APPENDIX 3

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. Progress was discussed at the Strategic Partnership Group on the 22/12/14 with actions agreed to seek alternative accommodation space that would facilitate co-location in Connah's Quay. However, It is now likely that co-location for the North East and South team will not be achieved by March 2015.				
Achievements will be measured through ▪ Development of our second co-located team in 2014/15 ▪ Plans developed for our third and final co-located team in 2015/16 **Achievement Milestones for strategy and action plans:** ▪ Development of our second co-located team by March 2015 ▪ Plans developed by March 2015 for our third and final co-located team in 2015/16				

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 Although locality working has not been achieved, we continue to share information and data on a weekly and monthly basis with BCUHB to enable effective joint working	M	M	A	Escalation process has been instigated through the Strategic Partnership Group. Progress will be reported at the next Strategic Partnership Group meeting	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**

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. Although there has been some slippage in the dates, the revised model will be in line with the 2015/16 Business Plan.

Achievements will be measured through

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

Achievement Milestones for strategy and action plans:

- Agree the business case for ECS in the North East Locality by November 2014 – not achieved
- Implement the business case for ECS in the North East Locality by March 2015
- Agree the business case for ECS in the South Locality by November 2014 – not achieved
- Implement the business case for ECS in the South Locality by March 2015
- Collection of a further 3 patient stories by March 2015

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	Costed plans for the role out our above the envisaged funding requirement. Discussion about plans took place at the strategic Partnership Group on 22/12/14 with agreement on the need to explore the potential of other models such as "Community Resource Teams" that deliver enhanced care as part of a wider system approach to supporting an area/locality.	M	M	A	BCU and Social Services managers to identify the most appropriate way forward and produce an interim report for consideration at the next Strategic Partnership Group	Chief Officer – Social Services	↔	M	M	A	March 15

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**

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. We have explored the potential for joining the regional provision for young carers but the cost would be more than we are currently spending, so our proposal is to renegotiate with the current provider.

NEWCIS is setting up as a Charitable Company limited by guarantee. Their new charity number has been received and they are planning a formal launch in March. This will give them access to additional funding to support carers in Flintshire.

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. All organisations have been notified and are participating in workshops to work collaboratively to maximise available funds.

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%	709/861 **82.4%**	G	G

4. Ensure Single Integrated Plan (SIP) priorities are progressed through localities.				
Progress Status	**Progress RAG**	**G**	**Outcome RAG**	**A**

Q3 of 2014/15 has seen a number of significant and ongoing changes for locality leadership teams, with 2 of the 3 localities in the Flintshire taking a decision that a new approach may be necessary in the future, and reviews are now taking place in those areas. For this reason, the outcome RAG in relation to the measures and milestones below has been set at Amber. There is a renewed focus within the emerging Three Year Plan for the Health Board relating to the shift of resources into communities and it is envisaged that in the coming years, resources available to community based services will be increased.

Priority 3 of the Single Integrated Plan is currently under review to ensure that is renewed and refreshed to meet current priorities and will include a greater focus on using a whole family approach to the way services are planned and measured services.

The Health, Well being and Partnership and Strategic Locality Group continue to meet as does the Strategic Partnership Group in order to ensure that discussions take place between the Local Authority, Health Board and Third Sector senior representatives. This is to inform decision making, discuss barriers to responding to needs in our localities and influence the development of key strategic plans and documents.

In Q4 we are hosting a workshop to look at the integration agenda and the priorities of the SIP.

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**

The intermediate care beds have continued to be in demand and additional capacity has been purchased through the Independent Sector through Panel processes and spot purchase as required. 57 people have accessed step up / step down beds. The average length of stay for these people was 17 nights. We are confident that for those discharged to date the support available through the step up / step down beds has enabled the right decision to be made for the person with 69% discharged home or to a new property, 28% moved into residential care and 3% returned to hospital.

To date 10 people have used the dedicated dementia assessment bed with an average stay of 24 nights.

A Red Cross Project commenced in quarter 3. It is providing short term support that enables people to move from Reablement services to community based 'well being' services, so they are able to live well and be an active part of their community. Close working with the Reablement and Living Well Services will further support people with dementia to retain active involvement and fulfilled lives in their local communities. Other projects delivered through the voluntary sector have continued and the capacity of the Hoarding Project will be increased in quarter 4 to meet demand.

The palliative care project is being delivered in nursing homes in Flintshire and discussions are underway to roll this programme out to residential care homes across the county.

Achievements will be measured through

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

Achievement Milestones for strategy and action plans:

- Agree an action plan for use of Intermediate Care Funds by June 2014 – Achieved.
- Implement the action plan for use of Intermediate Care Funds by March 2015
- Determine process for evaluation of outcomes by March 2015

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)	(L xI)	
M	H	R	Clear exit strategies are in place for ICF projects, including time limited posts.	L	L	G	The existing arrangements for the ICF will cease on 31/3/15. Positively the Welsh Government have additional funding for the NHS Wales which includes an allocation for the delivery of intermediate care and for primary care. Many of the projects running under ICF provide effective approaches to intermediate care as well as supporting primary care. The precise detail of the allocation is not yet known. In the meantime we are working with BCU to explore potential sustainability of key ICF projects from the additional allocation.	Chief Officer – Social Services	⇔	L	L	G	March 15