

**APPENDIX 1**

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

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

**1. Build on the success of the reablement / recovery approach; agree the regional plan for telecare / telehealth; improve the timeliness of adaptations.**

<b>Progress Status</b>	<b>Progress RAG</b>	<b>G</b>	<b>Outcome RAG</b>	<b>G</b>
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**What we did in 2013/14 -**

The Reablement and First Contact (Duty) teams are now fully established with the Reablement model embedded across Social Services for Adults. We have submitted a bid to WG for Intermediate Care Funding to further develop our partnership approaches in reablement and rehabilitation. There has been an increase in referrals for reablement in 2013/14 with 77% of those completing a package of reablement resulting in a package of care that was the same or less than they had previously had.

We chair the regional Telecare Programme Board which has been extended to include a trial of Telehealth, and the regional bid has been approved. We have invested in our capacity to hold telecare equipment locally and the number of people accessing telecare and telehealth continues to increase.

A new joint DFG Home Adaptations Improvement Action Plan with the aim of improving the time taken to deliver DFGs and minor adaptations in Flintshire has been agreed with Housing and is being monitored through team and joint meetings. It includes more minor adaptations going directly to Housing, thereby increasing the time OT's have for more major and complex work, "making best use of resources and avoiding duplication - do it right do it once".

We have reduced the times taken to deliver major adaptations with the average time people have to wait being 246 days, better than the all Wales average of 271 days, and better than our average last year.

**What went well** – Adaptations: 100% of respondents to the Bushmede project were very satisfied and we have extended the project to undertake a continued in depth evaluation. We have reduced the waiting list for an Occupational Therapy assessment, and we have also seen a positive response to the self assessment project with over 90% of people feeling their needs had been fully met and continue to promote self assessment of small pieces of equipment and minor adaptations.

**What did not go so well** – Timescales for the completion of major and complex adaptations will continue to be a challenge. The move to e-tendering for Disabled Adaptations through the DFG process has yet to be completed.

**Achievement will be measured through:**

- agreeing the regional plan for telecare / telehealth
- meeting the all Wales average for adaptations
- meeting local improvement targets for reablement

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

Agreeing the regional plan for telecare / telehealth – by March 2014

Achievement Measures	Lead Officer	2012/13 Baseline Data	2013/14 Target	2016/17 Aspirational Target	Year-End Outturn	Performance RAG	Trend
The average number of calendar days taken to deliver a Disabled Facilities Grant for adults (PSR/009b).	Head of Adult Social Services	283 days	300 days	250 days by 2018	<b>247 days</b>	<b>G</b>	Improved
The average number of calendar days taken to deliver a Disabled Facilities Grant for children (PSR/009a).	Head of Children's Social Services	482 days	300 days	250 days by 2016	<b>220 days</b>	<b>G</b>	Improved
Percentage of referrals where support was maintained or reduced or no further support was required at the end of a period of Reablement.	Head of Adult Social Services	72.7%	72%	70% by 2016	<b>76.6%</b>	<b>G</b>	Improved

Risk to be managed – Ensuring we have enough capital for disabled facilities grants.

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)
H	H	R	DFG's are prioritised within the Housing Renewal Capital programme to ensure that demand can be met. Additional limitations on adaptations work were introduced in 2010.	L	H	A	There has been a reduction to the capital budget in 2013/14 and a further reduction in 2014/15. This risk has been managed through a combination of more competitive pricing achieved through tendering. The Council's move to a reablement model also appears to have had a positive on the number of referrals for major adaptations. However, this will need to be closely monitored to assess whether this process is simply delaying the need for a major adaptation, or whether this will be an ongoing trend.	Head of Housing	↔	L	L	G

**2. Develop Commissioning Plans for specific service areas to ensure service provision meets need**

<b>Progress Status</b>	<b>Progress RAG</b>	<b>G</b>	<b>Outcome RAG</b>	<b>G</b>
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**What we did in 2013/14** – We have delivered on this priority for 2013/14, as follows:

The Learning Disability Commissioning Strategy 2012 - 2018 has been developed and aims to give people with Learning Disabilities more choice of where they live and who supports them to live as independently and safely as possible. Service users and carers were amongst the partners who developed the plan with an initial consultation workshop providing invaluable information about their expectations and needs. People told us about “living independently” “what makes a good home”, and about “short term care”.

The Mental Health Commissioning Strategy 2013 - 2018 builds on a joint vision with Health. Our strategy will see us build on the strong foundations to further promote the recovery approach, by increasing the training, education and work opportunities we offer. As part of the commissioning process we did test the market but decided to sustain our in-house model which, with a modest level of funding, is delivering good outcomes that complement the services we commission from the Voluntary Sector.

The final adult commissioning strategy to receive approval in 2013 was the Older People [Dementia Care Long Term Placements] Commissioning Strategy 2013 - 2018. It’s focus is primarily residential care services but it recognises that much work is needed to improve the quality of life for people living with dementia in all settings. The overarching objective of this strategy is to ensure that people living with dementia have access to high quality person centred dementia care in the most appropriate settings to meet their needs and that there is sufficient provision available within Flintshire’s boundaries.

**What went well** - The next step will be to develop market position statements and to meet with providers to discuss meeting identified gaps and the refocus of models of service for the future. We have secured support from the Social Services Improvement Agency to help plan and facilitate a workshop with providers in respect of people with Learning Disabilities. This approach will then be rolled out to Mental Health and Dementia care providers.

**What did not go so well** - Joint commissioning of dementia services with BCUHB continues to be a challenge – recommendations made by CSSIW after the recent inspection have been incorporated into an action plan which we are monitoring through Modernising Social Services Board.

**Achievement will be measured through:**

- Commissioning plans for dementia, learning disability and mental health services

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

Commissioning plans for Learning Disability in place – September 2013

Commissioning plans for Mental Health Services in place – September 2013

Commissioning plans for Dementia in place – October 2013

Risk to be managed – Keeping up with specialist demand such as the specific residential needs of those with dementia.

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)
H	H	R	Developing the commissioning plan to fully understand the longterm needs for residential placements for people with dementia.	M	M	A	<p>Develop a market position statement.</p> <p>Work with partners to develop an agreed model of dementia service with an investment plan for the future</p> <p>Joint commissioning of dementia services with BCUHB continues to be a challenge – recommendations made by CSSIW after the recent inspection have been incorporated into an action plan which we are monitoring through Modernising Social Services Board.</p>	Head of Adult Social Services	↑	L	L	G

**3. Use a whole family approach by implementing the Integrated Family Support Service**

<b>Progress Status</b>	<b>Progress RAG</b>	<b>G</b>	<b>Outcome RAG</b>	<b>G</b>
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**What we did in 2013/14** - The Integrated Family Support Service (IFSS) was formally launched with Wrexham in September 2013, and provides support to vulnerable families to improve their quality of life chances through an integrated family focussed multi-agency approach. The IFSS enables parents to achieve the necessary behavioural changes to improve their parenting capacity and involves the wider family as required. Taking a holistic multi-disciplinary approach the service also addresses the social, cultural and organisational factors which have an impact on the safe care of a child or young person and their parents.

**What went well** - A key strength of IFSS has been the bridging of Children’s and Adult Services in local authorities and health, where they are separately accountable for provision to provide direct and coordinated arrangements of support services to children and the families referred to them.

**What did not go so well** – An initial challenge for IFSS was ensuring that referrals were made from childcare teams appropriately. In order to rectify this, staff from IFSS meet regularly with childcare teams to raise awareness and ensure a steady flow of referrals to the service.

**Achievement will be measured through:**

- approval from Welsh Government for the sub regional team between Wrexham and Flintshire
- launch of the Integrated Family Support Service

**Achievement Milestones for strategy and action plans:** (Lead Officer – Head of Children’s Social Services)  
Approval from Welsh Government for the sub regional team between Wrexham and Flintshire – August 2013

**Achievement Milestones for strategy and action plans:** (Lead Officer – Head of Adult Social Services)  
Launch of the Integrated family Support Service – August 2013

**4. Prevent homelessness for people who are alcohol and drug dependent, victims of domestic violence, ex offenders and young people including care leavers**

<b>Progress Status</b>	<b>Progress RAG</b>	<b>A</b>	<b>Outcome RAG</b>	<b>G</b>
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**What we did in 2013/14 –**  
 In 2012/13 the housing options service were successful in preventing 83% of all households who access that service requesting housing assistance from accessing the homelessness route. By undertaking proactive and effective homeless prevention work the housing options team are minimising the financial pressures on the council through the fulfilment of its statutory homeless duties. The target is 90%.

The percentage of young people formerly looked after with whom the authority is in contact at the age of 19 and know to be in suitable accommodation is currently 50% (compared to 100% at the end of year). However the cohort consisted of 2 young people in the quarter.

The Homesafe Service is a target hardening service providing free security to victims of domestic abuse. Last year the Service received 170+ referrals. Effectively, by assisting victims of domestic abuse to remain safe in their own homes, we are preventing them becoming homeless.

**What went well –**  
 A new housing options duty system implemented to free up prevention time. Improvements in the joint children’s and housing integrated team for homeless 16/17 year olds. The setting up of a support gateway to streamline and make better use of support projects for people who are drug and alcohol dependent, victims of domestic violence, ex offenders and young people including care leavers.

**What did not go so well –**  
 Plans for an alternative option to B&B for vulnerable groups has been deferred. Numbers of households in B&B remain higher than we would have wished.

**Achievement will be measured through:**

- Homeless prevention for at least 6 months for households and individuals including care leavers



**Improvement Plan Progress  
Year End 2013/14**

Achievement Measures	Lead Officer	2012/13 Baseline Data	2013/14 Target	2016/17 Aspirational Target	Year-End Outturn	Performance RAG	Trend
Homeless prevention for at least 6 months for households and individuals (including care leavers). Measured annually (HHA/013)	Head of Housing	83.41%	90%	90%	<b>84.89%</b>	<b>A</b>	<b>Improved</b>
Referrals to the Homesafe Service.	Interim Head of Public Protection	170	170	170	<b>215</b>	<b>G</b>	<b>Improved</b>

**5. Carry out a major review of the Transition Service and implement findings**

<b>Progress Status</b>	<b>Progress RAG</b>	<b>G</b>	<b>Outcome RAG</b>	<b>G</b>
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**What we did in 2013/14 –**

The independent review of the Transition Service took place in Summer 2013. The report from the review makes reference to the enthusiasm shown by staff and their commitment to their clients. Staff had a creative approach to solving problems and had innovative ideas about creating alternative provision. A team day was held with service users, with themes around communication, the need to have better access to health services, and the need to improve knowledge about each part of the Social Services Department in order to facilitate better understanding of processes and services. This would not only lay the base for better relationships between the parts of the service but also better equip workers to explain the differences to parents. There was also enthusiasm for greater participation by service users both in creating services, using community groups and in feeding back to the teams how they were doing.

An action plan was developed as a result of the review and the team day, which will be taken forward into 2014 / 2015. Actions include progressing issues relating to Child Protection, and the integration of 14 to 16 year olds into the Transition service. Since the team day, work has progressed on integrating the Children's Integrated Disability Service with the Transition team, with a view to the delivery of a seamless service for children with a disability progressing to adulthood with appropriate support.

On 31 March 2014 there were a total of 302 people using Direct Payments across Adults and Children's Social Services (255 adults and 47 children), an increase of 40% since 31 March 2013

**What went well** - A Transition Team event in November gave young people and their families' opportunity to feedback on the service they had received. People said the service was better now they have one contact point in the team, "to see things through" and that generally support was positive.

**What did not go so well** – Child Protection investigations were recognised as an issue for the new joint team, and the service have commissioned work to explore national good practice in child protection for children with a disability in transition. The outcome of this work will inform the practice to be adopted.

**Achievement will be measured through:**

- children with disabilities are better supported to become young adults

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

Consultation with children with disabilities and their families to ensure they are better supported to become young adults – March 2014 – Achieved.

Risk to be managed – How we encourage service users and carers to embrace greater independence.

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Likelihood	Impact	Gross Score		Likelihood	Impact	Gross Score				Likelihood	Impact	Gross Score
(L)	(I)	(LxI)		(L)	(I)	(LxI)			(L)	(I)	(LxI)	
<b>M</b>	<b>M</b>	<b>A</b>	Annual Transition event Promotion of Direct Payments	<b>L</b>	<b>L</b>	<b>G</b>	Implementation of actions from Transition Review is ongoing	Head of Children's Social Services	↓	<b>L</b>	<b>L</b>	<b>G</b>