

**APPENDIX 2**

<b>Priority:</b>	<b>Living Well</b>
<b>Sub-Priority:</b>	<b>Integrated Community Social and Health Services</b>
<b>Impact:</b>	<b>Helping more people to live independently and well at home</b>

What we said we would do in 2013/14: -

1. Integrate community based health and social care teams within localities			
Progress Status	Progress RAG	Outcome RAG	A
<p>In December 2013 the North West locality team moved into Holywell Community Hospital as the first co-located team. Discussions continue to take place as to the remaining two teams.</p> <p>A joint statement of intent at a regional level relating to older people 65+ with complex needs has been developed and is near completion. Work will then continue at a service level. A report was presented to Social and Health Care Overview &amp; Scrutiny Committee on 9 January 2014.</p>			
<p><b>Achievement will be measured through:</b></p> <ul style="list-style-type: none"> <li>development of one co-located team this financial year - Achieved</li> </ul> <p><b>Achievement Milestones for strategy and action plans:</b> (Lead Officer – Head of Adult Social Services)                      Development of one co-located team this financial year – March 2014 - Achieved                      Joint processes and procedures in place for co-locating teams – March 2014</p>			

Risk to be managed – Ensuring effective joint working with BCUHB to achieve common goals, in order to ensure that people can safely remain at home and be medically and socially supported.

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangement s in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)
H	H	R	<p>Working together strategically to ensure effective communication and forward planning.</p> <p>Working together operationally to prevent unnecessary hospital admissions.</p> <p>Action plans in place for LLT's</p>	M	M	A	<p>Implement Action Plan for LLT's</p> <p>Implement Action Plan for co-located services</p> <p>Develop and implement action plan around statement of intent</p>	Head of Adult Social Services	↔	M	M	A

**2. Support the introduction of Enhanced care Service (ECS) in the North West Locality by summer 2013 and in North East and South Localities by autumn 2013**

<b>Progress Status</b>	<b>Progress RAG</b>	<b>A</b>	<b>Outcome RAG</b>	<b>G</b>
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Enhanced Care was introduced in the North West locality in September 2013. Early feedback from patients and carers has been positive. Until recently, Holywell GPs had not been referring in to the services but indications are that this is changing. Between the launch in September and the end of November 20 people had received support from the team. Four patients have returned satisfaction questionnaires, and all reported that they were happy with the service they received.

We are continuing to promote the service to increase uptake in the North West locality. In the meantime the business cases for the South and North East localities are progressing and we expect to be reaching agreement by Spring 2014. A report on progress was presented to Health and Social Care Overview and Scrutiny Committee on 9 January 2014.

The key issues for the partnership are:

- To ensure that timescales are met to deliver Enhanced Care at home across the rest of the county by Spring 2014 within the approved level of funding.
- There was a ministerial announcement in December regarding the Intermediate Care Fund. Proposals will then be developed jointly with Health to drive forward new models of sustainable integrated care. This will be through a North Wales Group, chaired by the Director of Community Services in Flintshire.

**Achievement will be measured through:**

- agree and implement the business case for ECS in the North West locality - Completed
- the experiences of patients – evidenced and ongoing.

**Achievement Milestones for strategy and action plans:** (Lead Officer – Head of Adult Social Services)

Option for co-location explored by June 2013 - Achieved

Preferred recommendation delivered by September 2013 - Achieved

**Achievement Milestones for strategy and action plans:** (Lead Officer – Director of Community Services)

Agree the business case for ECS in the North West locality – June 2013 - Achieved

**Achievement Milestones for strategy and action plans:** (Lead Officer – Head of Adult Social Services)

Implement the business case for ECS in the North West locality – September 2013 - Achieved

**Achievement Milestones for strategy and action plans:** (Lead Officer – Head of Adult Social Services)

Three patient stories to be gathered in first quarter – October 2013 – we expect to be able to report back on these in Quarter 4.

**Achievement Milestones for strategy and action plans:** (Lead Officer – Head of Adult Social Services)

Agree and implement proposals for new models of sustainable integrated care under the Intermediate Care Fund.

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

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)	
M	M	A	Planning for implementation of Enhanced Care Service (ECS).	M	M	A	Monitor cost of packages of care funded by the Local Authority for those people receiving Enhanced Care who would previously have gone into hospital. (Start Aug 2013 in NW Flintshire, and Oct 2013 for NE and S).	Head of Adult Social Services	↓	L	L	G

**Risk to be managed – Public support for the changes to the services.**

Gross Score (as if there are no measures in place to control the risk)			Current Actions / Arrangements in place to control the risk	Net Score (as it is now)			Future Actions and / or Arrangement to control the risk	Manager Responsible	Risk Trend	Target Score (when all actions are completed / satisfactory arrangements in place)		
Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)	
M	M	A	Planning for implementation of Home Enhanced Care Service (HECS).	M	M	A	Gather patient stories in partnership with BCUHB to evidence the effectiveness of ECS, and make outcomes public.	Head of Adult Social Services	↓	L	L	G

**3. Ensure that effective services to support carers are in place as part of the integrated social and health services**

**Progress Status**

**Progress RAG**

**G**

**Outcome RAG**

**G**

Flintshire has implemented its Carers' Commissioning Strategy through third sector contracts from October 2012 to March 2015. This includes organisations collaborating to provide new and more flexible services.

A number of priorities for the short term have been identified by the Carers Strategy Group based on the actions within the current Commissioning Strategy:

- Extend Carer Consultation Network – focus on parents / carer or someone with autism
- Support for Young carers who have siblings with autism
- Efforts by all agencies in reaching carers from BME backgrounds
- Transition services to ensure that carers, who support people through transition, receive adequate and appropriate information
- Ensure Existing social services training opportunities are inclusive of staff, service users and carers.
- Focus on informing front line staff about services that are available to support carers.

Carers Measure funding is available to provide more training for health and social care staff in supporting carers who care for people with continuing health care needs. Training is provided through the Flintshire Learning Zone and is available to Flintshire and third sector staff.

For respite carers there is a generic menu of services across all carers groups, which are accessed via a voucher system. Initial feedback is that this has been very successful – awaiting 6 month evaluation report.

**Achievement will be measured through:**

- plans to support carers are agreed and implemented

Achievement Measure	Lead Officer	2012/13 Baseline Data	2013/14 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
Percentage of plans to support carers agreed and implemented	Head of Adult Social Services	72%	65%	75%	64.4%	A	G

#### 4. Ensure Health and Social Care and Well Being Strategy priorities are progressed through localities

<b>Progress Status</b>	<b>Progress RAG</b>	<b>A</b>	<b>Outcome RAG</b>	<b>A</b>
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Progress against Locality Leadership Team (LLT) action plans continue to be reported to the Strategic Locality Group and then to the Strategic Partnership Group.

The Health, Social Care and Well being Partnership Board has now been replaced by the Health and Wellbeing Board. An End of Strategy Summary was developed and shared with the LSB in January 2014 to outline progress, current position and key messages for the future. This report will continue to inform local planning and development

Previous comments made relating to the level and pace of working at LLT level remain the case i.e. that there is variable progress, complex issues to address and that priorities are likely to require continued focus into the next financial year.

**Achievement will be measured through:**

- Locality action plan outcomes

**Achievement Milestones for strategy and action plans:** (Lead Officer – Director of Community Services)

Inclusion of relevant HSCWB Strategy priorities in the Locality Leadership Teams plans – June 2013

Achievement of relevant outcomes in Locality Leadership Teams plans – March 2014