

Pecyn Dogfen Gyhoeddus

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



Swyddog Cyswllt:
Margaret Parry-Jones 01352 702427
maureen.potter@siryfflint.gov.uk

At: Cyng Sam Swash (Cadeirydd)

Y Cynghorwyr: Mike Allport, Mel Buckley, Tina Claydon, Steve Copple,
Gladys Healey, Fran Lister, Dave Mackie, Gina Maddison, Billy Mullin,
Debbie Owen a Arnold Woolley

13 Ionawr 2025

Annwyl Gynghorydd,

RHYBUDD O GYFARFOD HYBRID
PWYLLGOR TROSOLWG A CHRAFFU GOFAL CYMDEITHASOL AC IECHYD
DYDD GWENER, 17EG IONAWR, 2025 10.00 AM

Yn gywir

Steven Goodrum
Rheolwr Gwasanaethau Democraidd

Sylwch: Gellir mynychu'r cyfarfod hwn naill ai wyneb yn wyneb yn Ystafell Bwyllgor Delyn, Cyngor Sir y Fflint, Yr Wyddgrug, Sir y Fflint neu ar-lein.

Bydd y cyfarfod yn cael ei ffrydio'n fyw ar wefan y Cyngor. Bydd y ffrydio byw yn dod i ben pan fydd unrhyw eitemau cyfrinachol yn cael eu hystyried. 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 Democraidd 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 - 10)

Pwrpas: I gadarnhau, fel cofnod cywir gofnodion y cyfarfod ar 5 Rhagfyr 2024.

4 RHAGLEN GWAITH I'R DYFODOL AC OLRHAIN CAMAU GWEITHRED (Tudalennau 11 - 20)

Adroddiad Hwylusydd Trosolwg a Chraffu yr Amgylchedd a Gofal Cymdeithasol

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

5 COFRESTR RISGIAU GORFFORAETHOL (Tudalennau 21 - 74)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor ac Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

Pwrpas: I adolygu Cofrestr Risgiau Corfforaethol y Cyngor.

6 ADRODDIAD CANOL BLWYDDYN AR BERFFORMIAD CYNLLUN Y CYNGOR (2023-28) 2024/25 (Tudalennau 75 - 108)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor ac Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

Pwrpas: Adolygu a monitro perfformiad canol blwyddyn y Cyngor, gan gynnwys camau gweithredu a mesurau, fel y nodir yng Nghynllun y Cyngor (2023-28) ar gyfer 2024/25.

7 **ADRODDIAD GWASANAETHAU RHEOLEDIG MEWNOL** (Tudalennau 109 - 118)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor ac Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

Pwrpas: Disgrifio sefyllfa bresennol gwasanaethau mewnol i oedolion mewn perthynas â gofynion rheoleiddio.

8 **DIWEDDARIAD AR Y NEWIDIADAU I ADRODDIAD BLYNYDDOL Y CYFARWYDDWR FEL Y NODIR GAN LYWODRAETH CYMRU**

Pwrpas: Darparu diweddariad llafar ar newidiadau arfaethedig i Adroddiad Blynyddol y Cyfarwyddwr.

9 **CYNLLUN GWEITHREDU GORWARIANT YN YSTOD Y FLWYDDYN 2024/25** (Tudalennau 119 - 128)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor ac Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

Pwrpas: Ystyried adrannau o'r Cynllun Gweithredu gorwariant yn ystod y flwyddyn 2024/25 sy'n berthnasol i'r Pwyllgor Trosolwg a Chraffu Gofal Cymdeithasol ac Iechyd.

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

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 3

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **5 DECEMBER 2024**

Minutes of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held as a hybrid meeting on Thursday, 5 December 2024

- PRESENT:** **Councillor Sam Swash (Chair)**
Councillors: Mike Allport, Mel Buckley, Tina Claydon, Steve Cople, Gladys Healey, Fran Lister, Dave Mackie, Gina Maddison, Billy Mullin, Debbie Owen and Arnold Woolley
- ALSO PRESENT:** Councillors: Hilary McGuill, Paul Johnson, Richard Jones attended as observers
- CONTRIBUTORS:** Councillor Christine Jones (Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing); Chief Officer (Social Services); Senior Manager – Safeguarding and Commissioning; Corporate Finance Manager, Service Manager – Older People and Senior Manager – Children.
- IN ATTENDANCE:** Social Care and Environment Overview & Scrutiny Facilitator and Democratic Services Officer

27. **APPOINTMENT OF CHAIR** ([Link to recording](#))

RESOLVED:

That the appointment of Councillor Sam Swash as Chair of the Committee for the remaining 2024/25 municipal year be noted.

28. **APPOINTMENT OF VICE-CHAIR** ([Link to recording](#))

RESOLVED:

That Councillor Gladys Healey be appointed Vice-Chair for the remaining 2024/25 municipal year.

29. **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

No declarations of interest were made.

30. **MINUTES** ([Link to recording](#))

The [minutes \(agenda item number 5\)](#) of the meetings held on 5th September 2024 were presented for approval.

RESOLVED:

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

31. FORWARD WORK PROGRAMME AND ACTION TRACKING ([Link to recording](#))

The Overview & Scrutiny Facilitator presented the current [Forward Work Programme \(agenda item number 6\)](#) for consideration, which included an update on outstanding actions.

It was agreed that the report on the Re-Commissioning of Carers Services be moved to the February meeting and that a visit to the new NEWCIS Centre in Mold be undertaken prior to that meeting.

Members were advised that the Climbie visit was in the process of being arranged for January/February.

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.

32. BUDGET 2025/26 – STAGE 2 ([Link to recording](#))

The Corporate Finance Manager presented a [report \(agenda item number 7\)](#) for Members to review and comment on cost pressures under the remit of the Committee.

RESOLVED:

- (a) That Members review and comment on the Social Services portfolio's cost pressures; and
- (b) That the Committee were assured that the cost pressures were an essential requirement for the 2025/26 budget and that there was no scope to remove/defer them to assist with dealing with the budget challenge.

33. RESPONSE TO THE AUDIT WALES REVIEW “URGENT AND EMERGENCY CARE: FLOW OUT OF HOSPITAL – NORTH WALES REGION” ([Link to recording](#))

The Service Manager, Older People presented a [report \(agenda item number 8\)](#) for members to consider the Wales Audit report and the measures taken regionally and locally to implement any recommendations made.

The Chief Officer (Social Services) agreed to share action plans as requested by Councillor Copple and that a further update report would be provided in July 2025.

RESOLVED:

- (a) That members consider the Wales Audit report and the measures being taken regionally and locally to implement the recommendations made; and
- (b) That members note that the Government and Audit Committee was updated on progress in addressing the recommendations made.

34. FRAMEWORK OF SUPPORT: SUSTAINABLE APPROACH TO ADULT SOCIAL CARE ([Link to recording](#))

The Chief Officer (Social Services) presented a [report \(agenda number item 9\)](#) for Members to support changes to the financial assessment and charging for Domiciliary Care and Residential Care Services.

In response to a question raised by Councillor Owen the Senior Manager – Safeguarding and Commissioning agreed to provide members with a link to Dewis Cymru where a comprehensive list of services, organisations and events that support individuals within their community could be found.

RESOLVED:

- (a) That members support the actions being taken to develop the Framework of Support as part of a range of transformational projects that would be required to develop sustainable social services; and
- (b) That members endorse associated actions needed to respond to demand pressures and support domiciliary and residential care budget pressures.

35. FINANCIAL ASSESSMENTS AND CHARGING TEAM ([Link to recording](#))

The Senior Manager – Safeguarding and Commissioning presented a [report \(agenda item number 10\)](#) to provide Members with information regarding the work undertaken within the Financial Assessment and Charging Team.

RESOLVED:

That Members acknowledge and support the work being undertaken by the Financial Assessment and Charging Team in delivering services to the residents of Flintshire.

36. FUTURE OF INTEGRATED COMMUNITY MENTAL HEALTH TEAM (CMHT) ([Link to recording](#))

The Senior Manager – Safeguarding and Commissioning introduced the report and the Service Manager Disability Services presented the [report \(agenda item number 11\)](#) for members to consider a proposal to cease an integrated CMHT partnership with Betsi Cadwaladr University Health Board.

RESOLVED:

- (a) That members accept the proposal contained within the report; and

- (b) That Members determine the process to achieve political support for the proposal.

37. SOCIAL SERVICES CARE INSPECTORATE WALES, PERFORMANCE EVALUATION INSPECTION NOVEMBER 2023 – ACTION PLAN UPDATE ([Link to recording](#))

The Chief Officer (Social Services), Senior Manager – Safeguarding and Commissioning and Senior Manager – Children presented the [report \(agenda item number 12\)](#) to update members on the progress of implementing the resulting action plan

RESOLVED:

That Members acknowledge and support the progress made in implementing the action plan.

38. CHILDREN AND FAMILIES SAFEGUARDING HUB ([Link to recording](#))

The Senior Manager – Children presented the [report \(agenda item number 13\)](#) outlining the strengths and challenges from the newly established Safeguarding Hub.

RESOLVED:

That Social and Health Care Overview & Scrutiny Committee noted the outcome of the report and supported the resulting Action Plan.

39. MOCKINGBIRD FOSTERING PROJECT ([Link to recording](#))

The Senior Manager – Children presented the [report \(agenda item number 14\)](#) to update members on the progress of the implementation of the Mockingbird model of care and agreed to provide members with an analysis of outcomes comparing Mockingbird placements.

RESOLVED:

- (a) That Members review progress in implementing the Mockingbird model in Flintshire and noted the associated achievements including securing placement stability for looked after children; and
- (b) That Members supported a detailed valuation of impact and benefits realisation when the programme had reached full implementation in 2025.

40. SOCIAL SERVICES WORKFORCE DEVELOPMENT REPORT ([Link to recording](#))

The Senior Manager – Safeguarding and Commissioning presented the [report \(agenda item number 15\)](#) to update Members on the work undertaken by the Social Services Workforce Development Team over the past 12 months, including details relating to recruitment activity in Social Services

RESOLVED:

That Members acknowledged and supported the work being undertaken to support the social care workforce through learning & development opportunities.

41. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

None.

(The meeting started at 1.00pm and ended at 4.25pm)

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Chair

Meetings of the Social & Health Care Overview & Scrutiny Committee are webcast and can be viewed by visiting the webcast library at <http://flintshire.public-i.tv/core/portal/home>

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 4



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	17 th January, 2025
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

Tudalen 15

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
20 th February 25 2pm	Re-commissioning of Carers Services (Pre-visit to NEWIS Centre Mold) Childcare and Early Years Capital Programme 2025-2028	To include support available for Carers To receive an update	Pre-decision Assurance	Dawn Holt Chief Officer – Social Services	
24 March 25 10.00 am	Early Draft of Director’s Annual Report Coed y Ddraig update (formally known as Maes Gwern) Visit to be arranged in advance to Coed y Ddraig.	To discuss the initial draft To receive an update	Pre-decision Assurance	Chief Officer – Social Services Chief Officer – Social Services	
9 May 25 10.00 am	Corporate Risk Register Pledge of Corporate Parenting Charter	To review the Council’s Corporate Risk Register. To receive a progress update	Assurance Assurance	Chief Officer – Social Services Chief Officer – Social Services	

Tudalen 16

	Tŷ Croes Atti (formally Croes Atti Newydd) update. Visit to Tŷ Croes Atti be arranged to proceed Scrutiny	To receive an update	Assurance	Chief Officer – Social Services	
5 June 25 2.00 pm	Audit Wales Review “Urgent and Emergency Care: Flow out of Hospital -North Wales Region”	To receive an update as requested at the December meeting.	Assurance	Chief Officer – Social Services	
17 July 25 10.00 am	Council Plan 2024-25 Year End Performance Corporate Risk Register	To review the levels of progress in the achievement of activities and performance levels identified in the Council Plan and to consider the Annual Performance Report. To review the Council’s Corporate Risk Register.	Performance Monitoring	Facilitator	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
	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)

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

Items to be added :-

- Early Years Pathways transformation**
- Expanding Creative Respite Services to meet the needs of carers**
- North Wales Domiciliary Care Framework**
- Update on CIW Action Plan**

Mae'r dudalen hon yn wag yn bwrpasol

Action tracking from Social & Health Care OSC January 2025

Item/Date	Discussion	Action	By whom	Status
29 February 2024 RISCA Responsible Individual Report	Cllr Hilary McGuill asked if Rota Visits could be re-instated for Members of the Committee.	Rota Visits to be re-instated.	Mark Holt	Completed
6 th June 2024 Age Friendly Communities	Cllr Marion Bateman requested that the Dementia Bus be made available to Members to experience the training provided.	Opportunity to be provided to experience the training.	Janet Bellis/Michael Jones	Ongoing
18 July 2024 Forward Work Programme & Action Tracking	Following a request to restart visits with Social Services staff in Flintshire following the Victoria Climbié ruling, it was suggested to look at this in September / October	The visit due to take place on the 17 th of October was postponed and will be re-arranged in the New Year.	Craig Macleod	Visit arranged on 17 February 2025 at 10.00 am at Flint Offices.
4 December 2024 Framework of Support : A sustainable Approach to Adult Social Care	Cllr Debbie Owen requested a comprehensive list of services that can people can be signposted to.	A link to Dewis Cymru to be provided to all Members.	Jane Davies	Completed
Mocking Bird Fostering Project	Analysis of outcomes comparing Mocking Bird to Non Mocking Bird placements to be provided to members of the Committee.	Information to be provided.	Sarah Grant	Ongoing

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 5



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Friday, 17 th January 2025
Report Subject	Risk Management - Corporate Risk Register Report
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

Risk Management is the process of identifying and assessing risks, evaluating their potential consequence, and mitigating them to ensure priorities are achieved. The aim is to minimise the severity of their consequence and likelihood of occurring where possible. Overall Risk Management should:

- Create value to the organisation
- Be part of ensuring internal controls are effective
- Enable effective decision making
- Aid the delivery of actions / services
-

Flintshire County Council is responsible for delivering both statutory and non-statutory services to residents and business within Flintshire. To enable the Council to deliver these services effectively, the Council needs to consider a wide range of risks and opportunities in the decisions that are made at all levels across the Council, and these are recorded in the form of a risk register.

A Corporate Risk Register has been developed and is owned by the Chief Officer Team with a suggestion that the report will also be owned by Cabinet.

RECOMMENDATIONS

1	To review the Council's Corporate Risk Register report, in particular risk RSS54 – Care Provision Sustainability.
2	To be assured of the arrangements in place to manage risks RSS54 – Care Provision Sustainability.

REPORT DETAILS

1.00	EXPLAINING THE CORPORATE RISK REGISTER REPORT
1.01	<p>What is a Corporate Risk Register?</p> <p>A corporate risk register is used to record significant risks that could impact the strategic objectives and operations of an organisation. The corporate risk register identifies potential developments or occurrences which, were they to occur, would jeopardize the Council’s ability to achieve its priorities, provide services as planned and fulfil its statutory duties. It is those risks which are deemed necessary to be managed at a corporate level, rather than at portfolio/service level.</p> <p>Flintshire County Council, Corporate Risk Report is owned by the Chief Officer Team.</p> <p>The Chief Officer Team have identified twelve key strategic risks to form part of the Corporate Risk Register. As this is a ‘live’ document frequent review will be undertaken and where there are changes this will be reported upon within the quarterly reports.</p>
1.02	<p>Since the last review and approval of the Risk Management Framework (the Framework) at Governance and Audit Committee in January 2024 much work has been undertaken over the last twelve months to embed the Framework:</p> <ul style="list-style-type: none">• The development of the Risk Management module within the Council’s Performance and Risk Management System (InPhase).• A high level report to Chief Officer Team monthly that provides details of all risks across the Council, highlighting those risks that have deteriorated, any risks that have closed or any new risks, discussions regarding external / internal factors that may require escalation.• Monthly reports to the Chief Officer regarding risks within their Portfolio Risk Register.• Performance and Risk Management Team undertake an in-depth review of Portfolios Risk Registers once within a financial year.• Development of a ‘Corporate Risk Register’ with the Chief Officer Team, which provides details of significant risks that could impact the Council.• Development of a Risk Management E-learning module has been finalised and now available to all Officers, with a requirement that all Risk Owners / Supporting Officers and Senior Managers complete.
1.03	<p>To continue to further embed risk management across the Council, the next steps will include (but not exhaustive):</p> <ul style="list-style-type: none">• An annual review of the Risk Management Framework is underway and will be presented to Governance and Audit Committee on 25th January 2025 for approval.• The Risk Management E-learning module to be made available to Members.• Cabinet Members to jointly own the Corporate Risk Register with the Chief Officer Team, having responsibility and ownership for specific risks, with a dedicated workshop to be arranged.

	<ul style="list-style-type: none"> • Quarterly reporting of the Corporate Risk Register to Cabinet and all Overview and Scrutiny Committees, with individual Overview and Scrutiny Committees challenging the details of risks specific to their scrutiny functions. • Performance and Risk Management Team will undertake an in-depth review of Portfolios Risk Registers again once within a financial year.
1.04	<p>Future reporting regarding the Corporate Risk Register Report and in accordance with the Risk Management Framework will be presented:</p> <ul style="list-style-type: none"> • Quarterly to Cabinet and Overview and Scrutiny Committees the months of January, April, July, and October (Should an Overview and Scrutiny Committee not be scheduled for those months, the Corporate Risk Register will be presented at the next scheduled date). • Bi-annually to Governance and Audit Committee the months of January and July.
1.05	<p>Explaining the Corporate Risk Register Report Format</p> <p>The initial page of the Corporate Risk Register Report (Appendix A) provides a:</p> <ul style="list-style-type: none"> • High-level overview of the number of risks (12) • The RAYG (Red, Amber, Yellow or Green) status of a risk at the point they were last reviewed (December 2024) • Risk Title and Description • Risk Type • Risk Scoring • Direction of Change <p>The high-level overview also provides details on how many risks are:</p> <ul style="list-style-type: none"> • Above Target; 11 <ul style="list-style-type: none"> ○ RCF01, RCF09, RCF18, REY01, RGV01, RHC09, RHR29, RHR30, RPE11, RSS54 and RST07 • Within Target; 1 <ul style="list-style-type: none"> ○ RCF08 • Deteriorating; 1 <ul style="list-style-type: none"> ○ RGV01 (this risk has deteriorated this month and is therefore, still above target) • Improving; 1 <ul style="list-style-type: none"> ○ RCF09 (although this risk is improving it is still above target score) • New / Escalated Risks; 3 <ul style="list-style-type: none"> ○ RHR29 Recruitment and Retention ○ RHR30 Employment Related Costs ○ RSS54 Care Provision Stability <p>It was identified by the Chief Officer Team that the three new risks needed to be managed at a corporate level, rather than at portfolio/service level. The mitigating actions for RHR30 and RHR54 are in development.</p>
1.06	<p>The Corporate Risk Register Report (Appendix A) then proceeds to provide further details regarding each of the individual risks, and this includes:</p> <ul style="list-style-type: none"> • Information regarding the key impacts should the risk occur • The risk category in accordance with PESTEL analysis • Risk type

	<ul style="list-style-type: none"> • Details of the owner • Comment at point of last review (December 2024) • Risk scoring and direction of change (up to last twelve months) • Detail of the internal controls and governance arrangements, • Key mitigating actions (where the due date column is blank, the mitigating action has been identified as an ongoing action). 												
1.07	<p>The below table provides a key of the symbols and terminology meanings within the Corporate Risk Register Report. .</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="3">Risk Register Key</th> </tr> </thead> <tbody> <tr> <td>↔</td> <td>↑</td> <td>↓</td> </tr> <tr> <td>Risk remains the same</td> <td>Risk has reduced</td> <td>Risk has deteriorated</td> </tr> <tr> <td>Inherent Risk Score Risk posed before actions taken</td> <td>Current Risk Score Score following a review of actions in place</td> <td>Target Risk Score Level of risk the Council aims to achieve</td> </tr> </tbody> </table>	Risk Register Key			↔	↑	↓	Risk remains the same	Risk has reduced	Risk has deteriorated	Inherent Risk Score Risk posed before actions taken	Current Risk Score Score following a review of actions in place	Target Risk Score Level of risk the Council aims to achieve
Risk Register Key													
↔	↑	↓											
Risk remains the same	Risk has reduced	Risk has deteriorated											
Inherent Risk Score Risk posed before actions taken	Current Risk Score Score following a review of actions in place	Target Risk Score Level of risk the Council aims to achieve											

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

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Review of the Corporate Risk Register in accordance with the Risk Management Framework is undertaken with the Chief Officer Team, Overview and Scrutiny Committees, Governance and Audit Committee and Cabinet.

4.00	RISK MANAGEMENT
4.01	<p>Review of Risk Registers and individual risks are undertaken in accordance with the Risk Management Framework, whereby consideration given to the impact of a risk and what mitigation actions / internal controls are in place to ensure the risks are being managed effectively across the Council.</p> <p>The Corporate Risk Report has been established to highlight the key risks impacting the Council at point of review in December 2024.</p>

5.00	APPENDICES
5.01	<p>Appendix A: Flintshire County Council Corporate Risk Register (December 2024)</p> <p>Appendix B – Risk Management Framework (January 2024)</p>

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Risk Management Framework
7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Emma Heath (Strategic Performance Advisor) Telephone: 01352 702 744 E-mail: emma.heath@flintshire.gov.uk</p>
8.00	GLOSSARY OF TERMS
8.01	<p>Risk Management - The process of identifying risks, evaluating tier potential consequences and managing them. The aim is to reduce the frequency of risk events occurring (wherever this is possible) and minimise the severity of their consequences if they occur. Threats are managed by a process of controlling, transferring or retaining the risk. Opportunities are managed by identifying strategies to maximise the opportunity or reward for the organisation.</p> <p>Risk Register - A risk register forms part of the risk management tool and is used to analyse current and potential risks. A risk register is completed for each Portfolio.</p> <p>PESTEL - A method to identify a risk is using a PESTEL analysis. PESTEL analysis identifies and evaluates how Political, Economic, Social, Technological, Environmental and Legal factors could impact business operations.</p>

Mae'r dudalen hon yn wag yn bwrpasol

Corporate Risk Register Report

Number of Risks 12	Red 10	Amber 2	Yellow 0	Green 0
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Risks Above Target 11	Risks Within Target 1	Risks Deteriorating 1	Risks Improving 1	New/Escalated Risks 3
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Risk	Description	Risk Type	Inherent Risk Score	Target Risk Score	Current Risk Score	Direction of Change
RCF01 - Reserves	Insufficient Reserves will impact on the financial resilience of the Council	Strategic	9	4	16	↔
RCF08 - Fraud and Prevention	The Council may be subject to fraud from both internal and external factors	Strategic	12	6	6	↔
RCF09 - Housing Revenue Account Capital Investment	Sufficient funding capacity to meet Welsh Housing Quality Standards 2.0 targets	Strategic	20	10	15	↑
RCF18 - Medium-Term Financial Strategy (MTFS)	Impact on the stability of the Medium-Term Financial Plan of increases in service demand, high inflation and reduced future Welsh Government, Local Government Settlements	Strategic	20	9	20	↔
REY01 - Financial Viability of Schools	Schools are not financially viable due to insufficient base funding	Strategic	15	15	20	↔
RGV01 - Loss of IT/Cyber Security	Significant loss of corporate data and systems due to security / environmental / technical incident	Strategic	20	12	20	↓
RHC09 - Resource to meet Homelessness Obligations	The Council is unable to meet it's homelessness statutory obligations due to shortages in staff, budgetary pressures and lack of available accommodation	Strategic	15	12	20	↔
RHR29 - Recruitment and Retention	Inability to attract and retain valued employees	Strategic	9	2	9	↔
RHR30 - Employment Related Costs	Increased costs associated with temporary / additional resources to the workforce (agency costs, sickness absence, additional hours and overtime)	Strategic	16	6	12	↔
RPE11 - Net Zero Carbon Goal	Affordability of the Council being able to achieve its net zero carbon goal. Inability to commit or attract sufficient resource to coordinate the programme and deliver on projects, leading to opportunities not being maximised, actions not delivered and benefits not realised	Strategic	9	2	12	↔
RSS54 - Care Provision Sustainability	Market stability / placement sufficiency leading to insufficient and unaffordable care provision	Strategic	12	4	12	↔
RST07 - Increase in Residual Waste	Inability to achieve national recycling targets due to increased residual waste tonnages collected	Strategic	12	2	12	↔

RCF01 - Reserves

Inherent Risk Score

9

Current Risk Score

16

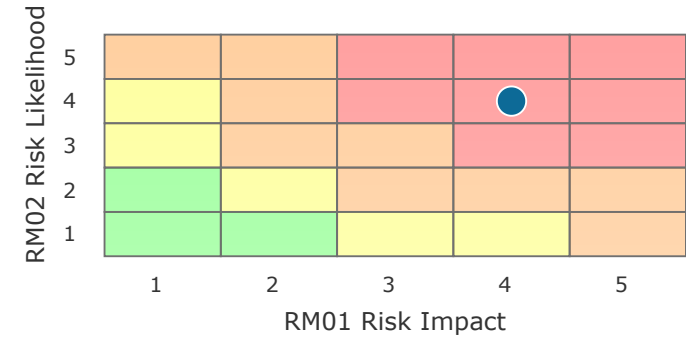
Target Risk Score

4

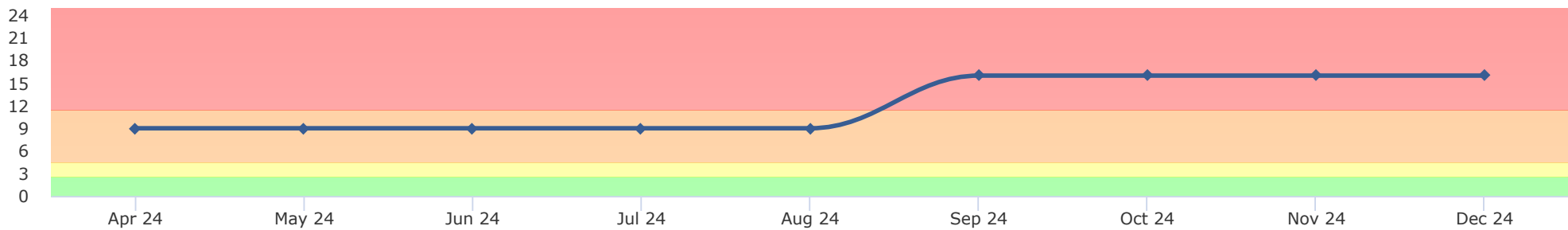
Description	Insufficient Reserves will impact on the financial resilience of the Council
Key Impacts	<ol style="list-style-type: none"> Inability to invest or provide services for our residents Inability to use reserves to balance the budget thus requirement to issue a section 114 notice under the Local Government Finance Act 1988 Organisation would be vulnerable to emerging financial pressures
Risk Category	<ul style="list-style-type: none"> Economic Legal
Risk Type	Strategic
Owner	Gary Ferguson
Comments	The in-year reported overspend at Month Seven has further reduced the Contingency Reserve available even after £1 million of earmarked reserved being released in year, placing a high risk on the financial resilience of the Council.

Tudalen 28

Current Score on the Risk Matrix



Direction of Change



How are we managing risk?

Governance	Frequent reporting to Chief Officer Team, Cabinet Members, Programme Board, Corporate Resources Overview and Scrutiny Committee (CROSC) and Council
Internal Controls/Process	Usable reserves are reported to CROSC and Cabinet as part of the monthly revenue budget monitoring. Earmarked reserves are reported quarterly and in Months 5 and 6 £1 million was released of earmarked reserves to the contingency reserves and further reviews and challenge will be ongoing.

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> RCF006T	In-year action plan to be completed by Portfolios	Completed	✓	In-year action plan have been provided by over spending Portfolios to mitigate the in-year over spend position and this was presented to CROSC in November.	30/11/2024
<input checked="" type="checkbox"/> RCF007T	Ongoing review of ear marked reserves	In Progress	★	Principal Accountants are liaising with Portfolios frequently to challenge the Portfolios current level of ear-marked reserves, particularly those balances that have not been used for a period of time.	

RCF08 - Fraud and Prevention

Inherent Risk Score

12

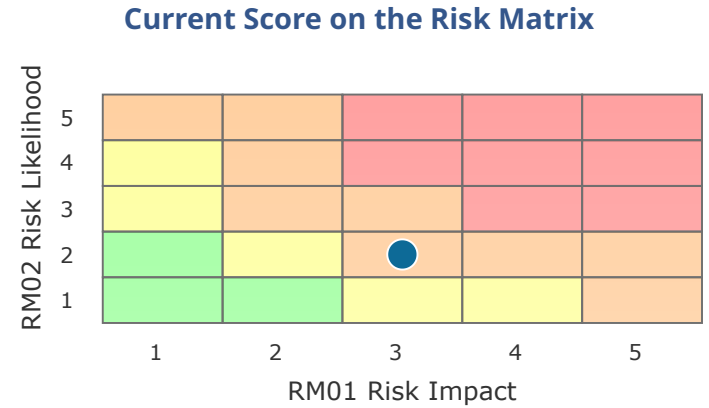
Current Risk Score

6

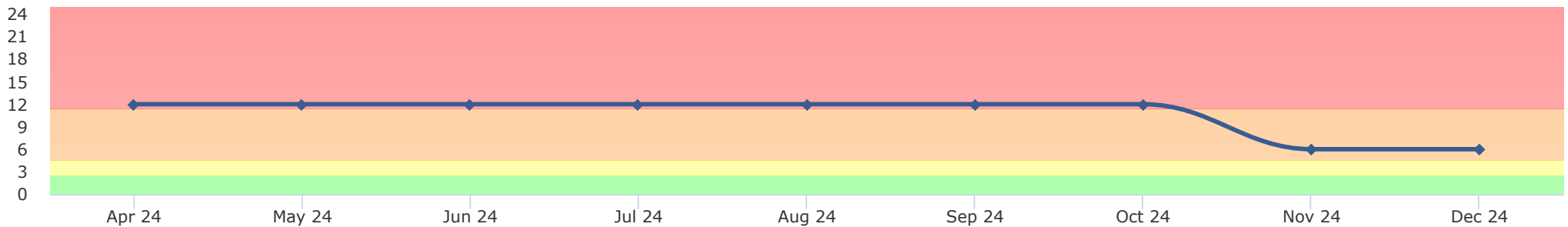
Target Risk Score

6

Description	The Council may be subject to fraud from both internal and external factors
Key Impacts	1. Financial loss 2. Impact on reputation 3. Systematic failure
Risk Category	Economic
Risk Type	Strategic
Owner	Gary Ferguson
Comments	Following a detailed review of the internal controls and processes in place, it was determined that at this point, they are sufficient enough to reduce the risk of likelihood of potential fraud taking place



Direction of Change



How are we managing risk?

Governance	Systems in place to identify duplicate payments or block payments (where necessary) through intelligence protocols. Regular reconciliations and annual audits of the systems are undertaken. Reports regarding the review of system intelligence provided to Senior Manager. Liaise with external Treasury Management Advisors regarding borrowing and investments.
Internal Controls/Process	Policies / Strategies and Segregation of duties in place. Treasury Management performance is reported quarterly and the Treasury Management Strategy is reviewed annually and approved by Council (February). Regular reconciliation and monitoring of income and expenditure, checks on new suppliers and verification of bank details. Financial Procedure Rules and Internal Audit reviews. Liaise with the Council's banking regarding relevant training and information sharing. Dual authorisation in place for expenditure that exceeds a certain threshold.

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> RCF010T	Annual review of Treasury Management Strategy	In Progress	●	The annual review of the Treasury Management Strategy will be undertaken in February 2025.	31 Mar 2025
<input checked="" type="checkbox"/> RCF011T	Quarterly reporting regarding Treasury Management breaches	In Progress	★	Quarterly reporting regarding Treasury Management breaches continues to take place and information is provided to Senior Management.	31 Mar 2025

RCF09 - Housing Revenue Account Capital Investment

Inherent Risk Score

20

Current Risk Score

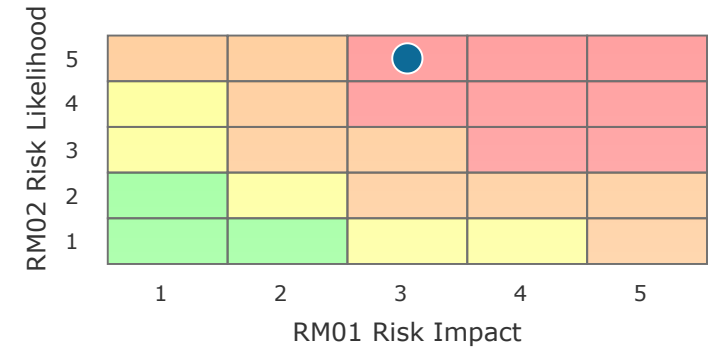
15

Target Risk Score

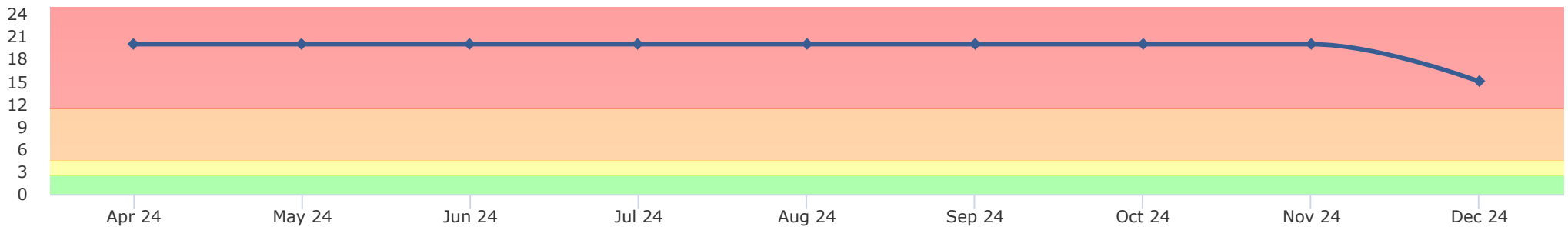
10

Description	There is insufficient funding capacity to meet Welsh Housing Quality Standards (WHQS) 2.0 targets
Key Impacts	1. Non-compliance with the WHQS 2.0 targets
Risk Category	<ul style="list-style-type: none"> Economic Legal Social
Risk Type	Strategic
Owner	Gary Ferguson
Comments	The impact for the risk has been reduced to 3, as Welsh Government are working with local authorities to reduce the impact where possible.

Current Score on the Risk Matrix



Direction of Change



How are we managing risk?

Governance	Reporting to Capital Assets Programme Board, Chief Officer Team (COT), Cabinet, Housing and Communities Overview and Scrutiny Committee and Council
Internal Controls/Process	Finance and service area working to assess financial impact and mitigation options, findings reported through to Service Management Team meeting, Programme Board and COT.

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> RCF012T	Stock Condition Surveys to be completed	In Progress	●	Welsh Government have requested that Stock Condition Surveys are completed by March 25 and work is underway regarding this piece of work.	31 Mar 2025
<input checked="" type="checkbox"/> RCF013T	Target Energy Pathways for all stock to be completed	In Progress	●	Welsh Government have requested that Target Energy Pathways for all stock is undertaken, to establish what works are required to achieve an EPC 'A' rating and these are required to be completed by 2027.	31 Mar 2025
<input checked="" type="checkbox"/> RCF014T	The Council to form part of Welsh Government's working group regarding funding options.	In Progress	★	The Welsh Government have recently set up a working group to work through possible funding options and the Council have ensured that they have joined that working group.	31 Mar 2025

RCF18 - Medium-Term Financial Strategy (MTFS)

Inherent Risk Score

20

Current Risk Score

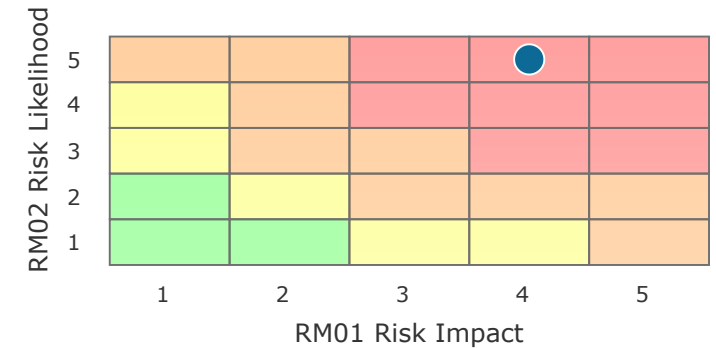
20

Target Risk Score

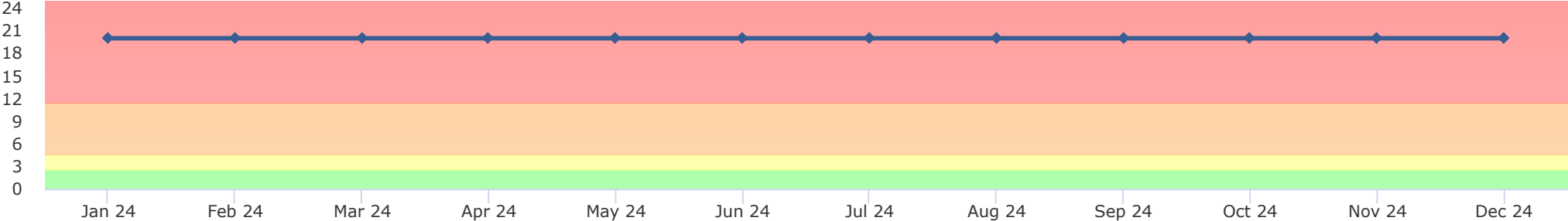
9

Description	Increased service demand, high inflation and reduced future Welsh Government, Local Government Settlements could impact the stability of the Medium-Term Financial Plan
Key Impacts	<ol style="list-style-type: none"> 1. Stability of the Medium-Term Financial Plan 2. Reduced or ceased service delivery 3. Inability to set a legal and balanced budget with result in a Section 114 notice being issued under the Local Government Finance Act 1988
Risk Category	<ul style="list-style-type: none"> ▪ Economic ▪ Legal ▪ Political ▪ Social
Risk Type	Strategic
Owner	Gary Ferguson
Comments	<p>The Provisional Settlement from Welsh Government in December has indicated a 3.3% increase in our Funding allocation (compared to the Welsh average of 4.3%).</p> <p>The Council's additional budget requirement has now risen to £47.493m and it is estimated that the Council will need to identify further cost reductions / additional income from local taxation of around £20m/£21m.</p> <p>The Council will be seeking additional funding through a national floor funding mechanism. Options to balance the budget for 2025/26 are now being prepared for Member consideration in January / February 2025.</p>

Current Score on the Risk Matrix



Direction of Change



Tudalen 35

How are we managing risk?

Governance	Reports are provided regarding the MTFS (including information regarding Welsh Government Funding) to Chief Office Team, Cabinet, Corporate Resources Overview and Scrutiny Committee (CROSC), Council, Programme Board and Members Workshops (where applicable).
Internal Controls/Process	Usable reserves are reported to CROSC and Cabinet as part of the monthly revenue budget monitoring. Earmarked reserves are reported quarterly and in Months 5 and 6 £1 million was released of earmarked reserves to the contingency reserves and further reviews and challenge will be ongoing. Regular Programme Co-ordinating Group meetings. Reporting monthly to COT and quarterly to Cabinet and CROSC in the first half of the year, monthly thereafter. Latest MTFS update is provided within the monthly budget monitoring reports.

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> RCF001T	Regular monitoring and reporting of the financial position of the organisation	In Progress	—	Revenue Budget Monitoring is reported to Cabinet and CROSC on a monthly basis.	
<input checked="" type="checkbox"/> RCF002T	Ensuring robust and timely financial planning arrangements over the medium term	In Progress	—	Regular updates on the MTFS and Budget for 2025/26 are reported to Cabinet and to CROSC. Together with a monthly update on the MTFS within the budget monitoring report.	
<input checked="" type="checkbox"/> RCF003T	Ongoing contribution to national debate on a fairer funding formula	In Progress	—	This is undertaken with WLGA on behalf of Local Authorities and provide projection and data analysis to support financial pressures. In addition, the Leader and Chief Executive also directly liaise with Welsh Government on specific funding issues.	
<input checked="" type="checkbox"/> RCF004T	Ongoing engagement with Society of Welsh Treasurers (SWT) and WLGA and the escalation of key issues	In Progress	—	The Council is represented at the monthly meetings with SWT and has regular liaison with WLGA on key issues.	
<input checked="" type="checkbox"/> RCF005T	Ensuring adequate levels of reserves are maintained across the Council	In Progress	—	Work on the challenge of earmarked reserves is ongoing. A moratorium on spend has been put in place to minimise the projected in year overspends with the aim of strengthening the position for Council Reserves. In-year action plan have been provided by over spending Portfolios to mitigate the in-year over spend position and this was presented to CROSC in November. Principal Accountants are liaising with Portfolios frequently to challenge the Portfolios current level of earmarked reserves, particularly those balances that have not been used for a period of time.	
<input checked="" type="checkbox"/> RCF006T	In-year action plan to be completed by Portfolios	Completed	✓	In-year action plan have been provided by over spending Portfolios to mitigate the in-year over spend position and this was presented to CROSC in November.	30/11/2024
<input checked="" type="checkbox"/> RCF007T	Ongoing review of ear marked reserves	In Progress	★	Principal Accountants are liaising with Portfolios frequently to challenge the Portfolios current level of earmarked reserves, particularly those balances that have not been used for a period of time.	

Hudalen 36

How are we managing risk?

Governance	School Governing Bodies are expected to submit a balanced budget plan each year and where this is not possible, they are required to apply for a Licenced Deficit in line with the Protocol for Schools in Financial Difficulty.
Internal Controls/Process	Monitored through Education and Youth Programme Board, schools budget forum; schools performance monitoring group

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> REY001T	Challenge and support meetings with Headteacher/School Business Manager and regular budget monitoring sessions with schools to confirm adherence to licenced deficit protocol, with non compliance triggering formal procedures under Schools Licenced Deficit protocol	In Progress	—	Throughout October and November we held Support and Challenge meetings with Headteachers and, where necessary, we have asked for the Licenced Deficit (LD) applications to be updated to reflect these discussions. It is anticipated all current LD applications will be signed off in December, however we continue to monitor the forecasted position of all schools and we may need to schedule further meetings in the new year.	
<input checked="" type="checkbox"/> REY002T	Financial Performance Monitoring Group meetings to review performance and agree action plan with specific actions and timescales to address issues identified	In Progress	—	We continue to monitor compliance with the Protocol for Schools in Financial Difficulty	
<input checked="" type="checkbox"/> REY003T	Schools pupil funding Formula review to be scheduled/approved through Schools Budget Forum to ensure base budgets are best allocated	In Progress	—	Small changes to the School Funding Formula to be shared with School Budget Forum in January 25. Wider review of the Formula to be considered in 2025/26.	
<input checked="" type="checkbox"/> REY004T	Local Authority approval mechanisms for recruitment in schools with budget deficits	In Progress	—	All Schools in a deficit position have been reminded of the requirement to consult with the Council prior to recruitment.	

RGV01 - Loss of IT/Cyber Security

Inherent Risk Score

20

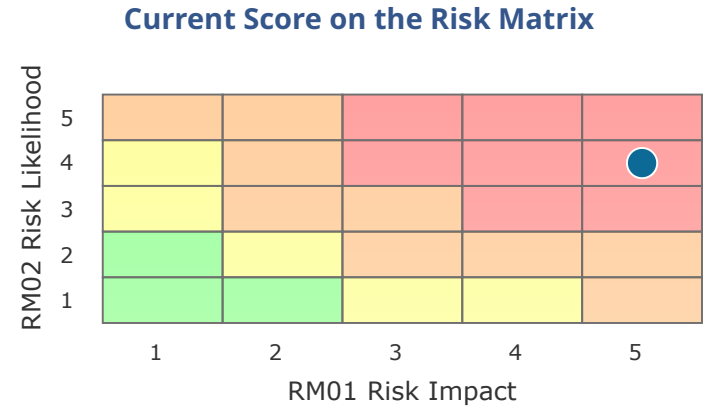
Current Risk Score

20

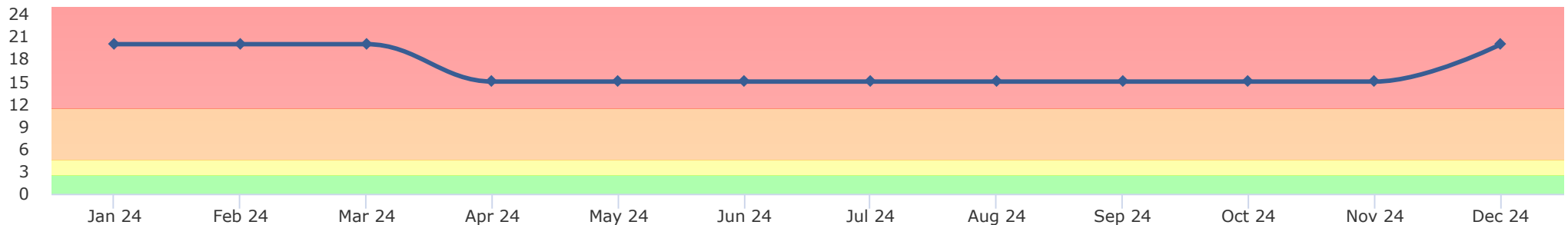
Target Risk Score

12

Description	Significant loss of corporate data and systems due to security / environmental / technical incident
Key Impacts	<ol style="list-style-type: none"> 1. Data breaches 2. Financial loss 3. Reputational damage 4. Business disruption
Risk Category	<ul style="list-style-type: none"> ▪ Economic ▪ Legal ▪ Political ▪ Technological
Risk Type	Strategic
Owner	Gareth Owens
Comments	Risk is increasing due to recent local and international events, therefore the risk likelihood has increased to reflect this. However, work continues on the mitigating actions with a recent review undertaken to further enhance the mitigating actions with support from a Welsh Government initiative.









Direction of Change



How are we managing risk?

Governance	Risk is reviewed monthly at Senior Management Meeting. Frequent reporting to Corporate Services Senior Management Meeting.
Internal Controls/Process	Internal groups that have oversight of Cyber Security procedures, threat analysis, policies and review of any incidents. Participation in National Security Groups, such as Warp, and constant review of National Cyber Security Centre guidance. Use of Citrix technologies provides a secure environment which delivers the majority of our business systems. Maintain a second active datacentre allows for the continual provision of critical systems. Utilise strong security controls, vulnerability management and delivery mechanism to reduce this risk.

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> RGV001T	Maintain a valid PSN and prepare for Cyber Essentials Accreditation.	Completed		PSN certification achieved for 2024/25. Cyber Essentials Plus not currently being explored but will be revisited in future	31/03/2025
<input checked="" type="checkbox"/> RGV006T	Development of Cyber incident reponse and recovery plan.	In Progress		Draft plan has been produced and feedback has been received from IT Managers and Business Continuity Representatives. The plan has been reviewed with the Chief Officer Governance, minor changes are being made, plan will need to be shared with Chief Officer Team.	31 Mar 2025
<input checked="" type="checkbox"/> RGV007T	Regular review and testing of IT Disaster Recovery Plan.	In Progress		The IT Disaster Recover plan continues to be reviewed on a regular basis.	31 Mar 2025
<input checked="" type="checkbox"/> RGV008T	Identify list of critical business applications.	In Progress		We are now working to the list produced but need to have formal agreement	31 Mar 2025
<input checked="" type="checkbox"/> RGV009T	Complete full review on IT Security Policies	In Progress		This is an ongoing task to review all IT policies and update	31 Mar 2025
<input checked="" type="checkbox"/> RGV082T	Enrolment in CymruSOC	In Progress		Preparation onboarding is due to commence early January.	30 Jun 2025

RHC09 - Resource to meet Homeless Obligations

Inherent Risk Score

15

Current Risk Score

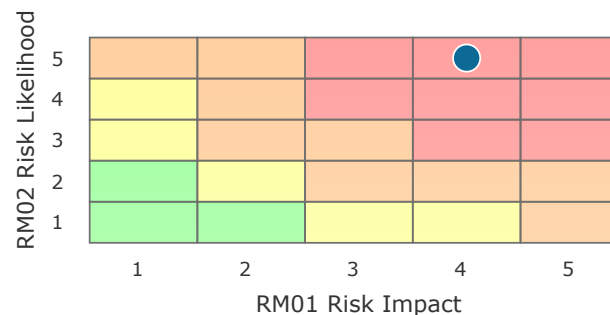
20

Target Risk Score

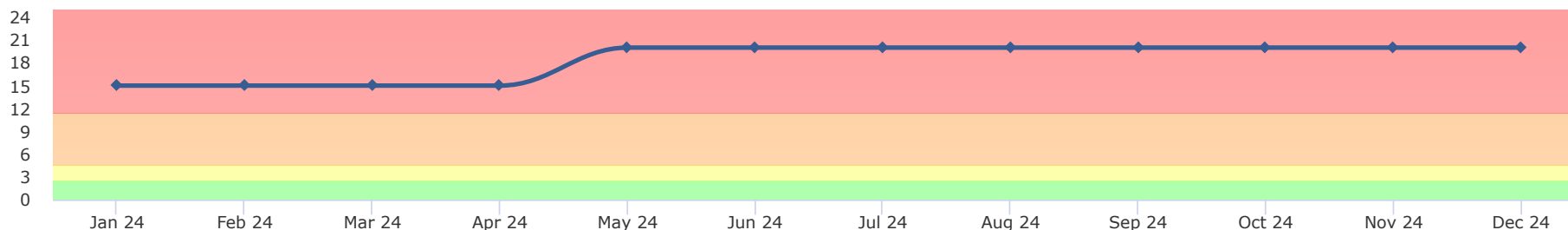
12

Description	The Council is unable to meet it's homelessness statutory obligations due to shortages in staff, budgetary pressures and lack of available accommodation
Key Impacts	<ol style="list-style-type: none"> 1. Reputational damage 2. Failure to meet statutory duties 3. Failure to manage or project the financial pressures associated with homelessness 4. Workforce resilience and recruitment 5. Lack of access to homeless accommodation in the county
Risk Category	<ul style="list-style-type: none"> ▪ Economic ▪ Legal ▪ Political ▪ Social
Risk Type	Strategic
Owner	Vicky Clark
Comments	Whilst lots of plans in place to deliver efficiencies through diversification of homeless accommodation portfolio, it is clear it will take some time for these interventions to achieve significant cost benefit. Numbers of homeless household stabilizing and use of hotels has reduced in recent months. Contract with D2 PropCo to progress along with increase in house shares and new builds all positive and will provide desirable outcomes in time. The restructure of the Housing & Prevention Service is now progressing and appointment to Managers roles complete and three Team Leaders now appointed, with a further two posts to progress later in the month, additional frontline staff to be recruited in January 2025.

Current Score on the Risk Matrix



Direction of Change



How are we managing risk?

Governance	Monthly DMT within Housing and Prevention Services to review risks and this would then be discussed further at Housing and Communities SMT. Programme Board quarterly. Ending Homelessness Board quarterly. Rapid Rehousing Transition Plan and Housing Support Programme Strategy.
Internal Controls/Process	Monitor demand for homelessness services. Monitor the levels of emergency accommodation. Monitor demand for homeless services with a view to informing workforce, prevention activities and homeless accommodation planning. Monitor levels of emergency accommodation with a view to informing workforce, move-on activities and homeless accommodation planning. Monthly financial review of budgets to monitor current expenditure and project in-year an future pressures. Monthly monitor levels of emergency accommodation with a view to informing workforce, move-on activities and homeless accommodation planning. Deliver on homeless pressures options paper outcomes (increasing supply of housing, reducing use of emergency accommodation, i.e., B & B's) and is an ongoing programme; overseen by the Ending Homelessness Board.

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> PHC017T	Successfully deliver the restructure of the Housing & Prevention Service (as supported by Cabinet in October 2024) to increase capacity within the service	In Progress	●	All funding sources identified for ambitious restructure, taking the service from approximately 42 FTE to 72 FTE. Managers and Senior Staff appointed in December, recruiting to all front line staff and specific project posts, such as Rapid Rehousing Co-Ordinator and Data Analyst to be completed Quarter 4 2024/25.	30 Nov 2025
<input checked="" type="checkbox"/> PHC018T	Implement the range of alternatives for hotel and B&B for homeless accommodation (as supported by Cabinet in October 2024).	In Progress	●	Homeless accommodation diversification plan supported by Cabinet in November 2024 and will achieve significant savings for the Council. Contract D2 PropCo progressing and Member briefing session on 11th December. Numerous properties identified across the County. Flintshire based hotel plan progressing. Pipeline of new properties funded through Transitional Accommodation Capital Programme (TACP) ongoing.	30 Nov 2025
<input checked="" type="checkbox"/> RHC023T	Monthly financial review of budgets to monitor current expenditure and project in-year an future pressures	In Progress	★	Monthly meetings continue, positive movement against projected overspend, which is encouraging.	31 Mar 2028
<input checked="" type="checkbox"/> RHC024T	Monthly monitor levels of emergency accommodation with a view to informing workforce, move-on activities and homeless accommodation planning	In Progress	★	Number of households within homeless accommodation have stabilized and not as high as initially projected for the Quarter 3 period. Encouragingly we have also seen a reduction in seen in the numbers of households placed in hotels and holiday accommodation, as we are now delivering more appropriate and more cost effective homeless accommodation solutions and anticipate this positive trend to continue.	31 Mar 2028

RHR29 - Recruitment and Retention

Inherent Risk Score

9

Current Risk Score

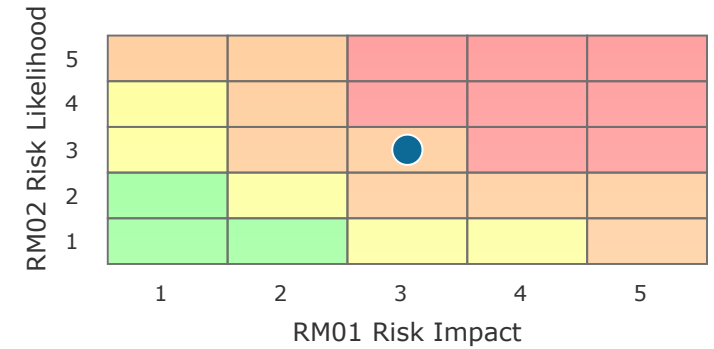
9

Target Risk Score

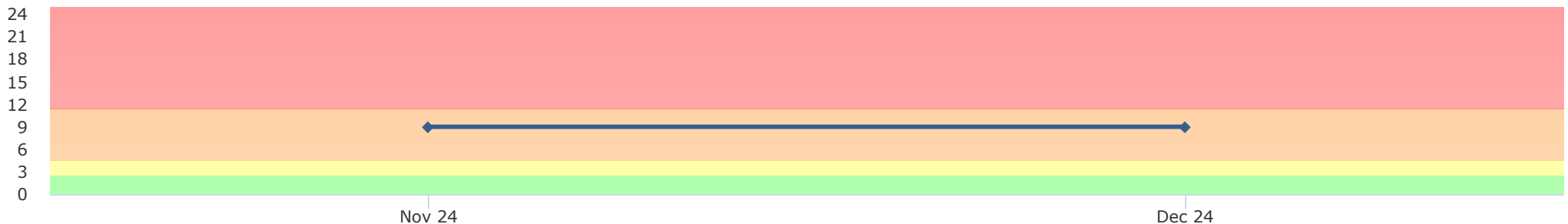
2

Description	Inability to attract and retain valued employees
Key Impacts	<ol style="list-style-type: none"> 1. Loss of key skills, knowledge and experience 2. Recruitment into key posts 3. Disruption and the inability to deliver key services 4. Increased financial costs
Risk Category	<ul style="list-style-type: none"> ▪ Economic ▪ Political ▪ Social
Risk Type	Strategic
Owner	Sharon Carney
Comments	Linked to RHR30. Some portfolios have challenges in filling vacancies due in part to national shortages and in part to our pay model being uncompetitive.

Current Score on the Risk Matrix



Direction of Change



How are we managing risk?

Governance	Reports will be provided to Programme Board, Cabinet and Corporate Resources Overview and Scrutiny Committee (CROSC) periodically.
Internal Controls/Process	Periodic benchmarking of posts. Market supplements. Reporting to Portfolios regarding employment statistics and future workforce planning. Workforce exit interviews. Monitoring and frequent reviewing of People Strategy and key measures detailed within the strategy.

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<input checked="" type="checkbox"/> RHR025T	Complete annual Equal Pay Audit report	In Progress	—	The annual Equal Pay Audit report will be finalised in Quarter 4 of 2024/25.	01 Apr 2025
<input checked="" type="checkbox"/> RHR026T	Complete the annual Pay Policy Statement	In Progress	—	The annual Pay Policy Statement will be completed in Quarter 4 of 2024/25.	01 Apr 2025

RHR30 - Employment Related Costs

Inherent Risk Score

16

Current Risk Score

12

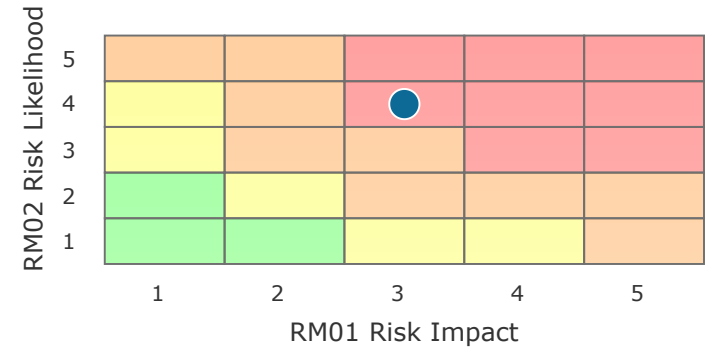
Target Risk Score

6

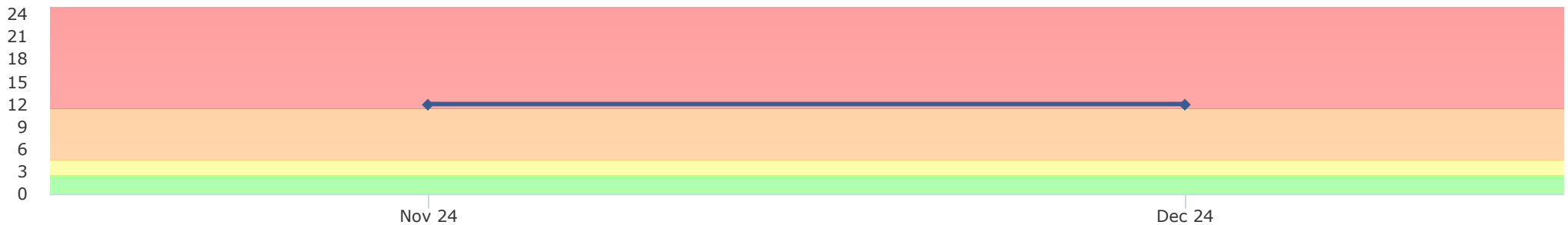
Description	Increased costs associated with temporary / additional resources to the workforce as a result of vacancies, sickness absence etc. (for example, overtime, additional hours, agency costs)
Key Impacts	1. Financial costs 2. Budgetary pressures
Risk Category	<ul style="list-style-type: none"> Economic Legal Social
Risk Type	Strategic
Owner	Sharon Carney
Comments	Some portfolios have challenges in filling vacancies due in part to national shortages and in part to our pay being uncompetitive. Some portfolios are also dealing with high levels of sickness absence (short and long-term) resulting in work being covered by overtime, additional hours and/or using agency workers.

Tudalen 45

Current Score on the Risk Matrix



Direction of Change



How are we managing risk?

Governance	Reports will be provided to Corporate Programme Board, Cabinet and Corporate Resources Overview and Scrutiny Committee periodically
Internal Controls/Process	Business case are signed by Chief Officer for off matrix agency spend. Monthly additional hours reports (including overtime, additional hours, standby and call-out) are provided to Portfolios Senior Management Team (SMT) to review and take action as necessary. Establishment reports which confirm by post (established and non established) sent monthly to SMT and HRBP to review and take action as necessary. Budget monitoring meetings.

Risk Mitigation Actions

This report does not contain any data

RPE11 - Net Zero Carbon Goal

Inherent Risk Score

9

Current Risk Score

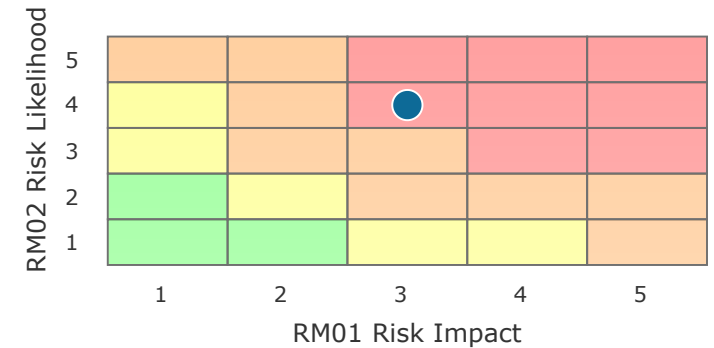
12

Target Risk Score

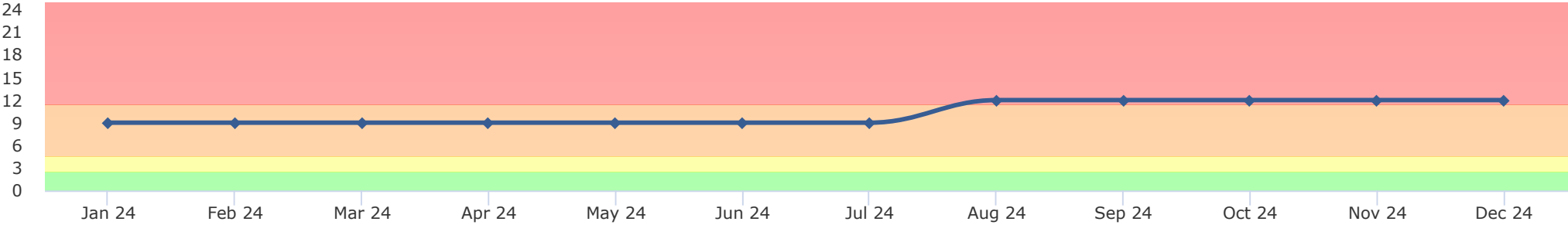
2

Description	Affordability of the Council being able to achieve its net zero carbon goal. Inability to commit or attract sufficient resource to coordinate the programme and deliver on projects, leading to opportunities not being maximised, actions not delivered and benefits not realised
Key Impacts	1) Financial cost to the Council – inability to realise efficiency savings/income generation opportunities 2) Inability to reach net zero carbon target, both locally and as part of the team public sector 3) Reputational damage from inability to reach net zero carbon target
Risk Category	<ul style="list-style-type: none"> ▪ Economic ▪ Environmental ▪ Legal ▪ Political ▪ Social ▪ Technological
Risk Type	Strategic
Owner	Andrew Farrow
Comments	This risk continues to be high profile due to the current economic climate and reduced access to external funding. The team continues to work closely with neighbouring authorities and networks to identify early opportunities for accessing resources and capitalising on invest to save opportunities.

Current Score on the Risk Matrix



Direction of Change



Tudalen 48

How are we managing risk?

Governance	<p>Officer working groups for each strategy theme area</p> <p>Consultation with Cabinet Member</p> <p>Planning Environment Economy Senior Management Team</p> <p>Portfolio Programme Board</p> <p>Climate Change Committee</p> <p>Environment & Economy Overview and Scrutiny Committee</p> <p>Cabinet</p> <p>Measures included within Council Plan priorities</p> <p>Risks included within both corporate and programme risk registers</p> <p>Work in collaboration with external parties, Welsh Government Energy Service (WGES) and Welsh Local Government Association (WLGA)</p>
Internal Controls/Process	<p>Review of climate change strategy incorporating updated methodologies, innovative solutions, learnings from previous year's data, financial projections where possible, and updated carbon reduction trajectories</p> <p>Reporting of carbon footprint data to Welsh Government annually</p> <p>Utilisation of tools to encourage better decision making around carbon impacts, including provision of carbon training, updated capital business case template, updated procurement processes, and Integrated Impact Assessment</p> <p>Networking locally and nationally across sectors to remain informed of opportunities for collaboration and external funding sources.</p> <p>Lobbying Welsh Government for both financial and political support to achieve our net zero carbon aims</p>

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
<p>Tudalen 49</p> <p>PRPE011T</p>	<p>Proactively seek external finance using the climate change strategy and action plan as the narrative. Submit strong and coordinated external funding bids, working collaboratively across the region as well as interdepartmentally within the Council. Aim to submit early input into the Budgets for revenue and capital for the following financial year and maintain an ongoing dialogue in terms of medium to long term financial plans to ensure commitment is made towards financing carbon aims. In terms of Council-wide decision making and prioritisation, carbon literacy training roll out to key decision makers across the Council will enable officers to factor in carbon impacts at early stages of project developments to allow for sufficient provision in internal and external funding bids. Implementation of whole life cost into business cases will capture the long term costs and benefits of schemes.</p>	In Progress	<p style="text-align: center;">—</p>	<p>External funding continues to be sought for energy efficiency works on Council assets as well as funded support programmes to assist in delivery objectives and leadership across the Council, eg. funded support from WRAP auditing sustainable procurement, funded support with University of Manchester developing the Integrated Impact Assessment. Carbon actions are included in the MTFS and capital works programme. The RE:fit contract which will see £1.5 million Council investment over 2 years in retrofit of energy efficiency and renewable energy works across the building assets, was awarded and works underway. This year's capital business cases have all used the new template which includes consideration of a low carbon/environmentally friendly option with, where applicable, one off and ongoing carbon emission projections.</p> <p>Carbon literacy training has been rolled out to Senior managers across the Council and Elected Members. Further training sessions have been scheduled throughout the year for the wider employee base, and the Climate essentials elearn has also been launched. Carbon training is now a mandatory unit for Elected Members to complete, and this should see an increase in participation over the coming year.</p>	31 Mar 2030

RSS54 - Care Provision Sustainability

Inherent Risk Score

12

Current Risk Score

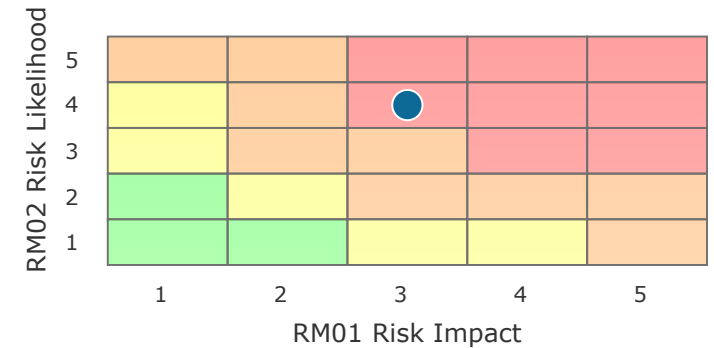
12

Target Risk Score

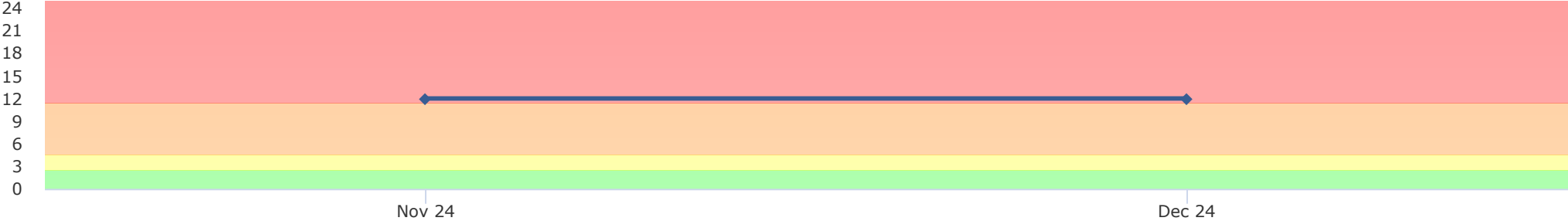
4

Description	Market stability / placement sufficiency leading to insufficient and unaffordable care provision
Key Impacts	<ol style="list-style-type: none"> 1. Local authority providing care that operates without registration 2. Unintended consequences of Welsh Government's eliminating profit policy leading to insufficient placement availability and /or unaffordable care fees 3. Unaffordable cost of residential care for children looked after
Risk Category	<ul style="list-style-type: none"> ▪ Economic ▪ Political ▪ Social
Risk Type	Strategic
Owner	Craig Macleod
Comments	This is a newly created strategic risk around sustainability of the care placement market for both adults and children, the risk being that escalating costs, scarcity of placements and forthcoming changes in national policy will make it impossible for the Council to continue to source placements that are affordable and meet the needs of the individual. Mitigating actions currently in progress include working with local providers to reshape the residential market, including continuing to look at our options for developing further residential provision in house, and developing initiatives with the aim of reducing the number of children coming into care, supporting existing placements to prevent breakdown, combating exploitation, and recruiting and developing our in house foster carer pool. These plans include solutions for accommodating an increasing number of unaccompanied asylum seekers.

Current Score on the Risk Matrix



Direction of Change



Tudalen 51

How are we managing risk?

Governance	Chief Officer Team (COT)
Internal Controls/Process	We are developing in house residential care services for children with complex needs who would otherwise need to be placed out of county. We are also growing our in house fostering service to support more looked after children within Flintshire. This risk is monitored through the Out of County budget. This risk is monitored through the number of children placed in settings without registration (Paris report). Unaccompanied Asylum Seeking Children (UASC) is an increasing risk for placement costs and are included in the scope of expanding our in house residential.

Risk Mitigation Actions

This report does not contain any data

RST07 - Increase in Residual Waste

Inherent Risk Score

12

Current Risk Score

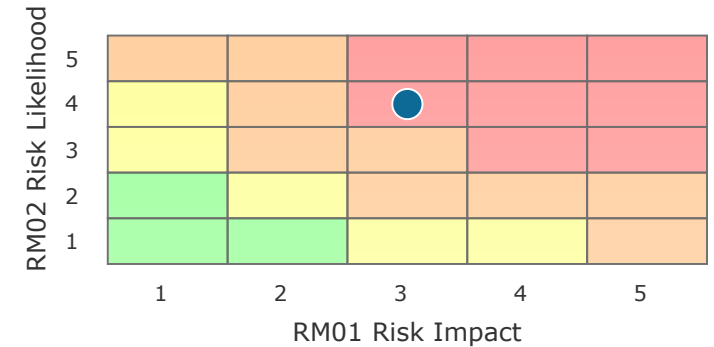
12

Target Risk Score

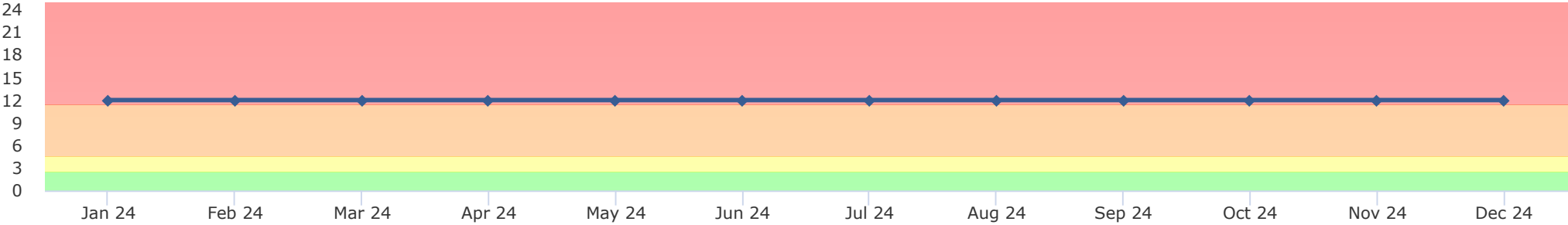
2

Description	Inability to achieve national recycling targets
Key Impacts	<ol style="list-style-type: none"> 1. Financial cost to the Authority 2. Non compliance with legislative targets 3. Inability to reduce carbon emissions from waste collected 4. Reputational
Risk Category	<ul style="list-style-type: none"> ▪ Economic ▪ Environmental ▪ Legal ▪ Political ▪ Social
Risk Type	Strategic
Owner	Katie Wilby
Comments	<p>The review of the Council's Resource and Waste Strategy was undertaken and consulted upon earlier in 2024 and a new strategy adopted in March 2024 with an action plan to improve service delivery methods to improve the Council's recycling performance, maximise resource efficiency, minimise waste, reduce emissions and minimise the risk of infraction fines. A fundamental action from the strategy is to restrict the amount of residual waste collected from Flintshire properties by introducing a three weekly collection . In November a report was presented to Cabinet outlining and implementation date (28th April 2025), an implementation plan and a communication plan for this service change. It is expected that the recycling performance from this one change will increase by 4.5 percentage points. At this point in time, the risk has been reviewed and the risk scoring and risk comment remains the same this month.</p>

Current Score on the Risk Matrix



Direction of Change




Tudalen 54

How are we managing risk?

Governance	<p>Consultation with Cabinet Member Business SMT Portfolio Programme Board Forward Works Programme Environment and Economy Overview and Scrutiny Committee Cabinet Council Plan Risk Register Internal audit Collaboration with WRAP Cymru / Local Partnerships / Welsh Government (WG)</p>
Internal Controls/Process	<p>Introduction of a Resource and Waste Strategy - 2024-2030 Update the recycling and waste collections and household recycling centre operational policy Weekly waste management project meetings Waste data reporting to Natural Resources Wales and Welsh Government Restrict the amount of residual waste collected through reducing the frequency of collection Undertake excess waste presentation enforcement Introduce a clear bag policy at Household Recycling Centres (HRCs) Identify other waste streams that could be collected for recycling at the kerbside or HRCs Identify and implement reuse initiatives (via Welsh Government funding) Enhance recycling collections at flats, communal points and Houses of Multiple Occupancy (HMO) Implement a robust communications plan</p>

Risk Mitigation Actions

	Action	Stage	RAG	Latest Update	Due Date
RST007T	Undertake a review of the Council Waste Strategy to identify improve service delivery methods to minimise residual waste disposal and increase recycling.	Completed		A new Resource and Waste Strategy was adopted in March 2024, which sets out the Councils objectives and priorities to reach the statutory recycling targets over the next 6 years.	31/12/2024

Tudalen 55

Mae'r dudalen hon yn wag yn bwrpasol

Risk Management Framework



December
2023

Tudalen 57

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. Gweler y dudalen Gymraeg ar ein gwefan.
This document is also available in Welsh. See Welsh page on our website.

Document Control

OVERVIEW

Title	Risk Management Framework
Owner	Internal Audit, Performance and Risk Manager
Nominated Contact	Lisa Brownbill (lisa.brownbill@flintshire.gov.uk)
Reviewed By	Internal Audit, Performance and Risk Manager
Date of Last Review	December 2023
Date of Next Review	December 2024
Related Documents	Risk Management – InPhase User Guide

REVISION HISTORY

Version	Issue Date	Author	Summary of Changes
1	March 2020	Strategic Performance Advisor	New guidance document
1	February 2021	Strategic Performance Advisor	Inclusion of escalation procedure
2	September 2022	Strategic Performance Advisor	Fit for purpose review and update.
3	December 2023	Strategic Performance Advisor	Annual review following role out of InPhase

CONSULTATION

Version	Who	Date
1	Performance Leads	17th January 2020
1	Chief Officers Team	26th February 2020
2	Chief Officers Team	20th January 2021
3	Chief Officers Team	16th August 2022
3	Performance Leads	21st September 2022
3.2	Performance Leads and Chief Officer Team	December 2023

APPROVAL

Version	Who / Where	Date
1	Chief Officers Team	26th February 2020
2	Chief Officers Team	20th January 2021
3	Chief Officers Team	16th August 2022
3	Governance and Audit Committee	14th November 2022
3.1	Governance and Audit Committee – Additional information	14th November 2022
3.2	Governance and Audit Committee	24th January 2024

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1. Introduction

Flintshire County Council (the Council) is responsible for delivering both statutory and non-statutory services to residents and business within Flintshire. To enable the Council to deliver these services effectively, the Council needs to consider a wide range of risks and opportunities in the decisions that are made at all levels across the Council.

2. What is Risk Management?

Risk management is the process of identifying risks, evaluating the potential impact, and mitigating them. The aim is to minimise the severity of their impact and likelihood of occurring where possible. Risk management is invaluable to the Council and should form part of the day-to-day management of a service. Some of the benefits to managing risks include;

prevents reputational damage,
informs decision making,
leads to successful future planning.

3. What is Risk?

Risk is defined as the possibility that events will occur and affect the achievement of strategy and business objectives. A 'risk' is made up of an event, which if left untreated and with no controls in place, will have an impact on the Council and service delivery.

3.1 TYPES OF RISK

There are three main risk types at Flintshire County Council, they are:

- **Strategic** - risks which have an impact to the operation of the organisation, for example, Health and Safety, Systematic IT Failure and GDPR. A strategic risk requires corporate ownership.
- **Operational** - risks that affect the successful delivery of individual service objectives/delivery plans, and which are controlled by a single Portfolio.
- **Project/Programme** - risks that prevent the successful delivery of a project or programme to be completed on time, on budget and achieving the desired outcomes e.g., a capital investment project for a new school.

3.2 RISK APPETITE

Risk appetite is defined as the amount of risk an organisation is willing to accept or tolerate to achieve its intended objectives. In an organisation as large and diverse as the Council, it is difficult to define a singular risk appetite. Appetite for risk will vary due to the objectives being undertaken in the Council spanning a wide range of different service areas. The Chief Officer Team has the final collective decision if risk appetite has been reached or breached through monthly monitoring reports.

As an organisation the Council recognises that we must accept some risk to achieve our objectives. These are considered as opportunities. The Council's approach to risk is to ensure a culture of being informed and risk aware. The Council may have to accept major or catastrophic risks, which cannot be reduced or eliminated (and therefore these risks would have to be managed within the Council's risk appetite). However, by ensuring the **Risk Management Framework** and **InPhase User Guides** (the Council's performance and risk management system) are followed and risks are reviewed monthly, the Council will have good corporate oversight of such risks.

4. Roles and Responsibilities

Everyone at the Council is responsible for ensuring risks and opportunities are identified and managed at all governance levels.

The table below explains the key roles and responsibilities to ensure risk management is effective within the Council, which includes:

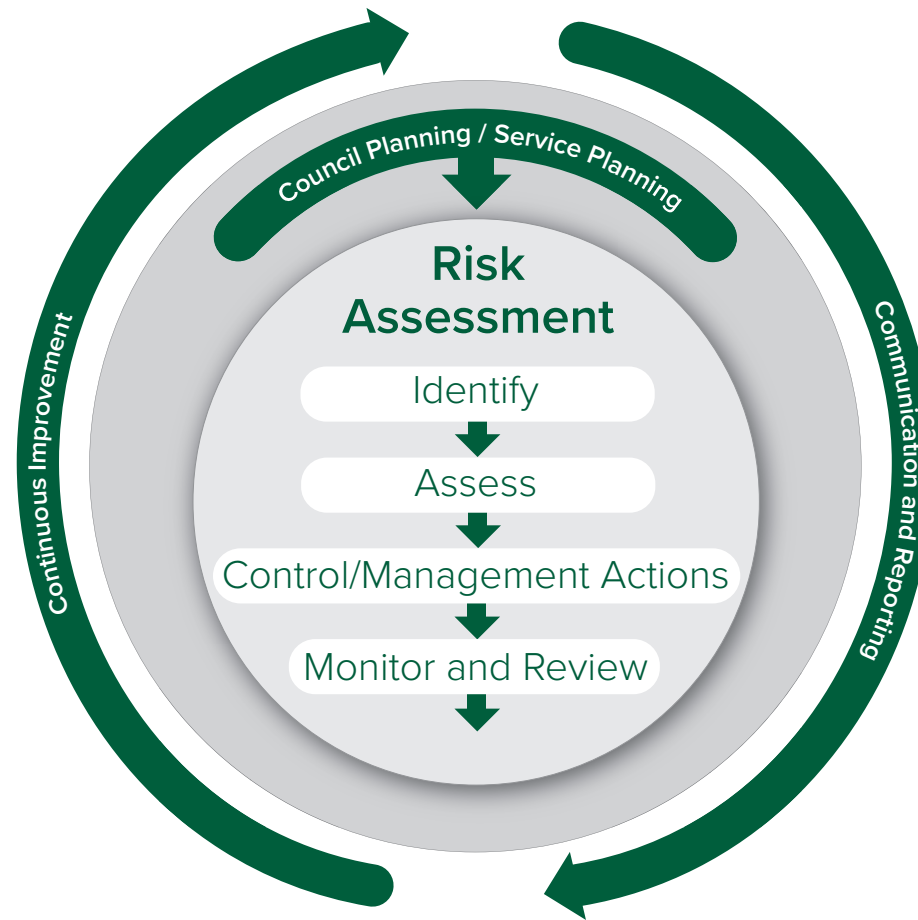
Governance Arrangements, Members & Officer Roles	Description of Roles and Responsibilities
<p style="text-align: right;">Cabinet Members</p>	<ul style="list-style-type: none"> • Ensuring that the Council's risks and opportunities are managed effectively, and procedures are in place to monitor the management of significant strategic risks • Setting the appropriate level of risk appetite for the Council • To review the Council's full strategic risk register on a quarterly basis • To ensure that all strategic decisions have been fully considered and consulted upon (risks and opportunities) • To have political oversight and responsibility of the Council's risk and opportunities
<p style="text-align: center;">Overview and Scrutiny Committees</p>	<ul style="list-style-type: none"> • Challenging the detail of individual risks related to the Council Plan priorities for example, or a service/function • Reviewing all high-level (this can include strategic, operational and / or project) risks (red and increasing) for assurance and monitoring as well as those escalated for review • Promote the use of risk management to inform effective strategic decision making
<p style="text-align: center;">Governance and Audit Committee</p>	<ul style="list-style-type: none"> • Reviewing the effectiveness of the Council's Risk Management Framework, processes, and systems • Effective forward work planning for risk management • To receive a bi-annual risk profile report on all Strategic risks • High level overview of escalated and deteriorating risks • Consider and approve annual reviews of the Risk Management Framework • To call in Risk Owners / Senior Managers when concerns are raised regarding a strategic risk
<p style="text-align: right;">Chief Officer Team</p>	<ul style="list-style-type: none"> • The Chief Officer Team owns and lead the risk management process. • Implementation of the risk management process and related policies • Ensuring that risks are managed, monitored and reviewed within their relevant statutory roles • Set strategic risk management controls for any initiatives, projects, action plans • Discussing the appropriate level of risk for the Council (risk appetite) • Identification and assessment of risk levels • Challenging the outcomes of risk management • Monitoring and reviewing risks in accordance with the Risk Management Operational Procedures • Assurance of Business Continuity Planning • Reviewing information within monthly reports to ensure continuous risk identification, assessment, monitoring, and escalation takes place • Ensuring that all risks are reviewed and updated in line with the Council's Risk Management Framework

Governance Arrangements, Members & Officer Roles	Description of Roles and Responsibilities
Service / Departmental Management Team	<ul style="list-style-type: none"> • Risk management and ownership of risk is a key element of any management role within the Council • The identification, assessment, control, and monitoring / reporting of Portfolio risk registers, (this includes Council Plan, Business as Usual, Partnerships or emerging risks) in accordance with the Risk Management Framework • Reviewing and managing the risks identified for which they are responsible for monthly. • Sharing relevant information regarding risks with colleagues in other service areas • Risk management should be discussed at all Senior Management Team meetings
Performance and Risk Management Team (PRM Team) & Internal Audit, Performance and Risk Manager	<ul style="list-style-type: none"> • Ensuring the Risk Management Framework is adhered to • Providing advice and support where appropriate • Quality control and challenge (if applicable) of any new risks identified • Providing a monthly risk dashboard for each Portfolio detailing their risk profile • Providing risk profile and trend analysis for relevant Committees • Informing Chief Officers of new or escalating risks • Providing a monthly risk report to the Chief Officer Team (COT) • Responsible for oversight and development of Performance and Risk Management System
Risk Owners	<ul style="list-style-type: none"> • Responsible for managing and monitoring a specific risk (each risk in the Portfolio risk register is assigned a risk owner) • Ensure that appropriate resources and importance are allocated to the risks they own • Confirm the existence and effectiveness of existing actions and ensure that any further actions are implemented • Review risks during Supervision with their manager • Provide assurance that the risks for which they are the risk owner are being effectively managed • Any risks which are escalating are reported to relevant Senior / Departmental Management Team
Performance Leads	<ul style="list-style-type: none"> • Effective implementation of the risk management process and related policies within their Portfolio • Ensuring continuous risk identification, assessment, control, monitoring, reporting and escalation takes place within their Portfolio • Ensuring that all risks are updated in line with the Council's Risk Management Framework • Responsible for having oversight of Portfolio risks and use of the Performance and Risk Management System • Where an operational risk may need to become a strategic risk this will be highlighted to Chief Officer Team (COT) and corporately owned as a strategic risk, if applicable
Internal Audit Team	<ul style="list-style-type: none"> • Periodic reviews of the Council's risks (strategic, operational and project) • Liaise frequently with the Performance and Risk Management Team
All Employees	<ul style="list-style-type: none"> • Maintain an awareness and understanding of risk in their workplace • Comply with Council policies and procedures for risk management • Notify their line manager of any identified risk and proposed actions to mitigate the risk • Report any incident to their line manager of a risk tolerance breach

5. Risk Management Process

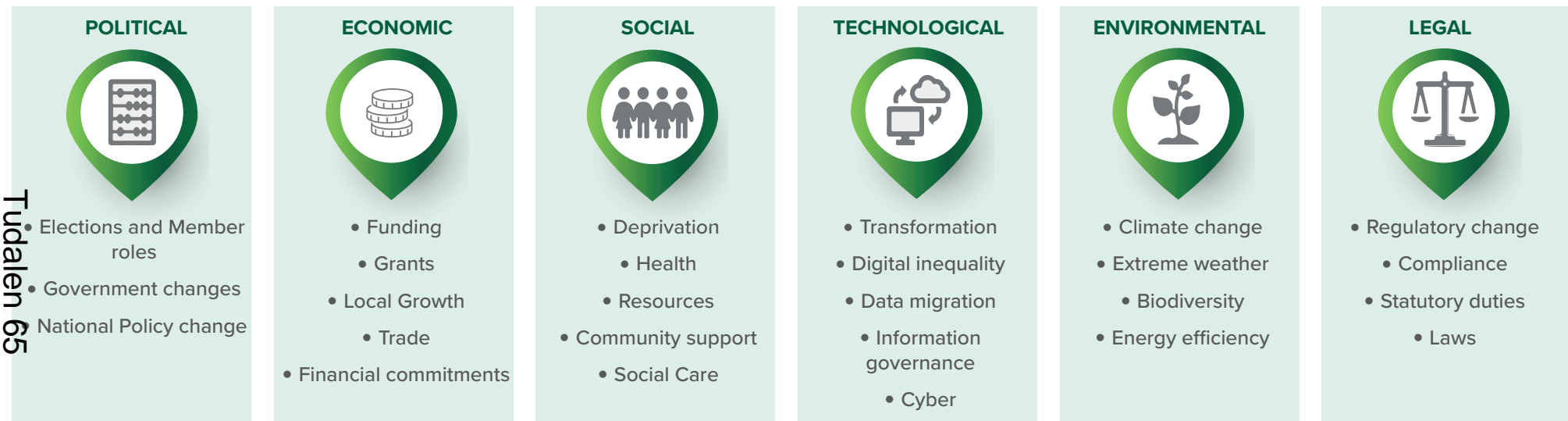
Risk management is a continuous process and is often done in a sequence of four key stages:

1. Identify
2. Assess
3. Control / Management Actions
4. Monitor and Review



STAGE 1: IDENTIFY

Risk identification is a continuous process which is embedded in Council Planning, Portfolios (and Service Areas within Portfolios), Business Planning, Project Management, partnerships and as part of business as usual or when something changes. Risks can be identified through planning processes, emerging risks and when expected performance is not achieved. When identifying a risk, it should be very clear what the risk is, to the Council, project(s), service delivery or priorities. A method to identify a risk is using a PESTEL analysis:



Once a risk has been identified it should be given a clear and concise risk title. Risk should be identified by using qualitative (milestones and actions) and quantitative (performance indicators, financial data). This is called Risk Evidence and will be used to calculate the risk scoring and be used to measure against risk tolerance.

For every identified risk there **MUST** be a risk owner.

When thinking about identifying a risk consider using the following statement:

This (event) could happen due to (cause) which may result in the following (impact) to our objectives.

STAGE 2: ASSESS

Assessing risk is about prioritising key threats and opportunities and understanding their scale.

Typically, risk is measured in:

- **Likelihood** – how likely will the risk happen
- **Impact** – how severe would the outcomes be if the risk occurred

Once a score for each of the measures has been established, they are multiplied together to generate a final risk score. The higher the score, the higher the priority and urgency of the risk (please see Section 6, Risk Matrix, for further information).

STAGE 3: CONTROL / MANAGEMENT ACTIONS

Once a risk has been identified and assessed the next step is to decide on the best method of managing the risk.

It is important to identify what additional internal controls / actions and measures are required to reduce the risk or to prevent the risk from escalating further. The Council may not always be able to reduce the likelihood with internal controls, however the aim is to always reduce the impact.

A key question to ask is: ‘What are you going to do about it?’

STAGE 4: MONITOR AND REVIEW

Monitoring and reviewing of risks is a ‘live’ process and must be continuously monitored at the appropriate levels (Cabinet, Chief Officer Team, Senior Management). Risks are constantly changing as the external environment alters and / or internal factors change, therefore it is important to monitor that:

- The risk has not changed
- The approach to controlling the risk is still appropriate
- Controls are still working effectively to manage or reduce the risk
- Through regular review a new risk has been identified
- A risk can now be closed (has been successfully mitigated or the risk no longer exists)
- The risk is not deteriorating (if a risk is deteriorating the escalation process should be followed, please see Section 7, Compliance and Monitoring, for further information)

6. Risk Scoring

When assessing the likelihood and impact of a risk, consideration must be giving to ‘How likely the risk could happen’ and ‘How severe would the outcome be is the risk occurred?’

6.1 RISK MATRIX

The Risk Matrix (below) must be used when calculating impact and likelihood score to have an overall score. Risks are then categorised via the overall score and a colour rating to determine the tolerance of risk.

IMPACT
How severe would the outcomes be if the risk occurred

		1 Negligible	2 Moderate	3 Significant	4 Major	5 Catastrophic
Tudalen 67 LIKELIHOOD How likely will the risk be happening	5 Almost Certain	Amber 5	Amber 10	Red 15	Red 20	Red 25
	4 Likely	Yellow 4	Amber 8	Red 12	Red 16	Red 20
	3 Possible	Yellow 3	Amber 6	Amber 9	Red 12	Red 15
	2 Unlikely	Green 2	Yellow 4	Amber 6	Amber 8	Amber 10
	1 Rare	Green 1	Green 2	Yellow 3	Yellow 4	Amber 5

6.2 APPROACH TO MANAGEMENT / APPETITE OF RISK

The table (below) provides guidance on the Council's risk's appetite depending on the final overall score of a risk.

Colour	Score	Approach	Action
Green	1-2	Accept	Risks within the Council's risk appetite.
Yellow	3-4	Adequate	Risks within the Council's risk appetite which need to be monitored by Senior Management, if risk deteriorates
Amber	5-10	Tolerable	Risks within the Council's risk appetite but not at a level which is acceptable.
Red	12-25	Unacceptable	Risks outside of the Council's risk appetite

6.3 EXAMPLES OF RISK SCORING

The table below provides examples and can be used as a guide to score a risk.

IMPACT SEVERITY (EXAMPLES)

	Service Delivery	Financial	Reputation	Legal
1 Negligible	No noticeable impact	Expenditure or loss of income up to £50k	Internal review	Legal action very unlikely and defensible
2 Moderate	Some temporary disruption to a single service areas / delay in delivery or one of the Council's key strategic outcomes or priorities	Expenditure or loss of income greater than £50k but less than £500k	Internal scrutiny required to prevent escalation	Legal action possible but unlikely and defensible
3 Significant	Disruption to one or more services / a number of key strategic outcomes or priorities would be delayed or not delivered	Expenditure or loss of income greater than £500k but less than £2.5m	Local media interest. Scrutiny by external committee or body	Legal action expected
4 Major	Severe service disruption on a service level with many key strategic outcomes or proprieties delayed or not delivered	Expenditure or loss of income greater than £2.5m but less than £6m	Intense public and media scrutiny	Legal action almost certain and difficult to defend
5 Catastrophic	Unable to deliver most key strategic outcomes or priorities / statutory duties not delivered	Expenditure or loss of income greater than £6m	Public Inquiry or adverse national media attention	Legal action almost certain, unable to defend

LIKELIHOOD

Likelihood of Risk Occurring		
1 Rare	Less than 5% chance	May only occur in exceptional circumstances
2 Unlikely		Could occur but unlikely
3 Possible	50% chance	A change might occur
4 Likely		Will probably occur
5 Almost Certain	More than 95% chance	Very likely to occur

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7. Communication and Reporting

For risk management to be effective it needs to be integral to the day-to-day operation of the work the Council undertakes. This involves not only the four key steps of identification, assessing, control / management and, monitoring and reviewing of risks but also clear forms of communicating and reporting on risks. Where developments happen over time, it is important that this is communicated and reported to ensure the information has been captured and included within this document for consistency of approach.

- The risk is not deteriorating (if a risk is deteriorating the escalation process should be followed, please see Section 7, Compliance and Monitoring, for further information)

7.1 NON-COMPLIANCE MONITORING

It is essential that the Risk Management Framework is followed, and risks are reviewed monthly. Where this does not occur, this is considered as non-compliance with the process and a non-compliance report will be shared with the Chief Officer Team.

7.2 ESCALATION OF RISK

The diagram below provides an overview of roles and responsibilities when an escalating risk has been identified.



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7.3 WHEN DOES A RISK NEED TO BE ESCALATED?

A risk needs to be escalated:

- When the risk appetite/risk target level is breached (this will be informed by risk evidence)
- When risk mitigation cannot be managed within the Portfolio and:
 - A Council Plan/Strategy priority is compromised and/or
 - Service operations or performance will be seriously compromised and/or
 - The financial, legal, or reputational position of the Council might be compromised and/or
 - An emergency situation might develop

7.4 WHAT IS THE OPERATING PROCEDURE FOR ESCALATION?

Where it has been identified that a risk needs escalating, the escalation procedure will be followed, and COT will be notified of:

- A risk which has a red RAYG (red, amber, yellow, green) status, including all three types of risks
- Any risk which has deteriorated, regardless of RAYG status
- Any new risk to ensure corporate oversight
- The identification of an operational risk needing to become a strategic risk

APPENDIX A

FURTHER INFORMATION

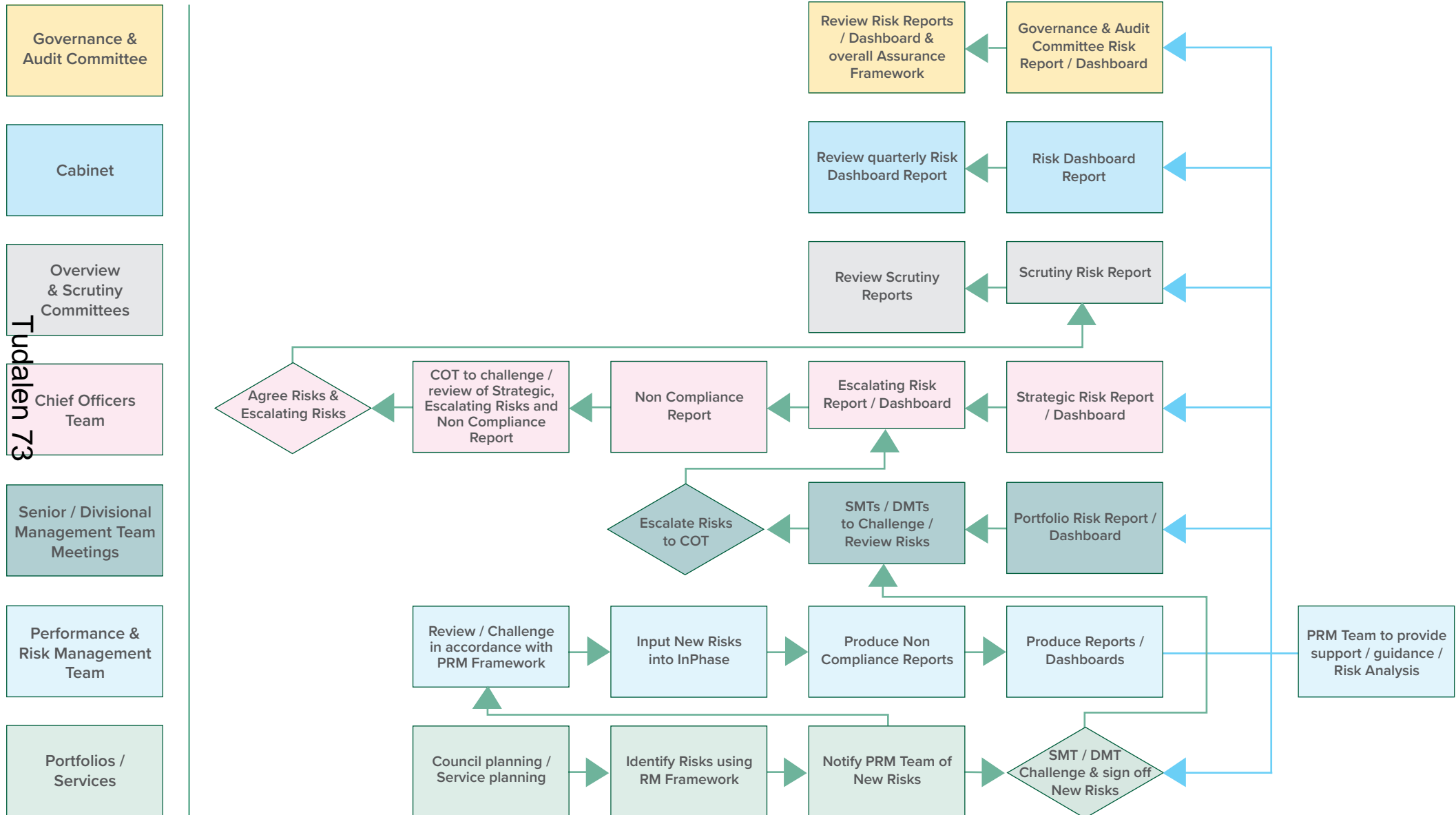
If you wish to receive any further information regarding the Risk Management Framework, please contact the Performance and Risk Management Team.

CONTACT DETAILS:

PRM@flintshire.gov.uk

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APPENDIX B RISK REPORTING OVERVIEW (SIMPLIFIED)



Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 6



SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Friday 17 th January, 2025
Report Subject	Council Plan 2024/25 Mid-Year Performance Monitoring Report
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

The Council Plan 2023/28 was adopted by the Council in June 2023. This report presents a summary of performance of progress against the Council Plan priorities identified for 2024/25 at the mid-year (Quarter 2) position.

This report is an exception-based report and concentrates on those areas of performance which are not currently achieving their target, relevant to the Social & Health Care Overview & Scrutiny Committee.

Recommendations	
1.	To support the levels of progress and confidence in the achievement of priorities as detailed within the Council Plan 2023/28 for delivery within 2024/25.
2.	To support overall performance against Council Plan 2024/25 performance indicators/measures.
3.	To be assured by explanations given for those areas of underperformance.

REPORT DETAILS

1.00	EXPLAINING THE COUNCIL PLAN 2024/25 PERFORMANCE AT MID-YEAR																																							
1.01	The Council Plan Mid-Year Performance Report provides an explanation of the progress made towards the delivery of the priorities set out in the 2023/28 Council Plan for delivery within 2024/25. The narrative is supported by information on performance indicators and/or milestones.																																							
1.02	This report is an exception-based report and concentrates on those areas of performance which are not currently achieving their target.																																							
1.03	<p>Monitoring our Performance</p> <p>Each of the sub-priorities under each priority within the Plan have high level activities which are monitored over time. 'Progress' shows action against scheduled activity and is categorised as:</p> <ul style="list-style-type: none"> • RED: Limited Progress, delay in scheduled activity and not on track • AMBER: Satisfactory Progress, some delay in scheduled activity, but broadly on track • GREEN: Good Progress, activities completed on schedule and on track 																																							
1.04	<p>Progress against Council Plan activity (Actions)</p> <p>In summary, our overall progress against the quarterly activities /actions (135) identified in the Council Plan for 2024/25 is:</p> <ul style="list-style-type: none"> • Good (green) progress was achieved in 67% (91) of activities. • Satisfactory (amber) progress was achieved in 29% (39) of activities. • Limited (red) progress was made in 4% (5) of activities <table border="1" data-bbox="336 1395 1409 1816"> <thead> <tr> <th rowspan="2">PRIORITY</th> <th colspan="3">ACTIONS</th> </tr> <tr> <th>GREEN</th> <th>AMBER</th> <th>RED</th> </tr> </thead> <tbody> <tr> <td>Poverty</td> <td>12</td> <td>1</td> <td>0</td> </tr> <tr> <td>Affordable and Accessible Housing</td> <td>7</td> <td>9</td> <td>1</td> </tr> <tr> <td>Green Society and Environment</td> <td>19</td> <td>7</td> <td>1</td> </tr> <tr> <td>Economy</td> <td>15</td> <td>7</td> <td>1</td> </tr> <tr> <td>Personal and Community Well-being</td> <td>10</td> <td>2</td> <td>0</td> </tr> <tr> <td>Education and Skills</td> <td>15</td> <td>5</td> <td>0</td> </tr> <tr> <td>A Well Managed Council</td> <td>13</td> <td>8</td> <td>2</td> </tr> <tr> <td>Overall Progress</td> <td>91 (67%)</td> <td>39 (29%)</td> <td>5 (4%)</td> </tr> </tbody> </table>	PRIORITY	ACTIONS			GREEN	AMBER	RED	Poverty	12	1	0	Affordable and Accessible Housing	7	9	1	Green Society and Environment	19	7	1	Economy	15	7	1	Personal and Community Well-being	10	2	0	Education and Skills	15	5	0	A Well Managed Council	13	8	2	Overall Progress	91 (67%)	39 (29%)	5 (4%)
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1.05	There are no activities which show a Red RAG status and are off track at mid-year (Quarter 2), relevant to the Social & Health Care Overview & Scrutiny Committee.																																							

1.06	<p>Performance against the Council Plan Performance Indicators (Measures)</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. 																																							
1.07	<p>Analysis of the mid-year (Quarter 2) performance measures (52) against the targets set for 2024/25 shows:</p> <ul style="list-style-type: none"> • 38 (73%) measures have a green RAG status • 5 (10%) measures have an amber RAG status • 9 (17%) measures have a red RAG status <table border="1" data-bbox="336 831 1409 1249"> <thead> <tr> <th rowspan="2">PRIORITY</th> <th colspan="3">MEASURES</th> </tr> <tr> <th>GREEN</th> <th>AMBER</th> <th>RED</th> </tr> </thead> <tbody> <tr> <td>Poverty</td> <td>8</td> <td>1</td> <td>0</td> </tr> <tr> <td>Affordable and Accessible Housing</td> <td>11</td> <td>0</td> <td>5</td> </tr> <tr> <td>Green Society and Environment</td> <td>6</td> <td>2</td> <td>0</td> </tr> <tr> <td>Economy</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Personal and Community Well-being</td> <td>9</td> <td>1</td> <td>0</td> </tr> <tr> <td>Education and Skills</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>A Well Managed Council</td> <td>2</td> <td>0</td> <td>3</td> </tr> <tr> <td>Overall Progress</td> <td>38 (73%)</td> <td>5 (10%)</td> <td>9 (17%)</td> </tr> </tbody> </table>	PRIORITY	MEASURES			GREEN	AMBER	RED	Poverty	8	1	0	Affordable and Accessible Housing	11	0	5	Green Society and Environment	6	2	0	Economy	2	1	1	Personal and Community Well-being	9	1	0	Education and Skills	0	0	0	A Well Managed Council	2	0	3	Overall Progress	38 (73%)	5 (10%)	9 (17%)
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1.08	<p>There are no performance indicators/measures which show a Red RAG status for performance against the target set, relevant to the Social & Health Care Overview & Scrutiny Committee.</p>																																							

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> <p>The Council Plan 2023/28 continues to be aligned to the Sustainable Development Principles:</p> <table border="1" data-bbox="320 2000 1385 2029"> <tr> <td data-bbox="320 2000 746 2029">Long-term</td> <td data-bbox="746 2000 1385 2029">Throughout the Mid-Year Performance</td> </tr> </table>	Long-term	Throughout the Mid-Year Performance
Long-term	Throughout the Mid-Year Performance		

	Monitoring Report there are demonstrable actions and activities which relate to all the Sustainable Development Principles.
Prevention	
Integration	
Collaboration	Specific case studies will be included in the Annual Performance Report for 2024/25.
Involvement	
<p>By completing a high-level IIA for the Council Plan (2023-28), it enabled the Council to have an overview of the various additional IIA's that will be carried out to support the Council Plan (2023/28) priorities.</p> <p>Well-being Goals Impact</p> <p>The Council Plan (2023/28) continues to provide evidence of alignment with the seven Well-being Goals (part of the Well-being of Future Generations (Wales) Act 2015 and Five Ways of Working (Sustainable Development Principle). To do this effectively the Council ensures that specific strategic and policy reports include impact and risk assessments and considers the Well-being Goals.</p>	
Prosperous Wales	<p>Throughout the Mid-Year Performance Monitoring Report there is evidence of alignment with the Well-being Goals.</p> <p>Specific strategic and policy reports include impact and risk assessments.</p>
Resilient Wales	
Healthier Wales	
More equal Wales	
Cohesive Wales	
Vibrant Wales	
Globally responsible Wales	
<p>Council's Well-being Objectives</p> <p>The Council undertook a review of its Well-being Objectives during the development of the Council Plan. The updated set of Well-being Objectives are a more focused set of seven. The Well-being Objectives identified have associated priorities for which they resonate. See the full list below.</p>	
Priority	Well-being Objective
Poverty	Protecting our communities and people from poverty by supporting them to meet their basic needs and to be resilient

Affordable and Accessible Housing	Housing in Flintshire meeting the needs of our residents and supporting safer communities
Green Society and Environment	Limiting the impact of the Council's services on the natural environment and supporting the wider communities of Flintshire to reduce their own carbon footprint
Economy	Connecting communities and enabling a sustainable economic recovery and growth
Personal and Community Well-being	Supporting people in need to live as well as they can
Education and Skills	Enabling and Supporting Learning Communities
A Well Managed Council	A responsible, resourceful, and trusted Council operating as efficiently as possible

The information detailed within the Council Plan Mid-Year Performance Report 2024/25 demonstrates the progress made against the Well-being Objectives.

Risks are identified as part of the annual review of the Council Plan and are detailed within Council Plan (Part 2 Document). In accordance with the Risk Management Framework, risks are reviewed monthly and reported upon.

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	Consultation with Senior Managers and Chief Officers was undertaken in setting the actions and measures to support performance of the Council Plan 2023/28.
4.02	The actions/measures detailed within the Council Plan are monitored by the respective Overview and Scrutiny Committees according to the priority area of interest.

5.00	APPENDICES
5.01	Appendix 1 - Council Plan 2024/25 Mid-Year Performance Monitoring Report Appendix 2 - Council Plan 2024/25 Part 2: Milestones and Measures Document

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Council Plan 2023/28 https://www.flintshire.gov.uk/en/PDFFiles/Council-Democracy/Council-Plan-and-Well-Being-Objectives/Council-Plan-2023-28.pdf

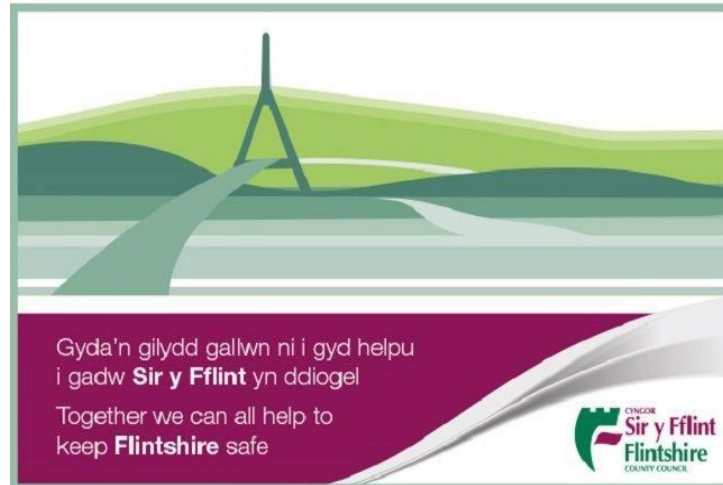
7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Sam Perry Telephone: 01352 701476 Email: sam.perry@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	Council Plan: the document which sets out the annual priorities of the Council. It is a requirement of the Local Government and Elections (Wales) Act 2021 for organisations to ‘set out any actions to increase the extent to which the council is meeting the performance requirements.’ Plans for organisations should be robust; be clear on where it wants to go; and how it will get there.
8.02	An explanation of the report headings: Measures (Key Performance Indicators - KPIs) Actual (YTD) – the year-to-date performance identified i.e., by numbers, percentages, etc. Target (YTD) – The target for the year to date which is set at the beginning of the year. Current RAG Rating – This measures performance for the year against the target. It is automatically generated according to the data: <ul style="list-style-type: none"> • 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.



Council Plan Mid-Year Performance Monitoring Report 2024/25

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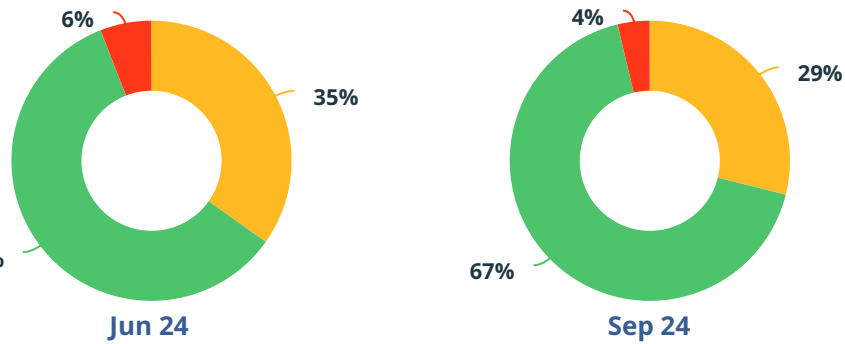
Council Plan 2023-28

Mid-year Performance Report 24/25

Performance Summary

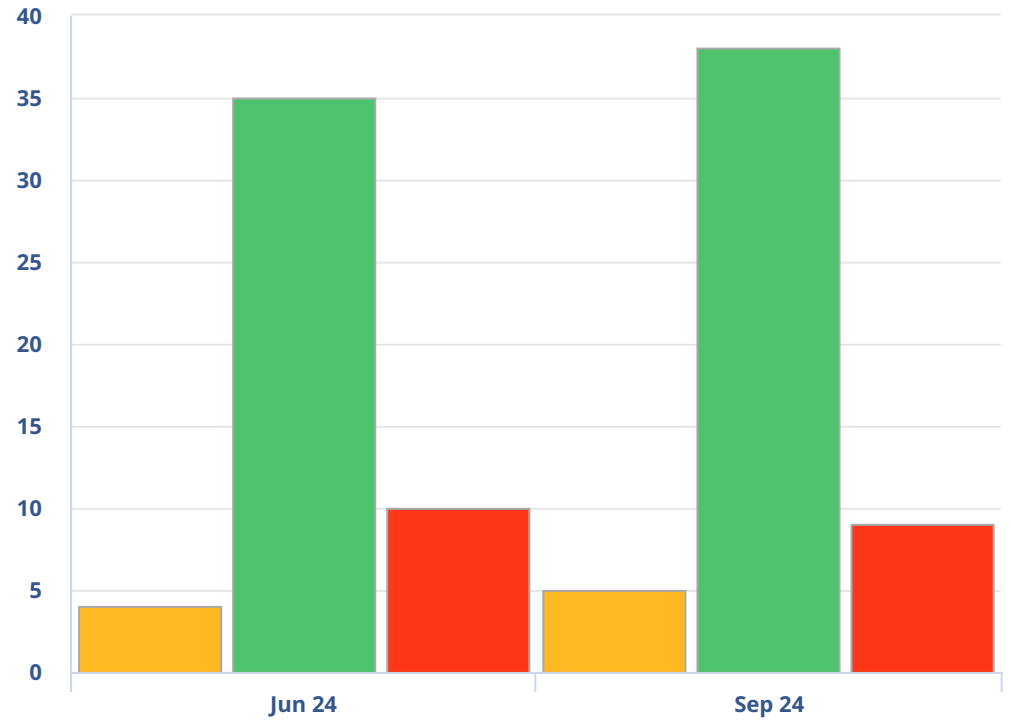
Actions RAG Status (Mid-year)

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- Red: Off Track - delay in progress
- Amber: Monitor - some delay in progress but broadly on track
- Green: On Track - completed or progressing as planned
- Grey: Missing update

Quarterly and Bi-annual Measures RAG Status (Mid-year)



- Red: Target missed by +10%
- Amber: Target missed by ≤10%
- Green: Target achieved or exceeded
- Grey: Missing data

Total Actions

140

Quarterly Actions

135

Annual Actions

5
(reported in Q4 only)

Red

5

Amber

39

Green

91

Missing Update

0

Actions Off Track

	Priority	Action	RAG
<input checked="" type="checkbox"/> CPE005T	A Well-Managed Council	Ensure the funding needs of the Council over the medium term are met through financial planning	▲
<input checked="" type="checkbox"/> CPE007T	A Well-Managed Council	Ensure an adequate level of reserves is maintained by the Council	▲
<input checked="" type="checkbox"/> CPE036T	Affordable and Accessible Housing	Identify a site for a young person's supported housing provision offering accommodation and support services	▲
<input checked="" type="checkbox"/> CPE052T	Economy	Recruit a Digital Connectivity Officer to support rural communities to access better quality connectivity options	▲
<input checked="" type="checkbox"/> CST025T	Green Society and Environment	Achieve Welsh Government recycling targets	▲

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Total Measures

88

Quarterly Measures

49

Bi-annual Measures

3

(reported in Q2 and Q4 only)

Annual Measures

36

(reported in Q4 only)

Q2 Measure Performance

This chart indicates the performance of measures against target compared to the previous period



Key: ■ Deteriorating ■ No Change ■ Improving ■ No historical data

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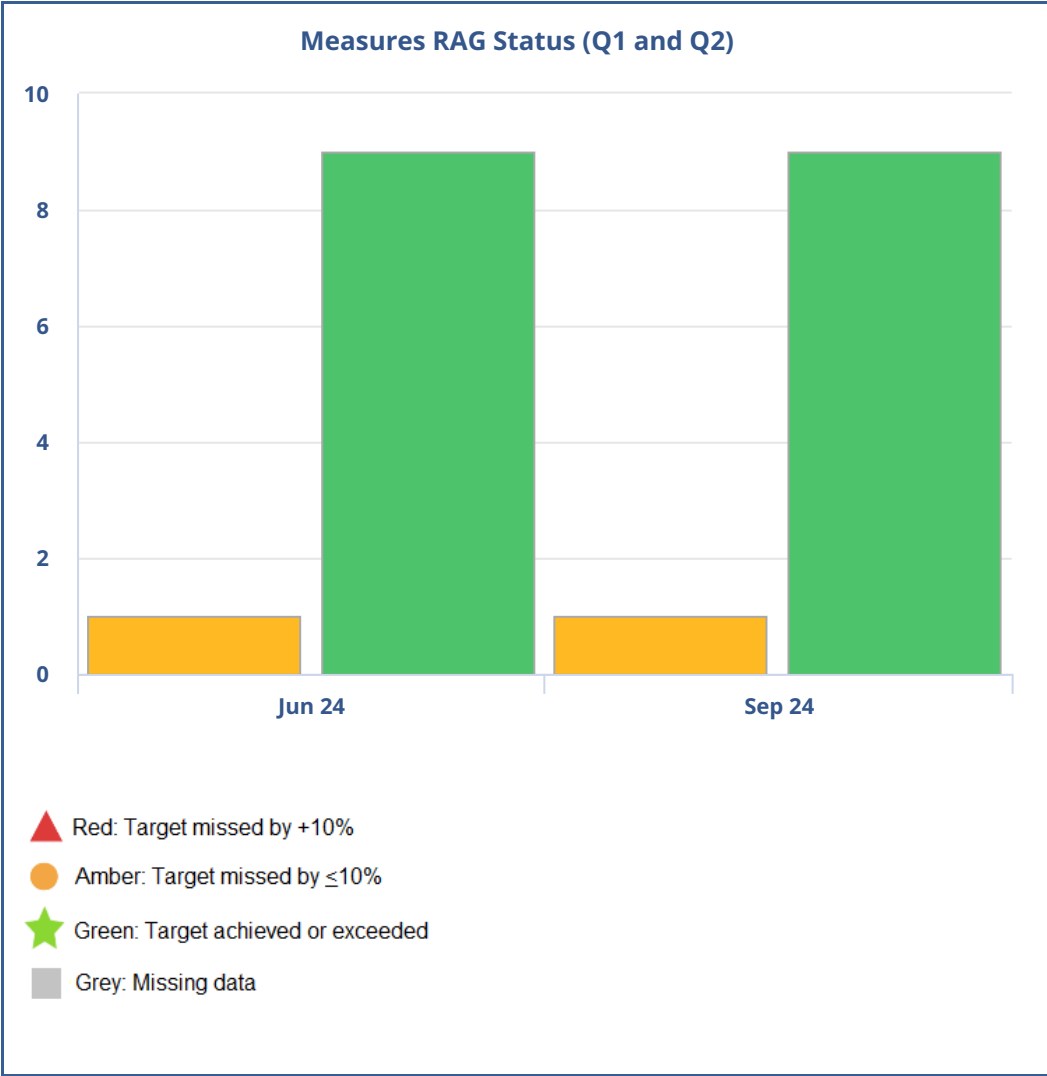
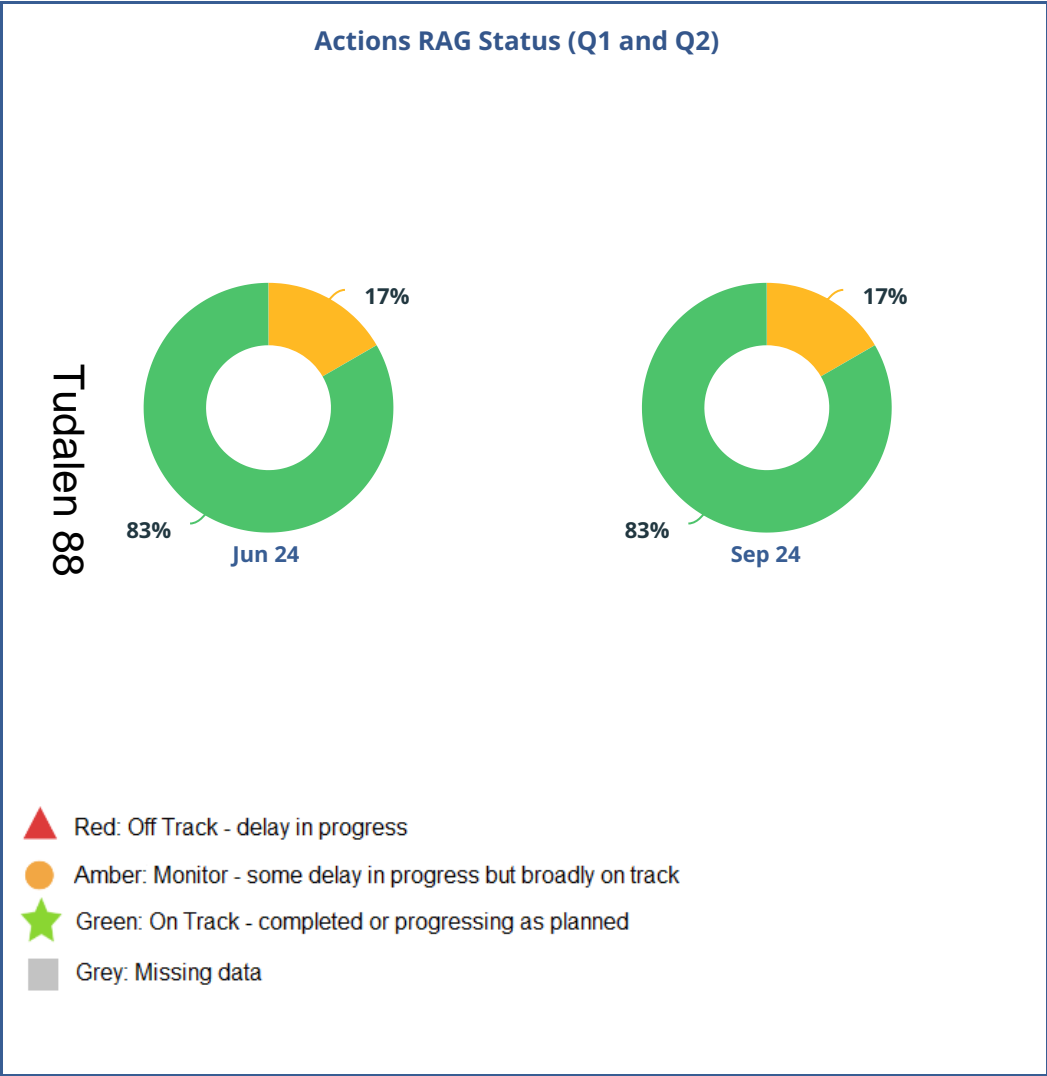
Personal and Community Well-being

Well-being Objective: Supporting people in need to live as well as they can.

Personal and Community Well-Being

Supporting people in need to live as well as they can

Performance Summary






Actions off Track

No actions off track

Measures off Track


No measures off track

Deteriorating Quarterly Measures

	Measure	Jun 24	Sep 24	Trend
CSS006M	Percentage of equipment that is re-used	92.0%	91.0%	
CSS009M	Percentage of adult safeguarding enquiries that met the 7 day timescale	97.0%	96.0%	
CSS011M	Percentage of Pre-birth assessments completed within timescales	100.0%	90.0%	

A Well-connected, Safe and Clean Local Environment

Resilient communities where people feel connected and safe

	Action	RAG	Comments
<input checked="" type="checkbox"/> CST027T	Work in partnership, actively support and engage with community led groups by developing Local Environmental Quality initiatives		We continue to carry out successful environmental campaigns including litter picks, green dog walkers, adopt a street and clean alleyways. These have been done in comparison with NGOs such as Keep Wales Tidy, local community groups like Mold Plastic Reduction and Town Councils and local council members. We continue to run the "recycle as you go" initiative to reduce litter pick collections going to incineration. We are also looking to identify hot spot fly tip areas next to street bins to reduce fly tips being left and educate Flintshire residents. We also continue to run the chewing gum task force clean up initiative. We now require additional support from street cleansing teams and area coordinators to support further clean up efforts in Flintshire and gain extra funding from Welsh Government.

A Well-Connected, Safe and Clean Local Environment - Quarterly Measures

Measure	Description	Actual	Target	Last Year (Q2)	RAG	Performance Trend
CST011M	Number of targeted environmental educational campaigns undertaken promote improved Local Environmental Quality	6	6	7	★	
<p>Educational campaigns have included; resident drop in sessions in local Connects Offices, the 999 Event in Talacre, the Flint and Denbigh Show, the Mold Festival, the Hawarden Festival and Wepre Park.</p>						
CST022M	Number of community engagement events attended to promote improved Local Environmental Quality	10	10	25	★	
<p>Community engagement events include; attendance at Youth Engagement and Educational Initiative, several audit walkabouts in Saltney, Bagillt, Connah's Quay, Flint and Shotton. Litter free zones and Collaborative Efforts with a focus group in Talacre. Partnership working with Housing Organisations and local volunteer groups. Alleyway clean ups in Connah's Quay and residential letter drops regarding fly tipping in the local area.</p>						

Direct Provision to Support People Closer to Home

The services we provide so people can access the support they need in their local community

	Action	RAG	Comments
<input checked="" type="checkbox"/> CSS026T	Continue to grow our in-house homecare service to support more people to live at home, utilising a rolling scheme of recruitment	●	Recruitment into the homecare service remains a challenge for all providers. Whilst our in house share of the market remains consistent we have seen an overall reduction in the number of staff. Whilst this is not ideal it does mirror what is happening with independent providers and also the national picture. It is important to recognise that homecare (domiciliary care) is experiencing a greater challenge in recruitment and retention compared to other care provision such as residential or extra care.
<input checked="" type="checkbox"/> CSS027T	Continue to grow our in-house fostering service to support more looked after children	★	There have been no new general foster carer approvals completed between July and September 2024, but four connected person carer approvals were completed in Quarter 1 of this year, and assessments for both general and connected person carers are ongoing. Marketing for general foster carers continues to be active, in partnership with Foster Wales. A specific recruitment campaign for carers for unaccompanied asylum-seeking children is also underway.
<input checked="" type="checkbox"/> CSS030T Tudalen 92	Develop childcare expansion and seamless childcare provision across programs	★	<p>The final Phase 1 Programme (2019-2024) modular building was completed in March 2024, resulting in increased childcare places in nine targeted areas of Flintshire and finishing within budget. The Project Closure was completed between April and June 2024, with some contingency funding retained.</p> <p>For the Phase 2 (2022-25) programme, four Business Justification Cases (BJCs) have been submitted to the Welsh Government, with two receiving funding for feasibility studies and project approval, to be completed 2025. The other two BJC's are being considered by Welsh Government for future capital programmes. These two projects will add 60-70 childcare places, enhancing pathways between childcare and schools, supporting school readiness, and facilitating a phased expansion for 2-year-old childcare (23 additional places for 2024-25).</p> <p>The Small Capital Grant of £595k for 2024/25 opened on 21st May 2024, and received 86 applications. This has made a significant impact to the quality of childcare provision, as well as sustainability.</p>

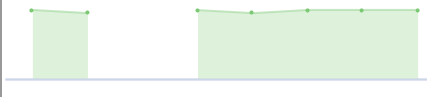



Independent Living

People will be supported to live as independently as possible through the right type of support, when they need it

	Action	RAG	Comments
<input checked="" type="checkbox"/> CSS024T	Develop a national, regional and local approach to Early Years Transformation so that all our children ages 0-7 have the best possible start in life and are able to reach their full potential	★	To enable all children to have the best possible start in life, there is ongoing commitment at national, regional, and local levels. The Welsh Government continues to prioritise early years and is reviewing the learning from the Early Years Pathfinder to influence future policy and programmes, Flintshire is represented on the Advisory Group. Regionally, the Children and Young People's Partnership has prioritised early years, with five key actions agreed, these being taken forward by the Regional Early Years Partnership. Locally, Flintshire finalised and submitted 15 Pathfinder programme and project evaluations to the Welsh Government, evidencing the system improvements across 17 elements, from the baseline in June 2020. A Project Closure Report is being prepared for the Flintshire Early Years Pathfinder Board. The aim is to maintain a whole systems approach, incorporating lessons learned to sustain effective practices while focusing on outcomes and community needs.
<input checked="" type="checkbox"/> CSS025T	Support people to achieve their mental well-being outcomes by promoting personal and community well-being through open access courses delivered by the Learning Partnership	★	This is a successful project that is ongoing. There have been 188 attendances on course between 1st April and 30th September 2024.
<input checked="" type="checkbox"/> CSS028T Rudalen 93	Provide additional placements for step down care within our in-house provision (Croes Atti 2)	★	The construction of the new Croes Atti care home is actively underway with the positive progress clearly visible on site. The project will facilitate the relocation and expansion of the existing Croes Atti care home from its current 31-bed capacity to 56 beds. 12 of the 56 beds in the new home will be available to the D2RA Service (Discharge to recover and assess), and integrated social care and health care services will be delivered at the new home by social services in partnership with Betsi Cadwaladr University Health Board (BCUHB) teams. The new home, Ty Croes Atti, is scheduled to complete in the summer of 2025. The current, most high-risk issue is completion of the legal work for the new substation, which is ongoing and being dealt with by the legal representatives for both the Council and SP Energy. Alongside ongoing compliance with a detailed programme of works, inspections and planning conditions, various working groups have been established. In collaboration with key stakeholders, the groups are moving forward with decisions on the interior, equipment, service model, and mobilisation plans and recruitment of staff.
<input checked="" type="checkbox"/> CSS029T	Utilise the progression model as a way of promoting people's independence skills, reducing the need for formal, paid support within LD services	★	Progression Model of Support is used in each assessment of individuals referred to service to ensure a person reaches optimum levels of personal independence. Role of service is to enable a person to meet their desired outcomes without the need for formal paid support, by accessing support from newly appointed Support Worker and third sector agencies.
<input checked="" type="checkbox"/> CSS031T	Continue to grow the Microcare market, including access to commissioned care packages	★	So far this year, 13 Micro-Care providers have been established (six in Quarter 1 and seven in Quarter 2), all of whom offer personal care services. There have been 3 additional Quality Framework interviews to enable providers to sign our framework contract and become available for commissioned care packages (two in Quarter 1 and one in Quarter 2).

	Action	RAG	Comments
<input checked="" type="checkbox"/> CSS033T	Support the building of a new Hub for the relocation of Tri Ffordd supported employment project to Maes Gwern in Mold	★	The construction programme remains on track and the anticipated completion date is 7th April 2025. Monthly progress meetings are held with the contractor (the next meeting is scheduled for 3rd October 2024) and a recent Project Board meeting was held on 27th September 2024. There has been constructive recent dialogue with Welsh Government regarding programme costs and claims against the allocated Welsh Government grant funding.

Independent Living - Quarterly Measures

Measure	Description	Actual	Target	Last Year (Q2)	RAG	Performance Trend
CSS003M	Direct Payments as a % of home-based services	43.0%	41.0%	42.9%	★	
<p>In this Quarter, the department has achieved 43% of home based services to be delivered via direct payments. This has enabled people to choose a range of bespoke solutions to meet their assessed needs and outcomes and has improved choice and control for disabled and older people in Flintshire whilst being cost effective and achieving a range of efficiencies.</p>						
CSS004M	Percentage of urgent requests for equipment that meet or exceed the national 1 Day response standards	100.0%	98.0%	100.0%	★	
<p>The North East Wales Community Equipment Service continue to meet the required standard for Equipment being provided that falls within the 1 day / 24hour response target.</p>						
CSS005M	Percentage of requests for equipment that meet or exceed the national 7 Day standard	100.0%	80.0%	100.0%	★	
<p>The North East Wales Community Equipment Service continue to exceed the outlined standard for Equipment being provided within 7 working days of receiving the request.</p>						
CSS006M	Percentage of equipment that is re-used	91.0%	70.0%	95.0%	★	
<p>The North East Wales Community Equipment Service currently reports a 91% equipment re-use percentage which based on projections continues to equate to a yearly cost avoidance of over £2,000,000. This is above the required standard which sits at 70%.</p>						

Local Dementia Strategy

Continuing to improve the lives of people living with dementia in Flintshire

	Action	RAG	Comments
<input checked="" type="checkbox"/> CSS034T	Implement the North Wales Regional Dementia Friendly Communities scheme in Flintshire	★	The new North Wales Dementia Friendly Communities (DFC) scheme is being implemented in Flintshire. The project team met with DFC chairs from the four active community groups in July 2024. A support plan has been developed for each active group. This will help them to increase participation and engage with local organisations. There are also four inactive groups that require additional engagement to re-establish them. A longer term aim will be to establish additional dementia and age friendly groups across the county.

Safeguarding

Continue to embed safeguarding procedures so our employees understand how they can help safeguard people in the community

	Action	RAG	Comments
<input checked="" type="checkbox"/> CSS005T	Promote the corporate e-learning package	★	Each Portfolio has received a Mandatory Training Report, identifying staff who have and have not completed or refreshed their learning using the corporate safeguarding e-learning package. Portfolio leads attend the Corporate Safeguarding Board meeting and are required to report on their training activity and the promotion of the e-learning package. During set times in the year e.g. National Safeguarding Week, further promotion of the e-learning package is undertaken.

Safeguarding - Quarterly Measures

Measure	Description	Actual	Target	Last Year (Q2)	RAG	Performance Trend
CSS009M	Percentage of adult safeguarding enquiries that met the 7 day timescale	96.0%	92.0%	84.0%	★	
95% of adult safeguarding enquiries were completed within timescales in the quarter, giving an overall percentage of 96% for the year to date.						
CSS010M	Percentage of reviews of children on the Child Protection Register due in the year that were carried out within the statutory timescales	99.0%	98.0%	98.1%	★	
118 out of 119 review case conferences due between July and September 2024, were held within the statutory timescale. This brings the overall percentage compliance for the year to date up to 96%.						
CSS011M	Percentage of Pre-birth assessments completed within timescales	90.0%	96.0%	100.0%	●	
Eight out of nine assessments for unborn children were completed within timescales in Quarter 2. This gives us an overall percentage of 90% for the year to date. In the case of the delayed assessment in Quarter 2, it is clear that timely information sharing across agencies needs to be strengthened to support multi-agency assessments. We are working with partners to improve information flows.						
CSS012M	Percentage of children who were reported as having run away or gone missing from home who were offered a return interview	100.0%	100.0%	100.0%	★	
We have a missing children coordinator who offers return interviews to all children and young people who go missing. All children who were recorded missing Quarter 2 were offered a return interview.						

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FLINTSHIRE COUNTY COUNCIL

Council Plan 2023/28

Content for 2024/25

PART 2

December 2024

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Priority:	Personal and Community Well-Being
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Well-being Objective:	Supporting people in need to live as well as they can
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Sub-Priority:	A Well-connected, Safe and Clean Local Environment
Definition:	Resilient communities where people feel connected and safe
Lead Officer(s)	Chief Officer Streetscene and Transportation

What we will do

	Action	Target Completion Date
<input checked="" type="checkbox"/> CST027T	Work in partnership, actively support and engage with community led groups by developing Local Environmental Quality initiatives	31/03/2025

How we will measure success (quarterly)

Tudalen 101	Measure Description	Jun			Sep			Dec			Mar		
		Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)
CST011M	Number of targeted environmental educational campaigns undertaken promote improved Local Environmental Quality			3	2	7	6	2	5	8	8	6	10
CST022M	Number of community engagement events attended to promote improved Local Environmental Quality			5	4	25	10	3	24	13	6	6	15

What could impact our objective

No associated risks identified

Sub-Priority:	Direct Provision to Support People Closer to Home
Definition:	The services we provide so people can access the support they need in their local community
Lead Officer(s)	Chief Officer Social Services

What we will do

	Action	Target Completion Date
<input checked="" type="checkbox"/> CSS026T	Continue to grow our in-house homecare service to support more people to live at home, utilising a rolling scheme of recruitment	31/03/2025
<input checked="" type="checkbox"/> CSS027T	Continue to grow our in-house fostering service to support more looked after children	31/03/2025
<input checked="" type="checkbox"/> CSS030T	Develop childcare expansion and seamless childcare provision across programs	31/03/2025

How we will measure success (annually)

	Measure Description	Target (23/24)	Actual (23/24)	Target (24/25)
CSS013M	Rate of people over 65 helped to live at home per 1,000 population	34.0	30.5	34.0
CSS014M	Number of new foster carer approvals in the year	9	12	12
CSS015M	Number of people with a learning disability accessing Project Search to improve their employability skills	12	14	12

*CSS013M - This measure includes individuals who are supported within their community through reablement services, domiciliary care, day services and occupational therapy, and therefore are not requiring a residential care placement. The aim of reablement services however is to enable people to continue to live at home without support; hence we set a range target of between 30 and 34 per 1,000 population for this measure.

What could impact our objective

Risk Title	Risk Description
RSS01 - Cost of Out of County Placements	Expenditure on out of county placements increases as placement costs increase in a demand led market.
RSS09 - Residential and Nursing Beds	Insufficient numbers of residential and nursing beds to meet demand because of the long term fragility and instability of the care home sector and challenges in the recruitment of staff
RSS10 - Direct Care Recruitment	Insufficient capacity to provide the quantities and levels of care to clients at home and in the community because of challenges in recruitment of direct care workers and instability in the care market
RSS22 - Unregistered Placements	An insufficient supply of placements leads to young people being placed in unregistered settings. Note: These arrangements are an offence under section 5 of RISCA and could lead to criminal enforcement powers and prosecution of the local authority.

Sub-Priority:	Independent Living
Definition:	People will be supported to live as independently as possible through the right type of support, when they need it
Lead Officer(s)	Chief Officer Social Services

What we will do

	Action	Target Completion Date
<input checked="" type="checkbox"/> CSS024T	Develop a national, regional and local approach to Early Years Transformation so that all our children ages 0-7 have the best possible start in life and are able to reach their full potential	31/03/2025
<input checked="" type="checkbox"/> CSS025T	Support people to achieve their mental well-being outcomes by promoting personal and community well-being through open access courses delivered by the Learning Partnership	31/03/2025
<input checked="" type="checkbox"/> CSS028T	Provide additional placements for step down care within our in-house provision (Croes Atti 2)	31/03/2025
<input checked="" type="checkbox"/> CSS029T	Utilise the progression model as a way of promoting people's independence skills, reducing the need for formal, paid support within LD services	31/03/2025
<input checked="" type="checkbox"/> CSS031T	Continue to grow the Microcare market, including access to commissioned care packages	31/03/2025
<input checked="" type="checkbox"/> CSS033T	Support the building of a new Hub for the relocation of Tri Ffordd supported employment project to Maes Gwern in Mold	31/03/2026

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How we will measure success (quarterly)

	Measure Description	Jun			Sep			Dec			Mar		
		Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)
CSS003M	Direct Payments as a % of home-based services	40.0%		41.0%	40.0%	42.9%	41.0%	40.0%	41.0%	41.0%	40.0%	43.0%	41.0%
CSS004M	Percentage of urgent requests for equipment that meet or exceed the national 1 Day response standards	98.0%	100.0%	98.0%	98.0%	100.0%	98.0%	98.0%	100.0%	98.0%	98.0%	100.0%	98.0%
CSS005M	Percentage of requests for equipment that meet or exceed the national 7 Day standard	80.0%	100.0%	80.0%	80.0%	100.0%	80.0%	80.0%	100.0%	80.0%	80.0%	100.0%	80.0%
CSS006M	Percentage of equipment that is re-used	70.0%	94.0%	70.0%	70.0%	95.0%	70.0%	70.0%	96.0%	70.0%	70.0%	93.0%	70.0%

*CSS006M - The data for the equipment measures is provided by the North East Wales Community Equipment Service (NEWCES). The targets reflect the Welsh Government national standards for community equipment provision.

How we will measure success (annually)

	Measure Description	Target (23/24)	Actual (23/24)	Target (24/25)
CSS007M	Number of courses delivered by the Learning Partnership	50	53	50
CSS008M	Number of attendees for courses delivered by the Learning Partnership	180	281	180
CSS017M	Number of Microcare businesses established	34	46	56

*CSS007M - Baseline data for 2022/23 was based on number of places booked, not number of attendees. Number of attendees is now being recorded, and this has been reflected in the lower targets for 23/24 and 24/25.

What could impact our objective

Risk Title	Risk Description
RSS31 - Care Market Stability	Commissioned providers exiting the market because of escalating costs, where a long term sustainable fee model is unaffordable for Flintshire due to being a low funded council.
RSS37 - Workforce Capacity to Deliver Essential Services	Vacancy pressures across Social Services due to local, regional and national difficulties in recruitment and retention of qualified and experienced social workers, occupational therapists and direct care staff impact on service delivery.

Sub-Priority:	Local Dementia Strategy
Definition:	Continuing to improve the lives of people living with dementia in Flintshire
Lead Officer(s)	Chief Officer Social Services

What we will do

	Action	Target Completion Date
<input checked="" type="checkbox"/> CSS034T	Implement the North Wales Regional Dementia Friendly Communities scheme in Flintshire	31/03/2025

How we will measure success (annually)

	Measure Description	Target (23/24)	Actual (23/24)	Target (24/25)
CSS039M	The number of Dementia Friendly Communities in Flintshire			4

*CSS039M - New measure within Council Plan for 2024/25

What could impact our objective

No associated risks identified

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Sub-Priority:	Safeguarding
Definition:	Continue to embed safeguarding procedures so our employees understand how they can help safeguard people in the community
Lead Officer(s)	Chief Officer Social Services

What we will do

	Action	Target Completion Date
<input checked="" type="checkbox"/> CSS005T	Promote the corporate e-learning package	31/03/2025

How we will measure success (quarterly)

	Measure Description	Jun			Sep			Dec			Mar		
		Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)	Target (23/24)	Actual (23/24)	Target (24/25)
CSS009M	Percentage of adult safeguarding enquiries that met the 7 day timescale	92.0%		92.0%	92.0%	84.0%	92.0%	92.0%	96.0%	92.0%	92.0%	96.0%	92.0%
CSS010M	Percentage of reviews of children on the Child Protection Register due in the year that were carried out within the statutory timescales	99.0%		98.0%	99.0%	98.1%	98.0%	99.0%	98.0%	98.0%	99.0%	96.0%	98.0%
CSS011M	Percentage of Pre-birth assessments completed within timescales	96.0%		96.0%	96.0%	100.0%	96.0%	96.0%	100.0%	96.0%	96.0%	80.0%	96.0%
CSS012M	Percentage of children who were reported as having run away or gone missing from home who were offered a return interview	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

What could impact our objective

No associated risks identified

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 7



SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Friday 17 th January 2025
Report Subject	In House Regulated Services Report
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

This report describes the role of the Responsible Individual, the requirements of this role and how in house regulated services have performed over the last twelve months.

The Responsible Individual is a statutory requirement for all organisations in Wales who deliver care services. In Flintshire Mark Holt is the Responsible Individual and as well as visiting all services a minimum of four times per year, must collate evidence to measure services against the Regulation and Inspection of Social Care (Wales) Act (2016).

The services covered under this report are:

- Older People's residential care homes– Marleyfield House, Llys Gwenffrwd and Croes Atti.
- Extra Care Housing – Llys Eleanor, Llys Jasmine, Llys Raddington, Plas Yr Ywen.
- Older People's Community Support – Holywell, Deeside and Mold localities.
- Short-term respite for people with a learning disability – Hafod and Woodlee.
- Supported Living – 17 houses across Flintshire.

The methodology for collecting evidence includes, file audits, health and safety visits, record keeping, safeguarding, team meetings and consultation with service users and families. It also uses inspections from Care Inspectorate Wales, we have received three inspection from Care Inspectorate Wales since January 2024

and this compares to just one inspection in 2023. The three inspections were Croes Atti, Hafod and Woodlee.

In summary the Responsible Individual reported a high level of confidence in all areas of the service. The standard of care is good throughout the service and there are examples in which the care and support achieves an excellent standard. Staff training and knowledge is high and services clearly understand their roles and responsibilities in delivering positive outcomes, safeguarding and enhancing people's health and wellbeing.

Recruitment into the sector remains challenging, however there have been improvements in some areas of care, however Homecare is still finding it difficult to recruit new staff into the service.

The care sector has been operating under extreme pressure for a number of years, the pandemic, pressure from secondary care, an ageing population, recruitment challenges have all contributed to a difficult environment. Despite this, the services continues to deliver the highest level of care and at the same time create and innovate to offer excellence every day. Some examples of this:

- Chair based tennis at Marleyfield – over forty residents regularly attending this groundbreaking session with a level 3 qualified Lawn Tennis Association coach.
- Marleyfield choir – staff have worked with a music therapy group to share their experiences of covid, in turn this work has been turned into a song and the staff have recorded this and it is now available as a CD.
- Croes Atti day centre working with Transport for Wales on an innovative art project that will be unveiled at Flint station in December.
- Positive consultation events being held at the existing Croes Atti for residents, families and staff to illustrate the new Tŷ Croes Atti development.
- Llys Gwenffrwd have been rated as the highest level of infection control in any care home in North Wales following an inspection from BCUHB.
- Llys Gwenffrwd have worked successfully with a number of local schools to develop a letter writing session.
- Llys Eleanor in conjunction with HFT have developed a drama workshop for tenants and adults with a learning disability.
- Llys Raddington staff were commended by paramedics for their responses to a tenant who suffered a sudden cardiac arrest and the staff's actions saved the person's life.
- In supported living, a new mobile phone app has been developed that improves communication and outcomes for individuals
- Homecare continue to deliver the service to some of the most hard to reach individuals in Flintshire, no matter what the weather. In the recent snow, a manager walked two miles through the snow to make it to an 89 year old whose property had been cut off due to the roads being impassable.

Above is just a snapshot of some of the incredible work that has been highlighted in the last 12 months. In addition the regular inspections focus on the high level of care, support and recording we offer. As a result of this all three of our Care

Inspectorate Wales inspections returned excellent feedback on each of the four themed headings; Care and support, Wellbeing, Leadership and Governance.

Whilst all of this showcases the positive elements of the services there are some areas that the service and the wider council need to consider moving forward:

- There needs to be an improvement in recording 7 day reviews for individuals new to any service. This is a risk in relation to not fully meeting the regulations.
- Staff recruitment in homecare remains very challenging and we are seeing limited applications for posts in domiciliary care.

RECOMMENDATIONS

1	That Committee review the assessment of the Responsible Individual who identifies a high level of confidence in all areas of the service.
2	Committee note that the standard of care is good throughout the service and there are examples in which the care and support achieves an excellent standard.

REPORT DETAILS

1.00	EXPLAINING THE FINDINGS OF THE RESPONSIBLE INDIVIDUAL
1.01	The role of the Responsible Individual is a statutory requirement of any organisation in Wales who provide care services that are registered with Care Inspectorate Wales. This role carries a legal responsibility for the Council.
1.02	The role is required to ensure that the statutory guidance, as set out in the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), is adhered to and that the services being delivered are to a sufficient standard and meet regulatory requirements.
1.03	There are a total of 84 regulations that cover all aspects of care provision. The Responsible Individual has the responsibility to evidence good practice and report if a service falls short or there are potential risks identified.
1.04	This report covers in house services relating to older people and adults with a learning disability that are registered and regulated with Care Inspectorate Wales.

	<p>The current services are as follows:</p> <ul style="list-style-type: none"> • Older People’s residential care homes– Marleyfield House, Llys Gwenffrwd and Croes Atti. • Extra Care Housing – Llys Eleanor, Llys Jasmine, Llys Raddington, Plas Yr Ywen. • Older People’s Community Support – Holywell, Deeside and Mold localities. • Short-term respite for people with a learning disability – Hafod and Woodlee. • Supported Living – 17 houses across Flintshire. <p>Currently the services employ in excess of 450 staff on a variety of full and part time contracts.</p>
1.05	<p>A number of methods are used to collect evidence to complete the overall findings of each of the services. Time is spent in each service looking at the operational running, the record keeping, the reporting and that paperwork is up to regulatory standards. Meetings are held with service users, staff, families and managers every six months so that they can give their views on what is working well and what we could improve.</p> <p>The Responsible Individual is also required to submit an annual report for each service to Care Inspectorate Wales in May of each year. It is important to point out that the work of the Responsible Individual is in addition to an annual inspection process as set out and completed by Care Inspectorate Wales.</p>
1.06	<p>The following is a summary of the findings within each of the service area from the Responsible Individual and Care Inspectorate Wales:</p> <p>Residential care – the Responsible Individual can report a high level of confidence in residential care homes in Flintshire. Two of the three homes have been awarded Gold standard from Progress for Providers which is an accredited quality assurance programme that measures service standards in the care sector. The third home is currently Silver, and should achieve Gold in the New Year.</p> <p>People who live in residential care speak very highly of their own experience and the following are some of the quotes from the recent engagement carried out:</p> <ul style="list-style-type: none"> • “The staff are so knowledgeable, I worry, but they always put my mind at rest.” • “I like it here, I didn’t think I would when I moved in, but its ok.” • “I would like to get out a bit more, but the home does so much and that helps.” • “If all care homes were like the one my mum is at then the world would be a better place.”

	<p>I also felt it was appropriate to share the following that I received from a family member following the passing of her father.</p> <p><i>“My Dad, was a resident at Marleyfield, initially there for respite and moved in when he was no longer able to care for himself at home. I confess I shed a few tears when a place was found for him as I knew he would be cared for kindly, compassionately and professionally. Since I was living 300 miles away this was a huge relief and I could always count on the team to give me a timely call with an update.</i></p> <p><i>Whilst Dad did lose much of his independence on moving in (not easy particularly for men) he thrived in the friendly supportive atmosphere the staff go out of their way to create at Marleyfield. And I mean everybody: whether they’re laundry or cleaning staff, carers or management. Dad reached his 100th birthday last June and Lyn, Activities Asst created a celebration enjoyed by all the residents.</i></p> <p><i>Dad was generally in good health though his mobility had been deteriorating for several years and after a couple of falls before Christmas he suffered a brain bleed. Christmas time in hospital is never easy, especially for palliative care. When the Marleyfield team were able to take him back, he returned and received the very best care in his final days, the Care team were kindness in action.”</i></p> <p>This example clearly illustrates the way in which staff go above and beyond and the positive impact this has on residents and their families.</p> <p>As well as the positive direct care work that goes on, the three homes deliver high quality assessments, reviews, personal plans, medication and record keeping. All of these meet the regulations, but in addition as pointed out by the recent Care Inspectorate Wales inspection of Croes Atti; “the staff don’t just record information for the sake of doing it, they build a picture of the individual and use the reporting tools to improve the quality of care and support that people receive.”</p> <p>All of the services have worked hard to ensure that people are communicated to via their preferred language or communication aid. There has been an increase in the use of Welsh language as well as staff working hard with a resident whose first language is French.</p> <p>Reablement remains an important part of the service we offer and between the three homes we have supported more than 150 people out of hospital as part of the Discharge to Recover and Assess (D2RA) model. The majority of these have been at Marleyfield House that continues to offer excellent support to the acute hospitals and is currently operating at full capacity.</p>
1.07	Extra Care Housing

	<p>The Responsible Individual reported a high level of confidence in Extra Care schemes in Flintshire.</p> <p>Extra Care housing, like residential care delivers a high quality level of care and support and this is backed up by strong and detailed paperwork. The schemes remain popular and they are all full. However, it is worth noting that whilst all four schemes operate with a waiting list, the number of applications have reduced over the last four years. Part of this could be attributed to the pandemic and a reticence from some to move to shared living and some is because of rising costs and the overall cost of living increases.</p> <p>Staff levels across the four schemes are good and the staff report that the schemes are a really great place to work. Tenants and families also praised the schemes, stating the following:</p> <ul style="list-style-type: none"> • “I love having a coffee and a natter with my friends.” • “The staff are always here and nothing is too much trouble.” • “I had a problem with my invoice and the manager sorted it out straight away, no messing.” • “It helps the family knowing that Mum is safe and living in such a wonderful place.” <p>One area that has been noted as part of the inspections this year is that extra care is on occasions supporting people with extremely complex needs. Whilst the individual managers and teams are putting in place systems to manage these cases, it is apparent that this is happening as there are not enough appropriate beds available for people to move into specialist care provision when they require it.</p>
1.08	<p>Community Support and Supported Living</p> <p>The Responsible Individual reported a high level of confidence in the service being delivered through Community support (domiciliary or homecare) and supported living in Flintshire. However, there are concerns for the service in relation to staff recruitment.</p> <p>Community Support has recruited 6 new staff in the last 12 months, however this is considerably lower than the amount required to meet the increasing need within the community and to support effective hospital discharge.</p> <p>There are a number of reasons for this and these include:</p> <ul style="list-style-type: none"> • Petrol costs and costs of maintaining their own vehicle. • Difficult role particularly in the Winter in certain more rural areas • The complexity of the role and the people we support • More people applying for care jobs who don't drive

	<ul style="list-style-type: none"> • Pay and potential earnings being higher in other less challenging sectors. <p>In addition to this the average age of our workforce in Community Support is above the Welsh average. Our workforce has an average of just over 50 compared to 45 as the Welsh average. The impact of losing staff is felt by remaining staff who are often asked to work longer hours and hospital discharges that can be delayed as there is no new capacity within the service.</p> <p>Despite this, the service continues to offer incredible outcomes for individuals. One person recently reduced from double handed and four calls a day, to only needing one person twice a day as a result of the support from the team. Another person came home after a stay in hospital and had reduced mobility, staff spent time showing the person how to use internet shopping to get weekly groceries. In supported living staff have supported service users to improve their day opportunities and their leisure activities through sport and hobbies, holidays and trips.</p>
1.09	<p>Short Term Care – Hafod and Woodlee</p> <p>Both Hafod and Woodlee short term care houses for adults with a learning disability have received Care Inspectorate Wales inspections in the last 12 months. Both inspections were excellent and the report commented on how the service worked hard to develop positive outcomes for people during their short stays. The report also commented on the depth of knowledge the staff team had for each person who stays and how this is reflected in the individual experiences that each person enjoys.</p> <p>The feedback from people who use the service and their families is overwhelmingly positive and much of this centres on the role of the staff team. Both houses are fully staffed and there has been no change of staff in the last 12 months and this is testament to the hard work of the team in creating such a positive environment. The service has also increased the number of people it supports this year and now more than 65 people have used the service.</p>

2.00	RESOURCE IMPLICATIONS
2.01	<p>Revenue: there are no implications for the approved revenue budget for this service for either the current financial year or for future financial years.</p> <p>Capital: there are no implications for the approved capital programme for either the current financial year, however there are future challenges in all care settings due to the increased cost of living. Higher food, utilities, fuel etc.</p>

	Human Resources: As described, recruitment and retention remains a challenge in some areas.
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3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Not required

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	<p>As part of the RISCA regulations there is a statutory duty for the Responsible Individual to engage with the people who use our services.</p> <p>Regulation 76 states:</p> <p>The responsible individual must put suitable arrangements in place for obtaining the views of</p> <ul style="list-style-type: none"> a) The individuals who are receiving care and support, b) Any representatives of those individuals, c) Service commissioners, d) Staff employed at the service.

5.00	APPENDICES
5.01	None

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Mark Holt – Responsible Individual Telephone: 01352 701383 E-mail: Mark.holt@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
	<p>Responsible Individual – the specific role that ensures that provider services meet the statutory requirements as set out in the Regulation and Inspection of Social Care (Wales) Act (2016).</p> <p>RISCA – this is the abbreviation for the Regulation and Inspection of Social Care (Wales) Act (2016). These are the statutory requirements for all provider services who operate in Wales.</p> <p>Care Inspectorate Wales – is an independent National body who inspects and monitors care services throughout Wales.</p>

Mae'r dudalen hon yn wag yn bwrpasol

Eitem ar gyfer y Rhaglen 9



SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Friday, 17 th January 2025
Report Subject	In-Year Overspend Action Plan 2024/25
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The purpose of this report is to update members with the in-year action plan, which aims to address the projected revenue budget monitoring 2024/25 overspend position (month 6) for the Social Services portfolio.

RECOMMENDATIONS

1	To note the measures within the 2024/25 action plan being considered for inclusion towards improving the financial position by the end of the financial year.
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REPORT DETAILS

1.00	EXPLAINING THE REVENUE BUDGET MONITORING POSITION 2024/25 (MONTH 6)
1.01	<p>The revenue budget monitoring 2024/25 (month 6) report was presented to Cabinet on Tuesday, 19th November 2024.</p> <p>As reported to Cabinet, the significant projected overspend (and impact on available reserves) continues to be of major concern and needs to continue to be addressed urgently in an attempt to bring expenditure back in line with the approved budget. Based on current projections, the council still has a low level of contingency reserve, which it uses to deal with any significant in-year unforeseen events.</p>

	<p>As required by Financial Procedure Rules (FPRs), an action plan has been compiled by the Social Services portfolio, which details the measures being put in place to improve the position by the end of the financial year.</p> <p>A copy of the 2024/25 action plan relating to the Social Services measures is attached at Appendix 1.</p>
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2.00	RESOURCE IMPLICATIONS
2.01	As set out within the Cabinet report on 19.11.2024.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	As set out within the Cabinet report on 19.11.2024.

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	None required.

5.00	APPENDICES
5.01	Appendix 1 - 2024/25 action plan relating to Social Services.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Revenue Budget Monitoring Report Month 6 - Cabinet Report 19.11.2024

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Craig Macleod, Chief Officer, Social Services Telephone: 01352 704511 E-mail: craig.macleod@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
8.01	<p>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.</p> <p>Budget: 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.</p>

Social Services – In Year action plan 2024/2025

Care and support needs are unique to every individual as are their financial circumstances. This means that every person in receipt of care and support will have been appropriately assessed and where necessary also completed a financial assessment.

The action plan below details the work being undertaken by the Social Services Portfolio to review the deliver of care and support, but due to the unique circumstances surround an individual, a specified saving cannot always be provided.

No	Maximise income				
	Description	Client Groups	Savings (£m)		Impact Assessment
1	Complete a financial review of individuals who are currently assessed as 'Nil Payers' to establish if their finances have changed and they can now make a financial contribution to their care.	All adults except mental health	Any contributions will be aligned to individual financial assessment.	0.010	Green
2	Introduce charging for Adult Mental Health Practitioner Assessment for other local authorities at a rate of £400 per assessment.	Mental Health	Very small numbers and saving will be modest <£0.001m per annum.		Green
3	Review of Adult Continuing Health Care (CHC) and Childrens' Continuing Care (CC) processes across all services to seek to maximise health funding in line with eligibility criteria.	All Groups	Work in this areas has been ongoing for a number of years and the CHC / CC process is complex and both the approval process and dispute process are managed by health colleagues. A conservative	0.010	Green

			in-year cost saving has been estimated.		
4	Review the current Social Services Charging Policy	All Groups	The Social Services Charging Policy has been reviewed in line with current legislation and practice in other local authority areas. Whilst there are some changes identified, these are anticipated to create savings of around £0.005m per annum.	0.005	Amber

No	Support people to access their own resources				
	Description	Client Groups	Savings (£m)		Impact Assessment
5	Review our service approach to adult services including a Framework of Support for Adults. The Framework allows for the flexibility and consistency of service delivery required under the Act. The Framework is designed to empower adults to meet their personal outcomes using their strengths, capabilities, family and community support networks and where eligible receive support from the local authority.	All	Implement the Framework of Support principals across services. There will be cost avoidance because of the adoption of the Framework.		Amber

6	Framework of Support to be applied all new referrals.	All	As above.		Amber
7	The Framework of Support will be applied to all review and reassessment processes.	All	Following review there may be appropriate reductions in existing service provision.	0.020	Red
8	Raise awareness of small aids available for private purchase. We are working with NEWCIS (North East Wales Carers Information Service) to provide a demonstration space at their new Carers Centre to help inform people about small aids and equipment available for private purchase to support independent living.	Disabled adults and children Older People	Cost avoidance through demand management		Amber
9	Review delivery model for low value equipment	Disabled adults and children Older People	Cost avoidance through demand management		Amber
10	Invite Education colleagues to attend the daily Safeguarding Hub	Children & Families	Cost avoidance through demand management		Green
11	Review the Exit From Care Strategy to step children down from statutory services where safe and appropriate	Children & Families	Cost avoidance through demand management		Green
12	Review back office and authorisation processes for expenditure to support people through pre-paid cards	Children & Families	Cost avoidance through demand management		Green
No	Right size care packages				

	Description	Client Groups	Savings (£m)		Impact Assessment
13	Work with Domiciliary Care Providers to identify where care and support can be appropriately decreased	Adults	Reductions based on assessed need.	0.050	Green
14	Review and where appropriate reduce Double Handed Domiciliary Care Packages.	Adults	Reductions based on assessed need.	0.025	Amber
15	Rightsizing review of Learning Disability Supported Living care packages	Learning Disability	Reductions based on assessed need.	0.050	Amber
16	Review and reduce respite offer where appropriate aligned to need. There is no prescribed level of respite that a local authority must provide. A review has taken place of individual eligibility for respite within the context of available resources and need. We have commenced communicating the outcome to people and their carers/family to realign provision. Risk is identified as red as people may challenge our assessment and we will need to objectively consider any issues raised before finalising our provision.	Learning Disability	Reductions based on assessed need.	0.025	Red
17	Increase use of Telecare Equipment and Technology	All Groups	Cost avoidance		Green
18	Review back-office processes around Direct Payments	All Groups	Cost avoidance		Green

19	Reduce direct payment funding from 6-week to 4-week credits	All Groups	One off saving of moving from a 6-week to a 4-week permissible allowance. This is estimated at £2.200m and based upon reducing the current amount held on balance of £6.5m by approximately one third. A proportion of this amount will already be incorporated within the outturn as part of the standard working practice for Direct Payments.	2.200	Green
20	Evaluate the D2RA (Discharge 2 Recover and Assess) Model operating at Marleyfield House Care Home and identify potential savings	Older People	Cost avoidance		Amber
No		Efficient commissioning			
	Description	Client Groups	Savings		Impact Assessment
21	Review process for using Block Booked Beds (BBB)	Adults	Cost avoidance		Amber
22	Ensure all Dom Care Package Retainers cease after 2 weeks	Adults	Cost avoidance		Amber

23	Broker representation at Top-Up Panel to challenge and ensure consistency of approach	Older people	Cost avoidance		Green
24	Review the pathways from hospital to home	Adults	Cost avoidance		Amber
25	Review the Hospital Discharge Process for independent providers	Adults	Cost avoidance		Green
26	Review of OP and Disability Panel Process	Older people and disabled adults	Cost avoidance		Amber
27	Support use of CareCubed across all services for High Cost/Low Volume placements initially, as well as other high-cost placements	All groups	Software costs and Social Services' commitment of £41,750 per annum as a Corporate Efficiency to the Digital Transformation workstream, means that any savings identified have been accounted for. However, there will be cost avoidance benefits.		Red
28	Refine governance processes for accessing legal advice	Children and families	Cost avoidance		Green
29	Review all Unaccompanied Asylum Seeking Children (UASC) post 18 individuals and reduce support in line with need	UASC	Cost saving of £100 pw for 22 UASC's	0.044	Green

30	Return all unused or no longer required IT equipment and Mobile Phones to reduce costs.	None	Cost avoidance		Green
No	Exit strategy for agency staff				
	Description	Client Groups	Savings		Impact Assessment
31	Cease managed agency Teams and finalise move for all agency staff to All Wales Pledge rates	Children and families	Cost avoidance		Green
	Total Savings			2.439	

Mae'r dudalen hon yn wag yn bwrpasol