# Pecyn Dogfen Gyhoeddus

Swyddog Cyswllt:
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At: Cyng Carol Ellis (Cadeirydd)

Y Cynghorwyr: Mike Allport, Marion Bateman, Jean Davies, Andy Dunbobbin, Gladys Healey, Cindy Hinds, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGuill, Ian Smith, Martin White a David Wisinger

Dydd Gwener, 7 Rhagfyr 2018

Annwyl Gynghorydd,

Fe'ch gwahoddir i fynychu cyfarfod Pwyllgor Trosolwg a Chraffu Gofal Cymdeithasol ac Iechyd a fydd yn cael ei gynnal am 2.00 pm Dydd Iau, 13eg Rhagfyr, 2018 yn Ystafell Bwyllgor Delyn, Neuadd y Sir, Yr Wyddgrug CH7 6NA i ystyried yr eitemau canlynol

**R H A G L E N**

1 **YMDDIHEURIADAU**

**Pwrpas:** I dderbyn unrhyw ymddiheuriadau.

2 **DATGAN CYSYLLTIAD (GAN GYNNWYS DATGANIADAU CHWIPIO)**

**Pwrpas:** I dderbyn unrhyw ddatganiad o gysylltiad a chynghori'r Aelodau yn unol a hynny.

3 **COFNODION** (Tudalennau 5 - 14)

**Pwrpas:** I gadarnhau, fel cofnod cywir gofnodion y cyfarfod ar 31 Hydref a 15 Tachwedd 2018.

4 **STRATEGAETH RANBARTHOL GOFALWYR** (Tudalennau 15 - 98)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

**Pwrpas:** Darparu trosolwg o'r strategaeth i'r Aelodau a chymeradwyo bod Cyngor Sir y Fflint yn ymuno â'r Strategaeth hon yng ngogledd Cymru.

5 **GRONFA GOFAL INTEGREDIG** (Tudalennau 99 - 132)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

**Pwrpas:** Diweddaru Craffu ar ddefnydd y Gronfa Gofal Integredig, y ffordd mae ei defnydd yn cael ei reoli ar lefel lleol, rhanbarthol a chenedlaethol a'r gwahaniaeth y mae'r nawdd yn ei wneud i breswylwyr Sir y Fflint.

6 **GWASANAETH GOFAL MAETH SIR Y FFLINT** (Tudalennau 133 - 138)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

**Pwrpas:** Nodi cynigion i ddatblygu a gwella dull Sir y Fflint o ymdrin â maethu.

7 **Y WYBODAETH DDIWEDDARAF AR GYFLEUSTERAU GOFAL YCHWANEGOL FFLINT A THREFFYNNON** (Tudalennau 139 - 160)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

**Pwrpas:** Darparu'r wybodaeth ddiweddaraf i Aelodau.

8 **CYNLLUN Y CYNGOR 2018/19 - MONITRO CANOL BLWYDDYN** (Tudalennau 161 - 182)

Adroddiad Hwylusydd Trosolwg a Chraffu yr Amgylchedd a Gofal Cymdeithasol - Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

**Pwrpas:** Adolygu'r cynnydd wrth gyflawni gweithgareddau, lefelau perfformiad a lefelau risg presennol fel y nodwyd yng Nghynllun y Cyngor 2018/19.

9 **YMWELIADAU ROTA**

**Pwrpas:** I dderbyn adroddiad llafar gan Aelodau'r Pwyllgor

10 **RHAGLEN GWAITH I'R DYFODOL** (Tudalennau 183 - 188)

Adroddiad Hwylusydd Pwyllgor Trosolwg a Chraffu Iechyd a Gofal Cymdeithasol

**Pwrpas:** Ystyried Rhaglen Gwaith i'r Dyfodol y Pwyllgor Trosolwg a Chraffu Gofal Cymdeithasol ac Iechyd

Yn gywir

Robert Robins
Rheolwr Gwasanaethau Democrataidd

Mae'r dudalen hon yn wag yn bwrpasol

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**
**31 OCTOBER 2018**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in the Delyn Committee Room, County Hall, Mold on Wednesday, 31 October 2018

**PRESENT: Councillor Carol Ellis (Chair)**
Councillors: Mike Allport, Marion Bateman, Jean Davies, Gladys Healey, Cindy Hinds, Kevin Hughes, Dave Mackie, Martin White and David Wisinger

**SUBSTITUTION:** Councillor David Healey (for Ian Smith), Paul Johnson (for Andy Dunbobbin) and Ted Palmer (for Mike Lowe)

**APOLOGY:** Councillor Rita Johnson

**CONTRIBUTORS:** Councillor Christine Jones, Cabinet Member for Social Services; Chief Executive; Chief Officer (Social Services); Senior Manager – Safeguarding and Commissioning and Accountant (Social Services)

**IN ATTENDANCE:** Social & Health Care Overview & Scrutiny Facilitator and Community & Education Overview & Scrutiny Facilitator

## 28. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 29. BUDGET 2019/20 STAGE 2 PROPOSALS

Prior to the introduction of the report, the Chair commented on the detail of the report and asked whether any additional information would be circulated at the meeting. The Chief Officer (Social Services) explained that method statements and resilience statements supporting the 2019/20 budget pressures and efficiency proposals had been produced as background documents with copies available on request. The Chief Executive advised that the efficiency proposals detailed within the report were small and modest which posed small or no risk.

The Chief Officer introduced a report to advise of the financial pressures and efficiencies identified for the Social Services portfolio for the 2019/20 budget. He advised that Member workshops were held on 13 and 23 July and 18 September, 2018 where information on the latest local financial forecast in the context of the overall national position was provided. An additional workshop specifically for the Social & Health Care Overview & Scrutiny Committee was held on 10 October, 2018 which provided Members with the opportunity to understand the portfolio budgets in more detail and consider the risk and resilience levels of each service area.

The Chief Officer and Senior Manager – Safeguarding and Commissioning provided a detailed explanation around the portfolio pressures

and investments, together with the portfolio business planning efficiencies and those arising from Welsh Government (WG) policy, as outlined within the report. The Chief Officer emphasised the need to continue to provide affordable, quality care services for residents across Flintshire.

Councillor David Healey commented on the financial pressures from Out of County placements and asked whether the Health Board made any financial contribution if a placement was due to the health needs of an individual. The Chief Officer explained that financial contributions were made by the Health Board, Social Service and Education Service where appropriate. There was a need for the Health Board to contribute a fair amount to ensure the Council was not left with an unnecessary financial burden.

In response to a question from Councillor Dave Mackie on the total amount shown for Out of County placements, the Chief Officer explained that the total shown included the financial pressure for the Education portfolio for the educational element of Out of County placements.

Councillor Kevin Hughes thanked all officers within the Social Services department who had continued to provide an excellent service. He commented on the financial pressures of Out of County placements and asked whether options to work collaboratively with Wrexham County Borough Council had been explored in order to reduce the pressure. The Chief Officer thanked Councillor Hughes for his comments which he would pass on to all officers following the meeting. He said that there was potential for further collaborative working with Wrexham and other North Wales Council's but that work was ongoing through the Senior Manager – Children and Workforce to assist current social care providers with the skills necessary to expand their businesses in Flintshire.

In response to a question from the Chair around collaboration with neighbouring authorities, the Chief Officer explained that collaborative working had been ongoing but that the successful financial bid through the Additional Learning Needs and Disability Act enabled greater opportunities going forward.

The Chief Executive advised that the proposed efficiencies, outlined within the report, were modest, and said that the total efficiencies made within the portfolio for the period 2015/16 – 2017/18 of £4.223m were not insignificant whilst protecting Social Care and Education budgets. The recommendations on proposed stage 2 efficiencies from all Overview & Scrutiny Committees would be presented to Cabinet and Council in November.

**RESOLVED:**

(a) That the Committee support the portfolio efficiency options, as shown in the report; and

(b) That the Committee congratulate the work undertaken by all of the Social Services Team in the current financial circumstances.

**NATIONAL BUDGET UPDATE**

The Chief Executive provided an update to the Committee following the announcement of the Welsh Government (WG) Provisional Settlement on 2nd October and the UK Government Budget announcement on 29th October, 2018.

On 2nd October, 2018, the WG published its outline draft budget for 2019/20 (Provisional Settlement) which increased the Council's budget gap to £13.7m and did not provide any additional funding for the teachers' pay award. The UK Chancellor presented his budget statement on 29th October, which included an additional £554m for Wales, made up of £486m revenue and £68m capital. This equated to £33m of 'new money' and it was hoped that following the First Minister's previous comments that Local Government would be 'first in the queue' for any consequential funding coming from the Chancellor's statement, that it would be pass-ported to Local Authorities.

Continued pressure was being put on WG to provide the following:-

- The extra £30m being held for social care in Wales be paid out to Councils (which is worth an estimated £1.3m for Flintshire);
- The extra £15m being held for schools in Wales was paid out to councils (worth an estimated £0.800m for Flintshire and our schools);
- An extra £13m was found so that no council faced an annual reduction in their government grant (worth an estimated £1.9m for Flintshire); and
- The extra £33m 'consequential' funds coming to Wales as a result of the recent Chancellor's budget was paid out to councils as committed by WG (worth an estimated £1.6m for Flintshire).

The Chief Executive explained that options to increase Council Tax levels had been explored but reminded Members that during the workshops there had been very little appetite for this but that this may have to be considered in order to set a legal balanced budget.

Councillor Kevin Hughes commented on the importance of all Members working collectively to inform members of the public what the Council had done, and would continue to do, to protect services despite continued reductions in funding and also explain the rationale behind a high Council Tax increase, if that was necessary. A number of Members spoke in support of Councillor Hughes comments, agreeing that information for Members to include in their monthly newsletters would be helpful.

The Chief Executive explained that the Welsh Local Government Association (WLGA), with the full support of its membership has spoken of the Provisional Settlement being inadequate to meet the needs of Local Government in Wales. Alongside the WLGA, the Council has been sending letters and lobbying local Assembly Members to demonstrate the risks to public services. Officers were currently working on a media pack for Members to assist in getting the message out to the public, which included digital tools. The

Chief Executive also asked Members not to underestimate the power of social media which would be utilised as part of the Council's campaign.

Councillor Paul Johnson said that he had recently attended the Hustings meetings for the forthcoming election of First Minister to the WG and reported that a number of questions were raised around additional funding for Local Authorities. All 3 candidates gave a commitment that additional funding for Local Authorities would be a priority. The Chief Executive commented that there was a genuine interest from WG to provide additional funding, and that there was flexibility within their own budget to do this.

The Committee thanked the Chief Executive for his update on the latest budget position.

**30. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE**

There were no members of the public and press in attendance.

(The meeting started at 2pm and ended at 3.16pm)

**.....**
**Chair**

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE**

**15 NOVEMBER 2018**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held in Llys Raddington, Flint. on Thursday, 15 November 2018

**PRESENT: Councillor Carol Ellis (Chair)**

Councillors: Mike Allport, Marion Bateman, Jean Davies, Gladys Healey, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGuill, Martin White, and Ian Smith

**SUBSTITUTIONS**: Councillor Dave Healey (for Andy Dunbobbin)

**APOLOGIES:** Councillor Christine Jones, Cabinet Member for Social Services, Chief Officer (Social Services), and Councillor Cindy Hinds

**CONTRIBUTORS:** Senior Manager - Safeguarding and Commissioning, Senior Manager Integrated Services Lead Adults/Early Years, Safeguarding Unit Service Manager, and Resources Services Manager

**IN ATTENDANCE:** Social & Health Care Overview & Scrutiny Facilitator and Democratic Services Officer

## 28. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 29. MINUTES

The minutes of the meeting held on 4 October 2018 were received.

**RESOLVED:**

That the minutes be approved as a correct record and signed by the Chair.

## 30. PROGRESSION MODEL – LEARNING DISABILITIES

The Senior Manager Integrated Services Lead Adults/Early Years introduced the report to highlight the work being undertaken through the Progression Model to support people with disabilities to be more independent and rely less on paid support services.

The Senior Manager provided background information and explained that the Progression Model was based on strength based assessments which maximised opportunities for independence, helping service users to acquire independent living skills. The model aimed to maximise independence and make care affordable through reduced reliance on longer term care. Trained workers at all levels, including social workers, occupational therapists and the direct workforce, develop a plan with an individual taking small steps to independence. The Senior Manager reported that the Authority had worked in partnership with three young men and their families to develop a model of supported living aimed at increasing independence, positive risk with an enablement culture, using assistive technology and individually tailored support. The three young men currently lead varied, independent and interesting lives.

The Senior Manager gave an update on the current situation and advised that 44 individuals had been supported using the Progression Model. Use of the Model was being expanded across Learning and Physical Disability Services and the aim was that all support staff would be trained and it would become normal practice.

The Chair thanked the Senior Manager for her report and invited Members to raise questions.

In response to a question from Councillor Hilary McGuill concerning ongoing use of assistive technology to support individuals, the Senior Manager explained that the electronic support arrangements remained in place to ensure individuals were able to undertake daily activities in their home effectively to maintain their well-being and safety.

Councillor Gladys Healey expressed a concern on the need for social compatibility to exist where a number of people lived together. The Senior Manager explained that the Progression Model operated in a fully inclusive co-produced environment with individuals and their families being in full control of plans. She commented on the comprehensive preparatory work which was undertaken by social workers around placements and the duty of care which remained throughout the arrangement.

**RESOLVED**

(a) That the Committee recognises the benefits of a system of support that promotes independence and uses short-term enabling support where appropriate;

(b) That support is regularly reviewed to ensure responsiveness to changes in needs and aspirations; and

(c) That the Committee supports the expansion of the Progression Model based on the principle that services are co-produced with people with learning disabilities and their parents/carers to ensure shared responsibility for achieving the best possible outcomes.

## 31. SAFEGUARDING - ADULTS AND CHILDREN

The Senior Manager - Safeguarding and Commissioning introduced a report to provide key statistical and performance related information regarding the Joint Adults and Children's Safeguarding provision within the county boundaries. She advised that the report also highlighted the variety of work

covered by the Safeguarding Unit and the activity it undertook. The report summarised some key learning from Child and Adult Practice reviews and Domestic Homicide Reviews.

The Senior Manager Safeguarding and Commissioning, reported on the main considerations, as detailed in the report, and invited the Safeguarding Unit Service Manager to provide an overview of the work related to the responsibilities of the Safeguarding Unit in relation to child protection, adult safeguarding, adults at risk, Deprivation of Liberty Safeguards (DOLS), and Looked After Children (LAC).

The Chair thanked officers for their joint report.

Councillor Kevin Hughes commented on the issues of online safety, social media abuse, and online gambling addiction, and asked what measures were being taken to address these problems and how victims could access information and help. Councillor Hughes congratulated the Safeguarding Unit on their excellent work. He said he could not see any reference to online safety within the report, which he felt would fall under safeguarding. Referring to the Homicide Review report and the reference to a silent 999 call, Councillor Hughes asked that the Committee write to the Welsh Government to ask it to publicise the fact that if a 999 call was silent, then it was likely there would be no emergency response.

The Senior Manager Safeguarding and Commissioning, confirmed that online safety was within the remit of the safeguarding unit and work was ongoing in this area. The Safeguarding Unit Service Manager acknowledged that online safety was not mentioned within the report, however, she advised that the unit were very aware of online safety and that any concerns around child safety would be considered within child protection plans and court plans. She also referred to the Missing Exploited Trafficked (MET) Panel which is a joint panel in conjunction with Wrexham addressing all issues relating to cases of exploitation. This would include concerns regarding online activity.

Councillor Hilary McGuill welcomed the multi-agency approach to information sharing. She praised the early intervention work and domestic abuse support and suggested that when incidents occurred then schools should be informed prior to the school day wherever possible. Councillor McGuill suggested that an app to report bullying on mobile devices could be a valuable tool.

The Senior Manager Safeguarding and Commissioning concurred with Councillor McGuill's comments. Referring to bullying, she commented that whilst this was very much in the area of education, it was also everyone's responsibility.

The Chair explained that she had sent a series of emails with regard to a person sleeping rough near a nursery school and had been unable to contact the Homelessness Team on the telephone. She had called 101 and had been advised to contact Social Services. When a member of the Homelessness Team had visited the area it was confirmed that the person was known to the police. Councillor Marion Bateman referred to a similar incident which had occurred in her Ward. She emphasised that safeguarding was everyone's responsibility and that multi-agency cooperation was vital.

In response to a concern by Councillor Gladys Healey on the issue of false allegations being made by a child or young person, the Safeguarding Unit Service Manager advised that when a referral was made action had to be taken in accordance with required procedures. If an allegation was made in school teachers were advised that they should not investigate cases and just take first accounts.

Councillor David Healey expressed praise for the service provided by the Homeless Team and said the Authority took a proactive stance in

identifying homeless people. He advised of a telephone service and services on social media.

The Senior Manager, Safeguarding and Commissioning agreed to circulate a link to the streetlink website.

**RESOLVED:**

(a) That the report as relevant information in relation to Flintshire Safeguarding for the period 1 April 2017 to 31 March 2018 be received;

(b) That the Committee was satisfied that Safeguarding provision within the County was robust; and

(c) The Committee urged the Welsh Government to promote the implications of silent 999 calls which may not generate a response.

## 32. BRIGHT SPOTS

The Resources Services Manager introduced a report to consider the findings and perspectives of looked after children in the survey 'Your Life: Your Care'. He advised that during February - March 2018 all children in care in Flintshire were asked to participate in a survey about their well-being. The survey 'Your Life: Your Care' was developed by Coram Voice and University of Bristol as part of the Bright Spots programme. The survey asked children in care about their life, based on the things that were important to them. The Resources Services Manager advised that the local authority would use the key findings to inform service development and support arrangements for children in care.

The Resources Services Manager provided background information and explained that the primary objectives of the survey were to identify where children appeared to be flourishing, where things could be improved, providing an evidence based analysis of children's experiences and well-being, and to

inform service improvements. The survey published three documents which were appended to the report. The Resources Services Manager reported on the key findings and areas of development arising from the survey, as detailed in the report. He advised that work would be undertaken through the consultation and engagement forum for looked after children and with foster carers to develop an informed action plan to learn, and where appropriate, extend good practice as well as enhance support in areas for development.

Councillor Hilary McGuill commented on the statistic that 82% of children (aged 8-11) did not feel they were included in decision making about their lives and asked what was being done to address this. The Resources Services Manager explained that this information had been reported back to social workers and would feedback to the Independent Review service.

**RESOLVED:**

(i) That the findings and perspectives of looked after children from the 'Your Life, Your Care Flintshire full report' be noted; and

(ii) That the development of a co-produced action plan with looked after children, which sets out a local authority response to the key recommendations indentified in the Bright Sports full report, be endorsed.

## 33. ROTA VISITS

There were no reports on rota visits.

## 34. FORWARD WORK PROGRAMME

The Facilitator presented the Forward Work Programme for consideration. She advised that the next meeting of the Committee would be held on Thursday, 13 December to consider the following items:

- Council Plan 2018/19 Mid-Year Monitoring
- Update on Flint and Holywell Extra Care facilities

Councillor David Healey referred to the item on Educational Attainment of Looked After Children which was scheduled for consideration by the Committee in May 2019 and suggested that this could be considered at a future joint meeting of the Education & Youth and Social & Health Overview & Scrutiny Committee to avoid duplication of work. The view of the Committee was sought and it was agreed to hold a joint meeting with the Education & Youth Overview and Scrutiny Committee at a future date to be arranged.

Councillor Hilary McGuill requested an update on decision making with young people following on from the findings of the Bright Spots report.

**RESOLVED:**

(a) That the Forward Work Programme be updated accordingly; and

(b) That the Facilitator, in consultation with the Chair of the Committee, be authorised to vary the Forward Work Programme between meetings, as the need arises.

**35. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE**

There were no members of the press or public in attendance.

(The meeting started at 3.00 pm and ended at 4.30 pm)

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**Chair**

| SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEEE |
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| **Date of Meeting** | Thursday 13th December 2018 |
| **Report Subject** | Regional Carers Strategy |
| **Cabinet Member** | Cabinet Member for Social Services |
| **Report Author** | Chief Officer Social Services |
| **Type of Report** | Strategic |

## EXECUTIVE SUMMARY

This report summarises the key decisions and activities undertaken to develop a North Wales Carers Strategy. The main purpose of this paper is to provide an overview of the strategy and any support information which will enable Scrutiny Members to make an informed decision as to whether Flintshire County Council can fully support and sign up to this North Wales strategy.

| RECOMMENDATIONS | |
|---|---|
| 1 | That members decide whether Flintshire County Council can fully support the North Wales Carers Strategy and sign up to it. |

**REPORT DETAILS**

| 1.00 | **BACKGROUND** |
|---|---|
| 1.01 | The vision and development for the North Wales Carers Strategy has been led by:<br>• North Wales Carers' Strategic Group<br>• North Wales Carers' Operational Group<br>• North Wales Young Carers' Operational Group<br>• Carers Reference Group |
| 1.02 | The strategy has been developed following the completion of the North Wales Population Needs Assessment and subsequent action plans and has been supported by the Regional Partnership Board. Flintshire has been represented on both the North Wales Carers' Operational Group and North Wales Young Carers' Operational Group and has had the opportunity to feed in information from a Flintshire Perspective. |
| 1.03 | Flintshire residents who attend the Case Reference Group have also had the opportunity to contribute to the development of this strategy. Wider consultation with Flintshire residents and staff has not been completed on the strategy itself. However, general feedback gathered from Flintshire carers and social services staff on what is important to carers was fed into the operational groups. |
| 1.04 | The feedback received from carers highlighted that good quality reliable support for the person cared for is of paramount importance and contributes to their well-being as carers and that carers value the range of support provided by third sector organisations. Carers also appreciate being listened to, being recognised, respected and heard by people responsible for designing and providing services for them and the person they care for. |
| 1.05 | **Summary of the Strategy** |
| 1.06 | The strategy is made up of three parts**:**<br>**1.** A North Wales Vision for Carers Services<br>**2.** Service Standards<br>**3.** An Action Plan |
| 1.07 | The Vision for services is made up of a number of wellbeing outcomes and each organisation committed to the strategy will agree to achieving following:<br>• **Promote general awareness** of carers and caring to the wider population and to all relevant staff in the health and care sector.<br>• **Think carer** in commissioning and assessing needs, with attention to rurality and those furthest from services for other reasons.<br>• **Involve carers** of all groups and communities in decision-making and planning processes.<br>• **The early identification** of carers at first contact with services. |
| 1.08 | Also as employers, partners will be ask to:<br>• Identify carers in the organisation<br>• Adopt a carer friendly infrastructure |

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|---|---|
| | • Commit to equitable provision for carers<br>• Provide opportunities to hear the voice of carers in the workplace<br>• Allow flexible working practices, where reasonable and practicable |
| 1.09 | The Standards within the document are adopted from the Triangle of Care, which are felt to be particularly relevant to local authorities and BCUHB. Partners working on the strategy feel these standards provide a strong base on which to develop services, with and for carer, across the region. |
| 1.10 | The Standards also require partner to ensure Carers can:<br>• Access information and advice (and where appropriate formal advocacy) services tailored to the needs of carers in different life stages (e.g. young carers, parent carers, carers of adults), circumstances and conditions, and stages of the caring journey<br>• Access training on the new skills carers may need when they begin or adapt to their new caring role and access to peer support when appropriate<br>• Access an assessment (what matters conversation) as a carer in their own right. |
| 1.11 | The Standards also require partners to:<br>• Ensure carers and the essential role they play are identified at first contact or as soon as possible thereafter<br>• Develop a general care and support plan<br>• Signpost to appropriate services<br>• Determine eligibility for support to the carer to care<br>• Ensure support plans are centred on personal well-being outcomes that carers have identified themselves, setting out the support to help them achieve their personal well-being outcomes. This will be subject to regular reviews by local authorities, and re-assessment of needs if a carer's circumstances change. |
| 1.12 | Partners are also required to ensure that:<br>• Carers' views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies are co-produced<br>• Staff are carer aware and trained in carer engagement strategies from the outset<br>• Staff are aware of and welcome the valuable contribution carers can make and be mindful of carers' own needs. (Staff need knowledge, training and support to become carer aware)<br>• A carer focused introduction to the service and staff is available, with a relevant range of information across the care pathway<br>• Policy and practice protocols on confidentiality and sharing of information are in place<br>• Defined post(s) responsible for carers are in place (carers leads)<br>• A range of carer support services are available. |
| 1.13 | Finally, the Strategy asks that local, sub-regional and regional commissioning gives carers a voice in local decision-making and makes sure that all services in the area become more carer aware and carer friendly. Commissioners are also asked to ensure services with carer expertise are able to raise the carer awareness of all agencies in an area. |

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| | It is also incumbent on the commissioners to ensure services designed to find carers and help them to identify their needs and that commissioning support services for carers with particular support needs and /or entitlements. |

| **2.00** | **RESOURCE IMPLICATIONS** |
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| 2.01 | None identified for Flintshire. Regional resources used to deliver the strategy. |

| **3.00** | **CONSULTATIONS REQUIRED / CARRIED OUT** |
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| 3.01 | As referred to in Section 1.02 and 1.03 above, consultation was carried out by the North Wales Regional Partnership Board. |

| **4.00** | **RISK MANAGEMENT** |
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| 4.01 | Not applicable to this report. |

| **5.00** | **APPENDICES** |
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| 5.01 | Appendix 1 – The North Wales Carer's Strategy – June 2018 |

| **6.00** | **LIST OF ACCESSIBLE BACKGROUND DOCUMENTS** |
|---|---|
| 6.01 | None.<br><br>**Contact Officer:** Jane Davies, Senior Manager Safeguarding and Commissioning<br>**Telephone:** 01352 702503<br>**E-mail:** jane.m.davies@flintshire.gov.uk |

| **7.00** | **GLOSSARY OF TERMS** |
|---|---|
| 7.01 | (1) **North Wales Population Needs Assessment:** This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014. |

CYDWEITHREDFA GWELLA GWASANAETHAU GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Carers' Strategy

## - A strategy for carers of all ages

June 2018

**North Wales Regional Partnership Board**

Project leads: Morwena Edwards
Bethan Jones Edwards
Ffion Johnstone

CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Carers' Strategy

- **a strategy for carers of all ages**

June 2018

## Introduction

The North Wales Regional Partnership Board recognises the key role that carers of all ages have in the health and social care environment and that they need to be valued for the support they provide. The partnership also recognises that they need to be supported in this vital role. This strategy acknowledges the importance of working in partnership with carers throughout their contact with services and is based on the principles of the Triangle of Care model developed originally as a guide to best practice in mental health care in England.

This is also in line with the Social Services and Well Being (Wales) Act 2014 (SSWBA) which legislates for enhanced rights for carers of all ages and simplifies and consolidates the law, giving them for the first time equivalent rights to the person they care for. The act also gives carers the absolute right to choose whether and to what extent they are or remain carers. Carers have the right to say no to taking on a carer's role as well as a right not to continue in their role as carer, and to be supported in this.

When referring to carers, we mean unpaid carers of all ages (including young carers and young adult carers) and background who look after a relative or friend who is ill, frail or is a disabled person, who cannot manage to live at home without the carer's practical or emotional unpaid support. Whilst acknowledging that carers will have different responsibilities, such as carers of people with long term conditions, carers of people with dementia, carers of individuals with mental health problems or carers of substance misusers, it is acknowledged that a carer's needs are unique to the individual and can differ substantially from the needs of the person cared for.

The Social Services and Well Being (Wales) Act 2014 defines a carer as a person who provides or intends to provide care for an adult or child. This definition includes carers of all ages.

Young carers are defined as carers who are under the age of 18, and young adult carers as being aged 16-25.

Carers often do not see themselves as carers. They will describe themselves as a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not as a carer.

A *parent carer* is a parent or guardian who has additional duties and responsibilities towards his/her child because his/her child has an illness or disability. Parent carers will often see themselves as parents rather than carers, but they may require additional services in order to meet or continue to meet the needs of their child.

Carers of all ages in North Wales currently benefit from a range of services including information, advice and support. These services include one to one support, support groups, forums, cafes, emotional support, counselling, training, therapies, benefits advice, carer breaks, peer support, activities, advocacy, support for carers of people with long term conditions as well as direct payments, support budgets and one off grants. Carers are also supported by third sector organisations to access life-long learning, employment and volunteering opportunities. Carers services also provide carer awareness training for professionals, e.g. student nurses, social work staff and GPs and are able to attract sources of external funding to support the work that they do.

Whilst there is quantitative data available on services available for carers, this report focuses on looking through the eyes of carers to understand what matters to them and what will contribute to the well-being and improving their circumstances. Partners have talked to carers of all ages about what helps them to be a carer, to continue being a carer and to live their life the way they want to.

The scope of this work has included:

1. Understanding where we are at and what success looks like.
2. Understanding our priorities should be in terms of getting there.
3. Being clear on funding and the sustainability of services for the future.
4. Understanding added value of working together regionally as well as collaboratively.

It has not included an evaluation of current services, nor has it undertaken a cost benefit analysis or a return on investment assessment of those services that are currently delivered.

Carers of all ages have told us that good quality reliable support for the person cared for is of paramount importance and contributes to their well-being as carers. They've also said that they really value the range of support provided by third sector organisations. Importantly also, they've said that they appreciate being listened to, being recognised, respected and heard by people responsible for designing and providing services for them and the person they care for.

This has enabled us to work together as partners to produce our vision for carers' services in North Wales which is to:

- Think carer

- Involve carers of all groups and communities in decision-making and planning
- Work in partnership to design and co-produce services around the carer

Partners' vision for carers' services in North Wales has led to the development and co-production of the offer for carers in North Wales which incorporates standards of service that partners are committed to achieving.

# North Wales Carers' Strategy - Summary

## The offer for carers in North Wales

Partners' vision for carers' services in North Wales has led to the development and co-production of the offer for carers in North Wales by the following groups:

- North Wales Carers' Strategic Group
- North Wales Carers' Operational Group
- North Wales Young Carers' Operational Group
- Carers Reference Group

## Personal well-being outcomes for carers

Partners want to achieve the following personal well-being outcomes for all carers in North Wales, with the needs of the carer depending on the needs of the person cared for:

- That individual carers' needs, including language needs are met in the best way
- That carers come to mind as soon as the person cared for

In doing this, we also want to make sure that:

- We provide services that are consistent
- There is added value by working collaboratively
- Services and funding are not duplicated
- We adhere to best practice

To achieve this, partners will commit to:

- **Promote general awareness** of carers and caring to the wider population and to all relevant staff in the health and care sector
- **Think carer** in commissioning and assessing needs, with attention to rurality and those furthest from services for other reasons
- **Involve carers** of all groups and communities in decision-making and planning processes
- **The early identification** of carers at first contact with services

Also, as employers, partners will:

- Identify carers in the organisation
- Adopt a carer friendly infrastructure
- Commit to equitable provision for carers
- Provide opportunities to hear the voice of carers in the workplace
- Allow flexible working practices, where reasonable and practicable

## Standards of service

The following standards were adopted from the Triangle of Care and are particularly relevant to local authorities and BCUHB. Partners agreed these standards provide a

strong base on which to develop services, with and for carer, across the region.

- Carers' views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies are co-produced
    - Staff are carer aware and trained in carer engagement strategies from the outset
    - Staff need to be aware of and welcome the valuable contribution carers can make and be mindful of carers' own needs
- Staff need knowledge, training and support to become carer aware
    - A carer focused introduction to the service and staff are available, with a relevant range of information across the care pathway
- Carers and the essential role they play are identified at first contact or as soon as possible thereafter
- Policy and practice protocols on confidentiality and sharing information are in place
- Defined post(s) responsible for carers are in place (carers leads)
- A range of carer support services is available

These standards will have implications for all partners when services for carers are commissioned and delivered:

- Local, sub-regional and regional commissioning:
    - agencies designed to give carers a voice in local decision-making and make sure that all services in the area become more carer-aware and carer-friendly
    - services with carer expertise able to raise the carer awareness of all agencies in an area
    - services designed to find carers and help them to identify their needs and entitlements
    - support services for carers with particular support needs and/or entitlements
- Ready access to information and advice (and where appropriate formal advocacy) services tailored to the needs of carers in different life stages (e.g. young carers, parent carers, carers of adults), circumstances and conditions, and stages of the caring journey
- Access to training on the new skills carers may need when they begin or adapt to their new caring role and to peer support when appropriate
- The right to an assessment (what matters conversation) as a carer in your own right:
    - to develop a general care and support plan
    - signpost to appropriate services; and
    - determine eligibility for support to them to care
- For eligible carers:
    - A support plan centred on personal well-being outcomes they have identified themselves.
    - It will set out the support to help them achieve the personal well-being outcomes identified.
    - Support plans will be subject to regular reviews by local authorities, and re-assessment of needs if their circumstances change.

In accordance with the standards agreed, the following headline plan outlines the actions and lead responsibility for implementation.

| No | Standards | Action | Regional responsibility for action | Local responsibility |
|---|---|---|---|---|
| 1. | Engagement with carers and carers voice | Carers views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies take shape. | NWCSG | All partners |
| | | Agencies designed to give carers a voice in local decision making and make sure all services in the area become more carer-aware and carer-friendly | NWCSG | All partners |
| 2. | Induction and training for carers and staff | A carer focused introduction to the service and staff are available, with a relevant range of information across the care pathway | NWCOG, in collaboration with NWYCOG | All partners |
| | | Staff are trained in carer awareness and engagement strategies. | NWCOG, in collaboration with NWYCOG | All partners |
| | | Carers need access to training on the new skills they may need when they begin or adapt to their new caring role and to peer support when appropriate | NWCOG/NWYCOG | All partners |
| 3. | Assessment and support for all carers | Carers to be part of an assessment (what matters) conversation in their own right | NWCOG/NWYCOG | Local authorities |
| | | A support plan centred on personal well-being outcomes they have identified themselves to achieve the personal well-being outcomes identified and subject to regular reviews and re-assessment of needs if circumstances change | NWCOG/NWYCOG | Local authorities working with partners |
| | | Ready access to information, advice and peer support (and where appropriate formal | NWCOG, in collaboration with NWYCOG | All partners |

| No | Standards | Action | Regional responsibility for action | Local responsibility |
|---|---|---|---|---|
| | | advocacy) services tailored to the needs of carers in different life stages, circumstances and conditions and stages of the caring journey | | |
| | | A range of flexible carer breaks is available | NWCSG | Local authorities working with partners |
| | | Specialist advocacy, including for Continuing Health Care and for young carers | NWCSG | Local authorities, BCUHB working with partners |
| 4. | Policy and practice protocols | Policy and practice protocols on confidentiality and sharing information are in place. | NWCSG | All partners |
| 5. | Adopt employer standards | • Identifying carers in the organisation<br>• Adopting a carer friendly infrastructure<br>• Committing to equitable provision for carers<br>• Providing opportunities to hear the voice of carers in the workplace<br>• Allow flexible working practices, where reasonable and practicable | NWCOG | All partners |
| 6. | Carer leads | Defined posts responsible for carers are in place | Local authorities, BCUHB | |
| 7. | Develop success measures and data collection arrangements | Performance measures agreed | NWCSG | All partners |
| | | Data collection arrangements agreed and underway | NWCOG/NWYCOG | All partners |

Noted below are the proposed headline success measures as agreed by partners. These will be collated by the NWCOG and progress monitored by the NWCSG to improve services and inform future planning. Two of the measures are the same as those in the Welsh Government Outcomes Measures Framework, with the others considered to be important to measure the progress of our strategy in North Wales. These success measures place a strong focus on improving the life circumstances of carers, listening to their views and involving them in the design of services.

- Carers of all ages report satisfaction with the assessments and personalised support they receive, have access to the services they need and have an understanding of their rights under the Social Services & Wellbeing (Wales) Act.
- Social workers and other care practitioners can evidence that they are applying the well-being principle in all their adult social care decisions.
- The number of assessments in 2018 has increased in line with the Regional Partnership's own estimate.
- Carers reporting they felt involved in designing the care and support plan for the person that they care for (Welsh Government, 2015)
- Carers reporting they feel supported to continue in their caring role
- If a carer is facing a crisis, they know how to access a rapid response service to assess and respond to their need.

Taken together, the vision, standards and delivery by partners of good quality services for carers of all ages in North Wales will contribute to improving their circumstances and well-being.

CYDWEITHREDFA GWELLA GWASANAETHAU GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Carers' Strategy

- **A strategy for carers of all ages**

June 2018


**North Wales Regional Partnership Board**

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CYDWEITHREDFA GWELLA GWASANAETHAU
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**NORTH WALES** SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Carers' Strategy

June 2018

## 1.0 Context and background

Carers of all ages have a key role in the health and social care environment; the North Wales Regional Partnership Board places great value on this and also recognises that it needs to act to ensure that carers are well supported in all circumstances. This strategy acknowledges the importance of working in partnership with carers throughout their contact with services and is based on the principles of the Triangle of Care model developed originally as a guide to best practice in mental health care in England.

When referring to carers, we mean unpaid carers of all ages (including young carers and young adult carers) and background who look after a relative or friend who is ill, frail or is a disabled person, who cannot manage to live at home without the carer's practical or emotional unpaid support. Whilst acknowledging that carers will have different responsibilities, such as carers of people with long term conditions, carers of people with dementia, carers of individuals with mental health problems or carers of substance misusers, it is acknowledged that a carer's needs are unique to the individual and can differ substantially from the needs of the person cared for.

## 2.0 The Social Services and Well Being (Wales) Act 2014

The importance of supporting carers is also aligned with the Social Services and Well Being (Wales) Act 2014 (SSWBA) which legislates for enhanced rights for carers of all ages and simplifies and consolidates the law, giving them for the first time equivalent rights to the person they care for. The act also gives carers the absolute right to choose whether and to what extent they are or remain carers. The Act re-defines the responsibility of individuals and families for maintaining their own health and wellbeing, and requires a change in culture that provides a greater focus on promoting resilience, independence, self-care and community support. The Act recognises that carers have a key role in the preventative service approach and local authorities should therefore help ensure that carers are able to live their own lives as independently as possible. Carers have the right to say no to taking on a carer's role as well as a right not to continue in their role as carer and to be supported in this. These requirements are stated both in Part 9 of the Act as well as throughout all other parts of the Act.

The Act defines a carer as a person who provides or intends to provide care for an adult or child. This definition includes carers of all ages.

Young carers are defined as carers who are under the age of 18, and young adult carers as being aged 16-25.

Carers often do not see themselves as carers. They will describe themselves as a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not as a carer.

A *parent carer* is a parent or guardian who has additional duties and responsibilities towards his/her child because his/her child has an illness or disability. Parent carers will often see themselves as parents rather than carers, but they may require additional services in order to meet or continue to meet the needs of their child.

The Act:

- Ensures that carers can access a wider range of appropriate services in a more flexible way, including access to comprehensive information in relation to all types of support and services that can be accessed without a need for formal assessment.
- Creates a duty for local authorities to carry out carers' needs assessments where a carer appears to have support needs. The assessment of need of the individual in their own right is central as well as their capacity to carry on caring.
- Requires assessments to be proportionate to ensure that more energy is focused on delivering community-based support, and support from third sector organisations.
- Requires local authorities to provide advocacy support for individuals including carers. This provision will include independent professional advocacy as well as informal advocacy.

The Act also sets out a new national eligibility framework to determine whether assessed carers with greater support needs will meet the criteria for services as set out in the new framework. Carers with eligible needs will have a support plan centered on personal well-being outcomes they have identified themselves. It will also set out the support to help them achieve the personal well-being outcomes identified. Support plans will be subject to regular reviews by local authorities, and re-assessment of needs if their circumstances change.

## 3.0 National priorities

On 24 November 2017, Carers Rights Day, the Minister for Children and Social Care announced an allocation of £1m in 2018-19 for health boards and trusts to work collaboratively with all partners to enhance the lives of carers in line with the national priorities, which are:

- Supporting life alongside caring – all carers must have reasonable breaks from

their caring role to enable them to maintain their capacity to care, and to have a life beyond caring

- Identifying and recognising carers – fundamental to the success of delivering improved personal well-being outcomes for carers is the need to improve carers' recognition of their role and to ensure they can access the necessary support
- Providing information, advice and assistance – it is important that carers receive the appropriate information and advice where and when they need it

## 4.0 About carers in North Wales

The Population Needs Assessment published on 1 April 2017 states that carers provide a crucial role in the provision of care and support and it is estimated that they provide between 75% and 95% of care, saving £7.72 billion every year in Wales (Yeandle and Buckner, 2015; Welsh Government 2016).

The main findings from the needs assessment were that:

- The number of carers in North Wales is increasing, particularly in north-west Wales
- People aged 50 to 64 are the most likely to provide unpaid care
- Half of all carers in North Wales are in employment: for carers in employment the support of their employer and colleagues is vital to helping them continue in their caring role
- The increase in need for social care identified in other chapters of the population assessment report is likely to lead to greater numbers of people providing unpaid are and providing care for longer
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years

## 5.0 Priorities for carers in North Wales

Evidence from the Population Needs Assessment, what carers have told us and the resource mapping considered by partners have led us to the following priorities. If carers are appropriately supported by society then the vast majority of negative consequences can be avoided proactively. Further work on these will be reflected in the work programmes of the partnership's North Wales carers' groups:

## 5.1 Engagement with carers and carers' voice

Listening to carers and hearing their voice provides a valuable insight into their lives and circumstances, and demonstrates the importance of engaging with them. This section highlights some of the issues carers have raised to demonstrate how they need to influence the planning and delivery of services.

The main findings from engagement activities carried out for the population needs assessment and from previous consultations carried out by each local council and health demonstrated that the needs of the carer could be supported by better meeting the needs of the cared for person:

- Equipment and adaptations and assistive technology can provide valuable services, although issues can include training needs and waiting lists
- Carer breaks (respite), including short-term carer breaks
- Continuing Health Care (CHC) assessments to include short term breaks for carers
- More activities for people cared-for, particularly individuals with dementia
- Good quality reliable support for person cared for
- Support when carer is ill, both in emergency and planned treatment
- Reliable hospital transport that includes transport for the carer. Carers need equal access to transport even when the cared for person is not with them to enable them to collect prescriptions for example
- Health and social care workers – having workers that can help with medication as well as personal care

Other aspects of support specifically for carers which are valued are:

- Accessible information and advice (preferably in one place)
- Local information surgeries, hubs, single point of access (SPOA), talking points and drop-in services
- Advocacy for the carer
- One to one support for the carer, such as a listening ear and telephone support 24 hours a day
- Socialising and carer groups in local community
- Access to leisure activities
- Volunteering opportunities
- Education, skills and employment
- Recognition and respect, consultation as partners in care, including when a person enters long-term care
- Better communication between all parties included in providing support for carers and the person cared for
- Third sector support – carers really value the range of support provided by the third sector organisations
- Support for the carer when their caring role comes to an end, including employment, benefit and housing issues

Mapping carers journeys has told us that a single point of access to services can work well for carers, in enabling some carers to refer themselves to services, holding the initial what matters conversation, signposting carers to information and carer support services, and understanding the circumstances and unique situation of the carer.

Carers' stories demonstrate that care giving, as well as being a practical function, is also an emotive role, with carers reporting feelings of guilt, loneliness, anxiety, worry, distress, isolation, fear, frustration, difficulty in dealing with change and transition. These will occur at different times within the carer's timeline of experience, and each carer will require bespoke support.

The main themes arising from carers' stories and case studies can be summarised as follows:

- The isolation of the caring role
- Stress experienced by carers of all ages
- The value carers of all ages place on the support of third sector organisations and local authorities
- The impact of the person cared for's well-being on the carer's well-being
- Carers' need for breaks
- Carers' need for information
- The need to be employed, or to return to employment
- Rural issues

The things that matter to young carers are often the same things that would matter to any young person. Their situation as a young carer however can at times have an effect on the way that they live their lives, and opportunities that are taken for granted by young people without caring responsibilities can be difficult to access for young carers. Findings from the consultation and engagement with young carers as part of the North Wales Population Needs Assessment found that areas that young carers found challenging were: concentrating, communicating, being confident and making friends.

In addition to this, young carers have told us that the health and well-being of the person for whom they are caring is important to them, e.g. not wanting their parent to start drinking again. Also important for young carers is acceptance both by their peer group and by teachers. Whilst what people think of them can be important for many young people, the impact that their caring responsibilities can have on their lives mean that this issue is sometimes heightened for young carers, e.g. attitudes that people might have towards them because of them not being able to join in social activities, or not being able to complete homework. One young carer said that whilst other young people messed around in class, that he strived to get all his work done at school as he wouldn't be able to do so at home.

*"If my mum got better. If I had better memory. If I was faster at doing work. If I could see my friends out of school more often." Young carer, Anglesey.*

Young carers' ability to concentrate amidst other responsibilities and concerns is an issue, e.g. whilst the person for whom they are caring is ill. Also, the need to talk to others about their problems and feelings, e.g. family, friends, neighbours, other young carers as well as professionals in the public and third sector.

Play and recreation facilities have also been voiced by young carers as important. In the same way as young people without caring responsibilities, young carers enjoy contributing to the development of services, and are looking for a positive attitude and an openness to new ideas from community leaders to support them to do this.

Parent carers report that they often have to battle to ensure that their child's condition is acknowledged, and also to receive attention afterwards e.g. from schools. This can lead to feelings of frustration and a perception that the system is not there to facilitate matters for them. This can also have an impact on sibling carers.

"*The pressure that is put upon me as a carer to make decisions that I am not always comfortable with them and if I object the feeling that I am judged*." Parent carer, Gwynedd.

Many carers will say that they do not need support, and that if the person cared for's needs are met, that they also feel that they are supported as carers. This highlights the importance of ensuring that the carer's views are sought as part of the person cared for's needs assessment.

## 5.2 Induction and training

If carers' experiences and stories are listened to, they will provide a sound basis from which to deliver day to day services and support for carers. One important element to underpin this is staff induction and training. Supporting staff with a good introduction to carers' needs, raising their awareness of carers and their role will contribute greatly to influencing the way that carers are treated as part of the culture of organisations responsible for services to carers of all ages. Good peer support and mentoring from more experienced members of staff and strong leadership will also be vital to support a carer aware culture.

Carers themselves need to be supported with training on the new skills they may need when they begin or adapt to their new caring role or when that role evolves. This may involve training on caring for specific conditions, e.g. administering medication (young carers) dementia, moving and handling, interpersonal skills, financial issues, delivering personal care, as well as other skills to support the person cared for's well-being. Third sector organisations already provide this training which is based on what carers say that they need and is highly valued by them.

## 5.3 Assessment and support for all carers

Local Councils have a new duty to offer an assessment to any carer where it appears to the local authority that a carer may have needs for support. If the local council determines that a carer's needs meet the eligibility criteria then they must consider what could be done to meet those needs. Previously, it was the responsibility of the carer to request an assessment.

A carer's needs meet eligibility criteria for support if:

a) The need arises as a result of providing care for either an adult or child
b) The carer cannot meet the need whether
   - Alone
   - With the support of others who are willing to provide that support, or
   - With the assistance of services in the community to which the carer has

access, and

c) The carer is unlikely to achieve one or more of their personal well-being outcomes which relate to the specified outcomes in part 3 of the act

The local council may now carry out a joint assessment, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired personal well-being outcomes in their own right.

The carer's element of the assessment needs to focus on 'what matters' to the carer and the carer's needs in their own right, for example, their employment, education and training needs.

The local council must involve the carer in the assessment and include:

- The extent to which the carer is willing to provide the care and to continue to provide the care
- The personal well-being outcomes the carer wishes to achieve

An assessment of a carer must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training or leisure activities.

Carers will need to be very clear about what they can and can't do and any differences between their expectations and that of the person cared for. The people carrying out the assessments will need to be skilled in drawing out this information. The act says carers need to be asked what they can do, so this will need to be monitored to make sure it happens in practice and is included in the assessment. It is important that the individual feels that they are an equal partner in their relationship with professionals.

With regard to young carers, the Code of Practice relating to the act includes a range of examples relating to young carers including:

- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities

In assessing, the council must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the council must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the council of whether a child carer is actually a child with care and support needs in his or her own right.

Providers of support services for young carers report that short term funding, lack of resources for transport, money for trips places constraints on the support and breaks that they can offer young carers. Ensuring that young carers are provided

with support according to their age-related needs is also a challenge.

The act sets out a new national 'eligibility framework' to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for service. Carers with eligible needs will have a support plan centered on personal well-being outcomes they have identified themselves. It will also set out the support to help them achieve the personal well-being outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of their needs if circumstances change.

## 5.4 Information, advice and assistance

The Population Needs Assessment engagement demonstrated that accessible information and advice (preferably in one place) matter to carers as well as local information surgeries, hubs, talking points and drop-in services.

Evidence from carers' stories and 'what matters' conversations suggests that many carers are unaware of their rights and also unaware of the information and support services that are available to them.

*"The family never accessed any statutory services and she was never aware of any services to support Carers. Her main contact was always with the GP but he never informed her of any services available to her, or her right to a Carer Assessment."* Case Study, Denbighshire.

Lack of information on financial issues can also lead to carer anxiety:
*"Mr A was not in receipt of any benefits and was not aware that he could claim Carers Allowance. He didn't know of the support available to Carers in Denbighshire." Case Study, Denbighshire.*

A parent of a child with Down's Syndrome told us that she had not received sufficient information:
*"When looking back at the early period I did not receive information about organisations such as "Down Syndrome Association" or the Carers Outreach Service which could have been of assistance for me as a parent." Parent Carer's Story, Gwynedd.*

Young carers also need information, which sometimes needs to come from people they know:
*"Would like to be told more about brother's condition."*
*"Would like support from an autism charity – want a better understanding of the condition." Young carer, Anglesey*

Carer breaks have traditionally been referred to as 'respite', and it is worth noting at the outset that there is no real national definition for 'respite'. The term has also been associated with respite from something that is a burden. For the purpose of this strategy, the term 'carer breaks' will be used.

Local authorities and BCUHB invest significantly in carers' services that provide short term breaks in the form of sitting services and/or replacement care. Although there are services delivered to the cared for person, they are sometimes regarded as carers' services. Some third sector organisations also draw in external funding for these types of services.

The population needs assessment identified insufficient range, availability and flexibility of respite and short breaks for carers.

This is supported by the resource mapping which tells us that carer break services are provided in the field of older people, learning disability and mental health. In older people's and learning disability services the carer break is delivered in the form of a sitting service or replacement care. In mental health services, the service offers a mental break, support and skills development for the carer. However, following discussions by partners at the workshop, the amount invested of £1.25m depicted in the resource mapping is not thought to be an accurate reflection of carer breaks. The resource mapping encountered challenges as:

- All carer breaks could not be identified, as monies paid to independent domiciliary care providers could not be separated out
- Differentiating between a break for the carer and the person cared for was not a simple task
- Whether the carer break provides the carer with a complete break or not, e.g. are they using their time to catch up on household chores
- Carer breaks in all service areas may not be accurately reflected

The main message that carers are telling us is that the break they need from caring is in response to their needs, situation and home environment. They want to be listened to, and each carer will have different needs. They do not appreciate being told what service can be provided to them, do not necessarily need a regular carer break service which sometimes causes overprescribing of services, leading to wastage.

In a situation where in-home respite is being provided, carers have told us that it is important that the person cared for is familiar with the individual providing the care, otherwise it may not be worthwhile. In situations where the individual providing the sitting service is on holiday, the person cared for or carer may decide to delay the arrangement until the individual who usually provides the carer break is available. Consistency and continuity of service is therefore of paramount importance to both the carer and person cared for.

Continuing Health Care (CHC) is a sensitive area in terms of carer breaks. Carers have told us that when an individual becomes eligible for CHC funding, then this can lead to changes in the support that both the carer and person cared for can expect to receive. For example, BCUHB will be contracting with different

providers to those providing care through local authority commissioning arrangements, therefore resulting in a change in the care giver.

If the person cared for is CHC funded, the health service recognises that carers need a break and places value on the support that the carer offers in meeting the person cared for's needs. The health service recognises its duty to meet all of the person cared for's needs, particularly in the absence of the carer being able to care for them. This could involve the care co-ordinator developing an application for 'additional funding'.

It is also important that carer breaks can be provided on a flexible and short notice basis in order for the carer to continue to live their lives the way they want to, e.g. joining social gatherings at short notice, and not having to make arrangements too long before hand.

Voucher schemes are in operation in some areas of North Wales to facilitate flexibility for carers. Eligible carers, upon completion of a carer's needs assessment, are provided with a time-limited voucher for flexible short-term breaks. Whilst the development of innovative flexible schemes such as this is positive, it is important also that regular evaluations are carried out to ensure that lessons are learnt.

Young carers would like to spend time apart from the person they care for doing the actitivies that they enjoy with their peers, e.g. activities in leisure centres, making use of local amenities such as parks, cycle pathways, and participating in sports.

Carers living in rural areas wish to receive the same level of service as carers living in towns.

Carers report that living in rural areas creates problems for them in terms of:

- Accessing support or carer breaks
- Travel time being taken out of the time allocated for direct service
- Isolation

*"There are no learning disability facilities, support group activities for my daughter to attend in Llangollen although there appears to be far more in Denbigh and some in Ruthin, but she is unable to get transport to these places." Carer, Denbighshire*

Some carers want to receive services in Welsh, in the language of their choice. Consultation and engagement as part of the Population Needs Assessment highlighted the importance of care and support services being available in Welsh. Services should ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh to Welsh speakers without them having to request it. Although information from the service mapping exercise suggests that services are available in both Welsh and English for carers, it is unclear whether services reach the 'More than just words' standards,

whether they are instantly available or whether arrangements need to be made before hand to arrange the services.

## 5.5 Policy and practice

Partners need to ensure that standard policy and practice protocols are in place with relation to confidentiality and the sharing of information. The piloting of the Triangle of Care model in mental health rehabilitation services within BCUHB has enabled discussions to take place around consent and confidentiality when working with carers.

Staff recognise the importance of carer inclusion but admit that they struggle when there is no consent from the cared for or consent fluctuates depending on situation or mood. Guiding principles endorsed by the Triangle of Care Lead for England, as well as the BCUHB Carers Lead Officer are that staff:

1. Talk about what they are aware of.
2. Provide carers with non-sensitive information in a form which helps the carer to understand. For example: condition specific information, or information around medicines management.
3. Signpost carers to sources of information and support.
4. You can receive third part information from carers.
5. Tell carers information for themselves.
6. Carers are entitled to confidentiality for themselves.

Staff have welcomed these guiding principles and also welcome bespoke training on carers and confidentiality.

## 5.6 Employer standards

All partners involved in the design and delivery of carers services in North Wales will want to ensure that their organisations commit to the following:

- Identifying carers in the organisation
- Adopting a carer friendly infrastructure
- Committing to equitable provision for carers
- Providing opportunities to hear the voice of carers in the workplace
- Allow flexible working practices, where reasonable and practicable

## 5.7 Carer Leads

Carer lead posts in the North Wales six local authorities and in BCUHB are of significant importance particularly with regard to developing and promoting carers services locally, working with community teams to engage with carers and understanding what matters locally, collating and analysing data, understanding service needs and identifying gaps in services. These officers can also facilitate teams to develop and pilot new models of working with carers, as well as providing training. They will also support corporate leads to ensure that employer standards are met. Carers leads will also be working with their local carers

partnership to implement the carers offer as well as working regionally to design services and contribute to learning and improvement work nationally.

Where the carer lead officer is not also the lead officer for young carers, the organisation will need to be clear how the development and promotion of carers services happens in children's services.

These posts can influence and impact the perception of carers within organisations and facilitate working towards 'think carer' and raising carer awareness.

## 6.0 How services for carers are currently funded

Funding for carers services have been unstructured, with allocations for carer breaks accounted for, for example, in core budgets. The Carers' Transitional Grant received by BCUHB from Welsh Government to manage the transition from the Carers Strategies (Wales) Measure 2010 (Carers Measure) to the SSWBA has been allocated on a short term annual basis.

On 24 November 2017, Carers Rights Day, the Minister for Children and Social Care announced an allocation of £1m in 2018-19 for health boards and trusts to work collaboratively with all partners to enhance the lives of cares in line with the national priorities. A decision was taken by the Regional Partnership Board on the expenditure of the grant following consideration to the carers' work stream and the offer for carers in North Wales.

Local authorities have received an allocation for respite (carer breaks) for carers of all ages during 2018-19 through their Revenue Support Grant (RSG), and Integrated Care Fund (ICF) guidance refers to the national priorities for carers.

The resource mapping demonstrates that funding is received from a variety of sources:

- Local authority
- Third sector
- Welsh Government
- Health Board
- Chargeable services

The resource mapping also reflects the unsustainability of funding with providers not knowing whether funding streams will be available from one year to the next, creating uncertainty amongst the workforce and staff turnover, which in turn affects the continuity of service to the carers. The mapping also tells us that third sector providers have been successful in attracting external sources of funding as well as sponsorship.

Providers have reported on the inefficiency of preparing more than one performance report for the same commissioner, as well as having to report on management data, rather than focusing on the real personal well-being outcomes for carers.

Providers also mentioned the need for security for a skilled and specialist workforce in the field. This would then support what is agreed as part of the carers offer relating to being carer aware. Providers report that 3+2=5 years contracts are valued and provide stability for the service as well as an opportunity to plan and develop services for the future.

Whilst Direct Payments provide a personalised form for individuals to access services. take up by carers is understood to be low. The effective delivery of Direct Payments services is essential to the implementation of the Social Services and Well-being (Wales) Act 2014.

The explanatory memorandum to the regulations that accompany the Act[1] underlines this:

*"Direct Payments are crucial to achieving the Welsh Government's aim of improving the well-being of people who need care and support to achieve their well-being outcomes and carers who need support to achieve their well-being outcomes. They provide the mechanism to increase independence, choice and control, and are an enabler of co- production in care planning which affords individuals the freedom to plan flexible and innovative ways to maximise their well-being outcomes."*

Whilst the main impetus for increasing take-up generally is likely to come through the work done with individuals when they are first assessed for services and begin discussing care and support plans with the staff doing those assessments, therefore, work would need to be undertaken regionally and locally to look at the possibility of increasing the take-up of Direct Payments.

There are positive examples of adult carers taking up Direct Payments to provide them with flexibility in their caring role in North Wales. Further discussions on the possibility of Direct Payments as an enabler to facilitate flexibility in carer services are needed.

## 7.0 The offer for carers in North Wales

**The partners' offer to carers in North Wales has been developed and co-produced by the following groups:**

- North Wales Carers' Strategic Group
- North Wales Carers' Operational Group
- North Wales Young Carers' Operational Group
- Carers Reference Group

**Partners want to achieve the following personal well-being outcomes for all carers in North Wales:**

- That individual carers' needs, including language needs are met in the best way

[1] Explanatory Memorandum to the Care and Support (Direct Payment) (Wales) Regulations 2015 Welsh Government 2015

- That carers come to mind as soon as the person cared for
- Services that are consistent

In doing this, we also want to make sure that:
- There is added value by working collaboratively
- Services and funding are not duplicated
- We adhere to best practice

**Partners will commit to:**

- **Promote general awareness** of carers and caring to the wider population and to all relevant staff in the health and care sector
- **Think carer** in commissioning and assessing needs, with attention to rurality and those furthest from services for other reasons
- **Involve carers** of all groups and communities in decision-making and planning processes
- **The early identification** of carers at first contact with services

**What partners will do as employers**
- Identify carers in the organisation
- Adopt a carer friendly infrastructure
- Commit to equitable provision for carers
- Provide opportunities to hear the voice of carers in the workplace
- Allow flexible working practices, where reasonable and practicable

## 8.0 Standards of service

The following standards were adopted from the Triangle of Care and are particularly relevant to local authorities and BCUHB. Partners agreed these standards provide a strong base on which to develop services, with and for carer, across the region.

- Carers' views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies are co-produced
  - Staff are carer aware and trained in carer engagement strategies from the outset
  - Staff need to be aware of and welcome the valuable contribution carers can make and be mindful of carers' own needs
- Staff need knowledge, training and support to become carer aware
  - A carer focused introduction to the service and staff are available, with a relevant range of information across the care pathway
- Carers and the essential role they play are identified at first contact or as soon as possible thereafter and help is available to them in the simplest and quickest way possible
- Policy and practice protocols on confidentiality and sharing information are in place
- Defined post(s) responsible for carers are in place (carers leads)
- A range of carer support services is available

These standards will have implications for all partners when services for carers are commissioned and delivered:

- For local, sub-regional and regional commissioning:
  - agencies designed to give carers a voice in local decision-making and make sure that all services in the area become more carer-aware and carer-friendly
  - services with carer expertise able to raise the carer awareness of all agencies in an area
  - services designed to find carers and help them to identify their needs and entitlements
  - support services for carers with particular support needs and/or entitlements
  - Direct Payments are offered to those who want them
- Ready access to information and advice (and where appropriate formal or independent advocacy) services tailored to the needs of carers in different life stages (e.g. young carers, parent carers, carers of adults), circumstances and conditions, and stages of the caring journey
- Access to training on the new skills carers may need when they begin or adapt to their new caring role and to peer support when appropriate
- The right to an assessment (what matters conversation) as a carer in your own right:
  - to develop a general care and support plan
  - signpost to appropriate services; and
  - determine eligibility for support to them to care
- For eligible carers:
  - A support plan centred on personal well-being outcomes they have identified themselves.
  - It will set out the support to help them achieve the personal well-being outcomes identified.
  - Support plans will be subject to regular reviews by local authorities, and re-assessment of needs if their circumstances change

In accordance with the standards agreed, the following headline plan outlines the actions and lead responsibility.

| No | Standards | Action | Regional responsibility for action | Local responsibility |
|---|---|---|---|---|
| 1. | Engagement with carers and carers voice | Carers views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies take shape. | NWCSG | All partners |
| | | Agencies designed to give carers a voice in local decision making and make sure all services in the area become more carer-aware and carer-friendly | NWCSG | All partners |
| 2. | Induction and training for carers and staff | A carer focused introduction to the service and staff are available, with a relevant range of information across the care pathway | NWCOG, in collaboration with NWYCOG | All partners |
| | | Staff are trained in carer awareness and engagement strategies. | NWCOG, in collaboration with NWYCOG | All partners |
| | | Carers need access to training on the new skills they may need when they begin or adapt to their new caring role and to peer support when appropriate | NWCOG/NWYCOG | All partners |
| 3. | Assessment and support for all carers | Carers to be part of an assessment (what matters) conversation in their own right | NWCOG/NWYCOG | Local authorities |
| | | A support plan centred on personal well-being outcomes they have identified themselves to achieve the personal well-being outcomes identified and subject to regular reviews and re-assessment of needs if circumstances change | NWCOG/NWYCOG | Local authorities working with partners |
| | | Ready access to information, advice and peer support (and where appropriate formal | NWCOG, in collaboration with NWYCOG | All partners |

| No | Standards | Action | Regional responsibility for action | Local responsibility |
|---|---|---|---|---|
| | | advocacy) services tailored to the needs of carers in different life stages, circumstances and conditions and stages of the caring journey | | |
| | | A range of flexible carer breaks is available | NWCSG | Local authorities working with partners |
| | | Specialist advocacy, including for Continuing Health Care and for young carers | NWCSG | Local authorities, BCUHB working with partners |
| 4. | Policy and practice protocols | Policy and practice protocols on confidentiality and sharing information are in place. | NWCSG | All partners |
| 5. | Adopt employer standards | • Identifying carers in the organisation<br>• Adopting a carer friendly infrastructure<br>• Committing to equitable provision for carers<br>• Providing opportunities to hear the voice of carers in the workplace<br>• Allow flexible working practices, where reasonable and practicable | NWCOG | All partners |
| 6. | Carer leads | Defined posts responsible for carers are in place | Local authorities, BCUHB | |
| 7. | Develop success measures and data collection arrangements | Performance measures agreed | NWCSG | All partners |
| | | Data collection arrangements agreed and underway | NWCOG/NWYCOG | All partners |

## 9.0 Success measures

Noted below are the proposed headline success measures as agreed by partners. These will be collated by the NWCOG and NWYCOG and progress monitored by the NWCSG to inform future planning. Two of the measures are the same as those in the Welsh Government Outcomes Measures Framework, with the others considered to be important to measure the progress of our strategy in North Wales. These success measures place a strong focus on improving the life circumstances of carers, listening to their views and involving them in the design of services.

- Carers of all ages report satisfaction with the assessments and personalised support they receive, have access to the services they need and have an understanding of their rights under the Social Services & Wellbeing (Wales) Act
- Social workers and other care practitioners can evidence that they are applying the well-being principle in all their adult social care decisions.
- The number of assessments in 2018 has increased in line with the Regional Partnership's own estimate
- Carers reporting they felt involved in designing the care and support plan for the person that they care for (Welsh Government)
- Carers reporting they feel supported to continue in their caring role (Welsh Government)
- If a carer is facing a crisis, they know how to access a rapid response service to assess and respond to their need

## 10.0 Conclusion

Listening to what carers of all ages have to say about their experiences has shown that there is a high quality level of provision available for carers in North Wales, and that when things go right, that this is greatly appreciated. What carers have also told us is that services provided by knowledgeable and informed staff can make all the difference to their well-being and circumstances.

Whilst there are numerous good practice examples of support for carers in North Wales, those responsible for implementing this strategy and its related action plans will work to ensure that those services become more consistent across the region and that local provision in all areas will reflect the regional standards which have been agreed.

Those firstly coming into contact with carers, possibly in primary health care, schools or local authorities need to listen to carers, think carer and encourage them to be aware of their role and understand that they can access the information and support that's available for them.

**Appendices:**
**Appendix 1: What matters to carers**
**Appendix 2: Carer pathways**

**Appendix 3: Resource mapping**
**Appendix 4: North Wales Carers Strategic Group (NWCSG) Action Plan**
**Appendix 5: North Wales Carers Operational Group (NWCOG) Action Plan**
**Appendix 6: North Wales Young Carers Operational Group (NWYCOG) Action Plan**
**Appendix 7: Carers Reference Group (CRG) Action Plan**

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**NORTH WALES** SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

# Carers'strategy: What matters to carers report

June 2018

## Introduction

Carers' stories and experiences provide an useful snapshot of what matters to them, what helps them to carry on in their caring role and what aspects challenge them. The main themes arising from carers stories and case studies can be summarised as follows:

- The isolation of the caring role
- Stress experienced by carers
- The value carers place on the support of third sector organisations and local authorities
- The impact of the person cared for's well-being on the carer's well-being
- Carers' need for breaks
- Carers' need for information
- The need to be employed, or to return to employment
- Rural issues

The stories and case studies below are only some examples of those which have been offered by third sector organisations, BCUHB and local authorities.

### Isolation of caring role and stress experienced by carers

*"Feeling of isolation at times and would find it less stressful if I had more social time for myself" Carer, Anglesey*

*"Mrs B is unable to return to work since her husband's operation, and sometimes finds it difficult to cope with life. They have a bungalow in rural Wales, 9 miles away from the nearest supermarket. Mrs B feels isolated, and misses her old life where she was able to socialise and spend time with friends and family. Mrs B told me that she feels she is "existing not living" and at times feels so low that life doesn't seem worth living."* Case Study, Conwy

"During a conversation with a parent carer of an adult with learning disabilities, carer broke down explaining that she was under tremendous pressure. Her daughter had not been able to attend day care for over a month as she had been ill. Carer was not

getting any sleep because of this and her partner had his own health issues and she herself was waiting to have an operation on her knee.

At the end of the telephone call, carer stated that being able to talk to someone about her worries with someone she could trust made her feel that the weight of the world had been lifted from her shoulders. Carer explained that she doesn't get the opportunity to talk about her worries as she doesn't feel comfortable talking to others. It was decided that I would phone her on a regular basis during this difficult time. Carer feels so much better knowing that she can share all her worries with me. Emotional support continuing with carer." Case study, Carers Outreach

The things that matter to young carers are often the same things that would matter to any young person. Their situation as a young carer however can at times have an effect on the way that they live their lives, and opportunities that are taken for granted by young people without caring responsibilities can be difficult to access for young carers. Findings from the consultation and engagement with young carers as part of the North Wales Population Needs Assessment found that areas that young carers found challenging were: concentrating, communicating, being confident and making friends.

Young carers and young adult carers also talk of the pressure that they are under at times:
*"Remember everything (e.g. chores, being told to do things like put rubbish out). Work fast.*

*"Mr A is a young adult carer caring for his father with multiple health conditions and significant mobility problems. Mr A was having problems with moving and handling. Father was a wheelchair user. He had become very isolated because of his caring role. He had not pursued any further education since leaving school and had never been in employment.*

*Mr A also had his own health issues and was experiencing acute anxiety attacks. He had neglected his own health and had not visited his GP for some considerable time"* Case study, Denbighshire

Young carers' ability to concentrate amidst other responsibilities and concerns is an issue, e.g. whilst the person for whom they are caring is ill. Also, the need to talk to others about their problems and feelings, e.g. family, friends, neighbours, other young carers as well as professionals in the public and third sector.

## The value carers place on the support of third sector organisations and local authorities

Carers are telling us that they value the support services that they receive, that they do not appreciate services that are working well with them being taken from them, particularly at short notice. If it hasn't been communicated to them why the service is ceasing, they feel frustrated and do not have an understanding of why it has happened.

*“I saw a NEWCIS brochure at the GP surgery and decided to contact them. One of the staff came out to meet us both. Over the years we have received lots of support and without them I don’t think I could have gone on. They helped us to go to CAB for financial help and supported us to gains aids. I now meet other carers at NEWCIS carer group and it gets me out of the house and I meet people in similar situations.” Case study, NEWCIS*

*“My learning has all been from accidental apart from Carer’s Outreach and when I did need to go and get a carer’s assessment I went to Dinerth Road, she was very good the Social Worker there and organised crossroads sitting service for me, which was very good. It was the best service ever, brilliant I can’t praise them enough.”* Carer’s story, Conwy

*“Carer is looking after his wife who has dementia; she has deteriorated rapidly in the past 6 months. He finds the situation immensely stressful and is struggling to cope with her questions etc. He contacted the office to request help with coping strategies for managing stress.*

I have been supporting the carer for the last 2 months and he is very appreciative of having someone understanding to talk to. I have visited him at his home where we discussed different ways of coping and responding to the situation to minimise the effects on himself. He said this was very helpful and gave him ideas for different things he could try to deal with the situation without getting tense and worked up. I also gave him a Dementia Red key fob to show discreetly when out with his wife, so that he does not have to explain anything verbally or feel embarrassed or apologetic for her behaviour. I subsequently referred him to the Alzheimer society to request a dementia support worker to help and advise him. I followed this up with a couple of phone calls to encourage him, offer support, and see what else I can help with. Increased respite hours are being put in place through SS, and a visiting clinical psychologist is offering to help him with anxiety. Recently I sent him information regarding the Snowdon train trip organised by Awyr Las for those diagnosed with dementia and their carers, and the dementia support day at Alltwen hospital. He is immensely grateful for all the support and information and I have offered to keep in touch with him for the foreseeable future.” Carer’s story, Carer’s Outreach.

“Referral received from Specialist Nurse at the hospital. Patient carer requiring support as she is the sole carer for her husband who has dementia. He requires 24/7 care and for several months the carer has been sleeping downstairs next to her husband as there in no heating upstairs and her husband is unable to manage the stairs due to his poor mobility.

She has been told that she requires treatment and she is concerned how this is possible as she cannot leave her husband alone and will not be physically capable of caring for her husband following the operation and chemotherapy treatment.

Emotional Support- discussed the concerns of Carer

Contact made with CPN and What Matters conversation completed to review care needs and respite services available- for Carer needs support for her husband whilst she is having treatment.

Benefit check completed- No Attendance Allowance (AA) in payment for cared for and he is totally reliant on Carer. DWP referral for AA1, Pension Credit ( PC ) ( calculations completed with carer) and Council Tax Exemption applicable once PC awarded. Once this is awarded referral via Nest Heating scheme

Funding- Health and Social funding explained re cared for if admitted into a Care Home.

Blue Badge application completed

At 4 week review following meeting with carer at YG

-"I would not have known about any of the above without the help of Carers' Support Officer, Ysbyty Gwynedd" Case study, Carers Outreach.

"Mrs D cares for her mum and now her husband, leaving her feeling very isolated with no time for anything else – "being a carer is what my whole life now consisted of.

Visiting the Centre with my husband is the first time that I have felt my carer role being acknowledged. The staff are caring and responsible, if they know that you are having any difficulty at all they are keen to help, as they recognise that the health and welfare of the carer is just as important." Carer's story, Denbighshire

Some carers want to receive services in Welsh, in the language of their choice. Consultation and engagement as part of the Population Needs Assessment highlighted the importance of care and support services being available in Welsh. Services should ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh to Welsh speakers without them having to request it. Although information from the service mapping exercise suggests that services are available in both Welsh and English for carers, it is unclear whether services reach the 'More than just words' standards, whether they are instantly available or whether arrangements need to be made before hand to arrange the services.

## Carers' need for information

Evidence from carers' stories and What Matters conversations suggests that at times carers are unaware of their rights and also unaware of the information and support services that are available to them.

"The family never accessed any statutory services and she was never aware of any services to support Carers. Her main contact was always with the GP but he never informed her of any services available to her, or her right to a Carer Assessment." Case Study, Denbighshire.

It is also important for carers to be given relevant information at the most appropriate time,

“I just think it’s the memory clinic for me would have been the place to give a pack or information to me and say go home and when you get a minute do this and once you have done this everything will be so much better for you.” Carer, Conwy

Lack of information on financial issues can also lead to carer anxiety:
“Mr A was not in receipt of any benefits and was not aware that he could claim Carers Allowance. He didn’t know of the support available to Carers in Denbighshire.” Case Study, Denbighshire.

A parent of a child with Down’s Syndrome told us that she had not received sufficient information through the health service:
“When looking back at the early period I did not receive information about organisations such as “Down Syndrome Association” or the Carers Outreach Service which could have been of assistance for me as a parent.” Parent Carer’s Story, Gwynedd.

## The impact of the person cared for’s well-being on the carer’s well-being

Carers will often say that they do not need support, and that if the person cared for’s needs are met, that they also feel that they are supported as carers.

**“**Son was taken ill and I cared for him on my own. He received services from the Community Mental Health Team. There is far too much talk and not enough action. The support worker takes him for regular blood tests. On Tuesdays, he goes on a ‘walk and talk’, which is only for an hour, but it gives breathing space. I’ve been asking for that for years, but there’s far too much talking. Support for the cared for is also indirect support for carers…

…I’ve had to cancel a holiday offered by my other son. You worry while you’re away, and the cared for would have had to go somewhere else…

…The support worker is the most productive and alleviates the stress for the carer.” Carer’s story, Gwynedd

Young carers have told us that the health and well-being of the person for whom they are caring is important to them, e.g. not wanting their parent to start drinking again, and that their family is important, *“because I can talk to them all the time”*. Also important for young carers is acceptance both by their peer group and by teachers. Whilst what people think of them can be important for many young people, the impact that their caring responsibilities can have on their lives mean that this issue is sometimes heightened for young carers, e.g. attitudes that people might

have towards them because of them not being able to join in social activities, or not being able to complete homework. One young carer said that whilst other young people messed around in class, that he strived to get all his work done at school as he wouldn't be able to do so at home.

"If my mum got better. If I had better memory. If I was faster at doing work. If I could see my friends out of school more often." Young carer, Anglesey.

## Carers' need for breaks

The main message that carers are telling us is that the break they need from caring is in response to their needs, situation and home environment. They want to be listened to, and each carer will have different needs. They do not appreciate being told what service can be provided to them, do not necessarily need a regular carer break service and sometimes there is overprescribing of services, leading to wastage.

In a situation where in-home replacement care or a sitting service is being provided, carers have told us that it is important that the person cared for is familiar with the individual providing the care, otherwise it may not be worthwhile. In situations where the individual providing the service is on holiday, the person cared for or carer may decide to delay the arrangement until the individual who usually provides the service is available.

It is also important that carer breaks can be provided on a flexible and short notice basis in order for the carer to continue to live their lives the way they want to, e.g. joining social gatherings at short notice, and not having to make arrangements too long before hand. Another issue also is the need for enough flexibility in the care available to allow for care in emergency situations and in out of hours situations.

"There is nowhere that you could phone and get emergency or pre planned care for a couple of hours for a young person with dementia where you know that you would be leaving them with someone they know and trust if you have no family or friends that can help." Carer, Anglesey

"It's just a shame because often there is a choice and things on at the same time as well during the week but nothing at the weekend and I understand it's the weekend but that is a big thing for a lot of people." Carer, Conwy.

Carer breaks also need to be tailored to the needs of the individual,
"Assessment completed, Carer A has had a discussion with her family over the Christmas period about wanting respite from her caring role. This was declined by her husband and he stated he is happy for his wife to go to her groups in the evenings as he feels capable of managing his own medication. Carer A is now attending evening groups and using this as her respite. Carer A has also used this time to attend church and seek support through her faith." Carer, Conwy.

At times, the carer will want to have the carer break outside the home environment. At other times, they will want someone to provide replacement care. Another option would be to have a break for the carer and person cared for together.

“Miss C is a carer for mum who is also supported by another family member..Miss C’s mum requested day care in order to regain community connections and increase activity and stimulation.

Both carers attended the day centre to support a period of settlement but the centre staff were able to focus on both the carers and Miss C to allow all three individuals to have some respite and attend and partake in some meaningful activities…

..The centre affords both carers to have time away from mum, safe in the knowledge that any personal care needs required in their absence will be delivered by well trained staff.” Carer’s story, Denbighshire.

“I cannot believe NEWCIS have given us the opportunity to have a break away with other carers and supportive NEWCIS staff. Being away with other carers and their loved ones, who are in a similar situation to ourselves enabled us to enjoy comfortable surroundings, with good company and feel less isolated. I could relax as I knew there was someone there for me and my wife, to support us if we needed help”.

“We have not had a break away from home and I have not had a break from my caring role for many years. This is due to our financial situation and because I would be frightened to take my wife away without support”.

“This break has allowed me to rest, clear my head, not think about cooking or cleaning and has given us time together to make memories. I love her so much and we enjoyed spending quality time together. Thank you”. Carer’s story, NEWCIS.

Parent carers also have specific needs for a break:

“What keeps me going?...Family and friends but also what is important to me is time away from caring, I sometimes row but opportunities for the “golden time” as I call it are very few and far between, nobody to babysit I for example. I would also like to spend “golden time” with T (I’s little brother) and as a parent I worry if he is given fair play as out days out as a family tend to be around I’s needs.” Parent Carer’s story, Gwynedd.

## The need to be employed, or to return to employment

Carers’ stories about trying to return to work or balancing work with caring responsibilities feature often. Carers need to build their confidence in order to do this and they benefit from the support that they are given to achieve what is important to them in the world of work.

“One of the concerns the carer has about moving her mother into a residential home is whether or not she will have her own identity after she’s lost her caring role. During a home visit, we talked about getting back into paid employment. The carer

shared her worries about not having the confidence or skills to jump back into the workplace

We decided to have a discussion, focusing on what skills she has gained from her caring role. The patience, the commitment, the sacrifices. All good personal attributes that can be included in her CV and application forms. The carer agreed and acknowledged that her skills could be just as valuable, or even more valuable than those who have studies and learnt from books." Carer's story, Conwy.

"After the initial phone call, a home visit was arranged and a Carers' Needs Assessment (CNA) was conducted. The CNA was to identify the full carers' situation. The CNA identified that the Carer needed support around her rights in the workplace and knowing what her options where. The Carers UK Carers Rights booklet was passed to the Carer and options was discussed with her about how employers can help – flexible working, job share, time off for emergencies etc. The Carer was signposted to look at her employers Carers policy and if she wanted to, she could discuss her situation with her employer. Her employer already knew she was a Carer.

Direct Payments and Penderels Trust was discussed and Carer wanted to know more information regarding this. It was discussed that a Social Worker was needed for her to access Direct Payments.

Social Services agreed direct payments at panel and the Carer is now looking for a care worker through Penderels to entitle her to have regular breaks from her caring role." Case study, Third sector organisation.

"Someone's life can change within seconds…from being and industrious person who has travelled the world to be a mother with a child with additional needs – I can no longer work full time since I have so many medical appointments – Audiology, Cardiology, Language Therapy, Paediatrics etc, I have attended so many hospital appointments with I that I have lost count, this in turn having a Financial effect on me…Working part time can be a struggle…particularly if I is unwell (lack of sleep)…but as a parent the "Carer's Allowance" is far from sufficient and I feel that there is no other option but to work. It can also be difficult to find work since I am dependent on my employer to have an understanding of my situation as a carer." Parent *Carer's story, Gwynedd.*

### Rural issues

Carers living in rural areas wish to receive the same level of service as carers living in towns.

Carers report that living in rural areas creates problems for them in terms of:

- Accessing support or carer breaks
- Travel time being taken out of the time allocated for direct service
- Isolation

*“There are no learning disability facilities, support group activities for my daughter to attend in Llangollen although there appears to be far more in Denbigh and some in Ruthin, but she is unable to get transport to these places.” Carer, Denbighshire*

Carers have noted that travel time when replacement care is arranged is not factored in. Replacement care maybe arranged for three hours, but in rural locations it may take the carer a large proportion of time to travel to the closest shops/activities etc and they then only get a short amount of time to do what they want to do. Problems are compounded in rural areas; simple tasks such as picking up prescriptions, appointments, travelling can be very difficult for the carer. Carers contributing to this work in North Wales discussed the possibility of a rural carers’ assessment component and that a premium for rural replacement care is reflected. Contingency planning in rural areas can be particularly difficult.

## Conclusion

Carers’ stories demonstrate that care giving, as well as being a practical function, is also an emotive role, with carers reporting feelings of guilt, loneliness, anxiety, worry, distress, isolation, fear, frustration, difficulty in dealing with change and transition. Some carers may also experience feelings of denial surrounding their cared for person’s condition. These feelings will occur at different times within the carer’s timeline of experience, and each carer will require bespoke support.

Listening to carers’ stories and experiences provides an insight into their lives, demonstrates the importance of support, and emphasises issues involved with the caring role. This work has helped partners ensure that services are designed with the carer at the centre.

Work needs to continue to listen to carers and to gather their stories. This will help us measure what progress we are making and understand about what works well, what is appreciated and what we need to to do change or improve services.

The contribution of carer stories and case studies is greatly valued and appreciated and many thanks are extended to all carers and professionals who have been involved.

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**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

# Carers' strategy: mapping carers journeys report

June 2018

## Introduction

As part of the discussions on the North Wales Regional Partnership's Carers Work stream, it became apparent that in order to understand better what carers' experiences of current services are, that it would be useful to map their journeys.

The purpose of mapping carers' journeys was to:

- Establish to what extent the carers' experiences are different to the process
- Identify who in the process can support carers
- Understand what needs to change and improve

## Method

In order to complete this work, we worked with our local authority and health partners to look at carers' cases. This work focused on carer journeys through statutory services including how well services worked with the third sector to provide what matters to carers.

The time available meant that only a small number of cases could be looked at.

Conwy: 3 cases – carers of older people

Denbighshire: 1 case – carer of individual with learning disability

Wrexham: 1 case – carer of an older person

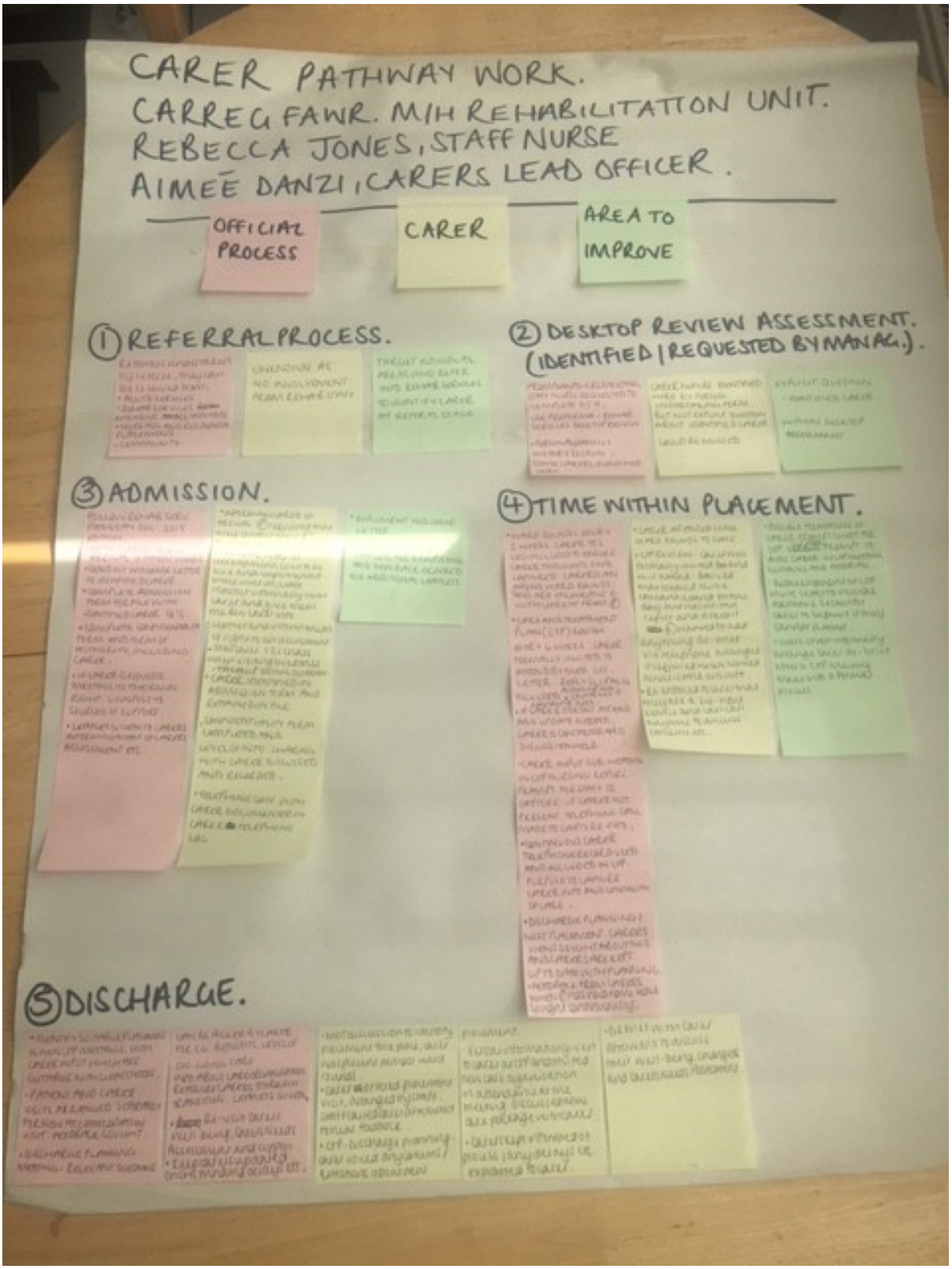
BCUHB – 1 case – mental health rehabilitation patient, Llanfairfechan

In Gwynedd, we looked at the support service for mental health service user in one area of the county and understood its impact on a small number of cases.

The journey mapping task had two aspects to it:

1) Mapping the process
2) Mapping how the individual goes through the process (the carer's journey)

Working with relevant professionals in local authorities and health, we understood from their experiences and from case files and notes how things are for carers. As discussions took place, the process and carer's involvement was documented on paper, leading to a discussion on how things could be improved. An example is included below.




It is important to emphasise that the case examples taken were not representative of the whole carer population across the region. They were however, drawn from different service areas across North Wales and provided an opportunity to learn from individuals' experiences.

## What the journey mapping tells us

The work demonstrates individual carers' journeys and has been useful to add to the qualitative evidence partners have already drawn together in the carers' stories and case studies.

From this work we have been able to understand better how things are for carers and learn what's working well, what could work better, and what needs to change. All of this has been considered alongside other things that we have learnt from carers.

Although the journey mapping work looked at a small number of carers' cases across the region, it reflected the following:

### About the carer:

- That many carers refuse a carers assessment. This may be partly because may carers consider themselves a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, rather than as a carer.
- That carers tend to wait until they reach crisis point until they contact social services
- That carers are grateful for the support that they do receive and do not tend to ask for more
- That carers are ready to provide their feedback and opinion on the sufficiency of the service that they receive when invited to do so
- That person centred reviews focusing on what's going well, and what's not going well are beneficial to the carer
- That there are examples of carers making self-referrals to the Single Point of Access Service (SPOA)
- That carer involvement may at times lead to carer overwhelm
- That carers need emotional support

### About local authority and health services:

- There are examples of SPOA services and GPs working well in identifying carers and having 'what matters' conversations with them
- That there is good practice in terms of carer engagement within BCUHB, e.g.treating the carer as an equal partner, welcoming the carer, providing information, documenting family circumstances, inviting the carer to talk, involving the carer in discharge planning, carer viewing of the person cared for's accommodation, involving the carer in the person cared for's treatment planning

- That it is important in some cases to meet the carer outside of the home environment and to ask their preferred method of communication
- That Direct Payments work well to offer flexibility to carers and in avoiding over prescribing of carer breaks (i.e. a set number of hours delivered by a contracted provider)
- That getting the right support for the person with learning disabilities can be crucial to the well-being of the carer. In one case the person cared for was eligible for an integrated care and support plan. Once that was in place the carers' well-being outcomes were able to be met with some support from the third sector and by signposting to other support in the local community.
- That advocacy is important to make sure the wishes and needs of the carer and the person being cared for are fully considered
- That there are examples of 'sitting' services providing additional services for the person cared for, e.g. taking them on outings, making the most of the time with the person cared for
- That there is a gap in carer break 'sitting' services for mental health service users
- The term 'sitting service' may be misleading; whilst a sitting service is not the same as replacement care, it does however refer to a service that regularly offers more than sitting with the person cared for
- That group support in mental health services cannot work in areas where the population is more dispersed and depends on one to one support services
- That carers are referred for expert information and assistance to the third sector organisations

**About our workforce:**

- That good quality services are provided by carer aware professionals who are committed to their work and to thinking creatively to tailor the service around the person cared for and carer
- That committed and dedicated professionals can add value to services and think outside 'process pathways' in order to create a pathway that suits the individual carer and person cared for
- That there are several points along the person cared for's journey where practitioners need to consider the carer, offer a carers assessment and check how the carer is coping or whether anything has changed. We saw good examples of this.
- That auditable formal carer pathways supported by the guiding principle of placing the carer at the centre of the service may facilitate culture change

- Although professionals can work to ensure that the carer pathway is a smooth one within their service, the carer may not have had a positive experience prior to their encounter with that service, or after their encounter with that service
- That good communication between the professional who is supporting the carer and professionals who are supporting the person cared for is crucial
- That supporting the carer to become more confident, promote their independence, maintain their identity and maintain and build resilience is important
- That social services link with third sector support services and other services (e.g. OPUS) where it's been identified that that is useful but that professionals need to be reminded and updated of third sector support that is available

## To what extent are the carers' experiences different to the process?

Whilst there are clear processes within health and social services to establish what matters to carers and to support them, the work undertaken suggests that the most important aspect is to be carer aware, to be guided by the needs of the carer and to work together with the carer and person cared for, placing them at the centre of the service.

## Who in the process can support carers?

Different areas of service may be providing good quality services for carers, however, it is important that the experience of the carer is consistent throughout their journey. This may mean looking at the consistency of the carer's experience within one organisation as well as along a journey where the carer will be coming into contact with different organisations.

## What do we need to do to change and improve?

- Further work needs to take place to understand the reasons why individuals with caring responsibilities refuse carer assessments
- Look at the possibilities of Direct Payment to enable flexibility in carer break services for carers
- Work in partnership to ensure that the carer journey is a smooth and seamless one from their first encounter with services that might be able to support them
- Ensure that carers are supported in their involvement with services, e.g. through briefings and de-briefings, and staff prompts where appropriate
- Consider whether carer champions within organisations would be helpful
- Consider the possibility of extending the principles of Triangle of Care (which have been piloted in BCUHB mental health services) to other service areas
- Ensuring that professionals are aware of third sector and other support services available to carers

- Consider how well the processes work when people move from one local authority to another.

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**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

# Carers' strategy: resource mapping

May 2018

## Introduction

This resource mapping was carried out as part of the Regional Partnership Board's carers work stream. The aim was to identify the services available for carers in North Wales, the main funders and an estimate of the amount of investment.

The project scope was to include services provided specifically for carers, although we know that many of the services that are provided for the person cared for also have beneficial personal well-being outcomes for carers.

The mapping gives us a snapshot of the resources available at the time the data was collected.

### What the mapping can tell us

- It can provide an overview of the services available for carers in North Wales and an estimate of the investment in those services.
- It can facilitate an understanding of how current investments support what carers are telling us that matter to them.
- It can be used alongside the agreed 'offer for carers in North Wales' to highlight gaps where more provision may be needed to provide consistent services for carers in North Wales.
- It can help to identify opportunities to better co-ordinate services supported by different organisations.
- It can highlight areas we need to investigate further.

### What the mapping can't tell us

- It can't tell us whether there is enough provision or investment in each area to align with what carers are telling us that matter to them.
- It can't tell us whether there is duplication between services. It can highlight areas to investigate but similar services in the same location may be reaching different groups of people or with different preferences or slightly different needs.

- It doesn't give us an up-to-the-minute picture of carers' services. Due to the constantly changing nature of services we have provided a snapshot at a particular point in time.
- It can't give us a full picture of the investment in carers' services. The way some services are funded made it difficult to identify exactly what funding was supporting carers directly, so there will be some undercounting.
- It can't tell us what should change as a result. This data only forms part of the picture and needs to be considered alongside carers' stories, feedback from the workshops, commissioners, the population assessment findings and so on. The analysis needs to involve all partners to co-produce recommendations.

## Methods

A form was circulated to partners in North Wales during 2017 asking what services were available in the area (see Appendix (i)). This information was then collated into a spreadsheet and circulated to local authority and health commissioners and service providers including third sector organisations for checking. A draft version was discussed at the carer's workshop on 19 March which included members of the Carers Strategic Group, Carers Operational Group, Young Carers and young adult carers sub group and Carers Reference Group. There was an opportunity to make further amendments after the event until 30 March 2018.

## Findings

Appendix (ii) shows an overview of services in North Wales. This shows a wide range of information, advice and assistance available across North Wales to support carers. It also identified gaps, including the lack of a hospital liaison post at Ysbyty Glan Clwyd and that employment support projects for carers are available across North Wales apart from in Wrexham. While there are generic services for carers of individuals with substance misuse problems, the resource mapping didn't demonstrate that there were specific services for these carers. There were also a number of different projects offering information and advice to carers of people living with dementia across North Wales, which may mean a risk of duplication.

Analysis of the investment in services found over £5 million of investment into services for carers across North Wales as shown in table 1. The funding comes from both statutory and third sector organisations (see table 3). This is an underestimate of the total funding available due to the difficulty of separating out the funding directly supporting carers in some contracts.

**Table 1:** Investment in carers services by service type

| Service type | Service Cost (£ each year) |
|---|---|
| Assistance and support | 2,100,000 |
| Carer breaks | 1,400,000 |
| Young carers | 1,000,000 |
| Carers information and advice | 660,000 |
| Total | 5,200,000 |

*Data has been rounded so may not sum*

Table 2 shows that around half of the funding identified is available to support all carers. Just over £1 million is available to support young carers and £600,000 is available to support parent carers. The majority of investment in services based on specific conditions is to carers of people with dementia, followed by mental health.

**Table 2:** Investment in carers services by carer group (needs of the person cared for)

| Carer group | | Service Cost (£ each year) |
|---|---|---|
| All carers | | 2,600,000 |
| Young carers | | 1,000,000 |
| Carers of people with a specific condition | | 930,000 |
| Dementia | 550,000 | |
| Mental health | 370,000 | |
| Neurological conditions | 12,000 | |
| Parent carers | | 600,000 |
| Total | | 5,200,000 |

*Data has been rounded so may not sum*

The majority of funding comes from local authorities as shown in table 3, with a significant amount raised by third sector partners through grants and other fundraising. Funding from Welsh Government includes funds distributed through local authorities and the health board such as Carers Transitional Funding, Families First, ICF and Welsh Government.

**Table 3:** Investment in carers services by type of funder

| Type of funder | Total |
|---|---|
| Local authority | 3,000,000 |
| Third sector grants and fundraising | 800,000 |
| Welsh Government | 580,000 |
| Health Board | 520,000 |
| Chargeable services | 65,000 |
| Total | 5,200,000 |

*Data has been rounded so may not sum*

The data collection included end dates of contracts where known which highlighted the insecurity of much of the funding. The full spreadsheet has been made available to local authority and health commissioners to support local commissioning.

# Appendix i: Resources for carers questionnaire

| | |
|---|---|
| Gwasanaeth/ **Service** | |
| Darparwr/**Provider** | |
| Disgrifiad byr o'r gwasanaeth/<br><br>**Brief description of the service** | |
| Canllawiau mynediad i'r gwasanaeth/<br><br>**Eligibility criteria** | |
| Sut i gyfeirio i'r gwasanaeth/ **How to refer to the service** | |
| Oriau gwasanaeth/ **Hours of service** | |
| Lleoliad y gwasanaeth/ **Location of service** | |
| Iaith/ **Language** | |
| Lefelau Staffio/ **Staffing Levels** | |
| Cyfyngiadau/ **Constraints** | |
| Cost Gwasanaeth/ **Service Cost** | |
| Dyddiad diwedd y cytundeb/ **Expiry date of contract** | |
| Incwm a ffynhonnell / **Income and source** | |
| Unrhyw fater arall/ **Any other issues** | |
| Darparwyd yr wybodaeth gan/ **Information provided by** | |

# Appendix ii: Overview of carers' services in North Wales

| Type of support | Services available | Summary/gaps | Anglesey | Gwynedd | Conwy | Denbighshire | Flintshire | Wrexham |
|---|---|---|---|---|---|---|---|---|
| Information | Local authority: websites, leaflets | Information provided on local authority websites, and through leaflets for carers | Available | Available | Available | Available | Available | Available |
| | Carers organisations: leaflets, packs, specialist information | General information as well as information on specific conditions provided by third sector organisations. | Available | Available | Available | Available | Available | Available |
| | Dewis Cymru | Information about well-being and local services. | Available | Available | Available | Available | Available | Available |
| | Specialist organisations: information on specific conditions | Information provided by specialist organisations on specific conditions, with general information available on websites, with some local projects providing additional support. | Available | Available | Available | Available | Available | Available |
| | Dementia carer information | National and local information as well as coping strategies provided to improve family, friends' and carers understanding of dementia. | Available | Available | Available | Available | Available | Available |
| | Hospital liaison posts | Hospital liaison posts in Ysbyty Gwynedd and Wrexham Maelor. No post at Ysbyty Glan Clwyd. Access to the service is determined by which hospital people attend rather than where they live e.g. someone from Conwy attending Ysbyty Gwynedd could still access the service. | Available | Available | | | Available | Available |
| | GP Liaison and hospital discharge: social prescribing; local area coordination | Service provided to facilitate the early identification of carers, carer support at the point of discharge. Also, community based services provided for carers to access support and well-being services locally. These services may be known under different names locally, and also have different models of delivery. | Available | Available | Available | Available | Available | Available |
| Advice | Single Points of Access to health and social care | Provided by local authorities/health across North Wales together with third sector organisations. | Available | Available | Available | Available | Available | Available |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Carers advice and information projects | Provided by third sector organisations as well as in-house teams. | Available | Available | Available | Available | Available | Available |
| | Money and benefits advice | Welfare advice for carers provided either through local authorities, carer third sector organisations or by signposting to other providers of welfare rights services. | Available | Available | Available | Available | Available | Available |
| Assistance and support | Advocacy | Advocacy provided through specialist advocacy services for carers. Third sector organisations also provide informal advocacy for carers. Advocacy covers a range through from informal to formal advocacy, with a service available specifically for young carers. | Available | Available | Available | Available | Available | Available |
| | Assessment of carers' needs | Local authorities, with one local authority commissioning a third sector organisation. Although third sector organisations may also be providing informal assessments of carers' needs, which may reduce the demand for formal local authority needs assessments, these are not included in the needs assessment data. | Available | Available | Available | Available | Available | Available |
| | Direct payments, support budgets | Offered by local authorites. The way they are promoted and used varies across counties. | Available | Available | Available | Available | Available | Available |
| | Carers' emergency support | Type of emergency support may vary across counties. It is unclear to what extent contingency arrangements are in place in various areas when carers fall ill or are no longer able to care. | Available | Available | Available | Available | Available | Available |
| | Carers grants | Provided through third sector organisations across the region. Third sector organisations also can provide access to other sources of grant funding. | Available | Available | Available | Available | Available | Available |
| | Carer breaks | Provided by third sector organisations and/or domiciliary care providers, across North Wales. | Available | Available | Available | Available | Available | Available |
| | Carer peer support and networking | Provided by third sector carer organisations and condition specific organisations, also providing an element of respite. | Available | Available | Available | Available | Available | Available |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Training | Provided by third sector carer organisations and condition specific organisations. | Available | Available | Available | Available | Available | Available |
| | Emotional support and counselling | Third sector carer organisations and condition specific organisations offer emotional support across North Wales. Counselling is offered through carer organisations in some areas. Counselling is also available for young carers. | Partly available | Partly available | Partly available | Available | Available | Available |
| | Changes and transitions | Local authorities, third sector carer organisations and condition specific organisations. Type of support may vary across counties and could involve emotional support and counselling. Peer support and networking will also support carers in times of transition. | Available | Available | Available | Available | Available | Available |
| | Support to access employment | Provided through an European Funded project in some areas, as well as through a third sector organisation. Support to access employment is unavailable in Wrexham. | Available | Available | Available | Available | Available | |
| | Support to access social/leisure activity | Could include discounted leisure membership, support with costs, information about informal social/leisure activities. Provided by local authorities, third sector carer organisations and condition specific organisations. Type of support may vary across counties and based on 'what matters' conversation. | Available | Available | Available | Available | Available | Available |
| | Health and well-being | Whilst carers' well-being will be an integral part of their needs assessment, services recognised as services to support well-being will vary. One local authority area employs an officer to support the local authority's duty to focus on the well being of carers. The lottery funded project in the North East places an emphasis on supporting carers' well-being. | Available | Available | Available | Available | Available | Available |
| | Whole family support | Local authorities, third sector carer organisations and condition specific organisations. Type of | Available | Available | Available | Available | Available | Available |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | support may vary across counties and based on 'what matters' conversation. | | | | | | |
| | Housing support | Not aware of direct housing support but carers' organisations will signpost to other organisations. | | | | | | |
| | Support to access / maintain attendance at school (young carers) | Provided by third sector organisations working with young carers. Pilot project underway with some schools in North Wales. | Available | Available | Available | Available | Available | Available |
| | Support for young carers | Provided by third sector organisations across North Wales. | Available | Available | Available | Available | Available | Available |
| Carers shaping policy and services | Opportunities to be involved in shaping policy and services | Regional carers reference group. Local opportunities through local partnerships, local authorities and health and third sector organisations. Type of opportunities vary across counties. | Available | Available | Available | Available | Available | Available |

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**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Carers Strategic Group Action Plan – June 2018

Carers have a key role in the health the health and social care environment in Wales and need to be recognised and valued for the support they provide. They themselves also need support in this vital role, and local authorities should therefore help ensure that carers are able to live their own lives as independently as possible. This is also in line with the Social Services and Well Being (Wales) Act 2014 (SSWBA) which legislates for enhanced rights for carers and simplifies and consolidates the law, giving them for the first time equivalent rights to the person they care for.

**The action plan is based on:**

The offer for carers in North Wales as agreed at the Workshop on 19 March 2018 – Regional standards, local commissioning

i) The Welsh Government's national priorities for carers:

- Supporting life alongside caring – all carers must have reasonable breaks from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring
- Identifying and recognising carers – fundamental to the success of delivering improved personal well-being outcomes for carers is the need to improve carers' recognition of their role and to ensure they can access the necessary support
- Providing information, advice and assistance – it is important that carers receive the appropriate information and advice where and when they need it

ii) The North Wales Population Assessment Regional Plan 2018-2023

The action plan reflects the regional standards, local commissioning approach involved in the offer for carers. The carers offer has been ageed as a region, with much of the delivery happening on a local level led by local organisations. This group will have a role in monitoring progress, providing support and facilitating joint work where appropriate, with the North Wales Carers Operational Group collaborating to deliver services which meet the offer for carers and identifying opportunities to work better together.

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | **The offer for carers** | | | | | |
| **1.** | **Carers views and knowledge are sought to co-produce plans and strategies** | For carers to be involved in the design of services | All partners | WG survey undertaken by local authorities<br><br>Patient satisfaction survey undertaken by BCUHB<br><br>Case studies collected as part of monitoring services | Information from case studies and surveys to be reviewed and used to inform the carers strategy in North Wales. | |
| **2.** | **Carers being involved in local decision making** | Agencies designed to give carers a voice in local decision making and make sure all services in the area become more carer-aware and carer-friendly | All partners | Evidence needed to establish current situation | Links to be made with Public Service Boards and their Well-being plans | |
| **3.** | **Policy and Practice Protocols** | Policy and practice protocols on | All partners | Confirmation needed of current situation and sharing of | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | confidentiality and sharing information are in place. | | information arrangements | | |
| **4.** | **Success measures** | Success measures are available to inform the progress of the carers strategy | All partners | | Carers strategy measures to be adopted | |
| | **Social Services and Well Being Act 2014** | | | | | |
| **5.** | Specialist advocacy available | All carers in North Wales to be able to access specialist advocacy, including for Continuing Health Care and for young carers | Local authorities, BCUHB | Informal advocacy available, with need to ensure that formal advocacy support is available across the region | Increased understanding needed of why carers need advocacy, with a view to learning and improving the way services are provided, which could lead in reduced demand for advocacy.<br><br>To consider the possibilities of support for self-advocacy. | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | **Population Needs Assessment** | | | | | |
| **6.** | **Flexible carer break provision** | The need for carers to access flexible and bespoke breaks in accordance to what matters to them | Local authorities<br><br>Health<br><br>Third sector | Discussion held with NWASH regarding the possibilities of more innovative use of Direct Payments to support carer breaks.<br><br>NWCOG work programme in action: Contributing to National Carers Officers Learning and Improvement Network work stream on alternative carer breaks.<br><br>Third sector innovative carer break projects.<br><br>Local initiatives as part of third sector led projects | Local discussions needed to build business cases locally for using Direct Payments to facilitate flexible carer breaks. | |

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| | | | | Social prescribing/community navigators | | |

CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE





# North Wales Carers Operational Group Action Plan – April 2018

Carers have a key role in the health the health and social care environment in Wales and need to be recognised and valued for the support they provide. They themselves also need support in this vital role, and local authorities should therefore help ensure that carers are able to live their own lives as independently as possible. This is also in line with the Social Services and Well Being (Wales) Act 2014 (SSWBA) which legislates for enhanced rights for carers and simplifies and consolidates the law, giving them for the first time equivalent rights to the person they care for.

**The action plan is based on:**

The offer for carers in North Wales as agreed at the Workshop on 19 March 2018 – Regional standards, local commissioning

i) The Welsh Government's national priorities for carers:

- Supporting life alongside caring – all carers must have reasonable breaks from their caring role to enable them to maintain their capacity to care, and to have a life beyond caring
- Identifying and recognising carers – fundamental to the success of delivering improved personal well-being outcomes for carers is the need to improve carers' recognition of their role and to ensure they can access the necessary support
- Providing information, advice and assistance – it is important that carers receive the appropriate information and advice where and when they need it

ii) The North Wales Population Assessment Regional Plan 2018-2023

The action plan reflects the regional standards, local commissioning approach involved in the offer for carers. The carers offer has been ageed as a region, with much of the delivery happening on a local level led by local organisations. The North Wales Strategic Group will have a role in monitoring progress, providing support and facilitating joint work where appropriate, with the North Wales Carers Operational Group collaborating to deliver services which meet the offer for carers and identifying opportunities to work better together.

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | **The offer for carers** | | | | | |
| **1** | **Carers and the essential role they play are identified at first contact or as soon as possible thereafter** | Need to identify, support and signpost carers at the earliest point | Local authorities<br><br>Health | Unclear whether all carers are identified.<br><br>Some carers do not wish to be identified.<br><br>Mapping carer pathways<br><br>Triangle of care work incorporates this and is implemented in mental health services (BCUHB) | Extension of Triangle of Care work to Acute services, Community Mental Health services and Dementia services. | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | | | | Acute hospital discharge support has been strengthened with support available in all 3 hospital sites<br><br>GP facilitator work under review | Exit strategy needed<br><br>Data needed on GP/community hospital model under pilot in NEWCIS<br><br>Synergy in outcomes and outputs.<br><br>Royal College of General Practitioner resources to be looked at as well as the possibility of designing | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | | | | | posters to be displayed in GP surgeries. Need to work towards standards for GPs.<br><br>Letter to be drafted from the RPB to GPs from the partnership board stating what the offer for carers from the primary carer needs to be and what the benefits to them are. Copy to staff.<br><br>A statement to be made to carers stating what they can expect. | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| 2 | **Carers' views and knowledge are sought, shared, used and regularly updated as overall care plans and strategies take shape** | Need to involve carers in the planning of services, also as part of the evaluation of locally run projects | Local authorities<br><br>Health<br><br>Third sector organisations | Local partnerships, local engagement and strategy development work involves carers<br><br>Partnership Carers Reference Group meets regularly<br><br>Case studies are collated<br><br>Surveys – Partnership and local authorities for WG statistics | | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | | | | | | |
| **3i)** | **Staff are 'carer aware' and trained in carer engagement strategies** | Staff need to be aware of and welcome the valuable contribution carers can make and be mindful of carers' own needs. Staff need knowledge, training and support to become carer aware. | Local authorities<br><br>Health | Training available, but unclear as to whether this is consistent across services.<br><br>Triangle of care incorporates training needs<br><br>Social Care Wales have commissioned Carers Wales to co-produce a new national online carers awareness training which will be appropriate for health, local authority and third sector workers. | Training needs analyses needed. | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| **3ii)** | **Carers' training needs are being addressed** | Training needs of carers to be fed into the Social Care Workforce Development Plan (SCWDP). | Local authorities | Training delivered for carers by third sector organisations.<br><br>Carers have access to SCWDP training. | Carer training needs should be incorporated into SCWDP, with consideration given to training already provided by third sector | |
| **4** | **Policy and practice protocols on confidentiality and sharing information are in place.** | Staff need to be confident in sharing of information with carer | Local authorities<br><br>Health | Triangle of care incorporates understanding of confidentiality and sharing of information. | | |
| **5** | **Defined post(s) responsible for carers are in place (carers leads)** | Role of carer lead officer needs to be able to influence discussions on strategic direction within organisations. | Local authorities<br><br>Health | Each local authority has a carers lead officer post. Responsibilities vary from area to area. | Post of BCUHB lead officer needs to be funded from core budget. | |
| **6** | **A carer focused introduction to the service and staff is available, with a relevant** | Carers need to be thought of on an equal basis | Local authorities<br><br>Health | Carer leaflets available from local authorities. | Understanding needed of gaps in provision. | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | **range of information across the care pathway.** | as the person cared for | | Triangle of care incorporates a standard for introductory materials | Audit needed, as part of Triangle of care work where possible. | |
| **7** | **A range of carer support services is available.** | Capacity to provide bespoke services to carers according to what matters | Local authorities<br><br>Health<br><br>Third sector | A range is available across North Wales, with differences from area to area in terms of how service is delivered. | Local partnerships to work together to ensure that support services are commissioned in response to what matters to carers. | |
| | **Social Services and Well Being Act 2014** | | | | | |
| **8** | **Carers' needs assessments** | To carry out needs assessments where a carer appears to have support needs and to conduct regular reviews | Local authorities | Needs assessments carried out, but lack of clarity and consistency in data.<br><br>One authority commissions a third sector provider to carry out assessments on its behalf | Link to carer surveys. What are carers telling us about the sustainability of their caring role. | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| 9 | **Advocacy** | Independent professional advocacy as well as informal advocacy | Local authorities | A range of advocacy services are available. | | |
| | **Population Needs Assessment** | | | | | |
| 10 | **Flexible carer break provision** | The need for carers to access flexible and bespoke breaks in accordance to what matters to them | Local authorities<br><br>Health<br><br>Third sector | Contributing to National Carers Officers Learning and Improvement Network work stream on alternative carer breaks.<br><br>Third sector innovative carer break projects.<br><br>Local initiatives as part of third sector led projects | | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | | | | Social prescribing/community navigators | | |
| **11** | Supporting carers in employment | Employers to develop | Local authorities<br><br>Health<br><br>Third Sector<br><br>Carers Wales | Carers Wales Employers for Carers scheme underway.<br><br>BCUHB policy for carer absences adopted but not implemented.<br><br>NEWCIS Carer Friendly Employment Recognition Standards available | | |
| **12** | Young adult carers supported | Bespoke support needed for young adult carers | Third sector<br><br>Local authorities<br><br>Health | Gaps in services identified, namely more intensive and tailored support around employment, training, confidence building and housing. | Consider the possibility of a third sector led a regional bid to the People and Places lottery fund to improve services for | |

| | INDICATOR/RISK | NEED | LEAD/KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| | | | | | young adult carers. | |

CYDWEITHREDFA GWELLA GWASANAETHAU GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

## North Wales Young Carers Operational Group: Action Plan January 2018

Welsh Government defines young carers as carers who are under the age of 18. The Code of Practice for Part 3 of the SSWWA 2014 defines young adult carers as being ages 16 to 25. This action plan is inclusive of the needs of all young and young adult carers up to age 25 years.

The needs and indicators have been extracted from Annex 1 of Code of Practice on the exercise of social service functions in relation to Part 3 SSWWA 2014 (COP) http://gov.wales/docs/dhss/publications/151218part3en.pdf and from the North Wales Population Needs Assessment Carers Chapter https://www.northwalescollaborative.wales/wp-content/uploads/2017/04/7-Carers-chapter.pdf pages 223-230 (PNA).



**Guiding Principles of the North Wales Young Carer Action Plan.**

- That the action plan is based on what matters for young carers/young adult carers
- That we involve young carers/young adult carers in service design
- That we develop robust, sustainable and flexible services in partnership to support young adult carers

| | INDICATOR / RISK | NEED | LEAD/ KEY PARTNER | WHERE ARE WE NOW? | FUTURE ACTION | PROGRESS R/A/G |
|---|---|---|---|---|---|---|
| 1 | The individual is/will be unable to access support to maintain or develop family or other significant personal relationships (COP) | Need for peer support, counselling and carer break services (PNA) | Local Authority<br><br>Health<br><br>Carer support services. | Additional carer break funding for LA`s.<br><br>School counselling services do exist. | Strengthen link with CAMHS and ACEs leads.<br><br>Link in with MH Primary Care and Well-Being pathway. | |

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| | | | | YC and schools based services re: peer support.<br><br>Carer support services provide the majority of support. | Map how available formal counselling is.<br><br>Query: Health Representative from Childrens Services. | |
| 2 | The individual experiences loss of control, or is likely to experience loss of control, over their immediate environment and/or day-to-day life including financial stability.(COP) | Young carers may feel insecure about their housing as they are not able to receive benefits or take on responsibility for paying council tax themselves (PNA) | Local Authority<br><br>Carer support services. | Currently we don't know we need to explore: Links with housing, contingency planning YC services, access to benefits advice, welfare rights etc? | Work with L/A to research need and uptake for tenancy/housing related support for YC.<br><br>Map what services are available and is there a need? | |
| 3 | The individual is unable to undertake, or is likely to be unable to undertake family and social roles and responsibilities that enable them to meet personal well-being outcomes for themselves or others (COP). | Need for carer breaks and opportunities to socialise (giving them time to be a child) (PNA) | Local Authority<br><br>Carer support services. | YC services and LA provide these provisions.<br><br>What is the current uptake of Carers Assessment? Carers assessments should identify and signpost to achieve these personal | YC Services to adopt regional Young Carer Assessment protocol currently being developed (Vicky Allen) | |

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| | | | | well-being outcomes. | | |
| 4 | The individual's social support systems are or could be at risk (COP). | Preventative measures to prevent the social support systems becoming at risk (PNA) | Local Authority<br><br>Carer support services. | Team Around the Family (TAF)/Team around Child (TAC); Family Group meetings; and YC services address these issues. | Further work to be done around community support and inclusion. | |
| 5 | The individual is unable to attain or experience good physical and/or mental health (COP). | Need for support to improve resilience, emotional wellbeing and self-esteem. Need for peer support networks with other young carers who understand. Counselling services and support with their own health needs (PNA) | Health<br><br>Local Authority<br><br>Support services. | YC Services and School based counselling. Some discounted leisure centre access. | Further work to be done with CAMHS, primary mental health services and GPs.<br><br>Updated mapping of current leisure opportunities for YCs<br><br>Training opportunities on-line re: Mental Health information and resilience. What else is available? | |
| 6 | The individual is/will be unable to access and engage in work, training, education, volunteering or | Need for support with education and learning<br>Young adult carers miss or cut short on average 48 days of | Local Authority<br><br>Education services.<br><br>Carer support services. | YCiS programme.<br><br>Pilot YCiS in primary schools from Transitional Funds. | Potential to work with Pupil Referral Service and Careers service to capture YC`s in transition? | |

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| | recreational activities (COP).. | school each year (nearly 5 weeks). This among other factors can have a negative impact on achievement and future attainment (PNA). | | | Make links with Challenge Advisors.<br><br>Need to establish links with Directors of Education and Cluster Leads to be involved in this work. | |
| 7 | Lack of awareness and respect by some professionals, particularly in health (PNA) | Need for advocacy, especially when dealing with professionals in order to have their voices heard (PNA). | Local Authority<br><br>Health | YC Services<br><br>National ID card being proposed by WG.<br><br>Childrens Advocacy Service (unclear if this is open to YCs)<br><br>Training and promotion in and for primary care health professionals ongoing.<br><br>Medicines management<br><br>Triangle of Care | Advocacy for YC as with adults? Potential to map<br><br>Triangle of care approach for YC`s in MH<br><br>WCPPE leading on work around training on medicines management for YCs | |
| 8 | Accessible user friendly information | Access to appropriate | All Partners. | YC services | SS&WB ACT General Functions | |

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| | either online or one to one without using jargon (PNA). | information, advice and assistance (PNA) | | Local Authority IAA systems<br><br>Health support and further IAA internally. | 350. In addition, alignment to the standards within the National Standards and Quality Assurance Framework for Information Services for Young People is recommended. http://www.promo-cymru.org/resources-2/national-standards-quality-assuranceframework<br><br>Promote information for YC in the wider community. | |
| 9 | Problems making GP appointments and wider issues within primary care services (PNA) | Improve identification and understanding within primary care (PNA). | Health<br><br>Carer support services. | Targeted interventions and GP facilitators work on-going.<br><br>New model of primary care facilitators being assessed to see if this has a better impact. | Governance around accessible healthcare and how we can promote from this angle.<br><br>Continued engagement with managed practices to show the benefit of engaging with YC`s. | |

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| | | | | | Targeted campaigns for GP`s, checklist why beneficial to be inclusive. | |
| 10 | Very young carers, those under the age of eight, are at particular risk and have been excluded from some young carers' assessments and services in the past on the grounds that a child under eight shouldn't have any caring responsibilities (PNA). | Commissioners need to make sure there is support in place for these young people whether through young carers' services or other services for vulnerable children (PNA). | All Partners. | Work with primary schools via YCiS programme and YC services.<br><br>YC services some working from age 5.<br><br>Eligibility for care and support Part 3 | Establish better and targeted links with Health visitors, school nurse and GPs.<br><br>Map the discrepancies within YC services.<br><br>Link with private nurseries who may not be linked in to wider work stream.<br><br>Child in Need/ child at Risk; are their caring roles being capture if there is already a primary need? | |

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**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

## North Wales Carers Reference Group (CRG). Action Plan January 2018-January 2019

| *Item* | *Action* | *Responsible* | *Deadline* | *Progress* |
|---|---|---|---|---|
| Regimentation and institutionalisation of support services offered to carers. Carers wish to be offered a personalised and bespoke package of wrap around care. | • Inform the Regional Leadership board of case studies and examples highlighting this issue.<br>• Continue to challenge old behaviours within Local Authority and Health Boards.<br>• CRG members to bring issues to the attention of the CRG so that issues can be tackled in order to change culture and processes. | ALL<br><br>ALL | Ongoing. | • Informed Regional Leadership Group of this issue at the CRG Workshop on 16th November 2017.<br>• This has also been completed by professionals in their engagement with the Regional Leadership Group.<br>• This has been captured by the Regional Business Manager and put forward in her mapping report.<br>• This has been captured within our collection of carer's stories to inform the Regional Leadership Group.<br>• Education around this is ongoing within the Health Board and Local Authority.<br>• CRG members bring specific issues to the group and ones that can be tackled are handed over to the appropriate person to be deal with. |
| Encourage early identification and intervention for the carer and person cared for to take the pressure off carers. Good quality | • Educate Health staff.<br>• Educate Local Authority staff.<br>• Develop a package of training for all health and social care staff to ensure consistency in awareness and provision. | Health Board<br>L/A`s<br>ALL | Ongoing<br>Ongoing<br>March 2018 | • Ongoing awareness raising and training being undertaken in BCUHB. Also looking at audits and opportunities for procedural change to improve identification of carers and what staff do with this information once captured.<br>• Mandatory training for LA staff on the SSWWA 2014 and ongoing training being delivered |

| *Item* | *Action* | *Responsible* | *Deadline* | *Progress* |
|---|---|---|---|---|
| education and training for health care professionals around carers issues. | | | | across the region. Still inconsistencies in each L/A.<br>• Social Care Wales are developing a National training package for all health, LA`s and social care workers to utilise. All partners have been collaborated with and a draft version is due to be circulated early next year. |
| Eliminate geographical barriers and information sharing barriers between services. In order to foster a climate of partnership and integration. | • Inform the Regional Leadership Group of this issue.<br>• Promote consistency with services across geographical areas.<br>• Allow LA`s and third sector organisations to work more closely together. | ALL<br><br>ALL | Ongoing | • Informed Regional Leadership Group of this issue at the CRG Workshop on 16th November 2017.<br>• This has also been completed by professionals in their engagement with the Regional Leadership Group.<br>• This has been captured by the Regional Business Manager and put forward in her mapping report.<br>• The Regional Leadership Group has recommended that carer's services budgets are pooled. Not only will this spread the funds we have further, but this will promote cross boundary working. |

| *Item* | *Action* | *Responsible* | *Deadline* | *Progress* |
|---|---|---|---|---|
| Improve the experience for carers within the Continuing Health Care (CHC) process. | • AD and DC to meet with Will Williams.<br>• AD to work closely with CHC staff trainer Sian Kelbrick.<br>• AD/DC/WW to look at capturing carer experiences in the CHC process and how to do this.<br>• AD to meet with ASNEW around advocacy in the CHC process. | AD/DC<br>LA`s.<br>CHC | Ongoing | • AD and DC met with WW on 17th October 2017 and committed to working more closely together. Very important to ensure that carers are supported and informed throughout the process.<br>• Training for staff is very good and explicitly states what carer`s are entitled to and should be provided with. Carer friendly, however, this does not always happen in practice. AD will support trainer SK and explore carer issues in more depth with staff.<br>• DC and WW looking at how to utilise carer survey in order to target poor practice and highlight good practice in the CHC process.<br>• AD met with specialist CHC advisor on 12th October from ASNEW, very good however only available in some LA areas and long waiting lists. Advocacy to be promoted in the CHC process.<br>• AD has met with Sian Kelbrick Interim Head of CHC Performance and Compliance on 9th March 2018, I have advise on their strategy and suggested future ways of improving carer inclusion and engagement. Ad provided Sian with the CRG action plan and fed back the comments received about the CHC. Sian has agreed to adopt out carers servey to drive |

| *Item* | *Action* | *Responsible* | *Deadline* | *Progress* |
|---|---|---|---|---|
| | | | | improvement for carers and also will distribute out BCUHB Carers Leaflets to every new person cared for and family. They are also going to adopt their invitation letters to be more carer inclusive and advise carers of their rights and a right to an advocate. AD has provided the CHC with a map of carers` services and advocacy services. |
| Carers wish to be able to access expert advice and assistance when issues arise in relation to mental health and substance misuse carers. | • Feedback to the Mental Health Patient Experience Group.<br>• Recommend a telephone support service/triage service for families and carers.<br>• Encourage Triangle of Care (ToC) principles throughout all of MH division which will promote advice and assistance being offered to carers at the earliest opportunity preventing the need for emergency advice. | AD<br>BCUHB | March 2018 | • ToC audits have been undertaken in all rehabilitation units and many CMHT`s. The audits have been analysed and in the process of feeding back to each unit with recommendations and support processes.<br>• AD will start to compile report of final findings, developments to date and overarching recommendations in January 2018.<br>• Working closely with third sector partners and carers to improve out services for MH carers.<br>• (March 2018) The Rehabilitation Units have now adopted all of the changes highlighted by the ToC and a carer pathway has been created. |

| *Item* | *Action* | *Responsible* | *Deadline* | *Progress* |
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| | • AD to write and submit a report to the M/HPEG of the ToC finding and CRG findings. | | | |
| Item | Action | Responsible | Deadline | Progress |
| Carers Week Plans<br><br>Monday 11th June to Sunday 17th June 2018 | • The group to plan awareness raising activities for Carers Week 2018 | CRG members | May 2018 | • |

| SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE |
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| **Date of Meeting** | Thursday 13th December 2018 |
| **Report Subject** | Integrated Care Fund |
| **Portfolio Holder** | Cabinet Member for Social Services |
| **Report Author** | Chief Officer (Social Services) |
| **Type of Report** | Strategic |

## EXECUTIVE SUMMARY

This report provides a summary of the Welsh Government's (WG) Integrated Care Fund (ICF), its key objectives and county level investment plans. An update is provided in relation to the status of applications submitted for funding approvals and resource implications which require ongoing consideration and mitigation. Highlights are provided on impact that has been measured in year through use of the funding.

Full guidance on the use of the funding is published each year on the Welsh Governments website. The guidance includes conditions for use of the funding, objectives/outcomes expected to be achieved and expectations relating to how use of the Fund is governed.

| RECOMMENDATIONS | |
|---|---|
| 1 | Scrutiny consider and comment on the Integrated Care Fund Programme and the opportunities it is providing. |
| 2 | Scrutiny consider and comment on the impact of utilising short term funding streams to deliver against strategic and operational priorities for the council and key partners. |

## REPORT DETAILS

<table>
<tr><th>1.00</th><th>BACKGROUND AND CONTEXT</th></tr>
<tr><td>1.01</td><td>The Integrated Care Fund, previously called Intermediate Care Fund (ICF) is a Welsh Government fund, introduced in 2014. Since that time, it has grown in terms of level of funding, scope of application and complexity. The total level of revenue funding available to Flintshire 18/19 is £2.2m. The total applications made against the capital programme, where final decisions are pending for 18/19 is £2.1m.</td></tr>
<tr><td>1.02</td><td>Full guidance on the use of the funding is published each year on the Welsh Governments website. The guidance includes conditions for use of the funding, objectives/outcomes expected to be achieved and expectations relating to how use of the Fund is government.</td></tr>
<tr><td>1.03</td><td>Both the capital and revenue funding streams are managed via an East Area Partnership Board. The Board is chaired by the Senior Manager for Adults in Flintshire and also consists of senior managers from Flintshire and Wrexham councils, Betsi Cadwaladr University Health Board (BCUHB) East Area, and Flintshire and Wrexham Voluntary Councils.</td></tr>
<tr><td>1.04</td><td>The East Area ICF Partnership Board make recommendations to the Regional Partnership Board (RPB) on how the funds should be utilised locally. In addition to the RPB required endorsement, the ICF Dementia Action Plan and Capital proposals require additional approval by Welsh Government.</td></tr>
<tr><td>1.05</td><td>The East Area ICF Partnership Board are also responsible for overseeing and monitoring use of the fund and the performance of each scheme.</td></tr>
<tr><td>1.06</td><td><u>Summary of Funding Allocations.</u></td></tr>
<tr><td>1.07</td><td>All ICF funding is allocated on a regional basis in line with the expectation that decisions are made in consideration of regional priorities, for example expressed within the North Wales Population Needs Assessment. Population based formulas are then applied at a county level to give the indicative allocations of funding available to spend.</td></tr>
<tr><td>1.08</td><td>In 2018/19, there is 1 capital and 3 revenue programmes, with the corresponding allocations for Flintshire being:<br><br>
<table>
<tr><td>Funding Stream</td><td>Allocation 18/19</td></tr>
<tr><td>Older People and Frail</td><td>£1,266,882</td></tr>
<tr><td>Learning Disability, Children with Complex Needs, Carers (and preventative work)</td><td>£606,054</td></tr>
<tr><td>Dementia Action Plan</td><td>£365,993</td></tr>
<tr><td>Capital Programme</td><td>£2,121,102</td></tr>
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</td></tr>
<tr><td>1.09</td><td>In addition to the above, the full ICF programme also includes funding streams relating to the development of the Welsh Community Care Information System (WCCIS) and development of the Integrated Autism</td></tr>
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| | Service. Developments for both of these are top sliced at a regional level prior to county level allocation and are therefore outside of the scope of this report. |
| 1.10 | To date, all funding has been allocated and agreed on an annual basis. In recognition of the prohibitive impact of this approach to support local planning and delivery, the more recent schemes (Dementia and Capital), have been presented this year in a way which has allowed partners to propose use of funding for up to a 3 year period. Ongoing communication continues with WG officials to extend this approach to cover the full ICF programme in the future and also to encourage them to expedite their processes for approving schemes as delays in approval continues to be a challenge. |
| 1.11 | **Revenue Programme** |
| 1.12 | Partners must utilise the ICF revenue streams to support schemes and activities that provide an effective integrated and collaborative approach in relation to the following priority areas for integration:<br>• older people with complex needs and long term conditions, including dementia<br>• people with learning disabilities;<br>• children with complex needs due to disability or illness; and<br>• carers, including young carers. |
| 1.13 | A full breakdown of all revenue schemes funded this year in Flintshire are included as Appendix 1. In summary, the schemes have been identified to meet a number of strategic and operational objectives:<br>• Supporting and further developing the care home sector<br>• Provision of intermediate care (Step Up Step Down) beds/support as an alternative to hospital or long term care admission or Delayed Transfers of Care<br>• Contributing to the Community Resource Team development so that more care can be provided closer to home<br>• Targeted support to children and families with complex needs<br>• Reducing dependency on services / increasing independence skills<br>• Increasing preventative/early intervention services, including through increasing community resilience |
| 1.14 | Schemes funded in 18/19 for the first time through ICF revenue include extension of the Progress for Providers work within care homes and into the domiciliary sector, review of the respite support offered to people with dementia, including those with early onset dementia and the provision of care support workers with a focus on dementia care within the Llys Raddington Extra Care Scheme. |

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| 1.15 | **Capital Programme** |
| 1.16 | Capital fund applications have been submitted to WG for four areas of spend:<br>• Marleyfield House Expansion<br>• Hwb Cyfle development<br>• Conversion/Extension of 3 private homes providing accommodation for Foster Children /sibling groups<br>• Development of Glan y Morfa to provide accommodation for people with physical disability/reduced mobility as an alternative to an extended stay within hospital and/or to aid rehabilitation |
| 1.17 | At the time of writing, WG are continuing to take the capital applications through internal processes, with recommendations having been presented for Ministerial approval to approve funding for the Marleyfield, Hwb Cyfle and Glan y Morfa developments. Decisions are pending relating to the work relating to homes for children who are living within foster homes. |
| 1.18 | Managing the impact of decisions on funding requests have historically been a feature of ICF with representations being regularly made to WG on this matter. Partners seek to mitigate for the impact of not having a decisions, which this year have also included the new Dementia Action Plan funding which was not confirmed until October, with outcomes and spend being expected by March 2019. |
| 1.19 | **Impact of Funding** |
| 1.20 | Monitoring the performance of each of the funded elements of ICF is part of the responsibility of the ICF East Area Group. Schemes are performing well across the programme in Flintshire as referenced in Appendix 1. |
| 1.21 | Quarterly monitoring returns are required at a regional level by Welsh Government. Highlights from the Q2 report (covering the period from April –September 2018) for Flintshire include:<br>i. 2261 nights were funded within step up step down beds (SUSD) from April to September. During the same period, 93 people were admitted to a SUSD as an alternative to a hospital stay and/or were assessed for longer term needs within an environment that is more suitable than an acute hospital setting.<br>ii. The support offered by the multi-professional Community Resource Team for people in their own home for up to 6 weeks, prevented an estimated 2129 nights stay within an acute or community hospital. 168 Flintshire residents were supported by the team during April-June and 124 in July- September (numbers on caseload by quarter, so not a cumulative number).<br>iii. 9 children with complex and often life-limiting conditions have received support at home rather than in hospital by increasing capacity within the Diana Service. |

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| | iv. 206 people were taken through a multi factoral risk assessment after being identified at being at a higher risk of falling. This evidence based assessment identifies risks and supports participants to take action and be supported to reduce their own risk.<br><br>v. Action for Children have been running the Repatriation and Prevention (RAP) service to provide targeted interventions for 20 children and families (as new referrals)<br><br>vi. A minimum of 28 people have been offered intensive and practical support in relation to their hoarding behaviour which puts at risk their own health, wellbeing or independence as well as other occupants within the same address.<br><br>vii. 44 young people in transition to adult services and adults with a disability have been supported through the Progression Service, to increase skills and confidence, with the aim of increasing independence and reducing reliance on care provision. A report to the Social & Health Overview and Scrutiny Committee was presented on 15th November, thus providing further details on this service. |

| **2.00** | **RESOURCE IMPLICATIONS** |
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| 2.01 | The resource implication to the council and partners are overall positive as described above. The combined ICF programmes are used to fund strategic and operational areas of priority across Health and Social Care. These include but are not restricted to meeting the costs of Community Resource Teams, Step Up Step Down Beds and the RAP Service for Children and families. |
| 2.02 | However funding is not assured beyond the current financial year for any of these funding streams. |
| 2.03 | Concerns in relation to the impact of short term funding decisions are regularly communicated with WG officials. However, the council will need to continue to assess and respond to the risk that funding will cease or have restrictions placed on its use which prevent the utilisation of funds within key areas that would result in resource implications for the council and partners. |

| **3.00** | **CONSULTATIONS REQUIRED / CARRIED OUT** |
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| 3.01 | Not applicable. |

| 4.00 | RISK MANAGEMENT |
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| 4.01 | The East Area ICF Partnership Group maintains a risk register to note risks within the programme and to identify and monitor mitigating actions. The most significant risks relate to the impact of any loss of or change in funding streams and the timescales against which partners need to work where decisions are not made by WG until well into the year. |

| 5.00 | APPENDICES |
|---|---|
| 5.01 | Appendix 1 - Guidance for the 2018 ICF programme |
| 5.02 | Appendix 2 – North Wales population needs assessment |
| 5.03 | Appendix 3 - Summary of revenue schemes and key performance to date |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
|---|---|
| 6.01 | None.<br><br>**Contact Officer**: Karen Chambers, Senior Cluster Coordinator and Partnership Lead<br>**Telephone:** 01352 702571<br>**E-mail:** Karen.Chambers@flintshire.gov.uk |

| 7.00 | GLOSSARY OF TERMS |
|---|---|
| 7.01 | (1) **Integrated Care Fund**<br>A funding stream from Welsh Government that aims to drive and enable integrated working between Social Services, Health Boards, housing providers, the third and independent sectors. The focus of the fund is to enable older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges. It also supports the development of integrated care and support services for other groups of people including people with learning disabilities, children with complex needs and autism.<br><br>(2) **North Wales Population Needs Assessment**<br>An assessment of the care and support needs of the population of North Wales produced by the six councils in North Wales and Betsi Cadwaladr University Health Board with support from Public Health Wales.<br><br>(3) **Welsh Community Care Information System**<br>An IT system being introduced in Wales to give community nurses, mental health teams, social workers and therapists the digital tools they need to work better together by allowing shared access to relevant information about an individual in relation to their care/treatment. |

(4) **Integrated Autism Service**
A new national autism service for Wales, which will provide lifetime support for children and adults. The intended purpose of the service is to:

- bring together existing children's autistic spectrum disorder neurodevelopmental teams within health boards to provide diagnostic, assessment and specialist interventions (therapies) for children with ASD;
- Develop new specialist adult teams, which will offer diagnostic provision;
- Develop new community support teams in health board areas, providing behavioural advice, low-level support, access to community services, support programmes and sign-posting. This service will also provide training for parents and carers across the age range;
- Build on existing services by developing professional capacity and enhancing skills, to improve diagnostic assessment and post-diagnostic support.

(5) **Step Up Step Down**
Bed based service provided within care homes in Flintshire primarily for older people who are not able to live independently at home for a short period, normally up to 6 weeks. Step Up describes the service for those who need additional support to prevent admission to an acute hospital or long term care and Step Down describes the support offered after a stay within an acute hospital. The aim is to prevent unscheduled care, delayed transfers of care (see below) or placement in a long term care setting. It is also recognised that many people are more appropriately assessed for their long term needs outside of an acute setting. SUSD beds provide an opportunity for improved assessment of long term needs.

(6) **Delayed Transfers of Care**
Description of the point where a patient is clinically able to leave a hospital bed or similar care provider. Reasons are numerous and include delays in assessment of ongoing need, lack of community provision including social care packages to support ongoing needs, delays in obtaining equipment or modifications required to the home.

(7) **Community Resource Team**
A multidisciplinary team who work in the community to provide home based care for patients with a clinical need as an alternative to a hospital admission or prolonged stay.

(8) **Progress for Providers**
An ambitious, innovative programme which to date has focussed on residential care providers in Flintshire. The primary aim of the work is to move away from a 'task and time' model of service delivery to one that focusses on quality of life for the service user through implementation of a"toolkit", training and development for the Provider and its care staff and introduction of an accreditation scheme. The award winning service is

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| | now being increased in terms of its scope by providing more support to homes to increase through to gold award and the development of a new programme for domiciliary care providers.<br><br>(9) **Multi factoral risk assessment**<br>An evidence based assessment of a wide range of factors that are known to increase an individual's risk of falling. The assessment provides opportunities to identify risk and ways to reduce that risk.<br><br>(10) **Repatriation and Prevention (RAP) service**<br>A service delivered within the Third Sector to work with children with complex needs and their families to provide:<br>1.Rehabilitation and therapeutic support<br>2.Provision of solutions to prevent family breakdown and/or escalation of need leading in risk of out of county placement<br><br>The third element of service supported by ICF which is led by the council is seeking to increase fostering capacity to children within the service in order to provide respite for families who are often foster carers themselves.<br><br>(11) **Progression Service**<br>The aim of the multi-disciplinary service is to ensure that care and support planning with individuals help them to maximise their independence. This is done with the aid of assistive technology and the use of a positive approach to risk. Services provided meet need with the aim that those needs reduce over time as confidence and skills grow. |

Llywodraeth Cymru
Welsh Government

# Integrated Care Fund

## Capital Funding – programme guidance for 2018-19 onwards



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Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh.

# Integrated Care Fund – Capital Funding - programme guidance for 2018-19 onwards

**Contents list**

## Introduction

1. This guidance should be read in conjunction with the Integrated Care Fund Guidance Effective: 1 April 2018.

2. The Integrated Care Fund (ICF) capital programme has been established for a number of years and has funded a range of capital developments to support ICF objectives. ICF aims to drive and enable integrated working between social services, health, housing, and the third sector. The focus of the fund is to enable older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges. It also supports the development of integrated care and support services for other groups of people including people with learning disabilities, those with dementia and children with complex needs.

3. The Social Services and Well-being (Wales) Act 2014 ('the Act') provides for Regional Partnership Boards ("RPBs") which bring together health, social services, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Their purpose is to improve the outcomes and well-being of people with care and support needs and their carers. The RPBs must ensure the efficiency and effectiveness of service delivery. The ICF is a mechanism to support delivery of the requirements of the Act.

4. The ICF capital programme is beginning to support accommodation led solutions to social care alongside housing and health capital programmes and we are beginning to see a broader range of engagement and joint working across the health, social care and housing sectors. There is clearly a shared understanding across sectors of the benefits of joint working and developments in areas such as disability, care leavers, supporting older people in their homes, providing specialist accommodation (including for learning disabilities), and providing step-down and re-ablement solutions to enable discharge from acute care. To help continue this momentum, we have identified additional investment in this area for the remainder of this term of Government.

5. It remains essential that the development of this programme is routed in a health and care assessment of need and is based on Population Needs Assessments and embedded in Area Plans. It is however recognised that some regions may need to consider their strategic decision making arrangements to ensure the housing sector are fully engaged and also fully consider local and regional housing need identified by local housing market assessments or similar and associated local or regional housing strategies. In addition, and where appropriate, the existing housing, health and regeneration capital programmes can be complemented by ICF capital.

6. This additional guidance for the ICF capital programme aims to provide further clarity and instruction to help regions develop a pipeline of relevant capital projects and manage them as a multiple year programme. We have made arrangements specifically for smaller scale projects due to the significant amount of feedback we have received about the importance of these localised projects.

7. The additional investment is an excellent opportunity to enhance the ICF capital programme to improve service delivery and maximise the contribution housing

interventions can make to the pressures on the NHS and the delivery of social care. The programme should support a much more strategic approach to capital investment by RPBs and they will play a key role in the effectiveness and impact this additional investment can make.

8. This guidance covers the period 1 April 2018 to 31 March 2019. Guidance will be revisited on an annual basis to ensure it remains fit-for-purpose. This does not detract from the new ICF capital programme being a three year programme as described later in this guidance, but provides opportunity to re-visit the guidance if required.

**Strategic Context**

9. The Well-being of Future Generations (Wales) Act 2015 came into force in April 2016. This Act requires public bodies, including the Welsh Government, to think more about the long-term, to work better with people, communities and each other, look to prevent problems and take a more joined-up approach – helping to create a Wales that we all want to live in, now and in the future.

10. Our Programme for Government, *Taking Wales Forward*, sets out the headline commitments the Welsh Government will deliver between now and 2021, under four cross-cutting themes:

    - *Prosperous and Secure;*
    - *Ambitious and Learning;,*
    - *Healthy and Active;* and
    - *United and Connected.*

11. The National Strategy *Prosperity for All* published in September 2017, takes those key commitments, places them in a long-term context, and sets out how they fit with the work of the wider Welsh public service to lay the foundations for achieving prosperity for all. This approach will enable Welsh Government to use all the levers available to have the greatest impact and deliver on the promise of the Well-being of Future Generations (Wales) Act 2015. It will help ensure that public services are integrated, efficient and available when people need them.

12. *Prosperity for All* identifies housing as a cross-cutting priority and sets out a range of actions Welsh Government will take to deliver on the vision for "*everyone to live in a home that meets their needs and supports a healthy, successful and prosperous life".* There are a number of commitments in *Prosperity for All*, relevant to housing, health and social care.

13. The Vision Statement in *Prosperity for All* places a particular focus on the links between housing and health and social care, as well as the economic, environmental and community benefits. It states "*the bedrock of living well is a good quality, affordable home which brings a wide range of benefits to health, learning and prosperity".* Housing and Social Care are both priority areas in *Prosperity for All* which includes a specific action to *"Incentivise housing providers to build homes which respond to the challenges of an ageing population and which enable people to live independently and safely in their own homes for longer".*

14. Housing plays an important role in people's health and well being. When housing is properly considered and integrated with health and social care it can have significant benefits to people and the healthcare service, for example, by supporting reductions in delays of transfer of care. It is also important to recognise that housing is the platform to prevention and early intervention for social care to make services more sustainable.

15. The recent Parliamentary Review of Health and Social Care recommended that the Welsh Government should *"maximise the benefits of closer planning and collaboration by taking further steps through guidance, legislation and financial incentives to ensure that housing considerations are fully aligned with health and care planning at local level"*.

16. The long term plan following the review – A Healthier Wales – puts an emphasis on shifting services out of hospital to communities by delivering more services which stop people getting ill by detecting things earlier, or preventing them altogether. This will include helping people manage their own health, and manage long term illnesses. We also want to make it easier for people to remain active and independent in their homes and communities. This new ICF capital programme can play a significant role in supporting this objective.

17. The report '*Our Housing AGE-nda: meeting the aspirations of older people in Wales'* identified the need to provide a strategic focus on housing for older people. It specifically referenced supporting the right choices for people as they grow older, by supporting people not only at home but by widening the housing choices available. Using ICF capital for housing and accommodation solutions on a more strategic basis will support this objective and help prevent unnecessary hospital admission, inappropriate admission to residential care and delayed transfers of care.

18. We recognise that the ICF capital programme is an important vehicle to support the integration of health and social care where accommodation solutions are not involved. There are important requirements for investment in wider services and infrastructure to deliver innovation in the integration of health and social care and ICF capital is well placed to support this approach.

**Objectives**

19. As set out in paragraph 7 of the ICF Guidance (effective: 1 April 2018), RPBs must utilise the ICF to support schemes and activities that provide an effective ***integrated and collaborative*** approach in relation to the following RPB priority areas for integration:

    - older people with complex needs and long term conditions, including dementia;
    - people with learning disabilities;
    - children with complex needs due to disability or illness; and
    - carers, including young carers.

20. ICF capital should be invested to support the objectives detailed in the ICF Guidance (effective: 1 April 2018):

    - Integration;
    - Prevention;
    - Social Value Organisations;
    - General Principles;
    - Carers; and
    - Dementia Action Plan.

21. Population Needs Assessments should continue to underpin investment of ICF capital, but should be considered alongside other evidence of need detailed later in this guidance.

22. One of the key considerations which should be made by a RPB is how a proposed project properly integrates the provision of services across health, social care and housing where appropriate.

**Conditions**

23. The use of the ICF detailed in sections 26 and 27 of the ICF Guidance (effective: 1 April 2018), remains valid for the ICF capital programme.

24. Indicative allocations for the years 2018-19, 2019-20 and 202-21 have been provided to enable regions to plan and programme manage ICF capital on a strategic basis.

25. RPBs will have to work collaboratively with all relevant stakeholders to deliver a programme of investment over multiple years. This will require close co-operation with health, social care, the third sector and housing. Long term planning is carried out in a number of these areas (for example housing capital investment by Local Housing Authorities or Local Health Boards) and how ICF capital is invested in any region should be considered alongside those plans.

26. Whilst ICF capital is currently awarded and paid to the relevant Local Heath Board for the region, it is the responsibility of the RPBs and associated sub-groups to ensure effective strategic spending decisions, oversight and deployment of the capital investment. Payment of ICF capital is described in more detail later in this guidance.

27. RPBs should complete an ICF Capital Investment Plan (see Annex 3) for the three years 2018-19 / 2019-20 / 2020-21 to set out and prioritise their strategic priorities for ICF capital during that period.

28. The ICF capital programme can be used to fund:

    - smaller projects (e.g. specialised aids and adaptations not supported by main stream programmes e.g. rapid or immediate adaptations to support immediate accident and emergency discharge);

- equipment which supports integration and innovations not supported by main stream equipment programmes in support of ICF objectives;
- accommodation led solutions to health and social care provision;
- re-modelling of existing provision or new provision to support innovation and integration in the delivery of health and social care; and/or
- other capital projects which support the integration of health, social care and housing.

29. The ICF capital programme is being deployed by way of a **Main Capital Programme** ("MCP"**)** of a **minimum of 75%** of a regions allocation and a **Discretionary Capital Programme (**"DCP"**)** of a **maximum of 25%** of a regions allocation. See below for further detail.

30. In the first instance RPBs must process and endorse individual projects within the MCP and the DCP. RPBs should then forward those endorsed and approved projects to the Welsh Government for final scrutiny (see application process section).

31. Regions may use funding from their DCP allowance to support their MCP projects but funding from their MCP allowance may not be used to support their DCP projects.

32. The ICF capital programme is being deployed in this way to support a more strategic and scalable approach to investment but retaining the ability for regions to support important smaller local or regional projects if they are strategically important. Indicative regional allocations will be provided under separate cover.

33. Capital expenditure should be invested in assets which are intended to be used for a period of at least one year or more. These include items such as land, buildings and equipment.

34. Projects supported by ICF capital can be delivered by an LHB, a local authority, a third sector body or housing association or a combination of any of these. It is for RPBs to agree who would be the lead organisation in any project.

35. Whilst Welsh Government does not want to be prescriptive on the precise use of the capital funding provided (or which of the ICF the objectives it meets), projects should aim to demonstrate a recognisable shift in the way services are delivered, or in the ways collaborating organisations will operate differently as a result of the capital investment, in order to deliver improved outcomes for citizens. ICF capital is to be used with additionality in mind.

**Main Capital Programme (MCP)**

36. The MCP is to be used for larger projects which require a significant level of investment (over £100,000), including those which may require financial support over a number of years to support an extensive development process.

37. Projects supported by the MCP may also be funded by other capital programmes if appropriate and relevant. Equally the MCP may be the only source of funding. The overall rate of intervention will be demonstrated via the information requested in the

MCP application. This will assist in ensuring the level of subsidy proposed is proportionate and appropriate. Where total project costs are being requested this will require appropriate justification.

38. Projects supported by the MCP may include the provision of:

- accommodation-led solutions to health and social care;
- integrated facilities (such as a regional “hub” approach to an ICF led service provision) – both re-modelling and new provision;
- capital projects which support new and innovative integration of health, social care and/or housing;
- larger scale equipment projects to support integration and ICF objectives;
- larger scale building re-modelling or adaptation (not supported by existing mainstream programmes); or
- expenditure to evidence or explore the feasibility of larger capital investment.

39. The MCP application process is made up of two parts. The first is looking to set out the principles of the project. The second part is designed primarily to set out the final costs (for example, costs supported by a fully tendered process). It is perfectly acceptable for a project to be at a stage which can be described in parts 1 and 2 together.

40. Any funding to support the accommodation element of a project itself (rather than the additional facilities which are part of these types of schemes) will be assessed with consideration to existing housing capital programmes such as the Social Housing Grant programme. The MCP application process has been designed to understand all sources of funding to consider this fully. Equally, any funding to support non-accommodation elements will be assessed with consideration to existing health and social care capital programmes.

41. The MCP application process has been designed to consider projects aligned with the Five Case Model, as with Public Sector Business Cases. This essentially means that projects are considered based on the Purpose, Strategic case, Economic case, Commercial case, Financial case and Management case. In some cases an application for ICF capital may be associated with a project also applying for Welsh Government health capital. If this is the case, it should be highlighted on the MCP application and the information provided as part of the health capital application process will be given due consideration.

42. RPBs should have in place there own internal processes to appraise and approve projects before these are submitted to the Welsh Government. The appropriate RPB approval should be identified on the application form.

**Discretionary Capital Programme (DCP)**

43. The DCP will be available to the RPBs for the following purposes:

    - aids and adaptations which are not supported by existing programmes and are in support of specific ICF objectives away from mainstream requirements (e.g. an enhanced Rapid Response need);
    - equipment projects which support people to live independently in their own home and may reduce hospital admissions or speed up hospital discharge; and
    - other smaller scale projects in support of ICF objectives (e.g. community or third sector led)

44. The DCP is for smaller scale projects to a maximum value of £100,000 per project, and can only total up to a maximum of 25% of a regions annual ICF capital allocation.

45. Whilst there is a requirement for DCP applications to be sent to Welsh Government, the main focus is the endorsement of a project as a priority (within the ICF and DCP criteria) by the RPB, with a proportionate level of assessment and scrutiny provided by Welsh Government. There will be a monitoring and evaluation requirement in line with wider ICF requirements and detailed later in this guidance.

46. RPBs will be required to approve and present to Welsh Government a DCP Schedule (see Annex 1) to demonstrate that the expenditure is in line with the intended use of ICF. RPBs will need to ensure that there are appropriate mechanisms in place to ensure works associated with projects are aligned with strategic priorities and guiding principles and that there are robust internal processes for scrutiny and sign off. These will need to be demonstrated to Welsh Government.

**Application process**

47. The application forms for projects within the MCP and the DCP Schedule must be submitted by the RPB representative (generally the ICF lead as described in the ICF Guidance (effective: 1 April 2018)), but it is likely organisations leading the projects will also populate or assist in populating applications.

48. MCP applications, the DCP Schedule and the Capital Investment Plan will be considered and assessed by a scrutiny panel of officials from across relevant Welsh Government departments. As well as the considerations detailed in the DCP and MCP sections, there will also be consideration given to overall fit with ICF criteria, benefits and impacts for service users, value for money and project deliverability. The panel will only consider complete application forms when full project details are provided with the relevant signatories.

49. The forms as required are:

    - **Annex 1 – DCP Schedule**
    - **Annex 2 – MCP project application**
    - **Annex 3 – ICF Capital Investment Plan**

50. Detailed project applications should be provided for the current year of funding, albeit when it is reasonable to do so. Applications for future year's projects should begin to be developed ahead of the commencement of 2019-20 & 2020-21 to avoid delays to the deployment of funding. We will contact RPBs to ensure timescales are clear as the ICF capital programme develops. It is also important to note, some projects may require and request funding across multiple years.

51. Additionally, applications should be completed for reserve schemes when appropriate and processed as normal (albeit not necessarily at the same time as projects detailed in years 1, 2 & 3) in preparedness for this eventuality.

52. Timescales for applications and associated assessment and awards are detailed in the table below:

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| ICF programme issued - June 2018 |
| ICF capital proposals to be collated and approved by RPBs - to be agreed at a regional level |
| ICF MCP applications, DCP Schedule and Capital Investment Plan to be returned to Welsh Government – 31 August 2018 |
| ICF capital programme awards sent to RPBs – September 2018 |

53. As we are approaching the ICF capital programme differently from this year onwards, we will work closely with RPBs via ICF leads in regard of timescales and any associated deadlines. We are also aware the MCP and DCP process is different and Welsh Government will continue to support RPBs around the new process and guidance.

54. A Welsh Government scrutiny panel will make recommendations to Welsh Minsters for their approval. Once project approval has been secured a grant offer letter will be issued with the terms and conditions of the grant.

**Governance**

55. The Governance arrangements set out in Chapter 4 of the ICF Guidance (effective: 1 April 2018) remain valid for the ICF capital programme.

56. As well as the RPBs themselves, it is expected that any associated and relevant sub-structures (e.g. a Health, Social Care and Housing group) will play a role in the consideration and prioritising of proposed projects in the region. To ensure this is the case, it is important that representatives from across health, social care, third sector and housing are involved in those sub-structures.

57. The Written Agreement arrangements detailed in paragraphs 48 – 53 of the ICF Guidance (effective: 1 April 2018) should include the effective assurance of and processes associated with ICF capital. An approved addendum can be made for

capital projects if the deadline for completion for the Written Agreement has already passed and been met.

58. It is recognised that projects supported with ICF capital may actually be delivered by one or a combination of a Local Health Board, local authority, third sector body or housing association. Arrangements included in the Written Agreement should manage governance arrangements for any one of those bodies to lead on the delivery of a project, including the receipt of ICF capital funding.

59. Governance requirements are also provided for in detail by the terms and conditions set out in the grant award letter to the Local Health Board (receiving on behalf of the RPB area).

**ICF Capital Investment Plan**

60. The Capital Investment Plan should set out the projects and activity to be funded for the financial years 2018-19 / 2019-20 / 2020-21. The Capital Investment Plan must be submitted to Welsh Government at least annually (deadlines to be confirmed).

61. The Capital Investment Plan also includes the requirement to include “reserve” projects which are not as high a strategic priority as other projects, should support the ICF requirements and needs in the region and would be able to take up funding which has been identified for projects identified in years 1, 2 and 3 which become subject to delays or other reasons for inability to spend funding.

62. To provide a consistent approach across Wales the template at Annex 3 must be used to develop the ICF Capital Investment Plan. The template includes requirements for the following information:

    - the organisations involved;
    - delivery organisation;
    - the ICF objective priority area for integration;
    - type of capital project;
    - key milestones for delivery;
    - planned expenditure; and
    - any additional resources to be utilised.

63. When agreeing the ICF Capital Investment Plan, RPBs should have due regard to the Conditions detailed earlier in this guidance and be satisfied that proposed ICF capital projects meet the criteria set out in those Conditions.

64. Whilst Welsh Government will not formally approve the ICF Capital Investment Plan, the detail will be subject to scrutiny with a view to ensuring compliance with this guidance and demonstrating robust programme management of capital allocations which includes the ability to spend allocated funding.

65. It is expected RPBs will respond to any queries Welsh Government raise in relation to any aspect of the ICF Capital Investment Plan which must also be signed off and approved in line with the requirements requested.

## Evidence of need for ICF capital projects

66. As detailed in the ICF Guidance Effective: 1 April 2018, local authorities and Local Health Boards are required by section 14 of the Act to jointly undertake an assessment of care and support needs, including an assessment of the level and range of services necessary to secure preventative actions. The partnership arrangements put in place under section 166 of the Act provide for the production of combined population assessment reports on the health board footprint.

67. The purpose of these assessments is to provide a clear and specific evidence base to inform a range of planning and operational decisions**.** All projects and activity that ICF capital is utilised to support must address care and support needs identified in a region's combined population assessment report.

68. In addition to this, the use of ICF capital in a region should be aligned to the housing needs for the appropriate groups of people identified in local housing market assessments carried out by local authorities. This will require ongoing dialogue between health boards and local authority social services and housing departments.

69. It would also be appropriate for RPBs to use any other specialist evidence of need (for example a region may have commissioned work to identify the requirements of adults with learning disabilities in a given area or have published a strategy for meeting the requirements of an ageing population in a local area) to support capital investment.

70. Despite the requirement to consider a range of evidence of need for ICF capital investment, it is for RPBs to decide which projects take priority in line with their statutory requirements.

71. The ICF Guidance Effective: 1 April 2018 already sets out the links between ICF and The Dementia Action Plan 2018-2022. Any ICF capital supporting dementia services projects should follow this guidance.

## Reporting to Welsh Government

72. Effective monitoring and evaluation arrangements are important to provide assurances that ICF capital funding is being fully utilised in the support of effective integrated and preventative services. This will also help to inform future ICF capital investment.

73. RPBs must ensure that they have robust monitoring arrangements in place to ensure schemes funded via ICF capital deliver intended outcomes on time and within budget.

74. Evaluation arrangements must also be established to identify and evidence the impact as well as the general appropriate use of funds.

75. RPBs must provide reports on ICF capital activity on a quarterly basis as detailed in the ICF Guidance Effective: 1 April 2018 and within the timescales prescribed in that document..

76. **Annex 4** - Monitoring of ICF Capital Projects should be used and be accompanied with the ICF Claim Capital Form (**Annex 5**) when submitted to Welsh Government. Incomplete forms will not be accepted. Reporting must be cumulative and summarise the overall position at the specified point of the financial year.

**Payment of ICF capital funding**

77. The relevant Local Health Board of a region will be the recipient of the ICF capital funding. Arrangements secured by the Written Agreement should ensure the required governance arrangements are in place to support the flow of funding to or from the Local Health Board to other project partners as required (including, but not exclusively, third sector bodies, local authorities and housing associations).

78. Local Health Boards have the power to pay ICF capital to local authorities and registered social landlords under section 194 of the National Health Service (Wales) Act 2006. Section 194 provides that a Local Health Board may make payments to specified bodies in relation to expenditure for community services. This includes payments to:
    - Local Authorities towards expenditure incurred in connection with its social services functions under the Social Services and Well-being Act 2014;
    - Housing Authorities towards expenditure incurred by it in connection with its functions in Part 2 of the Housing Act 1985; and
    - Registered Social Landlords in connection with expenditure incurred in connection with the provision of housing accommodation.

79. As the new ICF capital programme is looking to larger strategic projects, including accommodation led solutions to health and social care; we will consider the bids from RPBs and can explore alternative payment arrangements in the future if appropriate.

80. ICF Capital will be paid quarterly in arrears.

81. The funding will be made by way of capital grant with the relevant terms and conditions included. We anticipate there being an award for the total of MCP and the total of DCP.

82. Where appropriate, projects receiving grant funding for land or buildings will be required to provide the Welsh Government with a legal charge over the freehold or leasehold property that is the subject of their project. This will be a funding condition under the grant offer letter. With projects delivered by local authorities, the grant offer letter will contain a pre-funding condition that will require a restriction to be registered against the freehold or leasehold property prior to the grant funding being released. Such a restriction will prevent the disposal of the property without the consent of the Welsh Government.

**Projects costs and design**

83. The MCP application asks for relatively detailed information on the costs associated with a project and does so in two parts. The first being at application (to both RPB and then to Welsh Government), the second to be confirmed once a project is approved and going ahead. It is important this information is provided to enable approval at the RPB stage and at the Welsh Government scrutiny stage.

84. The MCP application also asks for a breakdown of sources of funding for projects with a view to demonstrating what proportion of funding is being provided and to ensure projects are being compensated at the appropriate level. This may differ depending on the type of project e.g. whether equipment, facilities or accommodation.

85. The MCP application also looks to identify, what particular approach to design and standards is being used for a project and the approximate cost per square metre when construction or refurbishment is involved. These will be considered as part of the scrutiny process. To develop projects that are to a high standard, applicants will be expected to demonstrate they have considered relevant good practice guidance produced by Welsh Government and from other sources.

**Communications**

86. You must acknowledge Welsh Government support on all publicity, press releases and marketing material produced in relation to the funding. Such acknowledgement must be in a form approved by us and must comply with the Welsh Government's branding guidelines.

**ANNEXES**

- **Annex 1 –** DCP Schedule
- **Annex 2 –** MCP project application
- **Annex 3 –** ICF Capital Investment Plan
- **Annex 4 –** ICF Capital Monitoring Form
- **Annex 5 –** ICF Capital Claim Form

**Contact details for ICF Capital are:**
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CYDWEITHREDFA GWELLA GWASANAETHAU GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

# Population assessment update

June 2017 (Issue 7)

## What works?

The population assessment tells us what's needed, but how do we know what will help? As part of the assessment, Public Health Wales carried out a review of the evidence available for early intervention and prevention services, which is available here: www.publichealthwalesobservatory.wales.nhs.uk

More information about the evidence base for services is available from the UK What Works centres in social policy. Links to the centres and guidance on how to use research evidence in practice are available here: www.alliance4usefulevidence.org


There's also much more information available about what's needed than we were able to include in the population assessment. If you want to know more about the issues discussed in this chapter please see the Public Health Wales website or contact us.

## Spotlight on…

### Health, physical disability and sensory impairment

## What we've learnt...

Thanks to everyone who has sent us feedback on the population assessment. We're collating it all into a report which we'll use in the regional plan and the population assessment review. It's great to hear how the report is being used, what works and how we can improve it for next time. If you have any more feedback, we'd love to hear from you.

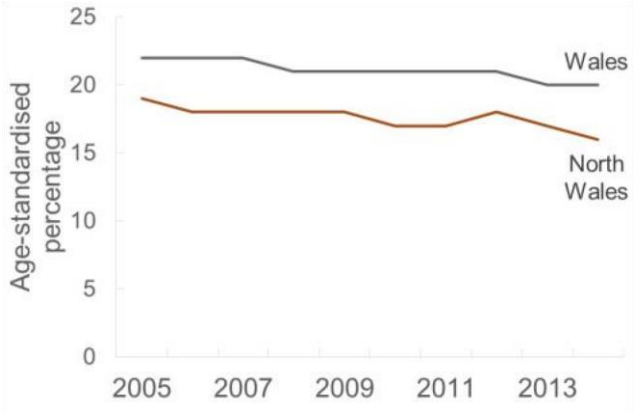
Percentage of adults who say their health is fair or poor

# What we found

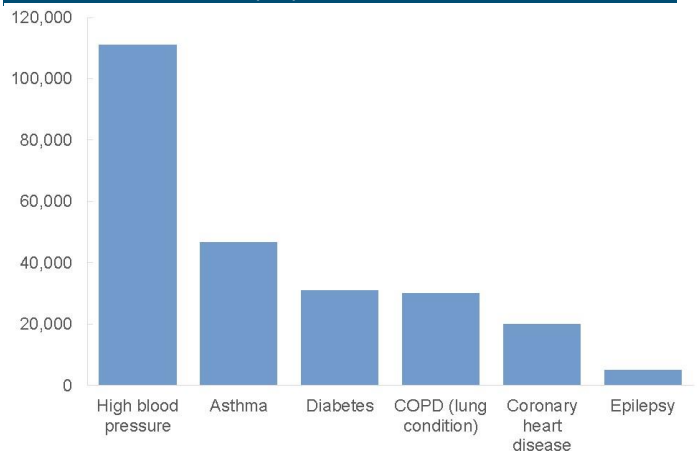
- Around 80% of people in North Wales say they are in good health. This is better than the Welsh average.
- People who live in more deprived areas in North Wales tend to have poorer health than people living in less deprived areas.
- Around one third of people in North Wales are living with a chronic condition such as high blood pressure, asthma or diabetes.
- The number of people who have visual or hearing impairments is expected to increase as people live longer.
- The number of people living with a limiting long-term illness is predicted to increase by around 20% by 2035 due to people living longer.
- Lifestyle issues affecting health include smoking, obesity, physical activity and alcohol.

*"I think all people who work in public transport should have disability awareness training and have basic sign language"*

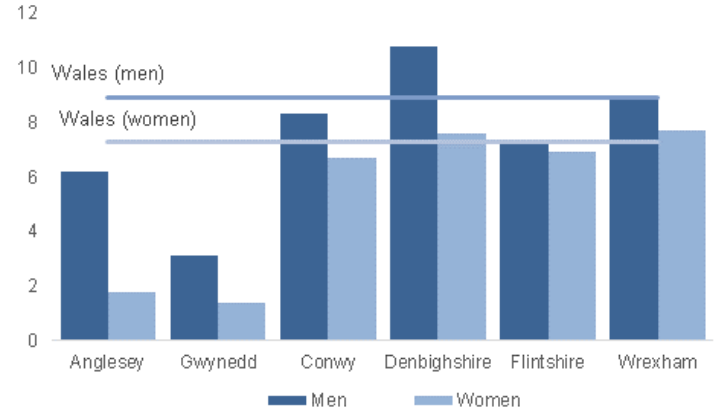
*- Consultation participant*




Number of people with chronic conditions, North Wales




Inequality gap in life expectancy in years, North Wales




## The problem with data...

The population assessment is only as good as the data we have. Often, when we looked closely at the numbers we found problems. Take the number of people with sensory impairments for example. Local authorities hold registers which tend to undercount as they are based on self-referral. We also know the number of people newly diagnosed and how many people use sign language. But no measure gives a complete picture of the number of people who need support.

To help, we checked the numbers against other data, called *triangulation*. We looked at research reports and asked staff, service providers and service users what they thought. There are still gaps where better data would be helpful, which we have shared with Data Unit Wales.

# out
# What we think should happen

## What people told us

- Places, services and public transport need to be more accessible to disabled people.
- There can be a lack of understanding and prejudice towards disabled people.
- Public services need to listen more and involve disabled people in developing services.
- Financial pressures mean criteria for services are getting tighter, waiting lists are long and people are worried about services being lost.
- There are no Deaf specialist care homes and some don’t have staff trained in British Sign Language so Deaf people can’t communicate.
- Disabled people don’t always feel safe in our communities.

- Focus on ‘what matters’ to individuals and work in partnership to provide it.
- Help people make best use of informal support networks.
- Develop use of telecare and other technology.
- Support people to live independently and be active members of their communities.
- Provide people with the tools and resources they need to look after their own health and well-being.
- Focus on early intervention and prevention.
- Implement and embed the Making Every Contact Count (MECC) programme.
- Explore social prescribing models.
- Review specialised health services and provide care closer to home where possible.
- Continue to strengthen the social model of

disability in all that we do.

# Themes

- Children & young people
- Older people
- Health, physical disabilities & sensory impairment
- Learning disability & autism
- Mental health
- Carers
- Violence against women, domestic abuse

## Social prescribing

Social prescribing is where primary care services refer patients with social, emotional or practical needs to a range of local non-clinical services. The services are often provided by the voluntary and community sector and can include promoting health and well-being through leisure, welfare, education, culture, employment and the environment. Examples include providing information or advice; bibliotherapy (books on prescription); eco-therapy or green prescriptions, such as gardening projects or walks in a park; arts or learning on prescription; exercise referral schemes;  and volunteering programmes. It’s a developing area and any new initiatives should be evaluated well to help build an evidence base.

& sexual violence

- Homelessness
- Veterans
- People in the secure estate

# More information

**Population assessment and area plan toolkits:** www.socialcare.wales/hub/hub-resource-subcategories/planning-and-promoting **Part 2 Code of Practice:** www.socialcare.wales/hub/sswbact-codes

**Area plan guidance:** http://gov.wales/docs/dhss/publications/170206statutory-guidanceen.pdf

**Dewis Cymru** (services available to meet the needs identified in the assessment)**:** https://www.dewis.wales/

# Contact us

Sarah Bartlett, Project Manager 01824 712432

sarah.bartlett@denbighshire.gov.uk

# Background to the population assessment

The population assessment pulls together information about people's care and support needs and the support needs of carers in North Wales. It aims to show how well people's needs are being met and the services we will need to meet them in future. Local authorities in North Wales worked together with Betsi Cadwaladr University Health Board (BCUHB), supported by Public Health Wales, to produce the assessment which is a requirement of the Social Services and Wellbeing (Wales) Act (2014).

The population assessment will be used to make decisions about the services we need to provide in North Wales to meet people's care and support needs and the support needs of carers. It will help us make decisions about where to use our resources, meet other requirements of the act and inform the work of the Regional Partnership Board.

We have used all kinds of evidence to identify what's needed and asked people what they think is important including people who currently use care and support services, the North Wales citizen's panel, and staff who deliver services in the local authorities, health, private and voluntary sectors.

Next, we will write a regional area plan setting out the range and level of services councils and local health boards propose to provide or arrange in response to the population assessment. This has to be finished by 1 April 2018.

www.northwalescollaborative.wales

Mae'r dudalen hon yn wag yn bwrpasol

**PRIORITY AREA FOR INTEGRATION: OLDER PEOPLE WITH COMPLEX NEEDS AND LONG TERM CONDITIONS, INCLUDING DEMENTIA**

| PROJECT NAME | PROJECT DESCRIPTION | Budget Allocation as at Dec 2018 | ANTICIPATED IMPACT - | Progress against anticipated impact - at end September unless otherwise stated | Performance RAG |
|---|---|---|---|---|---|
| Additional practical and financial support to the care home sector. | Working with care homes to implement a programme of funding and support options to improve sustainability.<br><br>Examples of interventions for 2018/19 to include:<br><br>Progress for Providers Quality Assurance Scheme implementation and roll out in year to nursing homes and domicillary care providers.<br><br>Provision of six steps training to support advanced care planning. | £500,000.00 | Number of care homes operating in the county at end of the year = 26 (no reduction to baseline)<br><br>Number of beds in use or available for use in the county at end of year = 809 no reduction in baseline)<br><br>Number of care packages handed back to the local authority in the year = 50 (no increase on baseline)<br><br>Number of independent providers in escalating concerns over the year = 5 (no increase on baseline) | 26<br><br>809<br><br>16<br><br>0 | |
| Community Resource Team (Part 1) | A multi disciplinary team of workers to provide support to patients with clinical needs that can be managed in the community as an alternative to hospital admission or prolonged stays. Funded elements include extension of Intermediate Care Service to 10pm and contribution to overnight District Nurse Service | £328,738.00 | Number of people supported to remain at home = 50, 70,100, 90 by quarter (case load, not all "NEW")<br><br>Estimated number of hospital bed days saved = over 3000<br><br>% of people who have achieved what matters to them =100 % | Q1 - 168, Q2 - 124<br><br>2129<br><br>100% | |
| Programme Management | Programme Management Support for the Flintshire | £7,179.00 | | NA | |
| Step Up Step Down Service | Purchase of beds within a care home for the provision of either step up or step down care. Through provision of bed based care, the intent is to reduce the risk of hospital or long term bed admission or reduce the time spent within an acute or community hospital bed.<br><br>Residents are also supported by a Social Worker and/or Occupational Therapist as necessary | £430,965.00 | The following measures will be reported.<br><br># of admissions<br>of which, # that were Step Up<br>of which, # that were Step Down<br><br># of nights people were supported in a bed<br><br>% of discharges in quarter, where individual:<br>- returned home/went to live with a relative<br>- admitted to hospital<br>- went into long term care<br>- discharged for further assessment<br><br>Targets not applicable. However if there is a 50/50 split in package sacross residential and nursing homes, and the average length of stay is 4 weeks, we would support 112 packages of care. | New Admissions - 93, of which 18 were step up and 75 were step down.<br><br>Between 1st April and 30th September, a total of 2261 nights were funded in a SUSD bed.<br><br>By end of September, for those who had been admitted since April and discharged by the end of September:<br><br>36 people returned home or went to live with a relative<br>5 people were admitted to hospital<br>31 people went into long term care.<br><br>The remaining service recipients were either discharged for further assessment or died whilst being supported. | |
| | | | | | |

| | |
|---|---|
| Budget | £1,266,882.00 |
| Allocation | £1,266,882.00 |
| Balance | £0.00 |

**PRIORITY AREA FOR INTEGRATION: PEOPLE WITH LEARNING DISABILITIES AND CHILDREN WITH COMPLEX NEEDS, CARERS**

| PROJECT NAME | PROJECT DESCRIPTION | Budget Allocation as at Dec 2018 | ANTICIPATED IMPACT - outcomes achieved in 17/18 to be used as baseline targets unless specified otherwise | Progress against anticipated impact - at end September unless otherwise stated | Performance RAG |
|---|---|---|---|---|---|
| Community Resource Team (Part 2) | A multi disciplinary team of workers to provide support to patients with clinical needs that can be managed in the community as an alternative to hospital admission or prolonged stays. Funded elements include extension of Intermediate Care Service to 10pm and contribution to overnight District Nurse Service | £146,262 | Reported under OP tab | | |
| Diana Service | The project provides additional nursing and HCSW hours to children with complex / life limiting medical conditions to keep them at home in their own communities in response to fluctuating needs | £13,500 | 328738 | 9<br><br>10<br>85<br>0 | |
| Multifactoral Risk Assessment for the management and prevention of falls. | Funded service for 2 x 0.5 WTE Technical Instructors Band 4, supported by an experienced Physiotherapist (funded at one hour per week, Band 7), to undertake Multifactorial Risk Assessments for older people living within the community in line with the evidence based North Wales Falls Prevention Service model. | £28,622 | # of multifactoral risk assessments completed = 363 | 206 | Staff vacancy currently being filled - RAG status anticipated to be restored to GREEN |
| Progression Service for adults with a disability. | A team of multi disciplinary professionals to support people with disabilities in their own homes to learn new skills and become more independent so they rely less of staff support | £50,288 | 430965 | 44<br><br>To be reported at year end due to length of time in service<br><br>29%<br><br>To be reported at year end due to length of time in service | |
| Third Sector SPOA Coordinator | Provision of information, signposting and referrals to support available in the third sector and community; with the aim of maintaining independence and improving wellbeing. | £28,036 | # of NEW CASES = 301 | 164 | |
| Targetted intervention for children with complex needs | Additional targetted social worker capacity to support children and young people with complex needs and their families. | £45,227 | # of new referrals per quarter - NEW<br>Total # on caseload at end of quarter - Approx 20 per quarter<br>% of children who achieve what matters to them - NEW | 308<br>Q1 - 23. Q2 - 19<br><br>Q1 -95%, Q2 - 90% | |
| Repatriation & Prevention (RAP) | 3 service elements to support children and young people with complex needs (and their families) closer to home.<br><br>A third sector provider is contracted to provide:<br>1.Rehabilitation and therapeutic support<br>2.Provision of solutions to prevent family breakdown and/or escalation of need leading in risk of out of county placement<br><br>The third element is led by FCC to increase fostering capacity fo RAP children to provide respite for families (often foster carers themselves) | £250,000 | No of people supported (NEW CASES) | 20 new referrals have been made and accepted into the service in addition to the ongoing workload from 17/18 | |
| Dementia Project (Community) Worker - balance figure across programmes only | See DAP Additional Pot tab for detail as moved to alternative funding stream | £13,516.00 | | NA | |
| Hoarding Service | Intensive practical and emotional support to adults with hoarding tendencies or behaviours resulting from chaotic lifestyles and/or mental health. Creating safer homes, improving wellbeing and diminishing impact on local services including NHS. | £30,603 | # of people supported in the year as an active case = 20<br>% of people who achieve what matters to them = 100% | 28 by Q2<br><br>To be reported at year end | |

| | |
|---|---|
| Budget | £606,054 |
| Allocation | £606,054 |
| Balance | £0 |

**PRIORITY AREA FOR INTEGRATION: DEMENTIA**

| PROJECT NAME | PROJECT DESCRIPTION | Budget Allocation as at Dec 2018 | ANTICIPATED IMPACT | Comment on progress against anticipated impact<br><br>**Funding not confirmed until October/November with performance reporting starting in January 2019** |
|---|---|---|---|---|
| Additional support for people living with dementia moving into a new Extra Care Facility in Flint. | A new, purpose built Extra Care facility is opening in Flint in September 2018. Funding will be used to contribute to the support worker team which will be necessary to ensure that:<br>1. Tenants with dementia get the level of support required to become orientated, enabling independence within a new environment.<br>2. A "waking night" service can be implemented.<br><br>Funding identified for year one will cover the half year costs of 10 WTE support workers covering a 24/7 rota | £123,180.00 | 328738 | |
| Develop a proposed model for a "Team around the Individual" for younger people with dementia. | Funding will be used to further develop a model based on the concept of "a team around the individual" to support younger people with dementia as part of a recently agreed plan to re-locate and remodel the level and type of provision currently offered. We will work with existing service users and partners to agree a model for future delivery of services, the implementation of which will require applications for further funding from next year through the ICF.<br><br>Funding identified for year one will cover the half year costs of a Planning and Development Officer to lead on this work and associated costs for engagement activity / proof of concept work e.g. increasing respite options. | £71,043.00 | Planning and Development Officeri in place by September 2018<br><br>Model for younger people with dementia developed in conjunction with key stakeholders including service users, carers and Third Sector<br><br>Number and range of flexible respite hours provided | |
| Progress for Providers (Dementia Support) | Extension of Progress for Providers work into domicillary care providers who support people with dementia.<br><br>Funding will be used to cover the cost of a secondment into a new post to develop new tools and guidance specifically for domicillary care providers to ensure that personalised support is offered to older people living with dementia in the community. In addition, the worker will provide dedicated support to Providers to create and implement an action plan to achieve accreditation.<br><br>This work has been developing in Flintshire to date within Care Home settings, receiving a level of national acclaim (finalist in the Social Care Accolaides). The expansion will expedite our plans to introduce this work into Domicilary Care. | £20,519.00 | 430,965 | Post holder in place from October 2018/ |
| Dementia Project (Community) Worker 414614 | Funding will employ a Full time Development Officer to :<br><br>1. Scale up the development of Dementia Friendly Communities<br>2. Scale up the development of Dementia (Memory) Cafes<br>3. Implement a programme of training for care home staff and families following the “Creative Conversation” pilot completed in 17/18<br>4. Undertake a review of respite support for older people living with dementia, pilot and recommend actions for improvement<br><br>A part time role for some of the work detailed above has previously been funded through the older people revenue pot (ICF). This proposal will allow the project to be increased in scale and pace through making the post full time. This increase will allow a scaling up of points 1 and 2 above and additionality through points 3 and 4.<br><br>The additionality achieved through this funding will also increase our understanding of needs of older people and their families in relation to respite support and options that are available for further improvement. The intelligence to come through this work will support our approach to future commissioning and service development. Within existing resources, this work | £41,614.00 | 2 additional Dementia Friendly Communities<br>20 additional businesses to be accredited<br>2 additional Dementia Friendly Cafes<br>Sustainability plans in place for cafes open for 12months+<br>2 training programmes to be delivered to Care Home Staff (Creative communities work)<br>2 training programmes to be delivered to family carers<br>Revew of respite support for older people completed by June 2019 | |
| Progress for Providers - Going for Gold<br><br>78705 | In addition to the work proposed within the original Plan, Flintshire would wish to further expand its work to roll out and scale up the Progress for Providers.<br><br>Funding will be used to contract an external training provider to work specifically with those who have already achieved a bronze accreditation to give them the in depth training and development required to take them through the silver and/or gold levels. Flintshire are leading the way on this work, with learning being made available to others within the region and further afield. We will continue to look for additional ways to increase the reach of this project in order to maximise its impact, with up to £8k of this funding being used to produce materials, host regional learning events and utilise other communication methods to increase its reach | £78,705.00 | Appointment of contractor<br><br>Training and support programme delivered so that a minimum of 10 care homes are actively working towards silver/gold accreditation by April 2019 (currently - 0) | |
| Building the case for a dementia high dependency team/response in East Area.<br><br>15550 | A programme lead to scope the introduction of a specific dementia high dependency team which would provide a quick and flexible response where there is a sudden deterioration or break down in a person’s situation, be that at home or within a care setting.<br><br>This work is being undertaken at a sub regional level to cover the East Area of BCUHB region. | £15,550.00 | By April 2019, at conclusion of phase 1 of this work, the following will have been completed:<br>-Review of the evidence base around effectiveness of such teams<br>- Analysis of the current and predicted population health needs across counties<br>-Understanding of the value placed on this kind of service by those who use it<br>- Production of a full business case | |

| | |
|---|---|
| Budget | £350,611.00 |
| Allocation | £350,611.00 |
| Balance | £0.00 |

Mae'r dudalen hon yn wag yn bwrpasol

**SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEEE**

| | |
|---|---|
| **Date of Meeting** | Thursday 13th December 2018 |
| **Report Subject** | Flintshire Foster Care Services |
| **Portfolio Holder** | Cabinet Member for Social Services |
| **Report Author** | Chief Officer Social Services |
| **Type of Report** | Operational |

## EXECUTIVE SUMMARY

In Flintshire we have a well-run and effective Fostering Service. However, the service faces some significant challenges which include:

- attracting and developing foster carers to support an increasing cohort of children with complex needs, older children and sibling groups
- responding to court timelines to assess 'Connected Persons' which limits our capacity to assess general foster carers
- competing with Independent Fostering Agencies that offer higher financial remuneration for foster carers

This report explores the key challenges and the range of proactive, and innovative approaches the Service is taking in response.

| **RECOMMENDATIONS** | |
|---|---|
| 1 | Scrutiny supports the current work of the Flintshire Fostering Services to provide its statutory and legal obligations as we move to the new Regulation and Inspection of Social Care (Wales) Act (RISCA) framework. |
| 2 | Scrutiny supports the service's approach of continued innovation to identify and implement new models of Foster Care arrangements |
| 3 | Scrutiny supports the realignment and investment of resources and staff in the development of the service which supports our approach to reducing residential 'out of county' placements |

**REPORT DETAILS**

<table>
<tr><th>1.00</th><th>BACKGROUND</th></tr>
<tr><td>1.01</td><td>RISCA</td></tr>
<tr><td></td><td>The service provides key statutory provision under The Fostering Services (Wales) Regulations 2003. In April 2019 the service will be registered and regulated under the Regulation and Inspection of Social Care (Wales) Act (RISCA). The Service is experienced in working under a regulatory framework and has been proactive in attending briefings on the new RISCA requirements to assist our transition to the new arrangements.</td></tr>
<tr><td></td><td>General Foster Carers</td></tr>
<tr><td></td><td>The Service responds to high levels of placement demand with robust assessment processes in place to ensure that potential foster carers have the requisite skills, motivation and aptitude for the challenges and rewards that Fostering bring.</td></tr>
<tr><td>1.02</td><td>General foster carers provide the foundation for the majority of care experiences for Children and Young People.<br><br><u>Figure 1.Foster Carers 2015-2018</u><br><br>
<table>
<tr><th>Year</th><th>General Carers</th></tr>
<tr><td>2015/2016</td><td>78</td></tr>
<tr><td>2016/2017</td><td>79</td></tr>
<tr><td>2017/2018</td><td>77</td></tr>
<tr><td>2018/2019</td><td>78</td></tr>
</table>
<br>These figures indicate the consistent number of general carers. However, the data masks some of the throughput that all Fostering Services experience with Foster carers leaving due to retirement, or personal choice not to continue in their role. We do know that we need to build our capacity to recruit and develop a higher number of foster carers to respond to growing placement demand.</td></tr>
<tr><td></td><td>Connected Persons</td></tr>
<tr><td></td><td>Connected person carers are often referred to as Kinship Carers. These carers are often Uncles / Aunties / Grandparents / elder siblings and very close knit family friends.</td></tr>
</table>

1.03 Figure 2.Connected Persons

| Year | Connected Persons |
|---|---|
| 2015/2016 | 36 |
| 2016/2017 | 41 |
| 2017/2018 | 46 |
| 2018/2019 | 50 |

These carers have a dedicated sub-team within the service. These numbers reflect both regional, Welsh and UK increase in this particular cohort of carers and reinforces the Welsh Governments targets of seeking to maintain children within their geographical area with access to peer, social, CAMH's and education provision. Whilst a positive choice for children and young people the assessment process for Connect Persons is usually aligned to court proceedings, where timelines are prescribed, and can draw our capacity to assess general foster carers.

1.04 **Market and Recruitment Strategy**

Underpinning the identifications of potential general carers is the Market and Recruitment Strategy which seeks to utilise modern methods of social media to be at the forefront of recruitment activities in the region. The objectives of the strategy are;

- To identify specific general carers
- To identify specific carers who provide Parent and Child placements
- To identify specific carers for our Repatriation and Prevention scheme in conjunction with Action For Children
- To identify specific carers who can provide care to sibling groups
- To identify specific carers for Children and Young People with complex health, disability or life limiting conditions.

It should be noted we operate in a highly competitive market environment, where private foster care agencies can offer greater financial reward. However, from our research it is apparent that many applicants choose the LA as the combination of support and financial means, are of greater incentive in becoming our carers.

1.05 **Special Guardianship Orders**

The service operates a distinct Special Guardianship team. This recognises that where connected persons, general carers and children subject to legal proceedings wish to have more autonomy in the daily decision making of the child(ren) in their care. We currently operate under the recently implemented Special Guardianship Order (2016) policy, practice and guidelines.

Figure 3. SGO 2017-2019

| Year | Numbers |
|---|---|
| 2017/2018 | 10 |
| 2018/2019 | 6 |

These numbers refer to the number of children who were made subject to SGO's. In both years approximately 50% were in connected / general care settings whilst the remaining percentage was made up of legal proceedings or where SGO are issued in substitute for foster care.

1.06 Innovation, Awards and Rewards

The service provides a well-respected range of care to a diverse group of children and young people. We are however aware of the need to maintain a competitive advantage by recognising good areas of practices, a dynamic recruitment process and the innovations of new models of care.

1.07 Good Areas of Practice

Importantly these have provided invaluable media attention and acts as an excellent avenue to promote the service. In recent years we have been the recipients of the following awards;

- Fostering Friendly Employer of the Year 2017
- The Fostering Network's Excellence Award for contribution by a Foster Care 2018
- The Fostering Network's Excellence Awards for Sons and Daughters 2018

We have also been at the forefront of regional and national developments including:

- Kinship Best Practice Guide (2018)
- Market and Recruitment Strategy (2018)

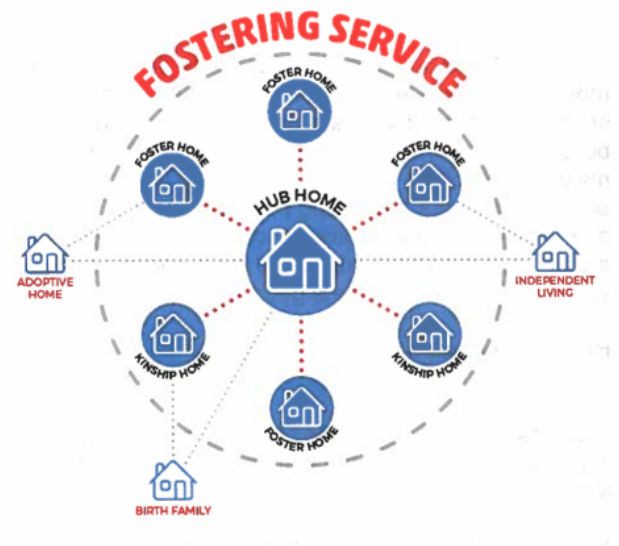
Both these awards and practice guidance's demonstrate a dynamic within the service to ensure we maintain a pro-active approach and further reinforces the commitment of our carers to provide high quality care.

Innovation

We have recently been awarded a £30,000.00 grant through the NESTA 'Innovate to Save' grant scheme having been subjected to an extensive application process. This funding will provide the financial resources to research a new model of foster care. (See Mockingbird Programme below).

Mockingbird Programme

We are seeking to implement a research tested model of care called the Fostering Network's Mockingbird programme of family care. This centres on

| | |
|---|---|
| | a constellation where one foster care home acts as a hub, offering planned and emergency respite, advice, training and support to six to ten satellite fostering families. The model emanates from the Mockingbird society in America (2004) (see below)<br><br>Figure 4. Illustration of the Model<br><br>  <br><br><br>The Model builds upon the following;<br><br>• Strong relationships with those in the constellation<br>• Empowering families to support each other<br>• A reduction in the number of placement breakdowns<br>• The development of a robust and resilient structure which offers support through times of crisis and transition<br>• Higher level of Foster Carer retention and recruitment<br>• Better contact levels between birth family members<br>• Costs saved (avoidance of expensive out of county provision)<br><br>Within England testimony from Local Authorities as diverse as London Borough of Tower Hamlets, Stockport to Hertfordshire indicate the net values of the programme. In total there are 18 LA and three private fostering agencies having adopted the model.<br><br>The 'Innovate to Save' scheme will develop the business case for the implementation of the Mockingbird Model in Flintshire, including the associated cost and funding model. If Flintshire County Council then proceed to implement the model, it will be the first to do so in Wales. |

| **2.00** | **RESOURCE IMPLICATIONS** |
|---|---|
| 2.01 | There is a clear recognition that in an environment of competitive advantage and challenge we need to ensure sufficient staff resources are available to |

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|---|---|
| | assess and support foster carers, whilst creating the capacity to develop new service models and approaches. |
| 2.03 | Resources are being realigned to enable the appointment of an additional Senior Practitioner (temporary up until 2019) to assist with the daily management of the service and implementation of the changes noted. The Mockingbird research will consider whether a business case can be evidenced for sustained efficiencies that would enable the continued funding of the post, and in turn continued development of the Service. |

| **3.00** | **CONSULTATIONS REQUIRED / CARRIED OUT** |
|---|---|
| 3.01 | The research into the Mockingbord model will involve extensive consultation and engagement with Foster Carers to develop their understanding and interest in the model as well as influencing how it can be successfully applied in Flintshire. |

| **4.00** | **RISK MANAGEMENT** |
|---|---|
| 4.01 | The potential for failing to comply with RISCA is being managed through the development of an action plan to ensure that we implement the necessary requirements within the prescribed timelines. |
| | Failure to develop our Service and attract Foster Carers will lead to an increased reliance on expensive, and potentially inappropriate, residential placements. |

| **5.00** | **APPENDICES** |
|---|---|
| 5.01 | None. |

| **6.00** | **LIST OF ACCESSIBLE BACKGROUND DOCUMENTS** |
|---|---|
| 6.01 | None.<br><br>**Contact Officer:** Peter Robson<br>**Telephone:** 01352 70128<br>**E-mail:** peter.robson@flintshire.gov.uk |

| **7.00** | **GLOSSARY OF TERMS** |
|---|---|
| 7.01 | None. |

**SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE**

| | |
|---|---|
| **Date of Meeting** | Thursday, 13th December 2018 |
| **Report Subject** | Update on Flint and Holywell Extra Care facilities |
| **Cabinet Member** | Cabinet Member for Social Services |
| **Report Author** | Chief Officer (Social Services) |
| **Type of Report** | Operational |

## EXECUTIVE SUMMARY

To provide an update on the development of the two new extra care schemes in Flintshire.

The development of two further extra care schemes in the Holywell and Flint localities is an explicit priority in Flintshire's Improvement Plan and Housing Strategy.

The Flint extra care scheme, Llys Raddington, is now complete , costing circa 9m and offers 73 units with a mix of 1 and 2 bedroom apartments, along with specific apartments for individuals living with dementia. Over the last couple of months residents have been moving into the scheme, which is now at full capacity. Feedback so far is very positive with residents and families both being happy with the move-in process and facilities available.

The construction for the Holywell extra care scheme is now underway; costing approx. 8.5m it will offer 55 apartments with a mix of 1 and 2 bedroom apartments, along with specific apartments for individuals living with dementia. The site agreed for the development is the former Ysgol Perth Y Terfyn site on Halkyn Street, Holywell.

The name of the scheme is currently out for consultation with Welsh groups, local members and the Town Council.

The provision of onsite care and support staff will provide, for some people, a suitable alternative to residential care. Supporting an individual in extra care is more cost efficient than residential care for the Social Services department which is responsible for ensuring care needs are met. The expected completion date for Holywell extra care is spring of 2020.

| RECOMMENDATIONS | |
|---|---|
| 1 | That Members consider and continue to support the development of these Extra Care housing schemes in Flintshire. |
| 2 | To support and engage in the forthcoming publicity and consultation events which will promote the Holywell Extra Care development, commencing in early 2019. |

## REPORT DETAILS

| 1.00 | EXPLAINING THE PLANNING AND DEVELOPMENT OF THE EXTRA CARE SCHEMES IN FLINT AND HOLYWELL |
|---|---|
| 1.01 | The extra care schemes in Shotton (Llys Eleanor) and Mold (Llys Jasmine) have been very successful. They remain oversubscribed and are immensely popular. They are seen to provide a supported accommodation solution that exceeds other forms of provision such as residential care. |
| 1.02 | As part of our demand management for an aging population with care and support needs Flintshire is opening two further Extra Care schemes in Flint and Holywell, with Llys Raddington newly opened and Holywell extra care scheme due for completion spring 2020. The extra care model for the new schemes will provide accommodation that is intended to maintain a person's independence but is flexible when their needs change. The presence of 24 hour care staff on site means that if a person's needs change dramatically they can remain in the environment where they are comfortable and have developed networks. Extra care as a result offers individuals greater choice and control and a real alternative to residential care where people can retain their independence, and couples can stay together. |
| 1.03 | **Flint Extra Care – Llys Raddington** |
| 1.04 | Tŷ Glas is the Registered Social Landlord (RSL) for the Flint development, a subsidiary of the Pennaf Housing Group. |
| 1.05 | The site for the Flint scheme is the former site of maisonette dwellings, located on the corner of Coleshill Road and Earl Street, Flint. The site has close proximity to Flint Library, the newly opened Health Centre, the Jade Jones Pavilion and town centre. |
| 1.06 | The £9 million scheme provides, in summary:<br>• 4 floors with lift and stair access<br>• Accommodation: 73 apartments in total comprising of 43 x 1 bedroom apartments + 30 x 2 bedroom apartments<br>• Office and reception areas,<br>• Restaurant, with terrace, lounge area and a sky lounge<br>• Assisted bathroom facilities<br>• Memory floor (apartments specifically designed for individuals living |

| | |
|---|---|
| | with dementia) – with 15 apartments and a lounge/dining space<br>• Other facilities including: laundry, multi-purpose activity rooms, storage and maintenance<br>• Central courtyard and access to the Pavilion and town centre<br>• Parking for 23 cars, plus ambulance bay drop-off and buggy store |
| 1.07 | An experienced interior designer, with specific knowledge and expertise in supported accommodation for people living with dementia, has supported Pennaf along with Social Services colleagues to develop an interior design that meets the needs of those that will be living in the scheme, this includes themed floors, the use of non-reflective materials, no 'busy' patterns on wallpapers and soft furnishings, whilst creating a homely and warm feel to the scheme. |
| 1.08 | Construction of the extra care development was completed in October 2018. The build took approximately 2 years to complete, after experiencing slight delays due to the archaeology, weather and recruitment of tradesman. |
| 1.09 | The scheme has successfully accommodated 81 individuals within the 73 apartment scheme. The residents are all from Flintshire, or who have a strong connection to Flintshire, are 60 years of age plus and have a care and support need. |
| 1.10 | The Council will provide the care in-house, using the very successful models used at the other 2 schemes. This includes a core staff team for the daytime shifts along with a waking night care model. The care and support staff have been recruited and received relevant training before the scheme opened its doors on the 15th October 2018. |
| 1.11 | Clwyd Alyn provide the onsite housing support for Llys Raddington, with a full time Extra Care Manager based onsite. |
| 1.12 | The Operational Group, established between Tŷ Glas, Clwyd Alyn, Social Services, successfully supported the planning and management of all operational matters as the construction completed and operations commenced. The Group will now support operational staff in any teething issues over the coming months to ensure a smooth move in for all residents and staff. Lessons learnt will be captured from this scheme to inform our development of Holywell extra care and other future schemes. |
| 1.13 | Feedback to date from residents and families that have moved in has been really positive; compliments have praised the quality of accommodation and facilities and in particular the smooth move-in process as well as how quickly residents have settled. Here are a couple of compliments received so far:<br><br>*"I couldn't be happier with your care at Llys Raddington everything has surpassed my expectations and I know mum is going to be safe and happy there… Mum seems to have improved physically in the one week I was there with her, she is walking more and standing more upright, she is ready to try anything again and is thriving on the company, these are all the things I was hoping for but had not expected such immediate results"*<br><br>*"I can't tell you how much you have done for my Aunt and myself. It goes far beyond anything we expected. The staff are so lovely and friendly, it has made a hard move* |

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|---|---|
| | *feel so much like the perfect one. A big weight has been lifted from my shoulders and I know the care you give is wonderful"*<br><br>*One gentleman has invited staff for nibbles and drinks in his (and his wife's apartment), he's invited many people that live here over a couple of days. He said he's had a new lease of life since living in Llys Raddington; he has even been out on his push bike (something he hasn't done for over 40 years).* |
| 1.14 | Planning for the official opening of the scheme has commenced and is scheduled to take place next Spring 2019. A royal request has been submitted for the official opening and an outcome still awaited. |
| 1.19 | **Holywell Extra Care** |
| 1.20 | Wales and West is the RSL for the Holywell development. |
| 1.21 | The site confirmed for the Holywell development is the former Ysgol Perth Y Terfyn school site, located on Halkyn Street, Holywell. The site is in close proximity to the town centre, the Community Hospital and a pharmacy. |
| 1.22 | The scheme will provide, in summary:<br><br>• 4 floors with lift and stair access<br>• Accommodation: 55 apartments compromising of a mix of 44 x 1 bedroom apartments + 11 x 2 bedroom apartments<br>• Office and reception areas,<br>• Restaurant, with outside terrace, and lounge areas<br>• Assisted bathroom facilities<br>• Memory floor – with 5 apartments and a lounge/ dining space<br>• Other facilities including: laundry, multi-purpose communal space, storage and maintenance<br>• Private gardens and woodland walks, accessed via a bridge as well as closely proximity to the Community Hospital, pharmacy and town centre<br>• Parking for 24 cars, plus ambulance bay drop-off and buggy store |
| 1.23 | Following successful land acquisition, the development of the scheme commenced in summer 2018 with demolition activities followed by the erection of the steel frame. The construction is programmed to last approximately 20 months, with completion scheduled for spring 2020. |
| 1.24 | The scheme will be eligible to older adults (50+ years old), but allowing for some flexibility within the scheme for younger individuals with similar care needs. Individuals must be living in Flintshire, or have a strong connection, and have a care and support need or housing need. |
| 1.25 | The name of the scheme is currently out for consultation with Welsh groups, local members and the Town Council. A name will be agreed by the end of the year. The new name will be promoted in January, with a timely photo opportunity on the developing site. |
| 1.26 | An Operational Group has been established between Wales and West and Social Services to plan and manage all operational matters as the construction progresses. |

| | |
|---|---|
| 1.27 | A launch event is being organised for March 2019 to promote and raise awareness of the developing scheme and to officially open the expressions of interest. |

| **2.00** | **RESOURCE IMPLICATIONS** |
|---|---|
| 2.01 | Both RSLs have utilised Intermediate Care Funding (ICF) in 2015/16 between them which has been subsidised by other Social Housing Grants, Housing Finance Grants and self-financing models. Each RSL partner has provided formal details of how and when the ICF has been spent. |
| 2.02 | The revenue funding for Llys Raddington is £700K full year, £170k of which is provided by the integrated care fund (ICF) for people living with Dementia.<br><br>The revenue funding for Holywell schemes will form part of a budget pressure bid going forward to 20/20 and for discussion in the medium term financial plan. |

| **3.00** | **CONSULTATIONS REQUIRED / CARRIED OUT** |
|---|---|
| 3.01 | Both Flint and Holywell extra care developments have completed local consultations, as part of their pre-planning requirements. |
| 3.02 | Holywell scheme has a marketing plan to outline key communications in the marketing and promotion of the schemes during the planning, construction and completion phases. |
| 3.03 | The Holywell extra care scheme is currently in consultation regarding its possible name. The name will be agreed by the end of the year. |

| **4.00** | **RISK MANAGEMENT** |
|---|---|
| 4.01 | The Flint Llys Raddington scheme has now completed.<br><br>The key milestones for the development of Holywell extra care has been agreed, which includes the construction completion February 2020 and opening of the scheme March 2020. Project risk registers have been compiled to report, monitor and mitigates the risks associated with both the schemes. |
| 4.02 | Both schemes have a governance structure in place. Risks are managed by operational groups and escalated to Project Boards when and if required. |

| **5.00** | **APPENDICES** |
|---|---|
| 5.01 | Please find attached copies of the photos and designs for both extra care |

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|---|---|
| | schemes: |
| 5.02 | Appendix 1 – Llys Raddington artist impression |
| 5.03 | Appendix 2 – Llys Raddington Show Flat |
| 5.04 | Appendix 3 – Llys Raddington group picture |
| 5.05 | Appendix 4 – Llys Raddington outside picture |
| 5.06 | Appendix 5 – Holywell existing and proposed plans |
| 5.07 | Appendix 6 – Holywell proposed ground and first floor plans |
| 5.08 | Appendix 7 – Holywell proposed second and third floor plans |

| **6.00** | **LIST OF ACCESSIBLE BACKGROUND DOCUMENTS** |
|---|---|
| 6.01 | None.<br><br>**Contact Officer:** Susie Lunt, Senior Manager Integrated Services, Lead Adults<br>**Telephone:** 01352 701407<br>**E-mail:** Susie.lunt@flintshire.gov.uk |

| **7.00** | **GLOSSARY OF TERMS** |
|---|---|
| 7.01 | **Extra Care Scheme** – extra care schemes provide independent living and greater housing choices for some older people in Flintshire; apartments can be purchased or rented to people aged 60+ who have care and accommodation needs. Llys Eleanor, our first extra care scheme, was developed by Flintshire County Council in partnership with the Pennaf Housing Group and provides 50 one and two bedroom apartments and a range of communal facilities. Llys Jasmine, our second innovative extra care scheme opened to accommodate its first tenants in October 2013. Developed in partnership with Wales & West Housing the scheme proves a total of 63 apartments and bungalows of which 15 are specifically designed for people with dementia. Both schemes feature state of the art alarm systems and 24 hour care is available on site. |
| 7.02 | **Housing Finance Grants**: repayable funding made available by the Welsh Government to assist RSL in financing the development of projects delivering affordable housing across Wales, including extra care housing for older people. |
| 7.03 | **Intermediate Care Funding**: The aim of the 2016-17 intermediate care fund (ICF) is to drive and enable integrated working between social services, health and housing and the third and independent sectors. The focus of the intermediate care fund in 2014-15 and 2015-16 has been on integrated working to help avoid unnecessary hospital admissions, or inappropriate |

| | |
|---|---|
| | admission to residential care, as well as preventing delayed discharges from hospital. |
| 7.04 | **Registered Social Landlord (RSL)**: The vast majority of Registered Social Landlords are also known as Housing associations. Housing associations are independent, not-for-profit organisations that are registered with the government to provide homes for people in housing need. |
| 7.05 | **Social Housing Grants**: funds housing schemes that meet local needs and priorities as identified by local authorities. |
| 7.06 | **Supported Living** - Housing and support that is built around a person, allowing them to choose where they live, with whom and how they are supported. |

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Mae'r dudalen hon yn wag yn bwrpasol


**1 Site Plan - Existing**

Scale: 1 : 500

N

**Red line indicates site boundary**


**2 Site Plan - Proposed**

Scale: 1 : 500

N

**Red line indicates site boundary**

0m 2m 4m 6m 8m

A1

VISUAL SCALE 1:100 @ A1

**Notes**

Figured dimensions are to be used in all case.
Dimensions should not be scaled from drawing
All existing dimensions should be checked on site before commencement of the work.
Any discrepancies in dimensions should be clarified with the Architect prior to commencement of the work.
No deviation from this drawing will be permitted without the prior written consent of the Architect.
This drawing is to be read in conjunction with all the relevant Mechanical and Electrical drawings.
This drawing is to be read in conjunction with the relevant Structural Engineer's drawings, structural calculations and recommendations.
This drawing is to be read in conjunction with the relevant Fire Safety Strategy drawings



**The site plans are to be read in conjunction with the arboricultural survey and tree constraint drawing by TEP Ref: D6232.001. An ecological assessment by TEP has also been completed refer to report Ref: 6232.001. The trees labelled on the plans in RED are labels transferred from the arboricultural survey.**

| Rev. | Revision description | Drawn | Checked | Date |
|---|---|---|---|---|
| P13 | Drawing updated following building layout alterations | EP | NM | 30.10.17 |
| P12 | Stair & Service changes | EP | NM | 25/10/17 |
| P11 | Revised for Planning Amendment - Reduced Boundary, Larger Restaurant | EP | NM | 09.10.17 |
| P10 | Revert to P02 | EP | NM | 08.09.17 |
| P09 | Retaining Wall minor reduction | EP | NM | 01.09.17 |
| P08 | Revised planning | EP | NM | 17.08.17 |
| P07 | Issued For Planning Application | EP | NM | 13.07.17 |
| P06 | Omitted 4 one Bed units and undercraft. Indicated HV cable route and repositioned retaining wall and parking bays accordingly | BP | NM | 23.06.17 |
| P05 | Building moved. Retaining wall amended. Number of 1 bed apartments increased and 2 bed apartments decreased. Floor plan amended. Vertical risers added. | BP | NM | 16.06.17 |
| P04 | First issued for Consultation | FB | NM | 06.06.16 |
| P03 | Issued for Public Consultation | FB | NM | 18.05.17 |
| P02 | Client Amendments | DP | NM | 03.05.17 |
| P01 | First Issue of Drawing | DP | NM | 24.03.17 |

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Project

WWH - Extracare Perth Y Terfyn - Holywell Halkyn Road

Title

Site Plan- Existing and Proposed

| LMA Project | Drawing number | Rev. |
|---|---|---|
| 1456 | HEC-LMA-00-XX-DR-A-1001 | P13 |

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**1 Proposed Ground Floor Plan Overview**

Scale: 1 : 200


**2 Proposed First Floor Plan Overview**

Scale: 1 : 200

0m 2m 4m 6m 8m A1

VISUAL SCALE 1:100 @ A1

**Notes**

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## Apartment types

| Apartment Schedule WIP | | |
|---|---|---|
| *Level* | *Apartment Type* | *Count* |
| **level 00** | | |
| level 00 | 1 bed | 4 |
| level 00 | 2 bed | 3 |
| | | 7 |
| **level 01** | | |
| level 01 | 1 bed | 13 |
| level 01 | 2 bed | 3 |
| | | 16 |
| **level 02** | | |
| level 02 | 1 bed | 13 |
| level 02 | 2 bed | 3 |
| | | 16 |
| **level 03** | | |
| level 03 | 1 bed | 13 |
| level 03 | 2 bed | 3 |
| | | 16 |
| **Grand total: 55** | | 55 |

1 Bed Apartment
2 Bed Apartment

| Rev. | Revision description | Drawn | Checked | Date |
|---|---|---|---|---|
| P14 | Drawing updated following building layout alterations | EP | NM | 30.10.17 |
| P13 | Stair & Service changes | EP | NM | 25/10/17 |
| P12 | Memory Garden to FF | EP | NM | 23.10.17 |
| P11 | Revised for Planning Amendment - Reduced Boundary, Larger Restaurant | EP | NM | 09.10.17 |
| P10 | Revised planning | EP | NM | 17.08.17 |
| P09 | Issued For Planning Application | EP | NM | 13.07.17 |
| P08 | Omitted 4 one Bed units and undercraft. Indicated HV cable route and repositioned retaining wall and parking bays accordingly | BP | NM | 23.06.17 |
| P07 | Plan updated according to elevations | BP | NM | 20.06.17 |
| P06 | Building moved. Retaining wall amended. Number of 1 bed apartments increased and 2 bed apartments decreased. Floor plan amended. Vertical risers added. | BP | NM | 16.06.17 |
| P05 | Revised following client meeting | FB | NM | 06.06.17 |
| P04 | Issued for Public Consultation | FB | NM | 18.05.17 |
| P03 | Amendments to Apartment Layouts and External Treatments | ST | NM | 10.05.17 |
| P02 | Client Amendments | DP | NM | 03.05.17 |
| P01 | First Issue of Drawing | DP | NM | 24.03.17 |

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Project
WWH - Extracare Perth Y Terfyn - Holywell
Halkyn Road

Title
GA Proposed Ground and First Floor Plans

| LMA Project | Drawing number | Rev. |
|---|---|---|
| 1456 | HEC-LMA-00-XX-DR-A-2000 | P14 |



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**1 Proposed Second Floor Plan Overview**

Scale: 1 : 200


**2 Proposed Third Floor Plan Overview**

Scale: 1 : 200

0m 2m 4m 6m 8m A1

VISUAL SCALE 1:100 @ A1

**Notes**

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This drawing is to be read in conjunction with the relevant Structural Engineer's drawings, structural calculations and recommendations.
This drawing is to be read in conjunction with the relevant Fire Safety Strategy drawings



## Apartment types

**Apartment Schedule WIP**

| Level | Apartment Type | Count |
|---|---|---|
| **level 00** | | |
| level 00 | 1 bed | 4 |
| level 00 | 2 bed | 3 |
| | | 7 |
| **level 01** | | |
| level 01 | 1 bed | 13 |
| level 01 | 2 bed | 3 |
| | | 16 |
| **level 02** | | |
| level 02 | 1 bed | 13 |
| level 02 | 2 bed | 3 |
| | | 16 |
| **level 03** | | |
| level 03 | 1 bed | 13 |
| level 03 | 2 bed | 3 |
| | | 16 |
| **Grand total: 55** | | 55 |

1 Bed Apartment
2 Bed Apartment

| Rev. | Revision description | Drawn | Checked | Date |
|---|---|---|---|---|
| P14 | Drawing updated following building layout alterations | EP | NM | 30.10.17 |
| P13 | Stair & Service changes | EP | NM | 25/10/17 |
| P12 | Memory Garden to FF | EP | NM | 23.10.17 |
| P11 | Revised for Planning Amendment - Reduced Boundary, Larger Restaurant | EP | NM | 09.10.17 |
| P10 | Revised planning | EP | NM | 17.08.17 |
| P09 | Issued For Planning Application | EP | NM | 13.07.17 |
| P08 | Omitted 4 one Bed units and undercraft. Indicated HV cable route and repositioned retaining wall and parking bays accordingly | BP | NM | 23.06.17 |
| P07 | Plan updated according to elevations | BP | NM | 20.06.17 |
| P06 | Building moved. Retaining wall amended. Number of 1 bed apartments increased and 2 bed apartments decreased. Floor plan amended. Vertical risers added. | BP | NM | 16.06.17 |
| P05 | Revised following client meeting | FB | NM | 06.06.17 |
| P04 | Issued for Public Consultation | FB | NM | 18.05.17 |
| P03 | Amendments to Apartment Layouts and External Treatments | ST | NM | 10.05.17 |
| P02 | Client Amendments | DP | NM | 03.05.17 |
| P01 | First Issue of Drawing | DP | NM | 24.03.17 |

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Project
WWH - Extracare Perth Y Terfyn - Holywell
Halkyn Road

Title
GA Proposed Second and Third Floor Plans

| LMA Project | Drawing number | Rev. |
|---|---|---|
| 1456 | HEC-LMA-00-XX-DR-A-2001 | P14 |

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| SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE |
|---|

| | |
|---|---|
| **Date of Meeting** | Thursday 13th December, 2018 |
| **Report Subject** | Council Plan 2018/19 Mid-Year Monitoring Report |
| **Cabinet Member** | Cabinet Member for Social Services |
| **Report Author** | Chief Officer (Social Services) |
| **Type of Report** | Operational |

## EXECUTIVE SUMMARY

The Council Plan 2018/19 was adopted by the Council in June 2018. This report presents the monitoring of progress at the mid-year point 2018/19 for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.

Flintshire is a high performing Council as evidenced in previous Council Plan monitoring reports and the recent Annual Performance Report. This mid-year monitoring report for the 2018/19 Council Plan shows that 88% of activities are making good progress with 81% likely to achieve their planned outcomes. 79% of the performance indicators have met or exceeded their targets. Risks are being managed with a minority of 18% being assessed as major.

This report is an exception based report and therefore detail focuses on the areas of under-performance.

| RECOMMENDATIONS | |
|---|---|
| 1 | That the Committee consider the mid-year Council Plan Monitoring Report 2018/19 to monitor under performance and request further information as appropriate. |

**REPORT DETAILS**

| 1.00 | **EXPLAINING THE COUNCIL PLAN 2017/18 MONITORING REPORT** |
|---|---|
| 1.01 | The Council Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2018/19 Council Plan. The narrative is supported by performance indicators and / or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are being controlled. |
| 1.02 | This is an exception based report and detail therefore focuses on the areas of under-performance. |
| 1.03 | **Monitoring our Activities**<br>Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: -<br>• RED: Limited Progress – delay in scheduled activity; not on track<br>• AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track<br>• GREEN: Good Progress – activities completed on schedule, on track<br><br>A RAG status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Outcome has been categorised as: -<br>• RED: Low – lower level of confidence in the achievement of the outcome(s) in-year<br>• AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) in-year<br>• GREEN: High – full confidence in the achievement of the outcome(s) |
| 1.04 | In summary our overall progress against activities is:<br><br>**Progress**<br>• We are making good (green) progress in 46 (88%).<br><br>• We are making satisfactory (amber) progress in 6 (12%).<br><br>**Outcome**<br>• We have a high (green) level of confidence in the achievement of 42 (81%) outcomes.<br><br>• We have a medium (amber) level of confidence in the achievement of 10 (19%) outcomes.<br><br>• There are no low (red) levels of confidence. |

| | |
|---|---|
| 1.05 | **Monitoring our Performance**<br><br>Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG (Red, Amber Green) status. This is defined as follows: -<br><br>• RED equates to a position of under-performance against target.<br>• AMBER equates to a mid-position where improvement may have been made but performance has missed the target.<br>• GREEN equates to a position of positive performance against target. |
| 1.06 | Analysis of current levels of performance against target shows the following:<br><br>• 44 (78.6%) have achieved a green RAG status<br><br>• 6 (10.7%) have an amber RAG status<br><br>• 6 (10.7%) have a red RAG status |
| 1.07 | The performance indicators (PI) which show a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee are: -<br><br>**Percentage of looked after children with a timely health assessment**<br>Significant improvement has been made in the last 6 months; the looked after nurse regularly attends team meetings and manages the assessment appointments. BCUHB have increased the availability of appointments per month to 6 slots and have recruited 2 trainee doctors to assist with Health assessments from October 2018. |
| 1.08 | **Monitoring our Risks**<br><br>Analysis of the current risk levels for the strategic risks identified in the Council Plan is as follows: -<br><br>• 3 (7%) are insignificant (green)<br><br>• 4 (9%) are minor (yellow)<br><br>• 29 (66%) are moderate (amber)<br><br>• 8 (18%) are major (red)<br><br>• 0 (0%) are severe (black) |

| | |
|---|---|
| 1.09 | The major (red) risk identified for the Social & Health Care Overview & Scrutiny Committee are: -<br><br>**Demand outstrips supply for residential and nursing home care bed availability.**<br>The expansion of Marleyfield to support the medium term development of the nursing sector continues under the direction of Programme Board. The re-phasing of Integrated Care Fund (ICF) capital to fit in with our capital programme, has been agreed by WG. There are several active workstreams, including the development of resources to support the sector, diagnostic reviews from providers.<br>The Cabinet Secretary for Economy and Transport visited the Authority on 24th September and was very supportive of the microcare initiative being introduced as a result of the Strategic Opportunity Review. The care@flintshire portal has been populated with useful information to support providers. |

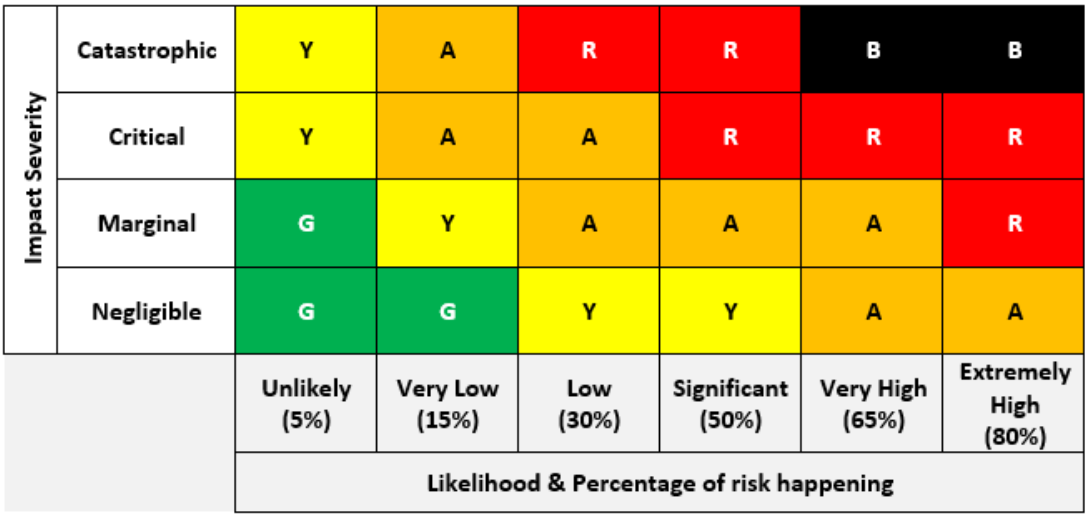
| **2.00** | **RESOURCE IMPLICATIONS** |
|---|---|
| 2.01 | There are no specific resource implications for this report. |

| **3.00** | **CONSULTATIONS REQUIRED / CARRIED OUT** |
|---|---|
| 3.01 | The Council Plan Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest. |
| 3.02 | Chief Officers have contributed towards reporting of relevant information. |

| **4.00** | **RISK MANAGEMENT** |
|---|---|
| 4.01 | Progress against the risks identified in the Council Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.07 and 1.09 above. |

| **5.00** | **APPENDICES** |
|---|---|
| 5.01 | Appendix 1 - Council Plan 2018/19 – mid-year Monitoring Report – Supportive Council. |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
|---|---|
| 6.01 | **Council Plan 2017/18:** http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx<br><br>**Contact Officer:** Margaret Parry-Jones<br>**Telephone:** 01352 702324<br>**E-mail:** Margaret.parry-jones@flintshire.gov.uk |

| 7.00 | GLOSSARY OF TERMS |
|---|---|
| 7.01 | **Council Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish a Council Plan. |
| 7.02 | **Risks:** These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time. |
| 7.03 | **Risk Likelihood and Impact Matrix**<br>  <br><br><br>The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit. |
| 7.04 | **CAMMS – An explanation of the report headings** |
| | **Actions**<br>Action – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority.<br>Lead Officer – The person responsible for updating the data on the action.<br>Status – This will either be 'In progress' if the action has a start and finish date or 'Ongoing' if it is an action that is longer term than the reporting year.<br>Start date – When the action started (usually the start of the financial year). |

End date – When the action is expected to be completed.
% complete - The % that the action is complete at the time of the report. This only applies to actions that are 'in progress'. An action that is 'ongoing' will not produce a % complete due to the longer-term nature of the action.
Progress RAG – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green).
Outcome RAG – Shows the level of confidence in achieving the outcomes for each action.

**Measures (Key Performance Indicators - KPIs)**
Pre. Year Period Actual – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as 'no data'.
Period Actual – The data for this quarter.
Period Target – The target for this quarter as set at the beginning of the year.
Perf. RAG – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.
Perf. Indicator Trend – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year:

- A 'downward arrow' always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire).
- Similarly an 'upward arrow' always indicates improved performance.

YTD Actual – The data for the year so far including previous quarters.
YTD Target – The target for the year so far including the targets of previous quarters.
Outcome RAG – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), Medium – uncertain level of confidence in the achievement of the target (Amber) and High - full confidence in the achievement of the target (Green).

**Risks**
Risk Title – Gives a description of the risk.
Lead Officer – The person responsible for managing the risk.
Supporting Officer – The person responsible for updating the risk.
Initial Risk Rating – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).
Current Risk Rating – The level of the risk at this quarter.
Trend Arrow – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow).
Risk Status – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.

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# Performance Progress Report

Flintshire County Council



CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL

*Print Date: 23-Nov-2018*

# Supportive Council

# 1 Supportive Council

## Actions

| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.3.1.1 Expand and support the care sector to enable people to live well and have a good quality of life | Jane M Davies - Senior Manager, Safeguarding & Commissioning | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
The 32 bed expansion of Marleyfield Care Home is in the design phase, with a planned operational date of mid-2021. Hwb Cylfe, the planned replacement for Glanrafon Day Centre for people with a learning disability, is in the construction phase following confirmation of a £4m capital investment, and will open in Spring 2019. Our new Extra Care facility in Flint, Llys Raddington, opened on 15th October, comprising 73 apartments, all of which are allocated; the centre already has a waiting list. The fourth Extra Care facility in Holywell is in the construction phase, with an expected operational date of 2021. In September 2018 the Progress for Providers project was publicly recognised, winning the Social Care Wales Accolades Awards for 'Excellent outcomes for people of all ages by investing in the learning and development of staff'. The project was also a finalist in the Association for Public Service Excellence (APSE) Awards - 'Celebrating outstanding achievement and innovation within UK local government service delivery', also held in September 2018. We are progressing the roll out for domiciliary and nursing care. The regional framework for Domiciliary Care is now in place; some new providers have come on board, and we are working regionally to reopen the framework to increase numbers further.

Last Updated: 02-Nov-2018



| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.3.1.2 Support greater independence for individuals with a frailty and/or disability, including those at risk of isolation. | Susie Lunt - Senior Manager, Integrated Services and Lead Adults | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
The staged replacement of double handed care is progressing, with Occupational Therapy practitioners reviewing all double handed packages as they are discharged from hospital. They are also doing in-reach work with the community hospitals around the necessity for double handed care. A new 37 hour post in partnership with Flintshire Local Voluntary Council (FLVC) has been recruited in the Single Point of Access to support social prescribing. We are working with Housing to develop a business case for Glan y Morfa, comprising 4 rehab flats funded by ICF capital. These will provide a step-down for people with a physical disability, who are ready for discharge but not ready to go home.

Last Updated: 02-Nov-2018

| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.3.1.3 Improve outcomes for Looked After children | Craig Macleod - Senior Manager, Children's Services & Workforce | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
Flintshire's Corporate Parenting Strategy: 'Looking After You' has been published. The Strategy sets our commitments to children and young people for 2018-2023. The Strategy was supported by a Workshop in September 2018 for elected members setting out their responsibilities, and role, as a Corporate Parent. Significant progress has taken place culminating in an initial draft of our local Placement Strategy for enhancing local placements. This builds on successful local market facilitation with independent and 3rd sector providers. A regional 'Meet the Provider' event is planned for 21st November to share local and regional placement needs.
Last Updated: 02-Nov-2018

| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.4.1.1 Develop and integrate services for carers with our commissioned providers | Susie Lunt - Senior Manager, Integrated Services and Lead Adults | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
Following a review of Carers Services which led to some changes in delivery in early 2018, the services have delivered on these new arrangements and have worked closely with the local authority to ensure that service provision in Flintshire is of a high standard. A new monitoring tool has been put in place which more accurately captures individual's outcomes who use the service and is closely aligned to the Social Services and Well-being (Wales) Act (SSWB Act '14). Carers services in Flintshire are currently provided by NEWCIS, Daffodils, Hafal, the Neurotherapy Centre and British Red Cross. These services have fed into national conversations through the Carers Officers Learning and Information Network. Flintshire are looking to extend the contracts with these services for a further 12 months to April 2020. Young Carers services continue to be delivered by Barnardo's in Flintshire who continue to deliver high quality support to a number of Young Carers. Their contract has been extended for a further 12 months to October 2018. The service has supported work on a regional level that has worked on raising awareness of Young Carers in local primary schools.

Last Updated: 02-Nov-2018

| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.4.1.2 Embed the long term use of integrated Care Fund (ICF) to meet local needs and demands | Susie Lunt - Senior Manager, Integrated Services and Lead Adults | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
Partners in Flintshire have continued to maximise the use of the extended Integrated Care Fund (ICF) programme to meet the priorities of Flintshire residents. During quarter 2, submissions have been made against both the increased capital programme and new funding provided to support implementation of the national action plan to meet the needs of people with Dementia. Examples of the additional work to be supported through these programmes include increasing support offered to care homes to continue through the Progress for Providers Framework and extending that work into the domiciliary care sector and reviewing the support offered to people with early onset dementia.

Last Updated: 19-Nov-2018

| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.4.1.3 Embed the Early Help Hub into everyday practice by working with statutory partners and the third sector | Craig Macleod - Senior Manager, Children's Services & Workforce | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
The Early Help Hub is fully functioning, with commitment from all agencies. Enhanced consortia arrangements for support through Families First projects are ensuring responsive access to help for families. During Q1 there were 455 referrals and in Q2 there were 693 meaning 1148 referrals to the Hub this financial year.

Last Updated: 02-Nov-2018

| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.4.1.4 Working with the new Wales Programme to recognise Adverse Childhood Experiences | Craig Macleod - Senior Manager, Children's Services & Workforce | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
The police are developing a joint agency project to deliver an Adverse Childhood Experiences (ACE) informed approach to community policing. The EAT (Early Action Together) project focuses on the role of the police in navigating families to community and social support to address their needs. Flintshire is working with the EAT project to bring a co-ordinated approach to responding to ACEs and developing the awareness, skills and competencies of public sector staff.

Last Updated: 02-Nov-2018

| ACTION | LEAD OFFICER | STATUS | START DATE | END DATE | COMPLETE % | PROGRESS RAG | OUTCOME RAG |
|---|---|---|---|---|---|---|---|
| 1.5.1.1 All Council portfolios to understand and act on their responsibilities to address safeguarding | Jane M Davies - Senior Manager, Safeguarding & Commissioning | In Progress | 01-Apr-2017 | 31-Mar-2019 | 50.00% | GREEN | GREEN |

**ACTION PROGRESS COMMENTS:**
Safeguarding professionals are scheduled to meet with senior managers in Aura Leisure and Libraries to discuss safeguarding, and are also attending Licensing Committee. The hard-hitting County Lines video has been shared with Corporate safeguarding leads and is being rolled out to the workforce through Senior Management and Team meetings. We are in the process of updating the Corporate e-learning safeguarding package, which is available through Learning Pool. During Safeguarding Awareness week w/c 13th November, colleagues will be actively engaged in promoting safeguarding awareness amongst the workforce.

Last Updated: 02-Nov-2018

## Performance Indicators

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.4.1.1M01 Number of in house locality teams working towards Bronze standard in Progress for Providers of domiciliary care | No Data | 3 | 0.75 | GREEN | N/A | 3 | 0.75 | GREEN |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** We have three in house domiciliary care providers working on the bronze standard for Progress for Providers.

Last Updated: 20-Nov-2018

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.4.1.2M02 Number of independent sector providers working towards Bronze standard in Progress for Providers of domiciliary care | No Data | 3 | 3 | GREEN | N/A | 3 | 3 | GREEN |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** We are rolling out Progress for Providers to domiciliary care providers in the independent sector

Last Updated: 20-Nov-2018

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.4.1.4M04 Sustaining existing care homes within Flintshire | 26 | 27 | 26 | GREEN | ↑ | 27 | 26 | GREEN |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** One independent provider has reopened a home offering residential care in Flintshire

Last Updated: 24-Oct-2018



| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.4.1.5M05 The percentage occupancy within Flintshire care homes | 96.7 | 95 | 95 | GREEN | ↔ | 95 | 95 | GREEN |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** Care home occupancy remains high.

Last Updated: 24-Oct-2018

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.4.2.2M02 The percentage of the relevant workforce to have received training in Regulation and Inspection of Social Care (Wales) Act (RISCA) | No Data | 25 | 25 | GREEN | N/A | 25 | 25 | GREEN |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** RISCA training is ongoing and we are on track to deliver to the relevant workforce by the end of this year.

Last Updated: 24-Oct-2018

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.4.3.2M02 (PAM/029) Percentage of children in care who had to move 2 or more times | 5.26 | 2.52 | 10 | GREEN | ↑ | 4.62 | 10 | GREEN |

**Lead Officer:** Craig Macleod - Senior Manager, Children's Services & Workforce
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** 4.6% of children looked after have moved more than twice. This included planned placement moves in accordance with the child's plan.

Last Updated: 24-Oct-2018

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.4.3.3M03 Percentage of looked after children with a timely health assessment | No Data | 63.49 | 81 | RED | ↑ | 70.54 | 81 | AMBER |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** Significant improvement has been made in the last 6 months; the looked after nurse regularly attends team meetings and manages the assessment appointments.

BCUHB have increased the availability of appointments per month to 6 slots and have recruited 2 trainee doctors to assist with Health assessments from October 2018.

Last Updated: 25-Oct-2018



| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.5.1.1M01 Number of adult carers identified. | 310 | 378 | 225 | GREEN | ↑ | 680 | 450 | GREEN |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** We are extending our collection of data for carers to include carers of people who have difficulties with mental health and substance misuse, and will need to raise our target for next year to accommodate the expected increase in numbers.

Last Updated: 31-Oct-2018

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.5.2.1M01 (PAM/025) Number of people kept in hospital while waiting for social care per 1,000 population aged 75+ | 0.9 | 0.68 | 1.89 | GREEN | ↑ | 1.36 | 1.89 | GREEN |

**Lead Officer:** Neil Ayling - Chief Officer - Social Services
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:** 1.78
**Progress Comment:** The Council and Betsi Cadwaladr University Health Board (BCUHB) work together on a case by case basis to ensure prompt discharge. There have been 18 delays so far this year, the longest being 22 days and the shortest being 1 day.

Last Updated: 26-Oct-2018



| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.5.3.1M01 Percentage of child protection referrals that result in “no further action”. | 55 | 18.1 | 30 | GREEN | ↑ | 18.1 | 30 | GREEN |

**Lead Officer:** Craig Macleod - Senior Manager, Children's Services & Workforce
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:** 30.00
**Progress Comment:** Reasons for no further action include a change in need or circumstances, Child Protection threshold not met, or case signposted to other services.

Last Updated: 19-Nov-2018

| KPI Title | Pre. Year Period Actual | Period Actual | Period Target | Perf. RAG | Perf. Indicator Trend | YTD Actual | YTD Target | Outcome RAG |
|---|---|---|---|---|---|---|---|---|
| IP1.5.3.2M02 The number of families receiving information and support through the Early Help Hub | No Data | 348 | 200 |   | **N/A** | 676 | 400 |   |

**Lead Officer:** Craig Macleod - Senior Manager, Children's Services & Workforce
**Reporting Officer:** Jacque Slee - Team Manager Performance
**Aspirational Target:**
**Progress Comment:** This represents a 63% increase in activity compared to the same quarter last year.

Last Updated: 12-Oct-2018

## Risks

### Strategic Risk

| RISK TITLE | LEAD OFFICER | SUPPORTING OFFICERS | INITIAL RISK RATING | CURRENT RISK RATING | TREND ARROW | RISK STATUS |
|---|---|---|---|---|---|---|
| Delivery of social care is insufficient to meet increasing demand | Jane M Davies - Senior Manager, Safeguarding & Commissioning | Jacque Slee - Team Manager Performance | Amber | Green | ↓ | Closed |

**Potential Effect:** People would be likely to experience increased waiting times or be unable to access services, with a resulting negative impact on the reputation of the Council.

**Management Controls:** Developing the market for residential and nursing care
Extending the opening hours for single point of access
Implementing Community Resource Team
Developing community resilience
Implementing an Early Help Hub for children and families

**Progress Comment:** Recommendations have been approved to explore the extension of Marleyfield (32 beds for intermediate care and discharge to assess). This expansion will also help to support the medium term development of the nursing sector. The Single Point of Access has already extended the time the service is available from in the mornings and work is near completion to extend the closing time and introduce weekend working. The multi agency Early Help Hub for children and families is in operation. The risk has been mitigated to green and is now closed 12/07/2018.

Last Updated: 12-Jul-2018

| RISK TITLE | LEAD OFFICER | SUPPORTING OFFICERS | INITIAL RISK RATING | CURRENT RISK RATING | TREND ARROW | RISK STATUS |
|---|---|---|---|---|---|---|
| Demand outstrips supply for residential and nursing home care bed availability | Jane M Davies - Senior Manager, Safeguarding & Commissioning | Jacque Slee - Team Manager Performance | Red | Red | ⟷ | Open |

**Potential Effect:** Increase in hospital admissions and delayed transfers from hospital. Increased pressure on primary care services leading to deteriorating relationship with local partners.

**Management Controls:** i) Working with Corporate colleagues to use capital investment to support the development of our in-house provision.
ii) Outcomes from the 'Invest to Save' Project Manager made available together with a short, medium and long term plan to support the care sector.
iii) Quick wins from the 'Invest to Save' Project Manager to be implemented.
iv) Increase bed and extra care capacity for dementia/ learning disabilities.
v) Develop specialist respite for Early Onset Dementia.
vi) Identify and create market change and dynamics, generate more competition, new providers for all ages including children and LD.
vii) Assist with local housing (potentially subsidised) for specified employees in social care i.e. direct care staff.
viii) Joint marketing and recruitment campaign, including portals, sharing of candidates, shared approach.

**Progress Comment:** The expansion of Marleyfield to support the medium term development of the nursing sector continues under the direction of Programme Board.
The re-phasing of Integrated Care Fund (ICF) capital to fit in with our capital programme, has been agreed by WG.
There are several active workstreams, including the development of resources to support the sector, diagnostic reviews from providers.
Cabinet Secretary for Economy and Transport visited the Authority on 24th September and was very supportive of the microcare initiative being introduced as a result of the Strategic Opportunity Review.
The care@flintshire portal has been populated with useful information to support providers.

Last Updated: 19-Nov-2018

| RISK TITLE | LEAD OFFICER | SUPPORTING OFFICERS | INITIAL RISK RATING | CURRENT RISK RATING | TREND ARROW | RISK STATUS |
|---|---|---|---|---|---|---|
| Annual allocation of the Integrated Care Fund (ICF) - Short term funding may undermine medium term service delivery | Susie Lunt - Senior Manager, Integrated Services and Lead Adults | Jacque Slee - Team Manager Performance | Red | Amber | ↓ | Open |

**Potential Effect:** Insufficient funding to sustain medium term service delivery.
**Management Controls:** Seeking agreement from partners on allocation of funds to deliver medium term services
**Progress Comment:** The re-phasing of agreed ICF capital funding has been agreed to fit with our capital programme.
Welsh Government have confirmed the ongoing use of ICF revenue funding for existing projects.
The Chair of the North Wales Regional Partnership Board and the Chief Executive of BCUHB have created an agreement from partners on the allocation of funds to support delivery of medium term services.
We are awaiting confirmation of allocation of capital funds.

Last Updated: 12-Oct-2018



| RISK TITLE | LEAD OFFICER | SUPPORTING OFFICERS | INITIAL RISK RATING | CURRENT RISK RATING | TREND ARROW | RISK STATUS |
|---|---|---|---|---|---|---|
| Early Help Hub cannot deliver effective outcomes | Craig Macleod - Senior Manager, Children's Services & Workforce | Jacque Slee - Team Manager Performance | Green | Green | ↔ | Closed |

**Potential Effect:** Children and families who do not meet the threshold for a statutory services will not be appropriately directed to alternative services.
**Management Controls:** Agreed information sharing protocol in place
Activity data in place and scrutinised
Steering body to meet regularly to ensure that resources are being appropriately deployed
**Progress Comment:** The Early Help Hub is fully functioning, with commitment from all agencies. Enhanced consortia arrangements for support through Families First projects are ensuring responsive access to help for families. During Q1 there were 455 referrals and in Q2 there were 693 meaning 1148 referrals to the Hub this financial year. This risk is now closed.

Last Updated: 01-Nov-2018

| RISK TITLE | LEAD OFFICER | SUPPORTING OFFICERS | INITIAL RISK RATING | CURRENT RISK RATING | TREND ARROW | RISK STATUS |
|---|---|---|---|---|---|---|
| Rate of increase of adult safeguarding referrals will outstrip current resources | Jane M Davies - Senior Manager, Safeguarding & Commissioning | Jacque Slee - Team Manager Performance | Red | Yellow | ↓ | Open |

**Potential Effect:** National timescales for processing safeguarding enquiries will not be met, resulting in potential delays for people requiring safeguarding interventions and impact on reputation of the Council.
**Management Controls:** Realign response to front door referrals by utilising resources within First Contact and Intake, in order to free up time to allow the Safeguarding Managers to effectively delegate tasks.
**Progress Comment:** Responsibilities within Adult Safeguarding and First Contact and Intake have been realigned, with no additional resource. Safeguarding Managers are able to effectively delegate tasks for high priority cases; this ensures that those enquiries that do not meet timescales are of a lower priority. Quarter 2 monitoring is showing an increase in safeguarding reports, so the risk remains open until we can be sure that we can continue to manage these effectively. Workload appears to be manageable and further data will support this.

Last Updated: 12-Oct-2018



| RISK TITLE | LEAD OFFICER | SUPPORTING OFFICERS | INITIAL RISK RATING | CURRENT RISK RATING | TREND ARROW | RISK STATUS |
|---|---|---|---|---|---|---|
| Knowledge and awareness of safeguarding not sufficiently developed in all portfolios | Fiona Mocko - Strategic Policies Advisor | Jane M Davies - Senior Manager, Safeguarding & Commissioning | Red | Amber | ↓ | Open |

**Potential Effect:** Employees will not recognise when adults and children are at risk and will not take appropriate action.
**Management Controls:** Safeguarding workshops were held during Safeguarding Week in November 2017 and in January 2018; a safeguarding awareness training programme is now in place ensuring regular training opportunities are available to employees. Safeguarding is also included as part of the induction process. Opportunities to deliver training through e-learning are being explored.
**Progress Comment:** Safeguarding is included within the corporate induction procedures, ensuring new employees can recognise the signs and know how to make a report. Safeguarding awareness workshops will be delivered during National Safeguarding Week in November 2018 and further training is being researched. A safeguarding page is available on the intranet providing resources to support employees and managers.

Last Updated: 01-Nov-2018

| SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE |
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| | |
|---|---|
| **Date of Meeting** | Thursday, 13th December 2018 |
| **Report Subject** | Forward Work Programme |
| **Cabinet Member** | Not applicable |
| **Report Author** | Social & Health Care Overview & Scrutiny Facilitator |
| **Type of Report** | Operational |

## EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

| RECOMMENDATION | |
|---|---|
| 1 | That the Committee considers the draft Forward Work Programme and approve/amend as necessary. |
| 2 | That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises. |

**REPORT DETAILS**

| 1.00 | EXPLAINING THE FORWARD WORK PROGRAMME |
|---|---|
| 1.01 | Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan. |
| 1.02 | In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:<br><br>1. Will the review contribute to the Council's priorities and/or objectives?<br>2. Is it an area of major change or risk?<br>3. Are there issues of concern in performance?<br>4. Is there new Government guidance of legislation?<br>5. Is it prompted by the work carried out by Regulators/Internal Audit? |

| 2.00 | RESOURCE IMPLICATIONS |
|---|---|
| 2.01 | None as a result of this report. |

| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
|---|---|
| 3.01 | Publication of this report constitutes consultation. |

| 4.00 | RISK MANAGEMENT |
|---|---|
| 4.01 | None as a result of this report. |

| 5.00 | APPENDICES |
|---|---|
| 5.01 | Appendix 1 – Draft Forward Work Programme |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCUMENTS |
|---|---|
| 6.01 | None.<br><br>**Contact Officer:** Margaret Parry-Jones<br>Overview & Scrutiny Facilitator<br>**Telephone:** 01352 702427<br>**E-mail:** margaret.parry-jones@flintshire.gov.uk |

| 7.00 | GLOSSARY OF TERMS |
|---|---|
| 7.01 | **Improvement Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan. |

Mae'r dudalen hon yn wag yn bwrpasol

# CURRENT FWP

| Date of meeting | Subject | Purpose of Report | Scrutiny Focus | Responsible / Contact Officer | Submission Deadline |
|---|---|---|---|---|---|
| 31st January 10.00 am 2019 | **Community Health Council** (to be confirmed)<br><br>**Parenting Programme** | To receive an update<br><br>To receive a progress report. | Assurance<br><br>Assurance | Facilitator<br><br>Chief Officer Social Services | |
| 28th March 2pm 2019 | **Learning Disability Day Care and Work Opportunities Alternative Delivery Model**<br><br>**Q3 Council Plan monitoring** | To receive a progress report on the first year of operation as an alternative delivery model.<br><br>To enable members to fulfil their scrutiny role in relation to performance monitoring | Assurance<br><br>Performance monitoring/assurance | Chief Officer Social Services<br><br>Facilitator | |
| 23 May 2019 10.00 am | **Third Sector update**<br><br>**Comments, Compliments and Complaints**<br><br>**Annual Directors Report** | Annual review of the social care activities undertaken by the third sector in Flintshire<br><br>To consider the Annual Report<br><br>To consider the draft report. | Partnership working<br><br>Assurance<br><br>Assurance | Chief Officer Social Services<br><br>Chief Officer Social Services<br><br>Chief Officer Social Services | |
| 18 July 2019 | **2018/19 Year End Reporting** | To enable members to fulfil their scrutiny role in | Performance monitoring/assurance | Facilitator | |

| | | | | | |
|---|---|---|---|---|---|
| | **Council Plan Monitoring**<br><br>**BCUHB & Welsh Ambulance Services NHS (Trust to be confirmed)** | relation to performance monitoring<br><br>To maintain regular meetings and promote partnership working. | Partnership working | Facilitator | |

**Regular Items**

| Month | Item | Purpose of Report | Responsible/Contact Officer |
|---|---|---|---|
| **Nov/Dec** | **Safeguarding** | To provide Members with statistical information in relation to Safeguarding - & Adults & Children | Chief Officer (Social Services) |
| **May** | **Educational Attainment of Looked After Children** | Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee. | Chief Officer (Social Services) |
| **May** | **Corporate Parenting** | Report to Social & Health Care and Education & Youth Overview & Scrutiny. | Chief Officer (Social Services) |
| **May** | **Presentation by Young People** | To inform Joint Social & Health Care and Education and Youth Overview & Scrutiny | Chief Officer (Social services) |
| **May** | **Comments, Compliments and Complaints** | To consider the Annual Report | Chief Officer (Social Services) |
| **June** | **Betsi Cadwaladr University Health Board Update** | BCUHB are invited to attend on an annual basis – partnership working. | Facilitator |