

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
------------------------	---------------------	----------	--------------------	----------

What we did in 2014/15:-
 Joint working with Health staff has been successfully achieved in all three locality teams. However, co-location has not been achieved within North East or South Flintshire. Whilst there is a confirmed commitment to co-location from Senior Officers within Health there have been difficulties finding suitable accommodation and in reaching agreement on the structuring of the teams.

What did we do well?
 Staff in Health and Social Services are working together and sharing information to improve the standard of service they deliver.

What did not go so well?
 Decisions regarding accommodation and structure as described above.

Achievements will be measured through

- Development of our second co-located team in 2014/15 – Not achieved.
- 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 – Not achieved.
- 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	M	M	A	Escalation process in place including Strategic Partnership Group, Strategic Locality Group and Locality Groups. 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.	Chief Officer – Social Services	↑	L	L	G	2016

Risk Progress Summary for 2014/15

Net score remains amber due to the milestone of co-location of the second team by March 2015 not being achieved. However, staff in the localities continue to work together effectively.

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	A
-----------------	--------------	---	-------------	---

What we did in 2014/15:-

Progress is as reported in Q3. The Chief Executive of BCUHB has made a commitment to take forward Enhanced Care, and an update on progress has been presented to Scrutiny. Additional funding has been set aside to invest in community services.

What did we do well?

Throughout the year there has been very positive feedback from people supported by ECS and their families. Increased GP support has been secured in North West locality.

What did not go so well?

Not yet identified the model to take forward across other localities in Flintshire.

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	The roll out of Enhanced Care will be informed by work led by the Area Director for the East Division (BCUHB post). BCUHB have expressed a clear commitment to locality working and reflecting and responding to the need of local populations and circumstances.	M	M	A	Area Director for BCUHB will be tasked with working with partners including Social Services and GP's to develop a model of support that brings together existing services and approaches, alongside learning from other areas.	Chief Officer – Social Services	↔	M	M	A	Jun '15

Risk Progress Summary for 2014/15

Costed plans for the role out of enhanced care exceed the envisaged funding. We will be working with the new Area Director to explore models of enhanced care as part of a wider system approach to supporting an area/locality. As part of this work we need to ensure that opportunities through the Intermediate Care Fund are maximised to ensure services support people to live independently at home in ways that are affordable to partners and don't lead to unexpected increased costs. The discussions will commence when the Area Director takes up post in May 2015. As we know the current model of enhanced care is not affordable this risk is classified as Amber until dialogue has taken place on the preferred model/s of care and funding streams identified.

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

What we did in 2014/15:-

More carers this year have had their needs assessed and more carers are going on to receive support services. Due to a reduction in the capacity for data collection, Q4 data was not available at the time this report was prepared. The final figures for the year will be reported in the Q1 2015/16 update. We have already met with NEWCIS to put arrangements in place which will ensure that data can be provided in a timely manner.

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.

The Young Carers Strategy is at present developing a new clear measurable multi- agency plan for action for 2015/2016 to ensure the needs of our young carers are being met and offer the support that is wanted by the young people. In 2014 Flintshire has developed a support initiative for young adult carers, which has received positive feedback from the young people attending. Our 'Access to Action Card' (A2A card) for young carers, Looked after Children and care leavers continues to support and provide instant access to Council Services young carers when they need and want them. This initiative is further being supported by the development of our young carer's charter, which will strengthen the commitment of organisations to young carers.

What did we do well?

Improvements in the delivery of services to carers and young carers.

What did not go so well?

Not applicable.

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 (Q3 data)	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%	<u>709</u> 861 82.4%	G	G

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

Progress Status

Progress RAG

G

Outcome RAG

A

What we did in 2014/15:-

Priority 3 of the Single Integrated Plan is in the process of review, with proposals being taken to the LSB in May for agreement. There has been positive engagement across services and partners in this review process.

Q4 of 2014/15 has seen a pause in the locality leadership teams across the county in anticipation of a more cohesive model aligned to structural changes in BCUHB. During this quarter the remit of GP Cluster Networks has expanded. Given the structural changes, and the need to clarify accountability and autonomy of Groups, the outcome RAG in relation to the measures and milestones below remains at Amber. There is a renewed focus within the 2015/16 Annual Plan for the Health Board relating to the shift of resources into communities and it is envisaged that in the coming years, that resources available to community based services will be increased, not least as a result of funding announced by the Minister at the start of 2015 which has a clear focus on community based provision.

What did we do well?

The increased networking opportunities afforded by the partner meeting within localities has helped to increase understanding of agencies and encouraged joint working, e.g. development of social prescribing pilot.

What did not go so well?

Locality Leadership Team action plans and delivery were affected by a lower level of resourcing than anticipated.

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 – Plans included relevant actions but need to be taken through new governance and structural arrangements (see note above).

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

What we did in 2014/15:-

Project F2: Invest in step up / step down and intermediate care beds within Care Homes

Funding provided three designated step up / step down beds within local authority care homes, with further beds purchased from the independent sector as demand has risen. Between mid April 2014 and the end of March 2015 there were over 90 residential admissions which supported in the main a step down from either acute or community hospitals. The average length of stay in the Intermediate Care Fund (ICF) bed was 14 days at a cost of £913.49. Had the person remained in hospital for this length of time the associated costs would have been £4802, based on a figure of £343 per day. The ICF project has the potential to save on average £3888.51 per person. The savings attributed to 90 admissions equate to £349,966, a saving to the health board.

The funding has also allowed for a dedicated dementia assessment bed within a specialist independent sector Residential Care Home for Dementia. This bed provides a safe environment for a person with dementia to be assessed, on a step up or step down basis, as to their potential for rehabilitation and safe return to their own home. 15 people have made use of the Elderly Mentally Infirm (EMI) residential beds for an assessment of their needs to be better facilitated.

Project F10: Well being and the role of the voluntary centre

Funding has been allocated to the Alzheimer's Society, Flintshire Care and Repair, The British Red Cross and the Neurotherapy Centre to

- Complement reablement services to support people to live independently at home
- Support people with dementia, and their carers, which includes short term support to enable people to access universal services and prevent social isolation
- Help ensure people's homes are safe and secure as part of the hospital discharge process
- Run a scheme to help people who hoard to improve their home environment and reduce associated risks of falls and poor health
- Support people with chronic neurological conditions to help them manage their condition

All five projects have all met expected referral targets and by the end of December over 135 people had benefitted from them.

Project F5: Six Steps to Success Palliative Care Project

The Palliative Care project has used the ICF funding to increase the knowledge, skills and confidence of staff in Nursing Homes in Flintshire. It has helped increase the number of residents who are able to remain in their chosen home at the end of their life and receive palliative care in a dignified manner.

What did we do well?

There was a joint commitment across the partnership to maximise benefits of the available funding. The initial analysis of an independent evaluation of the ICF fund across the region is very positive about the outcomes that have been delivered.

What did not go so well?

Some challenges in recruitment given the short term funding allocation

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)	(LxI)	
M	H	R	Clear exit strategies are in place for ICF projects, including time limited posts.	L	L	G	Ongoing risk around allocation of resources beyond 2015/16 will need to be managed.	Chief Officer – Social Services	↔	L	L	G	Mar 15

Risk Progress Summary for 2014/15

In Q3 and the first part of Q4, local partners used evidence of effective projects/services to identify a shortlist of those that needed to be continued into 2015 whilst further consideration could be given to ongoing resource allocation.

The Minister announced continued funding at a reduced level in February 2015 and as a result, significant work has been undertaken to develop an agreed set of projects/services that will continue to receive funding in 2015/16.

This approach to the management of risk was successfully undertaken and demonstrated a joint commitment across the partnership to maximise benefits achieved to date.