FLINTSHIRE COUNTY COUNCIL

REPORT TO: SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY

COMMITTEE

DATE: THURSDAY, 29 JANUARY 2015

REPORT BY: CHIEF OFFICER (SOCIAL SERVICES)

SUBJECT: KEY PARTNERSHIP PROJECTS WITH HEALTH AND

THE THIRD SECTOR

1.00 PURPOSE OF REPORT

1.01 To update Members on the progress made with key partnerships and locality developments.

2.00 BACKGROUND

- 2.1 The legislative, financial and ethical imperative for organisations to increase and improve the way that they work together to improve health and social care outcomes for citizens is well understood. For individuals and their families the impact of effective partnership working is evident through the fact that the support and services they receive are "seamless" and meet their needs in an efficient and responsive way.
- 2.2 This report provides Members with a number of updates relating to the way that Flintshire County Council and its partners within Health and the Third Sector are working together and outlines a number of key developments for 2015.
- 2.3 This update is in addition to the report to Committee relating to the utilisation of the Intermediate Care Fund during 2014/15.

3.00 CONSIDERATIONS

3.1 Merging of Locality Leadership Teams and GP Cluster Meetings

In 2014, a new 3 year development programme was introduced to encourage GP's working in a "Cluster" or Locality to collaborate with each other and wider partners to identify improved ways of working to meet the needs of the local population. Cluster Plans have subsequently been developed and meetings of GPs and other key partners to take forward those plans have been taking place in line with contractual obligations.

In addition, each of the three localities in Flintshire have a multiagency Locality Leadership Team with a clear role to consider how local partners working within that geographical area can work together to meet the health and social care needs of the population.

There is a currently a vacancy for a Locality Lead within North East Flintshire. This appointment is scheduled to be made following recruitment by the Health Board to the Area Director role for the East. There is also a growing consensus that the separation thus far across North Wales between the work of the GP Cluster and Locality Leadership Teams (LLT) is not realising maximum benefits for joint working as well as being unsustainable.

For these reasons, (the multi-agency) Strategic Locality Group for Flintshire has agreed to trial a new approach in the locality where the work of both the existing GP Cluster and previous LLT is brought together. The first meeting to agree a way forward into 2015/16 is scheduled for January 2015.

As is the case across much of North Wales, the Locality Leads within North West and South Flintshire are considering adopting a similar approach and will be informed by the learning from the North East locality.

3.2 Enhanced Care

The Health Board has confirmed its ongoing commitment to enhance the care provided at home to patients who would otherwise need to be in hospital. It is however acknowledged that the service provided needs to reflect local needs, and make the best use all of the resources available within a community.

The anticipated appointment of the new Area Directors responsible for primary and community services will support an acceleration in determining how to improve the "community resource" within each of the 3 localities in Flintshire. Senior Managers within the local authority have been invited to take part in the consideration of options and progress will be monitored through the Strategic Partnership Group.

North West Flintshire Enhanced Care continues to be well received by patients and progress is being made to increase the reach into the Holywell area.

The Health Board has confirmed its' ongoing commitment to enhance the care provided at home to patients who would otherwise need to be in hospital. However the Board have taken time to consider revised business models for the remaining areas in Flintshire and North Wales and the impact to date. This is in order to ensure that future models of delivery best meets the need of all localities in North Wales and compliments existing community based resources.

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primary and community services will support an acceleration in determining how to improve the "community resource" within each of the 3 localities in Flintshire. Senior Managers within the local authority have been invited to take part in the consideration of options and progress will be monitored through the Strategic Partnership Group.

3.3 Single Point of Access (SPoA)

After appraisal of a number of options, the preferred location for the SPOA has been identified as Preswylfa, Mold. Work is currently progressing to finalise designs for internal works to be completed within the building and to secure the required resources to complete the work with the intent of going live in April 2015.

The SPOA Partnership Board has agreed that an incremental approach will be taken to the introduction of the SPOA to build on existing arrangements in order to ensure that there is a smooth transition and to manage expectations. The initial SPOA team will consist of the First Contact Team, an Improving Access Officer from the Third Sector and Flintshire's Falls Coordinator (BUCHB) with support from the Crisis Intervention Team and administrative support.

A decision is still to be finalised regarding the impact of the reduction in funding by the Welsh Government to the Regional Collaboration Fund as the primary source of funding for the introduction of SPOA's in North Wales. However, it is highly likely that sufficient funding will be maintained in 2015/16 to allow the project to continue successfully.

3.4 Co-location of Health and Social Care Locality Teams.

The co-location of Health and Social Care Locality Teams within North West Flintshire (based at Holywell Hospital) continues to support closer partnership working.

Local Authority concerns relating to the delay in finalising suitable accommodation for joint teams in the South and North East of the county have been escalated to the Health Board through the Strategic Locality Group.

Social Care teams have previously been re-configured to work within the localities to achieve benefits in anticipation of such moves.

3.5 Care Homes

The risks posed by the lack of capacity for nursing input into Care Homes in North Wales has been identified and raised with the Health Board.

Recruitment of nursing staff as well as other health professionals is an area of significant activity for the Health Board and it is recognised that securing appropriately trained, qualified and experienced staff to

provide nursing input into care homes poses a specific challenge within a market where there are many career options for those with the appropriate qualifications.

Senior managers within Health and Social Care have agreed to consider a range of approaches that are needed in partnership to both stimulate the market, thereby attracting more providers of high quality care into North Wales and appropriately trained and experienced nursing staff.

Issues relating to the availability of and retention of skilled and experienced nurses within the Care Home market are reflected across the region. A regional meeting will be called in early 2015 with CSSIW and BCUHB to explore how we can take a regional, coordinated response, to managing and strengthening this area of concern.

This objective will be included as a priority within the review of Priority 3 within the Single Integrated Plan for the Local Service Board.

3.6 **Social Prescribing**

Work is taking place to trial a new model in South Flintshire whereby patients aged 65+ are identified from a GP list where they are "at risk" of hospital admission or readmission based on factors such as having a number of co-morbidities or exhibiting increasing frailty for example.

Those patients will be contacted by their GP and asked if they would like to be referred through the SPOA voluntary sector worker for an assessment by a Third Sector organisation who can work with them to identify ways that they can improve their own wellbeing and/or access support that would be beneficial to them before a crisis arises.

This approach of proactively identifying patients who are at risk but not yet approaching services for support is new for Flintshire and responds to the evidence that the "prescribing" of community based support and/or "self-help" can be an important factor in improving wellbeing and reducing or delaying admission to hospital.

3.7 Working with the Third Sector

In order to strengthen partnership working with the Third Sector, discussions are due to take place between senior managers within Social Services and the Health Board to improve the way that commissioning intent and process for example are aligned and to improve transparency. Social Services maintain an excellent relationship with the Third Sector partners and this work will build on this to achieve greater consistency between Health and Social Services commissioning.

3.8 Single Integrated Plan (SIP) Priority 3 Review

The Health, Well Being and Independence Board which is accountable to the Local Service Board is conducting a review of Priority 3 objectives to ensure that current and future priorities for partners are appropriately reflected.

3.9 Early Years and Family Support

Following the retirement at the end of November 2014 of the Children and Young People's Partnership Coordinator (Early Years), Gail Bennett, the new Early Years and Family Support Manager is now in post.

The Families First programme, supporting families of children until the age of 19 continues to benefit from and demonstrate the importance of effective partnership working at both a strategic and operational level. The Child and Adolescent Mental Health Service work closely with the local authority team members to provide support for example by offering family members of children and young people with ADHD or Autism appropriate training as well as one to one case management.

Work continues to take place to achieve the aspiration that the benefits of the Flying Start Programme can be extended beyond the geographical boundaries covered by the Welsh Government funded programme. One example is the extended role of Health Assistants who have been trained in aspects of the "Incredible Years" parenting programme so that they can work in partnership with CAMHS and Schools to meet the needs of parents through joint delivery of programmes and sharing of information. Through the additional support that can be offered to parents by these staff, positive improvements have been seen and reported by parents.

Work with the Elfed Consortia has resulted in 16 staff members completing City and Guilds qualifications in 2014 enabling them to work more effectively with parents. Those staff members have now begun to work on individual plans for their schools, and some early impacts can be seen for example within the Elfed School that has created a dedicated parents centre within the school.

Ysgol Merllyn in Bagillt has worked with its local community and parents to develop a new approach to parent engagement. In addition to allocating space within the school for parents to come and talk in an informal way to the school staff, the school also offers opportunities for parents to come into the school to witness and learn from teaching techniques used in classrooms and for parents to take part in innovative ways as volunteers within the school.

In early January 2015, it has been confirmed that the Welsh

Government has awarded £143k to modernise the former Youth Club on the site of Sandycroft Primary School. This improved asset will be available for use by the school, Flying Start, the Youth Service and wider community.

It is anticipated that schools who employ a Family Liaison Officer/ Parent Support Advisor will be monitored on the Education database, to identify the impacts on attainment, behaviour and attendance as there have been positive benefits reported due to the links between family work and schooling.

4.00 RECOMMENDATIONS

- 4.1 That the Committee note and comment on the content of this update.
- 5.00 FINANCIAL IMPLICATIONS
- 5.01 None.
- 6.00 ANTI POVERTY IMPACT
- 6.01 None.
- 7.00 ENVIRONMENTAL IMPACT
- 7.01 None.
- 8.00 EQUALITIES IMPACT
- 8.01 None.
- 9.00 PERSONNEL IMPLICATIONS
- 9.01 None.
- 10.00 CONSULTATION REQUIRED
- 10.01 None.
- 11.00 CONSULTATION UNDERTAKEN
- 11.01 None.
- 12.00 APPENDICES
- 12.01 None.

LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985 BACKGROUND DOCUMENTS

None.

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