Priority	Sub-Priority	Impact
Housing	**Extra Care Housing**	**Helping more people to live independently and well at home**

This is a priority this year because we need to: -

- Meet local housing and support needs.
- Prioritise extra care to meet demand for semi-independent living building on our experience of our previous schemes
- Meet the housing and support needs of people with dementia.
- Reduce the demands for unscheduled health care by providing care support.
- Provide options to support independent living for persons with a disability.

What we will do in 2014/15

1. Develop and agree plans to extend our extra care provision to provide units in Flint and Holywell, providing 60 units in each location.

Achievement will be measured through: -

- Agreed Business Model and funding for the developments
- Firm plans agreed with Social Housing partners for both schemes
- The new schemes and business model developed and supported by sound consultation

Risks to manage: -

- How we can switch revenue resources from more traditional to new housing and care services models
- Keeping up with demand and aspirations for alternative housing models for independent living.
- Keeping up with specialist demand such as meeting the specific needs of those with dementia and physical and learning disabilities

What we mean by: -

Extra Care – providing self-contained homes for people with varying levels of care and support needs on site.

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

This is a priority this year because we need to:

- Support more people to live in an ageing population.
- Meet the growing demand for specialist care for people with dementia.
- Support whole families to live independently.
- Develop a model of support for persons with a disability which encourages independent living.
- Prevent homelessness.

What we will do in 2014/15

1. Maintain the success of the reablement / recovery approach, engaging in regional working for the further roll out of telecare / telehealth and improve the timeliness of adaptations.
   Achievements will be measured through
   - Extended local use of telecare / telehealth technologies consistent with regional plans
   - Exceed the all Wales average for adaptations
   - Meet local improvement targets for reablement

2. Implement a series of actions to support greater independence for individuals with a frailty and/or disability including completion of rightsizing exercises for all supported living projects provided and commissioned. Implement a night support service.
   Achievements will be measured through:
   - Improved quality of life for service users with a disability
   - Reduction in care hours in supported living
   - Reduction in one to one care needed in supported living

3. Use a whole family approach through the Integrated Family Support Service.
   Achievements will be measured through:
   - Number of families receiving a service
   - Average "distance travelled" score at 12 month review
   - Maintain level of repeat referrals to Children's Social Services

4. Examine the children's services structure with a view to remodelling the teams to create capacity to do more preventative work.
   Achievements will be measured through:
   - Implementation of the new model by March 2015
   - Maintain level of repeat referrals to Children's Social Services

5. Prevent homelessness for people who are:
   - alcohol and drug dependent; and /or
   - victims of domestic violence; and/or
   - ex-offenders; and/or
   - young people including care leavers.

   Achievements will be measured through:

- Homeless prevention for at least 6 months for households and individuals (including care leavers)
- Monitoring the success of the 6 month pilot being introduced to trial measures proposed in the Housing Bill to strengthen homeless prevention.
- Prevention of homeless for at least 6 months for the categories as listed above.

6. Carry out a major review of the Transition Service and implement findings. **Achievements will be measured through:**
   - Effective transition pathway

Risks to manage

- Keeping up with specialist demand such as the specific residential needs of those with dementia.
- Ensuring we have enough capital funding for disabled facilities grants alongside other competing demands for capital resources.
- How we encourage service users and carers to embrace greater independence.
- Service user/ family resistance to using new technologies e.g. telecare.
- Managing demand and expectations with limited resources.

What we mean by:

Telecare / Telehealth – providing support through telecommunication devices in the home

Commissioning plans – ensure purchased and commissioned care meets demand and service user need

Transition Service – dedicated service for children and young people with disabilities who are supported to become young adults

Integrated Family Support Service – specific time limited and well researched support for families with parents who abuse substances

Reablement – an intense, short term approach to social care for individuals to gain or regain the skills and confidence to live as independently as possible.

Adaptations – changes to a person's home to enable her/him to live as independently as possible

Disabled Facility Grant – a grant available for larger adaptations to a person's home

Priority	Sub-Priority	Impact
Living Well	**Integrated Community Social and Health Services**	**Enabling more people to live independently and well at home**

This is a priority this year because we need to:

- Avoid unnecessary admissions to hospital and support early and successful hospital discharges.
- Work with Betsi Cadwaladr University Health Board (BCUHB) to develop the Enhanced Care Model in all localities in Flintshire as a result of the Health Review "Health Care in North Wales is changing".
- Co-ordinate the provision of support for Service Users more effectively with BCUHB and others.
- Make effective use of Intermediate Care Funds to support unscheduled care pressures, transformation of services and improvements in people's wellbeing.

What we will do in 2014/15

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

Achievements will be measured through

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

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

Achievements will be measured through

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

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

Achievements will be measured through

- Plans to support carers are agreed and implemented

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

Achievements will be measured through

- Improved communication and governance arrangements to ensure that localities deliver the priorities of the SIP.

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

Achievements will be measured through

- Agree and implement Action plan for use of Intermediate Care Funds
- Independent evaluation of outcomes achieved

Risks to manage:

- Ensuring effective joint working with BCUHB to achieve common goals.
- Ensuring that the new model does not result in unexpected increased costs to the Council.
- Spending the Intermediate Care Fund on mainstream services that we can continue with once the funding stream has finished.

What we mean by:

Enhanced Care Service - short term intensive community based care as an alternative to hospital.

Crisis Intervention Team – team to provide short term intensive care to prevent people's health deteriorating or enable swift discharge from hospital into the community

Reablement – an intense, short term approach to social care where individuals are supported to gain or regain the skills and confidence to live as independently as possible.