Needs Assessment was undertaken in 2017 and The population assessment brings together information about people's care and support needs and the support needs of carers in North Wales. The assessment will be reviewed and updated in 2022.
North Wales Regional Partnership Board (NWRPB)	The Regional Partnership Board (RPB) provides a collaborative board to oversee the implement of integrated health and social care projects and activities in response to the North Wales population assessment published on 1 April 2017.
Young Onset Dementia	Young onset dementia is where someone is under the age of 65 at the point of diagnosis and affects about 5% of people who have dementia.

Appendix B: North Wales Regional Dementia Strategy



NW Dementia
Strategy 1.0.pdf

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SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 4 th March, 2021
Report Subject	Recovery Strategy Update
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

The Council has developed a corporate Recovery Strategy for the pandemic emergency situation which was endorsed at a special Cabinet meeting on 15 September.

Cabinet requested each of the Overview and Scrutiny Committees to support recovery in their respective portfolio areas, and specifically to have oversight of:-

1. The portfolio risk register(s) and the risk mitigation actions, both live and planned;
2. The objectives for recovery for the portfolio(s);
3. The immediate strategic priorities for recovery for the portfolio(s) extracted from the draft Council Plan for 2020/21; and
4. The set of revised performance indicator targets for the portfolio(s) for 2020/21.

The above were considered by the Committee at its meeting on 22 September, 2020.

This report provides the Committee with an update on the portfolio risk register and risk mitigation actions (shown at Appendix 1 and 2).

RECOMMENDATIONS

1	That the Committee review the latest updated risk register and risk mitigation actions within the Social Services portfolio.
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REPORT DETAILS

1.00	EMERGENCY RECOVERY
1.01	<p>The Council is developing a corporate Recovery Strategy for the pandemic emergency situation. The Strategy covers:-</p> <ol style="list-style-type: none"> 1. The chronology of the emergency response phase and transition to recovery 2. The handover arrangements or recovery 3. Organisational recovery of the corporate organisation 4. Community recovery of the communities we serve 5. Strategic priorities and performance for the remainder of 2020/21 6. The roles the Council will play in regional recovery 7. The democratic governance of recovery
1.02	<p>The development of the Recovery Strategy been led by the Chief Executive and Leader and overseen by a cross-party Member Recovery Board. The Board, which is an advisory sub-committee of Cabinet, has completed its work and has stood down. The Board has met seven times in quick succession and has received multiple reports and presentations. Cabinet is due to endorse the Recovery Strategy at a special meeting on 15 September.</p>
1.03	<p>Cabinet will be inviting each of the Overview and Scrutiny Committees to support recovery in their respective portfolio areas, and specifically to have oversight of:-</p> <ol style="list-style-type: none"> 1. The portfolio risk register(s) and the risk mitigation actions both live and planned; 2. The objectives for recovery for the portfolio(s);
1.04	<p>The latest version of the risk register (Appendix 1) and table of risk mitigations (Appendix 2) for the Social Services portfolio are attached.</p>
1.05	<p>An update on the recovery objectives for the service portfolio for this Committee is shown below. Where services have been partially resumed, the return to normal operating hours and usage will be in line with Public Health Wales and Welsh Government advice:-</p> <ul style="list-style-type: none"> • Adult Services – Respite Care Older people. Since the tier 4 lockdown we took the decision to close Croes Atti Day Centre, in line with PHW guidelines, this is under continual review. Support for those most in need is provided at home on a one to one bases. Domiciliary care arrangements are in place for those with the most challenging and complex dementias. • Respite for Older People is usually overnight support in care home for a period up to 7 days. The current COVID-19 restrictions make this challenging as it required the individual to have a negative COVID-19 test prior to moving in to the short-term care arrangements and the individuals is also required to self-isolate in the care home for 14 days, this means the person on respite isn't able to fully engage in the activities of the homes. As a result, and due to the changing number of closed setting the request for this type of respite is much reduced. To

support families we are continuing to look at providing respite in different ways including providing overnight respite at a person's home.

- **Adult Services - Open Plas Yr Ywen Extra Care:**

The opening of Plas yr Ywen was planned for January 2021, however there has been a further day since the Country went into a tier 4 lockdown situation. A review has taken place with regard to the safe opening of the scheme and we now plan to open Mid-March 2021. This will be a slow and steady approach with robust risk assessments in place.

- It is recognised that the delay in opening due to PHW guidance in bringing groups of older people together will have caused so drop out for a variety of reasons, however we have operated a waiting list and we have a number of people allocated apartments, with further needs assessment taking place.

- **Adult Services – Significant reduction to normal operating hours and usage for Adult Mental Health Services:**

We have reopened Mental Health Support Services, including Growing Places and Double Click **only** for those with the most complex of needs. These services provide a very limited number of placements for individuals with the most complex needs. We continually review the situation as it develops. All other services have moved to on line or domiciliary homebased support.

- **Adult Services – Assessment Services**

- Adults' social work and occupational therapy services is operating as home visiting where possible, window visits and telephone interviews. Including joint mental health and substance misuse services.

- **Adult Services – Significant reduction to normal operating hours and usage for Learning Disability services:**

Respite for Learning Disability Services short term care, we took the decision to suspend all planned respite services in learning disability services, in line with tier 4 guidelines, Hafod is open only for emergency respite for the most complex of individuals with only one person at one time. Home support is being offered to individuals with the most complex needs to support carers.

- **Adult Services – Significant reduction to normal operating hours and usage for Disability Day and Respite services:**

Disability Day and Work Services are operating with a significantly reduced number of individuals and in accordance with PHW guidance. These provisions includes Tri Ffordd, Abbey Metal and Hwb Cyfle. One to one support is offered alongside on line support.

- **Children's Services – Return to normal operation for Respite services:**

Arosfa continues to provide respite support for children with disabilities. One child is supported a night as opposed to three children. Additional direct payments have been used creatively to support carers. Respite

for foster carers is being provided where there is a significant risk of placement breakdown.

- **Children's Services - Resume normal social work services:**

Social workers have continued their assessment and support work. Direct visits to households with risk based safety measures are in place.

- **Early Years and Family Support - Return to normal operation for Flying Start services:**

The annual Delivery Plan for Flying Start has been revised to realign provision until 31/3/21. Flying Start partners are working together to target provision and support to the most vulnerable children/families.

All Flying Start centres are open for face to face contact where necessary to safeguard children & families. A programme of WG capital improvement works has been secured to allow enhanced service delivery through the recovery period including childcare, clinic & crèche facilities.

- **Early Years and Family Support - Reopen Flintshire Crèche:**

The crèche primarily supports children whilst their Parents/carers take part in parenting programmes. As these programmes have not yet recommenced there has currently not been the need for the crèche.

- **Workforce - Training courses:**

The QCF core sessions have continued online in recent months, with face to face sessions due to resume once the College re-opens. Remote support for Managers around AWIF continues to be available through the team also.

Essential face to face training is due to resume in March '21 with Observed Moving and Positioning training being the priority focus of delivery, quickly followed by Paediatric First Aid. All other training remains online with a mixture of e-learning and online training sessions. This is constantly being reviewed in light of guidance and presenting evidence around attendance, quality and efficiencies this offers.

2nd and 3rd Year Social Work Degree placements are currently being sourced, with the majority of 2nd year students with a confirmed placement and work continuing to source a further 10 placements for 3rd year students.

In addition to this work, the Service are also expanding our Social Work Traineeship programme to grow our own support staff by giving them the opportunity to study for a Social Work degree whilst remaining in their existing post. Eight places will be made available on this programme in 2021/22.

- **Adult Safeguarding - Continue with business as usual:**

Strategy Meetings are continuing to operate virtually as well as Case

Conferences. The work of the Adult at Risk Social Workers and Support Worker continues virtually, with many face to face meetings, support visits and investigation visits occurring (observing COVID-19 regulations) where this is essential in order to safeguard and support people.

- **Independent Reviewing Officers - Continue with business as usual:**

All review meetings have been taking place virtually, with occasional face to face meetings with families in exceptional circumstances, always following COVID-19 regulations. This is being reviewed regularly and it is anticipated that there will be a blend of virtual and face to face meetings in the future, once COVID-19 restrictions ease.

- **Deprivation of Liberty Safeguards - Return to normal assessment process:**

The majority of meetings to undertake Best Interest Assessments are being undertaken virtually, however, where there is a need for a face to face meetings these have taken place and been compliant with COVID-19 regulations. This is being reviewed regularly and will continue in this way for the time-being.

- **Children's Safeguarding - Continue with business as usual:**

The majority of Child Protection Case Conferences are taking place virtually or a blended approach with some individuals in the office and others dialling in over Webex. The system is working well and is being constantly reviewed. All professional agencies and families are able to participate in and contribute to, this system.

- **IT / Administrative systems - Business as usual:**

The IT Systems Team continue to work from home providing helpdesk cover, training and delivering ongoing planned work. This will continue for the foreseeable future.

The administrative teams have a limited number of staff attending the office from each team (1 or 2) with the majority of staff working from home. This will continue for the foreseeable future.

- **Financial Assessment and Charging - Resume normal services:**

The service is operating as normal, with a small number of staff working from the office and the remaining staff team working remotely. The Welfare benefit Officers are undertaking visits virtually in the main, with the occasional face to face visit where this is essential. All COVID-19 regulations are being adhered to.

- **Deputyship - Resume normal services:**

The services is operating as normal with all staff working from home. This will continue for the foreseeable future.

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

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	None specific as this report is based on documented response and recovery work.

4.00	RISK MANAGEMENT
4.01	This report specifically covers emergency situation risk management.

5.00	APPENDICES
5.01	Appendix 1 – Updated Social Services Recovery Risk Register
5.02	Appendix 2 – Updated Social Services Risk Mitigation Actions

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None.

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Neil Ayling Telephone: 01352 704500 E-mail: neil.ayling@flintshire.gov.uk

Social Services Portfolio Risk Register

Version 07

Published: 26/02/2021

Key	
Underlying Risk Rating	The risk rating before any mitigating actions
Current Risk Rating	This risk rating following the planned mitigation actions
Target Risk Rating	The risk rating which is realistically achievable and by when
Risk Trend	The trend of the risk since the last review date
NC ↔	No change in risk trend since last review
Risk Status	Open denotes a live risk Closed denotes a closed risk
*Denotes the risk is specific to the 'Recovery'	
SS	Social Services

Risk Register - Part 1 (Portfolio Management)

Financial

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
SS01 Updated	Expenditure on out of county placements increases as placement costs increase in a demand led market. Note: the market development element of this risk remains at Amber, but the risk to the budget has increased to Red due to the financial impact of recent placements.	Strategic	Craig Macleod/ Jeanette Rock	Peter Robson / Paula Roberts	R	R A	A Q4 2020/21	R ↑	Open
*SS02 Updated	Expenditure on experienced agency workers increases due to the reduction in opportunities for face to face training and development for existing / new staff Note: risk to be closed due to mitigation through digital development programme	Operational	Jane Davies	-	A	G	Y Q1 2021/22	NC ↔	Closed

Workforce

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
SS04 Updated	It becomes increasingly difficult to recruit and retain staff in the residential sector due to the significant requirements for the registration of care staff under the Regulation and Inspection of Social Care Act Note: risk to be closed due to resolution of registration issues	Strategic	Jane Davies	Dawn Holt	A	Y	Y Q4 2020/21	NC ↔	Closed
*SS05 Updated	Workforce depleted by sickness due to long term impact of working under extremely stressful conditions Note: risk to be closed due to vaccination programme and support interventions	Operational	Jane Davies		A	G	Y Q4 2020/21	G ↓	Closed

External Regulation

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
SS06	Some individuals are illegally detained awaiting Liberty Protection assessments because there is insufficient capacity to absorb the introduction of Community assessments	Strategic	Jane Davies	Jayne Belton	A	Y	Y Q3 2020/21	NC ↔	Open

ICT Systems

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
SS08	Failure of the Clipper Finance system due to the age of the software and its incompatibility with new server technology	Project	Dawn Holt	Emma Murphy	G	G	G Q4 2020/21	NC ↔	Open

Risk Register - Part 2 (Portfolio Service & Performance)

Adult Services

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
SS09	Insufficient numbers of residential and nursing beds to meet demand because of the long term fragility and instability of the care home sector	Strategic	Jane Davies	Dawn Holt	R	Y	Y Open	NC ↔	Open
SS10	Insufficient capacity to provide the quantities and levels of care to clients at home and in the community because of challenges in recruitment of direct care workers and instability in the care market	Strategic	Jane Davies	Dawn Holt	R	A	Y Q4 2020/21	NC ↔	Open
*SS11 Updated	Unpreparedness to meet the needs of clients discharged from hospital because they have been discharged prematurely and without a full assessment Note: risk to be closed due to agreed discharge pathways	Operational	Susie Lunt	Janet Bellis	R	G	Y Q4 2020/21	NC ↔	Closed
SS15 Updated	Opening of Plas Yr Ywen Extra Care will be delayed due to redeployment of staff to support critical services Note: risk rating and trend reducing to green as project is now on track	Project	Mark Holt	Carol Dove	Y	G	G Q4 2020/21	G ↓	Open
SS17 Updated	The redevelopment of Marleyfield Care Home will not be achieved within budget and timescales because of delays in the construction supply chain and risk of infection for residents Note: risk to be closed, project is now on track for delivery in May 2021.	Project	Dawn Holt	Gareth Jones	G	G	G Q4 2020/21	NC ↔	Closed

Children's Services / Early Years

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
SS19	More children and families experience ACE's (Adverse Childhood Experiences) as family relationships breakdown, or become strained, due to the pressures of lockdown and rising financial pressures	Strategic	Craig Macleod	Gail Bennett	A	A	Y Q4 2020/21	NC ↔	Open
*SS20 Updated	We will not meet our ambition to safely reduce our identified cohort of children looked after due to delays in the court process Note: risk rating and risk trend reducing as court delays have been resolved	Project	Peter Robson	Craig Macleod	R	G	Y Q1 2021/22	G ↓	Open

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
*SS21 Updated	Targets for Mockingbird are missed due to a failure to recruit foster carers to the scheme given the constraints on completing assessments for carers and providing training Note: risk to be closed as project is on track	Project	Craig Macleod	Peter Robson	A	G	Y Q1 2021/22	G ↓	Closed
SS22	An insufficient supply of placements leads to young people being placed in unregulated settings.	Strategic	Craig Macleod	Peter Robson	R	A	A Q4 2020/21	NC ↔	Open

Adult & Children's Services

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
*SS23 Updated	Impacts on vulnerable people through a withdrawal of resources from non-essential services to prioritise meeting demand in essential services Note: risk to be closed due to reopening of services	Operational	Susie Lunt	Craig Macleod	R	Y	Y Q4 2020/21	NC ↔	Closed
*SS24	Pressures on the care system as unpaid carers and families are not able to continue in their caring role due to the reductions in respite and day services	Operational	Dawn Holt	Jo Taylor	R	Y	Y Q1 2021/22	NC ↔	Open
*SS26	Adults and children are not effectively safeguarded due to restrictions in their visibility during shielding/social isolation and targeted criminal activity designed to exploit vulnerable people	Operational	Jane Davies	Craig Macleod	R	Y	Y Q3 2020/21	NC ↔	Open
*SS27	Insufficient capacity to cope with a sharp increase in referrals to child and adult services	Operational	Craig Macleod	Dawn Holt	R	Y	A Open	NC ↔	Open
*SS28 Updated	Individuals with a learning disability or autism are unable to access services due to the suspension of transformation programmes Note: risk to be closed due to resumption of programmes	Project	Susie Lunt	Jo Taylor	R	Y	Y Q3 2020/21	NC ↔	Closed

Previously Closed Risks

Risk Ref.	Risk Title	Risk Type	Lead Officer	Supporting Officers	Underlying Risk Rating	Current Risk Rating	Target Risk Rating	Risk Trend	Risk Status
*SS03	Failure to meet conditions of grant funding where the terms of the grant provision cannot be renegotiated with the provider	Operational	Craig Macleod	Gail Bennett	G	G	G Q4 2020/21	G ↓	Closed
*SS07	We are unable to progress with the processing of complaints and Information Requests due to physical distancing requirements and travel restrictions	Operational	Jane Davies	Jacque Slee	Y	G	G Q2 2020/21	NC ↔	Closed
SS12	Objectives for the Alternative Delivery Model (ADM) Learning Disability Day and Work Opportunities (Hft) project will not be achieved because of physical distancing requirements and the reduction in face to face delivery	Project	Dawn Holt	Emma Murphy	A	G	A Q1 2021/22	NC ↔	Closed
SS13	Development of Microcare will not progress due to difficulties recruiting and training potential carers	Project	Dawn Holt	Rob Loudon	Y	G	G Q4 2020/21	NC ↔	Closed
SS14	Objectives for the development of Ty Tryffynnon will not be achieved due to very tight timescales	Project	Dawn Holt	Christy Hoskings	Y	G	G Q2 2020/21	NC ↔	Closed

SS16	The re-commissioning of Supported Living Properties will not achieve continuity of care through TUPE for the individuals concerned	Project	Dawn Holt	Carol Dove	Y	G	G Q4 2020/21	NC ↔	Closed
SS18	Objectives in the project plan for Person Shaped Support (PSS) Trio and Short Break Care will not be achieved due to physical distancing requirements and the reduction in face to face care	Project	Dawn Holt	Emma Murphy	Y	G	G Q1 2021/22	NC ↔	Closed
*SS25	Insufficiency in the supplies of equipment for people to keep themselves safe due to the diversion of equipment to temporary hospital facilities, and the supply of PPE	Operational	Susie Lunt	Steve Featherstone	R	G	Y Q2 2020/21	NC ↔	Closed

Risk Matrix

Impact Severity	Catastrophic	Y	A	R	R	B	B
	Critical	Y	A	A	R	R	R
	Significant	G	G	Y	A	A	R
	Marginal	G	G	G	Y	Y	A
		Unlikely	Very Low	Low	High	Very High	Extremely High
Likelihood of risk happening							

Social Service Portfolio Recovery Risk Register

Version 07

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Mitigation Urgency Key	
IM – Immediate	Now
ST – Short Term	Within 1 month
MT – Medium Term	1 month plus
Upward arrow	Risk increasing
Downward arrow	Risk decreasing
Sideways arrow	No change in risk
*Denotes the risk is specific to 'Recovery'	

Part 1 (Portfolio Management)

Financial

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS02 Updated	Expenditure on experienced agency workers increases due to the reduction in opportunities for face to face training and development for existing / new staff	↔	ST	Risk to be closed. Mitigating actions are now “business as usual”, and are ensuring that services can be delivered according to need.

Workforce

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS05 Updated	Workforce depleted by sickness due to long term impact of working under extremely stressful conditions	↓	IM	Risk to be closed. Mitigating actions are now “business as usual”, and are ensuring that services can be delivered according to need.

Part 2 (Portfolio Service & Performance)

Adult Services

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS11 Updated	Unpreparedness to meet the needs of clients discharged from hospital because they have been discharged prematurely and without a full assessment	↔	IM	Risk to be closed. Mitigating actions are now “business as usual”, and are ensuring that services can be delivered according to need.

Children's Services / Early Years

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS20 Updated	We will not meet our ambition to safely reduce our identified cohort of children looked after due to delays in the court process	↓	MT	We are completing targeted assessment work for increased Special Guardianship Orders and discharge of care orders . However, this is within the context of additional children needing to enter the care system. We are no longer seeing delays in the court process, therefore the risk is reducing.
*SS21 Updated	Targets for Mockingbird are missed due to a failure to recruit foster carers to the scheme given the constraints on completing assessments for carers and providing training	↓	MT	Risk to be closed. Following some initial delay due to the impact of COVID, and change in staffing, the project is now on track. Our first Constellation was set up in Buckley in February 2020. There are seven foster families with a Hub carer supporting 10 children/young people. Constellation 2 is planned for Holywell with a planned launch early 2021, currently 7 families Constellation 3 planned for Connah's Quay area with a launch later in 2021.

Adult & Children's Services

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS23 Updated	Impacts on vulnerable people through a withdrawal of resources from non-critical services to prioritise meeting demand in critical services	↔	MT	Risk to be closed. Mitigating actions are now "business as usual", and are ensuring that services can be delivered according to need.
*SS24	Pressures on the care system as unpaid carers and families are not able to continue in their caring role due to the reductions in respite and day services	↔	ST	We are working with commissioned services for carers to ensure that PPE is available for those staff and unpaid carers who need it. We have reminded staff to consider the carer when undertaking the discharge assessment. We have started 'Keeping in touch' calls to carers, shifting provision to supporting mental, physical and emotional well-being of carers remotely. Carers Week was 8-14 th June and the Carers Strategy Group has focused activities on awareness raising and sharing some stories to increase the visibility of unpaid carers. Consideration is being given to re-introducing support services for carers, i.e. respite and day care, even on a phased or priority basis to mitigate carer breakdowns/ burn-out over the coming months. We are expanding direct payment options for families with disabled children, and are working with Action for Children to provide continued respite through Arosfa. NEWCIS is running our Young carers Service providing regular support to young carers and helping them in their role.

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS26	Adults and children are not effectively safeguarded due to restrictions in their visibility during shielding/social isolation and targeted criminal activity designed to exploit vulnerable people	↔	IM	We are ensuring that all safeguarding processes can continue, by circulating information about revised working practices to partners and testing out virtual meetings technology. Assessments are in place to determine the potential for increased risk to individuals. We are ensuring the safety of our workforce and the public through the use of telephone and secure video conferencing facilities. Virtual Missing, Exploitation, Trafficking (MET) meetings are in place to share intelligence across agencies and the associated action plans. Vulnerable children continue to be supported by schools where needed. Virtual Early Help Hub is operating to assist in identifying and supporting families before problems escalate. Systems and protocols need to be established for supporting vulnerable families in partnership with schools. Before Christmas we ran an 'eyes and ears' media campaign encouraging the public to be a safety net for children and vulnerable adults, encouraging them to report any safeguarding concerns.. We have rebalanced capacity in the Safeguarding Unit to account for a temporary reduction in Safeguarding Referrals and an increase in Adult at Risk work, to include an increase in requests from professional for advice on mental capacity and liberty safeguards as people are shielding or self-isolating. The national launch of the new regulations on Liberty Protection Safeguards has been officially delayed. We are continuing to promote safeguarding awareness to the general public and publicise referral routes, with enhanced reporting to track child protection and adult safeguarding referrals. Corporate Safeguarding will play a role in ensuring our systems and processes are working effectively. Cases are still being prioritised according to need. I.
*SS27	Insufficient capacity to cope with a sharp increase in referrals to child and adult services	↔	ST	We have been able to respond to referrals and have maximised the use of early help and 3 rd sector support to provide timely support and to help prevent issues from escalating. There have been challenges in the impact of COVID 19 on staffing within Children's Services, alongside some vacancies and staff across the Service have had to be moved to ensure resilience at our front door where/when this has been needed. A contingency plan has been developed with staff on rotas to provide cover, if needed, to ensure we can continue to respond to safeguarding referrals.
*SS28 Updated	Individuals with a learning disability or autism are unable to access services due to the suspension of transformation programmes	↔	MT	Risk to be closed. The transformation project has been resumed.

Previously Closed Risks

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS03	Failure to meet conditions of grant funding where the terms of the grant provision cannot be renegotiated with the provider	Closed	N/A	
*SS07	We are unable to progress with the processing of complaints and Information Requests due to physical distancing requirements and travel restrictions	Closed	N/A	-
Page 78 *SS25	Insufficiency in the supplies of equipment for people to keep themselves safe due to the diversion of equipment to temporary hospital facilities, and the supply of PPE	Closed	N/A	-