

Pecyn Dogfen Gyhoeddus

Gareth Owens LL.B Barrister/Bargyfreithiwr
Chief Officer (Governance)
Prif Swyddog (Llywodraethu)



Swyddog Cyswllt:
Margaret Parry-Jones 01352 702427
margaret.parry-jones@flintshire.gov.uk

At: Cyng Hilary McGuill (Cadeirydd)

Y Cynghorwyr: Mike Allport, Marion Bateman, Paul Cunningham, Jean Davies,
Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect
a David Wisinger

Dydd Gwener, 25 Mehefin 2021

Annwyl Gynghorydd,

RHYBUDD O GYFARFOD ANGHYSBELL
PWYLLGOR TROSOLWG A CHRAFFU GOFAL CYMDEITHASOL AC IECHYD
DYDD IAU, 1AF GORFFENNAF, 2021 10.00 AM

Yn gywir

Robert Robins
Rheolwr Gwasanaethau Democrataidd

Sylwch: Bydd hwn yn gyfarfod dros y we a bydd 'presenoldeb' wedi'i gyfyngu i Aelodau'r Pwyllgor a'r Aelodau hynny o'r Cyngor sydd wedi gofyn i Bennaeth y Gwasanaethau Democrataidd am wahoddiad. Y Cadeirydd fydd yn penderfynu a yw'r rhain yn cael siarad ai peidio.

Bydd y cyfarfod yn cael ei ffrydio'n fyw ar wefan y Cyngor. Bydd recordiad o'r cyfarfod ar gael yn fuan ar ôl y cyfarfod ar <https://flintshire.publici.tv/core/portal/home>

Os oes gennych unrhyw ymholiadau, cysylltwch ag aelod o'r Tîm Gwasanaethau Democrataidd ar 01352 702345.

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 27 Mai 2021.

4 RHAGLEN GWAITH I'R DYFODOL A OLRHAIN GWEITHRED (Tudalennau 15 - 22)

Adroddiad Hwylusydd Pwyllgor Trosolwg a Chraffu Iechyd a Gofal Cymdeithasol -

Pwrpas: I ystyried y flaenraglen waith Pwyllgor Trosolwg & Chraffu Gofal Cymdeithasol ac Iechyd a rhoi gwybodaeth i'r Pwyllgor o'r cynnydd yn erbyn camau gweithredu o'r cyfarfod blaenorol.

5 ADRODDIAD BLYNYDDOL CYFARWYDDWR Y GWASANAETHAU CYMDEITHASOL (Tudalennau 23 - 70)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Ystyried yr adroddiad drafft cyn iddo gael ei ystyried gan y Cabinet.

6 Y BLYNYDDOEDD CYNNAR (Tudalennau 71 - 92)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Rhannu cyflawniadau'r Gwasanaeth Blynyddoedd Cynnar a Chefnogi Teuluoedd a chynigion ar gyfer blaenoriaethau'r dyfodol.

7 ASESIAD O DDIGONOLRWYDD GOFAL PLANT (Tudalennau 93 - 138)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Darparu asesiad o'r ymateb strategol a gweithredol i sicrhau gofal plant digonol, cynaliadwy ac o ansawdd uchel yn y Sir.

8 ANABLEDDAU A GWAHANIAETHU (Tudalennau 139 - 146)

Adroddiad Prif Weithredwr - Dirprwy Arweinydd y Cyngor (Llywodraethu) ac Aelod Cabinet dros Reolaeth Gorfforaethol ac Asedau

Pwrpas: Derbyn adroddiad yn unol â'r cais a gafwyd yn ystod cyfarfod mis Ionawr.

9 ADRODDIAD MONITRO PERFFORMIAD DIWEDD BLWYDDYN

(Tudalennau 147 - 162)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac 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.

10 PECYNNAU GOFAL A ARIENNIR AR Y CYD (Tudalennau 163 - 258)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Ystyried goblygiadau cyfraniad llai Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) tuag at becynnau gofal a ariennir ar y cyd.

11 CYCHWYN Y DDYLETSWYDD ECONOMAIDD-GYMDEITHASOL

(Tudalennau 259 - 264)

Adroddiad Prif Weithredwr - Dirprwy Arweinydd y Cyngor (Llywodraethu) ac Aelod Cabinet dros Reolaeth Gorfforaethol ac Asedau

Pwrpas: Diweddarau Trosolwg a Craffu ar ein parodrwydd ar gyfer cychwyn y ddyletswydd economaidd-gymdeithasol.

DEDDF LLYWODRAETH LEOL (MYNEDIAD I WYBODAETH) 1985 - YSTYRIED GWAHARDD Y WASG A'R CYHOEDD

Mae'r eitem a ganlyn yn cael ei hystyried yn eitem eithriedig yn rhinwedd Paragraff(au) 14 Rhan 4 Atodiad 12A o Ddeddf Llywodraeth Leol 1972 (fel y cafodd ei diwygio)

Mae'r eitem yn cynnwys manylion cyhoeddiad i'w gadw yn ôl y bydd Llywodraeth Cymru yn ei wneud ac mae budd y cyhoedd wrth gadw'r wybodaeth yn ôl yn gorbwyso'r budd o ddatgelu'r wybodaeth nes bod y cyhoeddiad yn cael ei wneud.

12 Y DIWEDDARAF AR Y STRATEGAETH RHIANTA A MAETHU CORFFORAETHOL (EITEM AR LAFAR)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: I roi gwybod i Aelodau am newidiadau i Faethu yn genedlaethol allai effeithio ar Sir y Fflint ac mae'n cynnwys gwybodaeth sensitif iawn.

Sylwch, efallai y bydd egwyl o 10 munud os yw'r cyfarfod yn para'n hirach na dwy awr.

Nodyn Gweithdrefnol ar redeg cyfarfodydd

Bydd y Cadeirydd yn agor y cyfarfodydd ac yn cyflwyno eu hunain.

Bydd nifer o Gynghorwyr yn mynychu cyfarfodydd. Bydd swyddogion hefyd yn mynychu cyfarfodydd i gyflwyno adroddiadau, gyda swyddogion Gwasanaethau Democrataidd yn trefnu a chynnal y cyfarfodydd.

Gofynnir i bawb sy'n mynychu i sicrhau bod eu ffonau symudol wedi diffodd a bod unrhyw sain gefndirol yn cael ei gadw mor dawel â phosib.

Dylai'r holl feicroffonau gael eu rhoi "ar miwt" yn ystod y cyfarfod a dim ond pan fyddwch yn cael eich gwahodd i siarad gan y Cadeirydd y dylid eu rhoi ymlaen. Pan fydd gwahoddedigion wedi gorffen siarad dylen nhw roi eu hunain yn ôl "ar miwt".

Er mwyn mynegi eu bod nhw eisiau siarad bydd Cynghorwyr yn defnyddio'r cyfleuster 'chat' neu yn defnyddio'r swyddogaeth 'raise hand' sy'n dangos eicon codi llaw electronig. Mae'r swyddogaeth 'chat' hefyd yn gallu cael ei ddefnyddio i ofyn cwestiynau, i wneud sylwadau perthnasol ac yn gyfle i'r swyddog gynghori neu ddiweddarau'r cynghorwyr.

Bydd y Cadeirydd yn galw ar y siaradwyr, gan gyfeirio at aelod etholedig fel 'Cynghorydd' a swyddogion yn ôl eu teitl swydd h.y. Prif Weithredwr neu enw. O bryd i'w gilydd mae'r swyddog sy'n cynghori'r Cadeirydd yn egluro pwyntiau gweithdrefnol neu'n awgrymu geiriad arall ar gyfer cynigion er mwyn cynorthwyo'r Pwyllgor.

Os, a phan y cynhelir pleidlais, mi fydd y Cadeirydd yn egluro mai dim ond y rheiny sy'n gwrthwynebu'r cynnig/cynigion, neu sy'n dymuno ymatal a fydd angen mynegi hynny drwy ddefnyddio'r swyddogaeth 'chat'. Bydd y swyddog sy'n cynghori'r Cadeirydd yn mynegi os bydd y cynigion yn cael eu derbyn.

Os oes angen pleidlais fwy ffurfiol, bydd hynny yn ôl galwad enwau – lle gofynnir i bob Cynghorydd yn ei dro (yn nhrefn yr wyddor) sut mae ef / hi yn dymuno pleidleisio.

Yng nghyfarfodydd Pwyllgorau Cynllunio a Chyngor Sir mae amseroedd siaradwyr yn gyfyngedig. Bydd cloch yn cael ei chanu i roi gwybod i'r siaradwyr bod ganddyn nhw funud ar ôl.

Bydd y cyfarfod yn cael ei ffrydio'n fyw ar wefan y Cyngor. Bydd recordiad o'r cyfarfod ar gael yn fuan ar ôl y cyfarfod ar <https://flintshire.publici.tv/core/portal/home>

Eitem ar gyfer y Rhaglen 3

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **27 MAY 2021**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held remotely on Thursday 27 May 2021

PRESENT: Councillor Hilary McGuill (Chair)

Councillors: Mike Allport, Paul Cunningham, Jean Davies, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect and David Wisinger

APOLOGIES: Councillor Marion Bateman

CONTRIBUTORS: Councillor Christine Jones (Cabinet Member for Social Services); Chief Officer (Social Services); Senior Manager – Integrated Services and Lead Adults; Senior Manager – Children and Workforce; Senior Manager - Safeguarding and Commissioning, Children’s Resources Manager, Commissioning Manager, Service Manager – Disability Recovery and Progression and Financial Assessment Officer

IN ATTENDANCE: Overview & Scrutiny Facilitators and Democratic Services Support Officer.

01. APPOINTMENT OF CHAIR

The Committee was advised that it had been confirmed at the Annual Meeting of the County Council that the Chair of the Committee should come from the Liberal Democrat Group and Councillor Hilary McGuill had been appointed to this role for the municipal year.

RESOLVED:

That the appointment of Councillor McGuill as Chair of the Committee be noted.

02. APPOINTMENT OF VICE-CHAIR

Councillor Cindy Hinds nominated Councillor Gladys Healey as Vice-Chair of the Committee and this was duly seconded. There were no further nominations. On being put to the vote, this was carried.

RESOLVED:

That Councillor Gladys Healey be appointed Vice-Chair of the Committee.

03. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

None were received.

04. MINUTES

The minutes of the meeting held on 4 March 2021 were submitted.

The minutes were moved as an accurate record by Councillor Gladys Healey and seconded by Councillor Paul Cunningham.

RESOLVED:

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

05. FORWARD WORK PROGRAMME AND ACTION TRACKING

The Overview & Scrutiny Facilitator presented the current Forward Work Programme. She referred to the items for consideration at the meetings to be held on 17 June and 1 July 2021, and advised that the items on Intensive Assessment and Therapeutic Support, and Multi Systematic Therapy Project to be considered at the joint meeting with the Education, Youth & Culture Overview & Scrutiny Committee on 17 June, would be combined into a single report.

The Facilitator reported that the Programme would be updated to reflect the schedule of meetings for 2021/22 which had been approved at the Annual Meeting of the County Council held on 25 May.

The Facilitator advised that the Chair had suggested that the new Chief Executive, Betsi Cadwaladr University Hospital, be invited to attend a meeting of the Committee prior to September. This was supported by the Committee.

The Facilitator referred to the action tracking report which was appended to the report and advised that the actions arising from previous meetings had been completed.

The Chair invited members to raise any items they wished to be included on the forward work programme.

Councillor Carol Ellis expressed concerns around the current difficulty in obtaining face-to-face appointments with GPs and commented on the problems experienced by local residents on this matter. She asked that an item on this be included on the forward work programme for discussion. The Chief Officer (Social Services) suggested that a letter be written on behalf of the Committee to Betsi Cadwaladr University Health Board (BCUHB) for the attention of Rob Smith and Gareth Bowdler and that it also be raised with the Chief Executive of BCUHB when she attends a meeting of the Committee.

Councillor Cindy Hinds raised concerns around the lack of support provided to residents who were suffering from long Covid symptoms. The Chair suggested that this also be raised with BCUHB following the meeting.

The recommendations in the report were moved by Councillor Dave Mackie and seconded by Councillor Gladys Healey.

RESOLVED:

- (a) That the Forward Work Programme be noted;
- (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; and
- (c) That the Committee notes the progress made in completing the outstanding actions

06. SOCIAL SERVICES DIRECTOR'S ANNUAL REPORT

Prior to introducing the report the Chief Officer (Social Services) provided informal verbal feedback on the outcome of the Commissioning Inspectorate Wales (CIW) assurance review which was held week beginning 19 April. He advised that feedback from the CIW to date confirmed that overall the Inspection had been positive and reflected many areas of very good practice in Flintshire. The CIW felt assured that vulnerable people (both children and adults) and their families were well supported in Flintshire and during Covid a good level of support both corporately and within Social Services was being provided. Some areas of improvement were identified and an action plan had been commenced in response. The Chief Officer explained that a comprehensive report on the findings of the CIW Inspection would be submitted to the Committee in due course.

In introducing the report the Chief Officer provided background information and advised that a draft of the Social Services Annual Report 2020/21 and 2021/22 Priorities was attached as Appendix 1 to the report and a mock-up of the cover and format was attached as Appendix 2. The Chief Officer paid tribute to the role and contribution of key workers at all levels in supporting vulnerable people throughout the Covid-19 pandemic and spoke of the innovation, success, and quality of social service provision in numerous areas. .

In presenting the report the Commissioning Manager drew attention to the improvement priorities identified for 2021/2022 listed in section 1.11 of the covering report. She reiterated the comments expressed by the Chief Officer around the challenges of the pandemic and said nevertheless projects and schemes had continued in earnest despite the restrictions and innovative ways of providing services had been developed.

The Chair congratulated the Chief Officer and his team, and all involved on the outcome of the CIW inspection. She also congratulated Officers on the high standard of the report on the Director's Annual Report.

In response to a question by the Chair on the impact of Covid-19 on the provision of micro-care, the Commissioning Manager explained that due to the pandemic there had been increased interest and as a result of social media

campaigns and online information there were currently 19 micro-care organisations set up which provided a further option in social care provision.

Members spoke in support of the report and congratulated the Chief Officer and his workforce on the high quality and innovative provision of social services in Flintshire. Councillor Paul Cunningham expressed thanks to the Council for the continued support of Double-Click.

Councillor Dave Mackie highlighted a number of typographical errors on the draft report. He also asked that consideration be given to the formatting of the report to provide ease of access by electronic devices.

The recommendations in the report were moved by Councillor Mike Lowe and seconded by Councillor Jean Davies.

RESOLVED:

- a) That the draft Annual Report be noted; and
- (b) That the final Annual Report be considered by the Committee at its meeting on 1st July, 2021.

07. REBALANCING CARE & SUPPORT WHITE PAPER

The Chief Officer (Social Services) introduced the report to enable the Committee to consider the White Paper; note the consultation response submitted from Flintshire; and approve the report. He provided background information and gave a brief summary of the Council's response to the consultation which was appended to the report.

The Commissioning Manager gave an overview of the Rebalancing Care and Support White Paper and the case for change. She referred to the key considerations as detailed in the report and explained that the Council agreed that further change was required and that there was a need for commitment to resources and funding for new structures to create an impact at local level. The Council also agreed that there was a need for major sustainable investment in social care from a revenue and capital perspective, and she commented on the inadequacy of the current funding model to address increasing demands on social care in the future. The Commissioning Manager also commented that the White Paper needed to focus on ensuring that the workforce was paid fairly across the board. The Commissioning Manager advised that there had not been a reply yet from the Welsh Government to the Councils' response on the consultation document.

Councillors Dave Mackie and Paul Cunningham expressed concerns around the proposals in the White Paper and emphasised the need for additional funding at a local level.

The recommendation in the report were moved by Councillor Paul Cunningham and seconded by Councillor Mike Lowe.

RESOLVED:

That the Committee approve the report and note the consultation response submitted from Flintshire, as shown at Appendix 1 of the report.

08. NORTH WALES ADOPTION SERVICE - UPDATE

The Children's Resource Manager introduced the report provide an update on the activities and development of the North Wales Adoption Service (NWAS) for the period April 2020-March 2021. He commented on the impact of COVID 19 and advised that nevertheless the NWAS was meeting its targets and demonstrating a high level of performance.

The Children's Resource Manager reported on the main considerations, as detailed in the report, and referred to market and recruitment, training, prospective adopters in assessment, children open for adoption, the adoption panel, staffing, and post adoption support services. He reported that the National Adoption Service for Wales – Evaluation of the Adoption Support Framework, Final Report, February 2021, was appended to the report. In summary the Children's Resource Manager advised that the NWAS was making significant progress and delivering high quality, robust, and timely services at a local level in the adoption service.

Members spoke in support of the work of the NWAS and thanked Children's Resource Manager for his hard work and a comprehensive report.

Councillor Dave Mackie expressed concerns around the impact that turn-over in social workers had on adoptive children and young people, adoptive parents, and foster carers, and commented on the effect of lack of continuity. Referring to page 255 of the report, Councillor Mackie asked a question around the support provided to adopted children and young people in schools and colleges. The Children's Resource Manager explained that the additional needs of adopted children and young people was understood and said schools were informed of the child's background and 'journey'. He gave reassurance that collaborative work was undertaken with schools to provide ongoing support to the adopted child/young person and commented that no significant concerns had been raised by schools in Flintshire regarding the behaviour of children or young people who were adopted. The Children's Resource Manager also responded to the question raised by Councillor Mackie around post adoption support services and commented that work around the complex issues involved was continuing to improve and being embedded in daily practice

In response to the question raised by Councillor Mackie regarding staff turnover, the Senior Manager – Children and Workforce, commented on the challenge of recruitment and retention of social workers and explained that North Wales had set up a task and finish group to look at how to attract and retain social workers in Children's Services and work was in progress to meet social workers to discuss how best to support their needs, professional career, and well-being with local authorities. He said local work had also been undertaken to expand the career opportunities and structure for social workers.

In response to further comments from the Chair and Councillor Dave Mackie, the Senior Manager – Children and Workforce, suggested that young people be asked to discuss what was important to them during a meeting of the Children’s Services Forum, and their responses be brought back to the Committee for consideration.

The recommendations in the report were moved by Councillor Paul Cunningham and seconded by Councillor Gladys Healey.

RESOLVED:

- (a) That the Committee note the activities and work of the NWAS; and
- (b) That the Committee are assured that those impacted by adoption receive safe, timely and appropriate interventions.

09. AROSFA REFURBISHMENT - UPDATE

The Senior Manager Integrated Services and Lead Adults; introduced the report to provide details of the new service model. She provided background information and advised that the new service would offer support for five children and was part of the Council’s strategic plan to reduce reliance on out-of-county placements. She invited Members to visit the facility to see the refurbishment work undertaken (subject to Covid requirements). The Senior Manager asked the Service Manager – Disability Recovery and Progression to provide further information around the model of care and shared care arrangements at AROSFA.

The Chair thanked Officers for their overview and commented that the report was inspiring. The Children’s Resource Manager said that the atmosphere in the facility was warm, homely, nurturing, and that the needs of the child were paramount.

Councillor Dave Mackie spoke in support of the additional service and said the opportunity to reduce reliance on expensive out of county placements was welcomed along with the potential to increase capacity for respite provision to support children and their families in Flintshire.

The recommendation in the report was moved by Councillor Dave Wisinger and seconded by Councillor Jean Davies.

RESOLVED:

That the Committee notes the progress made at Arosfa, and supports the opportunity to provide additional flexible support for up to five children and their families, at any one time, with the aim of keeping families together and close to home.

10. DEVELOPING IN-HOUSE RESIDENTIAL CARE FOR CHILDREN

The Senior Manager (Children & Workforce) introduced a report to support the move for the Council to become a direct provider of residential care for children. He provided background information and explained that it was important that the development of an in-house residential Children's Care Home was seen as part of a whole system approach to supporting children and young people. This involved a number of complimentary projects which aimed to reduce the number of children looked after and support more children through local authority fostering, as detailed in the report.

The Senior Manager (Children & Workforce) advised that the Council was reliant on the independent sector for Children's Residential Care provision which was expensive and unsustainable. Placements were often out of area which meant that children were located away from their families, friends, and local communities. To secure change the Council had set a commitment during the next three financial years to review the support provided for children and young people with a view to reducing and potentially removing the need for out of county placements and was working closely with the Council's Housing and Education services, and the Health Service to enable children to be looked after and cared for locally.

In response to a question from the Chair the Senior Manager provided clarification around the financial costs associated with the Small Group Home provision and referred to revenue and capital costs.

In response to a question by Councillor Gladys Healey the Senior Manger advised that the Council did not have corporate parenting responsibility for children from Wrexham Borough Council. He explained that a legal agreement was being drafted to enable Wrexham Borough Council as a partner to make an appropriate contribution for the cost of care provision.

Members spoke in strong support of the pro-active initiatives proposed and thanked Officers for their work. The recommendations in the report were moved by Councillor David Wisinger and seconded by Councillor Mike Lowe

RESOLVED:

- (a) That the Committee support the move to become a direct provider of Residential Care for Children; and
- (b) That the Committee support the priority projects for in house development; Arosfa, Ty Nyth, Emergency Provision and Small Group Homes, as outlined within the report

11. MENTAL HEALTH SERVICES IN FLINTSHIRE

The Senior Manager – Integrated Services and Lead Adults; introduced a report to highlight the challenges faced within Mental Health Services and the impact of Covid-19 on the mental health of the local population. She provided background information and reported that locally, across the multidisciplinary

mental health teams in Flintshire, professionals in health, social care, and the voluntary sector worked in collaboration. This work in combination with the Welsh Government investment in the Together in Mental Health Transformational Programme, there were opportunities to develop services locally that were preventative, and focused on early intervention and community resilience which should lead to improved outcomes for the local population and reduce the need for statutory services.

The Service Manager – Disability Recovery and Progression presented the main considerations in the report which provided an update on mental health services in Flintshire in partnership with Betsi Cadwaladr University Health Board (BCUHB) and local third sector partners. She advised that additional information on services to support mental health and well-being was appended to the report.

The Chair thanked Officers for a comprehensive report and suggested that the additional information appended to the report be included on the Council's website to raise public awareness. It was also agreed that a copy of the Flintshire Learning for Recovery & Wellbeing training brochure and link to the Wellbeing programme website be circulated to all Members of the Committee following the meeting.

Councillor Dave Mackie spoke in support of the numerous services in the report which provided information, advice, and guidance to help people gain access to the options available to them. Councillor Paul Cunningham also spoke in support of the proactive stance and initiatives taken by the Council to promote mental health issues and well-being and thanked Officers for their work.

Councillor Gladys Healey commented on the issue of mental health and anxiety amongst young people and adults and asked how many psychiatrists and psychologists were available in Flintshire. The Senior Manager – Integrated Services and Lead Adults; responded to the concerns expressed by Councillor Healey and explained that there was a waiting list for psychology and referred to recruitment, new funding for mental health, and a new needs assessment which would demonstrate the need for more mental health funding and support. The Service Manager – Disability Recovery and Progression advised that there were three community health teams in Social Service for Adults which had psychiatrists and psychologists in each team and explained the demand on the services was very high. Psychiatrists and psychologists for children were based in the Children and Adolescents Mental Health Services (CAMHS) and also North Wales Adolescent Service Provision.

In response to the comments made by Councillor Gladys Healey, it was agreed that a letter be written to the Welsh Government to ask if a proportion of the additional funding provided to Health Boards across Wales would be provided to local authorities to provide mental health support services and whether additional funding would be provided specifically to address mental health issues arising as a result of the pandemic, and also to ask how many child and adult psychiatrists were in post across Wales and whether there were any concerns around recruitment and retention.

The recommendations in the report were moved by Councillor Paul Cunningham and seconded by Councillor Mike Lowe.

RESOLVED:

- (a) That the Committee note the challenges faced within mental health services and the impact Covid-19 was having on the mental health of the local population; and
- (b) That the Committee notes the current provision in place to support their local constituents' needs.

12. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There were no members of the press in attendance.

(The meeting started at 10.00 am and ended at 12.30 pm)

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Chair

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 4



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 1 st July 2021
Report Subject	Forward Work Programme and Action Tracking
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.

The report also shows actions arising from previous meetings of the Social & Health Care Overview & Scrutiny Committee and the progress made in completing them. Any outstanding actions will be continued to be reported to the Committee as shown in Appendix 2.

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.
3	That the Committee notes the progress made in completing the outstanding actions.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME AND ACTION TRACKING
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	<p>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:</p> <ol style="list-style-type: none">1. Will the review contribute to the Council's priorities and/or objectives?2. Is it an area of major change or risk?3. Are there issues of concern in performance?4. Is there new Government guidance of legislation?5. Is it prompted by the work carried out by Regulators/Internal Audit?6. Is the issue of public or Member concern?
1.03	In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following a meeting of the Corporate Resources Overview & Scrutiny Committee in July 2018, it was recognised that there was a need to formalise such reporting back to Overview & Scrutiny Committees, as 'Matters Arising' was not an item which can feature on an agenda.
1.04	It was suggested that the 'Action tracking' approach be trialled for the Corporate Resources Overview & Scrutiny Committee. Following a successful trial, it was agreed to extend the approach to all Overview & Scrutiny Committees.
1.05	The Action Tracking details including an update on progress is attached at Appendix 2.

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

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In some cases, action owners have been contacted to provide an update on their actions.

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

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme Appendix 2 – Action Tracking for the Social & Health Care OSC.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Minutes of previous meetings of the Committee as identified in Appendix 2. Contact Officer: Margaret Parry-Jones Overview & Scrutiny Facilitator Telephone: 01352 702427 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

Forward Work Programme

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
9 September 2.00 pm	Care Inspectorate Wales – Assurance Visit Outcomes	To note positive feedback received from CIW following the recent Assurance Visit, and the response to any areas of improvement identified	Assurance	Neil Ayling	
	Glan y Morfa Court - supporting independence for people with a disability	To receive a report on Glan y Morfa Court – supporting independence for people with a disability	Awareness raising	Susie Lunt	
	Comments, Compliments and Complaints	To receive the Annual Report	Assurance	Jane Davies	
4 November 10.00 am	Transition Programmes – Update on Achievements	To receive an update on the achievements of transition programmes.	Assurance	Susie Lunt	
	Betsi Cadwaladr University Health Board (to be confirmed)	To receive a presentation from the Chief Executive of BCUHB	Partnership working	Facilitator	
9 December 2.00 pm					
20 January 2.00 pm	January 2022 - Young Carers Contract (NEWCIS) Review of budget risk	To consider the latest budget position as agreed at the meeting on 21 January 2021.		Craig Macleod	
3 March 2.00 pm					

9 June 2.00 pm					
21 July 10.00 am					

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)
	Comments, Compliments and Complaints	To consider the Annual Report	Chief Officer (Social Services)
	Betsi Cadwaladr University Health Board Update	BCUHB are invited to attend on an annual basis – partnership working.	Facilitator

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Suggestions for reports to be tabled at a BCUHB Scrutiny when convened:-

- General Mental Health services (including Workforce Mental Health)
- Perinatal Mental Health

ACTION TRACKING FOR THE SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Meeting Date	Agenda Item	Action Required	Action Officers	Action taken	Timescale
27 May 2021	Forward Work Programme	BCUHB to be invited to a meeting of the Committee	Facilitator	In dialogue with BCHUHB re date.	Ongoing
27 May 2021	Forward Work Programme	Letter to be sent to Rob Smith and Gareth Bowdler BCUHB re lack of face to face GP appointments. Cllr Cindy Hinds raised concerns around the lack of support provided to residents who were suffering from long Covid symptoms. It was suggested that this be raised with BCUHB following the meeting.	Facilitator Facilitator	Letter sent to BCUHB regarding lack of face to face GP appointments and Long Covid.	Ongoing
27 May 2021	North Wales Adoption Service	In response to comments from Cllrs, Craig Macleod suggested that young people be asked what was important to them during a meeting of the Children's Services Forum, with their responses being fed back to the Committee.	Craig Macleod	To be advised	Ongoing
27 May 2021	Mental Health Services in Flintshire	Following comments made by Cllr Gladys Healey, it was agreed that a letter be written to Welsh Government to ask if	Facilitator	Letter sent to Welsh Government. Response awaited	Ongoing

		a proportion of the additional funding provided to Health Boards across Wales would be provided to Local Authorities to provide mental health support services and whether additional funding would be provided specifically to address mental health issues arising as a result of the pandemic. Also to ask how many child and adult psychiatrists were in post across Wales and whether there were any concerns around recruitment and retention.			

Eitem ar gyfer y Rhaglen 5



SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 1 st July, 2021
Report Subject	Social Services Director's Annual Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Statutory Director of Social Services is required to produce an annual report summarising their view of the local authority's social care functions and priorities for improvement as legislated in the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015.

The purpose of the Social Services Annual Report is to set out the improvement journey and evaluate Social Services' performance in providing services to people that promote their wellbeing and support them to achieve their personal outcomes.

RECOMMENDATIONS

1	Members to approve following review, the final report, which includes the key developments of the past year and our priorities for next year.
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REPORT DETAILS

1.00	Social Services Director's Annual Report
1.01	This is the fifth year of a new format for the Social Services Annual Report which is prepared under the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
1.02	The format is closely aligned to the National Outcomes Framework and demonstrates our performance in meeting the wellbeing outcomes of the people of Flintshire.

1.03	<p>All improvement priorities set sit under one of the six National Quality Standards (NQS) and everyone’s personal wellbeing outcomes will relate to one of these, they are:</p> <p>NQS 1 Working with people to define & co-produce personal well- being outcomes that people wish to achieve</p> <p>NQS 2 Working with people and partners to protect and promote people’s physical and mental health and emotional well-being</p> <p>NQS 3 Taking steps to protect and safeguard people from abuse, neglect or harm</p> <p>NQS 4 Encouraging and supporting people to learn, develop and participate in society</p> <p>NQS 5 Supporting people to safely develop and maintain healthy domestic, family and personal relationships</p> <p>NQS 6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs</p>
1.04	<p>The final draft of the Social Services Annual Report for 2020/2021 is attached as Appendix 1.</p>
1.05	<p>The report is intended to provide the public, the regulator and wider stakeholders with an honest picture of services in Flintshire and to demonstrate a clear understanding of the strengths and challenges faced.</p>
1.06	<p>The Report illustrates how services have met the challenges presented by COVID-19.</p>
1.07	<p>The report will form an integral part of Care Inspectorate Wales’ (CIW) performance evaluation of Flintshire Social Services. The evaluation also informs the Wales Audit Office’s assessment of Flintshire County Council as part of the annual improvement report.</p>
1.08	<p>The draft Social Services Annual Report has been prepared following an in-depth review of current performance by the Social Services Senior Management Team, Service Managers and Performance Officers. The improvement priorities contained within the report are aligned to the priorities contained within our Portfolio Business Plan and the Council Plan</p>
1.09	<p>The report is scheduled to be presented to Cabinet on the 13th July.</p>
1.10	<p>The style of previous reports will be adopted again this year, and the report will be produced in an electronic friendly style by Double Click. The report will also be translated into Welsh and be made available on the Flintshire County Council website</p>

1.11	<p>The draft Annual Report also outlines the improvement priorities identified for 2021/2022, including:</p> <ul style="list-style-type: none"> Contribute to the Regional Population Needs Assessment and Market Stability Report Move Micro-care from a pilot programme to part of the ongoing Social Services offer. Developing a Strategy and Action Plan to support people living with Dementia and their cares and continue to be recognised as a Council 'Working Towards Becoming Dementia Friendly' Implement the new model of care and support at Arosfa Encouraging employees to complete the Welsh Government's e-learning module "Domestic Abuse and Sexual Violence Against Women" to achieve 100% completion rate. Implement the Liberty Protection Safeguards Further develop Project SEARCH Developing opportunities for Autistic individuals to access services locally. Continue to work to safely reduce the numbers of children in care and improve outcomes for those in care. Further roll out of Mockingbird model of Fostering Completion of the Extra Care Programme Progress in-house residential care expansion schemes Launch a short term residential service to inform the most appropriate move-on placement and support package for young people Develop the 'Small Homes' scheme for children
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2.00	RESOURCE IMPLICATIONS
2.01	<p>The priorities identified within the report are aimed at delivering service improvements, improving outcomes and meeting local needs within the context of achieving challenging financial efficiencies and value for money. The improvement priorities contained within the report have been identified for delivery within existing resources.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>The report is to be published by September 2021.</p>

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	<p>Work began with Social Services Managers in September 2020 to identify the emerging priorities from their areas of work.</p>
4.02	<p>The views of Scrutiny Members has been sought where the proposed content of the report was discussed.</p>
4.03	<p>The draft Social Services Annual Report has be discussed at Social Services Programme Board and Informal Cabinet.</p>

5.00	APPENDICES
5.01	Draft Social Services Annual Report 2020/21
6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Contact Officer: Dawn Holt Telephone: 01352 702128 E-mail: dawn.holt@flintshire.gov.uk
7.00	GLOSSARY OF TERMS
7.01	CIW - Care Inspectorate Wales ensure that services meet the standards the public expect. They register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.

FLINTSHIRE COUNTY COUNCIL

SOCIAL SERVICES ANNUAL REPORT 2020/21

Tudalen 27

& 2021/22 PRIORITIES



Gyda'n gilydd gallwn ni i gyd helpu i gadw **Sir y Fflint** yn ddiogel
Together we can all help to keep **Flintshire** safe



Section 1

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Section 6

Glossary of Terms

Appendix 1

Introduction

Director's Summary of Performance

How Are People Shaping our Services?

Promoting and Improving the Well-being of Those We Help

NQS1: Working with people to define and co-produce personal well-being outcomes that people wish to achieve.

NQS2: Working with people and partners to protect and promote people's physical and mental health and emotional well-being.

NQS3: Taking steps to protect and safeguard people from abuse, neglect or harm.

NQS4: Encouraging and supporting people to learn, develop and participate in society.

NQS5: Supporting people to safely develop and maintain healthy domestic, family and personal relationships.

NQS6: Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

How We Do What We Do

a) Our Workforce and How We Support their Professional Roles

b) Our Financial Resources and How We Plan For the Future

c) Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

Accessing Further Information and Key Documents

Contextual data and national performance measures



I am so proud that the Council has continued to uphold its reputation as a leading light in the social care sector.

It says so much about the commitment and dedication of our internal teams, and of our commissioned providers and partners, that we have not only come through such a seismic pandemic but have done so from strength to strength.

Our social care colleagues have been local heroes over the past year and should have our absolute respect. A glimmer of hope from these darkest times is that social care will finally be given the national recognition, and the funding, it rightly deserves.

We continue to innovate - for example in Micro-care and support

services for Looked After Children; to invest - for example in Hwb Cyfle and Marleyfield Residential Care Home; and to lead the way - for example in foster care, the Early Help Hub (EHH) and Dementia friendliness.

Flintshire is built on shared social values. Our social care workforce has been a beacon of light over the past year, being there and caring for the most vulnerable throughout. This will be my final year with Flintshire and I look back with pride on all that we have achieved together.

I wish you well for the future in the knowledge that Flintshire will continue to light the way for others to follow.

Colin Everett
Chief Executive
Flintshire County Council



This Annual Report is prepared under the requirements of the Social Services and Well-being (Wales) Act 2014 and Regulation and Inspection of Social Care (Wales) Act 2016, both of which place a statutory requirement on the Council to report annually on its social services functions.

The focus of this legislation is on well-being, and our report summarises the key things that we are doing in Flintshire to support our most vulnerable residents. It describes our challenges, provides our stakeholders with a picture of how we have performed and improved over the last year, and sets out our priorities for the coming year. Stakeholders include the people using our services, our staff, elected members, the general public, our partners, regulators and Welsh Government. Engagement with stakeholders is fundamental to what we do, and informs the development of our services and future plans.

In the report we evaluate our performance against last year's improvement priorities and set out our priorities for next year. These focus on well-being and are linked to the six National Outcomes Standards, which are:

NQS 1 Working with people to define and co-produce personal well-being outcomes that people wish to achieve

NQS 2 Working with people and partners to protect and promote people's physical and mental health and emotional well-being

NQS 3 Taking steps to protect and safeguard people from abuse, neglect or harm

NQS 4 Encouraging and supporting people to learn, develop and participate in society

NQS 5 Supporting people to safely develop and maintain healthy domestic, family and personal relationships

NQS 6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

Section 2

Director's Summary of Performance

Welcome to the Social Services Annual Report.

The purpose of the report is to reflect on how we have performed during 2020/21, and to highlight our priorities and intentions for 2021/22.

There is no doubt that our plans for this year have been disrupted by COVID-19, which has had a significant impact on our planned work. You will see in this report, that some of the priorities for our work will have carried over from last year. However, we have been able to progress a number of things alongside the response to COVID-19.

To echo the words of our Chief Executive, we must first recognise the courage, commitment and resilience of our staff and those in the independent sector and partners, as they continue to improve the health and wellbeing of Flintshire's residents.

On 23 March 2021, we observed a minute's silence as part of a day of reflection to mark the Anniversary of the United Kingdom's first lockdown, when those who have died in the pandemic were remembered. The pandemic, and especially the early months of 2021 were challenging, and will no doubt leave a lasting impact on all of those working to support individuals and the sector for many years to come.



In tackling COVID-19 locally, new work streams emerged, including:

- The community approach with third sector partners to deliver a coordinated response to the pandemic locally.
- The establishment of the PPE hub by NEWCES, which enabled the distribution of Personal Protective Equipment (PPE) to over 80 settings across Flintshire.
- The partnership work between Social Services staff and Environmental Health Officers in providing support to social care providers affected by COVID-19.
- The financial support we have been able to facilitate from Welsh Government's Hardship Fund to social care services.
- The creation of a temporary care home, Ty Treffynnon, to supply additional beds.
- Supporting an independent sector to develop a temporary 'step down' facility, which enabled people to move out of hospital beds as their health returned to them. This home is now moving to long-term model of EMI residential.

The challenges of COVID-19 has not stopped us deliver on our priorities and progress with as much 'business and usual' as possible.

The report will go in to more detail, but some additional successes from the last year include:

- The implementation of Micro-care, with 12 Micro-carers delivering services in the county.
- Further developing our actions to support people living with Dementia.
- Taking a stand to end all male violence against women by becoming White Ribbon Accredited.
- Recognition of our Learning Disability Services in the Social Care Wales Accolades and shortlisted for the APSE Awards.
- The employment of two graduates, young people with Learning Disabilities from the Project SEARCH programme, in our own services, with others entering in paid employment.
- The implementation of Foster Carer support Model – ‘Mockingbird’.
- The progress made with the extensions at Marleyfield House.

As we move forward, we know that COVID-19 will continue to impact our community and services in to 2021/22, and a theme running through this report is our continued response to this, and the recovery of services when safe to do so.

As a final note from myself and Cllr Jones, we would like to say again, as ever, how proud we are of our workforce when we have all faced unprecedented challenges, and yet were still able to continue to support our most vulnerable residents. This is testament to the hard work and dedication of our wonderful employees.



Neil Ayling
Chief Officer
Social Services



**Councillor
Christine Jones**
Cabinet Member for
Social Services

THE ODE OF A KEY WORKER

We give you our hearts. Although they are broken, they are still beating

We give you our souls. Although they are lost, we are still breathing

We give you our light. Although they are dimming we are still shining.

We give you our sunshine. Although there is rain, there are still rainbows

We give you our smile. Although there is hurt, there is still laughter

We give you our calm. Although there's a storm there is still peace

We give you our hope. Although moments fade we still have faith.

We give you our hands. Although we are apart, we can still hold together.

By Carol Morgan, whilst working as a Senior Support Worker at Llys Raddington Extra Care, Flint.

Section 3

How are People Shaping our Services?

It is a priority to ensure that the voices of people are heard and that we learn from them.



Officers have kept in constant contact with the providers we work with, to ensure they are supported by answering their enquiries and hearing feedback on the impact that COVID-19 has had on their services and the people who use them.

Going forward, investment will be made in reviewing and redeveloping user surveys and methods of engagement with a view to making them more relevant, accessible and targeted to specific service areas.

The Contracts and Commissioning Team have facilitated **regular meetings with residential care, domiciliary care and Supported Living providers**. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attended by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed.

Alongside these meetings, a dedicated email address has been established where providers could pose COVID-19 related questions and queries where they could be responded to in a timely manner.

'Virtual coffee mornings' have been held to support managers of services who may have been working in isolation during this period. This event is more relaxed, with no agenda, but a chance to network and perhaps have some peer support.

The team have also had daily phone contact with providers to collect data, enquire about PPE supplies, discuss any arising issues or just to be there to listen and support in this difficult time.

Senior Managers and Environmental Health Officers are available daily, including weekends, to provide support and to liaise with colleagues in Public Health Wales.

"Thank you and your team for the ongoing support over the past twelve months you have all been amazing". (Independent sector provider)

"I want to take this opportunity also say thank you to each of you for the continued support, guidance and collaborative working we've shared over the last 18 months. It's been a pleasure and a privilege to have worked with some amazing people and, such a brilliant, forward thinking and innovative Local Authority." (Independent sector provider)

Young Voices Speak Out (YVSO) is a group of young people that are looked after or leaving care aged between 13 and 18 years old. The group have continued to meet online to represent the voices of looked after children in Flintshire. Workshops and discussions have taken place covering health and relationships, and models of fostering.

Representatives from the National Assembly for Wales and the Children's Commissioner for Wales have also attended their meetings to seek the views of the group. In May a Welsh Youth Parliament member approached YVSO about how they would like Flintshire and Wales to look like once out of lockdown. This was fed back to Hannah Blythyn (MS) to take to Welsh Government.

Members of the group regularly attend the Children's Services Forum, which is made up of Elected Members, Senior Managers and representatives from Children's Services and Education. At these meetings they share their views on topics which have included Housing, education and sexual health advice for young people. The group attended the first virtual Children's Services Forum in September, and spoke about how the pandemic has affected them. Some of their comments included:

"It's impacted on me mostly in a good way because it's given me time to work on myself and my attitude towards things like school, friends and family. It's made me appreciate them and appreciate things like going outside. It's obviously been hard but the good outweighs the bad."

The group have also interviewed candidates for the new staff for the Multi Systematic Therapy project and the Permanency and Court Team Manager position.

People living with dementia and their carers worked with the Council and NEWCIS to develop an **interactive map** and a user guide as part of the Council's commitment to further develop dementia awareness and support across the county.

The map shows the locations of Dementia Friendly Communities, memory cafés and organisations and services which are part of a local dementia friendly businesses programme run through NEWCIS.

Users will be able to search the map to find dementia friendly locations in their area, alongside bus stops and other community facilities which may help them to plan their journey.



The map and user guide has been developed as a result of an idea by officers in the IT department, after attending an awareness session run by a Dementia Friends champion for County Council employees.

Chris Roberts, a person living with dementia, said:

“This project is very innovative and will be so helpful for folk to know where and which establishments will make them feel safe and understood, especially in a time where we are all feeling very alone and isolated.”

This work builds on the development of the existing **Dementia Webpages**, which bring together a range of information in to one place, acting as a directory of support services.

Young Carers have also been involved in the development of a new service specification to help in the commissioning of a new service for **Young Carers**. The engagement was informal, via social media and meetings. Four young carers were also involved in the procurement process.

The young carers interviewed all bidding organisations by asking questions they had chosen, had an equal say on the outcome of the procurement exercise. As result, NEWCIS were successfully selected to deliver the service in Flintshire, now offering all carers in Flintshire an equitable service.

In the words of one young carer who interviewed the successful organisation, “they are amazing”.

There have been new service changes in Learning Disability services with the relocation of the Castle Connections work opportunities site to new premises in Greenfield Business Park. Families and individuals were invited to view the space and give their input in to how they feel the site should be developed.

The site began as two workshops which were partitioned in to 4 separate activity rooms – one for general use, one for furniture repair and recycling, one is a salon area to teach beauty skills and the last is an IT suite for the

people supported. In addition, a changing areas was installed creating a large changing area for personal care and adapted toilet.

The building works finished in December, ready for activities to begin once restriction allow. After consultation, the new premises has been named **Hwb Dyffryn**, or Abbey Hub, in reference to the Basingwerk Abbey located in Greenfield Valley Heritage Park.

Families of individuals with Learning Disabilities have been part of **commissioning a new supported living service** for their loved ones. Two families agreed to be part of the commissioning process and attended several online meetings, provided feedback over email and were members of the interview and evaluation panels.

The families voice influenced the service that was being commissioned and were part of selecting the provider that they believed would provide the best care to their loved ones. They also assisted in developing a transition plan that was right for them and their family member. The families felt informed, valued and involved throughout the process, and had an insight in to the processes a local authority goes through when developing services. The officers supporting the process gained a better understanding of the well-being outcomes of the individuals requiring care and support.

Promoting and Improving the Well-being of Those We Help

Quality Standard 1: Working with people to define and co-produce personal well-being outcomes that people wish to achieve

COVID-19 continues to have an impact on people living in their own homes and those who deliver services to them through domiciliary care and reablement services. Where possible, services have maintained business as usual, with some adaptations to ensure people and staff are safe.

Visits have continued using full PPE and with full risk assessments in place and other face to face meetings have continued, albeit virtually.

The services have needed to be flexible to changing demand and circumstances, such as an increase in support needed as family members returned to work after furlough and when lockdown restrictions eased. Direct Payments were also utilised, for example, to enable a carer to take someone out for a walk.

The teams have received so many wonderful compliments, from people in receipt of care and support, their families and carers.

“I would like it be known that the Flintshire team have without exception always provided exceptional care, and compassion to my Dad, taking the time to understand his needs and ensure his whole person is cared for. They treat him with dignity, respect, patience and good humour. His mood visibly lightens when he knows the Flintshire team are attending.”

“The carers are so thorough, professional and people who really care about my Mum and I’m sure so many other vulnerable people too. (Mum) has improved 100%, her confidence is back which has helped her wellbeing... Adult Social Care who are unsung heroes, deserve to be recognised for the fantastic work they do for the residents in Flintshire.”

The Council’s Hospital Social Workers played a key role in supporting people to return to their homes and worked with individuals, providers and families to ensure people were discharged safely. Working with each acute hospital in the area, this resulted in hundreds

of people returning home in a safe and timely manner, shortening the time they needed to spend in hospital.

Teams across the Council also worked to prevent hospital admission, such as the Dementia Support Workers, who provided emotional support to families and piloted a 'dementia sitting service', giving carers a break from their caring role. This made a significant difference for people who needed it as many carers had not been able to access their usual support structures due to COVID-19 restrictions.

In November 2019, Flintshire County Council introduced Micro-care, which was designed to promote social care as a career option and help develop micro-care enterprises to support vulnerable people across Flintshire. Micro-care was a new concept in Flintshire. The aim was to encourage people to become micro-carers who were either:

- Interested in providing social care services to older people but may have no experience.
- Currently working in the care sector but interested in being their own boss.
- Actively supporting people in their local communities.
- Wanting to do something that supports others and makes a difference.

Two Micro-care Development Officers, have been working with individuals to:

- Support them develop their business or idea.
- Provide information on training, funding and other available support and resources.
- Support individuals to develop and deliver a quality service in line with current Welsh Government legislation and regulations.
- Providing links to a network of other micro-care providers for mutual support.
- Over the last year, the development officers have been busy promoting the project and supporting interested parties to start their own businesses and as a result, they have eight new micro-care enterprises currently offering services across Flintshire, with another six people currently working through the Micro-care Programme.

There are now 12 Micro-care enterprises delivering services in Flintshire, all of whom are helping people to either remain in their own homes longer or supporting a person's ongoing wellbeing.

More information about Micro-care, how to become a Micro-carer and who is delivering services can be found on the **Care@Flintshire website**.



In 2020/21, the Progress for Providers Programme has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector. Working with Helen Sanderson Associates once again, providers were engaged to review and adapt the existing Progress for Providers self-assessment tool to ensure it was aspirational and reflective of existing high standards within the sector.

Representatives from in-house and independent provider services worked with the Council to create a new, bespoke version of Progress for Providers, a version that acknowledges the particular importance of digital communication for people with learning disabilities. The programme supports the implementation of both the North Wales Learning Disability Strategy and Welsh Government Improving Lives Programme.

12 independent sector providers and the Council's in-house services have signed up to the part of the programme.

By law all local authorities in Wales must have advocacy services for children and young people to use, and that an **Active Offer for Advocacy** must be made.

Advocacy services can help by speaking up for children and young people, making sure that the rights of the child or young person are respected.

When children and young people need services, sometimes an advocate need to meet with them to explain what these services are. This helps them to understand what's on offer and how the service is able to help them. This is called an active offer.

An active offer must be made to:

- Children in care.
- Young people leaving care.
- Children and young people who need extra support.

A regional contract has been in place commissioning already in place and Tros Gynnal Plant provide advocacy services to children and young people looked after by Flintshire County Council.

The take up of the active offer can now be monitored. 13 children have received an active offer of advocacy since April 2020, nine of which went on to work with an Independent Professional Advocate.

One young person said:

"I have a right to be listened to. Thank you for making me understand this."

In March 2021, the new **North Wales Young Carers ID card** was launched to give recognition to the amazing young carers in North Wales. The card will provide photo-identification for any young carer aged 18 or under who would like one. This will enable them to easily identify themselves to professionals without having to share personal details about their caring role.



Young Carers have asked for an ID card so that teachers, health professionals and retailers know that they carry important responsibilities. In response the Deputy Minister for Health and Social Services, Julie Morgan, outlined her commitment to this initiative in rolling out a national young carers identification card in response to the National Assembly's Health, Social Care and Sport Committee Inquiry into the Social Services and Well-being Act 2014 and its impact on carers, as well addressing the three national priorities for carers in Wales.

Flintshire has been instrumental in achieving this unique regional approach in North Wales and ensuring its success. Young carers provide essential support to their families and loved ones and the Council greatly values them for their commitment and selflessness. The Council will continue to support young carers and provide opportunities for education and employment that other young people have access to.

There will be a phased roll-out of a national ID card, with all local authority areas in Wales having launched their card by April 2022.

Children's Social Services have been working to **embed outcomes based approaches** in

their work. An investment has been made in workshops to support practitioners to develop their knowledge of assessments and eligibility as well as giving practical support to case recording and the role supervision and management play in embedding outcome focused care planning.

This has resulted in changes to practice and inspired staff to work in an outcome focused way, which is making a real difference to children and families.

North Wales Together, the Regional Transformation Programme for Learning Disabilities (LD), have reviewed their website and populated it with good practice regionally and beyond, lessons learnt and resources.

Over the past year, the team have implemented a small projects fund, and over 50 small projects have been awarded funding, including:

- I-Team aims to help people to build their own I-Teams, made up of friends, family and associates, who can be there to support the individual. This has been adapted to be delivered virtually.
- Outside Lives runs various working groups which coproduce activities and events

(e.g. theatre, music, wildlife, conservation etc.) around particular themes. Their proposal involved specific outreach (and associated training) to people with LDs, to join in inclusive groups and develop inclusive community activities.

- Gig Buddies is a befriending scheme that matches people with a learning disability with a volunteer who shares the same interests, so they can go to gigs and events together. The project was formally launched 20th November at the Learning Disability Wales Annual Conference.
- Love to Meet U. Funding was awarded to Hft to host a relationships and dating Network across the east of the region although increased use of virtual means has enabled their reach to cover most of the central area and East.

The Additional Learning Needs (ALN) work stream is working to develop a resource for young people and their families to help with decision making on leaving school and entering adult services. The team are also looking in to an innovative app that will support the development of Active Support plans for people with learning disabilities.

The programme also set up a Provider Forum in the wake of the COVID-19 pandemic

where partners have collaborated well and shared good practice and pooled resources to meet the needs of people with learning disabilities across North Wales.

Through the **Regional Transformation Programme for Mental Health**, the Flint 'ICAN' Community Hub opened in April 2020 at Flint Library. The Hub is designed to assist people to link in with support and activities which are most relevant to them with the aim of provide early intervention to prevent issues escalating.

The Hub team consists of two MIND Community Wellbeing Coordinators, Flintshire County Council Wellbeing and Recovery Social Worker and will be expanded with volunteers.

Due to the COVID-19 situation it was not possible to have a physical presence in the library, which was closed. The service was adapted to the new situation to provide much needed programmes of support, which explore a person's strengths, build confidence and life skills and support people to approach difficult situations.

The Flintshire Father Figures group also began in March 2021, giving any male

care giver support with parenting and improving their mental health, with the aim of developing a peer support network.

As a result of the pandemic, the **Regional Transformation Programme for Community Support** was paused for a number of months. The team delivering the programme were diverted to support the opening of two additional care to provide additional beds to accommodate the anticipated surge in demand.

At the start of the global pandemic, team members also undertook preparation work for the development of a deployment pathway for volunteers and took a central role in the development of the first iteration of a recovery plan for social services in Flintshire.

As the team members were stood down from their emergency response, work resumed across the East area to develop the model of care and support for the new short term care beds at Marleyfield House, to develop some additional support for people living with dementia and the expansion of multidisciplinary working to meet the needs of residents with complex needs.

Priorities

Our priorities for 2021/22 will be to:

Contribute to the **Regional Population Needs Assessment and Market Stability Report**

Move **Micro-care** from a pilot programme to part of the ongoing **Social Services offer**.

Quality Standard 2: Working with people and partners to protect and promote people's physical and mental health and emotional well-being

Throughout the pandemic, the Council have been working closely with the independent sector to support the social care workforce across the county. This has included working with Welsh Government to administer the **£500 Scheme** to recognise and reward the hard work and commitment of social care staff who provided essential care to our most vulnerable citizens during the most challenging period of the COVID-19 pandemic. The scheme was aimed at staff within registered care homes and domiciliary care services and included Personal Assistants (PA's).

The total paid out is £2,131,230 which is broken down as 442 Council employees, 319 PAs, 56 Newydd staff and 2391 staff from independent care settings.

The Council also supported the administration of the COVID-19 Statutory Sick Pay (SSP) Enhancement Scheme. The scheme supports social care workers who are required to stay off work due to actual or suspected COVID-19, enabling employers to pay eligible workers at full pay if they cannot work due to COVID-19. This removes the financial disadvantage to social care workers of staying away from work.

Additional funding was also provided to establish safe testing spaces in care homes and to support the testing programme.

Finally, the Welsh Government's **Hardship Fund** provided additional financial support to the sector which included:

- Support towards the cost of void beds in care homes, plus an additional £50 per week per resident.
- An additional £1 per hours for domiciliary care staff.
- Additional £37 per week per individual for Supported Living providers.
- Other support, for example, funding for additional staff capacity to support individuals who found it difficult to isolate in care homes.

Flintshire Local Voluntary Council (FLVC) has been an active and valued member of the Flintshire County Council's and Welsh Health Board's tactical response groups in their efforts to combat the COVID-19 crisis.

To enable this support FLVC assigned two **Social Prescribers** in Flintshire's Single Point of Access Service (SPoA) and one in the Early Help Hub Support Service.

The SPoA received a 700% increase of calls for assistance during the first lockdown, compared to an average number of referrals a month prior to the COVID-19 pandemic. In April 410 new referrals were received.

The calls covered many areas requesting support, from support with food parcels and prescription collections alongside a noticeable increase of calls for emotional support and help to ease people's loneliness.

The Social Prescribers have been playing a vital role by signposting people to local, self-organised and volunteer run community groups, food deliveries and third sector organisations such as Flintshire Food Bank, Age Connects, the Well-Fed programme and Homestart.



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The Council has been working with registered day care settings, Aura and Theatr Clwyd to put together a programme of **support for vulnerable children, young people and their families over holiday periods**. The schemes provided children and young people with a much needed break following the lockdown, where they were able to make new friends and be involved with activities that they might not have tried before.

As part of the additional support to vulnerable families through the pandemic, the Early Years Support Team has worked hard to arrange for 20 children aged between five and eight to be supported in registered day care settings over the summer period. Aura provided 'Summer Multi Sports Camps' which were set up in various locations across the County. Children who attended the camps could take part in sport activities and work on their individual skills. During the sessions a range of different sports and activities we offered within guidelines, including football, hockey, basketball, athletics, gymnastics, cricket, golf, foot golf, throw golf and tennis.

Both children and parents gave very positive feedback and the coaches reported that they saw the confidence of the children steadily increase during the five weeks of activities. Theatr Clwyd set up a four week programme for children and young people which could be attended five days a week. The scheme was designed to be a fun-filled creative experience with music, dance, drama and craft.

Gwennan Mair, Director of Creative Engagement at Theatr Clwyd, said

“We feel privileged to have been able to open our doors once again to some incredible young people. We watched them grow in confidence and develop their performing skills and on the final day perform on our huge AHT stage. Everyone had such an inspiring time this summer. It was evident that the arts can make a huge difference to people’s lives”.

Double Click continues to flourish as a Social Enterprise supporting people with mental health problems to achieve their personal outcomes. Double Click achieve the perfect balance of operating a design and print service whilst offering opportunities for people to learn new skills and continue on their recovery journey.

Mental Health support services have been very creative during lockdown, adapting and developing safe ways to continue to support people. Examples included online training and learning sessions and craft kits delivered to people in the community.

The Council has been working closely with partners in the community to deliver a pilot project, to improve **community resilience and wellbeing**. This focus of the pilot is to deliver a ‘Community Resilience framework’ in two communities in Flintshire, Flint and Holywell (Holway) where there had been comparatively low health and wellbeing outcomes for a 12-month period. The purpose of the pilot is to develop an evidence base to support a case for wider systems change, demonstrating the effectiveness of this approach in improving community resilience levels and the wellbeing of children and young people within the local area.

The methodology of Systems Leadership, with its participatory based approaches, building on community assets, developing partnership working built around coproduction, is ideally suited to addressing the challenges of improving community resilience. A number of community members and organisations have been engaged.

The project has supported access to both a Community Centre and ‘Community House’ in the Holway. These can be places of contact with services as well as with other members of the community, where local people can take pride in their area. A community garden has also been installed at the Holway community centre which has already had a positive impact on the local aesthetic and attracted wildlife. As the pandemic recedes, the project will be able to be more visible within the community and engage with more local residents and schools.

Supporting people living with Dementia, their families and carers remains a key priority area within the Flintshire’s Council Plan, and there is much progress to build on.

The **Regional Dementia Strategy** was published in March 2020 to set out how services will work towards integrated dementia services in North Wales. It has been developed jointly by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, Bangor University and other partners.

In response to this strategy, the Council will be working with local partners to develop a Flintshire Strategy to meet the outcomes

on the regional strategy, alongside local actions that will be defined by the community and partners. This will encompass much of the work already taking place in Flintshire, alongside new areas for development which have been influenced by engagement with Flintshire network of Dementia Friendly Communities and people with lived experience.

The Council, have again, been recognised by the Alzheimer's Society as an organisation 'moving towards becoming Dementia Friendly'. The Council remains committed to raising awareness of the impact of dementia through regular Dementia Friends sessions with in-house Dementia Friends Champions. This work will further be strengthened by the development of a local Strategy.

Further information on services for people living with dementia and their carers can be found on the **Council's Dementia webpages**.

Alongside support for Dementia Friendly Communities, a number of Age-Friendly Communities are developing following the Older People's Commissioner for Wales' work towards making Wales a nation of Age-Friendly Communities under the Ageing Well priority of her Strategy.

Following a series of workshops on Age-

Friendly community development and presentations to Community Councils, Leeswood & Pontblyddyn became the first community to work towards being Age-friendly. It is now in its third year of Age-Friendly Community development and two further communities, Alyn Villages (Hope, Caergwrle, Abermorddu) and Holywell & district, are working towards being Age-Friendly alongside Dementia-Friendly development.

Children and families have benefitted from **flexible and creative respite support**, in partnership with Action for Children (AFC) and other third sector organisations. Arosfa is a well-established service providing short term breaks / respite for children with disabilities. The unused left wing at Arosfa has been refurbished to provide two additional bed spaces at the facility. The two new beds, are in addition to the current short break respite provision for up to three children.

The new rooms enable a maximum of five children to be supported at any one time, reducing reliance on expensive out of county placements, with local children being supported in their own county.



Priorities

Our priorities for 2021/22 will be to:

Developing a Strategy and Action Plan to support people living with Dementia and their cares and continue to be recognised as a Council 'Working Towards Becoming Dementia Friendly'

Implement the new model of care and support at Arosfa

Quality Standard 3: Protecting and safeguarding people from abuse, neglect or harm

Safeguarding is supported by Council employees across services and the workforce has been accessing training throughout the year to embed the All Wales Safeguarding Procedures introduced in 2019.

The implementation of the Liberty Protection Safeguards has been delayed, with a new implementation date of April 2022. A draft Code of Practice is to be issued for consultation in 2021, following which a detailed plan for staff training and system changes will be implemented.

Violence Against Women, Domestic Abuse and Sexual Violence

(VAWDASV) is an incredibly important area of work for the Council, across all directorates and the Council host the regional VAWDASV team. Since the start of the pandemic, Flintshire based specialist services have seen a 40% increase in referrals for support, despite

the obvious difficulties in providing this during lockdown restrictions.

During the last year, the Council have worked hard to acquire White Ribbon accreditation, the only Local Authority in North Wales to do so. This means that the Council recognise that male violence in all its forms has a negative impact on the well-being of staff as well as their safety and wish to promote a workplace culture of respect for all, by improving safety and morale.

The Flintshire VAWDASV Forum has been established and is attended by frontline workers from across the council, as well as partners from the statutory and third sectors. The forum feeds into the regional MARAC steering group to ensure more consistent provision across North Wales.

The Welsh Government established the National Training Framework in 2015, to ensure that all public sector workers had an awareness of VAWDASV and those working with vulnerable people at risk of abuse, had more enhanced training. The awareness programme for all staff (Group 1 E-Learning) has been made available to staff. The Group 2 (Ask and Act) programme has been embraced by the Council, with 9 staff undertaking 'Train the Trainer' module, ready to roll out the

programme across the authority in 2021/22. An initiative launched by the Home Office in January, Ask ANI, involves training pharmacy staff to listen to, and signpost victims of domestic abuse. Those seeking help are advised to "Ask for Ani", where they will be taken to a confidential space within the pharmacy, and signposting services will be offered. Information about the scheme was disseminated via the Intranet in January 2021 to all Council staff.

The Families First Programme in Flintshire has led the way in delivering key services to parents, young people and families with disabled children. The innovative delivery of the programme over the last three years, with its unique arrangement of being embedded in Flintshire's multi-agency Early Help Hub has been a real success.

Flintshire established a multiagency Families First Management Board (FFMB) to oversee local delivery of this Welsh Government funded programme and a plan was agreed with focus on:

- Early identification and engagement of families at more risk of escalating problems;
- More 'whole-family' approaches to work with young people and families with

- multiple needs; and
- Embedding inclusive practices across early support and prevention services for families with children with disabilities and for families preferring support in the Welsh language or language of choice.

During the lockdowns and fire breaks, pupils eligible for free schools meals and unable to attend school full-time have received a secure **Direct Payment** to give families more flexibility to buy food for children. Parents/carers have been able to sign up to the service through a secure portal on the Council's website.

Under 4 restrictions have been especially difficult for the most vulnerable residents, people living alone and those who have been identified as Clinically Extremely Vulnerable, particularly over the Christmas and New Year period.

During this time, the Council circulated information of key contacts who can help and can arrange for food and medicine to be delivered to homes.

'Well-Fed', in partnership with Flintshire County Council, Clwyd Alyn and Can Cook, has been delivering meals, slow cooker bags and safety boxes to hundreds of vulnerable

households in Flintshire free of charge - ensuring that residents in difficulty, residents who are self-isolating and unable to get out and residents in need in sheltered schemes and supported housing will receive good, fresh food.

Over the pandemic, the service has been able to support those shielding and the most vulnerable tenants with nutritious healthy meals and provide fresh provisions in the form of Well-Fed shielding boxes. These consist of freshly prepared meals as well as provisions such as bread, milk, eggs and other fresh produce as well as any kind donations we have received to keep residents nourished. The deliveries reduced the need to visit supermarkets and are often the only food some residents, forced to shield, will receive.

"I am so thankful to your service for the excellent meals and produce delivered to me and my partner ... I am eternally grateful to you for the gift of your food package and it was delicious too. I just wanted to say THANK YOU."

In addition, NEWCIS supports over 9,000 unpaid carers in Flintshire, in partnership with Social Services. They offer a wide range of support to unpaid carers, ranging from



information, advice, carers assessments, counselling, grants, social opportunities and respite.

COVID-19 has had a massive impact on **unpaid carers**, who were suddenly unable to access the normal types of support they needed to look after themselves and their loved ones.

As a result, NEWCIS adapted the way they support unpaid carers, by providing information and support over the telephone and online, whichever is best for the carer. They have also helped with practical support, such as access to food and ‘busy boxes’, increasing their access to on-line support, emotional support and keeping in touch with them throughout this uncertain period.

NEWCIS’ **Bridging the Gap** respite service won a Social Care Accolade 2020 for the category ‘Improving care and support at home together’. Bridging the Gap was developed in partnership by the Carers Strategy Group, NEWCIS and Flintshire Social Services in recognition of the gap in short term, flexible and accessible respite for carers. A short video about the award winning programme can be found here.

Since its inception in 2013, the service has continued to evolve and work with over 40

different providers of replacement care and support. Recent additions to the service include the use of the new micro-carers and family support to offer greater flexibility for respite during the recent pandemic.

‘Bridging the Gap’ service enables carers to take a break from their caring role at times to suit them and to do the things that matter to them, offering truly person-centred respite. Carers can access the service following a Carers Needs Assessment where respite is identified as a well-being outcome for the carer. The carer is then allocated a respite code to the value of £300 to use as they choose over a 6 month period.

The Council are proud to have acted as the lead employer for the new North Wales Contact Tracing Service, and recruited tracing teams aligned to each of the six North Wales councils, working to keep people informed and safe during the pandemic.

Priorities

Our priorities for 2021/22 will be to:

Encouraging employees to complete the Welsh Government’s e-learning module “Domestic Abuse and Sexual Violence Against Women” to achieve 100% completion rate.

Implement the Liberty Protection Safeguards



Quality Standard 4: Encouraging and supporting people to learn, develop and participate in society

The partnership with Hft to deliver Learning Disability Services has continued to go from strength to strength, despite the challenges of the pandemic. During this time, individuals have continued to be supported through a blended approach, including virtual activities provided online, socially distanced visits at people's homes, socially distanced walks, support at home for people living in Supported Living and regular phone calls. Plants, compost and pots have also been delivered to those who access Tri-Ffordd so they can continue with their horticultural activities.

The service now has a digital library of 87 tablets which have been purchased through charitable grants and donated from the Council. The online activities, delivered as part of a 'virtual day centre' have been extremely popular and have enabled people to feel connected whilst



at home, combating loneliness. To support the virtual day centre, activity packs have also been given out for people to take part in on the Zoom sessions or to complete themselves. These include salt dough kits, dreamcatcher sets, art packs and sunflower growing packs.

The service has continued to make improvements to their facilities. As well as the developments of **Hwb Dyffryn**, Hft received £15,000 for the Postcode Lottery to enhance the garden at Hwb Cyfle. The people supported now have access to wheelchair accessible raised beds, grass sofa's, outdoor musical instruments and a Wheelchair swing.

Activities are also changing at Abbey Metal, following a review of the tasks. Now renamed **Abbey Up-Cycling**, the workshop space is being redesigned to upcycle bikes. A short campaign on Facebook provided the service with over 35 bikes in various conditions all

ready to be worked on. Five stations for bike stands and a painting booth have been installed. In addition the upstairs area will be allocated for electrical working. There will also be an area for refurbishing larger pieces of furniture and the front of the building will be redesigned in to a shop front to display items for sale.

Hft have been successful in launching Luv2meetU. Luv2meetU Flintshire, is focused on supporting people with learning disabilities and their families to develop and sustain relationships, improve their health and wellbeing and extend their social networks. Now more than ever, people need support to enable them to strengthen their social connections which are critical for everyone's wellbeing and happiness.



The Council and Hft were also recognised by the Social Care Wales Accolades as 'Highly Commended' for their work in providing meaningful daytime activities for more than 250 people with learning disabilities. A short video on the project can be found here.

The 19/20 **Project SEARCH** interns have graduated from the programme, with four young people now working at more than 16hrs a week, two of whom have secured positions in the Council. Follow on job coaching is still taking place through a job club for those not currently in employment.



Letitia on her first day working at Llys Raddington

Owen said:

“Being a part of Project SEARCH was very good I got to make new friends and got to know what working independently feels like. Working for Flintshire County Council is brilliant the staff are nice to work with and it keeps me busy throughout the day”.

Seven interns have now begun the next Project SEARCH programme, which is run as a partnership between the Council, Hft, Clwyd Alyn Housing Association and Coleg Cambria. The interns are all enjoying the programme and their volunteering, however, they are keen to get out of the classroom and into their work placements.

To help prepare young people for adulthood, and following a review of the current transition services for young people with disabilities, the new **Child to Adult (C2A) Team** have been established.

The team have invested in training to embed principles and actions required in the Social Services and Well-being (Wales) Act 2014 in relation to children with disabilities. This includes a focus on hearing the voice of the child, the child's lived experience and working to achieving personal outcomes.

An action plan records the many achievements to date, and the developmental actions which are constantly evolving from this dynamic and developing service. The service changes are having an impact, with one young person reporting:

If it wasn't for X, I wouldn't have got through this. She has made my life easier during lockdown, sometimes with actions or sometimes just a phone call. When I heard that schools were closing from March to Sept, it was awful. X was there to talk me through this”.

Flintshire County Council has been awarded £4,890,000 by Welsh Government to improve childcare provision near or on school premises, referred to as, **‘the Childcare Offer Large Capital Grant Schemes’**. There are currently ten primary school sites that will benefit from this funding.

This is a significant amount of funding for Flintshire and will benefit many working parents in need of pre-school childcare and for children to have modern facilities in which to play, learn and develop. After a period of planning and working with colleagues in childcare and education, Wynne Construction won the contract to carry out this work.

Challenges presented by COVID-19 had to be overcome to ensure the work stayed on schedule and through a great team effort, significant progress has been made with this ambitious programme of works. The Council has worked closely with Wynne Construction to design what will be a modern airy space for children to play and flourish. It is hoped that construction will start in Spring 2021, with a finish date by March 2022.

After a successful bid, Flintshire County Council has been also awarded £622,000 by Welsh Government to provide capital support to childcare settings, referred to as, **the Childcare Offer Small Capital Grant Schemes**. This grant supported the provision of quality childcare settings in Flintshire with improvements to childcare rooms, kitchens, outdoor space, furnishings and digital capability. It also supported settings impacted by COVID-19 carrying out works, such as improving ventilation, and to purchase items to improve their outdoor provision.

The North Wales Integrated Autism Service (NWIAS) has modified consultation procedures for clients and staff to remain safe during the pandemic. The team are running training and groups online, such as 'Understand Autism' for newly diagnosed Autistic Adults.

The service continues to receive compliments for their work and have been complimented on the number of excellent 'lifestory' outcomes submitted to WLGA for making a difference to everyday lives of Autistic Adults.

One service user said:

“Without over-egging the pudding, you have provided me with the first step on an entirely new path in my life, and I am sure I will be thanking you again in the future for the success I am sure I can achieve now that I have a greater understanding of who I am, and who I have always been.”

To further support Autistic individuals, the Autism.Wales website (previously ASDinfoWales) has been launched by the National Autism Team.

Priorities

Our priorities for 2021/22 will be to:

Further develop Project SEARCH

Developing opportunities for Autistic individuals to access services locally

Quality Standard 5: Supporting people to develop safely and to maintain healthy domestic, family and personal relationships

Children's Services continue to work towards the ambitions set out in the Support & Placement Strategy to work to **safely reduce the numbers of children entering care and improve outcomes for those in care**, with a number of interventions in place including:

- The Targeted Support Team
- The Adolescent Strategy Team
- Family Support Team Officers put in place bespoke programmes of support, which are monitored and reviewed.
- The Missing Exploited Trafficked (MET) panel meets to keep children safe from trafficking, Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) and County Lines and provides a forum to bring professional together or to escalate to relevant agencies.

- Direct Payment support for families to implement preventative approaches.
- Support for families through the Team Around the Family (TAF) and Family Group Meetings (FGM).

The **Early Help Hub (EHH)** received 2641 referrals between April 2020 and end of March 2021 and the team have adapted to meet needs during the pandemic. All EHH members quickly reverted to having discussions online and agencies adapted well during lockdown and there was no interruption with meetings. Referrals slowed down slightly during April/May but started to pick back up again from June.

Following a rise in referrals for **parents with low to moderate Mental Health difficulties** in the EHH, a dedicated worker has been employed to work with parents to give advice and guidance, 1:1 support and to signpost to other services available locally, including the ICAN hub in Flint, and statutory mental health services.



The services feel that there is much to learn from the time during COVID-19 and should continue to implement different ways of contact and virtual meetings as staff feel they are less stressful for families.

During the year, local authorities were provided greater flexibility in the use of the **Flexible Funding Programme** to respond to COVID-19. Flexible Funding is the approach developed by the Welsh Government that enables local authorities to adopt a more strategic way of delivering early intervention, prevention, and support to families.

Together partner agencies continued to support children and families through digital channels and adopted new approaches to meet the needs of families and support their resilience. As required by Welsh Government a 'Lessons Learnt' report was produced reflecting the learning during the pandemic. A revised Delivery Plan was also submitted to Welsh Government reflecting priorities for the Programme from 1st October 2020 – 31st March 2021.

In 2017 the Fostering Team began partnering with Y Lab through the 'Innovate to Save' project to develop a model that could spark a new way of doing things in fostering services. The **Mockingbird Family Model (MFM)** replicates an extended family in 'Constellations' of 6-10 fostering households.

The Constellation is supported by a 'Hub carer' who provides planned and emergency sleepovers, as well as advice, training and support.

The model provides a more 'normal' experience for foster children, including interaction with a wider range of children and trusted adults and gives foster families a wider support network. This leads to placements becoming more stable as the children and carers are more supported, reducing placement breakdown and the need for high cost emergency placements and residential care.

Following testing, development and feasibility stages Flintshire Council was awarded £1.15million innovation funding to roll-out Mockingbird to 50 families in North Wales. The Flintshire project has the potential to save £2.4 million over six years by avoiding costs for the Local Authority.

The first Constellation was launched in Flintshire in January 2020 which now supports one Hub carer and six satellite families comprising six looked after children, one birth child and two young people in 'When I'm Ready' arrangements. Over the last 12 months the constellation has provided a range of:

- Emergency and planned sleepovers/short breaks.
- Monthly social activity events.
- Peer Foster Carer support and training opportunities.
- Family and sibling contact.

Although concerned about the impact COVID-19, the families involved have found new ways to communicate in order to stay in touch and offer support to each other.

The second constellation recently launched in February 2021 and consists of one Hub Carer and five Satellite families comprising eight looked after children, 10 birth children and two young people part of the 'When I am Ready' scheme.

Flintshire are planning five additional Constellations by the end of 2022, directly supporting up to 80 young people and 50 fostering households.

Since the onset of the coronavirus pandemic, care home managers and staff have worked tirelessly to keep residents physically safe and well, but there is so much more to well-being than physical health, and one of the most painful aspects of the pandemic has been restrictions on face-to-face **visits to care homes** by families and loved ones.

The Older People's Commissioner for Wales captured the deep impact of these restrictions recently, saying that 'the trauma of not being able to visit relatives in care homes will stay with people for years'.

Under Welsh Government policy, care home visits were cancelled in March 2020, although end-of-life visits were allowed regardless of any local restrictions or national lockdown. Local care homes have worked hard to facilitate permitted outdoor visits, rising to the challenge of keeping residents connected with their families.

Facilitating these much-needed visits has involved extensive planning, effort, innovation and creativity on the part of our care homes, and we are extremely proud of what is being achieved in Flintshire.

Services were happy to welcome visitors back from 12th March 2021.





Priorities

Our priorities for 2021/22 will be to:

Further develop Project SEARCH

Developing opportunities for Autistic individuals to access services locally

Quality Standard 6: Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

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January 2020 saw the introduction of a new Policy for 'Adaptations to Foster Carers' Homes'. Flintshire is supporting foster carers in making necessary adaptations to their home to provide adequate space for children and young people to live and thrive in their care. This policy supports siblings to be placed together, to meet the needs of children with multiple disabilities, secure extra capacity for current or potential fostering placements and to meet health and safety requirements which would otherwise result in a child being moved.

The grant funding will complement the existing range of support provided to foster carers, and this funding is another step forward in securing local and stable placements for children. Applications for granting funding will be considered up to a maximum of £36,000, with a £20,000 maximum grant for the relocation to a more suitable property. In order to access the grant, the carers and social worker must first exhaust all other options and resources to increase capacity at the placement.

The grant is not only available to approved foster carers, but also to also available to others including existing or prospective adoptive families, Family and friends / carers of children who are under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

Theatr Clwyd and Flintshire County Council together with members of the local community put out a public call for donations of **shoe boxes full of fun**, colourful treats to make the world a brighter place for a young person in Flintshire.

The appeal saw the public donate over 300 shoeboxes over two days which have now been distributed by Flintshire County Council

to the most vulnerable young people in the county.

Completed in Autumn of 2020, **Llys yr Iarll / Earl Street** was developed by Wales and West Housing Association in partnership with the Council to provide accommodation for adults with learning disabilities, Autism and physical disabilities. The development consists of 12 individual apartments suitable for independent living and, where support is required, a two bedroom apartments allow for carers to live-in.

The Council has nomination rights for the four ground floor apartments, of which two are bariatric and two are adapted for wheelchairs. The remaining eight 'general needs' apartments are being retained by Wales and West Housing Association.

One new resident put her thumbs up in the air and stated 'It's brilliant, I love it here'. Her Mum also said how well her daughter is doing and has settled in much better than they could ever have anticipated.

Another resident said,

"I was a bit nervous at first, but now I am used to it and I like my neighbours who are also my friends. I like how work is only

across the road. I also like that my mum can't nag me to tidy up all of the time now I am in my own flat'.

Glan y Morfa house is a temporary step up / step down shared accommodation for people who have a physical disability. The people accessing the house may be homeless, or temporarily unable to return home due to planned adaptations being made to their existing home. Whilst at the house, the individuals will be supported to improve their wellbeing and independence, so they are able to live as independently as possible when they have returned to their own or more permanent accommodation. This is a joint initiative between Social Services and Housing Services and commenced in February 2021.

Flintshire Social Services and Wales & West Housing Association will be opened Flintshire's fourth extra care scheme in Holywell, Plas yr Ywen Extra Care Scheme, on the 22nd March 2021, welcoming it's first tenants.

The new £8.5m Plas yr Ywen extra care scheme offers 55 one and two bedroom apartments for people aged 50 and over living in Flintshire who have a care and support need.

The scheme will follow the successful 'housing with care' model, with an on-site care and support team and a range of facilities to promote and support independent living. In addition, it will have seven apartments on its memory floor to support individuals living with dementia or memory loss.

Plas yr Ywen benefits from new smart digital system which features a digital emergency alarm, voice and video calling, video door entry, telecare compatibility and smart home connectivity. This is a positive step forward which will enable individuals to be more empowered to lead independent and fulfilled lives through a blend of support and technology.

Embracing innovative, construction firm Willmott Dixon and Flintshire County Council are on schedule to complete the major expansion of the **Marleyfield House Care Home** in Buckley.

The £8.4 million redevelopment project will double the number of beds at Marleyfield House from 32 to 64 and increase communal outdoor spaces and accessibility to support residents' well-being, reaffirming the Council's commitment to quality services, investing money in critical services.

Each room will have personal outdoor space either through a balcony on the first floor or a patio on the ground, while the extension will also see the creation of new communal areas, medical facilities, offices and store-rooms, extended car parking facilities and extensive sensitive landscaping.

This is an example of the local authority's pro-active approach to addressing the current significant pressures and fragility in the care sector across the country, the project is set to complete in summer 2021, with work having continued amid the challenges of the global pandemic.

During COVID-19, the home entered into lockdown and Willmott Dixon adjusted its construction practices to make sure the site was separated from the existing home at all times. This included a dedicated site access, the construction of additional parking bays for the home and deliveries.

To continue the improvement of the Council's care home provision, it has been agreed to look at the feasibility of developing a new residential care home at the old Flint Community hospital site. This building will have approximately 55 beds and will include moving residents from the current Croes Atti residential care home into the new building.



The project will be in close partnership with health colleagues to delivery on some of the health needs of the community as well as increasing capacity within Flintshire's in-house residential care sector. The feasibility is estimated to be completed by early summer 2021.

Following feasibility, an options appraisal is to be completed for the council to consider which option will best meet the needs of the authority and the local residents of Flint. Once an option is agreed it is estimated that the building will be completed in 2023.

A similar approach to Marleyfield and Croes Atti will be taken in due course with Llys Gwenffrwd in Holywell. The council will consider whether a new site is required or whether improvements to the existing site should be made.

Children's Services continue to work with Housing through the Integrated Young Person's Service (IYPS) for young people aged 16+, and two officers have been employed to support **young people presenting as homeless**, or families requiring additional support. An additional officer works within housing to support young people ages 18+.

Families will be supported to keep the young person at home or having a planned or managed moved involving other agencies, such as Supported Living, hostels and the Quay project. During this time the IYPS service can provide emotional support through this time, to ensure young people are safe and their well-being is improved. Funding needs to be secured to support sustainability of this service.

A Children's Residential Assessment Centre will provide short term (up to 20 week) residential assessment and support provision for children and young people up to the age of 18 years. The centre will provide the time and space to undertake an intensive assessment and support to meet the needs of young people whilst seeking family reunification, or a longer term local fostering/residential placement.

The Centre will be able to accommodate up to eight children or young people at any one time across all three buildings, including emergency placements. The staff team will be trained in the Multi Systemic Therapy (MST). As outlined in Quality Standard 1, MST is an intensive family and community based clinical intervention for children and young people aged 11-17, where young people are at risk of out of home placement

in either care or custody. MST teams focus on the whole world of the young person - their homes and families, schools and teachers, neighbourhoods and friends. MST staff go to where families live and work with them intensively for three to five months, including being on call to families 24 hours a day, seven days a week.

Flintshire County Council will take ownership of the building by the end of March 2021 and will then be going out to tender to appoint a contractor to undertake the refurbishment work. It is envisaged that the refurbishment of three properties should be fully complete by Autumn 2022.

To further support children, the Council are looking to establish **small registered homes**, supporting one or two children. The model has a strong community and family feel to support children who would succeed in a smaller setting with more intensive levels of support. This model is being delivered successfully in other areas in the UK and will be adapted for Flintshire. It is intended that the first of two small homes will be operational during 2021/22.



Priorities

Our priorities for 2021/22 will be to:

Completion of the Extra Care Programme

Progress in-house residential care expansion schemes

Launch a short term residential service to inform the most appropriate move-on placement and support package for young people

Develop the 'Small Homes' scheme for children

How We Do What We Do

5.1 Our Workforce and How We Support their Professional Roles

The Workforce Development Team's core business is broad and covers both a planned and re-active approach to supporting the social care workforce training needs

The annual training directory has once again been developed based on sound analysis of a needs analysis from colleagues within the department and from external Care providers; reviewed against the new qualification frameworks; and through evaluations of previous courses. The courses are delivered through both internal and external providers and this year, more than ever before, has seen the strengthening of partnerships in order to meet and overcome the challenges the pandemic has presented.

Despite the challenges that last 12 months have presented, the team have achieved a great deal:

- Successfully transitioned a number of training courses to delivery on a range of virtual platforms
- Facilitated 313 training sessions on 87 subject matters.
- Development of an induction training programme for volunteers who were 'recruited' as part of the COVID-19 response. This was completed by 77 volunteers, most of whom went on to volunteer for the Council during the first stage of the pandemic.
- Continue to work in partnership with many internal and external training providers who kindly offer their training to us free of charge.
- In partnership with Communities for Work, the 'Pathways in to Social Care' has been offered virtually. This comprehensive intensive programme provides unemployed people with a pathway into working in social care and is closely aligned with both the All Wales Induction Framework and for the purposes of registration for support staff.
- A revised distribution of the Training Voucher Scheme went ahead this year, although there were limited opportunities for the vouchers to be utilised.
- A number of Digital Champions were trained, sharing of a wide range of information supplied by Digital Wales.

- Devised and delivered a programme of teaching and learning for the core qualifications in social care, that is fit for purpose and meets the awarding body requirements
- The Centre had a very positive European Quality Assurance (EQA) report from the November 2020 remote visit
- Supporting 38 Social Work students across teams in the statutory, independent and voluntary sectors this year across North Wales. 16 Social Workers have completed their Consolidation award to enable them to re-register in their 1st period of practice after qualifying which is now a requirement of Social Care Wales.

In response to feedback from both internal and external managers, the team have developed an 'induction programme' of mandatory training that new starters are able to complete within a 3-week period, enabling them to meet a number of competencies essential for delivering quality care.

Behind the scenes, the Council's IT department have played a vital role in supporting the continued work of Social Services and undertook a major operation to **ensure staff are able to work remotely** and that services were not disrupted by the new ways of working. The team have:

- Researched and implemented Video Conferencing facilities for 780 people working in Social Services
- Responded to 140 orders from Social Services for additional IT equipment, much of which was required for the move to home working
- Responded to 400 requests for remote access tokens to be set up
- Researched and implemented an eSignature solution for the Foster Service to minimise the need for face to face contact.
- Provided alternative methods of engagement with clients use of WhatsApp and deployed to Social worker phones
- Donated 39 recycled iPad to service users at Hwb Cyfle
- Provided telephony facilities for Social Care contact centre staff to operate from home
- Development of a range of online forms including enhancements to the Child Care offer and well-being evaluations

In response to ongoing recruitment challenges and difficulty recruiting experienced social workers, it was agreed to take a different approach to **recruitment of social workers** and a new pathway for social work students to join teams has been developed. The pathway created a link between their university learning and the first year of practice. All of this happened during the pandemic and was supported by a robust

induction plan, including weekly virtual group sessions where there was the space for peer support, discussion and learning.

Induction processes for Social Workers joining Children's Services have been strengthened through a partnership with Community Care Inform (CCI). CCI is a well established online portal for social care staff working with children and families, housing a wealth of information and resources to support them with their practice.

The Council now have dedicated pages within CCI to act as a hub, with information about each team and links to relevant documents and policies to support staff in their development and practice.

Newly qualified staff also meet virtually each week for peer support and learning and induction sessions. Infrastructure in place to support development. One newly qualified social worker said:

"I have been very blessed in my experience working for Flintshire. I have been in two team TAF and the Targeted Support Team. Each team has massively supported me as a new employee who started during the COVID-19 world and as a newly qualified social worker, they were each very warm and welcoming."

Communities For Work (CFW) are working in partnership with Flintshire County Council's Workforce Development Team to continue to deliver the 'Pathway into Social Care' training programme.

This programme gives local people an opportunity to gain the training and skills necessary to work in the Social Care, providing care and support to the most vulnerable in our society.

The training which will take place virtually involves accredited training on a variety of subjects including; first aid, health & safety and infection control, food safety and safeguarding. At the end of the programme local care employers will be on hand to provide information on available vacancies for participants to apply.

The Council has also embarked on an exciting journey to challenge and change their traditional recruitment processes to recruit people with the right values in to social care roles.

The WeCare Wales campaign states that 'Wales needs around 20,000 more people to work in care by 2030', and in order to meet this demand, more needs to be done to showcase and promote working in care as a

rich and fulfilling career.

A small team of Social Services officers has been trained by Helen Sanderson Associates and Well-being Teams in **Values Based Recruitment**, and have since been working to develop their own new approaches to recruit people in to social care.

Our values and beliefs drive the way we behave, and people tend to thrive in places where they are able to demonstrate their values. Social Services needed to understand their own values, before they could look for those values in others, and are now looking to recruit people who share the services values.

Before COVID-19, Flintshire County Council began a series of recruitment days with a focus on encouraging participant to demonstrate the values they live by. These sessions included a team, listening and communication exercises and 'what if' scenarios. For part of the day, the candidates also took afternoon tea with people they may be providing care and support for. The workshops are observed by staff and individuals receiving services, who will look out for the ways in which the candidates interact with individuals and demonstrate their personal values.

In excess of 20 workshops for direct care and support workforce have been held, appointing over 60 people across services, some of whom have come from previous care roles, and others who have had no care experience but wanted to make a change.

Feedback from candidates has been positive with some feeding back that it was the 'best interview I have ever attended' and that they 'didn't feel like I was being interviewed'. Candidates enjoyed meeting the tenants and left with a feeling of knowing more about the role.

The Council continues to work closely with the national WeCare Wales campaign, promoting opportunities to work in social care during WeCare Wales week in November 2020. The campaign has also relaunched their jobs portal, where providers from across Wales can advertise vacancies for free, and candidates can search for social care jobs in their area.

The Council recognised that working in social care over the past year has often been a difficult and emotional experience. **Care First** is an Employee Assistance Service which is available to Council employees, which provides emotional and practical support for issues at home or in work. The services are available online, and via a Freephone number 24 hours a day, 365 days of the year.

Every call is answered by a Care First counsellor, accredited to the British Association for Counselling and Psychotherapy (BACP) and support is available in Welsh, via a translation service, if required. Following an assessment with a telephone counsellor, Face-to-face or online CBT counselling may be suggested. In July 2020, the Council extended access to Care First to all staff in independent sector care providers.

The Council have also worked with Mind in North East Wales to provide extra support for social care workers. Information, talking therapies and activities designed to support wellbeing during this difficult time were available.

Essential to tackling COVID-19 locally has been the effective supply of **Personal Protective Equipment (PPE)**. The North East Wales Community Equipment Service was identified in the early stages of the pandemic as the main platform to distribute the Welsh Government's provision of Personal Protective Equipment (PPE) in North East Wales.

Preparation work began in March 2020 to adapt NEWCES in Hawarden to cope with the stock management for both Flintshire and

Wrexham Counties. The first delivery of PPE arrived on the 24th March 2020 and was distributed within days to protect care staff across Flintshire.

As stock levels and demand increased significantly, grateful assistance soon came from valued volunteers who gave up their own time to get the PPE packs out to over 80 locations a week throughout Flintshire.

The allocated space at Hawarden could not accommodate the amount of stock coming in, so a second unit in was opened. Three days later, after some challenging work, the new stores was operational.

Since the service started in March last year, in Flintshire, we have issued approximately:

- 2.5 million aprons
- 4 million gloves
- 3.5 million masks
- 60,000 visors

The British Army Logistics Team were visiting all distribution sites across Wales to give advice, guidance and support. NEWCES received a glowing report with no key recommendations. The Military Team promoted our Flintshire systems and approaches across other areas in Wales,



which led to presentations on our systems of work to other Authorities.

NEWCES are proud to have linked in with Project SEARCH, and have welcomed Owen into the NEWCES Team. Owen is involved with the front line service of the PPE Hub, in all aspects of stock management and delivering stock to Wrexham Social Services and is a real asset to the team.

NEWCES staff were praised:

“...they are playing a blinder with supporting at the moment. They could not be more helpful. Deliveries are very quick and accurate. If there’s an issue they are very helpful in problem solving.”

A small supply of equipment was also available from Preswylfa in Mold, which could be distributed quickly to where it was need most.

The recruitment of volunteers began at the start of April, initiated by colleagues in FLVC. In mid-April, FLVC handed over a group of around 70 volunteers to the Social Services Deployment Team.

The Workforce Development Team, supported by FLVC, provided some basic training to volunteers, relating to

safeguarding, food hygiene, health and safety, consent, data protection, dignity, principles of care and confidentiality. By the end of April 2020, following the training and required DBS checks, a group of 64 volunteers were available for deployment to volunteering opportunities across the county.

The volunteer group provided support from April to August to a number of activities and initiatives including twice-weekly delivery of PPE for staff at older people’s care homes and domiciliary providers and schools, weekly shopping deliveries to two Supported Living Homes, delivery of donates chocolate eggs, 1:1 telephone support, Well Fed project and Food Bank Food parcel delivery; and delivery of iPads and Codgers Quarterly Newsletter to reduce isolation in care settings. Volunteers also supported the opening of Ty Treffŷnon care home and transported an employee to shifts at an independent sector care home.

In August, with many volunteering activities either ceased or reduced greatly, the coordination of the volunteer group was handed over to FLVC’s third sector coordination team. The Social Services team remain in close contact with FLVC to collaborate on any future volunteering activities.

There have been a number of **digital** developments. A Contract Management System has been developed within our Paris system to hold provider details, which is with contract information and stored confidentially.

Flintshire County Council Direct Payments Support Team have launched a new Direct Payments Homepage. These pages include information on what are Direct Payments alongside information on how to employ a Personal Assistant (PA) and other useful links.

A new Personal Assistant Portal also provides a register of Personal Assistants (PAs) available for employment for Flintshire Direct Payment recipients. The register aims to help citizens and their families search for PAs and find the best PA for them, but also to help PAs find suitable employment in this growing and rewarding sector.

Social Services are continuing to move forward to implement the finance module of the **Welsh Community Care Information System** (WCCIS). The system will improve the way we are able to pay social care providers.

5.2 Our Financial Resources and How We Plan For the Future

The **Social Value** Development Officer has worked with partners to make a video to explain what Social Value is and how the Council is looking to get the best value for local citizens, out of every pound that the council spends.

The new Social Value Procurement Policy was approved by cabinet in March 2020, and to compliment this, a new system, IMPACT, has also been introduced to support measuring, monitoring and reporting on social value outcomes. This assists suppliers to report on a quarterly basis against their social value commitments. Inclusion on IMPACT will be part of procurement moving forward.

The Council's social value website is now live to promote the outcomes of this work stream through interactive videos, case studies, events and blogs. The website will also support Council staff, the Council's current suppliers and other

external businesses with a further understanding of social value, the Council's Social Value Policy, procurement process and Impact Reporting System.

The Council continues to support **Social Enterprises** linked with a wellbeing function who are contribution to the social value sector as defined by the Social Services and Well-being (Wales) Act 2014. These groups have been supported to become COVID-19 compliant so they can work towards reopening.

The Council developed a **Corporate Recovery Strategy** for the pandemic emergency situation. The strategy covered the following:

- The chronology of the emergency response phase and transition to recovery
- The handover arrangements for recovery
- The organisational recovery of the Council
- Community recovery of the communities we serve
- The Council's strategic priorities and performance for the remainder of 2020/21
- The roles the Council will play in regional recovery
- The democratic governance of recovery

Aligned to this strategy, Social Services

developed a Recovery Plan, setting out the objectives and timeline for the recovery of services, any risks and their planned mitigations, our contribution to any Council strategic priorities for 202/21, and performance indicators to measure how well we are progressing towards full recovery.

Social Services will also look at how new ways of working can continue to be embedded, which have resulted in efficient use of time and contributed to a reduced carbon footprint.

The Welsh Government's **Integrated Care Fund** (ICF) programme has supported the delivery of revenue and capital based projects under four structured themes:

- Early Intervention
- Learning Disabilities, Children with Complex Needs and Carers
- Older People
- Dementia Action Plan

Although the ICF programme was due to come to an end in March 2021, Ministers have agreed a 12 month extension until March 2022. This will allow time for a new approach to regional resourcing to be developed in readiness for April 2022. The scope and scale of future resourcing for three

themes - Early Intervention, Learning Disabilities, Children with Complex Needs and Carers, and Older People - will be reviewed as part of this process. The Dementia Action Plan theme will have recurrent funding, but will be subject to an ongoing evaluation to inform the content of future action plans and its subsequent outcomes.

Flintshire Social Services worked with care providers and the internal workforce to ensure that services were well prepared for **Brexit**. A number of meetings were held with care providers to share key information around Brexit preparations and the EU Settled Status scheme. Business Continuity Plans were also prepared and information shared on business preparations regarding medical devices, clinical consumables, food and medication.

5.3 Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

Who we are

Elected Members represent the residents of Flintshire and play an important part in the governance of the Council. They agree the Council's priorities and approve policies to deliver its continuous improvement. Flintshire Council has 70 Elected Members who represent their ward interests and participate in full Council meetings to oversee the performance of all aspects of the Council. One Member is elected by their peers to represent each portfolio area. These are known as Cabinet Members and together with the Leader and Deputy Leader, Chief Executive Officer and Chief Officers, they form the Council's Cabinet.

How we make decisions

Each Cabinet Member is supported by Overview and Scrutiny Committees, and for Social Services this is the Health and Social Care Overview and Scrutiny Committee. Because of the close working relationship with the Education and Youth Portfolio, the Council also holds joint Health and Social Care and Education and Youth Scrutiny Committee meetings, to discuss services for children and young people that cut across both social services and education. The Council Leader, Deputy Leader and Cabinet Member for Social Services are also involved in the social services work programme through the Social Services Programme Board and the Cabinet Member also attends the Social Services Management Team meetings, which have continued virtually every month.

The officers of the Council are led by the Chief Executive Officer who is supported by Chief Officers responsible for each of the portfolio areas. The Chief Officer for Social Services has the statutory "Director of Social Services" role. The Council's structural arrangements for both members and officers are clearly laid out. The constitution details how the Council operates, how decisions are made and the procedures that are followed to

make sure that these decisions are efficient, transparent and accountable to local people. The Council also has its own internal governance through a system of internal audit. The outcomes of audits are monitored by the Audit Committee and officers can be called to give evidence to the committee should concerns be raised regarding their service areas.

Our partnership working

Flintshire has a strong record of partnership working, and in Section 4 we describe some of the services and initiatives that we have developed with other bodies and agencies. At the heart of our collaborative culture is the Flintshire Public Services Board. Established in April 2016, this statutory body is made up of senior leaders from public and voluntary sector organisations. It aims to ensure that statutory and third sector partners work together to manage shared priorities through collaboration, and these priorities are set out in the Well-being Plan for Flintshire 2017-2023.

The North Wales Regional Partnership Board was also established in 2016 and has a membership representing statutory bodies, third sector partners, carers and users of services. The Board works to enhance the

integration, efficiency and effectiveness of outcomes-focused care and support services in North Wales, and has been successful in its bid for a new Welsh Government fund made available to transform health and social care services in Wales.

The Council and Health Board continue to work closely together, with strategic meetings between the chief executives and leaders taking place bi-annually. Many joint operational meetings happen throughout the year, including a six monthly special scrutiny meeting where health colleagues are invited to attend and take questions from elected members.

Relationships with the voluntary sector continue to be strengthened by our involvement with the Voluntary Sector Compact. This three-way partnership between the Council, Health Board and voluntary sector facilitates mutual understanding in respect of roles and responsibilities, and enables opportunities for partnership working to be fully utilised. Membership comprises the Chief Officer and Chair of Flintshire Local Voluntary Council, other voluntary sector members, the Chief Executive and Leader of the Council, and a senior manager from the Health Board.



A NEWCIS volunteer delivering supplies to carers in the community

Accessing Further Information and Key Documents

Social Care Legislation & Information Links:

National Outcomes Framework for people who need care and support and carers who need support

Regulation and Inspection of Social Care (Wales) Act 2016

The Social Services and Well-being (Wales) Act 2014

Well-being of Future Generation (Wales) Act 2015

North Wales Population Needs Assessment

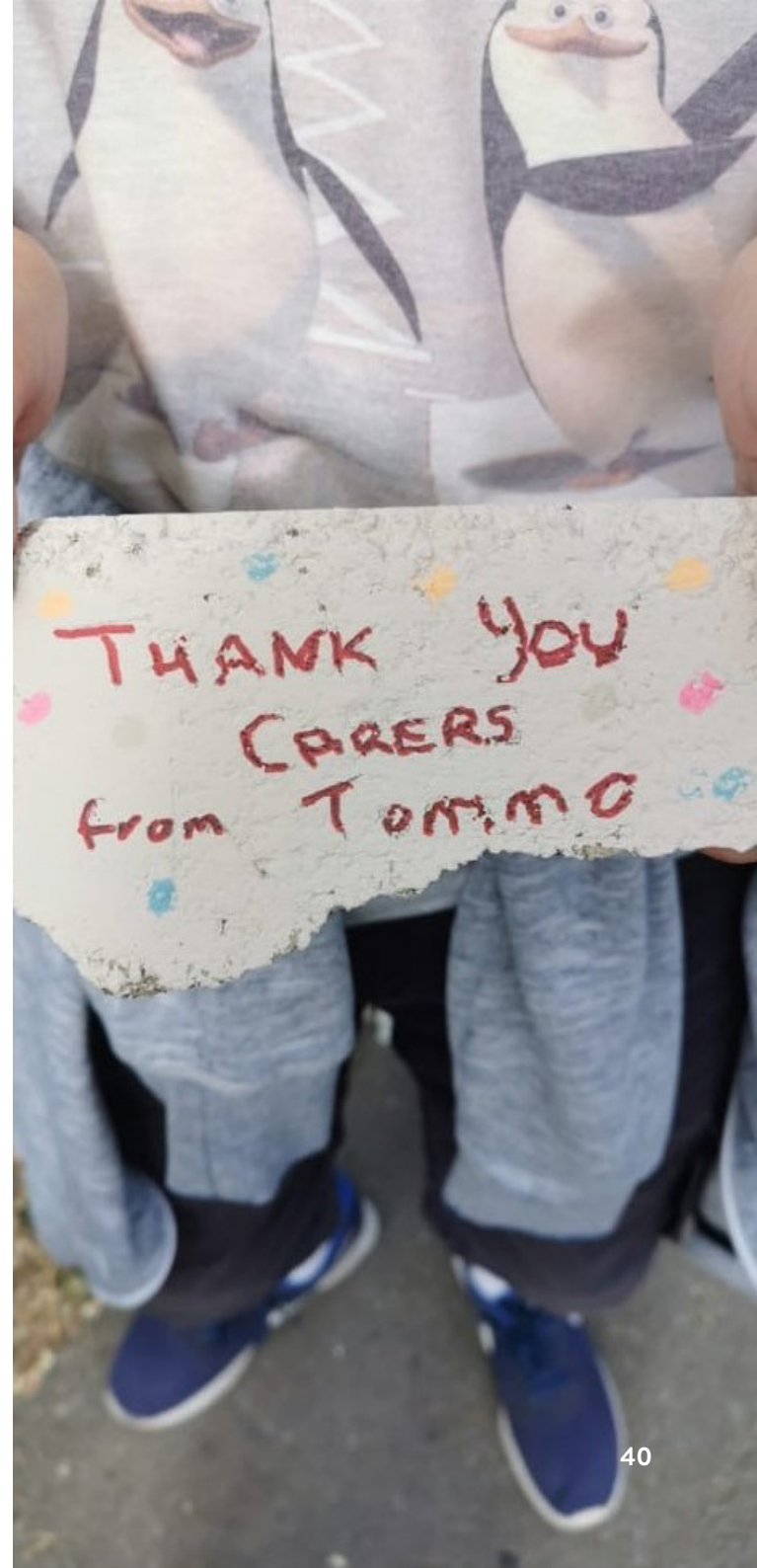
North Wales Safeguarding Board

Flintshire County Council's Key Strategic Documents Links:

Council Plan 2018-23

Corporate Parenting Strategy 2018-2023

Digital Flintshire 2017 - 2022



Adverse Childhood Experiences (ACEs) - a term used to describe a wide range of stressful or traumatic experiences that children can be exposed to when growing up. ACEs range from experiences that directly harm a child to those that affect the environment in which a child grows up.

Advocacy - the act of speaking on the behalf of or in support of another person.

Betsi Cadwaladr University Health Board (BCUHB) - The largest health organisation in Wales, with a budget of £1.3 billion and a workforce of over 17,000 staff. Providing primary, community, mental health and acute hospital services for the population of North Wales.

Children Looked After - a child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Deprivation of Liberty Safeguards – provide a legal framework that protects people living in care homes or hospitals who are vulnerable because of mental disorder and who lack the mental capacity to make decisions about their own accommodation and care needs.

Direct Payments - give users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them.

Extra Care – housing designed with the needs of service users in mind that provides varying levels of support which is available on site and promotes independent living.

Flintshire Local Voluntary Council (FLVC) - the umbrella and support organisation for over 1200 voluntary and community groups based in Flintshire.

HFT – formally known as Home Farm Trust. Flintshire County Council have commissioned HFT to deliver day services and work opportunities for people with learning disabilities in the county.

Integrated Care Fund (ICF) - a Welsh Government fund that “aims to drive and enable integrated working between Social Services, Health, Housing, the third and independent sectors.

Multi Systemic Therapy (MST) - MST is an intensive family and community based clinical intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody.

Outcomes-focused - the definition of outcomes is the impact or end results of services on a person's life. Outcome focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.

Personal Protective Equipment (PPE) - PPE is equipment that will protect the user against health or safety risks at work.

Person-centred Care - an approach that moves away from professionals deciding what is best for a patient or service user, and places the person at the centre, as an expert in their own experience. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals and outcomes.

Respite – a short period of temporary care in order to provide rest or relief for carers who require a break in their role

Responsible Individual - someone in charge of providing the service at an organisation or local authority.

Safeguarding - a term used to denote measures to protect the health, well-being and human rights of individuals, which allow people to live free from abuse, harm and neglect

Social Enterprise - an organisation that applies commercial strategies to maximise improvements in human and environmental well-being - this may include maximising social impact alongside profits for external stakeholders.

Social Value - Social value looks beyond the financial cost of a service and considers what wider additional benefits to the community can be generated. Implementing the Social Value Strategy will be a key element in delivering the Well-being of Future Generations Act.

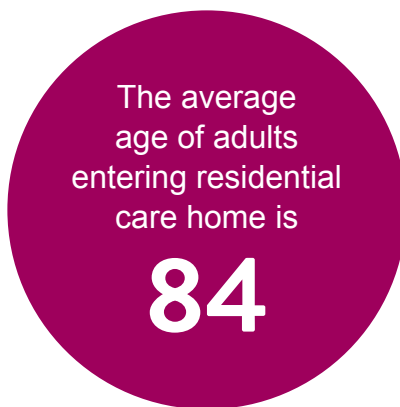
Statutory Services – services provided by the Local Authority as a matter of course, examples of these types of services are domiciliary care and respite breaks.

Step up / step down – This provision enables professionals to support an individual's return to independence, as an alternative to hospital admission or to support discharge from hospital. Sometimes called 'discharge to assess'.

Third Sector - the part of an economy or society comprising non-governmental and non-profit making organisations or associations, including charities, voluntary and community groups, co-operations etc.

Well-being - the state of being comfortable, healthy or happy.

'When I am Ready' scheme - The overall outcome of the 'When I am Ready' is that a young person leaving foster care will have the time and support to develop the necessary skills and resilience to make a successful transition to independent living.



* The majority of the measures are Welsh Government experimental data as this is the introduction year and therefore trends and national comparisons are not available for 20/21.



11571

Between 1 April 2020 and 31 March 2021, statutory social services received 11571 contacts

4348

of those contacts were provided with advice or assistance

1257

The total number of families that received information and support through the Early Help Hub

There were **137** children on the Flintshire Child Protection Register on the 31 March 2021. 95% of initial child protection conferences and 99% of review conferences were carried out within timescales. 9% of children on the register were re-registered within 12 months of deregistration (18 children from 6 families), and the average time that children remained on the Register was 270 days.

On 31 March 2021 there were

113

children with a care and support plan where needs were being met through a direct payment.

181 children/young people are being supported through edge of care services, 77 young people up to the age of 25 who have left care.

794

New assessments completed during the year

56%

went on to have a care and support plan

23%

had needs which could be met by any other means

21%

had no eligible needs

256

children were looked after in Flintshire on 31 March 2021. We have a pool of committed and enthusiastic foster carers, with 71 foster carers (excluding kinship carers), offering 111 placements. 93 placements are currently occupied.

Where the need cannot be met in-house, children are placed with agency carers or in residential care. 9.4% of children moved more than twice in the year, although some of these moves were planned as part of their care package.

174

young carers were identified this year and referred to our young carers service Providers

133

There were children who received the active offer of advocacy

Eitem ar gyfer y Rhaglen 6



SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 1 st July 2021
Report Subject	Early Years
Cabinet Member	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Report Author	Service Manager (Early Years and Family Support)
Type of Report	Operational

EXECUTIVE SUMMARY

To provide an update on the strategic and operational priorities in relation to early years and the Early Years and Family Support Service, including the contribution to the Council's statutory duties, collaboration with partners and future priorities.

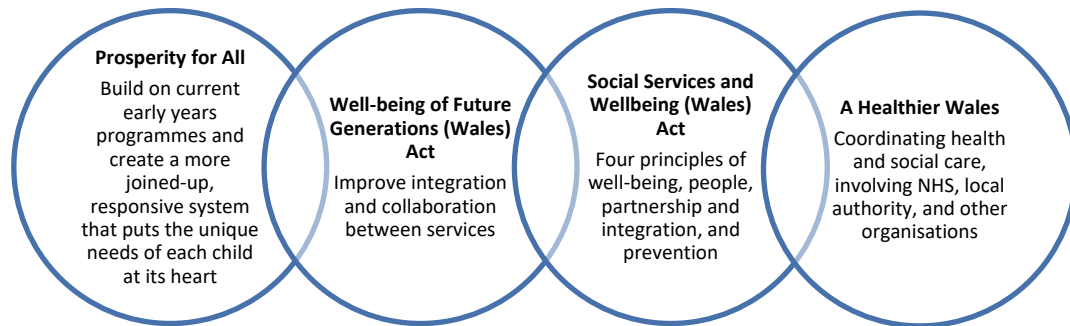
RECOMMENDATIONS

1	The Committee supports the approach to Early Years and Family Support provision, and collaborations with key partners, and future development of an Early Years Strategy.
2	The Committee consider the progress and impact being achieved through Welsh Government capital funding.
3	The Committee supports the development of programmes with a strong evidence base of impact and cost effectiveness when commissioning early years and early intervention services. And that the council and partners continue to develop its own local evidence base to support positive early intervention.
4	The Committee supports the refresh of the Parenting in Flintshire Parenting Programmes Framework, and action should be taken to raise awareness and the benefits of parenting programmes with key partners so that there is an increase in accessibility and availability of programmes that meet parent's needs.

REPORT DETAILS

1.00	THE EARLY YEARS AND FAMILY SUPPORT SERVICE (EYFS)
1.01	<p>The EYFS Service provides multi-agency, multi-disciplinary services that support children and their families, across the continuum of need. There are a variety of programmes and teams that provide early years and family support, primarily to children pre-birth to age 7, with some elements focussing on services for older children.</p> <p>The aim is for all Flintshire children, from all backgrounds, to have the best start in life, as it is during the earliest years that a large part of the pattern of adult life is set, creating a foundation for the future. The Flintshire early years population, as at 2020 was 14,064 aged 0-7 year olds, of these 8,373 were aged 0-4 year, of which 1,286 were living in a Flying Start area. The focus is on improving outcomes for young children and their families by promoting child and family health; supporting quality relationships and family stability; reducing inequalities in child development; supporting children to be school ready; supporting parenting aspirations and parenting skills; and providing sufficient quality childcare to enable children to flourish, and support communities and the economy.</p> <p>Services are delivered in collaboration with partners committed to an integrated, multi-agency approach shaped by understanding of the locality and any specific complexities of each geographical area. The aim is to promote economies of scale, support improved services, experience and outcomes.</p>
1.02	<p>Financial Report</p> <p>The EYFS Service is 98.5% Welsh Government Grant funded, with 1.5% from Flintshire County Council base budget and income generation. The budget consists of both revenue and capital. In 2020-21 £19 million was administered.</p> <p>20 Grant Awards were planned for 1 April 2020-21. An additional 15 Grant Awards were bid for and received during the year including a new Child Development Fund (£173k), sustainability support for childcare settings (£128k) and additional childcare offer small capital (£122k), and early year's centres capital (£78k). One Grant Award was part-repurposed (£1.195k) to respond to the Covid-19. In total, approximately £2 million additional and repurposed funding during the year to the benefit of children, families and services.</p> <p>In collaboration with partners every aim is made to make the best use of funding opportunities. The challenge is the multiplicity of funding streams and eligibility which does carry an administrative burden on a number of staff due to Welsh Government requirements.</p>
1.03	<p>Priorities</p> <p>The strategic priorities for early years will continue to be driven via the Early Years Pathfinder partnership, with governance through the Public Service Board and the Health Wellbeing and Independence Board. The priorities for 2021-22 will build upon the work during 2020-21. The plan is:</p>

To continue to consider how legislation and policies underpin the work, and how those factor into early years integration and transformation approaches and activities. For example, changes made through the Early Years Pathfinder programme and the Children and Communities Grant Leadership Group are aimed at coordinating social care, health and third sector services around the need and preferences of individuals. This can only be done through effective engagement and collaboration – which align with some of the key principles in the Prosperity for All, Wellbeing of Future Generations (Wales) Act, the Social Services and Wellbeing (Wales) Act, a Healthier Wales and the, Building a Brighter Future: early years and childcare plan.



To continue to develop the early years system finding ways to improve multi-agency solutions, delivering accessible and simple information, clearer referral and application routes, with earlier intervention and prevention than was the case before the systems work started.

To continue to build upon the willingness to collaborate to deliver better outcomes for the child and family and move towards seamless provision, maximising on all funding streams and opportunities with the central focus on the child.

To continue to listen to the voice of parents as services are integrated and transformed through a systems thinking approach, focussing on the customer. To build on the work to date: early health support; speech, language and communication; no wrong door and the front door; ALNET and additional learning needs pre-school; Flying Start outreach and to further improve connections between services, removing complexity from the system.

To maintain the concerted effort to drive change at a strategic level, including the results from the baseline assessment using the Early Intervention Midwifery and Early Years Services Maturity Matrix. To finalise the Flintshire vision, service mapping and population data and develop an Early Years Strategy that will articulate the priorities. Parental and community participation are planned for later in the year to inform the priorities and focused campaigns.

Whilst there remain challenges and areas for further development, an external evaluation has validated the positive impact so far of the multi-agency early year's services, interventions and partnership collaboration. The findings of the report, along with the Early Intervention Foundation report due end of July, will be used to contribute to the strategic ambition to collaborate and develop an even greater partnership between early years, health, third sector and community so that together Flintshire's children have the best start in life.

1.04	<p>Early Years Pathfinder</p> <p>A multi-agency approach, in partnership with families, local authority, health, public health, education and third sector staff.</p> <p><i>“We want children from all backgrounds to have the best start in life. Our aim is that everyone will have the opportunity to reach their full potential and maximise their chances of leading a healthy, prosperous and fulfilling adulthood, enabling them to participate fully in communities, the workplace, and contribute to the economic success of Wales.</i></p> <p><i>To build on our current early years programmes and create a more joined up, responsive system that puts the unique needs of each child at its heart”.</i></p> <p>Welsh Government funding for 2020-21 has continued, and has enabled the continuation of an Early Years Pathfinder Coordinator, who is coordinating the following work programme:</p> <ul style="list-style-type: none"> • Identifying the population and their needs • Reviewing the current system to support integration and transformation, and take appropriate action (using the Vanguard systems methodology) and applying the principles of the Social Services and Wellbeing Act (Wales) 2014 and other key programmes including the Healthy Child Wales. • Working together to explore how early years services might be reconfigured within existing budgets, delivering services in a coordinated, integrated and timely way • Establishing a baseline assessment across the Early Years system and agreeing key priorities, using the Early Intervention Foundation Midwifery and Early Years Maturity Matrix • Developing an Early Years Strategy • Developing an Early Years Workforce Strategy to support the sector to deliver quality services <p>The strategic delivery of early years is aligned to the Public Service Board aims and the Council Plan and is being led through the Early Years Pathfinder Strategic Partnership.</p> <p>The early years system operates across the continuum of need, from universal to complex need and requires collaboration with key partners to develop an integrated early years delivery model, Strategy and Framework, working in partnership with health, social care, education, third sector and early years childcare providers (settings) and professionals.</p>
1.05	<p>Relationships Matter</p> <p>Continuing to build upon small grants received near the end of the financial year, for the past three years. It has provided opportunities for focussing on relationships and their importance to family stability and quality of life. Tavistock Relationships have been commissioned by Welsh Government to support a baseline assessment and increase the skills, knowledge and resources of the parenting and wider workforce with methods and techniques to manage inter-parental conflict. And several programmes are being piloted with partners including Break4Change; Who’s in Charge; OnePlusOne digital relationship courses; as well as the Solihull approach available digitally.</p>

	<p>A survey has been developed and will be used as a baseline assessment for knowledge, skills and service availability (June - July 2021). The work is built on the premise that quality relationships throughout life are a right, not a privilege and relationships are one of the most important aspects of people's life. Couple, family and social relationships hold the key to good parenting, educational attainment, mental and physical wellbeing and ensuring quality of life. It is hoped that this work will begin a systems change approach that recognises quality relationships as a core shared objective across all areas of service delivery in Flintshire.</p> <p>The work will be overseen by the Children and Communities Lead Officer Group.</p>
1.06	<p>Flying Start and Flying Start Outreach (Health; Parenting; Speech, Language and Communication; Quality Childcare; Outreach)</p> <p>The programme continues to provide multi-agency, co-located services to a maximum of 1407 (+/- 10%) 0 - 4 year olds, and their families. During 2020-21 a further 285 children aged over 4 years received continuing support due to school closures and disruption of transition to school. The programme continues to build on the Outreach work, for children requiring services, but who live outside of the Flying Start areas. This is continuing to develop as focus is given to the early year's integration and transformation, the Front Door, no wrong door and early help. The service continues to build upon its strengths, being adaptive and innovative during some very challenging times for staff and service delivery, however, new partnerships, collaborations and adaptations have seeded and grown across the four elements: health; parenting; speech, language and communication and early childcare.</p> <p>There were 99 first time parents receiving Flying Start services during the year, and work is necessary to understand the impacts on expectant and new parents during the pandemic and the longer term impacts on children and their families and how this can be mitigated.</p> <p>The level of exposure to speech and language development in early years is particularly important because acquisition of language is so fast paced during this period. It is important that children are not left behind and that they are given rich opportunities to develop their language skills through nurturing relationships, play and exploration. A focus will continue on speech, language and communication.</p> <p>Through Welsh Government funding capital programmes have been completed in Holywell Flying Start; Westwood Family Centre, Buckley and Sealand Youth and Community Centre with a new modular for Aston Family Centre, scheduled for July 2021 to replace the old building. The end of year highlight report is attached.</p>
1.07	<p>Early Years Support (3-4 Year Old Childcare Offer; Early Entitlement; Childcare Development; Childcare Sufficiency Assessment)</p> <p>The team have been involved in local and national developments, including two system reviews, the first focussing on childcare grants for childcare and play, sustainability, and additional support and the second, additional support and learning needs for pre-school children. This has created</p>

	<p>efficiencies and simplified the approach. The work will progress into 2021-22.</p> <p>Uptake of the childcare offer was disrupted during the year due to Covid-19, however, substantial funding was repurposed to provide support for 643 critical workers children and 109 vulnerable pre-school children. This required the development of a new in-house system within 3 days, and the collaboration between Flying Start, Early Entitlement and Early Years Support. The system was developed further to provide support to vulnerable 5 – 8 year olds during the summer holidays. This will form the basis of the moderation panel and additional support process being developed.</p> <p>Flintshire is involved with Welsh Government in the development of a national Childcare Offer system scheduled for implementation mid-2022. The team have administered £622k of Small Capital Grant funding (Covid and Non-Covid) to childcare providers which has made a real difference to the quality of childcare provision and community assets and administered a further £97k to assist with Covid sustainability.</p> <p>They have worked with Welsh Government to pilot the Foundation Phase Early Entitlement £4.50 rate, to align with the Childcare Offer rate. This has brought additional funding into Flintshire. By aligning the rate for non-maintained settings, it has brought stability to the sector and ensured that parents use both the Childcare Offer and Early Entitlement for their child, supporting school readiness. Welsh Government has announced that they will fund the £4.50 Early Entitlement rate for the whole of Wales starting from the Spring Term 2021, and the childcare offer and early entitlement rate will continue to be aligned.</p>
1.08	<p>Family Information Service Flintshire (FISF) and Rural North Wales Family Centre</p> <p>The statutory duties for FIS are set out in the <i>Childcare Act 2006 Guidance (Section 27)</i> with the information to be provided and who it should be provided to. In practice, FISF collate and offer a wide range of information to all members of the public, regardless of their age or status, and also work closely with professionals engaged with families to provide information which may directly or indirectly be used for the benefit of the family or the professional services engaged in supporting families. This year has seen the further development of the Dewis system and development of an analytical dashboard to help identify enquiries, population needs and gaps in information and services. The small team are involved in development of the well-being tile on new FCC Digital Hub.</p> <p>They have seen further development information channels including social media, Twitter and Facebook. The enquiries this year have been just under 100,000; 50% being for childcare, the childcare offer, foundation phase and school admissions. This is an increase of 50% over two years.</p>
1.09	<p>Community Parenting Support</p> <p>Parenting programme delivery was reduced during the earlier part of the year, however, redesign and virtual platforms have made some delivery possible. And has increased accessibility for some parents. A number of</p>

	<p>new, currently funded, digital programmes have been introduced, as well as the new project, Empowering Parents, Empowering Communities (EPEC).</p> <p>EPEC 'Being a Parent' group programme was introduced during 2020-21. It is an evidenced based programme facilitated by recruited and trained volunteers with the support of a skilled Coordinator funded through the Early Years Pathfinder, core funding and income generation. The results have been extremely positive, seeing impact on community resilience. Parents attending the first two groups fed back that they really did not know that the facilitators were volunteers, and more parents are interested in becoming volunteers. They also gain qualifications for training and attending.</p> <p>This digital offer will be further enhanced during this year to include relationship programmes developed through the national organisation OnePlusOne. The three interventions are: Me, You and Baby Too; Coping with stress and alcohol '(How to Argue Better); Getting it right for children. A number of staff have been trained as Train the Trainer, however no further capacity has been provided and it needs to be considered how best to take this forward.</p> <p>The Flintshire Parenting Framework 2019 requires updating to reflect the new evidence based programmes and the updated training programme for the parenting workforce. This includes increasing knowledge and awareness of early years brain development e.g. GroBrain and Solihull parenting programmes: Understanding your pregnancy (available in Welsh and English); Understanding your Baby (E&W); Understanding your child (E&W); Understanding your teenager's brain (E&W); Understanding your brain (for teenagers) and more recently Understanding your child with additional needs. A refreshed copy will be available late 2021.</p>
1.10	<p>Flintshire Crèche and Childcare Service (FCCS)</p> <p>The FCCS has been remodelled during the year with a new registration with the Childcare Inspectorate for Wales (CIW). The Governance will be the local authority structure and does not require a separate committee to be established.</p> <p>The FCCS will offer two types of service: relief work for one to one and sessions under 2 hours (and longer within the eligibility of the National Minimum Standards for Childcare) and a local authority childcare provision. It will be self-sustaining, and any funds will be required to be rolled over each year, to cover redundancy and ongoing sustainability of the service. Funds will be capped, to ensure money is reinvested into the service and to support other childcare and service development.</p> <p>The Garden City provision is planned to open September 2021 and will be an authority run provision. It has the agreement of Education and Youth colleagues and it will be necessary to put a licence agreement in place for the long term use of the building. The capital works have provided benefits to the community through securing the external site and updating of the kitchen and seating facilities.</p>

	This FCCS provides essential quality childcare to support the delivery of many Flintshire programmes including Flying Start and Families First parenting. And is also considering new opportunities as the model develops.
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2.00	RESOURCE IMPLICATIONS
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2.01	The EYFS Service is 98.5% Welsh Government Grant funded, with 1.5% from Flintshire County Council base budget and income generation. The budget consists of both revenue and capital. In 2020-21 £19 million was administered.
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3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
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3.01	<p>There are no immediate financial implications for Flintshire County Council.</p> <p>The evidence of the impact of Covid-19 and lockdown on child development shows that children have been negatively impacted during this period. Children from poorer backgrounds and those with additional needs have been disproportionately affected by closure of settings and schools during lockdown. Covid is widening the gap. (Build Back Fairer Marmot 2020).</p> <p>Due to the impact of structural and social inequalities, often the root cause of many of the issues that face children and families it is anticipated that the early years will continue to be a priority of the Welsh Government and to support the challenges of recovery will see continued funding, such as the Child Development Fund (April – Sept 2021).</p>
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT
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4.01	<p>Consultations have been undertaken with key partners to form the baseline assessment for the Midwifery and Early Years Maturity Matrix.</p> <p>It is aimed to do further consultations during 2021-22 to identify service and population needs to support the development of the Early Years Strategy and Model.</p>
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5.00	APPENDICES
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5.01	Flintshire Flying Start Highlight Report
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6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Early Intervention Foundation Midwifery and Early Years Maturity Matrix Summary https://www.eif.org.uk/resource/eif-maturity-matrix-maternity-and-early-years

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Gail Bennett, Early Years and Family Support Manager Telephone: 01244 551052 E-mail: gail.bennett@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	<p>(1) Early Years: children pre-birth to 7 years old.</p> <p>(2) Midwifery and Early Years Maturity Matrix: A self-assessment tool to support local areas to take a systems-wide approach to improving outcomes for children and families. To help local partners understand the position on early childhood intervention, identify areas for improvement, and work together to deliver change.</p> <p>(3) Social Services and Wellbeing (Wales) Act 2014 Principles: The fundamental principles of the Act are voice and control - putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being; prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need; well-being – supporting people to achieve their own well-being and measuring the success of care and support; co-production and partnership – encouraging individuals to become more involved in the design and delivery of services.</p> <p>(4) Corporate Governance: the system by which local authorities direct and control their functions and relate to their communities. It is founded on the basic principles of openness and inclusivity, integrity and accountability together with the overarching concept of leadership. It is an inter-related system that brings together the underlying set of legislative requirements, governance principles and management processes.</p> <p>(5) Financial Year: the period of 12 months commencing on 1 April.</p> <p>(6) Revenue Support Grant: is paid to each Council to cover the cost of providing standard services less the council tax income at the standard level.</p>

(7) **Revenue:** a term used to describe the day to day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure.

(8) **Capital:** a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them.

(9) **EPEC – Empowering Parents, Empowering Communities**

Programme and Test: The EPEC 'Being a Parent' group programme comprises eight two-hour sessions delivered over consecutive weeks. Groups are run by pairs of peer facilitators, in the community, and virtually, with each group being between 6-12 parents. The facilitators are trained using a comprehensive session-by-session manual. Fidelity in group delivery is further ensured through supervision meetings with the programme coordinator, and certification of meeting the quality standards prior to programme delivery. It is a cost-effective and accessible method for helping parents whose children are experiencing behavioural difficulties. The programme involves training parents to run parenting groups that use evidence-based techniques recommended by the National Institute for Clinical Excellence (NICE). The main aim of the test is to measure and decide the usefulness of EPEC in providing support to families, improving child behaviour and parenting skills, and decreasing stress.

Flintshire Flying Start Highlight Report 2020/21



Llywodraeth Cymru
Welsh Government



MLYNEDD
O WASANAETH
YEARS
OF SERVICE

This highlight report summarises and complements the 2020/21 Flying Start yearend report, to demonstrate the achievements of the Flying Start programme and team members during the Covid Pandemic. Their resilience and dedication to Flying Start families & children and their commitment to multi-agency work is exemplified in the following statistics.

Investment in Flintshire Family Centre's

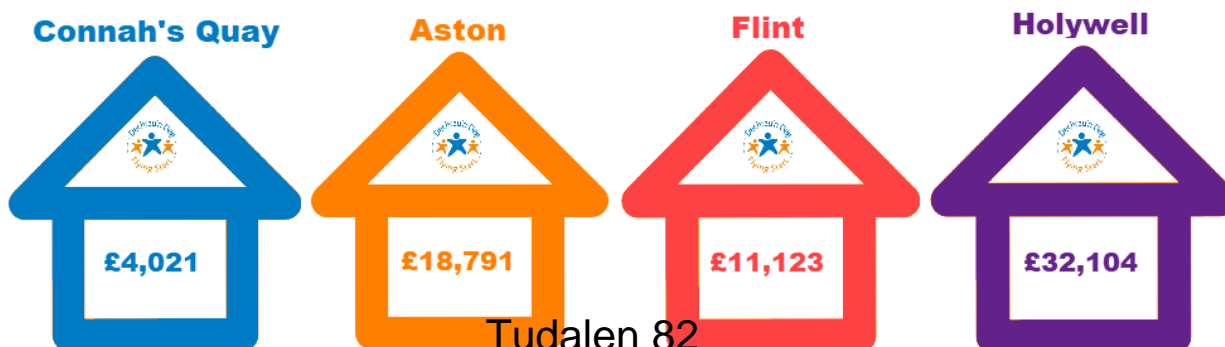


Dechrau'n Deg
Flying Start

Flying Start Centre and Business support team work across four locality bases:

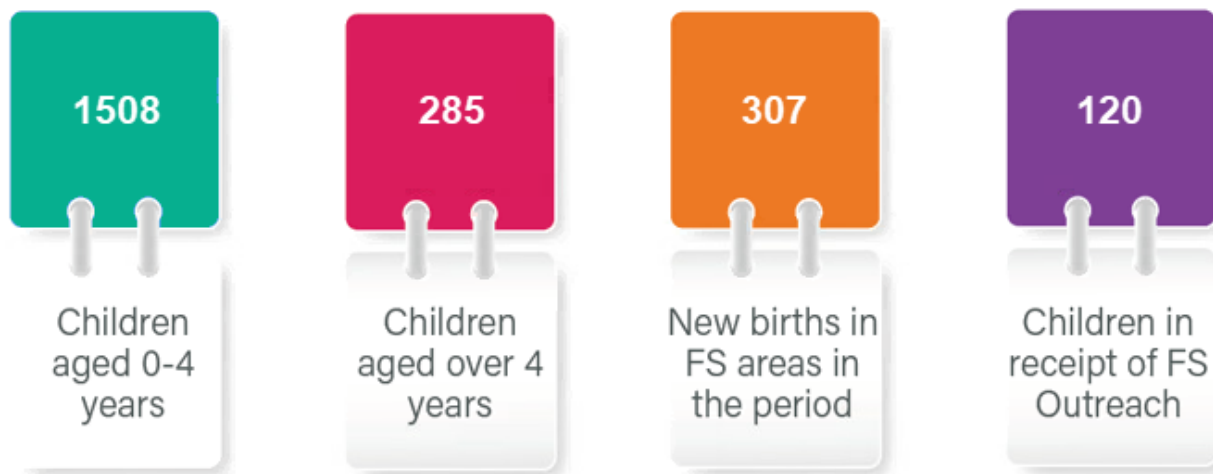
- All centres kept open for Key Workers and Critical Health & Safeguarding contacts
- Covid Safe environments developed with enhanced protective measures
- Health & Safety and risk assessment updates
- Records management / infrastructure / Resource allocation
- Administration of Child Development Fund and Flying Start Capital grant funding
- Support for essential Childcare provision and funding
- Operational assistance to Flintshire Foodbank team working from family centre

Locality investment in the period

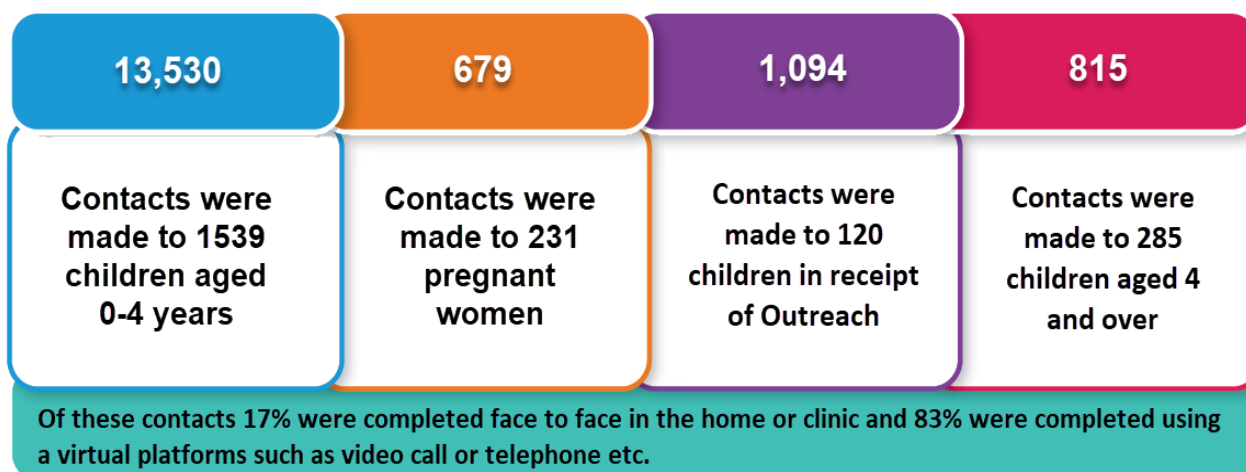


Children benefiting from Flying Start services

Throughout 2020/21 the average caseload across four teams was 1,213 children aged 0-4. Overall the teams managed to successfully contact and deliver support and Flying Start services to just over 1,800 children as follows:

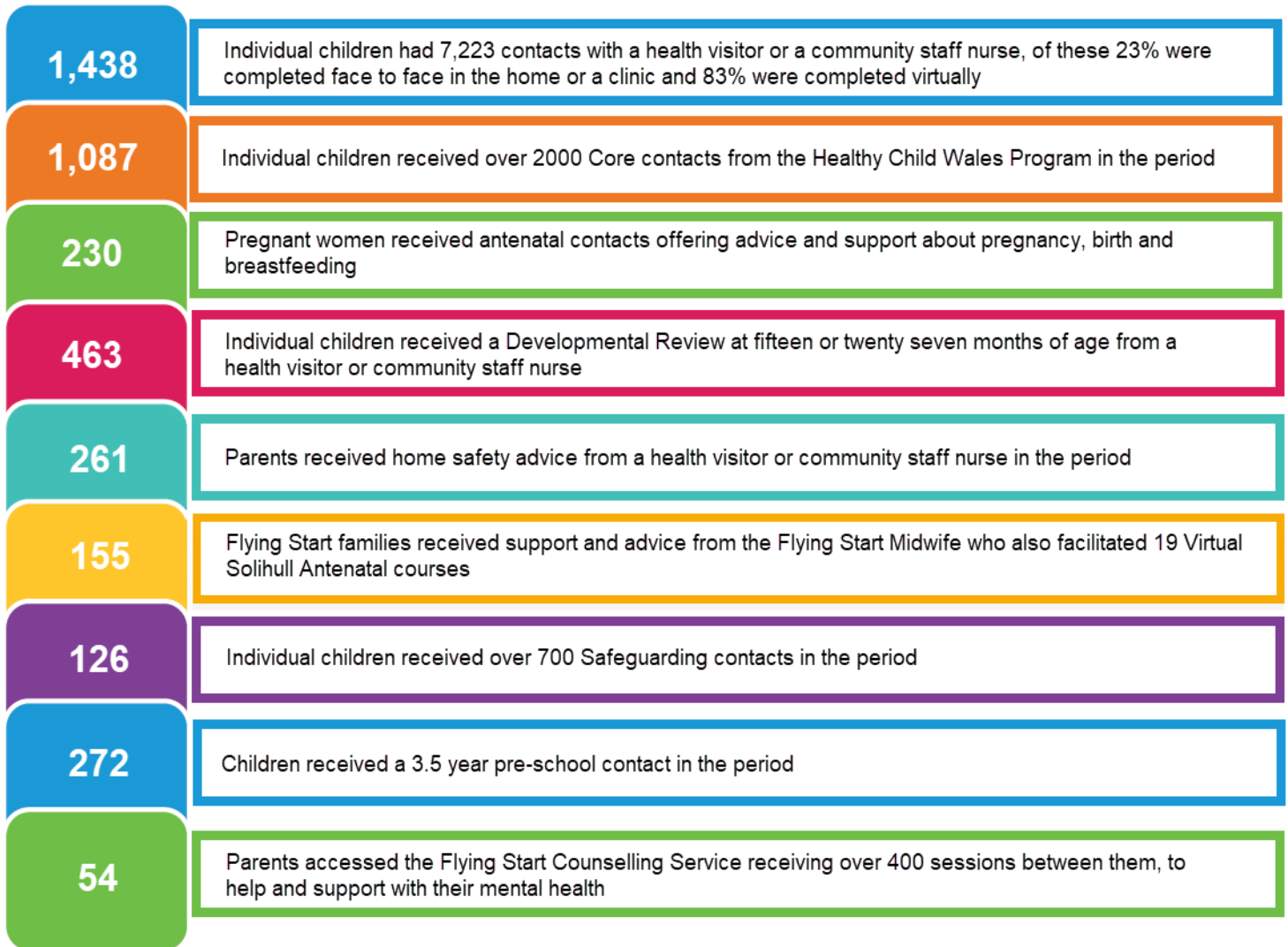


They contacted these families face to face or virtually the following number of times:



Below is a brief summary of what was achieved in 2021/22 by the Flying Start teams

The Health Team



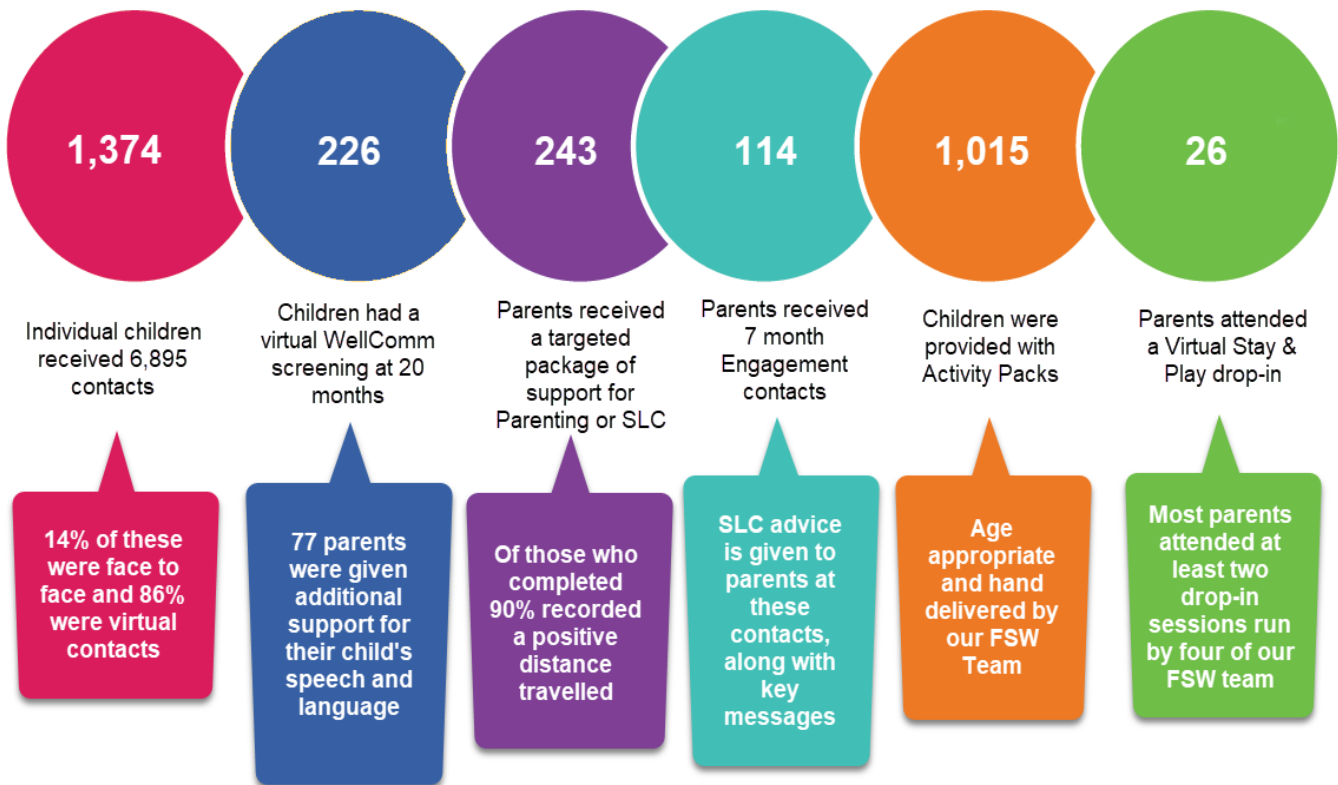
“ Katie has been amazing and completely changed her life. Without Katie she would not have had the confidence to make the changes she had. "A" said she has built up a brilliant relationship with Katie. ”

“ I really enjoy the contacts. She gives me good ideas on things that I can do with "S" with weaning and play. We work out a plan of how to do things together. ”

“ She has been amazing with me. I can always give her a ring, I never have to think ' who shall I ring ' she isn't just a health visitor to me, we always have a chit chat and have a laugh about things, sometimes those little laughs will make someone's day. ”

“ Thank you very much Health Visitor. It's so nice to see people have faith in me as a parent. ”

Family Support Team – parenting, speech, language & communication



The house is a happier place to live and not so much shouting. Our family worker has been excellent and made a real difference to our household



It was good to have something to look forward to each week that me and "D" could get involved in together and both learn new things. Thank you!

Bespoke Targeted Packages of Support

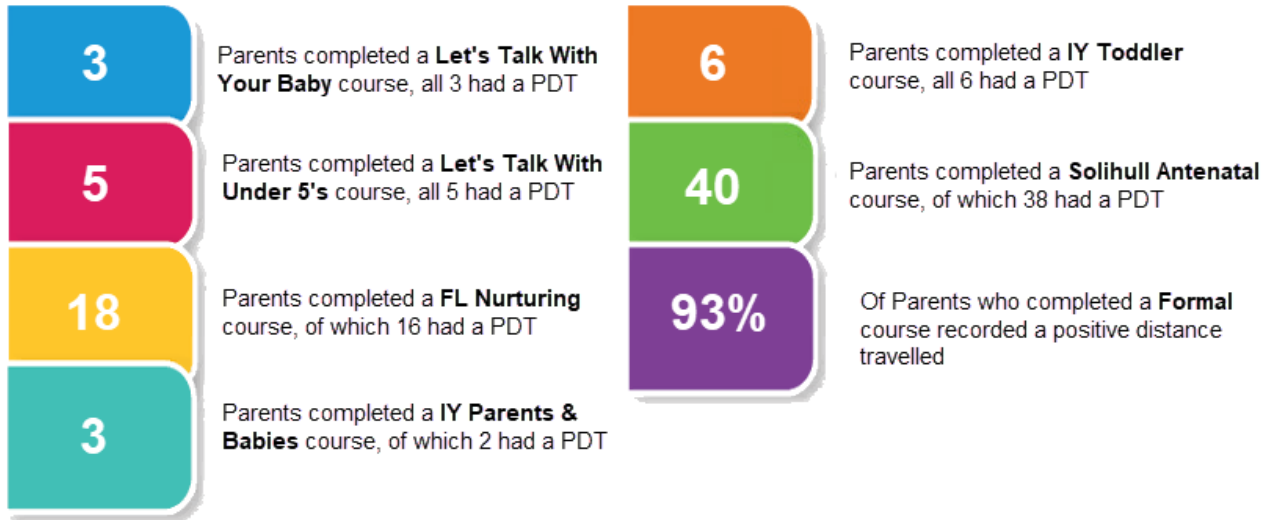
163 parents completed 177 Bespoke Targeted Package of Support in the period with 90% recording a positive distance travelled. Below is the number of parents that completed each support type:

40	39	20	15
Behaviour	Expressive Language	Understanding of Language	Sleep
11	10	9	8
Baby Massage	Play (Parenting)	Potty Training	Speech & Language
5	5	4	4
Routines	Diet	Play (SLC)	Clarity
3	1	1	1
Budgeting	Toileting	Home Conditions / Wellbeing	Confidence

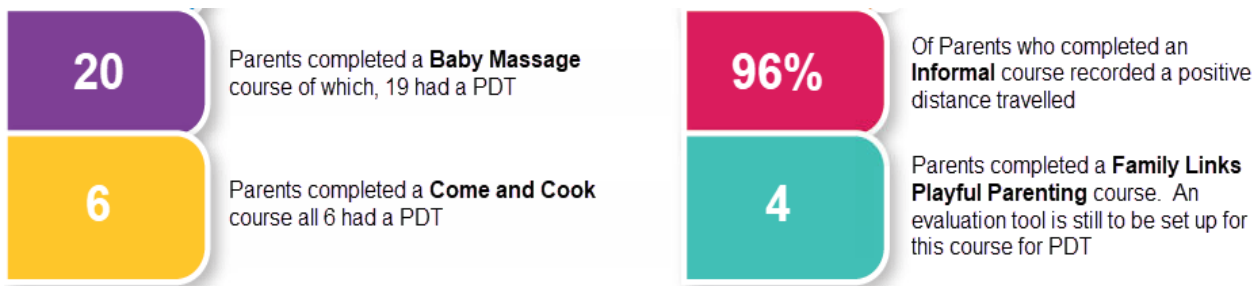
Parenting and Early Language (SLC)

41 Formal and Informal structured group based courses were completed in the period virtually. Over one hundred parents attended these courses with 94% recording a positive distance travelled (PDT):

Formal courses



Informal courses



Childcare and Advisory Teacher Team



In the period 28 childcare settings delivered Flying Start childcare and were supported by the Childcare Advisory team throughout:

35

Childcare settings had 650 contacts from an advisory teacher in the period

401

Families were provided with 670 contacts of childcare advice, support and information from an advisory teacher

318

Flying Start eligible children aged 2-3 years attended 17,106 childcare sessions in 28 childcare settings

35

Children attended 873 outreach funded childcare sessions

36

Children attended 1,108 Additional Funded childcare sessions in 17 childcare settings

37

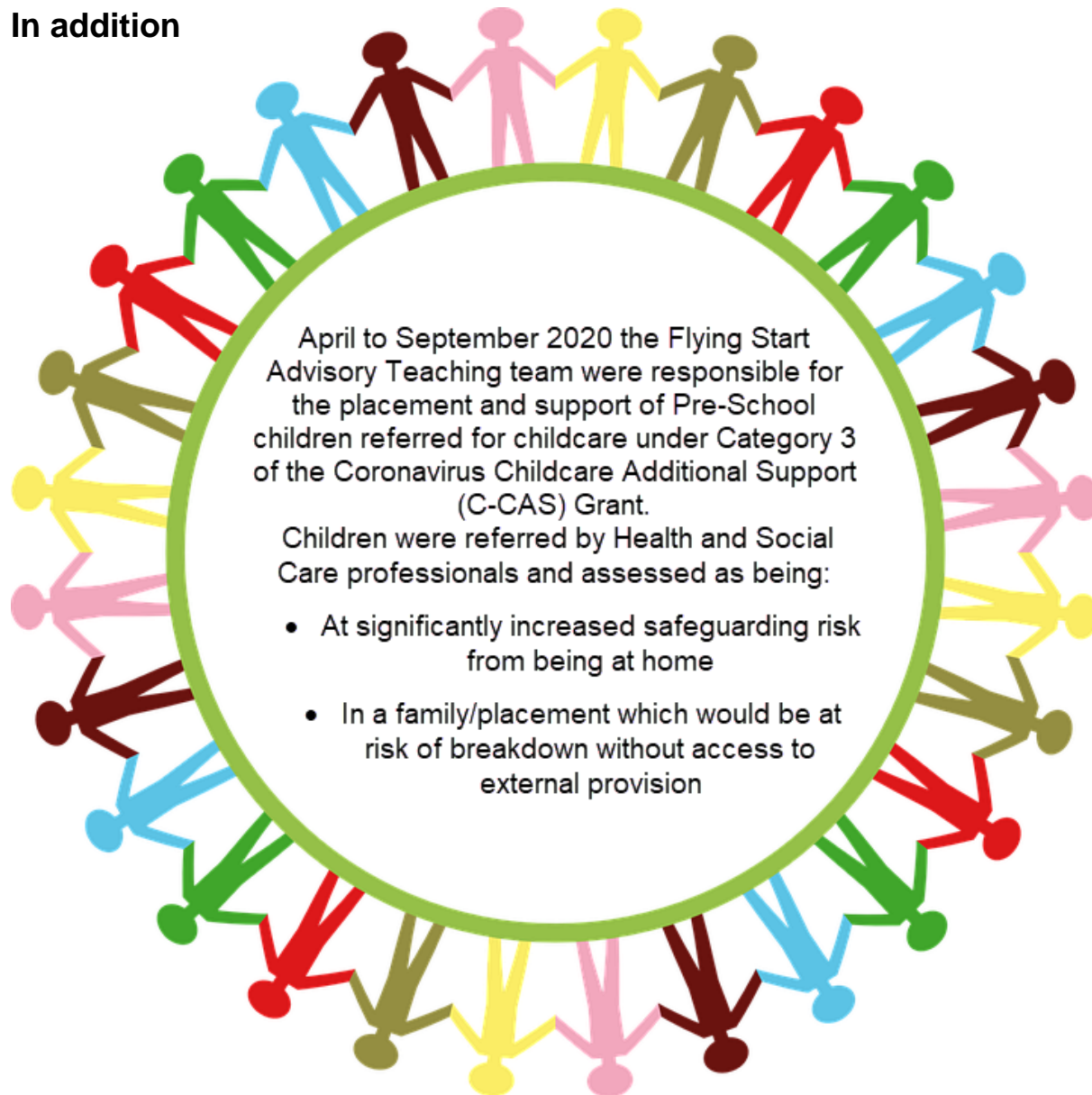
Children had a 36 month WellComm Screening at a Flying Start childcare settings

14

Flying Start Children were identified and received 1:1 support in a childcare setting

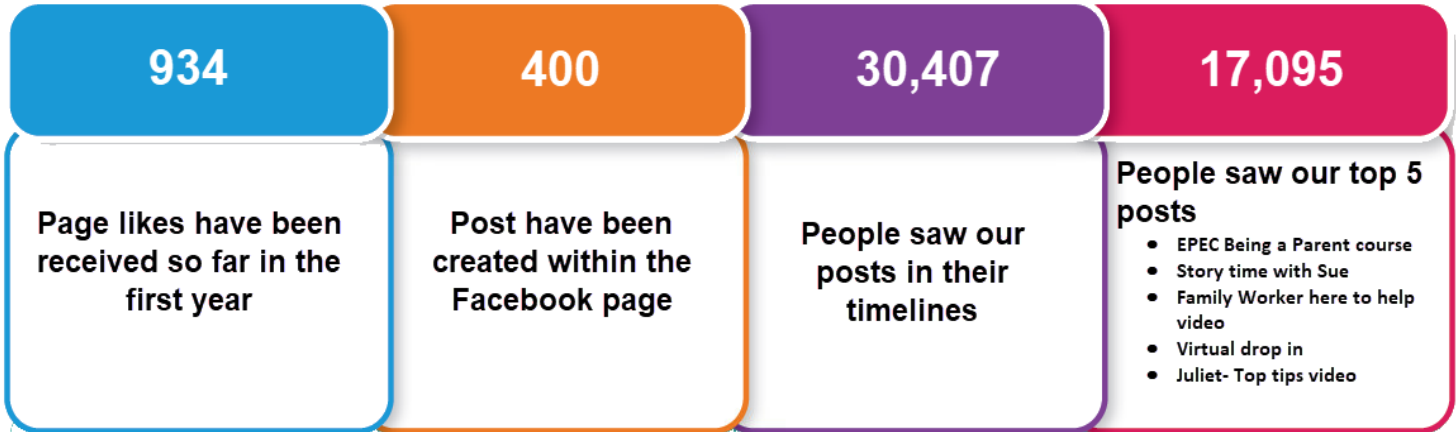


In addition



101 children were placed in childcare through the CCAS scheme, of those 24 lived in a FS area and 4 had been in receipt of Flying Start Outreach Childcare support pre COVID lockdown.

In August, as the C-CAS Grant funding period came to an end, the Flying Start Advisory Teaching team engaged with Health and Social Care professionals to identify children still at increased risk. As a result of this, in September, 38 children, recognised as needing continued support, remained in childcare. Of these 14 children were not living within a FS postcode and funding for their childcare place was met through Flying Start Outreach





More comments from our families and childcare:

“

She has been amazing with me. I can always give her a ring, I never have to think who shall I ring, she isn't just a health visitor to me, we always have a chit chat and have a laugh about things, sometimes those little laughs will make someone's day.

”

“

Thank you again so much for sorting Xmas referral out. It's took a huge worry off my mind that they will have some presents now.

”

“

Having counselling has helped me be able to deal with life so much better. How I approach issues and situations has improved so has my self esteem.

”

“

Thank you so much, really appreciate it, my head head don't seem to be coping with paperwork at the mo, I was getting stressed out very quickly x

”

“

Beth is lovely and she has already started helping me loads with "M" despite not being able to visit. I am looking forward to seeing her at my house so she can help me even more as she is knows about a lot of things.

”

“

She's great. I look forward to the contact and she has helped me into other groups to learn how to support "K".

”

“

Baby massage has given me a different bonding experience with my baby. It has been an opportunity to see other people and their babies. It has given me something to get ready to go to, thank you so much I'm glad we got to do the course .. its been fun to do something with others

”

“

I have felt allot more confidence and relaxed about having the baby because of the things I have learnt during the course! And now he is here I am able to put to practice the things I have learnt!

”

“

I cannot thank you enough for what you have done for me and my family. The support you have shown me has proved invaluable. You are fantastic at what you do

”

“

Thank you so much for sorting it out for me (AFC). It's been really helpful having 2 afternoons a week to get Uni work done.

”



Tudalen 91





Childcare Comments

“

Angela was a great help at a time of need as she managed to find my son a one to one support. This was necessary as his nursery had said he couldn't go unless we found one. My son now attends his local nursery, with the help of one to one support, so without the help of Angela and Flying Start this would not have happened. Due to COVID19, Angela arranged Zoom meetings for us to meet the 1:1 support worker, before my son met her at the setting. Angela also invited us to join Makaton courses to see if that would help my little boy with his communication.

”

“

”

The support, feedback and information we receive from our advisory teacher is essential. Also during the pandemic and now as we are attempting to get back to normal we need to support the children even more and again with the help of the advisory teacher. Claire will respond to requests and queries we have and arrange straining around the nursery opening times. Claire has presented on numerous occasions which are extremely informative and enables to discuss the subject indepth

Here at this setting we are a group of three childminders working together from my home. We have cared for children from flying start for over 15 years, in one capacity or another. We are proud to be part of the flying start team and take our role very seriously, enabling us to provide quality childcare in a loving home environment. None of this could be done without Claire, our Flying start advisory teacher.



“

I always find that Angela and all the Flying Start staff provide a very personal service to me and the families we work with. Everyone is treated with respect, and individual needs are identified and special care is taken to ensure families receive the help and support they need, which is then used to find the appropriate setting for each family. Parents have commented to me how supportive you are, and that they feel comfortable talking through their issues, prior to starting at my setting.

”

“

Thank you for all that you do and the positive impact and opportunities that are created for childcare providers, families and especially the children we support.

”

Eitem ar gyfer y Rhaglen 7



SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 1 July 2021
Report Subject	Childcare Sufficiency Assessment
Cabinet Member	Cabinet Member for Social Services.
Report Author	Chief Officer Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

Flintshire have a comprehensive Childcare Sufficiency Assessment (CSA) that looks at:

- the supply of childcare in Flintshire including: type, quantity of provisions, location, costs, places available, choice
- the gaps in childcare including: location choice, barriers to take up provision, places unavailable

This report provides an overview of an Annual Progress Report that has been produced to assess progress against the actions, priorities and milestones identified in the full CSA (2017).

Previously the full CSA (2017) has proved to be a useful source of information when applying for Welsh Government early years grants. In this year of Covid-19 restrictions it has enabled the Early Years Support team to focus its efforts on supporting key workers in accessing fully funded childcare and ensuring the sustainability of the childcare providers. This has been achieved by using emergency funding grants from Welsh Government as follows:

Coronavirus Childcare Assistant Scheme (C-CAS) - £1,195,954.50

Childcare provider grant - £42,619.86

CPC-19 grant - £74,435.86

Childcare Offer Small Capital Grant (Covid-19 related) – £122,000.00

In total these grant have amounted to injection of £1,435,010.22 into supporting childcare providers which has been well received and enabled Flintshire to weather the Covid-19 restrictions well. As a result by the end of the financial year there has been a gain of 27 registered childcare places overall as compared with the end of the previous year.

RECOMMENDATIONS

1	To scrutinise the effectiveness of the Council's strategic and operational response to securing sufficient, sustainable, and high quality, childcare within the county that is responsive to the needs of children and their families.
2	To support the on-going work and commitment to the delivery of the Childcare Sufficiency Assessment every five years and the annual Progress Report.

REPORT DETAILS

1.00	EXPLAINING THE CHILDCARE SUFFICIENCY ASSESSMENT
1.01	<p>LEGISLATIVE BASIS AND STATUTORY DUTY</p> <p>The Childcare Act 2006 (the 2006 Act) provides a legislative basis for the vital role local authorities' play as strategic leaders in the local provision of childcare. The 2006 Act reinforces the framework within which local authorities already work – in partnership with the private, voluntary, independent, community and maintained sector – to shape and secure children's services and focuses in particular on the provision of sufficient, sustainable and flexible childcare that is responsive to parents' needs.</p> <p>This is developed with partners via the Flintshire Early Years Development and Childcare Partnership (EYDCP) group in accordance with its Terms of Reference; and information, advice and assistance relating to childcare to parents, prospective parents and those with parental responsibility or care of a child.</p> <p>This is delivered by the Family Information Service Flintshire (FISF) under <i>Section 27</i> of the 2006 Act). During 2020 the Dewis system continues to be updated and is the childcare resource database used by the Family Information Service. The service is also updating its childcare website (www.fis.wales) accessible online.</p> <p>The local authority has the responsibility and lead role in co-ordinating effort across services; enabling different organisations such as childcare providers from all sectors, Jobcentre Plus, schools, family centres and local health services to work together to secure sufficient high quality, sustainable provision that is responsive to the needs of children and their families.</p> <p><i>Section 22</i> of the 2006 Act places a duty on local authorities to secure, as far as is reasonably practicable, provision of childcare that is sufficient to meet the requirements of parents in their area to enable them to take up, or remain, in work; or access education or training which could reasonably be expected to assist them to obtain work. This duty is supported by the Welsh Government PaCE (Parents and Childcare in Employment) programme which is designed to tackle poverty through sustainable</p>

	<p>employment by providing individual support to out of work parents who consider childcare to be their main barrier to accessing employment and / or training opportunities.</p>
1.02	<p>FLINTSHIRE’S CHILDCARE SUFFICIENCY ASSESSMENT</p> <p>The Childcare Act 2006 requires all Local Authorities in Wales to carry out a Childcare Sufficiency Assessment (CSA) every five years. Flintshire’s CSA for 2017-2021 looked at the supply of childcare in Flintshire (including type, quantity of provisions, location, costs, places available, choice) and the gaps in childcare (including location, choice, barriers to take up provision, places unavailable).</p> <p>The CSA (Appendix 1), has been refreshed for 2021 through an Annual Progress Report (Appendix 2), and details the actions, priorities and milestones to maintain strengths and address areas for development. This annual progress cycle sustains focus, and activity in supporting and developing childcare provision, and is led by the Childcare Development Officer for Flintshire.</p> <p>In order to carry out the assessment and gather the information required to achieve and deliver a successful CSA and Progress Report, it is necessary to undertake detailed consultations with a number of individuals, groups, agencies and organisations which are summarised in Section 3.00 of this report. To fill the gaps requires cross service and key stakeholder support, working with childcare providers.</p> <p>All of the information gathered for the Assessment and subsequent Progress Report has been analysed to present a picture of childcare supply and demand by post coded area as proscribed by the 2006 Act. In addition to the collation of this quantitative statistical data, representative umbrella organisations, providers and those accessing the childcare market have been surveyed to provide qualitative information. (See Section 3.00 below).</p> <p>The next full CSA is due by 30 June 2022. Work is already taking place to improve provider and parental involvement and feedback in the assessment to ensure a deeper understanding of the issues to enhance the assessment of demand, sufficiency and areas for development.</p>
1.03	<p>ANNUAL PROGRESS REPORT – KEY ISSUES</p> <p>The Annual Progress Report (Appendix 2) identifies core strengths including an assessment that: childcare is well located and meets the needs of the majority of parents; childcare is generally reliable and the majority of respondents believed childcare is of good quality.</p> <p>However, there are clear areas of pressure, and gaps, which have been identified through an assessment of demand and supply and an analysis of overall provision with identification of issues facing specific needs of parents.</p> <p>The Annual Progress Report identifies the action/milestones that have been achieved during 2020/21 to respond to the gaps and areas for development. Highlights include work to recruit more childminders,</p>

	<p>particularly in rural areas; support for the registration of Open Access Play-schemes; improving awareness amongst agencies and training providers, of the availability of crèche facilities in Flintshire; providing more information relating to nannies on the Voluntary Approval Scheme to be made available through the Family Information Service (FIS) (this is currently under review by Welsh Government); encouraging relevant childcare providers to widen the age range they cater for; encouraging and supporting unregistered providers of all types of childcare to register with CIW; promoting the availability of Working Tax Credits or Universal Credits and Employer Supported Schemes (including the new, nationwide Tax Free Childcare scheme); enhancing extended provision to meet the childcare needs of those working atypical hours before 8am, after 6pm, overnight and at weekends; encouraging sessional day care providers and out of school care providers to extend their hours to meet childcare requirements of working families; ensuring collaboration to ensure that working parents are able to access suitable provision to meet the Childcare Offer; developed holiday care provision in Mold and Holywell; provided more Welsh medium childcare of all types across Flintshire, particularly full day care and support to others to provide at least some bilingual elements; encouraging families with other languages to use established childcare settings; continued promotion of the Parents, Childcare and Employment (PaCE) project; support with completing applications for Childcare and Play grant funding and tax credits available to all who require support.</p> <p>Many of these themes require sustained action with progress relating to planned improvement milestones.</p> <p>Other issues reflected in the Action Plan include ongoing challenges to:</p> <ul style="list-style-type: none"> • Secure continuing development and sustainability funding for the sector • Consistent and regular promotion and prioritisation of the grants available to settings and parents • Enable continued investment in IT support for settings to be involved in the sufficiency assessment • Achieve consistency with other programmes including the 3-4 Year Old funded Childcare Offer reciprocating the offer with bordering counties or Early Entitlement; streamlining the Additional Support grant procedures; • Secure funding for the mandatory training schedule for supporting childcare providers and other training opportunities for Continuing Professional Development (CPD); • Promoting level 2 and Level 3 courses across all settings and introduction of the qualifications framework. <p>Work will continue throughout 2021 / 22 to respond to these challenges with progress reported in the full CSA report for 2022 – 2026.</p>
1.04	<p>GRANT FUNDING AND WELSH GOVERNMENT INITIATIVES</p> <p>The CSA Progress Report highlights the impact that Covid-19 had upon the provision of childcare across the county. In the first instance a</p>

	<p>significant number of settings closed temporarily due to concerns about staff and children's safety. Welsh Government reacted swiftly and with support from the Early Years Support team launched the C-CAS grant which enabled a large number of settings to remain open as they cared for the children of keyworker and vulnerable children. Further support included the Coronavirus Job Retention Scheme and the Self Employment Income Support grant. Both grants have played a key part in retaining staff within the sector. However, childcare providers have experienced difficulties during this period in retaining or recruiting staff, with anecdotal evidence seeing staff leave for other sectors who are able to offer greater job security during Covid-19 restrictions.</p> <p>Further grants have followed aimed at supporting parents with children who have additional needs to access suitable childcare for their children, sustainability grants for childcare providers as they struggled with a drop in attendance as more and more parents worked from home and support for vulnerable children to attend childcare provision.</p>
1.05	<p>CHILDCARE OFFER</p> <p>At the start of the year the Childcare Offer funding was repurposed to fund the C-CAS for vulnerable children and key workers children, to attend their chosen settings. In September 2020 the Childcare Offer funding restarted to fund all eligible children as the C-CAS grant came to a close. During this year we have seen a number of settings expand their provision to meet the needs for Childcare offer places including a new childcare provider who has opened up wraparound childcare at Ysgol Merllyn, Bagillt – Bagillt has been an area of need for many years and this has made a substantial difference. The Childcare Offer continues to provide benefit to families in employment with many families extending their hours in work, advancing in careers or beginning employment or self-employed routes.</p>
1.06	<p>INFORMATION</p> <p>Information to parents and settings is available through a variety of mechanisms including Welsh Government booklets, Early Years Support team newsletters to childcare settings, DEWIS, FIS Childcare Choices, FISF 'help with childcare costs' leaflet, universal credit support, social media and the www.fis.wales website.</p>

2.00	RESOURCE IMPLICATIONS
2.01	<p>The local Authority is required to carry out a full CSA every five years and produce an annual review of the CSA's Action Plan. The Flintshire County Council Childcare budget is used to support the expenditure for these processes, however, the budget has been considerably reduced since 2015/16 and the Childcare Development Officer post and Business Support Assistant post are fully funded from this budget along with contributions towards the Information and Support Officer post and the Brokerage Officer post (an externally sourced Officer post).</p>

2.02	The Childcare Development team Training Schedule is funded from the Children and Communities grant. This Training Schedule generates a small income which provides for delivery of a further Training Schedule for childcare providers across the county.
2.03	Occasional additional funding streams are secured to support the work of the Childcare Development team. For example the Families First Disabilities Consortia applies grant funding administered by Action for Children which enables the processing of Additional Support grants, including the Childcare Offer Additional Support grant.
2.04	Funding secured in 2019 is in the process of enabling the development of 11 large capital projects amounting to over £5 million. These large capital programmes are aligned to the 3 – 4 year old Childcare Offer to facilitate and support the co-location of the childcare provision and foundation phase to create a wraparound childcare provision wherever possible.
2.05	There was also £500,000 allocated for small capital grants to support all registered providers with the Offer, and additional funding secured during the year. Decisions are made on a partnership basis with key stakeholders, including the school modernisation team, head teachers, Early Years Support team, umbrella organisation partners including Early Years Wales, Mudiad Meithrin, PACEY and National Daycare Nursery Association.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Staffing - The Childcare Development Officer and the Business Support Assistant posts within the Childcare Development team are fully funded from the Flintshire County Council Childcare Budget The FCC Childcare budget has, since 2015/16, faced considerable reductions with a clear associated risk to available resources and ongoing operations.
3.02	Process costs – As above, and funded from the Flintshire County Council Childcare Budget, the CSA requires a staff commitment and a financial commitment to cover surveying and consultation and production costs.
3.03	There is a statutory duty upon all Local Authorities in Wales to produce a CSA; therefore failure to deliver a robust assessment will result in local scrutiny and scrutiny from Welsh Government, alongside an impact on the strategic planning and direction of the local childcare sector and a likely impact on employment opportunities.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	In order to gather the information required to achieve and deliver a successful Childcare Sufficiency Assessment and Action Plan, it is crucial to consult with a wide range of stakeholders.

Under schedule 2 of the Statutory Guidance appropriate stakeholders have been identified and involved in the undertaking of the Assessment and the development of the Action plan. They include:

- Safeguarding Children Board;
- Umbrella / Professional partner organisations - Included on the membership list for the Early Years Development and Childcare Partnership (EYDCP) are:
 - Early Years Wales
 - Mudiad Meithrin
 - National Day Nursery Association (NDNA)
 - Professional Association for Childcare and Early Years (PACEY)
 - Clybiau Plant Cymru Kids Club (CPCKC)

The *Childcare Act 2006* states that the EYDCP is responsible for “...ensuring the fulfilment of the duty under Section 22 and Section 26 of the *Childcare Act* to secure sufficient childcare provision and to assess, on an annual basis, the sufficiency of childcare in the *Local Authority area*.” (WG Guidance Circular 013/2008 p6).

The Flintshire EYDCP will work collaboratively with relevant agencies to achieve the priorities identified in any Action Plans of the statutory *Childcare Sufficiency Assessment* (CSA). (Extracted from Flintshire EYDCP Terms of Reference – please refer to Appendix 3).

- **Welsh Medium Education Forum** – The lead officer for the Welsh Medium Education Forum chairs this forum as it regularly discusses issues related to childcare and early years education. And conversely the Welsh Medium Education Forum Chair, alongside the Mudiad Meithrin’s Deputy Manager for North and Mid-Wales region regularly attend the Flintshire EYDCP where there is assured co-ordination of issues related to local childcare in the Welsh medium sector;
- **Strategic Play Forum** – The Childcare Development Officer regularly corresponds with the Flintshire Play Development Team; attends Play Sufficiency seminars and is a member of the Strategic Play Forum. The Play Development Officer has provided a 100% response to all CSA surveys of Open Access Play-schemes, both registered and excepted;
- **Job Centre Plus** – The Job Centre Plus service is represented at Flintshire EYDCP meetings by PaCE (Parents, Childcare and Employment) representatives;
- **Care Inspectorate Wales** –The Early Years and Family Support Service Manager / nominated deputy attends a Biannual Engagement meeting with CIW. The Family Information Service team receives weekly reports from CIW containing the latest registered, cancelled and suspended registrations in the County;
- **Family Information Service** – The Family Information Service provided integral support in the processing of SASS returns and the parental and employer surveys and this information was used to inform the supply and demand sections of the CSA. The completed CSA is published and promoted via FIS information sharing

	<p>channels so that it is accessible to parents / carers, childcare workers and other professionals with an interest in the sector;</p> <ul style="list-style-type: none"> • Neighbouring Local Authorities – Regular contact is maintained with neighbouring local Authorities which include Wrexham County Borough Council, Denbighshire County Council and Cheshire West and Chester. Through consultation with cross border colleagues we have been able to share information regarding Early Years education places and parental enquiries. This information is included within the Cross Border section of the CSA report (Section 12); • Local Employers – FISF support local employers by providing information to employees; attending jobs fairs; providing outreach support and surveying employers for the Childcare Sufficiency Assessment. Local employers were contacted and several completed a postal survey and this provided an insight into barriers that are faced by parents returning to work and the range of childcare services that are required to meet their needs. • Other stakeholders consulted include – schools; local authority departments such as Planning, Housing, Lifelong Learning; the Healthy Pre-schools team and social housing landlords including Clwyd Alyn Housing Association. This consultation usually took the form of emails and face to face discussions.
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5.00	APPENDICES
5.01	CSA Progress Report 2020-2021

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officers: Gail Bennett, Early Years and Family Support Service Manager E-mail: gail.bennett@flintshire.gov.uk</p> <p>Byra Foulkes, Early Years Support Manger E.mail: byra.foulkes@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>Care Inspectorate Wales (CIW) – The inspectorate that has the powers to review Local Authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interests of vulnerable</p>

people who use services and their carers. They also provide professional advice to Welsh Ministers and policy makers.

Childcare Sufficiency Assessments: A report that brings together a range of different data and information to develop a picture of the current childcare market and to identify whether there are any gaps in supply.

Dewis – Website and database with social care and wellbeing information.

Family Information Service - A confidential and impartial information, advice and guidance service for families with children and young people aged between 0 and 19 years of age. The FIS work with public, private and voluntary sector organisations to ensure our customers know where and how to access information and support.

Flying Start - Flying Start is a Welsh Government programme to provide a range of services helping children get the best start in life.

Foundation Phase: the statutory curriculum for all 3 to 7 year olds in Wales, in both maintained and non-maintained settings.

The Childcare Offer: 30 hours of funded childcare and education for 3 and 4 year olds, in working families for 48 weeks a year.

Working parents: both parents are working (or the sole parent is working in a lone parent family), with each parent earning, on average, a weekly minimum equivalent to 16 hours at national minimum wage (NMW) or national living wage (NLW).

Mae'r dudalen hon yn wag yn bwrpasol



Llywodraeth Cymru
Welsh Government

Flintshire Childcare Sufficiency Assessment 2017 – 2022

Update and Progress Report June 2021

Tudalen 103

Introduction

Following a consultation by Welsh Government in 2015 and the resulting revised Statutory Childcare Guidance published in July 2016, Childcare Sufficiency Assessments are required to be carried out every 5 years. Annual reports are published detailing progress made against the actions, priorities and milestones identified in the action plan. This is the update and progress report for the year from April 2020 to March 2021.

The Local Authority have liaised with the Care Inspectorate Wales (CIW), the Family Information Service Flintshire (FISF) and a range of umbrella organisations and other key stakeholders, to ensure an accurate and up to date picture of the supply of and demand for childcare, which will allow the action plan to be reviewed and updated.

This report is the fourth report since publishing the full assessment and action plan in 2017.

Covid-19 has had a significant impact on services generally with the closure of non-essential business and people working from home. This is likely to have an impact on the childcare market for the foreseeable future. Many childcare providers have closed during the lockdowns and whilst some have remained open to provide care for children of key workers, the reduced numbers will still have an impact on income and costs for those providing services.

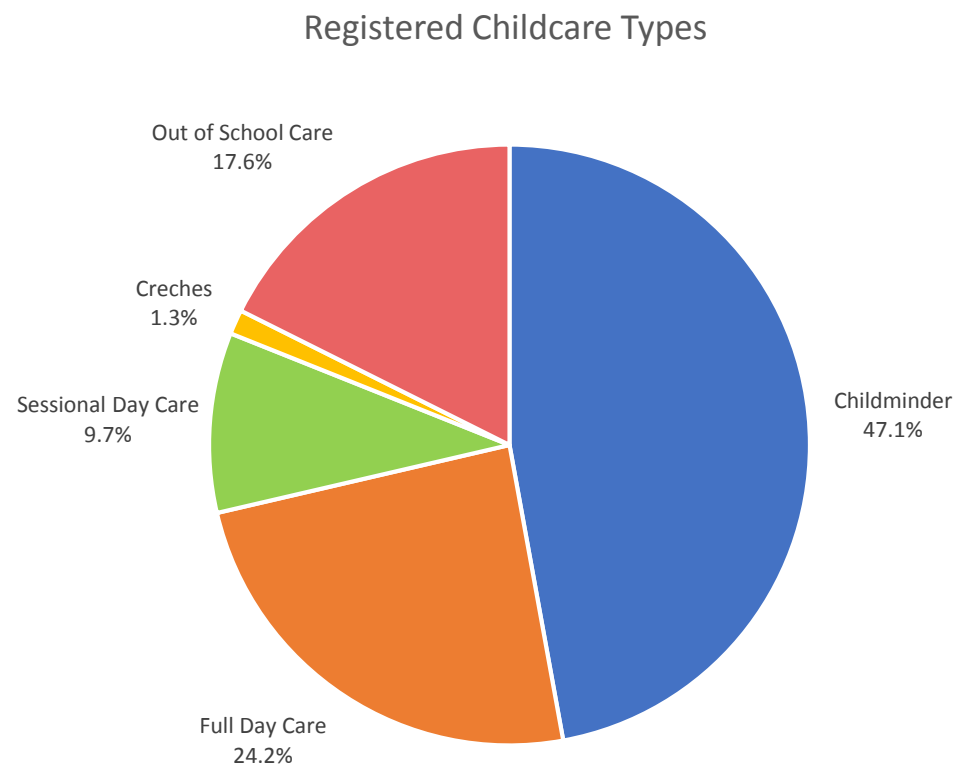
Childcare Development Team works closely and collaboratively with CWLWM partners to provide best possible service to support childcare providers in Flintshire. They commission and spot purchase services and support from CWLWM partners to provide support, training and specialised services to childcare providers.

Current Childcare Supply

The current level of supply of childcare in Flintshire is displayed in the table below based on CIW's FIS Weekly Report 29 March 2021 and Voluntary Approval Scheme (VAS) Report 1 February 2021.

Tudalen 105

Childcare Type	Registered	Suspended	Unregistered or Approved
Childminder	107	5	
Full Day Care	55		
Sessional Day Care	22		
Crèches	3		
Out of School Care	40		9
Nanny			4
Open Access Play provision			55
Total	227	5	68



Despite Covid-19 childcare supply has remained stable over the last 12 months.

CIW Registrations and Cancellations

Type of Childcare Providers	Number of Childcare Providers cancelled and re-registered as a Charitable Incorporated Organisation (CIO)	Number of New CIW registered Childcare Providers	Number of Childcare Providers cancelled their CIW registration
Full Day Care	8	2	
Sessional care	1		
Childminder		4	5

The table above demonstrates the providers who have recently closed and re-opened to become a Charitable Incorporated Organisation (CIO) which has increased the registered number of childcare places by 15.

Broughton Pre-school playgroup and Holiday Club, at the beginning of the year had to move from school grounds due to Covid-19 restrictions, during the summer holiday they were temporarily located in the Scout hut and in September 2020 moved into the community centre. Following negotiations with the school they returned to school premises in January 2021 in time for the Early Entitlement cohort. Unfortunately they have since been given notice until the end of summer term as the school requires the space for education purposes. Broughton Preschool Playgroup committee are currently reviewing their options for September 2021.

Merllyn Childcare (Bagillt) opened at Ysgol Merllyn Bagillt providing 19 newly registered places.

Trelogan Playgroup have temporarily registered in the local community centre whilst maintaining their current CIW registration at the school.

There has been a reduction of 7 registered places following the registration of 4 childminders and the closure of 5 in 2020/21. A number of childminders have closed due to Covid-19 and other issues.

Action Plan and Progress

Assessment of Demand

Target	Why	Action	Progress
<ul style="list-style-type: none"> For the next full Childcare Sufficiency Assessment (CSA) improve promotion of the parents survey as a very small sample of Flintshire parents completed the survey for 2016 Ensure Welsh Government receive recommendations for improvements to the parents survey 	<ul style="list-style-type: none"> Low response rate for survey Changes to survey to improve response rates 	<ul style="list-style-type: none"> Family Information Service Flintshire (FISF) actively promote CWLWM through links to their Facebook and Web pages FISF network requested DEWIS based survey system 	<p><u>FISF</u></p> <ul style="list-style-type: none"> Team routinely share links sourced from CWLWM Facebook page Module development postponed to 2021 due to Data Cymru responding to Covid-19 needs. Draft survey questions have been agreed in advance of development
<p>The services are working together to share links which will enhance the promotion of the next survey on the different platforms to ensure it reaches as many parents as possible to encourage completion of the survey. This together with the feedback previously provided to Welsh Government relating to how the survey can be improved will aim to increase the number of surveys completed in the next full CSA over the next 12 months providing wider feedback from parents.</p>			

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Assessment of Supply

Tudalen 108

Target	Why	Action	Progress
<ul style="list-style-type: none"> Support the completion of the Self-Assessment of Service Statement (SASS) Part 1 To provide technical support wherever possible to support providers as they complete Care Inspectorate Wales (CIW) on-line SASS 1 and 2 	<p>Obtain more valid data as 22.9% of Flintshire childcare providers failed to complete the on-line CIW SASS Part 1 survey</p>	<ul style="list-style-type: none"> Support and advice provided to childcare providers around SASS1 and 2 requirements Provision of technical support to help childcare providers meet SASS1 and 2, Childcare Offer, Early Entitlement and DEWIS website requirement 	<p>Technical support is offered to providers and childminders by the different support organisations to use on line services including completion of the SASS</p> <p><u>Mudiad Meithrin</u> - during Covid-19 increased use of virtual and digital platforms has resulted in Cylchoedd becoming more confident in using IT which will assist when completing the next SASS</p> <p><u>Childcare Development Team</u> Laptops available to loan to providers to support them in completing their SASS and Quality of Care review paperwork, Childcare Offer and Early Entitlement payment claims and to register on the DEWIS website.</p> <p>The Childcare Offer Small Capital Grant application criteria enables settings to apply for IT equipment</p> <p><u>PACEY Cymru</u> offered free Continued Professional Development (CPD) webinars for registered childminders and PACEY members between January and March 2021 which included a webinar on 'Completing your annual Quality of Care Review' on 27th January 2021. Due to popular demand an additional date was offered on 18th February 2021.</p>

			<p><u>Early Entitlement</u> providers were advised on ways their Quality Of Care report could feed into/ become part of the annual self-evaluation report they are required to produce as a registered Early Entitlement provider- this was to help providers avoid the unnecessary duplication of paperwork. Training was offered to all Early Entitlement providers on how to effectively evaluate their provision.</p> <p><u>Early Years Wales</u> will provide support once the SASS date is made available, probably late summer term.</p>
<p>There appears to be sufficient support for all childcare providers from the different umbrella organisations they are affiliated with. The changes that have had to be made from face to face to virtual has been reported to improve the skills of those involved with Cylchoedd and may well be the same for others. Some providers may have difficulty in reporting online due to digital accessibility issues which may impact on their ability to report.</p>			

Analysis of supply and demand of overall childcare provision

Target	Why	Action	Progress
<ul style="list-style-type: none"> Recruitment of more childminders, particularly in rural areas 	<ul style="list-style-type: none"> A limited number of childminders in rural locations 	<ul style="list-style-type: none"> Increase promotional work around childminding – Childcare Development 	<p>Due to Covid-19 restrictions the ability to attend promotional events has been limited. However PACEY have:</p> <ul style="list-style-type: none"> Engaged with Job Centre Plus to raise awareness of childminding as a career Participated in a North Wales virtual jobs fair Published a Journey to childminder registration in Wales Blog

Target	Why	Action	Progress
		<p>Team and PACEY</p>	<ul style="list-style-type: none"> • Video of what childminders had to say when asked 'what is the best thing about being a childminder? During pre-registration training • Shared links to useful links to support promotion of childcare as a career
<ul style="list-style-type: none"> • The registration of open access playschemes should be supported. 	<ul style="list-style-type: none"> • Only one open access playscheme is registered with CIW 	<ul style="list-style-type: none"> • Play Development Officer reporting on setting numbers 	<p>1,865 children and young people attended Summer Play schemes during 2020 at 55 site locations during the school summer holidays. 30 of these children and young people were supported by the Flintshire Buddy scheme. The Buddy scheme supported children and young people with disabilities to attend their own local playscheme. 80 children were registered to the LA Welsh language play schemes delivered in partnership with Urdd Gobaith Cymru.</p> <p>Newydd provided daily snack packs at 18 sites. This was entirely at the discretion of and funded by local town and community councils receiving much appreciation from those who received it.</p> <p>Flintshire are currently in the process of finalising locations for Summer Play scheme 2021. It is anticipated that there will be the same number of sites as in 2019 which was total of 57 play schemes. No schemes will be registered with CIW.</p> <p>All play schemes are delivered to the national minimum standards.</p>

Target	Why	Action	Progress
<ul style="list-style-type: none"> Improve awareness, amongst agencies and training providers, of the availability of crèche facilities in Flintshire 	<ul style="list-style-type: none"> Under-utilisation of registered crèche facilities 	<ul style="list-style-type: none"> Promotion of Crèche facilities 	<p>Flintshire Crèche Services were unable to deliver any crèches from April 1st 2020 – March 31st 2021 due to the direct impact of Covid-19 which prevented the face to face delivery of all Parenting Programmes planned to be delivered by Flying Start and Empowering Parents Empowering Communities (EPEC) during this past year.</p> <p>In the complete absence of any Crèche delivery the opportunity arose to conduct an Options Appraisal on the future direction and development potential for this service. Meetings were held with potential stakeholders within Early Years and Family Support and potential service users within Children’s Social Services. Gaps were identified and this resulted in an approved Business Case for the redevelopment of the service as Flintshire Crèche and Childcare Service.</p> <p>Meeting a need for childcare in Garden City/Sealand, the Garden City Childcare setting will be opened during 2021. This childcare setting will provide childcare places for Flying Start 2 year olds and Childcare Offer 3-4 year olds in the area.</p> <p>A new fulltime Flintshire Crèche and Childcare Service Lead and term time only Flintshire Crèche and Childcare Supervisor and Assistant have been appointed to coordinate the service and staff the new Garden City Childcare. The Centre also received the investment of Flying Start Capital awarded by Welsh Government.</p> <p>As we return to face to face delivery of services including parenting programmes, an increased need is anticipated for the service and further recruitment of Relief Staff to increase the size of the Crèche Pool will be undertaken. The newly appointed Flintshire Crèche and Childcare Service Lead will</p>

Target	Why	Action	Progress
			<p>implement a plan for the promotion of the Flintshire Crèche and Childcare service going forward, as normal service is permitted to resume.</p> <p>In the interim period the Crèche Staff Relief Staff have met the need for distribution of Lateral Flow Device test kits for identified childcare providers such as domestic childminders and unregistered settings.</p>
<ul style="list-style-type: none"> More information relating to Nannies on the Voluntary Approval Scheme to be made available through FISF 	<ul style="list-style-type: none"> A limited number of Nannies on the Voluntary Approval Scheme 	<ul style="list-style-type: none"> FISF Promoting Nannies as a childcare choice 	<p><u>FISF:</u> At a 2019/20 Dewis Development meeting it was agreed that Nannies could be added to the www.fis.wales website under 'Family Support'. Whilst no Nannies are currently registered in Flintshire within this category, work continue to encourage all childcare services to register on Dewis to promote their business.</p> <p><u>PACEY:</u> PACEY Cymru have raised awareness of the Welsh Government consultation in relation to the Voluntary Approval Scheme for Nannies and submitted a response to the consultation. Also hosted two consultation webinars including an evening session for nannies.</p>
<ul style="list-style-type: none"> All relevant childcare providers to be encouraged 	<ul style="list-style-type: none"> There is insufficient after school provision for 12 – 17 year olds. 	<ul style="list-style-type: none"> Umbrella Organisations supplying examples of childcare 	<p><u>Mudiad Meithrin:</u></p> <ul style="list-style-type: none"> All cylchoedd meithrin now accept children from the age of 2 years. Cylch Terrig, Cylch Y Fflint, Cylch Treffynnon all provide full day care.

Target	Why	Action	Progress
<p>to widen the age range they cater for</p> <ul style="list-style-type: none"> In line with the recent amendments to registration regulations, from under eights to under twelves. To meet the requirements of the Childcare Offer 	<ul style="list-style-type: none"> A minimal number of under-fives are catered for by holiday clubs 	<p>providers who have widened their age range</p>	<ul style="list-style-type: none"> Cylch Shotton now provide a clwb cinio for children to stay for longer sessions. <p><u>PACEY</u></p> <ul style="list-style-type: none"> When providing pre-registration support PACEY Cymru encourage pre-registration childminders to consider caring for the wider age-range of 0-12 years, including considering offering a-typical hours, holiday and wrap around provision. <p><u>Early Years Wales</u>–</p> <ul style="list-style-type: none"> Ty Ffynnon Shotton, expanding to include a playgroup facility from April 2021. Leeswood playgroup moved into school to provide wraparound facility Sunshine Club Nursey Plus expanded hours to provide both morning and afternoon wraparound care (intention to provide a holiday facility in near future) within new build on school site Trelogan providing lunch time provision for nursery children to assist the school.
<ul style="list-style-type: none"> The wider promotion of the availability of Working Tax Credits or Universal Credits and Employer Supported Schemes 	<ul style="list-style-type: none"> Affordability is highlighted by parents as the most important factor in their consideration of childcare choice. Take up of the childcare element of the Working Tax 	<ul style="list-style-type: none"> Work carried out by the Umbrella Organisations to promote tax credits / universal credits, employer supported schemes and tax free childcare. 	<p>Umbrella organisations confirm that they provide information to promote tax credits, employer supported schemes and tax free childcare on their websites, through social media and regular bulletins to providers as well as responding to individual enquiries.</p>

Target	Why	Action	Progress
(including the new, nationwide Tax Free Childcare scheme).	credit and Employers Supported Schemes is very low in Flintshire. <ul style="list-style-type: none"> Approximately 48% of respondents to the parent / carer survey didn't know where to go to access information relating to financial assistance for childcare. 		
Unregistered providers of all types of childcare should be encouraged and supported to register with CIW.	A very small minority of settings in Flintshire are unregistered	Support given to unregistered childcare providers to become registered with CIW	<u>Early Years Wales</u> Support provided to 3 additional providers to become registered: <ul style="list-style-type: none"> Penyffordd, Ffynnongroyw Garden City 9 settings are unregistered and receiving support from CWLWM partners. These settings are: <ul style="list-style-type: none"> Queensferry After School Club (ASC) Whitford ASC Cilcain ASC St Marys (Flint) ASC Northop Hall ASC Gwernymynydd ASC

Target	Why	Action	Progress
			<ul style="list-style-type: none"> • Trelogan ASC • Nercwys ASC • Cornist Park ASC.
<ul style="list-style-type: none"> • In order to meet the childcare needs of those working atypical hours more childcare is needed before 8am, after 6pm, overnight and at weekends. • Sessional day care providers and out of school care providers should be encouraged to extend 	<p>Less than 50% of full day care providers and childminders offer half day care sessions. Sessional care providers tend to deliver morning only or afternoon only sessions and relatively few wraparound care or a lunch club. Very few providers offer childcare before 8.00am or after 6.00pm. There are two childcare providers who provide weekend care and one provider for overnight childcare.</p>	<p>Umbrella organisations providing examples of settings expanding their hours to meet the needs of working.</p>	<p><u>PACEY Cymru</u> Encourage pre-registration childminders to consider offering flexible and atypical opening hours within the briefing session and pre-registration training and support. Newly registered support also includes a discussion on filling vacancies and considering the local market / demand for childcare, including flexibility in childcare hours offered.</p> <p><u>Early Years Wales</u></p> <ul style="list-style-type: none"> • Ty Ffynnon Shotton, expanding to include a playgroup facility from April 2021 to provide wraparound care • Leeswood playgroup moved into school to provide wraparound care • Sunshine Club Nursey Plus expanded hours to provide both morning and afternoon wraparound care (intention to provide a holiday facility in near future) within new build on school site • Trelogan providing lunch time provision for nursery children to assist the school

Target	Why	Action	Progress
<p>their hours to meet childcare requirements of working families.</p>			
<p>All childcare providers should be encouraged to work collaboratively to ensure that working parents are able to access suitable provision to meet the Childcare Offer</p>	<p>As above</p>	<p>Examples of collaborative working to provide places for the Childcare Offer</p>	<p><u>Mudiad Meithrin:</u></p> <ul style="list-style-type: none"> • Still looking for possible expansion areas within Flintshire as part of the SAS scheme. The SAS scheme refers to Cynllun SAS - Sefydlu a Symud (set up and Succeed) which is a specific project by Mudiad Meithrin in response to the Welsh Government strategy Cymraeg 2050. Mudiad Meithrin have been given additional funding to establish 40 new cylchoedd Meithrin by the end of 2021 in areas where there is currently no access to a cylch meithrin. • Developments at Ysgol Glanrafon will see the merger of two existing cylchoedd but will see the services offered being expanded. <p><u>PACEY Cymru</u> Share information and promote the Childcare Offer to newly registered and established childminders and have been encouraging participation in the consultation process and planning for the development of a national Childcare Offer digital service.</p> <p><u>Early Years Wales</u> All relevant members are registered to provide the Childcare Offer, including</p>

Target	Why	Action	Progress
			<ul style="list-style-type: none"> • Support given to Broughton Pre-school playgroup to set up holiday provision in summer 2020 to provide Childcare Offer • Leeswood Playgroup providing Childcare Offer with their newly expanded wraparound care • Support given to Flintshire Flying Start for the new provision of childcare in Garden City • Sychdyn Playgroup support to register setting in new build to provide full day care. This includes Childcare Offer and wraparound care etc.
The development of holiday care provision in Mold and Holywell	Lack of holiday care places in a variety of locations but most notably in Mold and Holywell	Extension of Glanrafon School Mold	<p><u>Mudiad Meithrin:</u> Working with Cylch Meithrin Glanrafon and Cylch Meithrin yr Wyddgrug to merge to form a new cylch that will open on the site of Ysgol Glanrafon. The new cylch meithrin will offer full day care for children aged 2-4 providing a full range of services including:</p> <ul style="list-style-type: none"> • wrap around childcare • 30 hour Childcare Offer • Early Education and • Flying Start. <p>Childcare Development Team is in discussion with Ysgol Glanrafon After School Club to extend their registration to provide a holiday club within the above facility.</p> <p>Welsh Government capital has assisted the development.</p> <p><u>Clybiau Plant</u> During the Covid 19 pandemic in 2020 it has been difficult to increase holiday care provision, Clybiau Plant Cymru Kids' Clubs will continue to support unregistered provision in the</p>

Target	Why	Action	Progress
			<p>identified areas to become registered with CIW with a view to expanding to provide holiday provision.</p> <p><u>Early Years Wales</u> A new holiday club was set up in Broughton through the extension of Broughton Pre-School Playgroup's CIW registration.</p>
<p>More Welsh medium childcare of all types is required in all areas of Flintshire, particularly those providing full day care during term time and school holidays</p> <p>All childcare providers should be encouraged to provide at least some bilingual elements</p>	<ul style="list-style-type: none"> • Only 30% of parents completing the parental survey believed there was enough Welsh medium childcare available in the county. • Flintshire do not have any registered childminders, holiday clubs, crèches, nannies or day care nurseries delivering their services through the medium of Welsh 	<p>Umbrella organisations detailing work carried out to encourage development of Welsh medium provision. Also providing details of training courses / resources which encourage childcare providers to be bilingual</p>	<p><u>Mudiad Meithrin:</u> The majority of the sessions provided have moved online and have been well attended, the below is a list of sessions undertaken:</p> <ul style="list-style-type: none"> • Cymraeg I Blant • Clwb Cwtsh – a scheme aimed at introducing Welsh to parents and carers. Sessions resumed in October and will run again in January and March. • Croesi'r Bont – this language scheme is used across all cylchoedd meithrin in Flintshire and is improving the attainment of children. • Ti a Fi - During the pandemic all Ti a Fi activity has had to stop. Since September 2020 Ti a Fi am dro sessions have been running in Flintshire. These sessions have been very well attended with the majority of sessions sold out. Ti a Fi sessions have also taken place on line. • Mudiad Meithrin have been providing weekly clwb cylch sessions on Facebook to ensure that children can still have the opportunity to hear the Welsh. <p><u>Clybiau Plant Cymru</u></p> <ul style="list-style-type: none"> • Have a range of resources available to member settings to encourage them to increase their use of the Welsh

Target	Why	Action	Progress
			<p>language, along with continued engagement in the Camau project through the CWLWM partnership.</p> <ul style="list-style-type: none"> In partnership with Mudiad Meithrin will be undertaking a scoping exercise to identify gaps in Welsh provision and supporting Welsh medium provisions to potentially expand their service to increase Welsh medium childcare. <p><u>PACEY Cymru</u> Continued to expand the support and resources available to encourage childminders to increase their use of Welsh within the setting and to be bilingual. A growing range of resources including themed Welsh language activity ideas with accompanying vocabulary and videos to support pronunciation are available from our Spotlight on Welsh Language Development. PACEY Cymru continue to offer monthly free ½ hour support webinars, along with individual telephone and email support, in addition to promoting Camau Welsh language training for the sector.</p> <p><u>NDNA Cymru</u> Welsh Language Project Coordinator has provided Welsh language support sessions over zoom, supported with translation, providing support with pronunciation and ideas of language patterns to encourage and promote Welsh language within settings.</p> <p><u>Early Years Wales</u></p> <ul style="list-style-type: none"> All CWLWM partners are promoting the Camau funding and the National Centre for Learning Welsh, they are due to start May 2021 Welsh Language Co-ordinator has been supporting settings with information on the Active Offer

Target	Why	Action	Progress
<ul style="list-style-type: none"> Support settings to encourage families with other languages to use established childcare providers Improve support to parents completing the on-line parent survey 	<p>FISF data shows demand for provision of childcare in languages other than English or Welsh is low.</p> <p>Provision is not available in Flintshire</p> <p>Only one parent with another language completed the parental survey</p>	<p>Settings should be supported to encourage families with other languages to use established childcare providers</p>	<p><u>Mudiad Meithrin:</u></p> <ul style="list-style-type: none"> Produced a new multi lingual leaflet promoting the benefits of Welsh Medium Childcare/Education. Engaged with Black Asian and minority ethnic (BAME) community to ensure more representation. A member of staff from a Cylch Meithrin in Flintshire will be representing the BAME community on a working group looking at the new curriculum. Support will be provided to all staff and cyloedd relating to the changes coming in with the new ALN act. <p><u>Early Years Wales</u></p> <p>All settings are supported and encouraged to work with families with other languages spoken, they are inclusive regardless of their language and will support families in finding additional resources etc to help them in the setting and at home.</p>
<p>Whilst there have been difficulties in engaging with people generally due to the Covid-19 restrictions there has continued to be some engagement with services to raise awareness of childminding and potential career in this area. As shown above 4 childminders were registered this year, but 5 cancelled registration; of those who are newly registered none are in the rural areas. There are a couple of childminders who offer weekend services according to the CIW information, however these are likely to be insufficient to meet the demand of those who work weekends. There are no childminders appearing to be registered to provide a service beyond 7pm with the majority providing care until 6pm. Welsh language provision is limited and according to the Census information there was a reduction in proportion of Welsh speakers in Flintshire between 2001 14.4% and 2011 13.2%.</p>			

Issues facing specific categories of parents in relation to availability of childcare provision

Tudalen 121

Target	Why	Action	Progress
<p>Unregistered settings need sufficient training and support to enable them to register with CIW</p>	<p>A small number of childcare providers are not registered with CIW so parents are unable to access the childcare element of the working tax credits or use childcare voucher schemes (soon to be replaced with the national Tax Tree Childcare scheme) and Childcare Offer</p>	<p>Childcare Development Officer and umbrella organisations detailing training and support available to those looking to register with CIW</p>	<p><u>Childcare Development Team</u> The team have provided a limited training schedule due to Covid-19 restrictions which has included Paediatric First Aid courses and virtual Safeguarding Awareness course. A limited number of Makaton courses were completed.</p> <p><u>PACEY Cymru</u> PACEY are funded by the local authority to deliver a range of services to support individuals that are looking to register as a childminder in Flintshire. Due to Covid-19 restrictions these services have been delivered remotely to ensure that this support continues to be available. This has included an offer for candidates in Flintshire to access places on webinar briefing sessions, virtual pre-registration training courses, a series of pre-registration support webinars, along with individually tailored telephone/email support and advice surgery sessions. PACEY Cymru have raised awareness with pre-registration candidates of the CIW adapted registration guidance. PACEY Cymru also share information on the process of applying to the local authority start-up grant along with the forms for completion with individuals when they submit their registration application to CIW.</p>

Target	Why	Action	Progress
			<p><u>NDNA</u> Have a number of resources available to those wishing to start a nursery business on their website and can offer a consultancy service if required.</p> <p><u>Early Years Wales</u> Governance Officer has been supporting 45 voluntary managed provisions through the process of incorporation or updating their legal status, many of which have had to register a new charity, transfer and dissolve the old charity and re-register with CIW.</p>
<p>In order to meet the childcare needs of those working atypical hours more childcare is needed before 8am, after 6pm, overnight and at weekends.</p>	<p>Lack of flexibility and affordability of childcare are the main barriers experienced by working parents, particularly those working atypical hours i.e. shift workers and those working weekends or overnight</p>	<p>Childcare Development Officer and the umbrella orgs are actively encouraging settings to expand their hours / be more flexible</p>	<p><u>PACEY Cymru</u> Encourage pre-registration childminders to consider offering flexible and atypical opening hours within the briefing session and pre-registration training and support. Newly registered support also includes a discussion on filling vacancies and considering the local market / demand for childcare, including flexibility in childcare hours offered.</p> <p><u>Early Years Wales</u> Development Offices are aware of the gaps in provision, these gaps are discussed with various partners working in the sector in Flintshire and then acted upon. Options are discussed with providers and relevant support provided. Support was given to Broughton Pre-school playgroup to set up holiday provision for summer 2020 and increase hours.</p>

Target	Why	Action	Progress
<p>More Welsh medium childcare of all types is required in all areas of Flintshire, particularly those providing full day care during term time and school holidays</p>	<p>Working parents requiring full day care provision are unable to access any provision through the medium of Welsh</p>	<p>Umbrella organisations detailing how they are able to support those interested in providing a Welsh medium childcare service</p>	<p><u>Mudiad Meithrin:</u></p> <ul style="list-style-type: none"> • Have a dedicated Support Officer who works closely with all cylchoedd looking at all aspects of CIW compliance. • All cylchoedd have access to Mudiad Miethrin intranet and the Llyfr Mawr Piws which contains a wealth of information on all CIW issues. • Support Officer working specifically with settings to transfer to Charitable Incorporated Organisation status and re-register with CIW • Support Officer works with settings to ensure that they have a current business plan and that they are adapting the service to meet local demand. <p><u>Clybiau Plant Cymru Kids' Clubs</u> Support all out of school childcare clubs regarding CIW registration. Resources have been developed on 'The benefits of registration', as well as the delivery of webinars on 'Addressing the barrier of inspections'.</p> <p><u>PACEY Cymru</u></p> <ul style="list-style-type: none"> • Has bilingual / Welsh medium resources to promote childminding as a career and offers bilingual / Welsh medium pre-registration training support and information for those looking to register as a childminder in Wales. • Have continued to expand the support and resources available to encourage childminders

Target	Why	Action	Progress
			<p>to increase their use of Welsh within the setting and to be bilingual.</p> <ul style="list-style-type: none"> • A growing range of resources including themed Welsh language activity ideas with accompanying vocabulary and videos to support pronunciation are available from our Spotlight on Welsh Language Development. PACEY Cymru continue to offer monthly free ½ hour support webinars, • Individual telephone and email support, in addition to promoting Camau Welsh language training for the sector. • A document outlining the range of support and resources PACEY Cymru offers is available.
Continued promotion of the PaCE project	Parents, Childcare and Employment (PaCE) provide funding for childcare to support parents/guardians who are seeking work or training opportunities, when childcare is the main barrier	Continued promotion of the PaCE project	<p>The main barrier PaCE see, is accessing affordable childcare for parents on low income/benefits. Parents who wish to gain a qualification or some work experience to move themselves closer to the labour market /job ready are unable to do so because they cannot afford to put their child/children in childcare and funding is not available elsewhere.</p> <p>Another barrier is the availability of childcare, a lot of jobs are shift work these days but childcare providers are generally weekdays between 8am-6pm. Evenings and weekends would be a very useful addition as this would open up retail, cleaning, carer type positions.</p>

Target	Why	Action	Progress
			<p>PaCE offers a solution to the cost of childcare in that PaCE can fund the childcare costs to enable the parent to access training courses etc.</p> <p>PaCE can also help with CV's, job searches and applications, moral support and confidence boosting.</p> <p>PaCE offer a one to one tailored support to identify suitable local childcare and funding where eligible and help with upfront childcare costs when starting work.</p>
<p>Support with completing applications for Childcare and Play funding and Tax Credits should be available to all</p>	<p>The administrative process can sometimes delay or exclude some low income families from applying for funding or Tax Credits.</p> <p>Relates to: Low income families Lone parent families Families from ethnic minority backgrounds</p>	<p>Support with completing applications for Childcare and Play funding and Tax Credits should be available to all</p>	<p><u>Early Years Support</u> The newsletter includes regular updates on benefits, including Tax Credits, Universal credits, Tax free childcare and Childcare vouchers. The Childcare Development team have developed 'E-forms' for the majority of their grant applications and this new system was launched in April 2021.</p> <p><u>FISF</u> The team are able to signpost parents to support for completing a Tax Credit applications.</p> <p><u>Mudiad Meithrin</u> Promote all grants available to settings and parents both locally and nationally. Support is given to complete any forms or applications if requested.</p>

Target	Why	Action	Progress
			<u>Clybiau Plant Cymru Kids' Clubs</u> Promote the benefits of Out of School Childcare Clubs registering for Tax Free Childcare to support parents and families with accessing affordable childcare.
Continued promotion of the Additional Funded Support amongst parents and childcare providers	<ul style="list-style-type: none"> This was not mentioned by any stakeholders as a barrier, as provision for children with special educational needs or a disability is very good in Flintshire. However, still need continuous promotion. Financial support is available via additional support grants to employ additional staff to integrate these children within the setting. 	Continued promotion of the Additional Funded Support grant amongst parents and childcare providers	<u>Childcare Development Team</u> <ul style="list-style-type: none"> Custom-built a service from Early Years Wales to provide elements of the Childcare Brokerage Officer role which has included supporting parents and settings with the Additional Funded Support grant applications, observing and monitoring children's additional support needs. Administering payment of the Additional Support grants for the Childcare Offer and the Funding Flexibility Childcare and Play grant. Both grants funded places for 152 children during 2020/21.
Use of the Additional Support Grant for Childcare Offer		Use of the Additional Support Grant for Childcare Offer.	<u>Child Development Team</u> Processes the Childcare Offer Additional Support applications and contribute to decision of awards. During this financial year <ul style="list-style-type: none"> 43 children have benefitted from Additional Support grant payments

Target	Why	Action	Progress
			<ul style="list-style-type: none"> • 6 childcare providers have received an Equipment / Resources grant to support a Childcare Offer child in their setting • 0 childcare providers have received bespoke training to enable the settings to provide more appropriate support for children with additional needs in their provision
<p>Due to the Covid-19 restrictions it has been a challenge to continue to engage with childcare providers, either because of the ability to connect or due to temporary closures. However, umbrella organisations have worked well to engage with childcare providers using different means such as virtual forums, social media and their web sites. This has ensured that training, advice and support has continued to be provided to ensure childcare providers meet the needs of the communities.</p>			

Other issues to be reflected in action plan

Target	Why	Action	Progress
Sustaining the childcare sector	<ul style="list-style-type: none"> • Increased financial strain on childcare providers, for example the living wage, rent costs, pension requirements, utilities and business rates. • An increased requirement on childcare 	<ul style="list-style-type: none"> • Securing continued funding for the sector. 	<ul style="list-style-type: none"> • The Funding Flexibility Childcare and Play grant awards Sustainability grants to support childcare providers struggling financially. This grant will be available during 2021 – 2022 to support childcare providers across Flintshire but the full grant awarded is limited. <p>The following grants have been administered by the Early Years Support team to support childcare providers during the period of Covid-19:</p>

	<p>providers to digitally complete regulatory required documentation e.g. SASS 1 & 2.</p> <ul style="list-style-type: none"> The large number of childcare providers operating under voluntary management committees, with annual membership changes. 	<ul style="list-style-type: none"> Consistent promotion of the grants available to settings and parents. 	<ul style="list-style-type: none"> (C-CAS) Coronavirus Childcare Assistance Scheme Childcare Providers grant Childcare Provider Covid-19 Support grant Coronavirus Child Development grant Childcare Offer Covid-19 Small Capital grant. The small capital grant processed 40 applications to the value of £246,415.03. This has made a real difference to childcare settings and communities. <p><u>PACEY</u> Financial sustainability has been a particular area of concern for the sector this year, PACEY Cymru (as have all partners) have worked extremely hard to raise awareness of these concerns, and to share information and promote the financial support that was made available.</p> <p><u>Clybiau Plant Cymru</u> Throughout the Covid-19 pandemic Clybiau Plant Cymru Kids' Clubs has continued to lobby Welsh Government to ensure there was funding for the Childcare Sector, while continually supporting Out of School Childcare Clubs to access grants/funding to support their sustainability.</p> <p>Resources have also been developed by the Childcare Business Development Officer, North Wales on writing funding applications. Also promote local and national grants available to out of school childcare clubs through social media and their Y Bont newsletter.</p>
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		<ul style="list-style-type: none"> Continued investment in IT support for settings completing SASS Part 1 and 2 	<p><u>NDNA Cymru</u> Promoted the Small Capital grants and Sustainability grants to all settings through regular updates via e-bulletin and newsletter and through network meetings.</p> <p><u>Childcare Development Team</u></p> <ul style="list-style-type: none"> have six laptops which are free to loan out to childcare providers to assist in completing SASS 1 and 2, DEWIS registration and Childcare Offer administration 6 settings purchased new IT equipment to assist them in administering the Childcare Offer through a successful small capital grant application. <p><u>Mudiad Meithrin:</u></p> <ul style="list-style-type: none"> Support Officer promotes all grants with the cylchoedd meithrin – local and national grants. Support is given by the support officer to complete grant applications. <p><u>Early Years Wales</u></p> <ul style="list-style-type: none"> Provide support to providers with sustainability related issues, business plan templates along with useful grant information. Provide back-up support for member's applications where required to the LA and Partnership panel meetings along with sending a representative as and when needed. 17 Charity run childcare providers in Flintshire received a total of £47,645 direct from the
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			Moondance Foundation as per links shared by the team. As Moondance had supported so many member settings they arranged a meeting to discuss additional support they could offer to Flintshire settings. Funding was provided to sole traders and partnerships, when the fund was spent additional funding was secured to support the new members who had taken advantage of the free membership offer, 58 sole trader members applied and received a small grant the majority of which was for outside equipment and additional Covid-19 cleaning materials.
Effective Cross Border arrangements	No cross border agreements for the processing of Childcare and Play or Additional Support grants	<ul style="list-style-type: none"> Establishing cross border agreements for the processing of Childcare and Play or Additional Support grants. Consistency with other Early Years programmes and schemes 	Childcare Development Team and Early Entitlement are working together to create a clearer pathway for referrals for children with developmental delays/difficulties and working together to confirm at what point it is appropriate to put additional funding in place.
Support and Funding for Workforce Development and Training	<ul style="list-style-type: none"> Reliance on Welsh Government Children and Communities grant to fund mandatory training schedule for childcare workforce 	<ul style="list-style-type: none"> Securing funding for mandatory training schedule and other training opportunities for Continued Professional 	<u>PACEY Cymru</u> The Children and Communities grant has supported pre-registration training and support from PACEY Cymru for those looking to register as a childminder or join the Voluntary Approval Scheme for nannies in Flintshire. During the current restrictions this has included support for remote online training and support for those looking to move forward with their

	<ul style="list-style-type: none"> • Childcare providers are aware of the 'appropriate' qualifications as required in the National Minimum Standards (13.6 and 13.7) 	Development (CPD)	<p>interest. Between September 2020 and February 2021 this has supported:</p> <ul style="list-style-type: none"> • 14 individuals to attend a webinar briefing session and explore their interest in becoming a childminder or nanny • 9 online pre-registration training places for individuals seeking to register as a childminder • 1 introduction to home-based childcare training place for an individual seeking to become a Voluntary Approval Scheme nanny. • Additional support is also offered remotely through telephone and email, and webinar sessions. • Also offer a range of remote training and CPD opportunities throughout the year as well as offering monthly webinar childminder forum sessions following on from the summer reopening Webinars, which were focussed on Covid-19 and protective measures guidance. This has included webinars focussed on a range of topics which are outlined at Webinars for Wales, with a growing range of these being made available free for all childminders in Wales, along with some webinar events focussed on storytelling with guest author Mike Church. • In June 2021 launched EY smart in Wales providing accessible high quality CPD resources with information, knowledge and skills to support them in the development of their practice. A range of new courses continue to be added. <p><u>NDNA Cymru</u> Offer a wide range of training opportunities online. They have also introduced their Live Virtual</p>
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		<p>Classroom (LVC) platform that allows for an interactive learning experience online.</p> <p><u>The Healthy Sustainable Pre-School Scheme (HSPSS)</u> is a national scheme managed by Public Health Wales and coordinated in Flintshire as an extension to the Healthy Schools Scheme. Pre-school childcare providers actively work to promote and protect all aspects of health including: physical activity, nutrition & oral, emotional & social, safety, hygiene and the wellbeing of their staff. Between April 2020 and March 2021, 45 childcare providers participated in the scheme, 1 childcare provider fully completed the Scheme bringing the total to complete to date to 20.</p> <p>In addition to providing support to settings to complete the themes the HSPSS officer works in partnership with Design 2 Smile and the dieticians from Betsi Cadwalder as well as other agencies to offer relevant training and workshops to settings participating in the scheme.</p> <p>Over the last 12 months the Healthy Pre-school officer has worked in partnership with Natural Resource Wales, collaborating and promoting Outdoor learning training for Pre-School Staff. A grant has been secured from BAHW to develop a project to promote Physical Literacy in the Early Years, this includes Healthy Pre-School Officers training as 'Train the Trainers' with GwE PL consultants and providing Physical Literacy awareness sessions to early year providers.</p> <p>Healthy Sustainable Pre-School Scheme was suspended in late March due to Covid-19, staff were</p>
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		<ul style="list-style-type: none"> Promotion of Childcare Level 2 and Level 3 courses amongst all childcare providers 	<p>redeployed to support TTP between May and September. The re-mobilisation phase of the Scheme began in June. This phase means that we have 3 key areas as outlined by Public Health Wales to work with Pre-schools on, should they require our support.</p> <ol style="list-style-type: none"> Infection Prevention and Control Physical Activity Mental and Emotional Health and Wellbeing <p>Public Health Wales, Healthy Sustainable Pre School Scheme/ Welsh Network of Healthy School Schemes working groups and sub groups on priority areas were formed, Healthy Pre-School officers from Flintshire represent the region on these groups.</p> <p><u>Mudiad Meithrin:</u></p> <ul style="list-style-type: none"> Mudiad Meithrin provide regular training for all cylchoedd meithrin. Training has continued on line during the pandemic. Through the childcare grant they commissioned bespoke training for the cylchoedd in Flintshire on business planning, marketing and branding. Regular networking sessions have taken place over zoom. Training has been offered on: Mental health awareness, dealing with vulnerable adults, new curriculum, using the outside space, HR workshops, finance workshops, safeguarding Childcare qualification at level 3 and 5 is also available
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			<p><u>PACEY Cymru</u> Continue to promote the qualifications in Children's Care, Play, Learning and Development (CCPLD) and encourage practitioners to progress their learning and development. PACEY Cymru delivers the two pre-registration training units from the level 3 CCPLD; Unit 326 Introduction to home-based childcare and unit 327 Preparing for childminder practice. PACEY Cymru also works in close partnership with Social Care Wales and other partners in relation to the childcare qualifications in Wales, including through representation at QSAG.</p> <p><u>Early Years Wales</u> Representatives from Early Years Wales work closely with Social Care Wales, Qualifications Wales, WJEC/City and Guilds as part of QSAC and We Care Campaign.</p> <p><u>Child Development Fund</u> A number of providers were able to attend funded training through the Early Years Pathfinder partnership including: GroBrain; Makaton; Elklan and Millpond, as well as an introduction to speech, language and communication and the pathways in Flintshire.</p>
Continue to support and develop partnership working	Partnership working involving consultation with the Public Service Board Flintshire, North Wales Safeguarding Board, Umbrella / Partner	Collaborative working amongst childcare providers and organisations	The Rural North Flintshire Family Centre was able to partially re-open in September 2020. The After School Club was then able to re-open from 14 th September. The Project Administrator at the centre worked closely with the new 'All About Kids Childcare' committee and the school to ensure that

	<p>Organisations, the Welsh Medium Education Forum, the Strategic Play Forum, Jobcentre Plus, Family Information Service Flintshire, AWARE, Healthy Preschools, Neighbouring Local Authorities, Local Employers and other stakeholders</p>		<p>CIW registration would be in place for the Summer term 2021.</p> <p>The Flintshire Crèche and Childcare Service have committed to a service Level Agreement whereby their staff are able to support the Childcare Development team in providing a collection and delivery service for lateral flow devices (LFDs) starting from February 2021 and continuing into the new financial year.</p> <p><u>Childcare Search Facebook Group</u></p> <ul style="list-style-type: none"> • The FISF team have set up a ‘childcare finder’ group on Facebook to help match parents with childcare providers. We encourage settings and parents to post on here if they require, or have, childcare vacancies. • Each week, the FISF team are now routinely emailing contacts in relevant council departments, such as Education, Play, Leisure, etc. to ask if they have any updates or news they want us to promote on their behalf across our platforms. • FISF social media pages now have a following of almost 2,500, with approximately 400 messages being received each quarter from users wanting further information on topics posted. There have been a number of popular posts since we launched our Facebook page in July 2019. <p><u>PACEY Cymru</u></p> <p>Staff supported a group of childminders from across Wales (including Flintshire) to produce a book with Petra publishing, The aim of the project, funded by</p>
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			Welsh Government, was to develop a story book which would showcase quality, registered childcare and promote the role of a childminder within the sector. The book launch took place in September 2021, following this PACEY Cymru has also published a Spotlight on Pirate Puw's Quest which includes activity ideas linked to the story.
The main issue for settings this year will have been the impact of Covid-19 and associated restrictions which has reduced their ability to provide childcare. The impact is likely to be financial and sustaining the sector will be a priority for the near future. This has been identified in relation to the ongoing utilisation of the sustainability grants over the next reporting period to 2022.			

Glossary

- AWARE - All Wales Area Representatives of EYDCPs
- BAWSO - Information, Advice and Support for Black & Minority Ethnic people in Wales
- CO - Childcare Offer
- CDT - Childcare Development Team (Flintshire County Council)
- CIO - Charitable Incorporated Organisation
- CIW - Care Inspectorate Wales
- CPCKC - Clybiau Plant Cymru Kids Club
- CPD - Continuous Professional Development
- CSA - Childcare Sufficiency Assessment
- CWLWM - Childcare Wales Learning and Working Mutually
- CYPOP5 - Children and Young People Option 5

DASU	-	Domestic Abuse Safety Unit (Flintshire)
EDI	-	Erfyn Diagnostig Iaith (Language Diagnostic Tool)
EYALNLO	-	Early Years Additional Learning Needs Lead Officer
FCC	-	Flintshire County Council
FEYDCP	-	Flintshire Early Years Development and Childcare Partnership
FISF	-	Family Information Service Flintshire
IHC/PCP	-	Introducing Homebased Childcare / Preparing Childcare Practice (previously CYPOP 5)
NDNA	-	National Day Nurseries Association
OOSC	-	Out of School Childcare
OSC	-	Out of School Club
PaCE	-	Parents, Childcare and Employment
PACEY Cymru	-	Professional Association for Childcare and Early Years
SASS	-	Self Assessment of Service Statement
SEN	-	Special Educational Needs
Wales PPA	-	Wales Preschool Providers Association (now Early Years Wales)

For further information please contact

Byra Foulkes – Early Years Support Manager	byra.foulkes@flintshire.gov.uk	01352 703930/ 07795 122267
Nerys Affleck – Childcare Development Officer	nerys.affleck@flintshire.gov.uk	01352 703504/ 07385 396073

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 8



SOCIAL AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 1 st July 2021
Report Subject	Disability and Discrimination
Cabinet Member	Cabinet Member for Corporate Management and Assets
Report Author	Chief Executive
Type of Report	Operational

EXECUTIVE SUMMARY

Disability discrimination is included within the Equality Act 2010 as one of the nine protected characteristics. As a local authority we have a duty as set out in the Public Sector Equality duty to eliminate discrimination and promote equality for disabled people. Our Strategic Equality Plan 2020/24 sets out our equality objectives and the steps we will be taking to achieve them.

The purpose of this report is to provide an overview of disability discrimination and following particular disability-related equality issues raised by this committee to outline activity underway to promote equality for disabled people. The committee raised issues regarding:

- reassurance that no discrimination takes place for the housing, job and education aspects of life, both for seen and unseen disabilities;
- reluctance to help older disabled people;
- transport;
- Disabled Facilities Grants

The detail of the queries and a response to each is attached in Appendix 1.

RECOMMENDATIONS

1	Scrutiny note actions being taken to eliminate discrimination and promote equality for disabled people.
2	Scrutiny receive the Strategic Equality Plan annual report 2020/21 prior to approval by Cabinet.

REPORT DETAILS

1.00	EXPLAINING DISABILITY DISCRIMINATION
1.01	<p>This committee has highlighted some of the inequalities experienced by disabled people in services such as housing, transport and employment. These concerns reflect a report produced by the Equality and Human Rights Commission (EHRC) in 2018 “Is Wales Fairer?”. This report identified known inequalities experienced by disabled people, such as facing a shortage of accessible and adapted housing. The current health pandemic has further exposed some of these inequalities.</p> <p>The specific issues raised by this committee are attached as Appendix 1, along with an Executive response.</p>
1.02	<p>Disability is one of the nine characteristics protected from discrimination by the Equality Act 2010. The nine protected characteristics are: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p>
1.03	<p>The Equality Act 2010 means that disabled people are protected from discrimination in employment, provision of goods and services, including health and other public services, schools and education, renting and buying property, and transport services like buses, trains and taxis. Reasonable adjustments should be put in place by employers and service providers to ensure disabled people are not discriminated against. Examples include making alterations to buildings or working patterns, providing information in different formats such as Braille or British Sign Language.</p>
1.04	<p>The Equality Act also requires public bodies to comply with the Public Sector Equality Duty (PSED). This is in addition to our duty not to discriminate. The duty aims to make sure we think about the needs of people with people with protected characteristics when we make decisions about how we provide our services and develop and implement policies.</p>
1.05	<p>When we carry out our functions, the PSED says we must have due regard (actively think about the need) to:</p> <ul style="list-style-type: none"> • eliminate unlawful discrimination • advance equality of opportunity between people who share a protected characteristic and those who do not • foster or encourage good relations between people who share a protected characteristic and those who do not.
1.06	<p>Every service is responsible for meeting the duty, ensuring that disabled people are not discriminated against and opportunities are being taken to reduce unequal outcomes.</p>

	<p>The Council has a number of procedures in place to assist with this. The completion of Integrated Impact Assessments (IIAs) included within strategic committee reports ensure that decision makers understand any positive or negative implications of their decisions.</p>
1.07	<p>The Council's Strategic Equality Plan (SEP) is published which identifies objectives to reduce inequalities experienced by people with protected characteristics.</p> <p>The Equality objectives set out in the adopted SEP 2020/24 are:</p> <p>Objective 1: Improve health, well-being and social care outcomes including outcomes for older people and disabled people</p> <p>Objective 2: Reduce gaps in educational attainment between protected groups and implement strategies to improve well-being</p> <p>Objective 3: Ensure equal pay within the workplace by having in place fair, open and transparent grading and salary strategies in place</p> <p>Objective 4: Improve personal safety for all protected groups</p> <p>Objective 5: Increase access to participation to services and decision making for all protected groups</p> <p>Objective 6: Improve living standards of people with different protected characteristics</p> <p>Objective 7: Develop our knowledge of the socio-economic duty to protect people from poverty</p>
1.08	<p>We publish a report each year to set out our progress to achieve our equality objectives. The next annual report for 2020/21 will be published later this year and will include information about employment as well as actions being taken by services.</p>
1.09	<p>Actions within our SEP to promote equality for disabled people and reduce unequal outcome include:</p> <p>Employment</p> <ul style="list-style-type: none"> • Working towards Department of Work and Pensions scheme "Disability Confident Leader level 3" demonstrating our commitment to recruiting and retaining disabled employees, and our commitment to mental health and well-being of employees. We have already achieved level 2. • Completing an annual equal pay audit to identify the pay gap between employees with protected characteristics, this includes the pay gap between disabled employees and non-disabled employees. As approximately 36% of the workforce have not declared whether they are disabled, the data on the pay gap is not robust. We are

	<p>putting in place initiatives to increase the number of employees who provide this information.</p> <ul style="list-style-type: none"> Monitoring the number of our apprentices who are disabled to ensure the profile reflects the local community. The Equality and Human Rights Commission has highlighted research that shows disabled people experience unequal outcomes in employment and are under-represented in apprenticeships. <p>Services</p> <ul style="list-style-type: none"> Supporting people with learning disabilities to gain paid employment through Project Search Ensuring equality monitoring and analysis is undertaken in key services: Education, Housing, Social Services. This is to identify any barriers experienced by people with protected characteristics and ensure our services are accessible. Completing a strategic review of housing needs to inform the infrastructure for our programme of new build. Comparing waiting times for access to adapted housing with other housing types to ensure disabled people are not disadvantaged. Reviewing opportunities to improve the accessibility of public transport for disabled people and older people. Completing a review of our website to ensure it meets accessibility standards. Implementing a system to report and monitor identity based bullying in schools to ensure all children and young people feel safe. <p>In addition, the Education service has a separate Accessibility Strategy which ensures there is a programme of works to make schools accessible for disabled learners, teachers, parents and visitors. All disabled learners should be able to participate fully in the school curriculum and the physical building not be a barrier.</p>
1.10	<p>The SEP will contribute to addressing the issues raised by members of this committee, who have highlighted the difficulties disabled people face. The Integrated Impact Assessments completed by services are critical to ensure that decisions made do not compound inequalities but actively address unequal outcomes experienced by people with protected characteristics.</p>

2.00	RESOURCE IMPLICATIONS
2.01	<p>Revenue/Capital: there are no implications for the approved revenue and capital budgets for either the current financial year or for future financial years.</p> <p>Human Resources: there are no implications for additional capacity or for any change to current workforce structures or roles.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT																								
3.01	<p>An Integrated Impact Assessment is not required as this report provides an overview of legislation requirements and actions we are taking to comply.</p> <p>Ways of Working (Sustainable Development) Principles Impact</p> <table border="1"> <tr> <td>Long-term</td> <td>No change.</td> </tr> <tr> <td>Prevention</td> <td>Positive. Actions within our aim to ensure inequalities are reduced</td> </tr> <tr> <td>Integration</td> <td>No change</td> </tr> <tr> <td>Collaboration</td> <td>No change</td> </tr> <tr> <td>Involvement</td> <td>No change.</td> </tr> </table> <p>Well-being Goals Impact</p> <table border="1"> <tr> <td>Prosperous Wales</td> <td>Positive. The purpose of the Equality Act is to reduce inequalities and support people achieve their potential. .</td> </tr> <tr> <td>Resilient Wales</td> <td>No change</td> </tr> <tr> <td>Healthier Wales</td> <td>Positive. The purpose of the PSED is to reduce inequalities, including health inequalities.</td> </tr> <tr> <td>More equal Wales</td> <td>Positive. The purpose of the Equality Act and the Strategic Equality Plan is to reduce inequalities of outcome experienced by people with protected characteristics.</td> </tr> <tr> <td>Cohesive Wales</td> <td>No change</td> </tr> <tr> <td>Vibrant Wales</td> <td>No change</td> </tr> <tr> <td>Globally responsible Wales</td> <td>No change</td> </tr> </table>	Long-term	No change.	Prevention	Positive. Actions within our aim to ensure inequalities are reduced	Integration	No change	Collaboration	No change	Involvement	No change.	Prosperous Wales	Positive. The purpose of the Equality Act is to reduce inequalities and support people achieve their potential. .	Resilient Wales	No change	Healthier Wales	Positive. The purpose of the PSED is to reduce inequalities, including health inequalities.	More equal Wales	Positive. The purpose of the Equality Act and the Strategic Equality Plan is to reduce inequalities of outcome experienced by people with protected characteristics.	Cohesive Wales	No change	Vibrant Wales	No change	Globally responsible Wales	No change
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	No consultation required as this report outlines our responsibilities to eliminate discrimination and promote equality.

5.00	APPENDICES
5.01	Appendix 1 List of concerns raised by Social and Health Overview and Scrutiny Committee and response

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Strategic Equality Plan 2020/24 Flintshire County Council Equal Pay Audit 2020 Is Wales Fairer 2018? Equality and Human Rights Commission

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Fiona Mocko, Strategic Policy Advisor Telephone: 01352 702122 E-mail: fiona.mocko@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
	<p>Disability Confident Leader: a Department of Work and Pensions scheme encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people. It involves making specific commitments and providing evidence to demonstrate how those commitments have been met. There are three levels to the scheme, level three being the highest level.</p> <p>Equal Pay Audit: compares the pay of different groups, such as men and women, in an organisation to identify any differences in pay, investigating the causes and putting in initiatives to reduce any identified gaps.</p> <p>Integrated Impact Assessments: An Integrated Impact Assessment (IIA) is a way to look at how a proposal could affect communities and if different groups within the community will be affected differently. It takes into consideration impacts on the environment, equality (people with protected characteristics), health, poverty and Welsh language.</p> <p>Protected characteristics: these are the groups protected under the Equality Act 2010. The characteristics are: Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation.</p> <p>PSED: Public Sector Equality Duty, places a General Duty and Specific Duty on public bodies. The General Duty requires public bodies to show due regard to the need to: eliminate unlawful discrimination, advance equality of opportunity between people who share a protected characteristic and foster good relations. The Specific Duty in Wales requires public bodies to develop equality objectives and publish Strategic Equality Plans. It also includes the requirement to train employees, assess the impact of decisions and undertake equality monitoring.</p>

Appendix 1

Issues raised by Social and Health Overview and Scrutiny Committee

1. I would like reassurance that no discrimination takes place for the housing, job and education aspects of life, both for seen disabilities and unseen ones too (mental health). What I have recently found is a reluctance to help older disabled people, it is I feel Covid related as if there is an apathy towards older disabled. In my experience when an older resident or their family ask us for help it is a last resort and it is here that we need to be aware that those dealing with this group don't unconsciously treat those requiring help differently.

Response

The definition of disability includes hidden disabilities such as mental health as well as physical disabilities and sensory impairments. Discrimination on the grounds of disability is unlawful in employment and services including education. This applies to the public and private sectors. Employers and service providers have to make reasonable adjustments to meet the needs of disabled customers and must not charge disabled people extra.

Schools have to comply with the Public Sector Equality Duty (PSED) which means that they have to produce their own Strategic Equality Plan (SEP), complete impact assessments on policies, procedures and practices and make reasonable adjustments. The Local Education Authority has also produced an Accessibility Strategy to ensure disabled pupils can access school buildings to participate in all aspects of the curriculum and are not disadvantaged compared to non-disabled pupils.

As a local authority we have to comply with the PSED and ensure we actively think about the needs of disabled people, including older disabled people, in everything we do. Completing impact assessments is one way to demonstrate that we have taken into account their needs. All service areas should be completing these for strategic decisions, including Housing and Education and Youth.

Employment - we have achieved the Department of Work and Pensions "Disability Confident" level 2 status demonstrating our commitment to recruiting and retaining disabled employees. As part of our SEP 2020/2024 we have made a commitment to achieve level 3 status "Disability Confident Leader" which will include demonstrating how we support employees with mental health issues.

The PSED requires us to monitor the diversity profile of our workforce to identify any potential areas of inequality and take action to remove. This information is available by protected characteristic and includes disability. A range of data is produced and analysed by HR including the profile of job applicants, selection for interview, appointments, training and pay. This information is required to be published annually.

2. There is one most important issue and that is that every private developer does not build a bungalow and should be made to because disabled and poorly people need them. Social Housing are the only ones that do it. In my opinion what I have seen is they are not thought of in planning applications because nobody thinks of transport, buses are no good unless they are a special one that accommodates a wheelchair that is occupied.

If, for, example, anybody pushing a wheelchair to the station in the village would take their lives in their hands. I have not asked just lately but you had to book for someone to help you on a train. Disabled Facilities Grants are still taking time for young and old. If you want to get out to go for a meal for example it is so costly for a special taxi. With disability everything is costly.

Flintshire do ring and Ride which is excellent and reasonable but that is for medical appointments and not for going out

It is not until you have to deal with it yourself that you realise what the problems are. If you are able bodied and don't come across disability it is difficult to imagine their needs.

Response

Housing has made a commitment in our Strategic Equality Plan (SEP) 2020/24 to complete a strategic review of housing needs to inform new builds, as there is recognition that there is a lack of accessible housing. We will also be reviewing waiting times for adapted housing as national research identifies that disabled people wait longer for suitable accommodation.

In addition the SEP includes a commitment by Streetscene to review the opportunities to improve access to public transport for disabled people and older people.

One of the ways we can identify potential inequalities is to monitor the profile of our customers. This helps us to understand if people with protected characteristics accessing our services are experiencing any barriers. A commitment to embed equality monitoring in Education, Social Services and Housing is included within our SEP.

An update on these will be included in our Strategic Equality Plan annual report which will be published later this year.

All services are required to produce impact assessments on plans, policies etc. and take into account the needs of disabled people. As part of this process they need to engage and consult with disabled people and groups who represent their interests, to help them understand the impact of their proposals and how to change them to reduce any negative impacts.

Eitem ar gyfer y Rhaglen 9



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 1 st July, 2021
Report Subject	End of Year Performance Monitoring Report
Cabinet Member	Deputy Leader of the Council for Performance and Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

Flintshire County Council Reporting Measures 2020/21 were identified by portfolios and approved by Cabinet in September 2020. This report presents the annual out-turn of performance against those measures identified for 2020/21 relevant to the Social & Health Care Overview & Scrutiny Committee.

This out-turn report for the 2020/21 Reporting Measures shows that 67% of the performance indicators have met or exceeded their targets.

This report is an exception-based report and concentrates on under-performance against target.

RECOMMENDATIONS

1.	That the Committee consider the End of Year Performance Monitoring Report to monitor areas of under performance and request further information as appropriate.
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REPORT DETAILS

1.00	EXPLAINING THE PERFORMANCE AT YEAR END 2020/2021
1.01	<p>The year-end performance monitoring reports provide explanation of the progress being made toward the agreed measures set out in the Flintshire County Council Reporting Measures 2020/21.</p> <p>These measures were approved by Cabinet after targets for 2020/21 were re-assessed for forecasted performance due to the disruptions caused during the response phase of the pandemic.</p>
1.02	This report is an exception-based report and concentrates on under-performance against in-year targets.
1.03	<p>Monitoring our Performance</p> <p>Analysis of performance against the performance indicators is undertaken using the RAG status. This is defined as:</p> <ul style="list-style-type: none"> • RED - under-performance against target. • AMBER - where improvement may have been made but performance has missed the target. • GREEN - positive performance against target.
1.04	<p>Analysis of current levels of performance against target shows the following:</p> <ul style="list-style-type: none"> • 41 (67%) have achieved a green RAG status • 12 (20%) have an amber RAG status • 8 (13%) have a red RAG status
1.05	There are no performance indicators (PIs) which show a red RAG status for current performance against targets relevant to the Social & Health Care Overview & Scrutiny Committee.

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

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT					
3.01	<p>Ways of Working (Sustainable Development) Principles Impact</p> <table border="1"> <tr> <td>Long-term</td> <td rowspan="4">Throughout all of the Mid-Year Monitoring Report there are demonstrable actions and activities which relate to all of the Sustainable Development Principles.</td> </tr> <tr> <td>Prevention</td> </tr> <tr> <td>Integration</td> </tr> <tr> <td>Collaboration</td> </tr> </table>	Long-term	Throughout all of the Mid-Year Monitoring Report there are demonstrable actions and activities which relate to all of the Sustainable Development Principles.	Prevention	Integration	Collaboration
Long-term	Throughout all of the Mid-Year Monitoring Report there are demonstrable actions and activities which relate to all of the Sustainable Development Principles.					
Prevention						
Integration						
Collaboration						

		Specific case studies will be included in the Annual Performance Report for 2020/21.
	Involvement	
Well-being Goals Impact		
	Prosperous Wales	Throughout the Mid-Year Monitoring Report there is evidence of alignment with the Well-being Goals. Specific strategic and policy reports include impact and risk assessments.
	Resilient Wales	
	Healthier Wales	
	More equal Wales	
	Cohesive Wales	
	Vibrant Wales	
	Globally responsible Wales	
Council's Well-being Objectives		
The Council's wellbeing objectives will be included in the Annual Performance Report for 2020/21. We have reviewed and updated our Well-being Objectives in throughout the development of the Council Plan 2021/22.		

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	The Reporting Measures are monitored by the respective Overview and Scrutiny Committees according to the priority area of interest.
4.02	Chief Officers have contributed towards reporting of relevant information.

5.00	APPENDICES
5.01	Appendix 1: End of Year Performance Monitoring Report 2020-21.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Flintshire County Council Reporting Measures 2020/21.

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Margaret Parry-Jones, Overview & Scrutiny Facilitator Telephone: 01352 702427 E-mail: Margaret.parry-jones@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	<p>Reporting Measures: The document which sets out the performance indicators of the Council. This document provides a set of measures to support recovery and selected portfolio measures.</p> <p>An explanation of the report headings Measures (Key Performance Indicators - KPIs)</p> <p><u>Baseline Year</u> – As a new indicator, a target has not been established. This will be monitored and targets established for the following year.</p> <p><u>End of Year Target</u> – The target for this end of year as set at the beginning of the year.</p> <p><u>Current RAG Rating</u> – This measures performance for the year 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.</p> <p><u>Trend</u> – Trend arrows give an impression of the direction the performance is heading compared to the previous year:</p> <ul style="list-style-type: none"> • 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.









End of Year Report 2020/21

Tudalen 151



Revised 28/05/2021

Key for Report Performance

Performance	Shown as	Trend	Shown as
Off Track (Red)		Downturned (Red)	
Monitor (Amber)		Maintained (Amber)	
On Track (Green)		Improved (Green)	

Tudalen 152

What we mean by Performance RAG

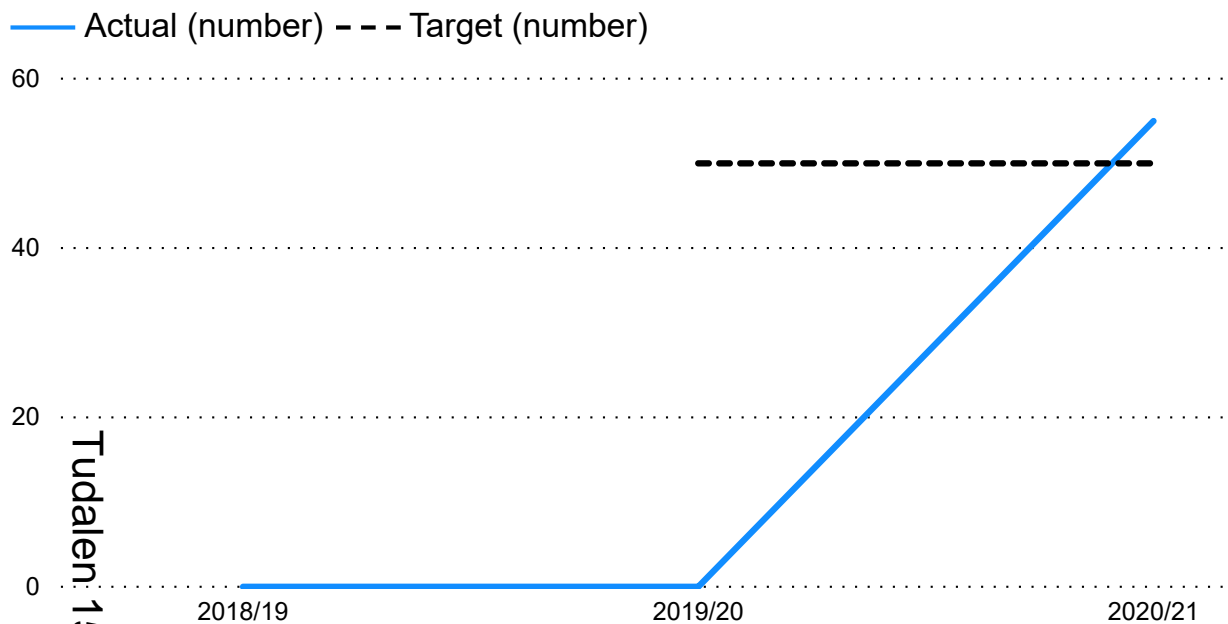
The Performance RAG is generated by assessing current performance against the target. This outcome is then illustrated in the report using the images above.

What we mean by Trend

The Trend is generated by assessing current performance against last years performance. This outcome is then illustrated in the report using the images above.

Social Services - Recovery Measures

The number of Holywell Extra Care (Plas yr Yrwn) units created

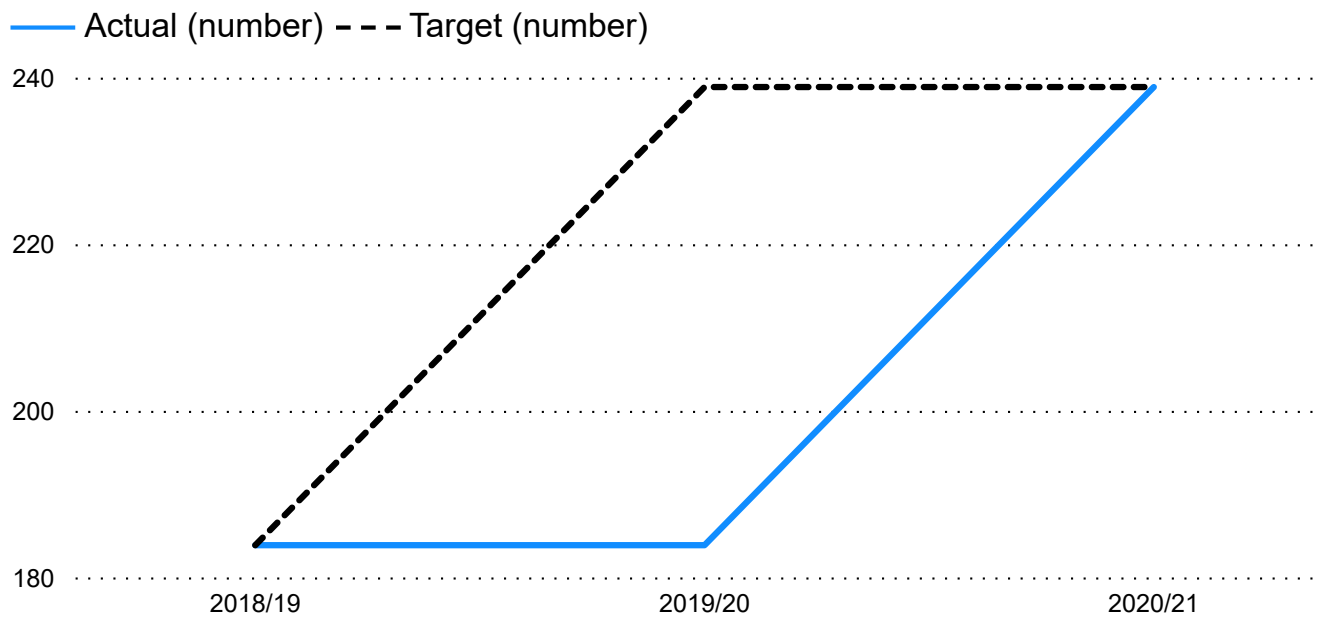


End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
55.00	50.00	↑	●

Comment

Plas yr Ywen Extra Care opened in Holywell on 22 March, providing 55 modern apartments consisting of 43 one and 12 two bedroom apartments.

The number of Extra Care units provided across Flintshire



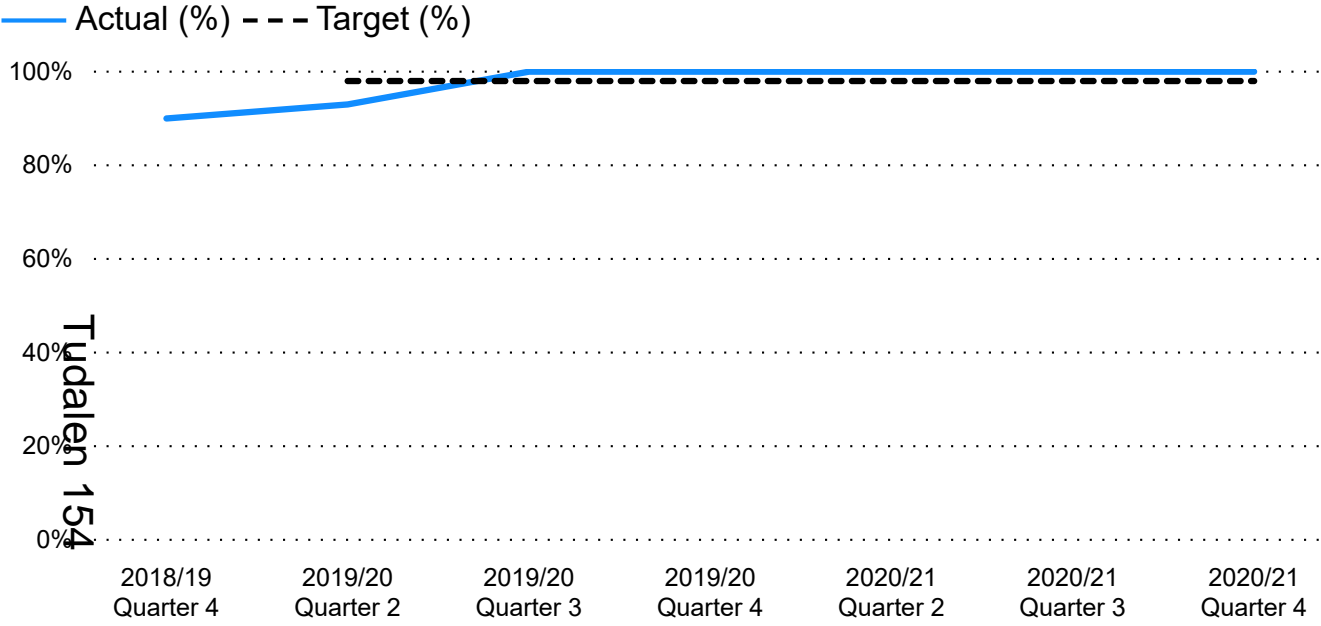
End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
239.00	239.00	↑	●

Comment

Plas yr Ywen Extra Care opened in Holywell on 22 March, providing 55 modern apartments consisting of 43 one and 12 two bedroom apartments.

Social Services - Recovery Measures

Percentage of urgent requests for equipment that meet or exceed the national 1 Day response standards



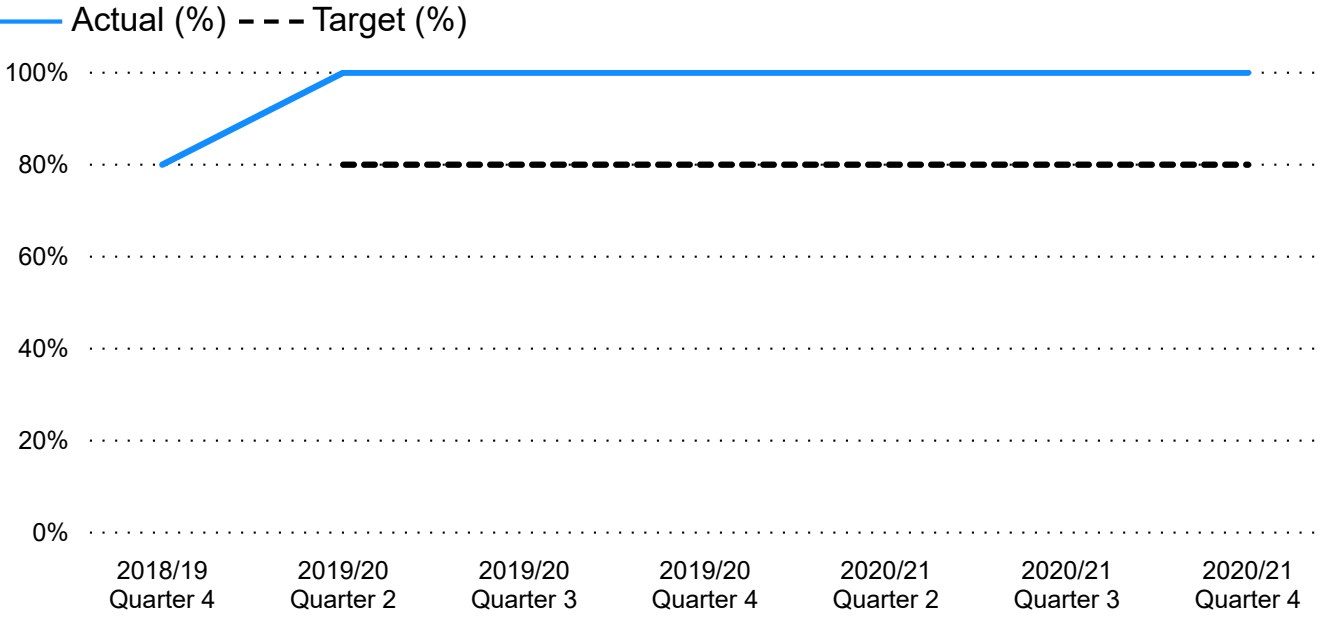
Tudalen 154

End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
100.00%	98.00%	↑	●

Comment

Equipment is managed by the North East Wales Community Equipment Service. The National standard for urgent requests is 90% within one day.

Percentage of requests for equipment that meet or exceed the national 7 Day standard



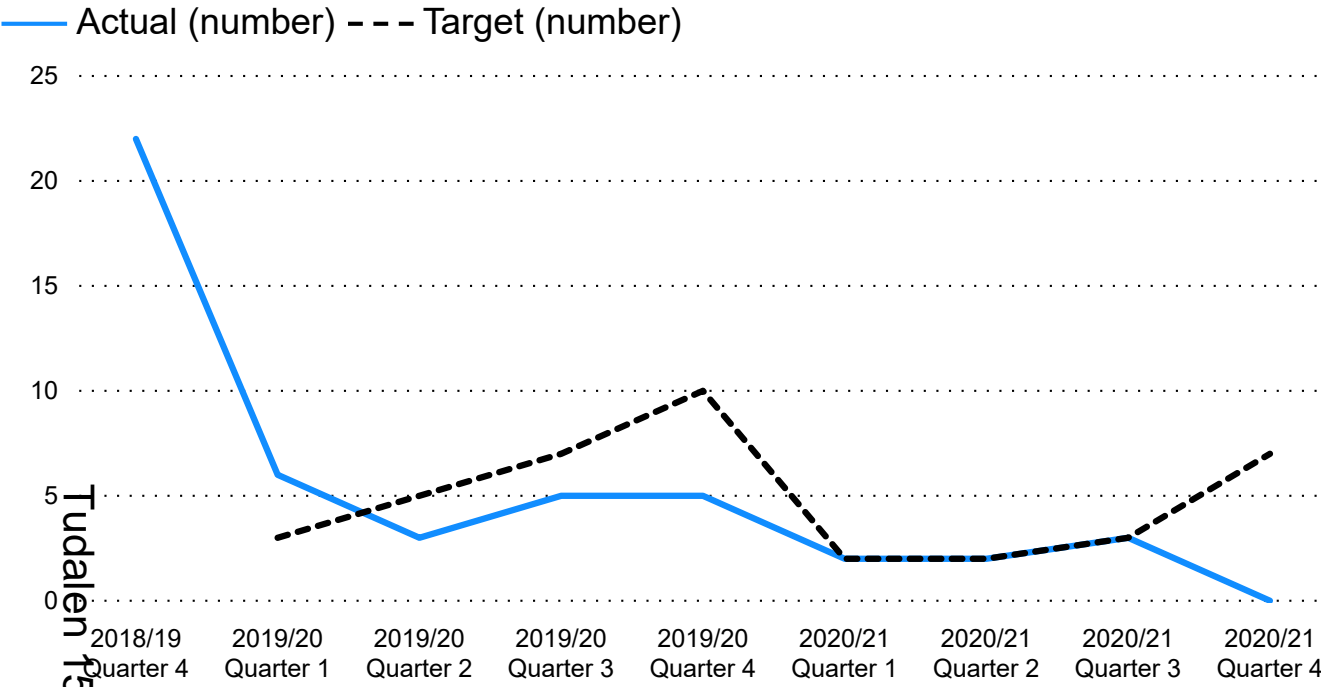
End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
100.00%	80.00%	↑	●

Comment

The National standard for the provision of equipment requests within 7 days is 80%.

Social Services - Recovery Measures

Number of new foster carer approvals in the year

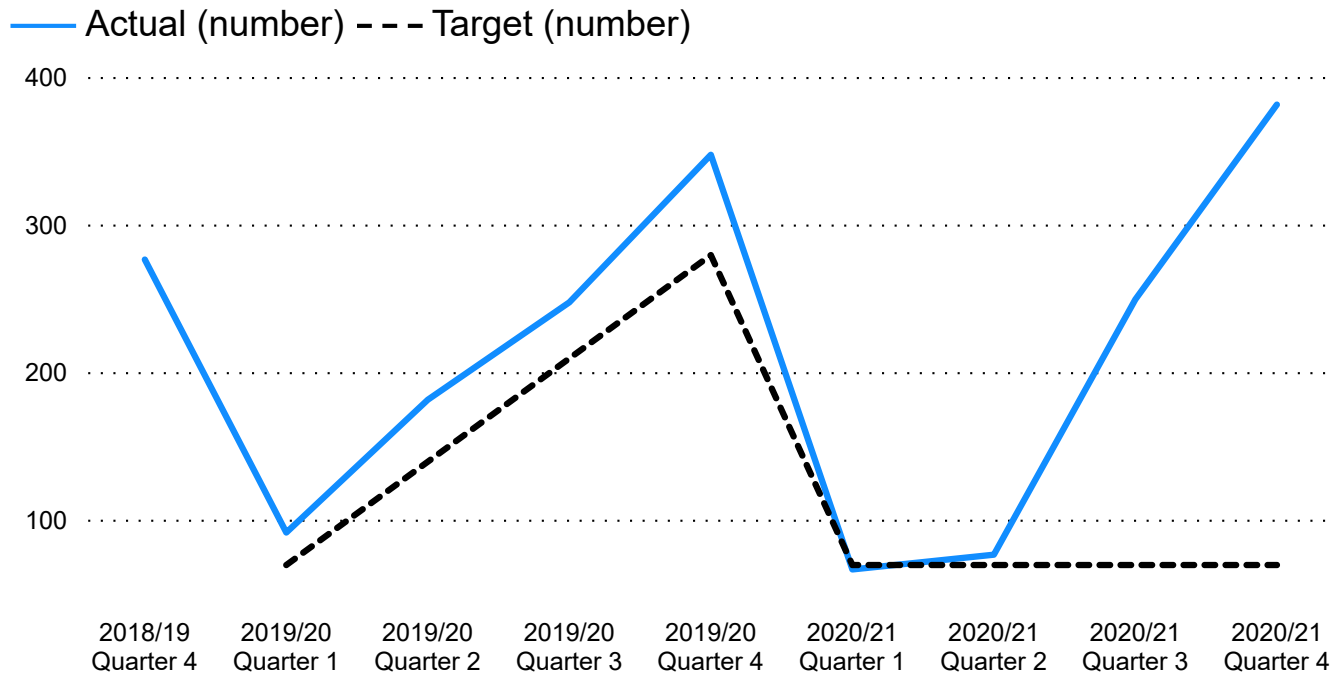


End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
7.00	10.00	↓	●

Comment

We have recruited seven new foster carers this year. Whilst the target of 10 has not been met, the original aim of 5 - 10 has been achieved.

Number of referrals to the Family Group Meeting Service



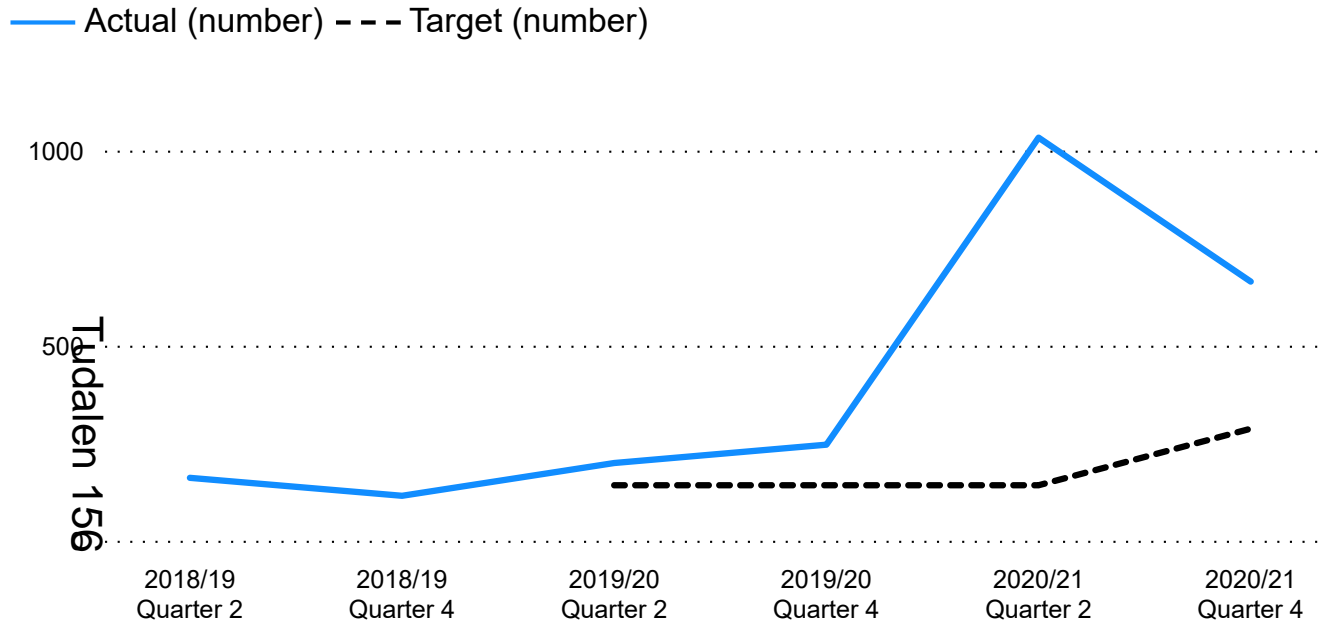
End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
382.00	280.00	↓	●

Comment

382 families were referred to the service in the year. 12 of these families were still to be allocated by 31st March.

Social Services - Portfolio Measures

The number of people who access the social prescribing / 3rd sector service through the Single Point of access

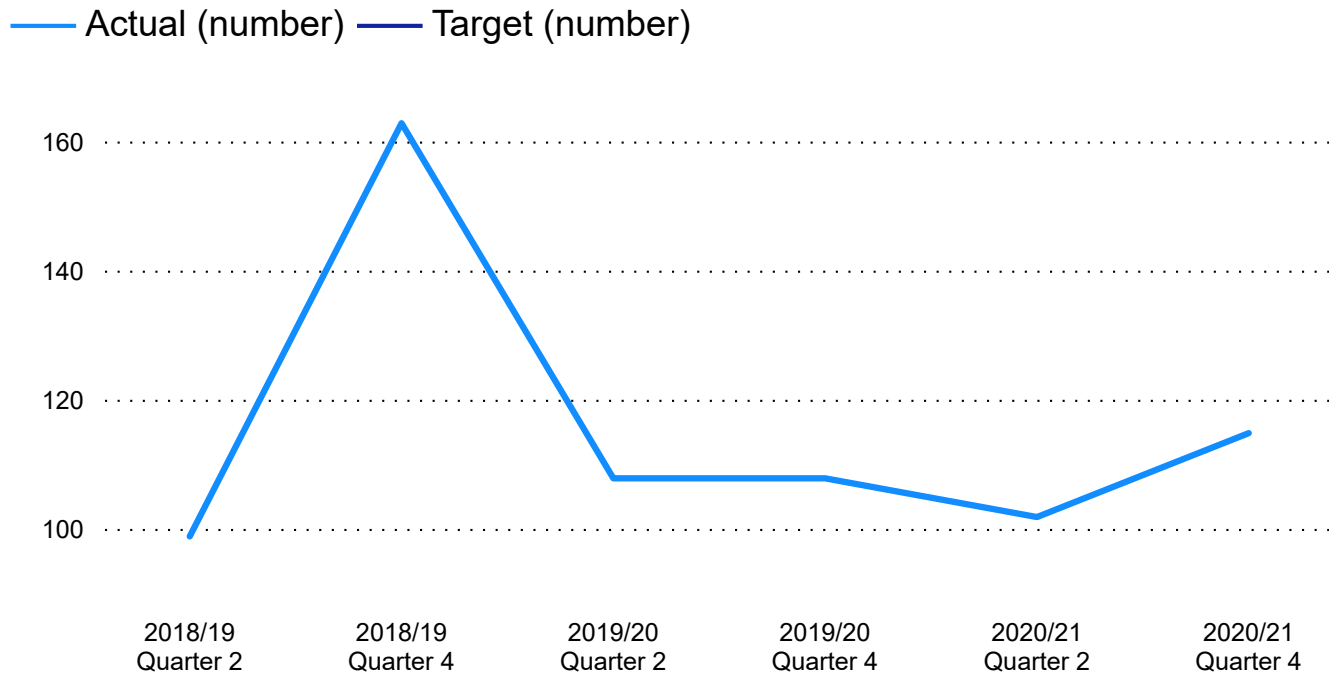


End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
1703.00	290.00	↑	●

Comment

The service has seen a significant increase in demand, particularly in April due to the pandemic. There was a 700% increase in calls/referrals to the service through April; since then demand has reduced somewhat but continues to be high, far exceeding the target which was set pre-pandemic.

The number of admissions to step up / step down beds



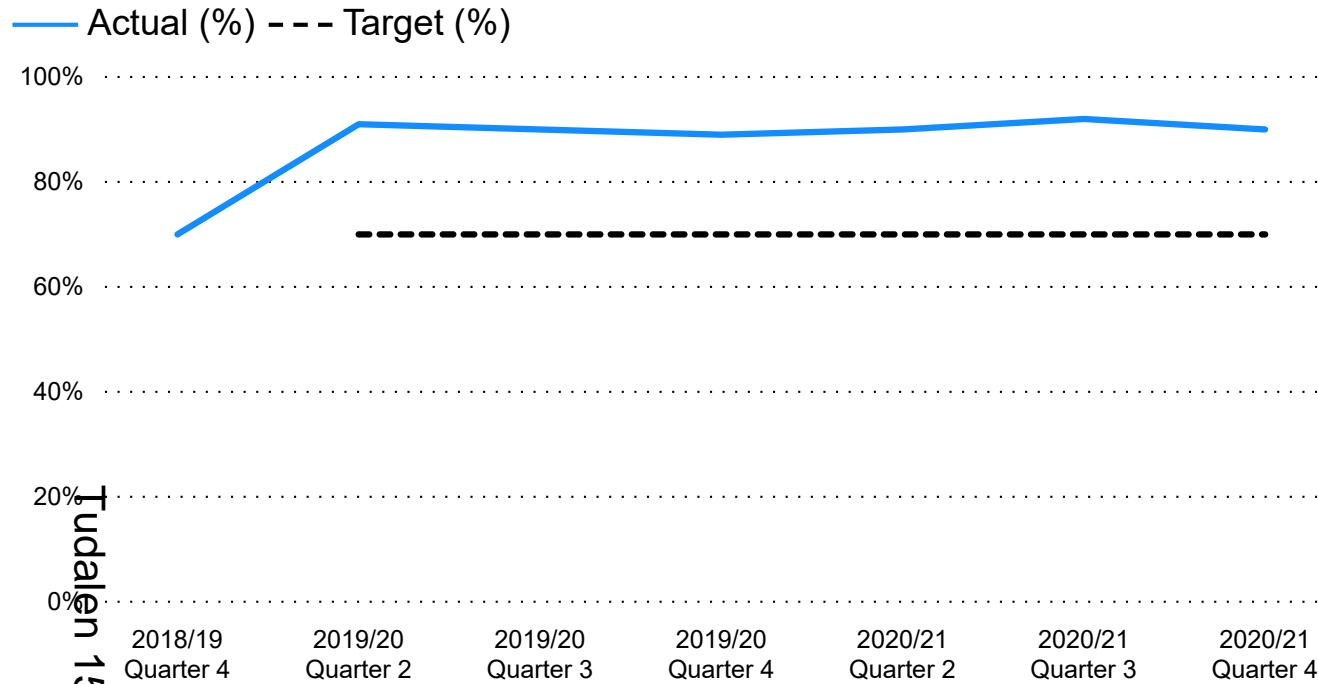
End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
217.00	-	↑	-

Comment

No target set - The data for this measure comes from the Health Board. We do not set a target on their behalf because we do not influence the numbers of people coming through. However, we consider this to be an important measure in terms of how effectively the Partnership are using the funding.

Social Services - Portfolio Measures

Percentage of equipment that is re-used



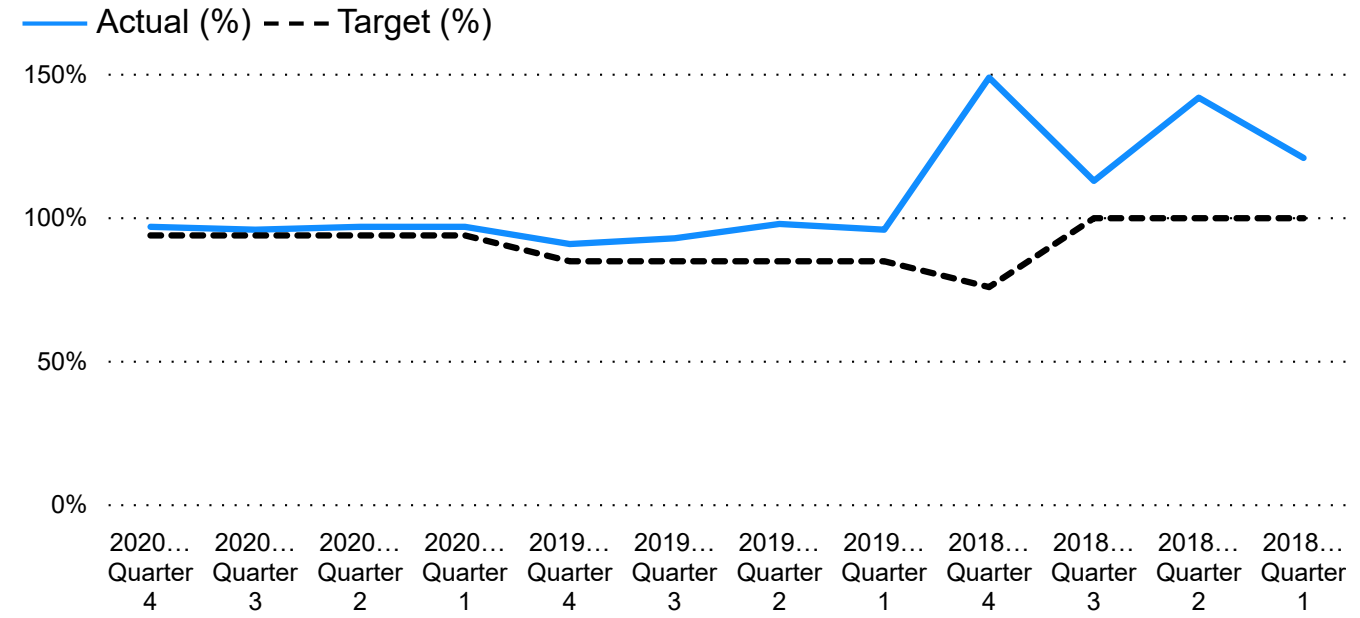
Tudalen 157

End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
90.67%	70.00%	↑	●

Comment

The standard of 70% is set nationally by the "National Minimum Standards for Community Equipment Services in Wales". However, the North East Wales Community Equipment Service (NEWCES) consistently achieve better than what is requested, with an average of approximately 90% re-use of equipment rather than throwing it away. By doing this there is a yearly cost avoidance of over £2m.

The percentage of adult safeguarding enquiries that met the 7 day timescale



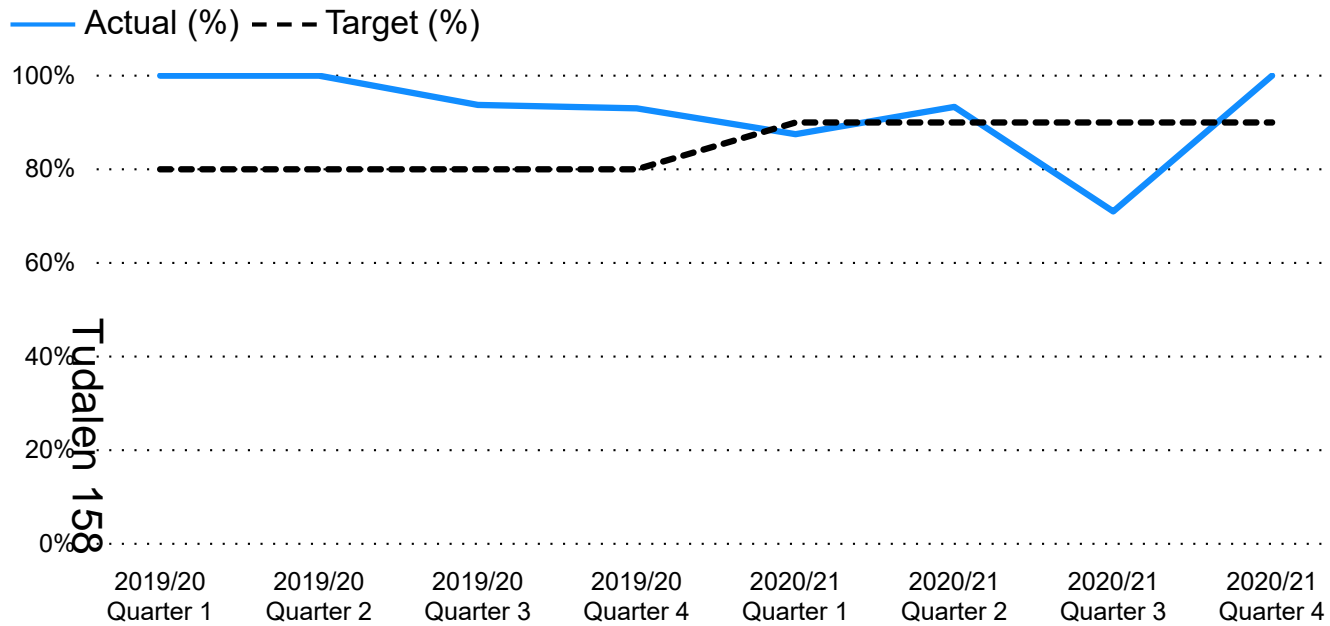
End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
96.75%	94.00%	↑	●

Comment

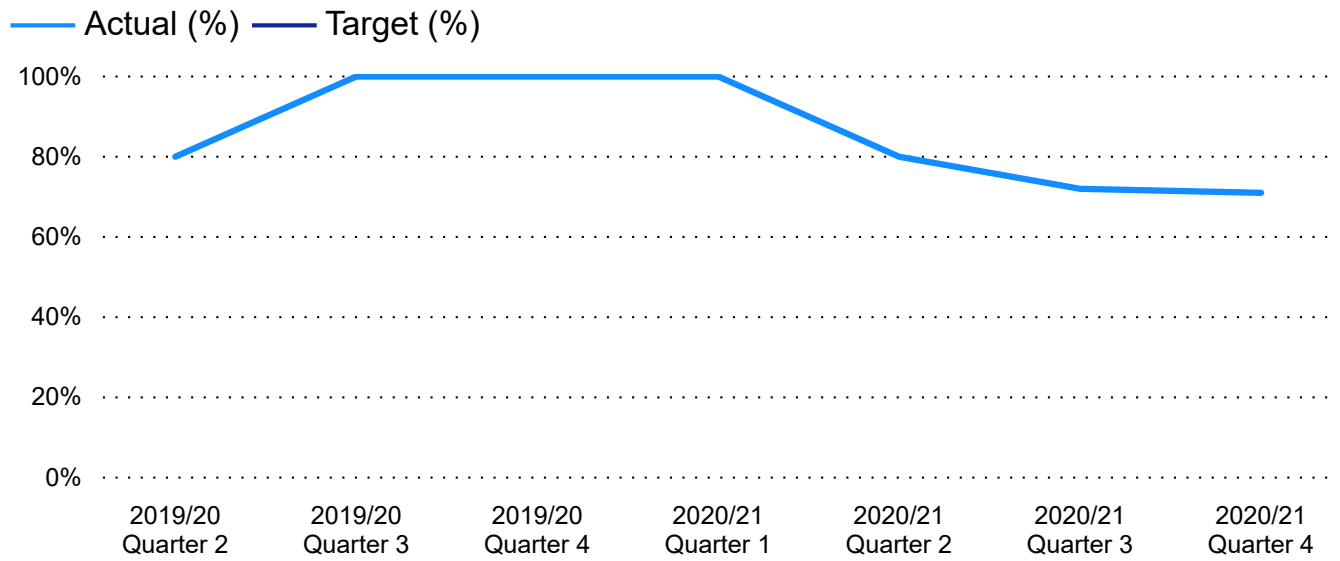
The realignment of the service in 2019 has made it more effective, which is illustrated by the increase in performance over the last two years. We have been able to show a further improvement this year, possibly due to the change from face to face to digital working, by reducing travel and scheduling time. The Safeguarding Unit continue to prioritise enquiries within the 7 day timescale.

Social Services - Portfolio Measures

The percentage pre-birth assessments completed within timescales



The percentage of children who were reported as having run away or gone missing from home who had a return interview



End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
89.00%	90.00%	↓	▲

End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
74.33%		↓	

Comment

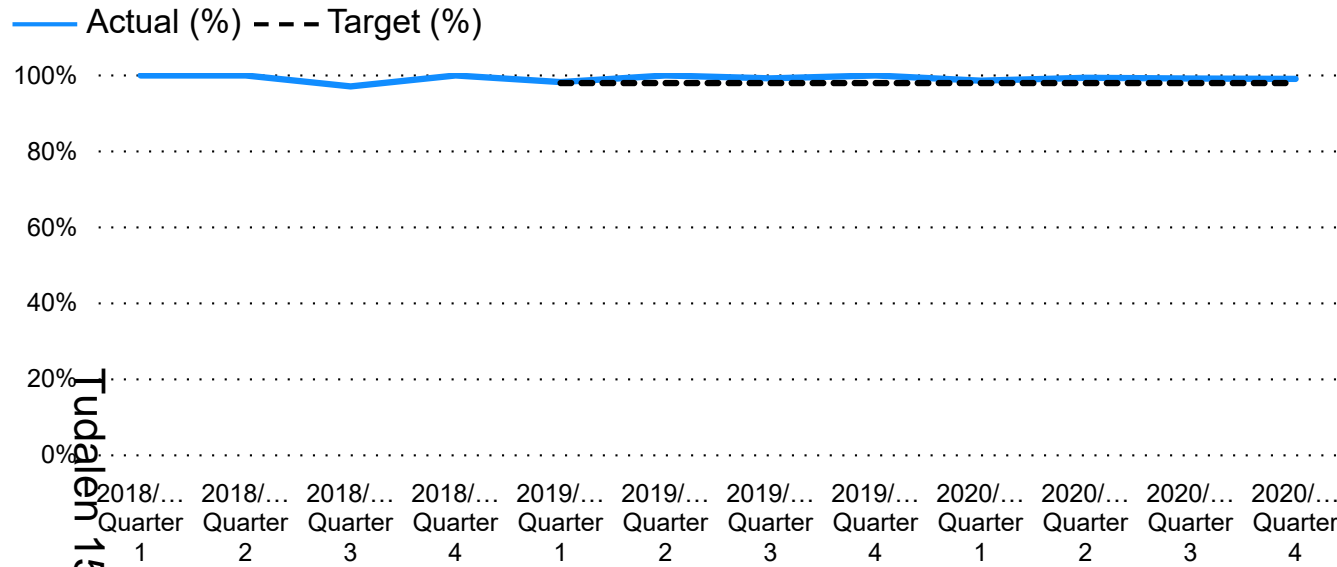
Pre-birth assessments are carried out in line with the North Wales Multi-Agency Pre-Birth Pathway. Sometimes assessments do not meet timescales because of mum's late presentation to Health.

Comment

All children are offered a return home interview, but some decline to engage.

Social Services - Portfolio Measures

The percentage of reviews of children on the Child Protection Register due in the year that were carried out within the statutory timescales



Tudalen 159

End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
99.08%	98.00%	↓	●

99.08%

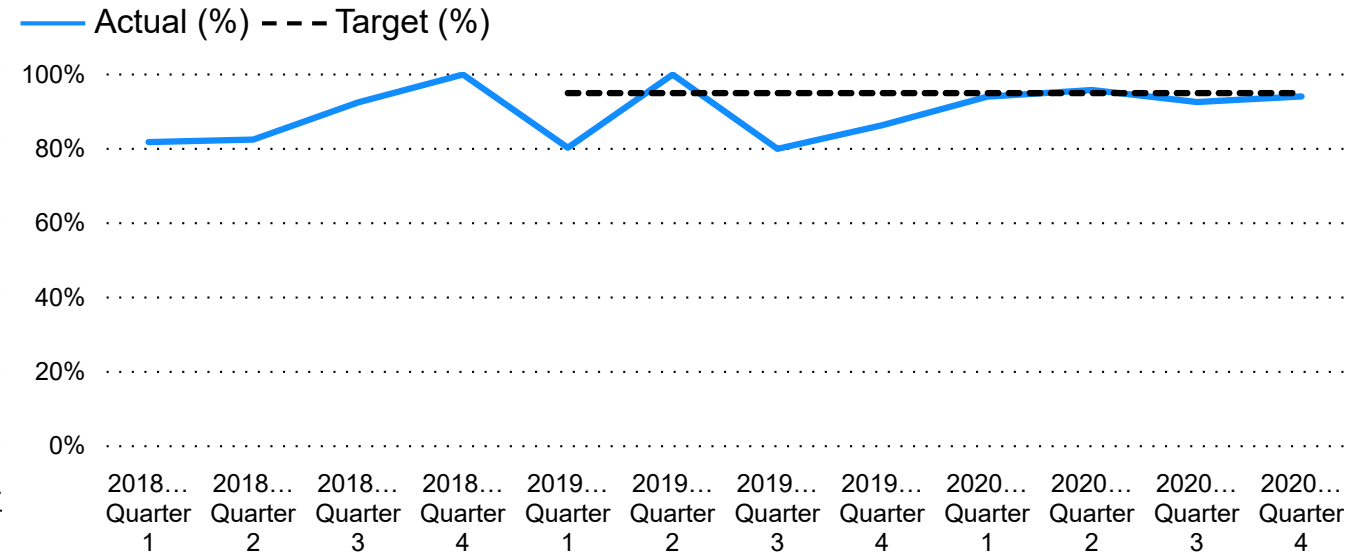
98.00%



Comment

Child Protection conferences can be delayed for a number of reasons, including the availability of family and professionals, court decisions, or in the interests of the children. All delays are approved by a manger prior to the conference taking place.

The percentage of initial child protection conferences that were due in the year and were held within 15 working days of the strategy discussion



End of Year Actual (%)	End of Year Target (%)	Trend	Current RAG Rating
94.14%	95.00%	↑	▲

94.14%

95.00%

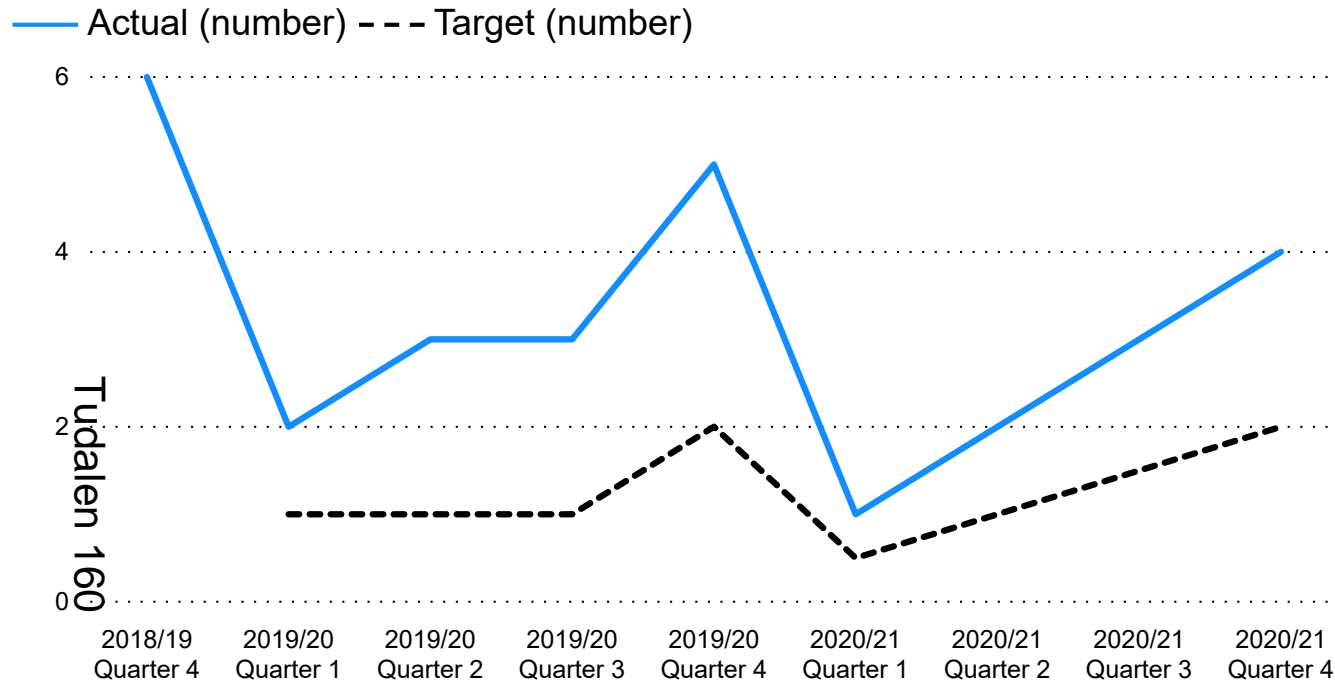


Comment

Child Protection conferences can be delayed for a number of reasons, including the availability of family and professionals, court decisions, or in the interests of the children. All delays are approved by a manger prior to the conference taking place.

Social Services - Portfolio Measures

Number of Special Guardianship Orders made

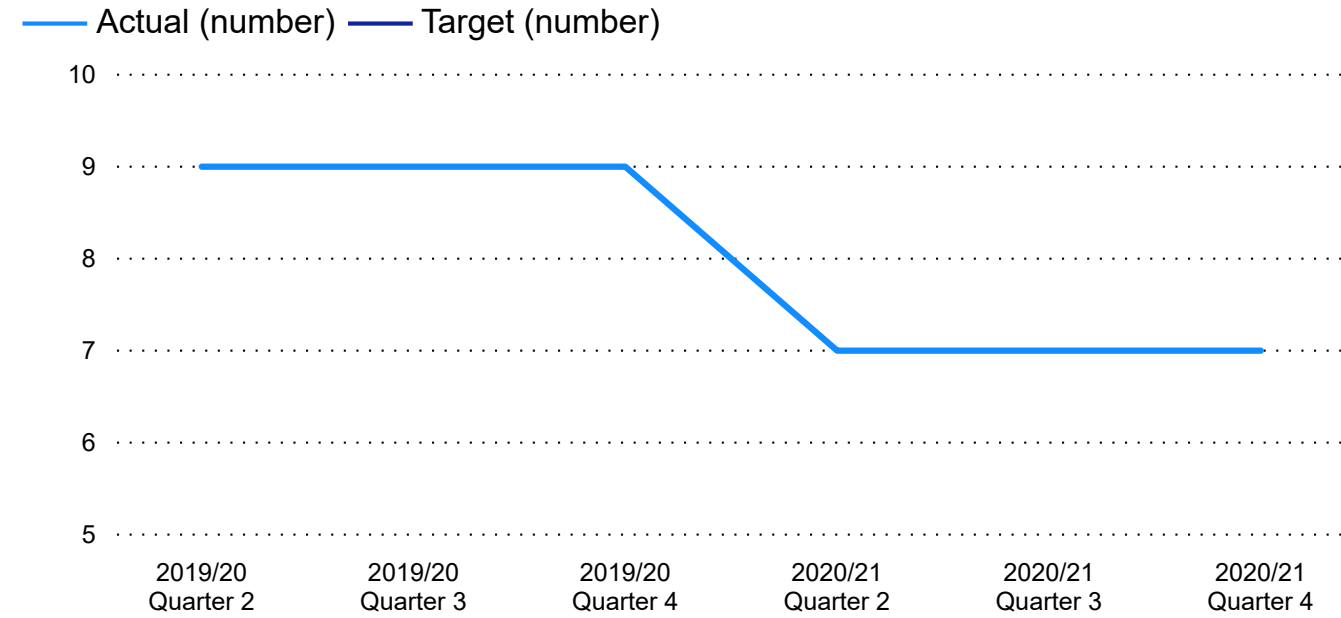


End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
4.00	2.00	↓	●

Comment

Four children this year were prevented from entering the care system through the award of Special Guardianship Orders to family members.

People with a learning disability accessing Project Search to improve their employability skills



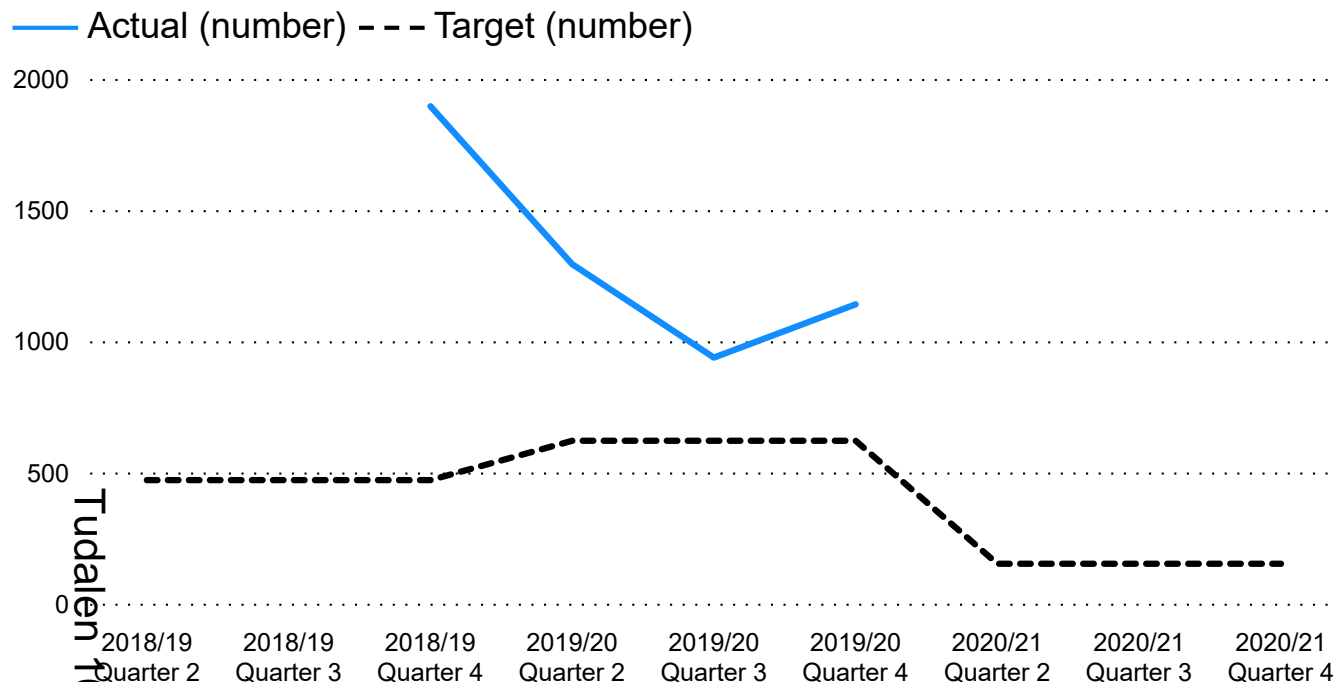
End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
7.00	-	↓	-

Comment

No target set - Seven young people enrolled in Project Search in the September intake.

Social Services - Portfolio Measures

Number of children who accessed the Childcare offer

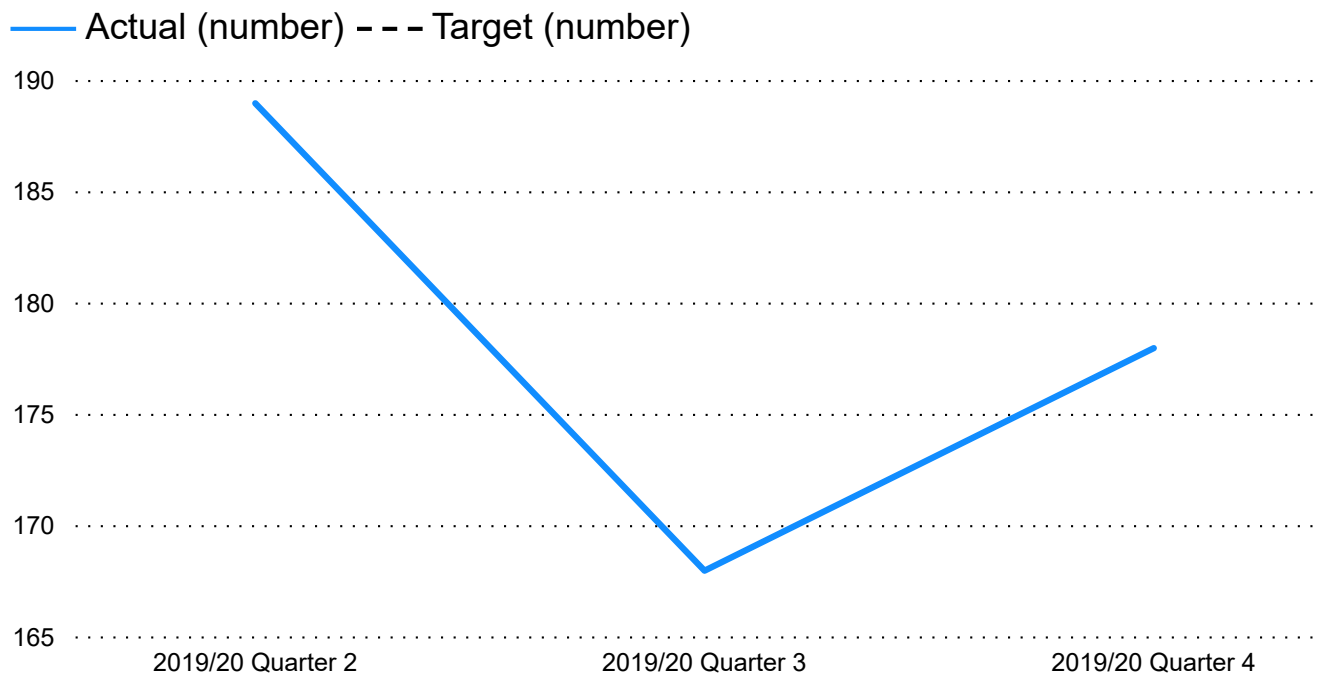


End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating
	625.00		

Comment

In line with Welsh Government COVID-19 guidance, the childcare offer was suspended. The funding has been used to support pre-school children of keyworkers, identified vulnerable children or those with additional needs, and also to support 5-8 year olds in summer play schemes.

Number of childcare providers



End of Year Actual (No.)	End of Year Target (No.)	Trend	Current RAG Rating

Comment

No target set - Due to the suspension of the scheme, no providers contributed to the childcare offer.

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 10



Social and Health Care Overview and Scrutiny Committee

Date of Meeting	Thursday 1 July, 2021
Report Subject	Joint Funded Care Packages
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer for Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

Health and Social Care work closely together to provide appropriate care and support packages to meet individual's needs in the community. These packages are funded either by Social Services (with or without a client contribution depending of the outcome of a financial assessment) or jointly between the health board and social care, or solely by the health board if an individual's needs meet the criteria for full Continuing Health Care funding.

The process of funding is complex and close working relationships with health board colleagues have been established over a number of years to enable constructive partnership working in this area to obtain the most appropriate care for an individual which is funded accordingly.

This report seeks to provide information into the processes of both agreeing joint funded care packages and the budget management processes associated with this work.

RECOMMENDATIONS

1	To assure Members of the robust and proactive budget management approach Flintshire County Council takes to ensure joint funded care packages are financially well managed.
2	To inform members of the plan to introduce a CHC Monitoring Officer post, supported by 'Invest to Save' funding.

REPORT DETAILS

1.00	EXPLANATION OF THE FINANCIAL PROCESSES SUPPORTING JOINT FUNDEED CARE PACKAGES
1.01	Background
1.02	NHS Continuing Health Care (CHC) is a package of care and support for people over 18 years of age who have complex care issues which are primarily health based. The NHS in Wales is responsible for the delivery of CHC, though the Local Authority has a role.
1.02	Welsh Government created an implementation framework for NHS Continuing Health Care in Wales which was published in 2014 and which is currently under review. The Framework sets out the arrangements for CHC in Wales and how eligibility is determined. It stipulates that Local Health Boards have the lead responsibility for CHC in their local area. They must, however, work with local authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework.
1.03	Under the Social Services and Well-being (Wales) Act 2014, Social Services will provide/fund social care for adults who are assessed as having care and support needs. The local authority cannot fund or provide care to undertake health tasks. If as health tasks are required to be undertaken in the community to support an individual to live at home or in a care home, the local health board (Betsi Cadwaladr University Health Board [BCUHB]) is responsible, through CHC, for the funding of these services. Some peoples' needs are clearly identified as all social care, or all health and as such, each agency will fund 100% of the package.
1.04	As everyone has individual needs, some people will have needs that are clearly identified as 100% social care and will be funded either wholly by the local authority or through a client contribution and local authority funding (dependent of the outcome of a financial assessment). Other individuals who live in the community have needs which are 100% health needs, and all of their package of care will be funded by the health board, through CHC.
1.05	However, many people have some social care needs and some health needs and their care packages are jointly funded by the health board and the local authority with the proportion fo funding determined by the eligibility laid down in the Welsh Government CHC Framework referred to above.
1.06	There are around 5,000 people in Wales receiving CHC at any point in time and this accounts for c.£360m of the annual Wales NHS budget.
1.07	In addition to the Adult CHC Framework, there is also a slightly different CHC mechanism to support Children and Young People, and the framework for both is currently being reviewed.

1.08	Continuing Healthcare in Flintshire
1.09	<p>The CHC process is well-established and regularly used by Social Services. The current challenges are as follows:</p> <ul style="list-style-type: none"> • As people become older, frailer, or their health deteriorates, their health needs increase. The social care package which used to meet their needs are now required to contain some health tasks. It is therefore beholden on Social Services to gain engagement from the CHC team in BCUHB to contribute to the cost of care packages. This has been at times a challenge for Social Services. • Flintshire and Wrexham have the highest number of CHC packages across North Wales. This is likely due to the population size and indicator that officers have acted promptly and diligently to pursue CHC claims where appropriate. • BCUHB employ a team of specialist CHC reviewers and have a management structure to solely undertake this work which affords them resource and capacity. Social Services staff however, undertake this role as part of their varied and demanding work. • During a recent Internal Audit of CHC processes, it was identified that to assist with the reconciliation of claims (both 'agreed' and 'in-dispute'), as well as the close monitoring of disputed CHC claims, it was identified that a business case be put forward to appoint a Continuing Health Care Co-ordinator to suit within the Financial Assessment and Charging Team of Social Services. The funding for this post is outside the current budget for the service and a request for 'Invest to Save' monies is being sought.
1.10	<p>When working with Children's Health the CHC framework is less prescriptive than the current Adult framework. This can make it a challenge to secure consistent decisions on funding. For information, there are very few children who receive 100% CHC funding, and this can be attributed to how the system operates and is not directly linked to the complexity of need. Often when a child supported through CHC becomes an adult, the contribution from Adult Health BCUHB increases.</p>
1.11	<p>The challenge for the local authority is twofold. Firstly, it is to ensure that those individuals who meet the eligibility criteria for CHC receive wholly or jointly funded packages of support. BCUHB have informed partners that they pay the highest value of CHC payments in Wales and that Flintshire receives the highest amount of CHC payments in north Wales.</p>
1.12	<p>Secondly, it is to ensure that all agreed packages are paid in a timely manner, and the resolution and payment of disputed packages.</p>
1.13	<p>In response to this second challenge, Social Services have the following processes in place:</p> <ul style="list-style-type: none"> • The Accountants meet regularly with BCUHB to ensure payments claimed for are accurate and outstanding debts are paid. • Debt levels are monitored monthly and a report produced by the Revenue Service for the Chief Officer. This report is discussed at the Social Services Directorate Management Team meeting and outstanding debt levels escalated with BCUHB Senior Managers • Any issues are further escalated through the Flintshire and BCUHB Strategic Partnership meetings held quarterly between the Chair,

	Chief Executive and Area Director of BCUHB and the Leader, Deputy Leader, Cabinet Member, Chief Executive and Chief Officer for the Council.
1.14	The creation of the role of a CHC Monitoring Officer will further assist with the management of disputed cases along with timely monitoring of both agreed and disputed packages and the provision of management information.

2.00	RESOURCE IMPLICATIONS
2.01	Additional funding through the 'Invest to Save' to support the creation of a CHC Monitoring Officer post.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Debt levels are monitored monthly and an escalation route has been established

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	None required at this stage.

5.00	APPENDICES
5.01	Appendix 1 - CHC National Framework for implementation in Wales

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Contact Officer: Jane Davies – Senior Manager Safeguarding and Commissioning Telephone: 01352 702503 E-mail: jane.m.davies@flintshire.gov.uk

7.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
7.01	None

7.00	GLOSSARY OF TERMS
7.01	(1) Social Services and Wellbeing (Wales) Act 2014: The Social Services and Well-being (Wales) Act came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

Mae'r dudalen hon yn wag yn bwrpasol



Llywodraeth Cymru
Welsh Government

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Continuing NHS Healthcare The National Framework for Implementation in Wales

June 2014

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Introduction

This document sets out the arrangements for the effective and efficient delivery of Continuing NHS Healthcare (CHC) in Wales.

CHC is a complete package of ongoing care arranged and funded solely by the NHS through Local Health Boards (LHBs), where an individual's primary need has been assessed as health-based.

CHC can be provided in any residential or non-residential setting and is part of the continuum of care and support that an individual with complex needs may move in and out of. There are around 5,500 people in Wales who receive CHC at an annual cost to the LHBs of approximately £278 million.

CHC is different from 'Funded Nursing Care' provided for people in nursing homes. The provision of NHS Funded Nursing Care derives from Section 49 of the Health and Social Care Act, 2001, which excludes nursing care by a registered nurse from the services which can be provided by local authorities. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for CHC.

The existing arrangements for CHC are set out by the Welsh Government in the 2010 National Framework for Implementation. This stipulates LHBs have the lead responsibility for CHC in their local area. They must, however, work with Local Authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework.

In response to a report by the Wales Audit Office Report ¹ and feedback received from a range of stakeholders, Welsh Government undertook a collaborative review of the 2010 Framework, followed by a formal consultation exercise. The revised 2014 Framework has been informed by this feedback.

In addition, over the last twelve months Welsh Ministers have issued interim guidance to clarify and strengthen arrangements relating to eligibility for CHC and financial restitution for backdated (retrospective) claims. These new measures are built into the revised 2014 National Framework for Continuing NHS Healthcare, which strengthens guidance and strategic oversight given to LHBs.

This Framework replaces the previous arrangements set out in the 2010 National Framework for Continuing NHS Healthcare. It also incorporates and replaces the interim guidance.

¹ Implementation of the National Framework for Continuing NHS Healthcare (June 2013)

It is supported through:

- Public information leaflets;
- A national joint training programme;
- an online Complex Care Information & Support site www.cciss.org.uk ;
- structured opportunities for shared learning, including an annual conference and a relaunch of the Complex Care Forum; and,
- a National Performance Framework, to be implemented from the 1st October 2014.

This Framework refers to various legislation, regulations and statutory guidance and some of these will be revised over time. The interpretation of the guidance in this document should therefore take into account future changes.

June 2014

Key Messages

K1 For individuals who are eligible to receive it, Continuing NHS Healthcare (CHC) is an entitlement. It is essential to aim for a decision on eligibility to be right first time. Incorrectly denying someone eligible for CHC access to their entitlement can result in significant financial costs for them and can lead to distress for them and their families. It may also result in retrospective claims which can be expensive and time consuming.

K2 The sole criterion for determining eligibility for CHC is whether an individual's primary need is a health need.

K3 This Framework sets out the process for the NHS, working with local authority (LA) partners, to assess an individual's health needs and to ensure that the appropriate care is provided to meet those needs.

K4 There must be a clear and transparent rationale to support the decision making process. Professional integrity is vital.

K5 The NHS is responsible for assessing, funding and providing services to meet the needs of its population. Local authorities are responsible for the provision of social services and there may be a charge to the individual for some of these. Individuals may require services from both the NHS and local authority.

K6 Individuals and their families/representatives must be fully involved and informed throughout the assessment process.

K7 The services provided in response to assessed need must be proportionate to need and effectively co-ordinated, in order to avoid unnecessary disruption to the individual and their family.

The National Framework

Nature and Purpose

- 1.1 The Welsh Government has produced this 2014 Framework (referred to throughout this document as “the Framework”) for Continuing NHS Healthcare (CHC). It sets out the Welsh Government’s policy for eligibility for CHC, and the responsibilities of NHS organisations and local authorities under the Framework and related matters.
- 1.2 The effective date for implementation of this Framework is 1st October 2014 and it will replace the 2010 ‘Continuing NHS Healthcare: The National Framework for Implementation in Wales’.
- 1.3 This Framework sets out a process for the NHS, working together with local authority partners, to assess health needs, decide on eligibility for CHC and provide appropriate care. It is accompanied by the Complex Care Information & Support site www.cciss.org.uk and will be supported by a comprehensive joint training programme.
- 1.4 The purpose of the Framework is to provide a consistent foundation for assessing, commissioning and providing CHC for adults across Wales. This is to ensure that there is a consistent, equitable and appropriate application of the process for determining eligibility.
- 1.5 The assessment of and provision for care for children and young people is addressed in the Welsh Government’s Children and Young People’s Continuing Care Guidance 2012.

Action

1.6 NHS bodies must:

- confirm to the Welsh Government that the principles and processes in this Framework are used throughout their organisations;
- ensure all relevant staff are fully aware of the procedures for assessing, determining eligibility and the providing CHC services, through participation in the national joint training programme;
- ensure the national information leaflets provided on the Complex Care Information & Support site www.cciss.org.uk are available in a range of formats to individuals in need of care, their families and carers.
- review their current assessment, quality assurance, discharge processes and commissioning arrangements to ensure they comply with this Framework.

1.7 Local authorities should:

- consider how their current practice fits with the responsibilities set out in this Framework and make any necessary changes.

1.8 NHS bodies and local authorities should:

- work together in a partnership approach when reviewing existing processes and services to ensure best outcomes for individuals;
- consider where CHC responsibilities require clear arrangements to be made with provider organisations and ensure that these are built into purchasing and contracting processes;
- comply with their responsibilities as set out within this Framework;
- as part of their responsibilities for assessment, care and support planning and commissioning they need to communicate the requirements of the framework to service providers across all sectors. This will help them to, for example, identify individuals with continuing health care needs.

1.9 The Welsh Government gives a commitment to review the Framework after three years of implementation and to issue additional or interim guidance where this is required.

Note: The NHS Funded Nursing Care in Care Homes Guidance 2004² remains in effect, though will be subject to review.

² WHC 2004 (024)

Governance Arrangements

Strategic Oversight

- 1.10 The effective delivery of Continuing NHS Healthcare is a key component of LHB business. Each LHB must identify a named executive, at Director level, who is responsible for monitoring performance and maintaining strategic oversight.
- 1.11 The named Director must have access to the data and management information required to enable them to undertake this role effectively.
- 1.12 Each local authority should have a named link with equivalent organisational status, who will liaise closely with their LHB's CHC director and be responsible for reporting to their scrutiny committee or equivalent.
- 1.13 The named Directors of the Local Health Board and Local Authority should actively engage with the local independent sector provider organisation, to ensure that the views and experiences of providers are included as part of the scrutiny process. These arrangements should comply with any concordant negotiated to replace the Memorandum of Understanding: Securing Strong Partnerships in Care.

Reporting arrangements

- 1.14 The named Director should present, as a minimum, an agreed quarterly performance report to their Board, copied to Welsh Government. The Director should escalate required actions for which the Board will be held to account.
- 1.15 These reports should also be shared with any local partnership board with local authorities. Partnership boards should be monitoring the pressures, activity, expenditure, and outcomes achieved across the health and social care sector.
- 1.16 LHBs are required to utilise the agreed national Performance Framework which can be accessed via the Complex Care Information & Support site www.cciss.org.uk and includes the Self-Assessment Tool developed by the Wales Audit Office (2013).

Organisational Responsibilities

Welsh Government

- 1.17 Welsh Government will work with LHBs to collate a national report and will provide the support mechanisms required to share learning and promote improvement.

Local Health Boards

- 1.18 LHBs have a role in establishing and maintaining governance arrangements for CHC eligibility considerations and purchasing and securing care, as they do in other policy areas of health care.

- 1.20 LHBs are responsible for:

- ensuring consistency in the application of the National Framework for CHC;
- promoting awareness of CHC;
- implementing and maintaining good practice, ensuring quality standards are met and sustained;
- providing necessary training and development opportunities for practitioners;
- identifying and acting on issues arising in the provision of CHC;
- informing commissioning arrangements, both on a strategic and individual basis;
- ensuring best practice in assessment and record keeping;
- provision of strategic leadership and organisational and workforce development, and ensuring local systems operate effectively and deliver improved performance.

- 1.21 Access to assessment, decision making and provision should be fair and consistent. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief, or type of health need(for example whether the need is physical, mental or psychological). LHBs are responsible for ensuring that discrimination does not occur and should use effective monitoring to monitor this issue.

- 1.22 LHBs who contract with other organisations and, in particular the independent sector, are responsible for ensuring that the quality and

range of services are sufficient to meet the individual's assessed needs.

- 1.23 Arrangements must be in place to ensure regular reviews are undertaken.

Section 2: Policy and Law

Continuing NHS Healthcare (CHC) in context

- 2.1 Continuing NHS Healthcare (CHC) is a package of care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need.
- 2.2 CHC is just one part of a continuum of services that local authorities and NHS bodies need to have in place to support people with health and social care needs. CHC is one aspect of care which people may need as the result of disability, accident or illness to address both physical and mental health needs.
- 2.3 The ongoing assessment and review process should be explained to the individual and/or their representative from the outset and confirmed in writing. Communication tools and template letters for various stages of the process can be accessed via the Complex Care Information & Support Site www.cciss.org.uk.
- 2.4 CHC should not necessarily be viewed as a permanent arrangement. Care provision should be needs-led and designed to maximise ability and independence. Any care package, regardless of the funding source, should be regularly reviewed in partnership with the individual and/or their representatives to ensure that it continues to meet their needs. Health and social care professionals involved in arranging the care package must have open conversations with the individual and/or their representative, describing the options to be considered and balanced against the Sustainable Care Planning model (see www.cciss.org.uk).

Responsibilities of the NHS and Local Authorities

- 2.5 The NHS is responsible for assessing, arranging and funding a wide range of services to meet the health care needs, both short and long term, of the population. In addition to periods of acute health care, some people need care over an extended period of time, as the result of disability, accident or illness to address and/or physical and mental health needs. These services are normally provided free of charge.
- 2.6 Local authorities also provide a range of services to support their local population, including people who require extended care. These services include accommodation, education, personal and social care, leisure and other services. Local authorities must charge for residential care in accordance with the Charging for Residential Care Guidance (CRAG) and they may charge for other care services, including care packages provided in the community, subject to any guidance or regulation by the Welsh Government.

- 2.7 It is the responsibility of the local authority to ensure that any potential impact on the individual in terms of charging should be explained at the earliest opportunity.
- 2.8 The fact that someone has health needs which are beyond the powers of a local authority to provide for, does not, of itself, mean that the individual is eligible for CHC.
- 2.9 If an individual does not meet CHC eligibility they can still access a range of health and social care services. These can be both part of mainstream services, or individually planned to meet specific needs.
- 2.10 When an individual has been assessed as having a primary health need, and is therefore eligible for CHC, the NHS has responsibility for funding the full package of health and social care. Where the individual is living at home, this does not include the cost of accommodation, food or general household support.
- 2.11 NHS bodies and local authorities have responsibilities to ensure that the assessment of eligibility for, and provision of, CHC takes place in a consistent manner and the process is actively managed to avoid unnecessary delays. The timing and place of assessment must be carefully considered. It should ensure that the individual's potential for recovery and rehabilitation has been maximised, prior to assessment for CHC. Options to be considered include step-down/ intermediate care facilities in the community or, where it is considered clinically safe to do so, in the person's own home with intensive short-term support. There should be no delays due to disputes concerning which agency should fund. Partners can use a joint or pooled budget to fund the placement in the short-term, and this fund can be replenished once the funding responsibilities have been determined.
- 2.12 Individuals do not have an indefinite right to occupy a hospital bed, or specialist bed commissioned by the NHS, when they no longer clinically require it. Local Health Boards may move an individual to a more appropriate setting whilst any dispute process is being progressed, or help the individual to choose an appropriate placement.

The Legal Framework

Legislation

2.13 Primary legislation governing the health service does not use the terms “continuing care”, “Continuing NHS Healthcare” or “primary health need”. However, section 1 of the National Health Service (Wales) Act 2006 requires Welsh Ministers to continue the promotion in Wales of a comprehensive health service, designed to secure improvement in:

- (i) the physical and mental health of the people of Wales and
- (ii) the prevention, diagnosis and treatment of illness.

The Duties of the NHS and Local Authorities

2.14 Furthermore, Welsh Ministers are under a duty to provide throughout Wales, to such extent as they consider necessary to meet all reasonable requirements, “such services for, or facilities for the prevention of, illness, the care of persons suffering from illness and after-care of persons who have suffered from illness as they consider are appropriate as part of the health service”³. This includes accommodation for the purposes of health services provided under that Act. NHS organisations (amongst others) carry out this function on behalf of the Welsh Ministers.

2.15 What is appropriate to be provided as part of the health service therefore has to be considered in the light of the overall purpose of the health service - to improve physical or mental health and prevent, diagnose or treat illness.

2.16 Each local authority is under a duty to assess fully any person who appears to it to be in need of community care services⁴. Community care services can include residential accommodation for persons who by reason of age, illness or disability are in need of care and attention which is not otherwise available to them⁵ as well as domiciliary and community-based services enabling people to continue to live in the community.

³ section 3, particularly section 3(1)(e) of the National Health Service (Wales) Act 2006

⁴ National Health Service and Community Care Act 1990, Section 47

⁵ National Assistance Act 1948, Section 21

- 2.17 The local authority, having regard to the result of that assessment, must then decide whether the individual's needs call for the provision of community care services. The local authority must also notify the relevant LHB if, in carrying out the assessment, it becomes apparent that the person has needs which may fall under the National Health Service (Wales) Act 2006, and invite them to assist in the making of the assessment (see National Health Service and Community Care Act 1990 section 47(3)).
- 2.18 If an NHS body is assessing an individual's needs (whether or not potential eligibility for CHC has been identified) and the assessment indicates a potential need for community care services that may fall within a local authority's responsibilities, it should notify the authority of this and consider inviting it to participate in the assessment process.

Extent of Local Authorities' Powers

- 2.19 Section 21(8) of the National Assistance Act 1948 states that nothing in section 21 authorises or requires a local authority to make any provision that is authorised or required to be provided under the National Health Service (Wales) Act 2006 (formerly the NHS Act 1977). This was considered by the Court of Appeal in *Coughlan* where it was held that a local authority is excluded from providing services if the NHS has, in fact, decided to provide those services.

"[Section 21] should not be regarded as preventing a local authority from providing any health services. The subsection's prohibitive effect is limited to those health services which, in fact, have been authorised or required to be provided under the 1977 Act. Such health services would not therefore include services which the Secretary of State legitimately decided under section 3(1) of the 1977 Act it was not necessary for the NHS to provide."

- 2.20 Local authorities also have the function of providing services under section 29 of the National Assistance Act 1948 (which includes functions under the Chronically Sick and Disabled Persons Act 1970)⁶. Section 29(6)(b) of the National Assistance Act 1948 prohibits local authorities from providing services under section 29 which are "required" to be provided under the National Health Service (Wales) Act 2006 so excludes only those services which must, as a matter of law, be provided under the National Health Service (Wales) Act 2006.
- 2.21 Section 49 of the Health and Social Care Act 2001 prohibits local authorities from providing or arranging for the provision of nursing care by a registered nurse in connection with the provision by them of community care services. "Nursing care by a registered nurse" is defined as "services provided by a registered nurse and involving either the provision of care or the planning, supervision or delegation of the

⁶ Chronically Sick and Disabled Persons Act 1970, Section 2

provision of care other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse”.

Case Law

- 2.22 Deciding on the balance between local authority and health service responsibilities with respect to long-term care has been the subject of key court judgments.
- 2.23 The decision of the Court of Appeal in *R v North and East Devon Health Authority ex parte Coughlan* [1999]11 considered the responsibilities of Health Authorities and local authority social service provision.
- 2.24 The Court examined the language of the relevant sections of the National Assistance Act 1948 (“the Care Act”) and the National Health Service Act 1977 (“the Health Act”) and acknowledged that the Health Act is the dominant act. The Court noted that the Secretary of State’s duty under section 3 of the Health Act is limited to providing the services identified to the extent that he or she considers necessary to meet all reasonable requirements: in exercising his or her judgement the Secretary of State is entitled to take into account the resources available to him or her and the demands on those resources.
- 2.25 The Court went on to consider the limits on the provision of nursing care by local authorities (in a broad sense, i.e. not just registered nursing). The Court referred to a very general indication of the limit of local authorities provision in the context of a person living in residential accommodation, saying that if the nursing services are: -
- i. merely incidental or ancillary to the provision of the accommodation which a local authority is under a duty to provide pursuant to section 21; and
 - ii. of a nature which it can be expected that an authority whose primary responsibility is to provide social services can be expected to provide, then such nursing services can be provided under section 21 of the National Assistance Act 1948.
- 2.26 This case was decided before the enactment of section 49 of the Health and Social Care Act 2001. The key points from this judgment are set out at **Annex 1**.
- 2.27 However, since the enactment of the Health and Social Care Act 2001, care from a registered nurse cannot be provided by the local authority as part of community care services. Such care is now provided within NHS Funded Nursing Care. Persons who have been assessed as not having a primary health need, and therefore as not eligible for

continuing NHS healthcare may be assessed as requiring care which can now be provided within NHS Funded Nursing Care.

- 2.28 Eligibility for CHC must always be considered prior to any consideration of eligibility for NHS Funded Nursing Care. The interaction between CHC and NHS funded Nursing Care was further considered by the High Court in R v. Bexley NHS Trust, ex parte Grogan [2006]12. The Court also acknowledged that the extent of the Secretary of State's duties to provide health services is governed by the health legislation and not by the limits of the duties of local authorities. The key points from this judgment are set out at **Annex 1**.

Equality and Human Rights Legislation

- 2.29 The Equality Act 2010 (the Act) brings together discrimination law introduced over four decades through legislation and regulations. It replaces most of the previous discrimination legislation, which is now repealed. The Act covers discrimination because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These categories are known in the Act as 'protected characteristics'.
- 2.30 The Act received Royal Assent on 08.04.2010 and came into force from October 2010. The Equality and Human Rights Commission also published Codes of Practice which cover discrimination in services and public functions as set out in Part 3 of the Act, and which became law on 6th April 2011.
- 2.31 Part 3 is based on the principle that people with the protected characteristics defined in the Act should not be discriminated against when using any service provided publicly or privately, whether that service is for payment or not.
- 2.32 Public authorities also have a duty under the Human Rights Act 1998 (HRA) to act compatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms (the Convention). It is unlawful for public authorities to breach Convention rights in any area of their activity, including service provision or employment and work-related activities.
- 2.33 Human rights issues can arise in relation to the exercise of any public function or the provision of any public service where a person's dignity, personal freedom or other Convention right is at stake. If a public authority or any other body discriminates when carrying out a function of a public nature, this can amount to a breach of the HRA because discrimination in the enjoyment of Convention rights is a breach of the Convention (under Article 14). Where such discrimination is based on a characteristic protected under the Equality Act it is likely also to be a breach of the Equality Act.

2.34 LHBs and Local Authorities have statutory duties to have due regard to the need to promote equality and human rights which should be integral to the way in which health and social care is prioritised and delivered, allowing people to enjoy quality of life and to be treated with dignity and respect. Such objectives will be supported by:

- Equality of access to care and support, meaning that LHBs and local authorities should not preclude anyone from having an assessment for community health and social care services, if their needs appear to be such that they may be eligible for support.
- Equality of outcomes from care and support, meaning that within the same area, individuals with similar levels of needs should expect to achieve similar quality of outcomes, although the type of support they choose to receive may differ depending on individual circumstances.
- Equality of opportunity, meaning that the NHS and local authorities should work together with individuals to identify and overcome any barriers to economic and social participation within society.

Consent and Capacity

2.35 As with any examination or treatment, the individual's informed consent should be obtained and documented before the process of determining eligibility for CHC begins and before any decisions are made. It is acceptable to gain the individual's consent for the whole assessment and care planning process at the outset, rather than require repeated consent for the individual components of the assessment. However, it must be made clear to the individual or their representative that they that they are consenting to the whole process and that they may withdraw consent at any point, if they so wish. The consistent application of the 'no decision about me without me' principle will ensure that subsequent implied consent is re-affirmed throughout the process.

2.36 Many individuals likely to be offered a CHC assessment have significant health care needs. Their ability to participate in the consenting process can often be impaired by their mental capacity or physical ill-health that affects their ability to communicate their decision.

2.37 If there is a concern that the individual may not have capacity to give their consent or to participate effectively in the decision-making process, this should be determined in accordance with the Mental Capacity Act 2005 and the associated Code of Practice. The five key principles of the Mental Capacity Act 2005 (section 1) to be considered are:

- **A presumption of capacity:** every adult has the right to make his or her own decisions and must be presumed to have capacity to do so, unless it is proved otherwise.
- **Individuals being supported to make their own decisions:** a person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- **Unwise decisions:** just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- **Best interests:** an act done or decision made under the Act for or on behalf of a person who lacks capacity must be in their best interests.
- **Least restrictive option:** anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

2.38 Because an individual may have significant difficulty in expressing their views it does not in itself mean that they lack capacity. Appropriate support and adjustments should be made available in compliance with the Mental Capacity Act 2005 and with disability discrimination legislation.

2.39 If an individual lacks the mental capacity either to consent or refuse an assessment, a 'best interests' decision should be taken as to whether or not to proceed with the assessment for eligibility for CHC. This decision must be recorded. Those making this decision should bear in mind the expectation that everyone who is potentially eligible for CHC should have the opportunity to be considered for eligibility. A third party cannot give or refuse consent for an assessment of eligibility for CHC on behalf of a person who lacks capacity, unless they have a valid and applicable Lasting Power of Attorney (LPA- Welfare) or they have been appointed a Welfare Deputy by the Court of Protection.

2.40 Where a 'best interests' decision needs to be made, the LHB must consult with any relevant third party who has a genuine interest in the individual's welfare. This will normally include family and advocates.

Valid Voluntary Consent

2.41 To be valid, consent must be given voluntarily and freely, without pressure or undue influence being exerted on the individual either to accept or refuse the assessment. Such pressure can come from partners or family members as well as health or social care professionals. Professionals should be alert to this possibility and, where appropriate, should arrange to see the individual on their own to establish that the decision is truly theirs.

Where there are concerns about undue influence these should be documented on the consent form.

2.42 For consent to be valid, the individual must:

- have capacity to agree to the assessment;
- have received sufficient information to take an informed decision to proceed with the assessment ;
- give consent voluntarily and not under any form of duress or undue influence from professionals or family members; and,
- in practice be able to communicate their decision.

2.43 When an individual has capacity, then only they can give consent – no-one else can give it on their behalf.

2.44 When an individual gives valid consent to the assessment that consent remains valid during the current assessment process unless it is withdrawn by them. If a further assessment is to be carried out in the future, consent will need to be obtained on that occasion.

Refusal to Consent to the CHC Assessment (see Figure 1)

2.45 An adult with capacity is entitled to refuse an assessment. If after providing relevant information and discussing all the options and consequences, an individual refuses an assessment, this fact should be documented on the consent form and patient notes. LHBs should take into account the Guidance 'Patient Consent to Examination and Treatment'⁷. Although focussed on examination and treatment issues, the principles of the guidance should be taken into account when consenting to an assessment.

2.46 If the individual has already signed a consent form, but then changes their mind, this should be noted on the form and preferably signed by them. Professionals should ensure that the individual realises that they are free to change their mind and accept the assessment at a later stage.

2.47 If an individual does not consent to an assessment of eligibility for CHC, or changes their mind following an assessment, the individual and/or their family must be informed of the potential effect this will have on the ability of the NHS or local authority to provide appropriate services.

2.48 The key consequence of refusing an NHS CHC assessment is that the NHS cannot become responsible for arranging and funding the entire care package and therefore providing care services that are free to the individual. The individual's long term care requirements may be met by the NHS and local authority sharing responsibility and, as a result, the individual may be charged for a contribution to the local authority arranged

⁷ WHC (2008) 10 'Patient Consent to Examination and Treatment' (revised Guidance)

services. The individual must be provided with a detailed care plan setting out who will provide which services and what they may be charged.

- 2.49 Consenting to the CHC assessment process is not a pre-commitment to accepting any subsequent offer of CHC funding. This offer will be made by the LHB to the individual following an assessment and if they are found to be eligible. At this point the individual can decline to accept the offer. In these circumstances the LHB cannot become solely responsible for arranging and funding the individual's future care because they have not agreed to it.
- 2.50 When an individual has the capacity to make a health care decision and has decided to refuse an assessment or care package, follow-up should be arranged with the Care Co-ordinator, so that they have the opportunity to have a change of mind. The responsible clinician(s) should be told that an assessment or care package was offered and refused.
- 2.51 In the case of individuals lacking capacity, it is important to record whether there is potential for their capacity to make the decision to be restored and when review should take place.
- 2.52 Where there are concerns that an individual may have significant ongoing needs, and that the level of appropriate support could be affected by their decision not to give consent, the appropriate way forward must be considered jointly by the LHB and the local authority, taking into account each organisation's statutory legal powers and duties. Where necessary, each organisation should seek legal advice.
- 2.53 Although refusal of consent only occurs in a minority of cases, LHBs and local authorities should consider developing jointly agreed protocols on the processes to be followed. These should provide clarity regarding approaches such as the use of existing assessments and other information to determine each organisations responsibilities and the appropriate way forward.

Advocacy

- 2.54 The Independent Mental Capacity Advocate (IMCA) is a statutory service, whose purpose is to help vulnerable individuals who lack capacity and who are facing important decisions made by the NHS and local authorities. This may include serious medical treatment or change of residence, for example, moving into a care home. LHBs and local authorities have a duty under the MCA to instruct and consult an IMCA if those concerned are individuals who lack capacity in relation to the decision being made and who have no family or friends available (or appropriate) for consultation on their behalf.
- 2.55 The Mental Health (Wales) Measure 2010 expanded the provision of Independent Mental Health Advocate(IMHA) services to include more patients detained under the Mental Health Act 1983 and those receiving

treatment for their mental disorder in a hospital setting anywhere in Wales. IMHAs provide statutory advocacy and patients will be offered this support in all decisions regarding their care and treatment.

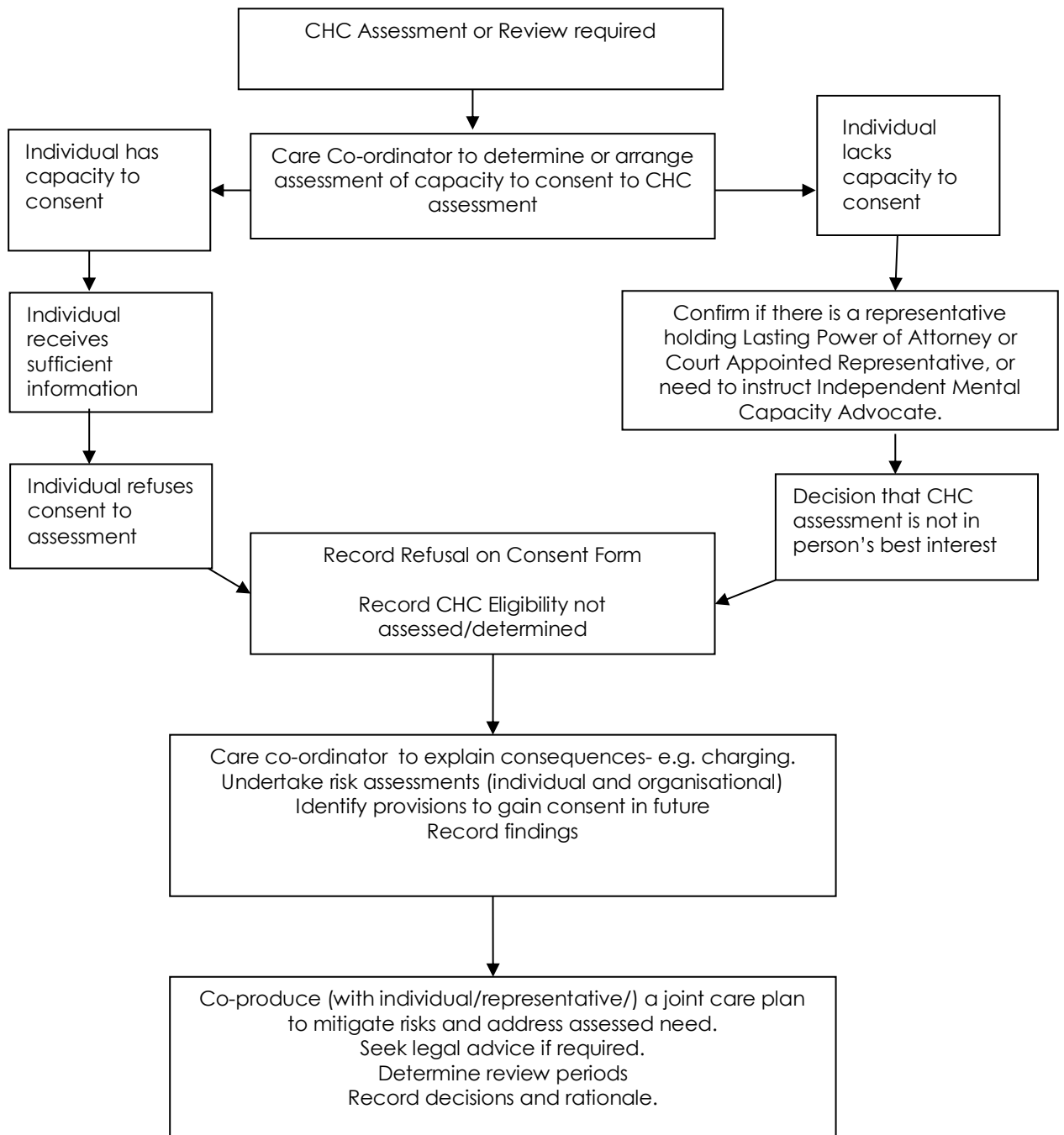
- 2.56 Where an individual does not meet the criteria for the support of an IMCA, and regardless of whether or not they lack capacity, they may still wish to be supported by an advocate. LHBs and local authorities should ensure that individuals are made aware of local advocacy services that may be able to offer advice and support. (LHBs also need to consider whether any action should be taken to ensure adequacy of advocacy services for those who are eligible or potentially eligible for CHC). In addition, an individual may choose to have a family member or other person (who should operate independently of LHBs and local authorities) to act as an advocate on their behalf.

Carers

- 2.57 Where informal carers are being asked, or are offering, to provide support, LHBs and local authorities should bear in mind that a carer who provides a substantial care on a regular basis has a right to have their needs as a carer assessed. LHBs and local authorities must inform carers of this right in accordance with what may be provided under community care legislation, the Children Act 1989 or the Carers and Disabled Children's Act 2000, as amended by the Carers (Equal Opportunities) Act 2004. It should never be assumed that the carer is able or willing to continue to assume the role. Which legislative basis is used will depend on individual circumstances and what is in the best interests of the service user and carer.
- 2.58 Arrangements for support for carers will be subject to further development and change when the Social Services and Well-being (Wales) Act is implemented from 2016. In particular, carers will:
- have a right to an assessment of their needs for support without the need to formally request an assessment (a local authority's duty to assess will be triggered where it appears that the carer may or will have needs as part of their caring role);
 - have a new right to support where their need is one that meets with eligibility criteria set out in regulations; and
 - where they have eligible needs, have a statutory support plan which the local authority must review on a regular basis.

Figure 1

Refusing Consent for CHC Assessment



***This process can also be followed where an assessment has been undertaken and the individual then changes their mind or refuses a CHC Care Package**

Annex 1: Legal Judgements

The Coughlan judgment

(R v. North and East Devon Health Authority ex parte Pamela Coughlan)

A1.1 Pamela Coughlan was seriously injured in a road traffic accident in 1971. Until 1993 she received NHS care in Newcourt Hospital. When the Exeter Health Authority wished to close that hospital and to move Miss Coughlan and other individuals to a new NHS facility at Mardon House the individuals were promised that Mardon House would be their home for life. In October 1998, the successor Health Authority (North and East Devon Health Authority) decided to withdraw services from Mardon House, to close that facility, and to transfer the care of Miss Coughlan and other disabled individuals to social services. Miss Coughlan and the other residents did not wish to move out of Mardon House and argued that the decision to close it was a breach of the promise that it would be their home for life and was therefore unlawful.

A1.2 The arguments on the closure of Mardon House raised other legal points about the respective responsibilities of the Health Service and of Social Services for nursing care. The Court of Appeal's judgement on this aspect has heavily influenced the development of continuing care policies and the National Framework. The key points in this regard are as follows:-

1. The NHS does not have sole responsibility for all nursing care. Local authorities can provide nursing services under section 21 of the National Assistance Act as long as the nursing care services are capable of being properly classified as part of the social services' responsibilities
2. No precise legal line can be drawn between those nursing services which are and those which are not capable of being provided by a local authority: the distinction between those services which can and cannot be provided by a local authority is one of degree which will depend on a careful appraisal of the facts of an individual case
3. As a very general indication as to the limit of local authority provision, if the nursing services are:-
 - i. merely incidental or ancillary to the provision of the accommodation which a local authority is under a duty to provide pursuant to section 21; and
 - ii. of a nature which it can be expected that an authority whose primary responsibility is to provide social services can be expected to provide,

they can be provided under section 21 of the National Assistance Act 1948.

4. By virtue of section 21(8) of the National Assistance Act a local authority is also excluded from providing services where the NHS has in fact decided to provide those services
5. The services that can appropriately be treated as responsibilities of a local authority under section 21 may evolve with the changing standards of society
6. Where an individual's primary need is a health need, the responsibility is that of the NHS, even when the individual has been placed in a home by a local authority
7. An assessment of whether an individual has a primary health need should involve consideration not only the nature and quality of the services required but also the quantity or continuity of such services
8. The Secretary of State's duty under section 3 of (what is now) the National Health Service Act 2006 is limited to providing the services identified to the extent that he or she considers necessary to meet all reasonable requirements: in exercising his or her judgement the Secretary of State is entitled to take into account the resources available to him or her and the demands on those resources. (NB the Welsh Ministers have similar duties under the National Health Service (Wales) Act 2006)
9. In respect of Ms Coughlan, her needs were clearly of a scale beyond the scope of local authority services.

The Grogan Judgment

(R v. Bexley NHS Care Trust ex parte Grogan)

A1.3 Maureen Grogan had multiple sclerosis, dependent oedema with the risk of ulcers breaking out, was doubly incontinent, a wheelchair user requiring two people for transfer, and had some cognitive impairment. After the death of her husband her health deteriorated, she had a number of falls and, following an admission to hospital with a dislocated shoulder, it was decided that she was unable to live independently and she was transferred directly to a care home providing nursing care. Subsequent assessments indicated that Mrs Grogan's condition was such that she did not qualify for fully funded Continuing NHS Healthcare.

A1.4 She was initially determined to be in the medium band of NHS-funded nursing care, and remained in this band with the exception of one determination which placed her in the high band from April to October 2004. Mrs Grogan argued that the decision to deny her full NHS

funding was unlawful, since the eligibility criteria put in place by South East London SHA were contrary to the judgment in the *Coughlan* case. She also submitted that the level of nursing needs identified in the RNCC medium and high bandings (in which she had been placed) indicated a primary need for health care which should be met by the NHS.

- A1.5 The Court concluded that in assessing whether Mrs Grogan was entitled to Continuing NHS Healthcare, the Care Trust did not have in place or apply criteria which properly identified the test or approach to be followed in deciding whether her primary need was a health need. The Trust's decision that Mrs Grogan did not qualify for Continuing NHS Healthcare was set aside and the question of her entitlement to Continuing NHS Healthcare was remitted to the Trust for further consideration. There was no finding, or other indication, that Mrs Grogan in fact met the criteria for Continuing NHS Healthcare.

Section 3: Assessment & Eligibility

Underpinning Principles

- 3.1 No guidance will address all of the potential situations that can present when assessing and meeting an individual's complex needs. There will be occasions when a degree of interpretation is required to apply the guidance in real-life cases. Where this does occur, practitioners must be able to demonstrate that they have applied the underpinning principles detailed below.
- 3.2 This should be read alongside those underpinning the Integrated Assessment, Planning and Review Arrangements for Older People – Guidance for Professionals in supporting the Health, Care and Wellbeing of Older People; aged 65+), the Unified Assessment Process for other users groups and the Framework for the Delivery of Services for Older People with Complex Needs.

Principle 1: People first.

- 3.3 Individuals who turn to health and social care providers when they have complex needs have to know that their best interests are the primary focus of the people assessing and supporting them. The focus will be manifested in the dignity and respect shown to them as individuals. Individuals who have a primary health need are entitled to Continuing NHS Healthcare funding; they should feel supported throughout the process of determination of eligibility and be confident that they will receive the quality of care required to meet their needs.

Principle 2: Integrity of Decision Making

- 3.4 Members of the multi-disciplinary team are responsible for the integrity of their assessments, expert professional advice and decisions which should be underpinned with a rationale. Assessments can only be challenged on the basis of their quality. They cannot be challenged on financial grounds.

Principle 3: No decisions about me without me.

- 3.5 Individuals are the experts in their own lives. Including them and/or their carers (be they paid or unpaid) as empowered co-producers in the assessment and care planning process is not an optional extra. Where the available care options carry financial or emotional consequences, professionals must not avoid honest and mature conversations with the individual and/or their representative. Professionals must be mindful that some individuals may need support or advocacy to express their wishes, feelings and aspirations.

Principle 4: No delays in meeting an individuals needs due to funding discussions.

- 3.6 The individual must not experience delay in having their needs met because agencies are not working effectively together. Joint funding and pooled budget options must be considered wherever these can promote more agile, and as a consequence, more efficient responses to individual needs and preferences. Commissioners have a responsibility to resolve concerns/disputes at the earliest opportunity.

Principle 5: Understand diagnosis, focus on need.

- 3.7 Individuals do not define themselves by their medical diagnosis and nor should the professionals who are supporting them. Health and social care providers must work together to gain a holistic understanding of need and the impact on the individual's daily life. The aim of assessment, treatment and longer-term care planning/commissioning should be to deliver quality and tailored support which maximises independence and focuses on what is most important from the perspective of the individual and their carers.

Principle 6: Co-ordinated care & continuity.

- 3.8 Fragmented care is distressing, unsafe and costly. It can result in unnecessary changes to living arrangements, which in turn creates instability and insecurity. Every effort must be made to avoid disruption to care arrangements wherever possible, or to provide smooth and safe transition where change is required in the best interests of the individual.
- 3.9 The individual and their carers must have a named contact for advice and support, who can co-ordinate a prompt response to any change in need.

Principle 7: Communicate.

- 3.10 The vast majority of complaints, concerns and disputes have poor communication at their core. It is unacceptable for professionals to claim not to have time to communicate – it will take longer to put the situation right later and trust will have been broken. The individuals seeking our help and their carers will, by the nature of the interaction, require clear communication and support.
- 3.11 Extra care must be taken to communicate carefully and using the preferred means of communication with the individual. Information also needs to be provided in the most appropriate formats, including copies of relevant assessment and care planning documentation.

- 3.12 Where possible, the professional should attempt to establish the preferred means of communication of any individual prior to undertaking any assessment. Assessments together with any provision of care and support services have to be linguistically sensitive.
- 3.13 Users and carers will be empowered if they are able to speak with staff in their first language. It is important to recognise the concept of language need. For many Welsh speakers, language is an integral element of their care. Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. Effective communication is a key requirement of assessment and the provision of any support required.
- 3.14 The same considerations apply to British Sign Language (BSL) users. The evidence suggests that BSL users prefer to communicate directly with professionals who can communicate fluently in BSL when discussing care and support needs. Many local authorities employ special social workers who work with deaf people and can communicate in BSL. Most local authorities employ specialist social workers for deaf people and can assist with assessments.
- 3.15 In cases where professionals cannot communicate directly in BSL, interpreters will have to be used either directly or via video computer link.
- 3.16 All professionals involved in an assessment of the needs of people with severe speech and communication difficulties will need to establish the preferred means of communication before starting the assessment. Assessment specifically concerned with communication may require the assistance of the 'All Wales Electronic and Assistive Technology Service'.

Key Roles and Responsibilities

In implementing the principles detailed above, all of those involved have key roles and responsibilities to play. These include:

The person whose needs are being assessed.

- 3.17 It is essential that the individual whose needs are being assessed is central to the assessment and care planning process. They are the experts in their own lives and situation. The assessment will by its nature often be triggered by illness or other life event and every effort must be made by the professionals involved to support the individual to participate in discussions which will impact on their future. This relies on the individual providing honest information, expressing their views and aspirations, and being open if they require further explanation, or there are issues that the team need to understand to effectively meet their needs.

The person's carer/family members/representative

- 3.18 The individual's family and unpaid carers and/or appointed representative will have an important contribution to make in assessing their needs and advocating on their behalf. It is vital they engage in the assessment and planning process and professionals must make every effort to facilitate their involvement. In order to achieve the best possible outcome for the individual, including support for recovery and maintenance of independence, carers/family/representatives will be expected to respond to reasonable requests for information and/or to attend the multidisciplinary meeting in a timely manner. Where there are a number of family members involved, a key contact should be nominated, who will then be responsible for communicating with other family members.

Care Co-ordinator/Lead Professional

- 3.19 The Care Co-ordinator is the named individual responsible for co-ordinating the whole process of assessment for longer-term care, including gathering evidence to inform the decision on CHC eligibility.
- 3.20 They must ensure that the individual and/or their representative is kept informed of the process and fully involved in discussions about their care. Where the Care Co-ordinator changes there should be a formal handover of relevant information.
- 3.21 The Care Co-ordinator is most likely to be a health professional and it will be important to maintain continuity where for example, the individual has a progressive disease and specialist key professional.

This person-centred approach would suggest that it may also be acceptable for a social worker with a long-standing relationship with the individual and the family to act as Care Co-ordinator. This would be subject to inter-agency agreement, with the final decision on who acts as Care Co-ordinator resting with the Local Health Board.

- 3.22 It is acknowledged that the role of Care Co-ordinator/Lead Professional can be complex and challenging. The expertise of specialist Discharge Liaison Nurses will be invaluable in providing guidance and support to this function.
- 3.23 The 'Care Co-ordinator' role is also referred to in some documents e.g. the Integrated Assessment Framework⁸ as the Lead Professional. We use the term 'Care Co-ordinator' in this document but it reads across to the Lead Professional function.
- 3.24 We note that the term 'Care Co-ordinator' has specific meaning in relation to Care and Treatment Planning for people with mental health needs. Whilst the same professional may also co-ordinate the CHC assessment, they are different functions.

A more detailed description of the Care Co-ordinator function can be found at **Annex 2**.

Multidisciplinary team members

- 3.25 Multidisciplinary team members are responsible for working with the individual and/or their representatives to undertake a thorough and objective assessment of the person's needs, for providing expert advice to the LHB regarding eligibility for NHS Continuing Health Care, and for making recommendations as to the setting and skill set required to deliver the co-produced care plan.
- 3.26 Members of the multi-disciplinary team are responsible for the integrity of their assessments, professional advice and decisions which should be underpinned with a clear rationale. Members of the multi-disciplinary team may be challenged on the quality of their assessment, if for example there are gaps in the information required. They must not be subjected to pressure to change their professional views due to financial constraints.

⁸ 'Integrated Assessment, Planning and Review Arrangements for Older People -Guidance for Professionals in supporting in the Health, Care and Wellbeing of Older People: aged 65+'. Welsh Government 2013

Commissioning team

- 3.27 Each Local Health Board will have a robust mechanism in place for commissioning the services required to meet the individual's needs, as detailed in the assessment and care plan. It must consider and balance the preferences of the individual, the views of their family/representative(s) and the NHS Wales Sustainable Care Planning Policy (available on the Complex Care Information & Support site www.cciss.org.uk). It will have the responsibility for identifying and addressing gaps in local service provision.
- 3.28 The commissioning of services to meet the needs of individuals with continuing care needs cannot be undertaken in isolation to the commissioning of other similar services. LHBs and local authorities, for example, should have an integrated approach to the commissioning of residential and nursing home care, to exercise maximum influence over the development of provision. They will also need to work closely with providers to ensure that an appropriate range of services are in place to respond to the needs of their population. Partners may use formal partnerships with pooled funding arrangements to underpin their integrated approach to commissioning.

The Assessment Process for Longer-Term Care and Support

Right Process

- 3.29 Continuing NHS Healthcare (CHC) is just one part of a continuum of services that local authorities and NHS bodies need to have in place to support people with health and social care needs. It is a package of care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need.
- 3.30 Establishing that an individual's primary need is a health need requires a clear, reasoned decision which is based on evidence of needs from a comprehensive assessment. There is therefore no separate assessment process for CHC.
- 3.31 Rather the health and social care practitioners involved are expected to comply with existing Welsh Government and practice guidance on assessment and care planning including:
- 'Integrated Assessment, Planning and Review Arrangements for Older People – Guidance for Professionals in supporting the Health, Care and Wellbeing of Older People; aged 65+)
 - The Unified Assessment Process for other Adult User groups.
 - The Care Programme Approach for Mental Health Service Users

- NAFWC 17/2005 Hospital Discharge Planning Guidance
- Passing the Baton: A Practical Guide to Effective Discharge Planning (2008).

3.32 Individuals should refer to this guidance directly and it can be accessed via the Complex Care Information & Support site www.cciss.org.uk. There is no attempt to replicate in this framework.

3.33 A summary overview of the assessment and CHC eligibility decision-making process is provided as **Annex 3**.

Using a 'Trigger Tool' prior to assessment for CHC eligibility

3.34 The use of a screening tool or checklist is not mandated in this Framework. It is acknowledged however, that there may be specific circumstances where such a tool may be useful. For example, care home residents whose condition has changed and earlier than planned review may be required, or to provide a structured rationale where the Multidisciplinary Team (MDT) believes a complex care package is clearly not required.

3.35 In those circumstances where a checklist is employed, the NHS CHC Checklist developed by the Department of Health in England should be used in order to ensure that a consistent approach adopted <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care> .

3.36 In order to comply with the ethos of this Framework, the use of the Checklist must not replace professional judgement or dialogue with the individual and their family/representative.

3.37 When used in Wales it should be completed by at least two practitioners, including a representative of the Local Authority. When completing the Checklist, practitioners must be mindful not to make premature assumptions regarding reablement and comprehensive assessment outcomes.

Right Place

3.38 Care must be taken to ensure that no premature presumptions are made regarding the requirements for long-term care whilst the individual is acutely unwell. 'Home first' should be the default position and rehabilitation/reablement to support the retention of as much independence as possible, must always be considered.

- 3.39 The MDT, working in partnership with the person and their carer(s), must consider the optimum environment in which the assessment for longer-term care should take place in order to maximise the individual's potential for independence. Options to be considered include step-down/intermediate assessment facilities in the community, or the person's own home with intensive short-term support.
- 3.40 As a matter of principle, no-one should be discharged from an acute hospital environment to a new care home placement, as reflected in Welsh Government Guidance⁹.
- 3.41 Using an 'adopt or justify' approach, in circumstances where it is deemed clinically inappropriate to provide such a period of recovery/reablement prior to, or as part of, the assessment for long-term care, the rationale must be clearly recorded. Scrutiny of such cases should be included in the LHB's CHC audit and performance framework.

Right People.

- 3.42 The assessment process should draw on those who have direct knowledge of the individual and their needs.
- 3.43 When it becomes apparent through discussion with the individual, their carers and the MDT, that longer-term support to meet complex needs is likely to be required on discharge (or in the community if the person is at home), a named care co-ordinator/lead professional must be identified.
- 3.44 The Care Co-ordinator is the named individual responsible for co-ordinating the whole process of assessment for longer-term care, including gathering evidence to inform the decision on CHC eligibility.
- 3.45 The Care Co-ordinator is most likely to be a health professional and it will be important to maintain continuity where for example, the individual has a progressive disease and specialist key professional. This person-centred approach would suggest that it may also be acceptable for a social worker with a long-standing relationship with the individual and the family, to act as Care Co-ordinator. This would be subject to inter-agency agreement, with the final decision on who acts as Care Co-ordinator resting with the LHB.
- 3.46 A detailed description of the role is attached as **Annex 3**.
- 3.47 The individual and their carers must be fully involved in the assessment process from the outset. They should be provided with all the necessary information and support they need to participate effectively, taking into account specific requirements e.g. language needs or other

⁹ NAFWC 17/2005 Hospital Discharge Planning Guidance

needs such as sensory loss. Language need and preference must be recorded.

- 3.48 It is recognised that in Wales many individuals can only communicate their care needs effectively through the medium of Welsh and the ability to use their language of choice has to be seen as a core component of care and not an optional extra.
- 3.49 Individuals and their carers must be made aware (through the giving of verbal and written information) of their right to be considered for CHC and also of the right to have the decision making process reviewed. Information should also make it clear that the assessment of eligibility for CHC is subject to reassessment, that people may move in and out of eligibility, depending on their changing health care needs, and that this can impact on how care is funded. The involvement of the patient/carer/family does not mean that they can veto a decision.
- 3.50 Public Information Leaflets to support this dialogue are available on the Complex Care Information & Support site www.cciss.org.uk . Individuals being assessed for CHC, and their carers, should routinely be offered access independent advocacy services.
- 3.51 Involving social services colleagues as well as health professionals in the assessment process is essential and will make decision-making more effective, informed and consistent.
- 3.52 The assessment must include the input of the consultant or GP who has responsibility for the patient, so that the clinical facts and medical needs are considered alongside all other care needs.
- 3.53 The assessment should, where appropriate, involve other agencies who work with the individual and form part of their existing support mechanisms. This could include for example, third sector agencies and housing associations.
- 3.54 The Care Co-ordinator must ensure that the assessments undertaken by the MDT are robust and provide the evidence required to enable reasoned decision making on CHC eligibility.
- 3.55 Whilst the benefit of multi-disciplinary team meetings is recognised, they should not result in delay that could negatively impact on the outcome for the person. Co-ordination of assessment can, and should, continue in a timely manner, beyond the confines of a formal meeting. The consideration of eligibility, using the Decision Support Tool, must however be undertaken in a formal MDT meeting to which the individual and if they wish, their family/carer/advocate, are invited.
- 3.56 The Care Co-ordinator and/or the MDT may decide that additional information is required to provide robust expert advice to the LHB concerning the individual's eligibility for CHC. If this is the case the

information required must be identified together with the most appropriate professional to supplement the assessment. Decision making should not be delayed because of repeated requests for further information.

Determining Primary Health Need

Sole Criterion for Eligibility

3.57 The policy of Welsh Ministers on eligibility for CHC is based on whether an individual's primary need is a health need (this is known as the "primary health need approach"). The sole criterion for determining eligibility for CHC is whether an individual's primary need is a health need.

Determination of a Primary Health Need

3.58 The following characteristics of need and their impact on the care required to manage them will determine whether an individual's primary need is a health need:

- **Nature:** This describes the particular characteristics of an individual's needs (which can include physical, mental health or psychological needs) and the type of those needs. This also describes the overall effect of those needs on the individual, including the type ('quality') of interventions required to manage them.
- **Intensity:** This relates both to the extent ('quantity') and severity ('degree') of the needs and to the support required to meet them, including the need for sustained/ongoing care ('continuity').
- **Complexity:** This is concerned with how the needs present and interact to increase the skill required to monitor the symptoms, treat the condition(s) and/ or manage the care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.
- **Unpredictability:** This describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the individual's health if adequate and timely care is not provided. Someone with an

unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

- 3.59 Each of these characteristics may alone or in combination, demonstrate a primary health need, because of the quality and/or quantity of care required to meet the individual's needs. The totality of the overall needs and effects of the interaction of needs should be carefully considered.
- 3.60 The diagnosis of a particular disease or condition does not, of itself, determine eligibility. The determination of a primary health need should take into account all the relevant health care needs.
- 3.61 The decision-making rationale should not marginalise a need just because it is successfully managed; well-managed needs are still needs. Only where successful management of a healthcare need has permanently reduced or removed an ongoing need, such that the active management of this need is reduced or no longer required, will this have a bearing on CHC eligibility.
- 3.62 It is also important that deterioration and disease progression are taken into account when considering eligibility. The assessment should anticipate circumstances where deterioration or a material change in condition might reasonably be regarded as likely in the near future. In these circumstances, although the individual may not have a primary health need at the time of assessment, an earlier review should be considered.
- 3.63 The MDT should also advise commissioners if, in their professional opinion, any stabilisation of a progressive condition, and potential withdrawal of CHC funding, is likely to be short-term. In such cases commissioners should balance the contribution of well-managed need to the current assessment and the benefits to the individual of continuity of care provision, alongside financial considerations.

Using the Decision Support Tool (DST)

- 3.64 The Decision Support Tool that accompanies this Framework is designed to support the decision making process. The tool must only be used following a comprehensive assessment of an individual's care needs. It is not an assessment in itself and it does not replace professional judgement in determining eligibility. It is simply a means of recording the rationale and facilitating logical and consistent decision-making.
- 3.65 The multidisciplinary team should use this tool to support consideration of not just the overall needs, but also the interaction between the needs, and evidence from relevant risk assessments.
- 3.66 The evidence concerning eligibility and the decision making process should be accurately and fully recorded. The documentation should be organised e.g. collated into a single folder or section of the patient notes, to ensure the CHC process and the outcomes can be easily identified via a clear audit trail.
- 3.67 If the integrated assessment and care plan are sufficiently robust there is no requirement to duplicate paperwork by copying information into the DST document. It will be acceptable in these circumstances (in Wales) to only complete:
- the DST Summary Sheet (matrix),
 - the summary record of the MDT decision on eligibility and the rationale,
 - the Equality Monitoring Form.

The focus must be on a rounded and holistic assessment of the individual rather than DST scores.

- 3.68 The final discussion and determination of CHC eligibility must be undertaken in a formal MDT meeting, to which the individual and/or their carers must be invited.
- 3.69 The individuals and/or carer(s) should be encouraged and supported to attend. The Care Co-ordinator must ensure that the individual and their family/carer(s) have been provided with the leaflet 'Preparing You for a CHC Eligibility Meeting' (see www.cciss.org.uk). The Chair of the MDT is responsible for ensuring that they know what to expect, are actively included in the discussion and understand the rationale for the decision made. The Care Co-ordinator should make contact within 48 hours to answer any queries arising from the meeting. As a minimum, the individual and/or their representative should be provided with copies of the matrix and the summary record/rationale.

Quality Assurance

- 3.70 It is the responsibility of the MDT to undertake robust needs assessment, to provide the LHB with consistent expert advice on CHC eligibility, to develop the care plan to meet the individual's needs and to make recommendations regarding the setting and skill set required to most effectively deliver the care plan.
- 3.71 LHBs and their partners have a responsibility to ensure that MDT members have the knowledge, skills and competency to undertake these functions effectively. LHBs must identify, through their quality assurance system, teams or individuals who fail to follow the CHC process to the expected standard and to take the responsive action required to support service improvement.
- 3.72 Determination of eligibility must be based on assessed need and must be independent of budgetary constraint. LHBs must ensure therefore that there is a clear split between the MDT function and confirmation of their conclusions, and the commissioning of the services required to deliver the care plan.
- 3.73 Only in exceptional circumstances and for clearly articulated reasons should the LHB not accept the multidisciplinary team's expert advice on CHC eligibility.
- 3.74 LHBs must have robust quality assurance mechanisms in place to ensure consistency of decision making. This should include peer review by another MDT where consensus has not been achieved. LHBs are also encouraged to incorporate peer review of CHC eligibility decisions into their audit and continuous service improvement programmes.
- 3.75 Quality assurance processes should not however lead to delay in providing the individual with the support they need and LHBs should consider employing a stream-lined process for non-contentious cases.

TIMESCALES AND COMMENCEMENT OF CHC FUNDING

- 3.76 An individual may require services from the NHS and/or local authority. Both the NHS and local authority therefore have responsibilities to ensure that assessment of eligibility for and provision of, CHC takes place in a timely and consistent fashion. The consideration for CHC must always be made first.
- 3.77 The time taken for assessments informing CHC decision-making and agreeing a care package may vary but should generally be completed in no longer than eight weeks, from initial trigger to agreeing a care package. This includes the period of reablement and assessment at

home or in step down facility. Extension of this timeframe is acceptable where the individual needs a longer period of rehabilitation or reablement, but not in relation to delays in determining CHC eligibility.

- 3.78 In some cases much speedier decisions should be taken in the individual's best interests: for example in terminal illness, or where there has been a catastrophic event from the point of which it is clear that the individual has a primary health need (see 'Fast Track Assessments').
- 3.79 In exceptional circumstances time scales may be more protracted, though as an underpinning principle the professionals involved must ensure that the individual is in the most appropriate environment and, wherever possible, reabled, during this period. The Care Co-ordinator should ensure that time scales, decisions and rationales relating to eligibility are transparent from the outset for individuals, carers, family and staff.
- 3.80 Any exceptions should be monitored locally as part of the performance framework and actioned as appropriate.
- 3.81 It is the responsibility of the MDT to undertake robust assessment and to provide the LHB with expert advice as to whether the individual has a primary health need. It is the responsibility of the LHB to ensure consistency and fairness of the decision-making process; it should only be in exceptional circumstances that the LHB does not accept the MDT's advice. The legal responsibility for the LHB to fund commences at the point at which it confirms that the MDT's advice is consistent and fair. However, the principles of good public administration dictate that, if an individual has paid for their care in the interim, they should be reimbursed.
- 3.82 Such reimbursement would normally commence from the date on which the MDT met and made its determination of eligibility. However the MDT should advise the Health Board if they can, in their reasoned professional judgement, identify a date at which the primary health need became evident and the individual should be reimbursed accordingly.
- 3.83 The timescale for the provision of care following assessment can vary between the remainder of an individual's life and episodes of care; people may move in and out of eligibility for CHC. Individuals, their families and carers, and other care purchasers and providers, must be made fully aware of the financial and practical implications of this as part of the information provided to support the assessment process.

FAST TRACK ASSESSMENTS

- 3.84 Occasionally, individuals with a rapidly deteriorating condition who may be entering a terminal phase will require 'fast tracking' for immediate provision of CHC so that they can be supported in their preferred place of care without waiting for the full CHC eligibility process to be completed. In such cases LHBs should aim to complete the process within two days. There will also be cases, other than end of life care e.g. a catastrophic event where professional judgement indicates that the individual has evidently developed a primary health need, where LHBs should also consider applying fast track assessment.
- 3.85 LHBs should consider and put in place a fast track process that reduces the amount of information required, the time taken to gather information and reduce timescales for making a decision for those individuals who require 'fast tracking'. However, streamlined processes should still ensure that the individual and their carers are fully involved, provide enough information to support the need for fast tracking and for the decision makers to agree a package of care. An example policy can be accessed via the Complex Care Information & Support site www.cciss.org.uk.
- 3.86 Fast track assessment should be completed by an appropriate clinician who should give the reasons why the individual meets the conditions requiring a fast track decision to be made. 'Appropriate clinicians' are those who are, pursuant to the National Health Service (Wales) Act 2006, responsible for an individual's diagnosis, treatment or care who are registered nurses or medical practitioners. The clinician should have an appropriate level of knowledge and experience of the type of health needs to decide on whether the individual has a rapidly deteriorating condition that may be entering a terminal phase.
- 3.87 Although an NHS professional must co-ordinate the fast track assessment, appropriate clinicians contributing to that assessment can include professionals employed in the voluntary and independent sector organisations that have a specialist role in end of life care e.g. hospice nurses, providing they are offering services pursuant to the National Health Service (Wales) Act 2006. Others involved in supporting those with end of life needs, including wider voluntary and independent sector organisations may identify the fact that the individual has needs for which the fast track process should be considered. In these cases, they should contact the NHS Co-ordinator.
- 3.88 The completed fast track assessment should be supported by a prognosis. However, strict time limits that base eligibility on some specified expected length of life remaining should not be imposed. It is the responsibility of the assessor to make a decision based on the relevant facts of the case.

- 3.89 Where a recommendation is made for an urgent package of care by an appropriate clinician through the fast track process, this should be accepted and actioned immediately by the LHB. Disputes about the fast track process should be resolved outside of the care delivery
- 3.90 No individual who has been identified through the fast track process should have their care package removed without their eligibility being reviewed in accordance with the review process set out in Section 4. The review should include completion of the DST by the MDT, including a recommendation on future eligibility. This overall process should be carefully and sensitively explained to the individual and, where appropriate, their representatives. Sensitive decision making is essential in order to avoid the undue distress that may result from an individual moving in and out of CHC eligibility within a very short period of time.
- 3.91 CHC fast track assessments, care planning and commissioning for those with end of life needs should be carried out in an integrated manner in line with the individual's overall end of life care pathway, with full account being taken of the individual's preferences. An Advance Care Plan should be developed in accordance with Welsh Government policy¹⁰.

Links to Other Policies and Specialist Areas of Practice

Links to Mental Health Act 1983 After Care Services

- 3.92 Under section 117 of the Mental Health Act 1983 (the 1983 Act) health and social services authorities have a duty to provide after care services for individuals who have been detained under certain provisions of the 1983 Act, until they are satisfied that the person is no longer in need of such services.
- 3.93 All those subject to section 117 are considered to be in receipt of secondary mental health services as defined under the Mental Health (Wales) Measure 2010 (the Measure) and will therefore have a Care Co-ordinator and an outcome focussed prescribed Care and Treatment Plan (CTP) that is reviewed at least yearly. Detailed guidance regarding Care and Treatment planning is given in the Code of Practice to Parts 2 and 3 of the Measure.
- 3.94 Section 117 is a free-standing joint duty. Local Health Boards and local authorities (LAs) should develop protocols to help determine their respective responsibilities for the delivery of section 117 aftercare (see for example Mental Health Act 1983 Code of Practice for Wales, chapter 31). This Framework does not therefore attempt to provide

¹⁰ Together for Health: End of Life Delivery Plan 2013

additional guidance on this issue, but focusses on the interface between section 117 and eligibility for Continuing NHS Healthcare.

- 3.95 Responsibility for the provision of section 117 lies jointly with LAs and the NHS. Where a patient is eligible for services under section 117 these should be provided jointly under section 117 and not under CHC.
- 3.96 There are no powers to charge for services provided under section 117 of the 1983 Act, regardless of whether those services are provided by the NHS or local authorities. Accordingly, the question of whether services should be 'free' NHS services rather than potentially charged-for services does not arise. It is not appropriate to assess eligibility for CHC if all the services in question are to be provided as after-care under section 117
- 3.97 However, an individual in receipt of after-care services under section 117 may also have additional needs which are not related to their mental disorder. For example an individual may be receiving services under section 117 and develop separate physical needs e.g. following a stroke, which may then trigger the need to consider NHS continuing healthcare.
- 3.98 In such cases the general approach set out in this Framework of considering the totality of need in assessing eligibility for CHC still applies. The individual may as result, have the services required to meet their total care needs funded by the NHS, but this does not necessarily remove the joint duty under section 117. The section 117 joint duty remains unless a joint assessment and agreement by both the LA and the LHB determines that those arrangements are no longer needed.
- 3.99 Where an individual in receipt of section 117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase (or a catastrophic health event which clearly requires CHC), consideration should be given to the use of the Fast Track Pathway Tool.
- 3.100 Where an individual is to be discharged from section 117, eligibility for CHC or funded nursing care will need to be considered where the transition assessment and plan indicate that these may be required. Information should be provided to the individual or their representative in regards to the effect that discharge from section 117 arrangements may have on their finances and/or welfare benefits.

Example local section 117 local policies, section 117 pack and case scenarios can be accessed via the Complex Care Information & Support site www.cciss.org.uk .

Deprivation of Liberty Safeguards

3.101 The Mental Capacity Act 2005 contains provisions that apply to a person who lacks capacity and who, in their own best interests, needs to be deprived of their liberty in a care home or hospital, in order for them to receive the necessary care or treatment. The fact that a person who lacks capacity needs to be deprived of his or her liberty in these circumstances does not affect the consideration of whether that person is eligible for CHC.

The Transition from Child and Young Person's to Adult Services

3.102 The 2014 Framework should be used to determine eligibility for NHS Continuing Health Care and what services people aged 18 years or over should receive from the NHS. The Framework should be used in conjunction with the Welsh Government's Children's and Young People's Continuing Care Guidance (2012) and the Sustainable Care Planning in Continuous NHS Health Care operational policy for Local Health Boards (2012). Both of these documents can be accessed via the Complex Care Information & Support site www.cciss.org.uk.

3.103 The legislation and the respective responsibilities of the NHS, social services and other services are different in child and adult services. The term 'continuing care' also has different meanings in child and adult services. The Children and Young People's Continuing Care Guidance was issued in November 2012. That guidance applies to children and young people whose health needs cause them to require a bespoke multi agency package of continuing care that cannot be met by existing universal or specialist services alone. Although the main reason for such a package will derive from the child or young person's health needs, they are likely to require multi agency service provision involving input from education, social services and sometimes others. CHC for adults refers to a package of care which is arranged and funded solely by the NHS for those individuals who have been assessed as having a primary health need. The Local Authority will retain the responsibility for meeting any ongoing educational needs.

3.104 It is important that young people and their families are helped to understand this and its implications right from the start of transition planning. An example transition pack can be accessed via the Complex Care Information & Support site www.cciss.org.uk.

3.105 While service provision and the meaning of the term Continuing Care is different pre and post 18 years, the needs of the individual will not automatically change because an individual has reached 18 years of age. Individuals with complex needs, regardless of their age, require continuous review and assessment to ensure that their needs are met in the most effective way. The assessment and review process should continue throughout transition.

- 3.106 Transition is an area that can cause anxiety for children, their parents and carers. When some young people move from children services to adult services they experience uncertainty about future care provision and support and also the loss of income due to changes in benefits. Each Local Health Board must draw up a robust local transition policy with its partner agencies. A template document is provided in the Complex Care Information & Support site www.cciss.org.uk .
- 3.107 Transitional arrangements with key milestones must be identified in care plans and LHBs must work with their partners and with the young person and their family/carer to agree a process for transition from children's services into adult services.
- 3.102 All of the partner agencies must ensure that practitioners with the appropriate skills and knowledge are available to contribute to the assessment and care planning process. Appropriateness of practitioners will be indicated by the child's presenting needs.
- 3.103 Planning for transition to adult CHC services must commence when the young person is aged 14. A lead professional must be identified, and supported by all the agencies involved. This person will act as the Transition Co-ordinator and key point of communication for the individual and their family. There is an expectation that partners will work together to define and agree the role and responsibilities of the Lead professional/ Transition Co-ordinator. Support materials can be found on the Complex Care Information & Support site www.cciss.org.uk .
- 3.104 Support during transition should be provided from 14 years to 19 years of age, though there will be cases where such support may be required up to the age of 25 years, for example Local Authorities have the discretion to support a young person in the process of leaving care, who may need ongoing support with support living/emotional support.
- 3.105 At the age of 17, eligibility for adult CHC should be determined in principle by the relevant LHB, bearing in mind that, in complex cases, needs can change in the course of a year. Local multidisciplinary teams will need to use their professional judgement regarding the timing of assessment and review to ensure that effective packages of care can be planned and commissioned in time for the individual's 18th birthday.
- 3.106 Even if a young person is not entitled to adult CHC, they may have certain health needs that are the responsibility of the NHS. In such circumstances, LHBs should continue to play a full role in transition planning for the young person, and should ensure that appropriate arrangements are in place for services that meet these needs to be commissioned or provided. The focus should always be mutually agreed and take in to account the individual preferences.

- 3.107 A key aim is to ensure that a consistent package of support is provided. The nature of the package may change because the young person's needs or circumstances change. However, it should not change simply because of the move from children's to adult services or because of a switch in the organisation with commissioning or funding responsibilities. Where change is necessary, it should be carried out in a phased manner, in full consultation with the young person and their family. No services or funding should be withdrawn unless a full assessment has been carried out of the need for adult health and social services.
- 3.108 Service provision should be tailored for the individual and may be drawn from a combination of sources, including core (e.g. primary care, district nursing, social services), specialist services (e.g. mental health, learning disability, residential educational placements) as well as individually funded elements of the package. The potential complexity of the package means that effective care co-ordination by the designated lead professional is essential. The individual and their family must be provided with a detailed and co-produced multi-agency care plan which sets out which services will be provided by whom, including funding arrangements.
- 3.109 Financial implications for the young person and their family, including any changes to benefits or other funding sources such as Direct Payments, must be clearly explained at the earliest possible opportunity. Accommodation and independent living choices should be fully explored, and a clear explanation provided of entitlements and options. Support for carers must be included in the care plan, in accordance with the Carers Measure.
- 3.110 The young person and their family/carers should not experience any delay in receiving the services they require whilst funding sources are being negotiated. Partner agencies should consider joint/pooled budget arrangements to ensure that the right care is provided at the right time.
- 3.111 There is a risk that the tailoring of comprehensive packages of care (be they CHC or joint funded) for children and young people with complex needs can lead to families feeling over-whelmed by the numbers of people involved. Care co-ordination, designated lead professional, and effective communication will do much to mitigate that risk.
- 3.112 In order to continue to provide effective support to the increasing numbers of children with complex needs who move to adult service provision, there is an expectation that partner agencies and providers will share intelligence and work together to address any emerging skills and service gaps. Examples may include developing a workforce (registered and unregistered) which has a broad range of skills to support young people and adults with a combination of physical, mental health and learning needs, and developing market position statements to bring residential provision closer to home.

3.113 Compliance with the guidance on transition will be assessed via the Performance Management Framework.

Applying the CHC Framework to Adults with a Learning Disability

3.114 The Statement on Policy and Practice for adults with a learning disability announced in March 2007, sets out the Welsh Government's values and vision underpinning support for individuals with learning disabilities. The 1983 All Wales Mental Handicap Strategy and 1994 Revised Guidance required local authorities to develop strategic planning in partnership with local stakeholders.

3.115 It is expected that partnerships will work in collaboration to ensure that evidenced need is appropriately met. Care packages should be developed in accordance with the Mental Capacity Act 2005 and the following long-established principles¹¹:

- Community Presence
- Relationships & Partnerships
- Choice
- Competence
- Respect & Status
- Individuality & Continuity

3.116 Many individuals with a learning disability already live in supported living environments. In order to maintain continuity and stability for the individual, joint care packages which utilise staff with whom they are familiar, supplemented by flexible health and social care responses, must be the preferred option wherever it is safe to do so from a clinical and social perspective. Funding arrangements will change once an individual has been assessed as having a primary health need but disruption to the individual should be minimised as far as possible.

3.117 The meaning of 'Primary Health Need', the limits of local authority responsibility and the primary health need test are not repeated here.

3.118 The principles and process set out in this Framework should be implemented for all adults who require assessment for CHC, irrespective of their client group/diagnosis. The assessment focuses on the individual's needs, not on their diagnosis. If someone has a primary health need they must be deemed eligible for CHC.

3.119 In all cases eligibility for CHC should be informed by good quality multi-disciplinary assessment. It will be important to involve all

¹¹ O'Brien, J. (1984) A guide to personal futures planning. Lithonia, GA: Responsive Systems Associates.

professionals who know and are involved with the individual. The question is not whether learning disability is a health need, but rather whether the individual concerned, whatever client group he or she may come from, has a 'primary health need'.

- 3.120 The assessment process must be person-centred and family members/carers supported to be fully and appropriately involved.
- 3.121 It is emphasised that the Decision Support Tool (DST) must be used in context. It cannot and should not replace professional judgement on whether the totality of an individual's needs demonstrate the four key characteristics of a primary health need. It simply supports multidisciplinary teams (MDTs) to demonstrate that they have implemented a rational and consistent approach to their advice.
- 3.122 The reasons given for a decision on eligibility should not be based on the use or not of NHS employed staff to provide care; the need for/presence of "specialist staff" in care delivery or any other input related (rather than needs-related) rationale.
- 3.123 NHS and social care service providers have a responsibility to ensure that their staff have the inclusive skills required to assess and support this client group. Access to care should not be restricted to specialist learning disability services.
- 3.124 Where an individual is presenting with behaviours that challenge, there is an expectation that the MDT will have undertaken the appropriate assessment to attempt to determine the cause. See 'Frequently Asked Questions' at www.cciss.org.uk .
- 3.125 Where an individual is eligible for CHC, Local Health Boards have responsibility to ensure that effective case management is commissioned. Consideration should be given as to who is best placed to provide this function, and clear responsibilities agreed. Amongst other options it may be appropriate to secure this from the local authority who may have previous knowledge of the individual concerned or have staff with particular skills and experience to undertake this function on behalf of the LHB.

Entitlement to other NHS Funded Care

- 3.126 Those in receipt of CHC continue to be entitled to access to the full range of primary, community, secondary and other health care services regardless on care setting.
- 3.127 LHBs should ensure that their contracting arrangements with care homes that provide nursing care clarify the responsibilities of nurses within the care home and of community nursing services respectively. There should be no gap in service provision between these two sectors (see Section 4).

Community Equipment

- 3.128 Where individuals are in receipt of CHC and they require equipment to meet their care needs, there are a number of routes by which this may be provided.
- 3.129 If the individual is, or will be, supported in a care home setting, the care home may be expected to provide certain equipment as part of regulatory standards or as part of the contract with the LHB. The care home should normally provide equipment which can or is used by a number of residents i.e. it is not prescribed for an individual. Equipment which is specifically prescribed for an individual and should not be used by other residents should be provided by the LHB. A draft protocol on the responsibilities of nursing homes, residential care homes and joint equipment partnerships will be published for consultation later this year.
- 3.130 LHBs have the option to contribute to the existing formal partnership and pooled fund arrangements for community equipment services to purchase and manage CHC equipment to benefit from existing procurement arrangements. Alternatively, where LHBs purchase CHC equipment separately they should consider an agreement with the joint store to manage this equipment to ensure that appropriate servicing and maintenance are in place. Where the LHB maintains completely separate arrangements for CHC equipment it must have in place systems to keep track of equipment, maintain and service it and recall and refurbish when no longer required.
- 3.131 LHBs should ensure that there is clarity about which of the above arrangements is applicable in each individual case.

Annex 2: The Role Of The Care Co-Ordinator In Assessment For Longer-Term Care And CHC Eligibility.

The 'Care Co-ordinator' role is also referred to in some documents e.g. the Integrated Assessment Framework¹², as the Lead Professional. We use the term 'Care Co-ordinator' in this document but it reads across to the Lead Professional function.

We note that the term 'Care Co-ordinator' has specific meaning in relation to Care and Treatment Planning for people with mental health needs. Whilst the same professional may also co-ordinate the CHC assessment, they are different functions.

Why do we need a Care Co-ordinator?

Evidence tells us that the assessment process for longer-term care, particularly where eligibility for Continuing NHS Healthcare is being considered, can often be fragmented, inefficient and stressful for the individual and their family/representative(s).

The purpose of having a named Care Co-ordinator is to address those challenges by having a key professional who is accountable for ensuring that the assessment process is co-produced, robust, and timely.

Who should be the Care Co-ordinator?

The Care Co-ordinator is the named individual responsible for co-ordinating the whole process of assessment for longer-term care, including gathering evidence to inform the decision on CHC eligibility.

The Care Co-ordinator is most likely to be a health professional and it will be important to maintain continuity where for example, the individual has a progressive disease and specialist key professional. This person-centred approach would suggest that it may also be acceptable for a social worker with a long-standing relationship with the individual and the family to act as care co-ordinator. This would be subject to inter-agency agreement, with the final decision on who acts as Care Co-ordinator resting with the Local Health Board.

It is acknowledged that the role of Care Co-ordinator can be complex and challenging. Whilst they that may not have sufficient capacity to undertake the role themselves, the expertise of specialist Discharge Liaison Nurses and Nurse Assessors will be invaluable in providing guidance and support to those undertaking this function.

In order to ensure that continuity is not lost, should the Care Co-ordinator be unavailable for example due to sickness and annual leave, a second (back-up) key contact should be identified who is closely involved with the case.

¹² 'Integrated Assessment, Planning and Review Arrangements for Older People -Guidance for Professionals in supporting in the Health, Care and Wellbeing of Older People: aged 65+'. Welsh Government 2013

Ideally, the Care Co-ordinator should follow the patient wherever their location may be during the assessment process in order to reduce miscommunication due to hand-offs. Where this is not possible and the Care Co-ordinator changes, there must be a formal handover of relevant information and (if possible and appropriate) introduction to the individual and their family/representative(s).

What is the Care Co-ordinator expected to do?

As the lead professional and key point of contact for the individual being assessed, the Care Co-ordinator is responsible for ensuring that all the appropriate people are involved in a timely manner and for pulling together their contributions to the assessment and care planning process. This does not mean however, that the Care Co-ordinator does all the work.

They must ensure that the individual and/or their representative is kept informed of the process and fully involved in discussions about their care.

The Care Co-ordinator role includes:

- Identifying and securing the involvement of all the appropriate MDT members;
- Ensuring that MDT members understand their role in the comprehensive assessment and their contribution to the decision-making process;
- Ensuring that the individual and their family/representative(s) have all the information they need to understand and fully contribute to the assessment and decision-making process. This will include securing access to advocacy support if required;
- Ensuring that all assessments are collated in one place and are of sufficient quality to provide the evidence required to support fair and rational decision-making;
- Ensuring that there is a clear timetable for the decision-making process and that the process complies with the requirements of this Framework;
- Ensuring that MDT's expert advice to the LHB on eligibility and the rationale is clearly recorded and communicated to the necessary parties, including the individual and their family/carer;
- Liaising with individual and/or their family/representative(s) within 48 hours of the MDT meeting at which CHC eligibility was determined. This is to ensure that the outcome is fully understood and to answer any questions they may have on reflection;
- Ensuring compliance with local protocols including quality assurance arrangements and, if required, disputes resolution and appeals processes, prior to escalation to the next level of management.

Specific responsibilities regarding keeping the individual and/or their family/representatives informed include:

- Providing the standard information leaflets:
 - 'Continuing NHS Healthcare Public Information Leaflet'
 - 'Preparing You for a CHC Eligibility Meeting'
 - 'What receiving CHC services means for you' (if applicable);
- Explaining timescales and key milestones, including timescales for review;
- Making the person aware of other individuals likely to be involved;
- Informing them of any potential delays;
- Providing a clear channel of communication between the individual and their family/representative(s) and the MDT;

Annex 3: Overview of Standard Assessment & CHC Eligibility Decision-Making Process

TIMEFRAME

Up to 8 weeks <small>(extension of the timeframe is acceptable where further rehabilitation is required, but should not be due to the CHC eligibility process.)</small>		1 week max.	2 weeks
<p>Comprehensive assessment for longer-term care needs triggered.</p> <p>Identify the Care Co-ordinator/Lead Professional</p> <p>Obtain valid consent to comprehensive assessment.</p> <p>Transfer individual (if required) to the most appropriate environment for assessment.</p>	<p>Deliver rehabilitation/reablement programme (unless clinically contra-indicated)</p>		<p>Complete The quality assurance process</p>
	<p>Collate co-produced comprehensive assessment.</p>		
	<p>Arrange the MDT meeting at which CHC eligibility will be considered.</p> <p>Ensure the individual and/or their representatives have the information and support they need to fully participate.</p>	<p>At the meeting, review the comprehensive assessment and determine whether the individual has a primary health need.</p> <p>Ensure that a clear and agreed rationale is documented and shared with the individual and/or their representatives.</p>	<p>Arrange the care package</p>
	<p>Contact with individual and/or their representatives within 48 hours to answer queries etc.</p>		

Annex 4: Example Standard Assessment & Eligibility Process Checklist

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	Care Co-ordinator/Lead Professional identified. Name: Contact details: Individual/family informed		
	Most appropriate place for assessment agreed. Rationale/justification required if assessment takes place in acute hospital environment.		
	Transfer completed.		
	Rehabilitation/reablement programme commended. Date:		
	Assessment process explained to individual and their family/carer(s)		
	Preferred language for assessment identified. Mechanisms in place to accommodate language preference e.g. Welsh speakers in MDT.		
	Advocacy offered		
	CHC Public Information Leaflet provided and discussed		
	Appropriate and proportionate MDT input determined: (tick as appropriate) <ul style="list-style-type: none"> • The individual • Nominated family member as key contact or other unpaid carer • Advocate • Specialist and/or community-based practitioner who has regular contact • Existing service provider(s) e.g. care home, domiciliary care agency, voluntary sector service • Social worker • Occupational therapist • Physiotherapist • Dietician 		

	<ul style="list-style-type: none"> • Speech and language therapist • Housing support • Benefits advice • Other 		
	Assessments completed and collated		
	Formal CHC eligibility meeting arranged. Date: Venue:		
	Individual and /or carer or advocate prepared for meeting Leaflet provided.		
	CHC eligibility determined by MDT		
	Outcome and rationale clearly recorded and communicated to individual and/or carer or advocate		
	Individual/representative contact within 2 working days to discuss and answer questions		
	MDT eligibility decision confirmed by LHB and LA. Date:		
	Referred for Peer Review?		
	Dispute/Appeal/Complaints procedure required?		
	Care package agreed Confirmed with individual/representative: Verbally: In writing: 'What Receiving CHC Funded Services Means for You' leaflet provided		
	Transfer arranged if appropriate Date of commencement of CHC care package:		
	Date of first review:		

Section 4: Service Provision and Review

Care Provision and Monitoring

- 4.1 The commissioning of services to meet the needs of individuals with continuing care needs cannot be undertaken in isolation to the commissioning of other similar services. LHBs and LAs should have an integrated approach to the commissioning of residential and nursing home care to exercise maximum influence over the development of provision. They will also need to work closely with providers to ensure that an appropriate range of services are in place to respond to the needs of their population. Partners may use formal partnerships with pooled funding arrangements to underpin their integrated approach to commissioning. The pooled budget may include funds to cover local authority Funded Nursing Care and CHC commitments.
- 4.2 All service provision must demonstrably respond to assessed need and the care plan. The multi-disciplinary team (MDT), in hospital or community, is responsible for undertaking a thorough and objective assessment in partnership with the individual and/or their representative. It is also responsible for providing expert advice on eligibility for NHS Continuing Health Care and for developing a detailed care plan (collated by the Care Co-ordinator) which responds to the assessed need and maximises independence wherever possible, taking into consideration the preferences of the individual. The MDT is responsible for making recommendations on the skills and interventions that need to be commissioned in order to deliver the care plan.
- 4.3 Support for carers is a health and social care responsibility and must be considered and provided. This includes:
- The provision of appropriate information and advice;
 - Active engagement with and involvement of carers when making decisions about provision of services to or for carers or the person cared for;
 - The duty to consult with carers with regard to the planning, commissioning and delivery of local services that affect carers or the individuals they look after. This extends to individual care plans;
 - The right to a Carers Assessment.
- 4.4 The UAP and Integrated Assessment Framework provide guidance on the arrangements for ongoing monitoring and management of care for adults. In particular it:

- Emphasises the importance of monitoring and review of both needs and effectiveness of services, in order to confirm, amend or close personal plans of care;
- Indicates the necessity to review continued eligibility for CHC as their needs change.

Where a Person is eligible for CHC

- 4.5 When it has been determined that an individual is eligible for CHC, it is the responsibility of the health service to make the necessary arrangements for the care of the patient irrespective of setting. The NHS will take the lead role in working with the other organisations to establish an appropriate package of care, accommodation and support. While the overall responsibility for the care provision for those individuals who are eligible for CHC will lie with the LHB there will be ways in which other agencies, such as (but not only) social services may become involved, for example through:
- ongoing social work services;
 - agreed delegated responsibility, under formal partnership arrangements, for purchasing or providing care;
 - agreed delegated or shared responsibility for providing ongoing assessment and/or care management;
 - locally developed joint service provision;
 - their housing, education and leisure services responsibilities, local authorities have a corporate role in enabling people to have fulfilling lifestyles and to participate in and contribute to the wider community;
 - the provision of equipment via the integrated community equipment service.
- 4.6 The CHC package to be provided is that which the LHB assesses is appropriate for the individual's health and personal care needs. LHBs are encouraged to consider the local authority's assessment or its contribution to a joint assessment as these will be important in identifying the individual's needs and, in some cases, the options available for meeting them.
- 4.7 Decisions on eligibility must be based on assessed need and must be independent of budgetary constraint. LHBs must ensure therefore that there is a clear split between the MDT function and confirmation of their conclusions, and the commissioning of the services required to deliver the care plan.
- 4.8 In order to support prompt arrangements for service delivery, LHBs should consider having a single CHC budget which sits across specialities and a single commissioning panel/team which brings together the appropriate expertise within its membership. The single

budget can still have budget lines which relate to specific user groups. This should prove helpful if partners decide to pool budgets at some stage.

- 4.9 It is the responsibility of the LHB to plan, specify outcomes, procure services, and manage demand and provider performance for all services that are required to meet the health and personal care needs of individuals who are eligible for CHC. LHBs can delegate their functions in terms of commissioning to local authorities and vice versa, under agreed formal partnership arrangements¹³. The LHB and its partners may wish to consider this option to develop a coherent integrated approach to securing services with one approach to negotiating contracts, service specifications, fee negotiations and quality assurance. Both agencies retain their statutory functions and they continue to exercise control through a partnership board.
- 4.10 Unless the function is formally delegated LHBs continue to have responsibility for the case management/care co-ordination role for those entitled to CHC as well as for the NHS component of a joint care package, including an assessment and review of individual patient needs.
- 4.11 The LHB will have arrangements in place for brokering and commissioning the services required to deliver the detailed care plan. The MDT recommendations and the individual's preferences need to be balanced in accordance with the Sustainable Care Planning Policy (see www.cciss.org.uk).
- 4.12 The LHB must demonstrate a clear rationale for its decision on the CHC package to be commissioned, and should reflect the principles detailed above. This rationale and the care package arrangements must be clearly explained to the individual and/or their representatives and confirmed in writing.
- 4.13 Clear contract arrangements must be established with the service provider. The contract must be outcomes-focussed and include arrangements for regular review.
- 4.14 As with all service contracts, LHBs are responsible for monitoring quality, safety, access and patient experiences within the context of provider performance. The ultimate responsibility for arranging and monitoring the services required to meet the needs of those with CHC rests with the LHB. LHBs should ensure that there is clarity on the respective responsibilities of the LHB and providers for CHC.
- 4.15 LHBs will have in place service specifications and contracts for registered settings which cover health and social care and take into account relevant regulations, National Minimum Standards, Standards

¹³ S33 of The NHS Act (Wales) 2006

for Health Services and other relevant guidance and best practice. LHBs will be expected to utilise the national CHC service specification, terms and conditions and contract monitoring proforma, which will be made available via the Complex Care Information & Support site www.cciss.org.uk . This should link to the work of local government on the development of model terms and conditions for contracts/ specifications for residential and nursing homes.

- 4.16 Where individuals eligible for CHC are cared for in a care home, escalating concerns will be managed in accordance with the Welsh Governments '*Escalating Concerns With, and Closures of, Care Homes Providing Services for Adults*' Guidance (May 2009). This statutory guidance addresses the management of escalating concerns with, and closures of, care homes that are registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide services to adults, including those providing nursing care. It is issued under section 7 of the Local Authority Social Services Act 1970 and sections 12 and 19 of the National Health Service (Wales) Act 2006.
- 4.17 In accordance with the Welsh Governments '*Escalating Concerns With, and Closures of, Care Homes Providing Services for Adults*' Guidance, LHB's and social care agencies will have in place systems and processes which enable registered providers, contract managers, care managers and other professionals to clearly understand what is expected and required from each setting and how such requirements will be delivered and monitored. These systems will frame how agencies contract and work with providers to shape quality services.
- 4.18 LHBs should develop operational procedures to ensure its responsibility for commissioned services are effectively secured and monitored where care is provided by external agencies.
- 4.19 LHBs have a statutory duty under the Health and Safety at Work Act (HSWA) 1974 to ensure the health and safety of NHS patients is maintained where a provider is providing services on behalf of the NHS. This duty is owed to residents both by the provider and the NHS commissioning body.
- 4.20 The individual should be advised that Social Security and other welfare benefits available to support the person's living costs may be affected by eligibility for CHC, and should be signposted to appropriate advice.
- 4.21 The location of the delivery of the CHC care package will be determined in response to the care plan and in accordance with the Sustainable Care Planning Policy (see www.cciss.org.uk).
- 4.22 The choice of location for those individuals who meet eligibility for CHC will have differing implications for the involvement of other agencies. Where a person receives their CHC care package in a hospital or care home, the NHS will arrange and fully fund the care, including the

accommodation, board costs and personal care. Where a person returns to their own home (or that of a carer) the LHB fully funds the cost of their health and personal care needs but not the accommodation, food or general household support.

- 4.23 LHBs and local authorities must work together to identify gaps in current and future service provision. There is an expectation that partner organisations will share intelligence to inform future workforce planning and to develop market position statements, working with a range of independent and not-for-profit organisations to develop the required provision.

Additional Personal Contributions from an individual who is eligible for CHC

- 4.24 The NHS provides a comprehensive service available to all. Access to NHS services is based on clinical need and not on an individual's ability to pay. Public funds for healthcare will be devoted solely to the benefit of people that the NHS serves. As overriding principles, it is essential that: the NHS should never subsidise private care with public money (which would breach core NHS principles) and patients should never be charged for their NHS care, or be allowed to pay towards NHS care (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS. To avoid these risks, there should be as clear a separation as possible between private and NHS care. LHBs should seek to ensure that providers are aware of the above principles.
- 4.25 The care plan should set out the services to be funded and/or provided by the NHS. It may also identify services to be provided by other organisations such as local authorities and third sector providers. Where such non-NHS funded support is provided as part of a total package, the individual and their carers should be signposted by the local authority to clear information on charging arrangements and by the voluntary sector to potential alternative funding sources e.g. benefits and charitable organisations.
- 4.26 In addition to such arrangements, there may be circumstances, as described below, where individuals and/or their representative may choose to access additional services or premium accommodation by making, and paying for, separate arrangements themselves.
- 4.27 Queries regarding additional personal contributions ('top ups') to CHC packages usually fall into three categories:
- Additional services
 - Higher cost 'premium' accommodation
 - Retaining an existing (more expensive) provider

- Additional Services.

- 4.28 Where a provider receives a request for privately funded additional services from an individual who is funded by NHS continuing healthcare they should refer the matter to the LHB for consideration.
- 4.29 'Additional services' are defined as those which are over and above those detailed in the care plan developed to address assessed need. Such personal contribution arrangements must never be utilised as a mechanism for subsidising the service provision for which the Local Health Board is responsible
- 4.30 Any decision to purchase additional private services must be borne purely through personal choice and not through a lack of appropriate NHS or Local Authority provision to meet assessed need. It is the responsibility of the LHB to engage with the individual and/or their representatives to assure them that this is not the case, and that vulnerable individuals are safeguarded against financial exploitation. If the individual advises that they have concerns that the existing care package is not sufficient or not appropriate to meet their needs, the LHB should offer to review the care package in order to identify whether a different package would more appropriately meet the individual's assessed needs.
- 4.31 An example where an individual may choose to purchase private services would be someone who is assessed as requiring, and is provided with, one NHS physiotherapy session a week but wishes to purchase an additional session privately. In such circumstances the financial arrangements for the privately funded service will be entirely a matter between the individual and the relevant provider and it should not form part of any service agreement between the LHB and the provider. Another example would be where an individual may wish to purchase an additional visit each day from the care provider. The LHB must firstly consider whether it should meet the full costs of the care package. If after review, the LHB is satisfied that the services it has commissioned are appropriate to meet the individual's identified needs, the person may chose to initiate a private arrangement with the care provider. In such a case the LHB will need to liaise with the individual and the care provider to ensure that all parties are clear as to the additional support to be provided in the privately funded visits.
- 4.32 Although NHS-funded services must never be reduced or downgraded to take account of privately-funded care, the LHB and the organisations delivering NHS-funded care should, wherever clinically appropriate, liaise with those delivering privately-funded care in order to ensure safe and effective coordination between the services provided. The care plan should detail effective risk management, appropriate sharing of information, continuity of care and co-ordination between NHS funded and privately funded care.

- Higher Cost 'Premium' Accommodation

- 4.33 As stated above, the funding provided by LHBs in NHS continuing healthcare packages should be sufficient to meet the needs identified by the MDT in the care plan. Unless it is possible to separately identify and deliver the NHS-funded elements of the service, it will not usually be permissible for individuals to pay for higher-cost accommodation.
- 4.34 There may be exceptional circumstances, to be considered on a case by case basis, where a LHB should consider the case for a higher than usual cost, for example, where an individual and/or their representative requests a larger room or a new placement in a care home which charges a rate significantly above that which the LHB would normally pay in that locality.
- 4.35 The LHB must liaise with the individual and/or their representative(s) to identify the reasons for the preference. Where the need is for identified clinical reasons (for example, an individual with challenging behaviour who requires a larger room because it is identified that the behaviour is linked to feeling confined, or an individual considers that they would benefit from a care provider with specialist skills rather than a generic care provider), consideration should be given as to whether it would be appropriate for the LHB to meet this.
- 4.36 If no clinical need is established the LHB will need to make a decision which balances the needs and preferences of the individual with the requirement for probity with public funds. See All Wales Policy for Sustainable Care Planning.
- 4.37 In some circumstances providers may offer 'extras' such as flower arrangements, daily newspapers etc. as part of their package. In the interests of public probity, it is reasonable to expect individuals and/or their representatives to make separate arrangements to purchase such items directly from the provider as detailed above.

- Retaining an existing (higher cost) provider.

- 4.38 In some circumstances individuals become eligible for CHC when they are already resident in care home accommodation for which the fees are higher than the relevant Local Health Board would usually meet for someone with their needs. This may be where the individual was previously funding their own care or where they were previously funded by a local authority and a third party had 'topped up' the fees payable.
- 4.39 "Topping up" is legally permissible under legislation governing Local Authority Social Care but it is not permissible under NHS legislation. In

such situations, Local Health Boards should consider whether there are reasons why they should meet the full cost of the care package, notwithstanding that it is at a higher rate. Such reasons could include for example the frailty, mental health needs or other relevant needs of the individual which mean that a move to other accommodation could involve significant risk to their health and well being.

- 4.40 There may also be circumstances where an individual in an existing out of area placement becomes entitled to NHS continuing healthcare and where, although the care package is of a higher cost than the responsible LHB would usually meet for the individual's needs, the cost is reasonable taking into account the market rates in the locality of the placement. LHBs should establish this by liaison with the Local Health Board where the placement is located.
- 4.41 LHBs should also consider whether there are particular circumstances that make it reasonable to fund the higher rate. This could be because the location of the placement is close to family members who play an active role in the life of the individual or because the individual has resided in the placement for many years so that they have strong social links with the area and it would be significantly detrimental to the individual to move them.
- 4.42 LHBs should deal with the above situations with sensitivity and in close liaison with the individuals affected and, where appropriate, their families, the existing service provider and the local authority if they have up to this point been funding the care package. Where a Local Health Board determines, following the recommendations from the MDT, that circumstances do not justify them funding an existing higher cost placement or services that they have inherited responsibility for, the LHB does have the authority to move accommodation or change provider. Any decisions should be taken in full consultation with the individual concerned and confirmed in writing with reasons given. Advocacy support should be provided where this is appropriate.
- 4.43 Where an individual becomes entitled to CHC and has an existing high-cost care package, LHBs should consider funding the full cost of the existing higher-cost package until a decision is made on whether to meet the higher cost package on an ongoing basis or to arrange an alternative placement.
- 4.44 Where an individual wishes to dispute a decision not to pay for higher-cost accommodation, they should do this via the NHS complaints process. The letter from the LHB advising them of the decision should also include details of the complaints process and who to contact if the individual wishes to make a complaint.
- 4.45 In cases of transition, a care plan should be developed by the existing commissioners with the new providers that identifies health and social care needs, and addresses how any specific clinical needs and risks

should be addressed. The LHB is responsible for monitoring and reviewing the placement. It should keep in regular liaison with the new provider and with the individual during the initial weeks of the new services to ensure that the transition has proceeded successfully and to ensure that any issues that have arisen are being appropriately addressed.

Direct Payments¹⁴ and Continuing NHS Health Care

- 4.46 As a matter principle, if an individual has existing Direct Payment arrangements, these should continue wherever and for as long as possible within a tailored joint package of care.
- 4.47 It is currently unlawful for Direct Payments to be used to purchase health care which the NHS is responsible for providing. Direct Payments can only be used for social care provision.
- 4.48 Where an individual whose care was arranged via Direct Payments becomes eligible for Continuing Health Care funding, the LHB must work with them in a spirit of co-production. Although Direct Payments will no longer be applicable where an individual has a primary health need, this should not mean that the individual loses their voice, choice and control over their daily lives. Every effort should be made to maintain continuity of the personnel delivering the care, where the individual wishes this to be the case.
- 4.49 There may be circumstances where it is possible for an individual to retain some Direct Payment for the elements of their care for which the local authority is still responsible, e.g. opportunities for social inclusion. Partner organisations must work together to explore all the options available to maximise an individual's independence.
- 4.50 An individual in receipt of Direct Payments retains the right to refuse to consent to CHC assessment and /or care package, as detailed in Section 2. In such cases, partner agencies must work together with the individual and their family/carers to ensure that the risks are fully understood and mitigated as far as possible.

¹⁴ Direct Payments Guidance: Community Care, Services for Carers & Children's services (Direct Payments) (Wales) Guidance 2011.

Where a person is not eligible for CHC

- 4.51 Where it has been determined that a person is not eligible for CHC and an alternative package of care is required (e.g. NHS Funded Nursing Care in a care home, or a joint package of care in the community), the lead role will normally lie with the local authority, or, as agreed between agencies, in their local care management arrangements. The NHS will work alongside the local authority to develop and implement an appropriate care plan.
- 4.52 This care plan must not require a local authority to provide services which are beyond its powers to provide. However, neither the LHB nor the local authority can dictate what the other organisation can provide.
- 4.53 There should be no gap in the provision of care. People should not find themselves in a situation where neither the NHS nor the relevant local authority (subject to the person meeting the relevant means test and having needs that fall within the appropriate Fair Access to Care eligibility criteria) will fund care, either separately or together.
- 4.54 A written agreement should also be established with the individual and/or their representative, clearly setting out what is covered by NHS funding, what may be accessed via the local authority subject to its eligibility criteria, and what the individual will be responsible for.
- 4.55 Clarity of responsibility for funding and implementation should inform, rather than prevent, any joint arrangements that may be established e.g. lead commissioning, pooled budgets.

Joint Packages of Health and Social Care

- 4.56 Increasing numbers of people with complex care needs are being supported in the community. If services are to be truly needs (not diagnosis) -led, citizen focussed and supporting independence, then it is logical that individuals will be supported for longer at home with joint packages of care, where this is sustainable.
- 4.57 If an individual is not entitled to CHC but has some healthcare and social care needs, they should receive a package of health and social care. There will be some individuals who, although they are not entitled to CHC, have needs identified through the DST that are not of a nature that a local authority can solely meet or are beyond the powers of a local authority to solely meet. LHBs should therefore work in partnership with the local authority to agree their respective responsibilities in joint care packages.

Joint funding in care home placements.

- 4.58 Where an individual is not eligible for CHC but has health needs which are different from, or additional to, those supported by NHS Funded Nursing Care, the NHS may still have a responsibility to meet those needs as part of a “joint package” in so far as these health needs are beyond the powers of the local authority to provide.
- 4.59 There may be some individuals in care home placements who do not have a primary health need indicating eligibility for CHC, but are acknowledged to have nursing needs greater than would normally be expected to be covered by the Funded Nursing Care rate and what can be reasonably expected for a local authority to commission. Welsh Health Circular (2004) 024 (NHS Funded Nursing Care in Care Homes) states that there should be no gap between local authority and NHS provision.
- 4.60 Options available to LHBs to meet their responsibility in providing this additional level of health care include NHS in-reach from core services or additional financial contribution to the total funding package. LHBs and local authorities will need to work together to ensure that neither body is operating outside of its statutory duty. The funding arrangements and the local authority contribution for which the individual may be charged must be confirmed in writing by the lead agency and shared with commissioners, providers and the service user and/or representative.
- 4.61 Examples of additional services to funded nursing care, which may also be provided by the NHS if these are agreed as part of an assessment and individual care plan include (but are not limited to):
- Primary healthcare.
 - Assessments involving doctors and registered nurses.
 - Rehabilitation and recovery (where this forms part of an overall package of NHS care as distinct from intermediate care).
 - Community health services.
 - Community mental health services.
 - Specialist support for healthcare needs.
 - Additional support for episodic higher needs in joint care packages e.g. additional registered nurse input into behaviour management assessment/care planning.
 - Palliative care and end of life care.
 - Specialist transport (i.e. ambulances).

Joint funding of packages of care delivered in an individual's own home.

- 4.62 More, and increasingly complex, packages of care are being delivered in an individual's own home. Where an individual is not eligible for NHS CHC, a comprehensive joint health and social care package must be developed to meet their assessed need. This must be detailed in a clear interagency care plan, with a named care co-ordinator/lead professional, which is jointly owned by commissioners, providers and the individual and/or their representative.
- 4.63 According to each local authority's 'Fair Access to Care' eligibility criteria, they will be responsible for providing such social care, including personal care, as can lawfully be provided. See CHC Toolkit for public information leaflet.
- 4.64 The joint funding arrangements will be determined locally and in accordance with the needs of the individual. Options available include the use of a joint funding matrix or formalised pooled budget arrangements. The individual should not experience delay in receiving their care package whilst funding arrangements are negotiated.
- 4.65 A written agreement should also be established with the individual and/or their representative, clearly setting out what is funded by the LHB, what may be accessed via the local authority subject to its eligibility criteria and charging, and what the individual will be responsible for.

Reviews

- 4.66 An individual's eligibility for CHC is subject to review. Reviews should follow the format of an assessment, consider all the services received and be tailored to the individual.
- 4.67 As a minimum there should be an initial review of the care plan within 3 months of services first being provided, unless this is triggered earlier by the individual, their family/representative or the provider.
- 4.68 Thereafter reviews should be at least annually. Where an individual's condition is anticipated to deteriorate, more regular review may be necessary. The frequency of such reviews will be determined by professional judgement based on the individual's assessed needs or if there is a change in circumstances. Where there is an obvious deterioration in circumstances, reviews should also be held within 2 weeks and acted upon appropriately.

- 4.69 The individual and/or their representative and the service provider must be provided with the contact details of a named care co-ordinator, so that any changes in the individual's condition or circumstances can be promptly addressed.
- 4.70 Review timescales should be identified and communicated to the individual and their relatives verbally and in writing. For those receiving secondary mental health services there is a legal requirement to review their care at least every 12 months and in line with the Code of Practice to Part 2 and 3 of the Mental Health (Wales) Measure 2010.
- 4.71 The individual should be central to the review process. Prior to the review, they should be offered the opportunity to re-assess their own needs and be offered appropriate support to do so. It will also be necessary to consider whether a further carer's assessment should be undertaken at this time.
- 4.72 If the local authority is also responsible for any part of the care, both the LHB and the local authority will have a requirement to review needs and the service provided. In such circumstances, it would be beneficial to conduct a joint review. Even if all the services are the responsibility of the NHS, it would be beneficial for the review to be held jointly by the NHS and the local authority especially as any decision affecting CHC will require input from both sectors. Some cases will require a more frequent case review, in line with clinical judgement and changing needs.
- 4.73 Individuals who are in receipt of Funded Nursing Care in a care home must also be reviewed on an at least annual basis. The LHB must ensure that the individual, their family/representative and care home provider have the information and contacts available to enable them to identify changes in need which indicate a timely review is required. Care home providers may find it helpful to use the Department of Health Checklist themselves and alert the LHB when an assessment for CHC eligibility is required.
- 4.74 When reviewing the need for NHS Funded Nursing Care, potential eligibility for CHC must always be considered and a full assessment should be carried out, where necessary.
- 4.75 Care providers who monitor their own service effectiveness should contribute this information to the review of the whole plan of care. The review should be recorded, describe who was involved, those individuals not involved and reasons why, location and method of review and issues that the individual (or carer/advocate) raised.
- 4.76 The LHB's responsibility to provide or commission care (including CHC) is not indefinite as needs might change. This should be made clear to the individual and their family or carer at the time of the initial assessment and at each subsequent review and confirmed in writing.

The individual and the carer or representative should be provided with the 'What receiving CHC-funded services means for you' leaflet at the commencement of their CHC care package.

- 4.77 The outcome of a review will determine whether the individual's needs have changed, which then determines whether the package of care needs to be revised or the funding responsibilities altered. The outcome of a review does not necessarily indicate the same outcome should have been reached with a previous assessment, provided that the previous assessment was properly carried out and the decision taken was based on sound reasoning.
- 4.78 The review information should be used to inform the individual's care plan. A copy of the review and care plan should be drafted, agreed and given to the service user. Subject to the constraints of confidentiality, the findings of the review and changes to the care plan should also be shared with those involved in the individual's care.
- 4.79 If the individual/relative or their carer is not satisfied with the care plan which has been developed, they will need to raise this with the person responsible for it in the first instance. They may request a re-assessment of their needs and review of the care plan. If they continue to be dissatisfied, they will need to consider making use of the complaints process.
- 4.80 The CHC Independent Review Panel (see Section 5) is not designated to review the content of care plans, only the decision-making process relating to the application of the primary health need approach.
- 4.81 Where, following a review, services are to be discontinued, the review report should clearly state the reasons for this withdrawal. There should be an evaluation and record of the extent to which the objectives and outcomes were achieved and the name of the professional that the individual can contact if needs and circumstances change.
- 4.82 Providers must be made aware, within the contract documentation, of their responsibilities to notify the funding body of any marked deterioration or any other issues affecting the delivery of care.
- 4.83 Neither the LHB nor the local authority should unilaterally withdraw from an existing funding arrangement without a joint reassessment of the individual and without first consulting one another and the individual about the proposed change of arrangement. Any proposed change should be put in writing to the individual by the organisation that is proposing to make such a change. If joint agreement cannot be reached upon the proposed change, the local disputes procedures (see Section 5) should be invoked and current funding arrangements should remain in place until the dispute has been resolved.

Section 5: Disputes and Appeals

Formal Challenges to Eligibility Decisions between Organisations

- 5.1 The Welsh Government expects Local Health Boards and their partners to work together to deliver the best possible outcomes for the citizens of Wales. Effective partnership working and integration, together with implementation of this Framework should minimise the need to proceed to formal dispute procedures.
- 5.2 In the first instance, where the MDT is unable to reach a consensus view on CHC eligibility, they should escalate the dispute to the appropriate manager and access peer review from within, or outside of, their LHB.
- 5.3 In order to assess the consistency of CHC eligibility decision making and to support continuous service improvement across Wales, LHBs are expected to participate in an annual peer review or external audit exercise which will be co-ordinated by Welsh Government and supported with materials on the Complex Care Information & Support site www.cciss.org.uk.
- 5.4 If mature partnership discussion, including objective managerial/clinical expertise and peer review, has failed to achieve a consensus view, the formal dispute process will need to be initiated. LHBs and local authorities should have in place locally agreed procedures/protocols for dealing with any formal disputes about eligibility for CHC and/or about the apportionment of funding in jointly funded care packages.
- 5.5 Disputes must not delay the provision of care and the protocol should make clear how funding will be provided pending the resolution of the dispute. Where disputes relate to the NHS and local authorities in different geographical areas, the relevant NHS body and local authority should agree a dispute resolution process to ensure resolution in a timely manner. This should include agreement on how funding will be provided during the dispute, and arrangements for reimbursement to the relevant organisations once the dispute is resolved.
- 5.6 All stages of disputes procedures will normally be completed within two weeks. All stages will be appropriately documented.

An example disputes process can be accessed via the Complex Care Information & Support site www.cciss.org.uk.

Challenges to Eligibility Decisions from Individuals

- 5.7 The formal responsibility for informing individuals of the decision about eligibility for CHC and of their right to request a review lies with the LHB. Whether or not it is considered that an individual has a primary health need, the LHB must give clear reasons for its decisions, setting out the basis on which the decision was made.
- 5.8 Where the individual and/or their representative disputes the clinical assessment of the MDT, external (from another Directorate or LHB) peer review should be offered as a matter of course. This may avoid escalation to the formal appeals or complaints procedure and applications for retrospective reviews.
- 5.9 LHBs should deal promptly with any request to review decisions about eligibility for either CHC or NHS Funded Nursing Care. A clear and written response should be given including the individual's rights to complain under the NHS Complaints Procedure.
- 5.10 Each LHB should agree local review processes, including timescales, which is available publicly. These local review processes should set out the stages involved in dealing with any requests for a review.
- 5.11 Once local procedures have been exhausted, the case should be referred to the Independent Review Panel. (See below).
- 5.12 If the original decision is upheld by the Independent Review Panel and the individual still wishes to challenge the decision, the individual has access to the Public Services Ombudsman.
- 5.13 The individual's rights under the existing NHS Complaints procedures and their existing right to refer their case to the Ombudsman remains unaltered by the panel arrangements. In particular, where an individual is dissatisfied with issues other than the points outlined above the matter should be considered through the appropriate complaints procedure.

Appeals and Complaints

- 5.14 Local Health Boards are accountable for ensuring that the processes are place and that their staff have the skills and resources required to determine CHC eligibility correctly first time.
- 5.15 NHS organisations should deal promptly with any request to reconsider decisions about eligibility for CHC. They should, in the first instance, work closely with the individual to resolve the situation informally, as detailed above. They should ensure that appropriate assessments have been undertaken, applied, recorded and peer reviewed. Where the

patient still wishes to contest the decision, the LHB will consider whether it is appropriate to convene the review panel.

- 5.16 An individual may apply to the relevant LHB for a review of the decision if they are dissatisfied with:
- The procedure followed by the LHB in reaching its decision on the individual's eligibility for CHC, or
 - The application of the primary health need consideration.
- 5.17 LHBs must give this request due consideration, taking into account all the information available, including any additional information from the individual and/or their representative.

Independent Review Panel

- 5.18 The Independent Review Panel (IPR) procedure (see Annex 5) is intended as an additional safeguard for individuals who require ongoing support from health and/or social services and who consider that the eligibility criterion for CHC (the primary health need approach) has not been correctly applied in their case, or that appropriate procedures have not been followed.
- 5.19 If the local review process, including peer review, indicates that there is an element of doubt then recourse to the IRP process should be granted.
- 5.20 If the individual or their representative has significant additional information to present or exceptional circumstances apply again, there should be recourse to the IRP process.
- 5.21 Before taking a decision the LHB will seek the advice of the chairman of the review panel. In all cases where a decision not to convene a panel is made, a full written explanation of the basis of its decision should be provided to the individual and/or their representative, together with a reminder of their rights under the NHS complaints procedure.
- 5.22 The Independent Review Panel is not designated to review the content of care plans, only the decision-making process relating to the determination of whether a person is eligible for continuing NHS healthcare.
- 5.23 The LHB will administer the procedure on behalf of all persons residing within the area for which it is responsible. The procedure is also available for reviewing decisions on NHS Funded Nursing Care (NHS FNC). See www.cciss.org.uk for a template policy.

- 5.24 When reviewing the need for NHS FNC, potential eligibility for CHC should always be considered and a full assessment carried out where necessary.
- 5.25 LHBs must ensure that arrangements are in place for:
- the establishment and operation of independent panels (see Annex 5)
 - access to independent clinical advice, taking into account the range of medical, nursing and therapy needs in each case. Advisors will provide an opinion on judgements as to whether the primary health need approach and this Framework have been followed, and will not have a role in providing a second opinion on diagnosis, management or prognosis of the individual. Arrangements should avoid conflicts of interest between clinicians giving advice and organisations from which the patient has been receiving care
 - allocation of responsibility for review panels to a designated officer, who will ensure efficient operation of the process, check that appropriate steps have been taken to resolve the case informally and collect the factual evidence for the review panel.
- 5.26 In order to avoid delay and to maximise available expertise LHBs should implement a regional panel process as described in Annex 5. Each LHB will, however, ensure that it has allocated responsibility for overview of the proper and efficient operation of the process in their area to a designated officer.

Promoting Consistency in the operation of Independent Review Panels

- 5.27 Local Health Boards are responsible for ensuring that the regional Independent Review Panels operate to a consistent standard and must make arrangements for the appropriate training and mentorship of all panel members.
- 5.28 There is an expectation that the partner agencies will allocate sufficient time within normal working hours for panel members to prepare sufficiently for the Panel proceedings. The importance of the role of Independent Review Panel member should be reflected in their employing organisations via their job description and personal objectives.
- 5.29 The Panel's deliberations must be properly recorded and communicated, with a clear rationale provided for their decision. A template format is available via www.cciss.org.uk .

Complaints

- 5.30 If an individual is dissatisfied with the decision at this stage (or the decision-making process at any stage) they may make use of the NHS Complaints Procedure, 'Putting Things Right'.
- 5.31 If an individual wishes to make a complaint about NHS funded services, they should initially speak to the service provider, if possible, or to the Local Health Board. Following the implementation of the Care Standards Act in April 2002 individual complaints about the provision of care will be considered by regulated establishments via their own procedures; local authorities will consider complaints relating to the commissioning process (such as the appropriateness of a type of placement); and the Care and Social Services Inspectorate for Wales (CSSIW) has discretionary powers to investigate complaints where that complaint may inform its role as a regulator of care homes. Any agency receiving a complaint needs to consider whether a referral should be made in line with procedures for the protection of vulnerable adults.
- 5.32 It is good practice for the NHS and local authorities to make each other aware of complaints received to speed up their resolution, and to pinpoint the main issue to be addressed to improve services. The regulations relating to Partnership Agreements also allow for a joint approach to complaints procedures. Further information is contained in the NHS Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000.
- 5.33 Information on all relevant complaints procedures should be available in all service provision settings. The need for advocacy should be considered where appropriate.
- 5.34 Individuals who are dissatisfied with the way in which the NHS, a local authority or the CSSIW investigates their complaint may complain to the Public Services Ombudsman Wales. However, the Ombudsman will normally expect complainants to have tried to resolve their concerns through the relevant procedure before he considers taking a case. The Ombudsman does not have to investigate every complaint submitted, but will normally do so if there is evidence of hardship or injustice and that an investigation may be of benefit.
- 5.35 Further information on the NHS complaints procedure is contained in: Putting Things Right: raising a concern about the NHS (Welsh Assembly Government, 2011). The procedure can also be accessed via www.cciss.org.uk

ANNEX 5: Setting Up A Review Panel

Establishment of review panels

A.5.1 Local Health Boards must have access to a standing panel, comprising as a minimum an independent chair, representative of a LHB and a local authority. It will also have access to expert opinion. In order to avoid delays in the process and to maximise the available expertise, health boards are encouraged to operate a regional panel system such as that illustrated below:

South & West Region	
Local Health Boards	Local Authorities
Hywel Dda Abertawe Bro Morgannwg	Carmarthen Ceredigion Pembrokeshire Swansea Neath Port Talbot Bridgend

North & Mid Region	
Local Health Boards	Local Authorities
Betsi Cadwaladr Powys Hywel Dda (for North West)	Anglesey Conway & Denbighshire Wrexham Powys Ceredigion

South & East Region	
Local Health Boards	Local Authorities
Aneurin Bevan Cardiff & Vale Cwm Taf Powys	Newport Torfaen Blaenau Gwent Caerphilly Monmouthshire Rhondda Cynon Taff Merthyr Cardiff Vale of Glamorgan

A.5.2 Independent chairs are appointed via the Public Appointments process and their services can be accessed via the CHC Lead in each LHB.

A.5.3 The appointment of representatives of the LHB(s) and local authority(ies) will be on the basis of nomination by those organisations. They should take account of the professional and other skills, which will be relevant to the work of the panel.

A.5.4 Each LHB should designate an individual to maintain the review procedure and collect information for the panel by interviewing patients, family members and any relevant carer.

A.5.5 Each LHB should aim to ensure that the review procedure is completed within four weeks of the request being received, where possible. This period starts once any action to resolve the case informally has been completed, and should be extended only where unavoidable because of exceptional circumstances. The review procedure must not delay the provision of care and the local protocol should make clear how funding will be provided pending the resolution.

A.5.6 Each LHB must ensure that arrangements are in place to support the work of the panel through the provision of relevant information and clinical advice.

The purpose and scope of review panels

A.5.7 The purpose of the review procedure is:

- to check that proper procedures have been followed in reaching decisions about the need for continuing NHS healthcare and NHS Funded Nursing Care;
- to ensure that the primary health need approach in determining eligibility for continuing NHS healthcare and NHS Funded Nursing Care are properly and consistently applied.

A.5.8 The review procedure does not apply where patients or their families and any carer wish to challenge:

- the content, rather than the application, of the Local Health Board's eligibility criterion;
- the type and location of any offer of NHS funded continuing NHS healthcare or NHS Funded Nursing Care services;
- the content of any alternative care package which they have been offered;
- their treatment or any other aspect of the services they are receiving or have received.

These would more properly be dealt with through the complaints procedure

A.5.9 A review should not proceed until the LHB has, in the first instance, worked with the individual to resolve the situation informally. They should ensure that appropriate assessments have been undertaken, care plans produced, that the proper procedures and criteria have been applied, and that the patient has been provided with all relevant information.

- A.5.10 If the case cannot be resolved by informal means, the patient, his or her family or any carer may ask the LHB where the patient is normally resident to review the decision that the patient is not eligible for continuing NHS healthcare. The expectation is that the LHB in reaching a view will seek advice from an independent panel (See paragraph 7). Before doing so it should ensure, having regard to paragraphs 5.7-5.8 above, that the decision is one to which the review procedure applies.
- A.5.11 The LHB has the right to decide in any individual case not to convene a panel. It is expected that such decisions will be confined to those cases where the patient falls well outside the eligibility criteria or where the case is very clearly not appropriate for the panel to consider. Before taking a decision the LHB should seek the advice of the chairman of the review panel. In all cases where a decision not to convene a panel is made, the LHB should give the patient, his or her family or carer a full written explanation of the basis of its decision, together with a reminder of their rights under the NHS complaints procedure.
- A.5.12 While the review procedure is being conducted any existing care package, whether hospital care or community health services, should not be withdrawn until the outcome of the review is known.

Operation of the panel

- A.5.13 The designated LHB is responsible for preparing information for the panel. The panel should have access to any existing documentation, which is relevant, including the details of the patient's original assessment. They should also have access to the views of key parties involved in the case including the patient, his or her family and any carer, health and social services staff, and any other relevant bodies or individuals. It will be open to key parties to put their views to the LHB officer. This will normally be managed by the production of written statements prepared by the LHB's designated responsible officer.
- A.5.14 A patient may have a representative act on their behalf if they choose, or are unable or have difficulty in presenting their own views.
- A.5.15 While the patient or their representative will normally provide information to the designated LHB officer, they may request direct representation at the panel hearing. This does not include a lawyer acting in a professional capacity.
- A.5.16 The panel must maintain patient confidentiality.

- A.5.17 The panel will require access to independent clinical advice, which should take account of the range of medical, nursing and therapy needs involved in each case.
- A.5.18 The role of the panel is advisory. However, while its decisions will not be formally binding, the expectation is that its recommendations will be accepted. If a LHB decides to reject a panel's recommendation in an individual case, it must put in writing to the patient and to the chairman of the panel its reasons for doing so.
- A.5.19 In all cases the LHB must communicate in writing to the patient the outcome of the review, with reasons. All relevant parties (NHS, consultant, GP and other clinician(s), local authority where appropriate) should also receive this information.
- A.5.20 The patient's rights under the existing complaints procedures and their existing right to refer the case to the Public Services Ombudsman Wales, remain unaltered by the panel arrangements.

Section 6: Retrospective Claims for Reimbursement.

- 6.1 An individual and/or their representative may request a retrospective review where they contributed to the cost of their care, but have reason to believe that they may have met the eligibility criteria for CHC which were applicable at that time. A retrospective review claim is different from an appeal against a current CHC assessment and decision on eligibility; that Appeals process is outlined in Section 5.
- 6.2 If eligibility is demonstrated for either the full or part period of the claim, the principles of good public administration demand that timely restitution be made. Welsh Government is aware of a current backlog of claims being managed by LHBs and has made clear its expectation that these claims should take no longer than two years to process.
- 6.3 As with the process of determining CHC eligibility, the retrospective claim process is not a legal process. It is delivered by the LHB and therefore no charge will be made to the individual.
- 6.4 The process for making a claim is set out below. If the individual and /or their representative wish to access support in following the process they may seek advice from the LHB itself, from voluntary sector advocacy or they may choose to engage a solicitor to act on their behalf. If eligibility is found, reimbursement will not cover the costs of any legal fees incurred.
- 6.5 Each LHB should publish a point of contact to which retrospective claims may be submitted. The all Wales public information leaflet on retrospective claims and the Frequently Asked Questions leaflet are available via the Complex Care Information & Support site www.cciss.org.uk.
- 6.6 The claim may be submitted by:
- Patient.
 - Person authorised by the patient to receive reimbursement on his/her behalf.
 - Person holding a registered Power of attorney or who is a Court-appointed receiver for a mentally incapacitated patient.
 - In the case of a deceased patient, an executor named in the Grant of Probate in respect of the deceased's estate or an administrator named in the Grant of Letters of Administration of the estate.

Reimbursement, should eligibility be found, will only be paid to the above.

- 6.7 For the periods between 1st April 2003 and 31st July 2013 the cut-off date for registering intent to make an application for a retrospective review will be 31st July 2014. Thereafter, no applications for a retrospective review pertaining to this period will be considered, other than in exceptional circumstances. Exceptional circumstances can

include for example, the claimant suffering critical illness, serving with the armed forces or living abroad.

- 6.8 It is anticipated that the maximum 2 year timescale for resolution will also apply to these cases, but this may be subject to review in response to the numbers of applications received.
- 6.9 Within 5 months of registering the claim, claimants will be required to provide evidence of:
- Their right to make the claim on the individual's behalf (i.e. via Lasting Power of Attorney or Grant of Probate as detailed above);
 - Proof of fees paid to care home or domiciliary agency.
- 6.10 LHBs need to balance their requirement to provide timely restitution with that of demonstrating probity with the public purse. Making an application does not mean that reimbursement is guaranteed; LHBs must satisfy themselves that the application is genuine and that the person was indeed eligible for CHC during the disputed period.
- 6.11 From 1st October 2014 the process for considering the claim period for a retrospective review is as follows.
- The claim period to be considered will be no longer than 12 months from the date of application.
 - If the claim period is after a MDT/IRP decision of no eligibility, the period to be reviewed may go back to the date of the decision as long as it is no longer than 12 months.
 - If the claim period is prior to a MDT/IRP decision, no longer than a 12 month period will be reviewed.
- 6.12 Claims outside of the stated cut-off dates may be considered in exceptional circumstances. Exceptional circumstances can include for example, the claimant suffering critical illness, serving with the armed forces or living abroad.
- 6.13 In order to ensure fairness during the transition period between the 2010 and 2014 Frameworks, claims relating to the period from 1st August 2013 to 30th September 2014 will be accepted up to 1st October 2015. These claims should normally be resolved within 12 months of receipt.
- 6.14 The resolution of claims submitted after 1st October 2014 i.e. under the annual rolling cut-off date, should normally be achieved within 6 months.

6.15 The process for considering retrospective claims is as follows:

- i. Evidence of Legal authority to make the application and proof of payment of care fees will be provided by the claimant.
- ii. A questionnaire (including a request for the claimant's views) and Information/Frequently Asked Questions Booklets are sent to the claimant.
- iii. On receipt of the completed questionnaire, requests are made to the appropriate care providers for records.
- iv. A chronology of need is produced from the records available and the claimant's views. See www.cciss.org.uk for template.
- v. The All Wales Needs Assessment Document (see www.cciss.org.uk) will be used by the reviewer to analyse the information in the chronology using the 4 key indicators of Nature, Intensity, Complexity and Unpredictability and by applying the Primary Health Need approach for the whole of the claim period. If no eligibility is found using these criteria, the criteria that were applicable at the time of the claim period should be applied.
- vi. On completion of the analysis, the document will be peer reviewed by a different clinician to ensure the recommendation is robust based on the evidence and that the criteria have been consistently applied. If the clinicians do not agree, the case will be referred to the Independent Review Panel (IRP)
- vii. In cases of no eligibility found, the document will be peer reviewed by 2 different clinicians to ensure that the evidence supports the recommendation made.
- viii. The recommendation on eligibility will be made on the evidence available. It can be 1 of 4 possibilities:
 - Matching- the period of eligibility found matches the claim period in totality
 - Partial- eligibility is found for part of the claim period
 - No eligibility found for any part of the claim period
 - Panel- the reviewer has been unable to make a decision as the information available is complex.
- ix. Dependant on the recommendation made, the case will go along 1 of 3 pathways:
 - Matched cases will go directly for ratification
 - Partial and no eligibility cases will go for negotiation
 - Panel cases- an Independent Review Panel will be convened.

The claimant/representative will be invited to a meeting for cases where partial or no eligibility has been found:

- Partial eligibility- to discuss the recommendation made and reach a mutually acceptable period of eligibility based on the evidence available and/or new evidence that has not previously been available to consider. If agreement is reached at this stage, the case will be forwarded for ratification. If no agreement is reached, the case will be forwarded for IRP consideration.
- No eligibility- Where no evidence of eligibility is found, a meeting will take place with the claimant/representative to provide opportunity for further explanation of CHC criteria and to check that the claimant/representative has understood the lack of evidence on eligibility.

If peer review indicates that there is an element of doubt then recourse to the IRP process should be granted.

If the individual or their representative has significant additional information to present or exceptional circumstances apply again, there should be recourse to the IRP process.

Before taking a decision the LHB will seek the advice of the chairman of the review panel. In all cases where a decision not to convene a panel is made, a full written explanation of the basis of its decision should be provided to the individual and/or their representative, together with a reminder of their rights under the NHS complaints procedure.

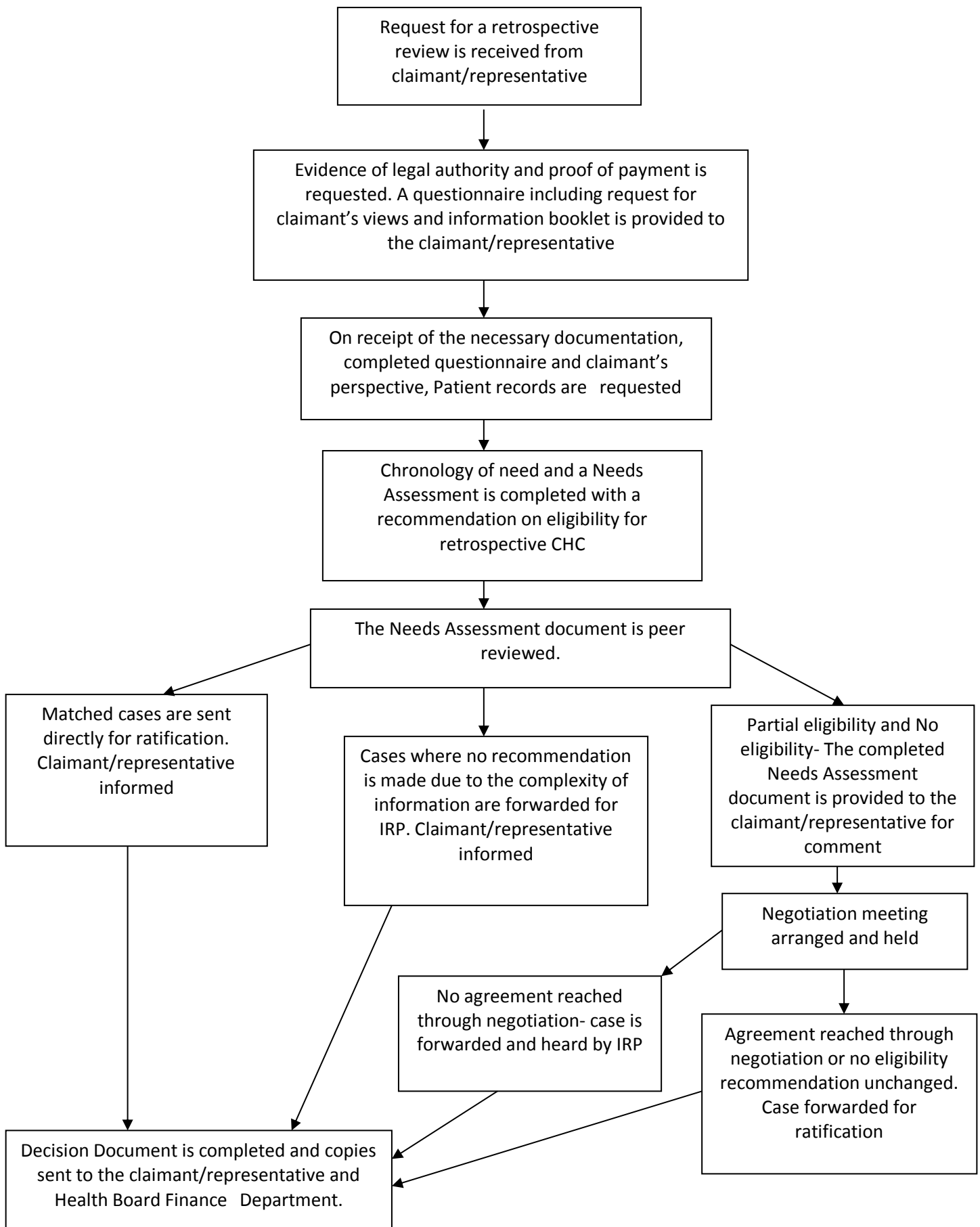
- In all cases, an All Wales Decision Document will be completed by the person ratifying the recommendation made/Chair of the IRP.
- A copy of the completed Decision Document is provided to the claimant/representative and the LHB Finance Department.

Responsibility for the management of claims

- 6.16 Welsh Government Circular 13/2011 set out the arrangements for the processing of claims by the 'Powys Project'. This referred to claims relating to the periods:
- Between 1996 and 2003;
 - After April 2003 and up to 15th August 2010 where the application was received prior to 16th August 2010; and
 - Claims straddling these two periods.
- 6.17 Applications received after 16th August 2010 are dealt with by the relevant Local Health Board. Both the Powys Project and the LHBs will follow the process detailed above.
- 6.18 In November 2013 the Welsh Government issued interim guidance in respect of proof of payment for specific cases dealt with by the Powys Project.
- 6.19 In January 2014 a national NHS Executive Task and Finish Group was established, with the support of Welsh Government, to assume responsibility for the oversight of the management of all retrospective claims and compliance with this guidance. The LHBs have agreed joint arrangements with the national (Powys) project to ensure completion of claims within the stipulated timescales and will submit monthly performance information to Welsh Government.
- 6.20 Claimants who are dissatisfied with the review process are able to access the NHS Complaints process and recourse to the Public Services Ombudsman for Wales as outlined in paragraphs 5.31 to 5.36.

See Figure 2 for an overview of the process for undertaking a retrospective review.

Figure 2: Process for undertaking a Retrospective Review



Appendices

Glossary of Terms

Assessment

Assessment involves a balanced analysis of the individual's needs, resources and capacities and the outcomes they want to achieve, in order to identify how they can best be supported to achieve them.

Care Home

An establishment registered under the Care Standards Act 2000 to provide accommodation, together with nursing or personal care.

Care Planning and Review

Care Planning and Review is a dynamic process, bringing together the individual, their carers and professionals to agree how their needs can best be met, the actions needed and who will do them.

Care and Support Package

A combination of support and services designed to meet individual's assessed health and social care needs, as detailed in the Care and Support Plan.

Care Plan

A Care Plan must contain:

- Plans and actions to be undertaken to help achieve the desired outcomes;
- The roles and responsibilities of the individual, carers and family members and practitioners (including for example GP, Nurse), and the frequency of contact with those;
- The resources (including financial resources) required from each party; and
- The review and contingency arrangements and how progress will be measured.

Carer

The Carers Strategy for Wales (2013)¹⁵ defines a carer as anyone, of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse. The definition excludes those who provide care under, or by virtue of, a contract or voluntary work.

Care Worker

Care workers provide paid support to help people manage the day-to-day activities of living. Support may be of a practical, social care nature or to meet a person's healthcare needs.

¹⁵ The Carers Strategy for Wales, Welsh Government (2013)

Behaviours that challenge

Behaviours that challenge are defined as "culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities.

Complex Care Information & Support site www.cciss.org.uk

This is a web-based resource hosted by Welsh Government to support implementation of this Framework. It is the responsibility of each Local health board to implement the Framework and to gain assurance that it is doing so via the performance framework.

Cognition

The higher mental processes of the brain and the mind including memory, thinking, judgement, calculation, visual spatial skills etc.

Cognitive impairment

Cognitive impairment applies to disturbances of any of the higher mental processes, many of which can be measured by suitable psychological tests. Cognitive impairment, especially memory impairment, is the hallmark and often the earliest feature of dementia.

Commissioning

Commissioning involves a set of activities by which Local Health Boards and local authorities ensure that services are planned and organised to best meet the health and social care outcomes of people in Wales. It involves understanding the need of their populations, best practice and local resources and using these to plan, implement and review changes in services. It encompasses both planning and procurement.

Commissioning requires a whole systems perspective and applies to services across all sectors. Commissioning services to respond to the needs of people with continuing health care should not be undertaken in isolation of commissioning other closely related services.

Local Health Boards can delegate the function of commissioning to local authorities and local authorities can delegate the function of commissioning to Local Health Boards whilst still retaining their statutory responsibilities. This option is open towards facilitating the development of a coherent approach to commissioning services such as, for example, residential and nursing home care or reablement and intermediate care services with one approach to developing contracts, service specifications, fee settings and quality assurance.

Continuing NHS Healthcare (CHC)

A complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health

need. Continuing NHS healthcare can be provided in any setting. In a person's own home, it means that the NHS funds all the care that is required to meet their assessed health and social care needs to the extent that this is considered appropriate as part of the health service. This does not include the cost of accommodation, food or general household support. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees for the person's accommodation as well as their care.

Domain

These refer to the content of the integrated assessment and the decision support tool.

End of Life Care

Care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes the management of pain and other symptoms, and the provision of psychological, social, spiritual and practical support.

General Household Support

Such services as cleaning, laundry, meal preparation, shopping, cooking, collecting benefits, sitting with or accompanying on social outings.

Intermediate Care¹⁶

The term 'intermediate care' has been defined as a "range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living". (NSF for Older People, DOH, June 2002). This type of service is usually provided on a short term basis at home or in a residential setting (usually about 6 weeks) for people who need some degree of rehabilitation and recuperation. Its aims are to prevent unnecessary admission to hospital, facilitate early hospital discharge and prevent premature admission to residential care.

Lead professional/Care Co-ordinator

This is the person who:

- co-ordinates the assessment process, and draws in additional specialists as required;
- acts as a focus for communication for different professionals and the individual to make sure that information is recorded correctly; and,
- ensures that any problems or difficulties in the co-ordination or completion of an assessment are resolved.

¹⁶ Further work will be undertaken to achieve consistent definitions of intermediate care, reablement, rehabilitation, hospital home, virtual wards, rapid response, etc. to inform service developments.

For people with mental health needs the Mental Health Measure makes specific requirements regarding who the Care Co-ordinator should be.

LHB

Local Health Board.

Long Term Care

This is a general term that describes the care which people need over an extended period of time, as the result of disability, accident or illness to address both physical and mental health needs. It may require services from the NHS and/or social care, and can be provided in a range of settings, such as a NHS hospital, a care home (providing either residential or nursing care), hospice, and in people's own homes. Long term care should be distinct from intermediate care (which has specific time limited outcomes for rehabilitation, reablement or recuperation) and transitional/interim care (where the care setting is temporary and different from where people are expected to receive any long term care they need).

Long-term Conditions

Those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies.

Mental Capacity

The ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is explained in Section 2 of the Mental Capacity Act 2005: ' a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of, the mind or brain'.

Mental Disorder

Mental disorder is defined in section 1(2) of the Mental Health Act 1983 (as amended by the Mental Health Act 2007) as meaning 'any disorder or disability of the mind'.

Multi-disciplinary

Multi-disciplinary refers to professionals across health and social care and the third sector who work together to address the holistic needs of their patients/clients in order to improve delivery of care and reduce fragmentation.

National Integrated Assessment Framework

This is the Welsh Government Framework that applies to promoting wellbeing, assessment, care planning and review arrangements for services for people aged 65+ irrespective of presenting need, disability or condition and supports access to care and support in the community. (See Annex 1)

NHS

National Health Service

NHS Funded Nursing Care

The provision of NHS Funded Nursing Care derives from Section 49 of the Health and Social Care Act, 2001, which excludes nursing care by a registered nurse from the services which can be provided by local authorities. NHS Funded Nursing Care applies to all those persons currently assessed as requiring care by a registered nurse in care homes. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for CHC.

Palliative Care

The active holistic care of patients with advanced, progressive illness. This includes the management of pain and other symptoms and provision of psychological, social, spiritual and practical support. The goal of palliative care is the achievement of the best quality of life for patients and their families.

Personal Information

The term "personal information" should be taken to include, where appropriate, "sensitive personal information" (e.g. health information). Those terms have the same meaning as "personal data" and "sensitive personal data" in the Data Protection Act.

Primary Health Need

An individual is deemed to be eligible for CHC when their primary need is a health need: 'the primary health need approach'. This is determined by consideration of the four key characteristics of need: nature, intensity, complexity and unpredictability – see section 3.

Reablement¹⁷

The term 'reablement' refers to the active process of regaining skills, confidence and independence. This may be required following an acute medical episode or to reverse or halt a gradual decline in functioning in the community. It is intended to be a short-term intensive input.

Registered Nurse

A nurse registered with the Nursing and Midwifery Council. Within the UK all nurses, midwives and specialist community public health nurses must be registered with the Nursing and Midwifery Council and renew their registration every three years to be able to practise.

Rehabilitation¹⁸

A programme of therapy and reablement designed to maximise independence and minimise the effects of disability

¹⁷ Further work will be undertaken to achieve consistent definitions of intermediate care, reablement, rehabilitation, hospital home, virtual wards, rapid response, etc. to inform service developments.

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Social Care

Social Care is care provided to support an individual's social needs. It refers to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships. Social care services are provided for people who need help/assistance to live their lives as independently as possible in the community (either at home or in a care setting), people who are vulnerable and people who may need protection. Local authorities, the voluntary sector and the independent sector can provide social care. This definition should be viewed in the context of the policy of Welsh government to move to a more integrated approach. The Social Services and Well-being (Wales) Bill 2013 emphasises the duty of local authorities and Local Health Boards to work together to develop integrated primary, community and well-being services that are focussed on the holistic needs of people.

Social Work

Social work is a professional activity/service provided by a Registered Social Worker. It is an activity that can enable individuals, families and groups to identify personal, social and environmental difficulties adversely affecting them. It is a range of activities that can provide supportive, rehabilitative protective or corrective action. This can include care management, social care assessment and planning and counselling.

Sustainable Care Planning Policy

This is a policy which has been developed and adopted by all Local Health Boards in Wales for use when considering care planning options appropriate to meet the assessed need for people eligible for CHC. It describes the approach to fair and sustainable care planning within CHC and to the management of a fair allocation of resources within the wider context of care planning considerations.

Eitem ar gyfer y Rhaglen 11



SOCIAL AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 1 st July 2021
Report Subject	Commencement of the Socio-economic Duty
Cabinet Member	Cabinet Member for Corporate Management and Assets
Report Author	Chief Executive
Type of Report	Operational

EXECUTIVE SUMMARY

The Welsh Government has commenced the Socio-economic Duty in Wales. The statutory requirement of the duty places a legal responsibility on relevant bodies, when they are taking strategic decisions, to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. The new duty will be a key mechanism for supporting the most vulnerable in our society.

The purpose of this report is to provide a summary of the new duty and update all Overview and Scrutiny Committees of our preparedness for the commencement of the socio-economic duty.

RECOMMENDATIONS

1	That the Committee notes the requirements of the Socio-economic Duty.
2	That the Committee is assured of our preparedness in meeting the new duty.

REPORT DETAILS

1.00	EXPLAINING THE SOCIO-ECONOMIC DUTY
1.01	<p>Sections 1-3 of the Equality Act 2010, the Socio-economic Duty, requires relevant public bodies, when taking strategic decisions, to have due regard to the need to reduce inequalities of outcome that result from socio-economic disadvantage. This section of the Act was not enacted when the Equality Act came into force in 2012, and has lay dormant on the statute books. Welsh Ministers commenced the Socio-economic Duty on 31 March 2021.</p>
1.02	<p>The Socio-economic Duty intends to ensure that those taking strategic decisions:</p> <ul style="list-style-type: none"> • take account of evidence and potential impact on people who experience socio-economic disadvantage. • through consultation and engagement, understand the views and needs of those impacted by the decision, particularly those who suffer socio-economic disadvantage. • welcome challenge and scrutiny. • drive a change in the way that decisions are made and the way decision makers operate.
1.03	<p>Welsh Government (WG) has advised that “the duty is a key mechanism in supporting the most vulnerable in our society and something which will be extremely important in our continued response to Covid-19”.</p>
1.04	<p>WG has published non- statutory guidance, “A More Equal Wales, Preparing for the Socio-economic Duty” and a fact sheet to support organisations who are required to meet the duty. Guidance for decision makers “Socio-economic Duty: scrutiny framework” has also been published to support decision makers meet their duty to show “due regard”. This includes a checklist with examples of evidence to confirm “due regard” has been given.</p>
1.05	<p>Key terms explained in the guidance include:</p> <ul style="list-style-type: none"> • Due regard - will require the named authorities to consider the issues and to give weight to such considerations proportionate to their relevance. • Inequalities of outcome – any measurable difference in outcome between those who experience socio- economic disadvantage and the rest of the population – lower healthy life expectation, lower paid work, poorer skills and attainment. • Reporting - there will be no statutory reporting but organisations should be able to demonstrate how they have discharged their statutory duty and have a clear audit trail of evidence. An individual or group who feel that their interests are adversely affected by a decision or feel that an organisation is not complying with the duty may bring a judicial review claim against that organisation.

	<ul style="list-style-type: none"> • Strategic decisions - Strategic decisions are defined as “those decisions which affect how the organisation fulfils its statutory purpose over a significant period of time”. These do not include routine, day to day decisions.
1.06	<p>Some examples of strategic decisions include:</p> <ul style="list-style-type: none"> • Medium to long term plans; • Setting objectives; • Changes to and developing public services; • Strategic financial planning; • Major procurement and commissioning decisions.
1.07	<p>WG has set out four steps within the guidance to support organisations to prepare to meet the duty:</p> <ul style="list-style-type: none"> • Step 1 - identifying strategic decisions • Step 2 - identifying those involved with strategic decisions. • Step 3 - ensure that those involved with strategic decision making process understand the requirements of the duty. • Step 4 - integrate consideration of inequality of outcome caused by socio-economic decisions within existing processes to understand and start evidencing, for example, Integrated Impact Assessments, engagement processes.
1.08	<p>We are already undertaking a number of these steps:</p> <ul style="list-style-type: none"> • Strategic decisions are identified in formal committee reports; • Integrated Impact Assessments (IIA) include potential impacts on poverty and these are included within committee reports for decision makers to consider; • Impacts on the well-being goals, including the goal “An Equal Wales”, and the future ways of working are also reported within committee reports; and • Poverty is included as a priority within the Council Plan.
1.09	<p>The new duty provides an opportunity to review and update what we do, including IIAs, procurement and committee reports. This will ensure that we can evidence we are meeting the new duty and are considering how our decisions might help reduce the inequalities associated with socio-economic disadvantage. We are updating our IIA tool to ensure the new duty is fully considered and are amending the commissioning form to ensure commissioning officers complete relevant impact assessments before procuring new services.</p>
1.10	<p>Further information about this new duty is provided as part of a presentation to this committee.</p>

2.00	RESOURCE IMPLICATIONS
2.01	<p>Revenue/Capital: there are no implications for the approved revenue and capital budgets for either the current financial year or for future financial years.</p> <p>Human Resources: there are no implications for additional capacity or for any change to current workforce structures or roles.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT																								
3.01	<p>An Integrated Impact Assessment is not required as this report provides an overview of legislation requirements. Strategic reports to formal committees, from 31 March 2021, will require evidence of demonstrating due regard to the Socio-economic Duty.</p> <p>Ways of Working (Sustainable Development) Principles Impact</p> <table border="1"> <tr> <td>Long-term</td> <td>No change.</td> </tr> <tr> <td>Prevention</td> <td>Positive. The new duty aims to ensure that potential impacts on socio-economic disadvantage are considered</td> </tr> <tr> <td>Integration</td> <td>Positive. The new duty aims to build on existing legislation, such as the Public Sector Equality Duty and the Well-being of Future Generations Act.</td> </tr> <tr> <td>Collaboration</td> <td>No change</td> </tr> <tr> <td>Involvement</td> <td>Positive. Demonstrating due regard to socio-economic disadvantage requires public bodies to listen to the voices of people and communities who experience socio-economic disadvantage.</td> </tr> </table> <p>Well-being Goals Impact</p> <table border="1"> <tr> <td>Prosperous Wales</td> <td>Positive. The purpose of the new duty is to reduce inequalities of outcome caused by socio-economic disadvantage.</td> </tr> <tr> <td>Resilient Wales</td> <td>No change</td> </tr> <tr> <td>Healthier Wales</td> <td>Positive. The purpose of the new duty is to reduce inequalities of outcome caused by socio-economic disadvantage, including health inequalities.</td> </tr> <tr> <td>More equal Wales</td> <td>Positive. The purpose of the new duty is to reduce inequalities of outcome caused by socio-economic disadvantage.</td> </tr> <tr> <td>Cohesive Wales</td> <td>No change</td> </tr> <tr> <td>Vibrant Wales</td> <td>No change</td> </tr> <tr> <td>Globally responsible Wales</td> <td>No change</td> </tr> </table>	Long-term	No change.	Prevention	Positive. The new duty aims to ensure that potential impacts on socio-economic disadvantage are considered	Integration	Positive. The new duty aims to build on existing legislation, such as the Public Sector Equality Duty and the Well-being of Future Generations Act.	Collaboration	No change	Involvement	Positive. Demonstrating due regard to socio-economic disadvantage requires public bodies to listen to the voices of people and communities who experience socio-economic disadvantage.	Prosperous Wales	Positive. The purpose of the new duty is to reduce inequalities of outcome caused by socio-economic disadvantage.	Resilient Wales	No change	Healthier Wales	Positive. The purpose of the new duty is to reduce inequalities of outcome caused by socio-economic disadvantage, including health inequalities.	More equal Wales	Positive. The purpose of the new duty is to reduce inequalities of outcome caused by socio-economic disadvantage.	Cohesive Wales	No change	Vibrant Wales	No change	Globally responsible Wales	No change
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	No consultation required as this reports on a new duty.
4.02	All Council Overview and Scrutiny Committees will be receiving this report.

5.00	APPENDICES
5.01	None

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>A More Equal Wales: Preparing for the commencement of the Socio-economic Duty. Non- statutory Guidance .</p> <p>Commencing The Socio-economic Duty Fact Sheet</p> <p>Socio-economic Duty: Scrutiny Framework</p>

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Fiona Mocko, Strategic Policy Advisor</p> <p>Telephone: 01352 702122</p> <p>E-mail: fiona.mocko@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
	<p>Integrated Impact Assessments: An Integrated Impact Assessment (IIA) is a way to look at how a proposal could affect communities and if different groups within the community will be affected differently. It takes into consideration impacts on the environment, equality (people with protected characteristics), health, poverty and Welsh language.</p> <p>Socio-economic disadvantage: Living in less favourable social and economic circumstances than others in the same society. This includes both communities of interest and communities of place. Communities of interest includes people with protected characteristics as defined by the Equality Act 2010 and groups of people who share an experience, for example, people who are homeless. Communities of place include people who are linked together because of where they reside or work.</p>

Mae'r dudalen hon yn wag yn bwrpasol