

## APPENDIX 2

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

What we said we would do in 2014/15: -

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

Progress Status	Progress RAG	A	Outcome RAG	A
Joint working with Health staff has been successfully achieved in all three locality teams. However, co-location is not progressing as quickly as anticipated, and it is now likely that co-location for the South team will not be achieved by March 2015.				
<b>Achievements will be measured through</b> <ul style="list-style-type: none"> <li>Development of our second co-located team in 2014/15</li> <li>Plans developed for our third and final co-located team in 2015/16</li> </ul> <b>Achievement Milestones for strategy and action plans:</b> <ul style="list-style-type: none"> <li>Development of our second co-located team by March 2015</li> <li>Plans developed by March 2015 for our third and final co-located team in 2015/16</li> </ul>				

Risk to be managed – Ensuring effective joint working with BCUHB to achieve common goals.

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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
M	M	A	Discussions take place at Health Wellbeing and Independence Board and Strategic Locality Group meetings. Issues escalated if required to the Strategic Partnership Group	M	M	A	Escalation process in place including Strategic Partnership Group, Strategic Locality Group and Locality Groups.	Chief Officer – Social Services	↑	L	L	G	2016

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

Progress Status	Progress RAG	A	Outcome RAG	G
<p>The business cases for ECS in the North East and South localities have been prepared. BCUHB have indicated that they will be reviewing the business case alongside a range of current approaches including intermediate care projects to identify the most suitable and appropriate model for delivering enhanced care in the community. The timescale for our receiving this agreement is uncertain.</p>				
<p><b>Achievements will be measured through</b></p> <ul style="list-style-type: none"> <li>Agree and implement the business case for ECS in the North East &amp; South Localities</li> <li>Improved experiences of patients</li> </ul> <p><b>Achievement Milestones for strategy and action plans:</b></p> <ul style="list-style-type: none"> <li>Agree the business case for ECS in the North East Locality by November 2014</li> <li>Implement the business case for ECS in the North East Locality by March 2015</li> <li>Agree the business case for ECS in the South Locality by November 2014</li> <li>Implement the business case for ECS in the South Locality by March 2015</li> <li>Collection of a further 3 patient stories by March 2015</li> </ul>				

**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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
M	H	R	Continued dialogue at senior manager level. Awaiting decisions from BCUHB in order to assess any impact.	M	M	A	Upon receiving details of the proposed service model, consideration will be given to the impact and how we jointly look to deliver enhanced care at home	Chief Officer – Social Services	↔	M	M	A	Jun '14

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

<b>Progress Status</b>	<b>Progress RAG</b>	<b>G</b>	<b>Outcome RAG</b>	<b>G</b>
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Continued roll out of the successful training programme by NEWCIS, which includes a slot from Barnardos to raise awareness of the need for early identification of children with a caring role.

Data collection to evidence our work with adult carers has improved, and information from NEWCIS is regularly received. Work continues with Barnardos to ensure that information on children with a caring role is robustly captured. Evidence received from Barnardos for the first half of the year shows that more young carers have been identified than were identified for the whole of last year.

NEWCIS is setting up as a Social Enterprise with a trading arm and will be able to seek additional funding to support carers in Flintshire from this November.

A review is being prepared of the Carers' Strategy as part of the business planning process for Social Services and this will include the redefinition of carer's priorities for the next 5 years.

#### Achievements will be measured through

- Plans to support carers are agreed and implemented

Achievement Measure	Lead Officer	2013/14 Baseline Data	2014/15 Target	2016/17 Aspirational Target	Current Outturn	Performance RAG	Outcome Performance Predictive RAG
SCA/018c - The percentage of identified carers of adult service users who were assessed or reassessed in their own right during the year who were provided with a service.	Chief Officer – Social Services	85%	75% - 80%	90%	$\frac{728}{937}$ 77.7%	G	G

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

##### Progress Status

Progress RAG

G

Outcome RAG

G

The Health, Wellbeing and Independence Board have carried out a partnership self assessment and partners will be reviewing governance arrangements and ensuring that SIP priorities feature within their planning arrangements which will include links and progress with locality. The Strategic Locality Leadership Group provides a forum for escalating any areas where progress in Localities is limited.

##### Achievements will be measured through

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

##### Achievement Milestones for strategy and action plans:

- Inclusion of relevant SIP priorities in the Locality Leadership Teams plans by March 2015
- Achievement of relevant outcomes in Locality Leadership Teams plans by March 2015

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

Progress Status	Progress RAG	G	Outcome RAG	G
<p>The local action plan is being progressed through a project management approach. Some of the outcomes to date are described below:</p> <ul style="list-style-type: none"> <li>• 18 step down beds in 3 local authority care homes and 7 beds in Ty Cerrig have been used. 10 people using the local authority beds had originally requested residential care, and 6 of these people were subsequently able to return home.</li> <li>• The assessment bed (for dementia) commissioned from a nursing home in Caergwrle has had over 70% occupancy for 7 people, with stays of between 7 and 28 days. A second bed is currently being commissioned in a different nursing home.</li> <li>• Funding allocated to the voluntary sector to support people living at home has been used for helping people to prepare for discharge from hospital (13 people), supporting people with hoarding tendencies (12 people), helping people with dementia and their carers to access local services (8 people), and the provision of neurotherapy for counselling, relaxation and fatigue management (31 people).</li> <li>• Agreement has been reached with BCUHB and Macmillan to pilot "Six Steps to Success Programme for Palliative Care" in Nursing Homes across Flintshire. The aim of the programme is to ensure people have improved end of life care with choice and control over their end of life care plans whilst increasing staff confidence and understanding of end of life care. The pilot also aims to reduce inappropriate hospital admissions and delayed transfers of care for those who are at end stage palliative care. Delivery will commence in Quarter 3.</li> </ul>				
<p><b>Achievements will be measured through</b></p> <ul style="list-style-type: none"> <li>▪ Agree and implement action plan for use of Intermediate Care Funds</li> <li>▪ Independent evaluation of outcomes achieved</li> </ul> <p><b>Achievement Milestones for strategy and action plans:</b></p> <ul style="list-style-type: none"> <li>▪ Agree an action plan for use of Intermediate Care Funds by June 2014 – Achieved.</li> <li>▪ Implement the action plan for use of Intermediate Care Funds by March 2015</li> <li>▪ Determine process for evaluation of outcomes by March 2015</li> </ul>				

**Risk to be managed – Spending the Intermediate Care Fund on services that we can continue with once the funding stream has finished.**

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	Target Date
(L)	(I)	(LxI)		(L)	(I)	(LxI)				(L)	(I)	(LxI)	
M	H	R	Clear exit strategies are in place for ICF projects, including time limited posts.	L	L	G	Whilst we await formal notification we have been advised that the intermediate care fund will cease in March 2015. Projects were established on the basis that they will cease on 31 <sup>st</sup> March 2015. Work will take place to ensure that effective exit strategies will be implemented, including continuity arrangements where appropriate. All posts funded through the ICF grant are fixed term until 31/3/15 which ensures this element of risk has been managed.	Chief Officer – Social Services	↔	L	L	G	Jun 2014