



# Complete Agenda

Democratic Service  
Swyddfa'r Cyngor  
CAERNARFON  
Gwynedd  
LL55 1SH

Meeting

**SERVICES SCRUTINY COMMITTEE**

Date and Time

**10.00 am, THURSDAY, 4TH JUNE, 2015**

Location

**Siambwr Hywel Dda, Council Offices, Caernarfon, Gwynedd. LL55 1SH**

**\* NOTE**

**This meeting will be webcast**

**<http://www.gwynedd.public-i.tv/core/portal/home>**

Contact Point

**Glynda O'Brien**

**(01341) 424301**

**GlyndaOBrien@gwynedd.gov.uk**

(DISTRIBUTED Wednesday, 27 May 2015)

# **SERVICES SCRUTINY COMMITTEE**

## **MEMBERSHIP (18)**

### **Plaid Cymru (9)**

Councillors

Annwen Daniels  
Alan Jones Evans  
Elin Walker Jones  
Ann Williams  
Vacant Seat

E. Selwyn Griffiths  
Christopher Hughes  
W. Tudor Owen  
R. Hefin Williams

### **Independent (4)**

Councillors

Eryl Jones-Williams  
Dewi Owen

Beth Lawton  
Eirwyn Williams

### **Llais Gwynedd (3)**

Councillors

Alwyn Gruffydd  
Vacant Seat

Peter Read

### **Labour (1)**

Councillor Sion W. Jones

### **Individual Member (1)**

Councillor Linda Ann Wyn Jones

### **Aelodau Ex-officio / Ex-officio Members**

Chairman and Vice-Chairman of the Council – Councillor Dilwyn Morgan and Eric M. Jones

**CO-OPTED MEMBERS:**

**With a vote on education matters only**

*Dylan Davies*

Rita Price

Rhian Roberts

Canon Parchedig Robert Townsend

# **A G E N D A**

**1. ELECT CHAIRMAN**

To elect a Chairman for this Committee for 2015/16.

**2. ELECT VICE-CHAIRMAN**

To elect a Vice-Chairman for this Committee for 2015/16.

**3. APOLOGIES**

To receive any apologies for absence.

**4. DECLARATION OF PERSONAL INTEREST**

To receive any declaration of personal interest.

**5. URGENT ITEMS**

To note any items that are a matter of urgency in the view of the Chairman for consideration.

**6. MINUTES**

1 - 8

The Chairman shall propose that the minutes of the meeting of this Committee held on the 16 April 2015, be signed as a true copy.

**7. THE FUTURE VISION AND DIRECTION OF THE ADULT SERVICE**

To consider a report by the Care Cabinet Member on the above.

**8. CHANGES IN THE LEARNING DISABILITY SERVICES**

9 - 16

To consider a report by the Care Cabinet Member on the above.

**9. SCRUTINY INVESTIGATION FROM HOSPITAL TO THE HOME - PART 2**

17 - 46

To consider a report by the Chairman of the Scrutiny Investigation, Councillor Peter Read, on the above.

**10. UPDATE - ADDITIONAL LEARNING NEEDS AND INCLUSION STRATEGIC REVIEW**

47 - 50

To receive a progress report on the above.



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**SERVICES SCRUTINY COMMITTEE**  
**16.04.15**

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**Present:** Cllr. Peter Read (Chair)  
Cllr. Beth Lawton (Vice-chair)

Councillors: Alan Jones Evans, Gweno Glyn, E. Selwyn Griffiths, Alwyn Gruffydd, Linda Ann Wyn Jones, Dewi Owen, W. Tudor Owen, Ann Williams, Eirwyn Williams and Hefin Williams.

**Co-opted Members  
with a vote on**

**education issues only:** Mrs Rita Price (Catholic Church)

**Teachers' Unions** David Healey

**Officers:** Arwel Ellis Jones (Senior Manager Corporate Commissioning Service), Gareth James (Members' Manager – Support and Scrutiny) and Glynda O'Brien (Members' Support and Scrutiny Officer).

**Also in attendance:** Cllr. Gareth Thomas - Cabinet Member for Education  
Arwyn Thomas – Head of Education  
Fflur Jones - Wales Audit Office

**Apologies:** Councillors Elin Walker Jones, Siôn Wyn Jones, Liz Saville Roberts, Eryl Jones-Williams, Reverend Canon Robert Townsend (Church in Wales), Neil Foden (Teachers' Union).

**1. CHAIRMAN'S ANNOUNCEMENTS**

- (a) Fflur Jones from the Wales Audit Office was welcomed to the meeting.
- (b) The meeting would be webcast.

**2. DECLARATION OF PERSONAL INTEREST**

No declarations of personal interest were received from any members present.

**3. MINUTES**

The Chairman signed the minutes of a meeting of this Committee that took place on 12 February, 2015, as a true record subject to the following amendment:

Item 4 (b) (i) – Enablement Service – Delete the reference to a period of '6 weeks' in paragraph (i) of the minute and amend to 12 weeks.

**4. ANNUAL REPORT ON SCHOOLS' PERFORMANCE**

- (a) The annual report on the performance of the authority's schools was presented by the Cabinet Member for Education for the committee to scrutinise the results at the end of the key stages in the 2013/2014 educational year.
- (b) The Head of Education reminded the Committee of his vision that all the County's children should achieve the highest standards in order to sustain the language, culture and the local economy. It was noted that ESTYN measured the performance of the 22 education authorities in Wales in accordance with the indicator that represented the percentage of children who receive free school meals. In this context, it was noted that Gwynedd was in 4<sup>th</sup> position, namely the most privileged. It was further noted that standards in schools were dependent on leadership and the quality of teaching. The wish was for schools to perform in the upper half of Quartiles 1 and 2. The importance for governors and elected members to challenge schools about these standards over three years was stressed and schools should progress and compare favourably with other schools within the same family.
- (c) Reference was made to the main messages within the report namely the data on all County schools, how they compare with the rest of Wales, and their position within the different sections bearing in mind that the authority was aiming to be around 4<sup>th</sup> position.
- Foundation Phase – looking over three years that an increase to 85.2% compared well with the rest of Wales and placed Gwynedd in 10<sup>th</sup> position.
  - Key Stage 2 – performance was consistent over the last three years and Wales had progressed quicker with Gwynedd placed 14<sup>th</sup>. It was noted that in a County such as Gwynedd approximately 20% of the pupils had additional educational needs and there was work to be undertaken regarding the consistency of assessments compared with the other 22 authorities.
  - Regarding the quartiles, the picture in Gwynedd was fairly equal with 33% of primary schools in Quartile 1 and 33% in the lower quartile.
  - It was noted that performance in Welsh, English, Mathematics and Science was fairly consistent as individual subjects.
  - Key Stage 3 in schools had performed well over the last three years with a figure of 89% which was a very positive, however, there was concern if the teachers' assessments during this stage were too generous. They should be proud of the performance and there was no school in the red category for 14 year old pupils, two schools in the amber category and three schools in the yellow category. The need to ensure that this performance transferred to the results of the external examinations was emphasised.
  - Key Stage 4 (threshold level 2+ - 5 GCSEs A\*-C including Mathematics and Science) - Gwynedd had progressed quicker than other authorities in Wales across the indicators, apart from Welsh as the majority of pupils sat Welsh First Language as a subject. However, this was seen as a strength with pupils leaving the education system with a qualification in both main languages.
  - The importance of maintaining the performance of the indicator that refers to pupils leaving the County with a qualification was noted as it was these individuals who remained in the local area.
  - In terms of attendance, there was still room for improvement and it was always a priority.
  - In the context of the benchmarks for KS4, it was pleasing that Gwynedd was performing well and the challenge was to ensure that every school in the yellow or green categories perform in the upper half in comparison to similar schools and to especially give attention to Mathematics and English. Whilst accepting the challenge to attract mathematicians into the profession, and although the collective figure was positive and the authority was in 4<sup>th</sup> position, there was room for improvement for

individual schools and as a result the performance percentage would increase further.

(ch) To conclude, the Head of Education noted that the performance at Foundation Phase and Key Stage 1 were good; Key Stage 3 was excellent, however the opinion for Key Stage 4 was adequate. Although two were good and one was excellent the pressure was on KS4 – namely those pupils who leave the education system at 16 years old and the two main factors were too many schools in the highest quartile and the second quartile over a period of time. If ESTYN inspected the performance the likelihood was that their opinion would be adequate rather than good and the fact that too many schools were in follow-up categories by ESTYN.

(d) During the ensuing discussion the following points were highlighted:

(i) KS2 – that Table 3 demonstrated an improvement in each of the subjects except Science – did this highlight a problem in performance or with the system in setting the expected levels?

In response, the Head of Education stated that priority had been given recently to literacy and numeracy and Science had not received as much priority locally and nationally with the attention given to Welsh, English and Mathematics. It was further noted that there was work to be achieved generally not only locally, but regionally to try and raise the status of Science.

(ii) Table 4/5 demonstrated that comparative performance had got worse in the last two years with more pupils in quartile 4.

In response, the Head of Education confirmed that there were too many schools in the red category and that it was necessary to look at the individual standards of those schools and this was based on percentages dealing with the free school meals indicator, as well as teachers' assessments. Due to the number of small schools in the county, the performance of one pupil may change a school's category from green to red quickly, following changes in a comparatively small number of pupils.

(iii) It appeared that many children did not declare that they were eligible to receive free school meals due to pride and a system should be implemented that did not discriminate against them with other children in the schools.

In response to the above comment, the Cabinet Member for Education noted that a number of schools did their best to implement a system where it was not possible to identify pupils who receive free school meals. It should be borne in mind that it was an indicator set by the Welsh Government and was not a perfect in terms of several areas in Gwynedd. The Head of Education elaborated that discussions had taken place several times with the Government regarding the indicator's appropriateness and they would look further at systems for schools to implement, such as electronic cards.

(iv) Concern regarding the failure to appoint Head teachers to Gwynedd schools as well as teachers in specialist subjects. It was felt necessary to respond to the fact that there were approximately 10 schools in Gwynedd without a Head teacher and in some areas it was difficult to appoint governors due to the increasing pressure and responsibility placed on them.

It was recognised that the above comment was a genuine concern and it was necessary to conduct further discussions regarding the leadership of primary schools based on work



conditions/patterns and to consider a system of federalisation in order that Heads lead more than one school. In the same manner, within the secondary sector, it would be necessary to discuss an effective format to share the expertise of subject teachers. The Cabinet Member for Education stated further that he was aware that individuals were under pressure especially in the primary sector and worked extremely hard and it would be necessary to discuss releasing time for them to be able to lead effectively. It was further noted that many more prospective Head teachers had been accepted on the NPQH course in Gwynedd than in the past.

It was proposed and seconded that the above matter be included as part of the work programme of this Scrutiny Committee's Annual Workshop to take place on 21 April 2015.

- (v) Concern that there was 10% difference between the performance of boys and girls.

In response, the Head of Education noted that he was aware that schools had done a great deal of work on the above and boys were less mature in the early years than girls. The findings were that the contents of the curriculum up to Key Stage 3 were a factor to be considered as the literacy curriculum was not attractive to boys and they were more willing to undertake practical skills. It was not envisaged that the gap could not be closed quicker in Welsh and English unless there was a change in the curriculum.

- (vi) Table 5 noted that some schools had been in the lower quartile for 3 years and others for 2 years. It was asked if the authority was working with schools to make progress and it appeared that there was no consideration of the efforts of schools to attain the indicators in terms of the Welsh language and would it not be fairer to state the linguistic background in the table?

The Head of Education accepted the above comment and added that the indicator in Key Stage 2 referred to one language or the other in Science, Mathematics and English. The assessment had to be consistent and it was added that the performance of one child could have an impact on a school's performance to be in the green or red category.

- (vii) The Head of Education was requested to provide information regarding the number of teachers in both sectors in Gwynedd that were absent due to stress and to note the areas.
- (viii) It was asked what the authority could achieve locally to ensure accuracy and reconcile teachers' assessments and the need for pupils to get a level that they will attain.

The Head of Education explained that a task group was considering the above and schools were trying to maximise the performance of every child and push the boundaries to what was reasonable and within the ability of the pupils. It was further noted that there was a key point to be considered namely were the tracking systems sophisticated enough and perhaps further investment would have to be made in addition to what was currently undertaken.

- (ix) Whilst they were aware that there were problems to attract specialist teachers in Mathematics and Science, would it be possible to consider a scheme to target prospective specialist teachers and collaborate with colleges in the future?

The Head of Education explained that he had discussed the requirements of the secondary sector specifically in the specialist fields of Mathematics and English, but certainly a discussion could take place with the Universities in order that the authority could have first pick of the best students to attract them into the education system. It would also be possible to consider the

appointment of additional staff in order to try and give more resilience to schools when teachers are absent due to illness and to encourage schools to work together.

- (x) The importance of a continuation in the tracking system from primary to secondary.

It was agreed that tracking a child's educational history was key especially bearing in mind the huge leap from primary to secondary and some children took more time to settle down. One of the strengths of lifelong learning schools from 3 -16 years old would be that the establishment would have the information already, but where this did not exist it would be essential to have a uniform system with consistent elements.

- (xi) It was noted that the system had created a great deal of pressure for Head teachers and teachers to improve their schools as well as pressure on Governing Bodies. It had to be recognised that Head teachers and teachers were anxious to improve school performance but key factors had an impact on the performance of schools at grassroots which added to the frustrations, namely a lack of recognition regarding the number of incomers in some areas. Although these pupils achieved very well in schools it had to be borne in mind that when they went home they did not speak Welsh or English and this certainly had an impact on their performance and made a difference to the general anticipated scores. The situation at grassroots level had to be recognised when considering and pushing these performances forward.

The Head of Education accepted the above as a fair comment but unfortunately they had to conform to the Welsh Government's performance model in order to have local management of education.

- (xii) Reference was made to the work of the Scrutiny Investigation into the Quality of Education and the evidence found regarding inconsistencies with moderation between KS3 and KS4 as a result of teachers' assessments. The Head of Education's views regarding the authority's language policy, especially in the secondary sector, were requested.

The Head of Education explained that it was essential to always compare and measure performance to see what worked well and assessment was a national discussion that needed to be resolved to give more credibility to the information available.

In terms of the Language policy, the Head of Education was of the view that the policy was still as strong and robust in Gwynedd, however, current data had to be gathered and it should be ensured that the policy was implemented in every school and ascertained if it should be amended or adapted.

- (xiii) It was disappointing to see in Table 21 that schools had remained in the red category having received support and it was asked what the reason was for this.

In response, the Head of Education explained that discussions with the schools and officers were proceeding and if the support had no impact on the quality of teaching then capability processes would have to be followed.

- (xiv) In response to a query regarding this Scrutiny Committee's support to the Head of Education regarding any concerns he anticipated, he explained that the biggest challenge was to tackle school leadership, how to support primary Head teachers, trying to make leadership posts attractive as well as strengthening the service's central human resources.

(xv) The importance of maintaining a tracking system in terms of qualifications of occupational courses and adhering to the current target (namely 0) bearing in mind that these pupils were the most vulnerable within the education system and were likely to remain locally. It was added that it should be ensured that these courses were not removed as currently happened in schools as a result of cuts or a large core of children would leave the education system without any qualification.

In response, the Head of Education explained that it was possible to track these pupils locally and a bid had been submitted between the six north Wales authorities for European funding in order to offer the above menu to the schools.

(xvi) As an explanation regarding the difference in Table 25 where two schools are designated in the green category and within group 1 whilst another school was in the yellow category and in group 1, it was noted that the colours indicated how much support was given to schools and in this context perhaps the change in school personnel had contributed to placing the school in the specific categories.

(xvii) In response to a query regarding how much of a problem it was in Gwynedd when parents take their children out of school to go on holiday, the Head of Education was not aware of the size of the problem in Gwynedd, however, analysis could be undertaken to see if there was any problem in the primary and secondary sectors.

(xviii) Stemming from the above, a Member further asked if it was possible to reduce teachers' holidays as occurred in other countries. In response, the Head of Education noted that he was aware that discussions had taken place regarding this nationally, but there was no will to move the discussion forward at the time.

(xix) In terms of improving schools to the green category, it was explained that the cohort of pupils in eight schools in Gwynedd were small and the performance in Mathematics and English could change the school's category from one colour to the next. The need to share expertise in these subjects was emphasised and also to consider giving more support to the schools.

**Resolved: (a) To welcome the work in the pipeline by the Education Service on targets and moderating assessments.**

**(b) To ensure that the following matters are included on this Scrutiny Committee's Work Programme for 2015/16 to be discussed at the Scrutiny Committee's Annual Workshop on 21 April 2015.**

- (i) To receive a report by the Education Service on proposals for alternative models for school leadership.**
- (ii) To receive a progress report from the Education Quality Promotion Project**

**(c) To request that the Head of Education acts on the following matters:**

- (i) Consider the possibility of introducing an electronic system where it is not possible to identify pupils who receive free school meals**
- (ii) Ensure that the current target is maintained for pupils who follow occupational courses at school and continuation of local tracking**
- (iii) Investigate and report back to the preparatory meeting on the percentage of teachers who are absent from their work due to stress**

- (iv) Investigate and report back to the preparatory meeting on the percentage of children who are taken out of school to go on holiday and note in which areas these are**
- (v) Assess the results of the Welsh Medium Education Scrutiny Investigation on the authority's language policy and act as required.**

The meeting commenced at 10:30am and concluded at 12:35pm.

**CHAIRMAN**

# Agenda Item 8

<b>NAME OF SCRUTINY COMMITTEE</b>	<b>Services Scrutiny Committee</b>
<b>DATE OF MEETING</b>	<b>4 June 2015</b>
<b>TITLE OF ITEM</b>	<b>Changes in the Learning Disability Services</b>
<b>CABINET MEMBER</b>	<b>Councillor Gareth Roberts</b>

## **Purpose of the Report**

1. The Scrutiny Committee has asked a series of questions requesting information about the Learning Disability Service. This report seeks to respond to those questions and also provide the responses in the context of developments in the Learning Disability field. I trust that the discussion on the responses will create an opportunity for the Service to obtain views, comments and any concerns that members may have about the change. The committee requested the following information:
  - The background and brief details of the Learning Disability Services Transformation Project, including a timescale.
  - Show how the needs of individual children are assessed in advance before they grow up to be adults.
  - Identify how the changes in the Independent Living Fund (ILF) impact on planning and commissioning services with partners.
  - Is there a service to assist vulnerable people to choose home insurance and similar matters?
  - Show details of the advocacy arrangements that are currently available, together with your methods of promoting the service, and the numbers that use it.
  - Is the Service for Young Adults with Learning Disability/Autism ending?
  - What are the arrangements for maintaining this service during 2015-16 and in the longer term?
  - Should the service be cut in the future, what do you estimate will be the likely financial effect of this on the costs of maintaining other services?

## **Transforming the Learning Disability Service**

2. It is widely recognised that Learning Disability services must change in order to be more responsive and better address people's needs. The services we provide need to comply with the Social Services and Well-being (Wales) Act 2014.
3. We must also continue with the direction that has been set by the Council to improve the quality of life of individuals who have a Learning Disability in accordance with the Welsh Government's Strategy, 'Policy and Practice for Adults with a Learning Disability' 2007.
4. Gwynedd Council along with every other local authority is facing a challenging financial situation. Services must be transformed in order to respond to this challenge, ensuring at the same time that we adhere to the principles of the strategy and the Act. It is intended to complete the work that is associated with our Learning Disability project by the end of 2017/18. The main objectives of this project are outlined in this part of the report.
5. Currently, the Adults, Health and Well-being Department is carrying out extensive work to look at ways of improving services further, which include making greater use of a model of support with more emphasis on promoting independence and self-care. This enablement method supports people with a learning disability to maintain control of their own lives and to take their place as citizens in their communities, contributing to and participating in activities and services.
6. To effectively achieve this transformation, we will need to continue to work in partnership with relevant stakeholders to develop opportunities and to ensure that people with learning disability have genuine choices, in terms of socialising, learning and employment. Amongst other important considerations, it is important to ensure the sustainability of community resources, and to provide value and ensure support for carers.
7. Every effort is needed to ensure that more people live, work, learn and take part in community life as equal members of their community, and have the opportunity to use mainstream services such as leisure and enjoy opportunities to volunteer.
8. Enablement / reablement is a fundamental element in the work of Adults Social Care. It helps people to learn skills that they never had the opportunity to learn previously, or helps people to re-learn some skills they have lost.
9. As part of transformation we must develop and provide support to meet the needs of individuals who have learning disability in Gwynedd, and it is important to have the right balance of paid and unpaid support for every individual. Through work which focuses on enabling individuals, people who are more able will be enabled to be as independent as possible. This could mean that they receive a lower level of support than currently provided as they learn independent living skills. Consequently, their needs could change, such as their living/accommodation arrangements.

10. It is important to recognise that there will be some people with complex or high level needs for whom the ability to enable them to live independently will be limited. Some people will require intensive and continuous support throughout their lives, and this should be provided in a way that focuses on the person. Support must be secured which enables them to reach their full potential whatever their circumstances.
11. When assessing people to see what their support needs are, the focus of Adults Social Care is person-centred, and looks at the person as an individual and explores with them what things they are able to do for themselves. There will be a need to look at who and what they have around them, in their natural networks (family and friends) and those in the community, to meet their needs. The aim will be to give everyone the opportunity to become as independent as possible, which could lead to changing arrangements in terms of their support packages, and in a number of cases this could mean that there is no need for some people to receive paid services, and that they could find better and more creative solutions to their support requirements through other methods.

### **Developing New Models**

12. There is a need to secure a range of services in order to offer appropriate and suitable support, and that could lead to developing new models e.g. the Core and Cluster model which would offer more flexibility for the tenant. Assistive technology services could also be used in order to create a safe and supportive environment for individuals, without an overprovision as is often seen for people who have complex support needs. Other models such as the 'Key Ring' give a feeling of security and community for people with much lower levels of support and change, and consideration must be given to whether we could make greater use of such models.
13. By modernising the service it is hoped to provide more opportunities for people with learning disability in their own community. This will include learning new skills, gaining qualifications, and assistance to find training and employment. To facilitate this we are keen to look for opportunities to support the development of small businesses and social enterprises where at least 25% of their employed workforce on a contract will be people with disability and/or people who are at a disadvantage in the jobs market. There is also a need to continue working with organisations to develop opportunities to work in the community, whether on an employed or voluntary basis.
14. A service that is provided by and on behalf of the Council will need to offer support that is focused on results. They will need to focus on enabling individuals and continuing to develop opportunities to respond to people's needs by exploring opportunities within the community to enable and ensure social inclusion.

### **The Independent Living Fund and Supporting People**

15. Changes in the Independent Living Fund (ILF) also mean that individuals who choose to receive support can use the fund in a different manner.

16. Following the responses to the consultation on the ILF, the Minister for Health and Social Services, on behalf of the Welsh Government, has decided to transfer the ILF funding and responsibility to local authorities in the form of a special grant scheme in the first place. The scheme will run from July 2015 until March 2017. Welsh Government officers will now contact the representatives of local authorities and their organisations and stakeholders to work through the details of the grant scheme to ensure that it is in place by June 2015.
17. Many people with learning disability receive support to assist them with maintaining a tenancy through the Supporting People Grant. This support could include aspects such as assistance to arrange home insurance.

### **Changing Practice**

18. Meeting the requirements of the new legislation will mean that local authorities and their partners will have to reassess cases regularly to ensure that people see progress towards their individual targets, either by having full independence outside the services that are paid for, or by moving on to have longer-term support. When longer-term support will be required, it is important to ensure the correct balance between natural/unpaid support and paid support in order to secure the greatest possible independence for people with a learning disability. There is a need to develop the Council's workforce and service providers to fully understand the enablement support model and to ensure that they implement it effectively.
19. Listening to, hearing and acting on individuals' wishes is emphasised in the new Act. There will be a need to build on individuals' strengths and refrain from providing services that create dependency. Teaching and improving people's understanding of the objectives of enablement amongst individuals who use the services and their families will be key if we are to implement them effectively and promote independence.
20. As progress is made and targets are adjusted, it is intended to consult with all the relevant parties to give them an opportunity to contribute to the changes that are needed as they develop.
21. In adapting the way services are provided, it will be essential to address the expectations of individuals and their carers. Looking back at the traditional methods of working it could be argued that a culture of over-dependency has been created over several years. We need to change this and acknowledge that people with learning disability can develop and learn new skills, and as a result, on occasion this can lead to a change to the support they are receiving, to facilitate further development.

### **Transition Age**

22. There are clear guidelines in place to promote, reconcile and create a pathway to guide people through the procedure of transferring between the services for the young



person and his/her family, and providing a definite direction for staff within the Health Trust, Children's Services, Education Service and Adults Services within Gwynedd Council.

23. Where there is sufficient and current information within the Children's Services for the requirements of the access criteria to a service and permission is given to the Adults Services to have access to any assessments and reports when a young person reaches his/her fourteenth birthday, this begins the process of transferring from one system to the other.
24. When the Children's Services are aware that a 14 year old young person is likely to require services as an adult, they will obtain written permission to begin the process of referring the young person to the Adults Services from the young person and his/her parents or carers.
25. A discussion is held regarding the young person at the relevant Transition Age Area Forum, where details are shared about the young person's needs in terms of a day service or employment / support services / accommodation etc. From the information shared, the representatives of the Adults Service can inform the service planning procedure in advance of the strategic needs.
26. Transition Age Forums are arranged in every area by the Transition Age Social Worker within the Specialist Children's Services. These forums provide an opportunity for the relevant services to discuss individuals from 14 years old upwards in order to ensure that the process of sharing information to refer and plan between the children and adults services happens effectively.
27. Within the forums young people can be identified where there is no provision for them after they reach 18 years old, and the forum will pass the information to the Good Practice Group for strategic planning.
28. It must be acknowledged that difficulties have arisen with the transfer arrangements of a small number of individuals. This has mainly happened in cases where the care package has been funded jointly by Health and the Local Authority. To overcome this problem a task group has been established with representatives from the children and adults services, the Health Board and the Education Service in order to secure a procedure which will lead to a smooth transfer pathway.

### **Advocacy Service**

29. A formal independent advocacy service is available for the users and carers of the Adults Service in Gwynedd. The service assists individuals to contribute to the process of making decisions which could affect their quality of life and the services they receive. It creates opportunities to enable people to achieve their full potential in work and in their personal and social life. The service:
  - Provides an independent advocacy service to all the users and carers of the Adults Service in Gwynedd who have received a Social Care Assessment, regardless of the result of the assessment.

- Supports five advocacy groups based in Warws Werdd, Manton, Menter Fachwen, Seren and Antur Waunfawr to meet every six weeks.
- Facilitates 'Finger on the Pulse' arrangements, holding quarterly meetings with representatives from every self-advocacy group.
- Two representatives are supported to attend the Service Improvement Group. This is a group that includes a broad range of stakeholders, and its purpose is to include people with learning disability as we develop new ideas and develop a different provision.
- Assists staff and Service Managers that are likely to refer service users to understand the role of the Independent Advocate and know how and when to have a service.

### **Autism**

30. The Welsh Government has confirmed that there is funding available to fund a Community Support and Monitoring post for the first six months in 2015/16. There is no certainty of a further resource to extend the arrangement beyond that time. The Government intends to transform and design an integrated service for the future, but no guidance has been received to date as to what exactly is intended.
31. It is difficult to anticipate the effect should the scheme end and the service be cut in the future. The Community Support and Monitoring post jointly between Anglesey and Gwynedd has been essential to contribute towards supporting individuals, and has been working on a preventative basis. As a result the service has managed to keep people independent without being overly reliant on services. Once guidance is received from the Government it will be possible to consider the way forward with this field.

### **To Close**

32. The Learning Disability service needs to be transformed in order to ensure that individuals with learning disability reach their potential. Individuals have rights to live healthy, productive and independent lives. We need to ensure that the support offered in Gwynedd is pioneering and enables individuals to realise their potential.
33. Staying still is not an option. We need to introduce changes which will find savings, but more importantly, improve the outcome for the individual. We believe that the schemes that are underway in Gwynedd are moving us in the right direction for achieving this.
34. Transforming the services will not be easy. There will be a need to communicate and promote the changes and secure the support and understanding of individuals and their families, staff and internal and external providers. Developing a robust and supportive working relationship between elected members and officers will lead to

collaborating effectively towards reaching the aim and providing better services that meet individuals' needs.

# Agenda Item 9

<b>Committee Name</b>	<b>SERVICES SCRUTINY COMMITTEE</b>
<b>Meeting Date</b>	<b>4 June 2015</b>
<b>Item Title</b>	<b>SCRUTINY INVESTIGATION FROM HOSPITAL TO THE HOME PART 2</b>
<b>Investigation Chairman</b>	<b>Councillor Peter Read</b>
<b>Investigation Chairman</b>	<b><u>Councillors</u> Selwyn Griffiths Linda Ann Wyn Jones Eryl Jones-Williams Ann Williams Eirwyn Williams</b>
<b>Officers</b>	<b>Gareth James Sioned Thomas Bethan Adams</b>
<b>Purpose</b>	<b>Present the Draft Final Report to the attention of the Services Scrutiny Committee Members for their comments</b>

We wish to acknowledge with thanks the valued contribution of the late Councillor Huw Edwards to the work of the Investigation

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## 1 Investigation Background

The reason for this scrutiny investigation is the concern regarding arrangements for discharging and transferring patients from hospital. Members of the Services Scrutiny Committee had concerns regarding the suitability and effectiveness of these arrangements in Gwynedd.

**This Investigation is based on the opinion of individuals interviewed and the observations are noted as Evidence under the headings of Main Findings and Main Recommendations in each section.**

Members of the Investigation decided to follow this method in order to reflect the evidence fully and without prejudice.

## 2 Investigation Brief

The aim of the investigation was to consider the following matters:

- The suitability and effectiveness of discharge arrangements in terms of ensuring the best outcomes for older patients, by identifying and highlighting good practice and areas in need of improvement.
- The suitability and effectiveness of collaboration arrangements between the Local Health Board and the Council in terms of assessing, planning and providing integrated and appropriate care for older patients who are discharged from hospital.
- The role of the Third Sector organisations in terms of supporting older patients to return home or to live in the community.
- Identify examples of good practice from other areas and highlight the ones that could be adopted and put into practice in Gwynedd / North Wales.
- Draw up a series of improvement recommendations to be submitted to the Local Health Board, Gwynedd Council and Third Sector organisations to respond to the investigation's main findings and outcomes.

## 3 PART 1

The work of the investigation was divided into two parts. The PART 1 Report was submitted to the meeting of the Services Scrutiny Committee on 19 June 2014.

PART 1 focused on the arrangements from the perspective of the patient who was being prepared to leave the hospital. The Main Findings and Main Recommendations were based on the following information:

- Identifying Good Practices in other areas

- Observations from 14 Older People in meetings and forums
- Observations from 5 Betsi Cadwaladr University Health Board Officers
- Observations from 3 officers from the Council's Care, Health and Well-being Department
- Observations from 1 officer from the Third Sector.

The Recommendations were all received by the Cabinet Member for Care on 19 June 2014 and he agreed to draw up an Action Plan to implement the recommendations.

Members considered the Progress Report at their Preparatory Meeting in March 2015 and they asked for clarity on some points in the Action Plan.

#### 4 PART 2

PART 2 has focused on the arrangements from the perspective of the patient after he/she returns to the Community or the Home. The Report along with the Main Findings and the Main Recommendations that are submitted are based on the following information:

- Performance Data
- Observations from 10 officers from the Third Sector
- Observations from 9 officers from the Council's Care, Health and Well-being Department
- Observations from 4 officers from the Health Board
- Observations from 1 from the Private Sector

## 1. Main Findings

DRAFT 5

- 1.1 It is seen that on the whole, **Gwynedd is performing well** in terms of national comparison on the measure of Transferring Patients in a timely manner from Hospital to the Community.
- 1.2 It was seen that **the Brokerage Service was working effectively** on the whole with Service Users and internal and external Providers praising the service.
- 1.3 That patients are treated in Hospital for the period of their illness without a Care Plan and that this leads to rushing to create a **Care Plan** before they are discharged into the community, making it very difficult to prepare for planning care in the community.
- 1.4 There is a potential to increase the use of the services that are provided by the **Third Sector**, but there is a substantial lack of information regarding the services.
- 1.5 Despite an improvement in the arrangements in terms of discharging patients **at weekends**, there is room to improve this further.
- 1.6 There are no arrangements with Ceredigion County Council Social Workers in relation to patients that are discharged from **Ysbyty Bronglais** to South Gwynedd.
- 1.7 Despite examples of good quality arrangements which received wide recognition, the situation in **Meirionnydd** in general is a cause of concern, specifically because patients are referred to three Emergency Units in three different and distant locations in Aberystwyth, Bangor and Wrexham.
- 1.8 It was discovered that a **shortage of GPs and nurses** in some areas caused difficulties in terms of maintaining care in the community.
- 1.9 There was no evidence that the public and service users have had an opportunity to contribute to the process of creating Betsi Cadwaladr University Health Board's **Discharge Protocol**.
- 1.10 Examples of **bureaucracy** and a culture of completing forms were seen which sometimes undermined the main work of nurses and carers.



The Report summarises the key issues that *Gwynedd Council* and *Betsi Cadwaladr University Health Board* need to consider further in the opinion of the Services Scrutiny Committee.

It is hoped that the points raised will help to ensure progress in this field.

**The Cabinet Member for Care, Adults and Health** and the **Chief Executive of Betsi Cadwaladr University Health Board** are asked to implement the following recommendations by creating an Action Plan by mid July 2015. The members will request a Progress Report in January 2016.

- 2.1 Support the **Third Sector** to co-ordinate preventative and support services in the community and ensure that they have adequate resources to satisfy this and to increase the frontline workers' knowledge and awareness of third sector services.
- 2.2 Assess the success of the *Intermediate Care Project* and ensure follow-up following the end of the grant to deal with any shortcomings which remain in terms of maintaining the service of the hospital discharge teams and the community teams in full **at weekends**.
- 2.3 Collaborate with Hywel Dda Health Board to agree on an arrangement with the **Ysbyty Bronglais** Discharge Team to discharge patients to South Meirionnydd.
- 2.4 Address some of the weaknesses of the patient transfer arrangements giving due focus where necessary to drawing up a new **Care Plan** soon after the patient arrives at Hospital.
- 2.5 It is understood that work is underway to improve the situation regarding the **shortage of doctors and nurses** and that the schemes need to be communicated clearly giving special attention to Dwyfor and Meirionnydd.
- 2.6 Review the **Discharge Protocol** by consulting with key stakeholders including the patients and the public in line with the Language Policies of Gwynedd Council and the Health Board.
- 2.7 Assess the success of the work that is underway on Lean/Vanguard at Ysbyty Alltwen to address the current bureaucratic arrangements to free staff's time to deal with their main duties of providing care and nursing.

**Main Finding**

It is seen that **Gwynedd is performing well** on the whole in terms of national comparison on the measure of Transferring Patients in a timely manner from the Hospital to the Community.

**EVIDENCE**

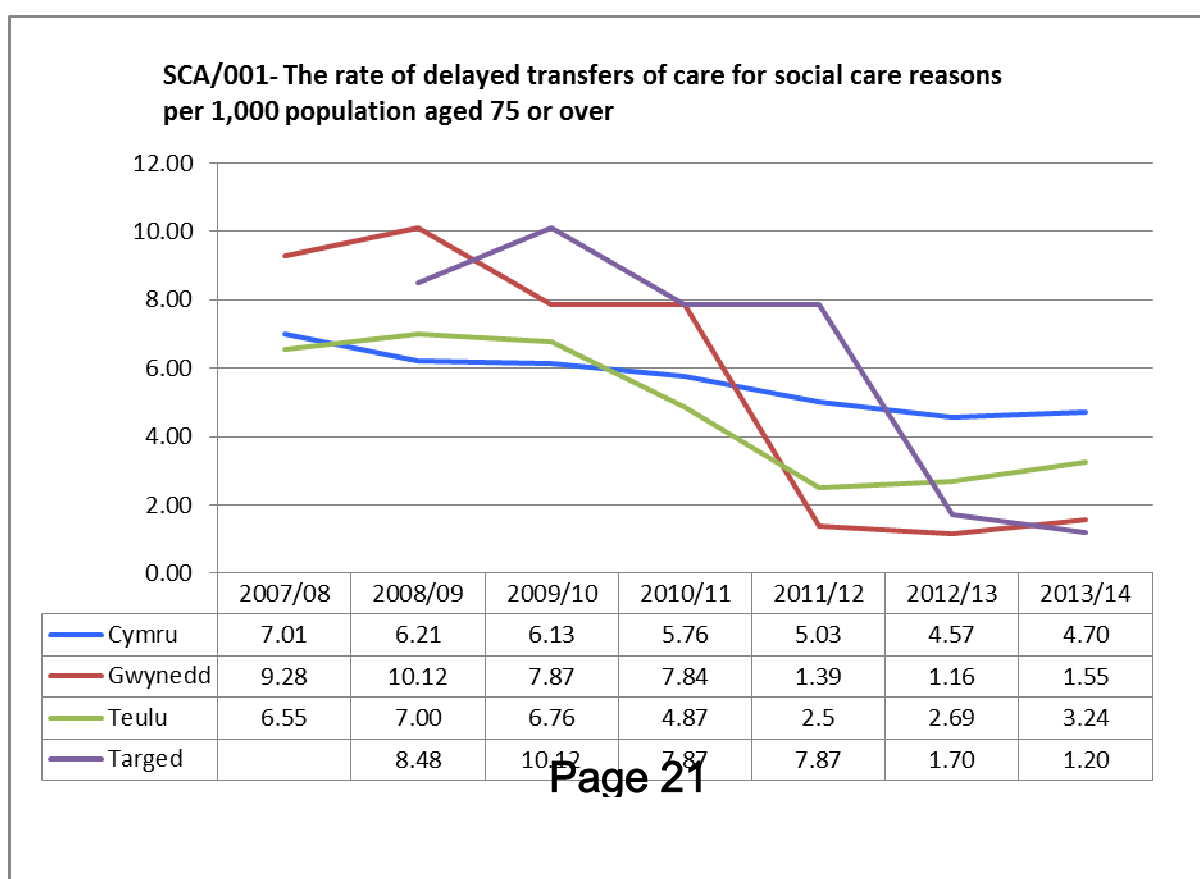
3.1 There is one main national indicator that measures the Council's performance in terms of delay while transferring from hospital due to social care reasons, namely: **SCA/001- The rate of delayed transfers while transferring social care per 1,000 of the population aged 75 or over.**

3.2 Delay in transferring care is something that an in-patient who is ready to move on to the next step of his/her care experiences, but is prevented from doing so. The 'next step of care' deals with all suitable placements within and outside the NHS i.e. those patients who cannot be discharged from NHS care, and also patients who cannot be transferred within the NHS to a more suitable bed.

3.3 The measure therefore seeks to discover the rate of delay in hospitals for patients due to social care issues only e.g. waiting to go to a residential home or arranging home care. Gwynedd performs well in this measure, and in 2013/14 Gwynedd was ranked sixth in Wales. There has been some slippage since last year, but Gwynedd has still performed well.

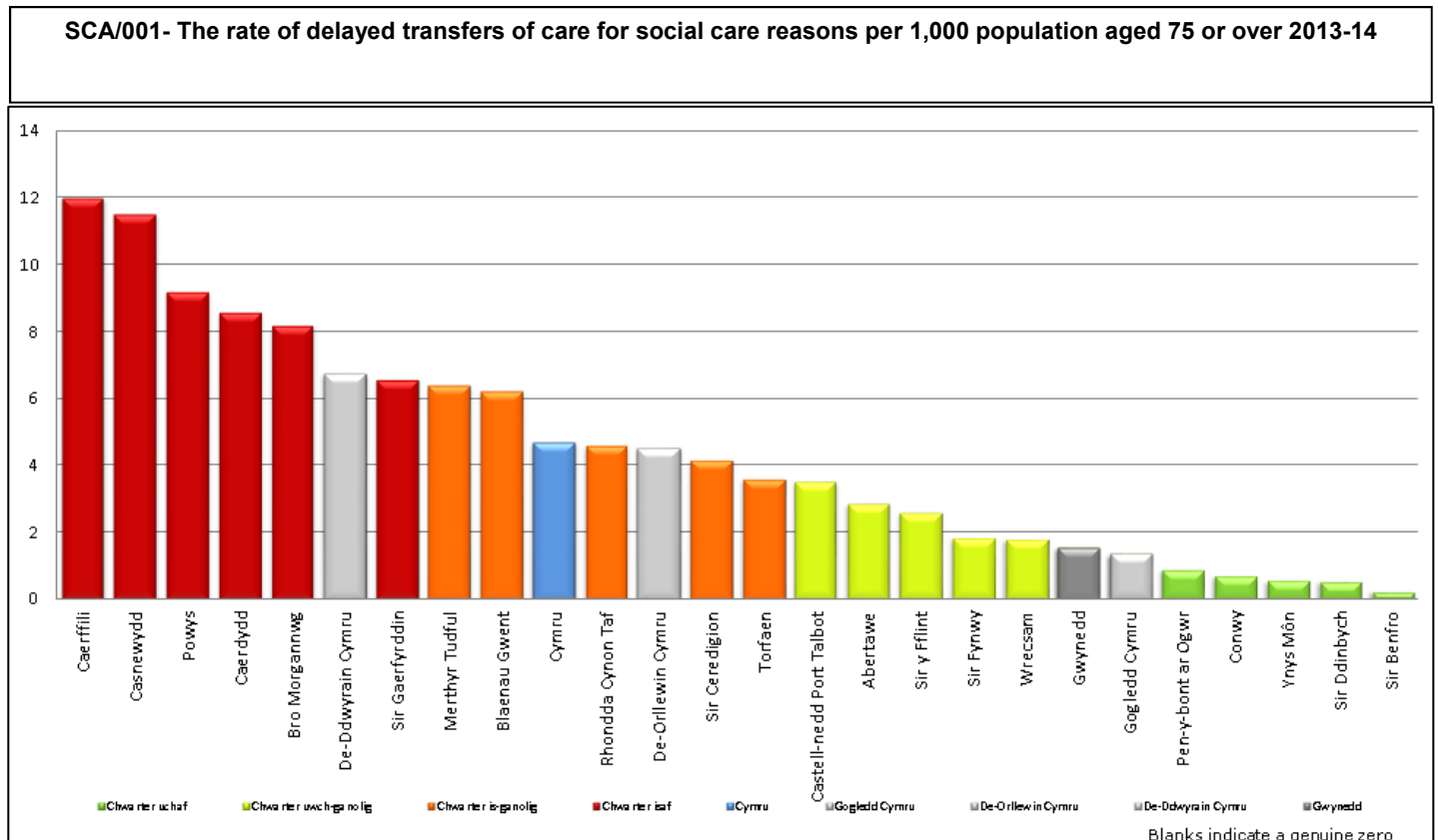
3.4 In 2013/14 a delay in transferring was noted on 19 occasions in the 12 months, in comparison to 14 occasions in 2012/13. Note that the same person could be counted twice if they continue to experience delays from one month to the next.

3.5 Please see the following graph on Gwynedd's performance in comparison to the whole of Wales. Gwynedd has worked hard in order to ensure that the rate of delay in transferring due to social



care reasons has reduced, and as you see from the following graph the rate has reduced significantly since 2007/08.

3.6 As you see from the following table, in 2013-14 Gwynedd performed very favourably compared with the other Welsh authorities.



**Main Finding**

**It was seen that the Brokerage Service was working effectively on the whole with Service Users and internal and external Providers praising the service.**

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**EVIDENCE**

- 4.1 The brokerage service in Gwynedd has been greatly praised since its establishment in September 2010. The Brokerage Team is the first point of contact between social workers, older people who receive home care and home care providers. The team can respond more effectively to every request for home care and has released the time of social workers who previously arranged care packages.
- 4.2 In the Words into Action conference: **Welsh Language in Health, Social Services and Social Care Awards 2014**, the Gwynedd Council Brokerage Team won an award for ensuring that the language requirements of the service user are noted clearly. As far as we know, this is the only Brokerage Team in the home care sector which provides an entirely bilingual service and which takes very practical steps to ensure that Welsh-language provision is targeted where it is needed. Therefore, providers are increasingly aware of the fact that the Council will not accept any deviations from its contractual obligations, namely that providers must satisfy the requirements of *More than words*.
- 4.3 The brokerage service has also been an effective method of managing and developing the home care market and increasing the independent sector provision significantly since the establishment of the service.
- 4.4 The brokerage service has developed a monthly management report which assists them to monitor the service's performance. The report includes noting the new and existing referrals, the distribution of packages according to weekly hours and the distribution of new packages for providers.

4.5 The following table shows the distribution of new packages to providers in September 2014. The table shows that 21 new packages had been given to internal provision and 40 to external providers.

**Distribution of new packages to providers**

From the references received by Brokerage, this is the distribution of the plans that were commissioned successfully with the relevant Home Care Provider.

**Also, the following packages were commissioned:**  
**1 Intermediate Care package in Meirionnydd;**  
**1 Enablement package in Meirionnydd;**

*It should also be noted that the table below shows packages that have been accepted by the providers, it's possible that a provider may have been offered a care package, but refused it because they would be unable to fulfil the specific needs of the package.*

Month		Provider																					
		Alauare	Age Cymru	Ardeddau	Cardiwl Homecare Services	Carbeth Cymru	Seaballs	Crossroads Care	Cymorth Llun	Grŵl Bro	Compass Care	Gofal Llun	Independent Living	Inspired Assisted Living	Jane Lewis-Deighton	Lewis Jones Care	Mid Wales Home Care	Was Gumedd	Regent Partnership	Allied Health Care (Binger)	Allied Health Care (Dolgellau)	TLC @Llanidloes	Internal
SEPTEMBER 2014	Ar	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Dw	1	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Me	1	0	2	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	5
	Tot:	5	1	3	0	0	7	4	1	1	0	0	0	0	0	0	0	0	0	0	7	0	21

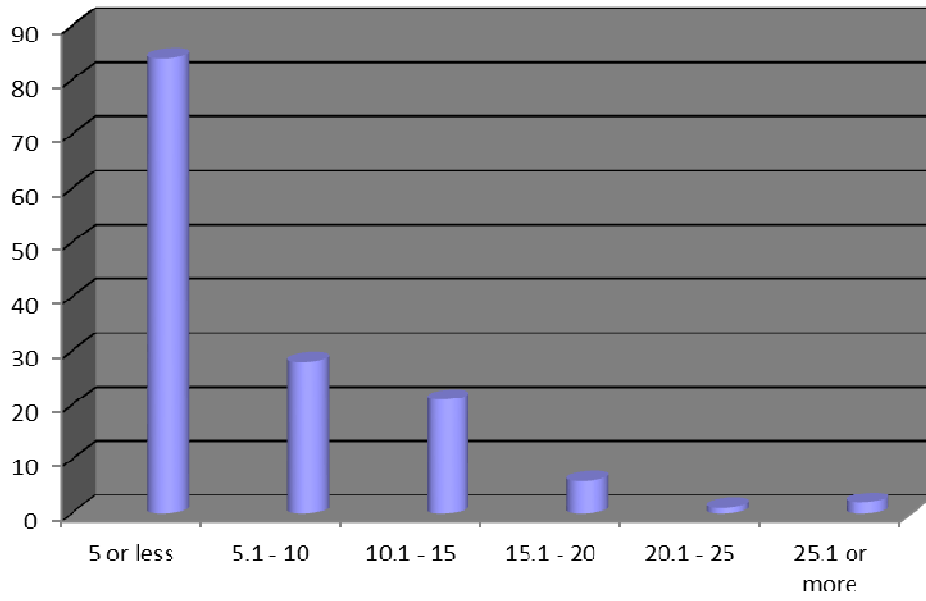
*The October figures for Allied Healthcare include 6 packages that were transferred from TLC care company as the staff left to join Allied Healthcare. The packages were transferred as a matter of urgency in response to an emergency.*

Intermediate and Enablement cases (provided by Internal Provider) are not included in these figures as these are not commissioned by Brokerage. However, the figures include the Intermediate and Enablement packages which have been commissioned by Brokerage to the private sector when there was lack of capacity to accept the packages by Internal Provider.

4.6 Of the referrals which came to the attention of Brokerage, this is the distribution of care plans according to the number of hours per week that were to be commissioned.

Month	Weekly Hours							Sleeping in packages
	5 or less	5.1 - 10	10.1 - 15	15.1 - 20	20.1 - 25	25.1 or more		
OCTOBER 2014	84	28	21	6	1	2	2	

### Weekly hours distribution October 2014



**Main Finding**

**That patients are treated at Hospital for the period of their sickness without a Care Plan and that this leads to rushing to create a Care Plan before they are discharged into the community, making it very difficult to prepare for planning care in the community.**

**Main Recommendation**

**Address some of the weaknesses of the patient transfer arrangements giving due focus where necessary to drawing up a new Care Plan soon after the patient arrives at Hospital.**

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**EVIDENCE**

- 5.1 One weakness in the “What’s Important” Form, that is the integrated assessment form (the form to be used by Health and Social Services for referral) is that the expected discharge from hospital date is not noted on it.
- 5.2 There has been some misunderstanding about the intermediate service funding in Arfon this year. This has caused some difficulty in relation to Intermediate Care and Enablement. There is a breakdown in communication sometimes, mainly as the communication takes place through a virtual team. The nurses need to lead the work of sharing information.
- 5.3 Some difficulties arise sometimes with delays in providing suitable equipment for individuals.
- 5.4 In order to avoid any delay, a care plan and any necessary equipment need to be in place before the individual goes home. To enable this to happen the care plan must commence immediately when the person has reached hospital. Currently, this does not always happen immediately.
- 5.5 Sometimes, people do not realise the real effect of the stroke until they return home, as they have been receiving support at hospital from nurses, physiotherapists and occupational therapists. There is also a possibility that an individual is suffering from more than one condition, and it is necessary to identify the individual’s greatest need.
- 5.6 In addition, difficulties arise because people do not identify third sector workers as professional people, and are therefore reluctant to share full information with the Association. This can cause difficulties because the entire information about a situation is needed and not just the core details.
- 5.7 The officers of the Red Cross expressed concern that although in the majority of cases the individuals' needs are met effectively by the various actions and services provided by the various establishments, there was no clear and integrated method.
- 5.8 Currently, the procedure is that the staff of the Advice and Assessment Team or Social Worker updates the information about the patient on an electronic system called RAISE.

The Single Point of Contact project considers how to develop the electronic data system that could be jointly-used by the health service also as a result of developing fully integrated work in the future. The objective is to do the best for the patient (considering health and care), without delay and to ensure early support to avoid an emergency and loss of independence to the individual.

- 5.9 When a problem arises or a complaint is received e.g. health sending an individual home late at night without putting arrangements in place, usually the charity's Advocacy Officer (Age Cymru) would deal with the matter, depending on the case.
- 5.10 One field that causes particular concern is the field of dementia. There is no sufficient and bespoke provision available in Gwynedd at present. Indeed, it is a crisis situation. One of the features of this is that patients remain in hospital for longer than is required and this contributes to the shortage of beds for acute treatment use. There is an insufficient provision of specialised nursing or residential beds.
- 5.11 Over the past few years, Heulwen Ward was closed in Ysbyty Gwynedd and this ward specialised in dementia work and now each dementia case is referred to Ysbyty Cefni, Llangefni. One of the wards in Ysbyty Cefni was also closed.
- 5.12 One element that contributes to the pressure is the lack of nurses specialising in dementia care.
- 5.13 The nature of some social workers and occupational therapists' part-time contracts means that coordinating the work can be difficult at times. Sometimes days or weeks pass without receiving a response.
- 5.14 Some problems can arise with complex care packages. For example, where the company is required to provide additional needs such as peg feeds and testing the blood of the person who is receiving the service. This can lead to additional costs for which there is no finance.
- 5.15 Occasionally, patients will state in Ysbyty Gwynedd that they do not require assistance to return home; however, once the reality of arriving home hits them, they, or a family member, realise that support is needed. Then, they would contact one of the area Teams and urgent arrangements will need to be made at that time.
- 5.16 In Ysbyty Alltwen, some difficulties have arisen due to the lack of communication between staff on the wards.
- 5.17 In general, a patient's stay in the community hospital tends to be for a longer period than a stay at Ysbyty Gwynedd and this means that more time is available to plan for discharge.
- 5.18 It was noted that Health staff had a lack of awareness of the new form. Some members of staff still fill in the old form as they are not aware that the form has been prepared jointly with Health.



- 5.19 Some Doctors and Nurses contacted the team to have a walking frame, although Health provides them.
- 5.20 It would be beneficial if Health staff had a better understanding of the services that are offered when they speak with individuals in the community hospitals before the individual returns home.
- 5.21 It was noted that it would be extremely valuable if the IT systems of the Council and Health talked to each other in order to facilitate access to information.
- 5.22 Although there is no capacity to increase the Red Cross' Convoy activity without additional resources, it is also concerning that there is so little awareness of the service amongst hospital staff and in general. The Health Board staff and the Council's Social Workers could extend this awareness.
- 5.23 Should the client's needs change substantially after a spell in hospital, the Social Worker will close the Care Package at Ysbyty Gwynedd, and a new Care Package will be opened for the client at Ysbyty Bryn Beryl.
- 5.24 This can cause difficulties and lack of clarity for the client and staff at Ysbyty Bryn Beryl. This can also mean that a new social worker will be creating the new Care Package. It would be better to continue with the same Care Package and the same Social Worker.
- 5.25 When a new Care Package is created, this can take up to a fortnight. This results in the client having to wait too long in the hospital before being transferred home.
- 5.26 It would be better to have one Social Worker dealing with Ysbyty Bryn Beryl.

**Main Findings**

**There is a potential to increase the use of the services that are provided by the Third Sector, but there is a substantial lack of information regarding the services.**

**Main Recommendation**

**Support the Third Sector to co-ordinate preventative and support services in the community and ensure that they have adequate resources to satisfy this and to increase the frontline workers' knowledge and awareness of third sector services.**

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**EVIDENCE**

- 6.1 There is a need to give detailed consideration jointly with a number of organisations, including local authorities, Ambulance Service, Third Sector organisations and others. There is a need to consider how best to provide transport services, home care and residential care services and care in people's homes. Clear and firm guidance on this matter is sought from the Health Board.
- 6.2 An integrated plan across north Wales should be formed and led by the Health Board to include providers of community transport.
- 6.3 It is important that the Health Board works with other establishments to plan and develop effective services across north Wales.
- 6.4 There is good contact between workers of the Stroke Society and the Health Board, especially with the stroke wards in Ysbyty Gwynedd, Ysbyty Maelor, Wrexham and Ysbyty Bronglais, Aberystwyth.
- 6.5 There is some input from the Council's Social Services with the Adults Team who make contact if an individual has had a stroke before they come into contact with them.
- 6.6 Often people become confused in terms of who they should contact or who they have been speaking with, as many people have an input to the patient's situation. This includes people in the hospital and the community.
- 6.7 Sometimes, people do not realise the real effect of the stroke until they return home, as they have been receiving support at hospital from nurses, physiotherapists and occupational therapists. There is also a possibility that an individual is suffering from more than one condition, and it is necessary to identify the individual's greatest need.
- 6.8 One of the biggest difficulties is the fact that there is only one available officer across Gwynedd and Anglesey. This officer is funded through BCUHB and Anglesey County Council, Gwynedd Council has not contributed to the service for around three years. There used to be an officer who serviced Anglesey and Arfon and another officer for Meirionnydd and

Dwyfor. The county's geographical situation can be difficult. The service's core hours is 25 hours per week across Gwynedd and Anglesey.

- 6.9 Transportation is a problem for people, due to the fact that after having a stroke people cannot drive for a month. As well as this, they must be assessed in an Assessment Centre in Glan Clwyd before they can drive a car. People are therefore dependent on public transport or family and friends which can be difficult.
- 6.10 The Association would like to undertake more preventative work for the future, like what is arranged jointly with the RCA in Bermo. This is an event that will raise people's awareness of stroke and the factors that affect people's risk of having a stroke and also taking people's blood pressure.
- 6.11 There is currently a lack of understanding amongst some Council officers of what a stroke is and the prominent effects that a stroke can have. Providing training on the effects of stroke and the service that the Stroke Association can offer would be beneficial.
- 6.12 In addition, difficulties arise because people do not identify third sector workers as professional people, and are therefore reluctant to share full information with the Association. This can cause difficulties because the entire information about a situation is needed and not just the core details.
- 6.13 The Red Cross - In Gwynedd, volunteers mainly work with older people in order to enable them to reclaim their independence following illness or to keep active.
- 6.14 Every local authority's funding arrangements across north Wales are very different. A joint-commission or commission is given by local authorities. In Gwynedd, Gwynedd Council does not commission work by the Red Cross. The Health Board is the only commissioner.
- 6.15 The officers expressed concern that although in the majority of cases the individuals' needs are met effectively by the various actions and services provided by the various establishments, there was no clear and integrated method.
- 6.16 It could work better should the functions and activities required by volunteers be identified and defined clearly in an integrated manner whichever establishment is involved with providing the service. This could be achieved by bringing establishments together in a consortia to provide the service. The key element is being able to collaborate effectively with other establishments. An example of this is the Gwynedd and Anglesey Befriending Network which is facilitated by *Cynllun Ffrindia*, Mantell Gwynedd.
- 6.17 There is an Engagement Group (Customer Care and Information Unit) which is chaired by the Senior Business Manager. It coordinates engagement matters relating to specific projects and ensures work programmes e.g. the field of learning disability
- 6.18 The Unit is responsible for leafleting. The current leaflets include:-

*Direct Payments, Listening, Responding, Improving, Enablement Support, Dignity in Care, Paying for Non-residential Care Services (2014-15), How to get the Support you need.*

- 6.19 The role of the Partnership in Care Transferring Manager in August 2014 was to lead the Single Point of Access work which is a scheme of integrated working between the public sector, the third sector and the independent sector in order to work closely to plan and provide services that support adults to look after themselves better, improve their well-being and assist them to remain as independent as possible and outside services for as long as possible. It also follows an assessment process to approve that those who require access to services receive these services as soon as possible.
- 6.20 The Officer worked as a Project Manager (on behalf of Gwynedd), to develop the local work and also on a regional level across north Wales. There is an element of delay with the local work at present as a fundamental change is taking place within the Department and the Senior Manager who was responsible for the project is away on a period of sickness. (It is understood that the Project Manager position has also been cut by now).
- 6.21 Some suggestions were made by those questioned that the third sector provision could not provide what the user required at the time they required it.
- 6.22 A brokerage system is implemented with public and private sector providers for care packages in the community. Establishing such a procedure for third sector providers would be useful. In the brokerage system, the Social Worker conducts an assessment of the user's needs and then asks the Broker which options are available that meets the needs of the user and then they are referred to the volunteer.
- 6.23 Historically, referrals for intermediate care were also referred directly to the internal Provider Service; however, due to the lack of capacity nowadays, more referrals are directed to Brokerage.
- 6.24 The two teams (Dwyfor Area) refer clients for assistance from the various organisations that offer a service, including a shopping service.
- 6.25 It would be beneficial if Health staff had a better understanding of the services that are offered when they speak with individuals in the community hospitals before the individual returns home. (The work underway through 'The Big Room' project at Ysbyty Gwynedd could be developed.)
- 6.26 It was noted that it would be extremely valuable if the IT systems of the Council and Health talked to each other in order to facilitate access to information.
- 6.27 The single point of contact would come into force soon, and hopefully this will make it easier for individuals to receive information.
- 6.28 It was extremely important that individuals are aware of the team's contact details.
- 6.29 Red Cross Transport - Although there is no capacity to increase activity without additional resources, it is also concerning that there is so little awareness of the service amongst hospital staff and in general. The Health Board staff and the Council's Social Workers could extend this awareness.

- 6.30 There is a need to consider procurement and service level arrangements carefully in order to make the best use of the service. Ultimately, maintaining people's independence is beneficial to the individual and to the health-care service in general.
- 6.31 Some were of the opinion that the Third Sector cannot offer many options because specialist care is mainly needed, such as providing personal care, manual handling of patients, etc. On the other hand, it was noted that the reality was that the Third Sector offers specialist care such as *Hospice at Home, nursing at Home, Day Care Hospice and Community Complementary Therapy* and numerous other providers.
- 6.32 It was noted that there was a need to strengthen the link between the Council and the Health Board by marketing the provision that is on offer at the Living Well Centres, in order to increase the attendance number. There is also a need to speak further with voluntary organisations in order to increase the support available.
- 6.33 It was noted that visits from social workers would strengthen the awareness of the services offered. This would facilitate referring individuals to the provision available in the *Living Well Centres*. Arrangements are underway to raise the awareness of local services teams.
- 6.34 It is essential that Carers receive support to assist them to cope with the demands of caring for their loved ones. Several Third Sector organisations play an important role to this end – e.g. an officer from *Carers' Outreach Service* at Ysbyty Gwynedd.
- 6.35 There is no provision for Palliative Care or residential provision (purpose-built building) in Gwynedd such as *St David's Hospice* in Llandudno.
- 6.36 There is a need to work closely with the Third Sector to ensure that the sector has adequate capacity to satisfy the needs.
- 6.37 The Third Sector has a key role in terms of providing community transport, and the provision needs to be co-ordinated better.
- 6.38 Third Sector organisations have expertise and knowledge of some specific conditions. It is essential that those who require it are referred to them for information and advice in a timely manner – e.g. *Alzheimer's Society, Parkinson's, Stroke Association* and organisations which work in the cancer field.

**Main Finding**

Despite an improvement in the arrangements in terms of discharging patients at weekends, there is room to improve this further.

**Main Recommendation**

**Assess the success of the *Intermediate Care* project and ensure follow-up following the end of the grant to deal with any shortcomings which remain in terms of maintaining the service of the hospital discharge teams and the community teams in full at weekends.**

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**EVIDENCE**

- 7.1 One weakness in the “What’s Important” Form, namely the integrated assessment form (the form to be used by health and social services for referral) is that the expected discharge from hospital date is not noted on it.
- 7.2 There has been some misunderstanding about the intermediate service funding in Arfon this year. This has caused some difficulty in relation to Intermediate Care and Enablement. There is a breakdown in communication sometimes, mainly as the communication takes place through a virtual team. The nurses need to lead the work of sharing information.
- 7.3 A full assessment should be undertaken of the proposals that address the needs of the Equality Act 2010 and go far beyond this in terms of considering the requirements of groups and communities across north Wales.
- 7.4 A pilot is being run at present with funding through the Intermediate Care Fund where a Care and Repair field officer provides assistance to individuals to move on to the Cae Garnedd Extra Care Housing in Bangor.
- 7.5 If the pilot is successful, being able to offer this service to more Gwynedd residents would be beneficial. The service will also look at other options i.e. a smaller house, a house closer to family, a house with a warden on site.
- 7.6 In addition to the Unit in Penygroes, through funding from the Intermediate Care Fund the service is opening three additional Units, two in Meirionnydd in the Llys Castan and Bryn Blodau homes and one in Dwyfor in the Plas y Don home.
- 7.7 Some difficulties arise sometimes with delays in providing suitable equipment for individuals.
- 7.8 In order to avoid any delay, a care plan and any necessary equipment need to be in place before the individual goes home. To enable this to happen the care plan must commence immediately when the person has reached hospital. Currently, this does not always happen immediately.

- 7.9 At present, people aged 65+ are receiving our enablement service. This will be extended to people aged 60+ in the future.
- 7.10 Stroke Cafés have been established in Arfon for some time in Bangor and Caernarfon. Volunteers run these now. The Association is currently establishing Stroke Cafes in Meirionnydd, Blaenau Ffestiniog and Dwyfor, Pwllheli with funding from the Intermediate Care Fund. This is temporary funding for a year, but it is hoped that it would be possible for volunteers to run these in the future once they have established.
- 7.11 When a problem arises or a complaint is received e.g. health sending an individual home late at night without putting arrangements in place, usually the charity's Advocacy Officer (Age Cymru) would deal with the matter, depending on the case.
- 7.12 Historically, referrals for intermediate care were also referred directly to the internal Provider Service; however, due to the lack of capacity nowadays, more referrals are directed to Brokerage.
- 7.13 In general, Brokerage deals with 4 or 5 referrals per month across the County in relation to intermediate care, and approximately 9 per month in relation to *enablement*. The numbers of referrals for this type of service have increased over the past 6 months (September 2014).
- 7.14 One difficulty is when applications are submitted on a Friday afternoon at short notice for patients to be discharged over the weekend. More notice is needed in order to conduct an assessment before discharging patients.
- 7.15 Another obstacle is that the Store room in the hospital is closed at weekends, therefore even after conducting an assessment, there is no means of obtaining the appropriate equipment for discharging the patient.
- 7.16 The nature of some social workers and occupational therapists' part-time contracts means that coordinating the work can be difficult at times. Sometimes days or weeks pass without receiving a response.
- 7.17 There is a possibility that the service will be extended in order to provide support for seven days a week. The current workforce is not very interested in working at weekends.

### Main Findings

There are no arrangements with Ceredigion County Council Social Workers in relation to patients being discharged from Ysbyty Bronglais to South Gwynedd. In addition, the fact the patients from Meirionnydd are referred to three different locations in Aberystwyth, Wrexham and Bangor can complicate the situation.

### Main Recommendation

**Collaborate with Hywel Dda Health Board to agree on an arrangement with the Ysbyty Bronglais Discharge Team to discharge patients to South Meirionnydd.**

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### EVIDENCE

- 8.1 The rural nature of the Dolgellau area has an impact on several matters. One specific aspect which has become evident is the need to make the most of attending Consultants' Clinics in Dolgellau. There have been problems with the Health Board centrally referring patients to Wrexham and Ysbyty Gwynedd rather than to the clinic in Dolgellau.
- 8.2 Officers working in Wrexham or Bangor will book clients to attend clinics in Wrexham or Bangor even though there are more convenient clinics available locally for patients in Dolgellau.
- 8.3 The outcome is that patients have difficulty in attending appointments due to the distance and complexities of transport and care arrangements etc.
- 8.4 One easy way of resolving this would be for the officers in Wrexham and Bangor to look at the patient's postcode in order to arrange an appointment in the most convenient location.
- 8.5 Request the details of contracts with the Hywel Dda and Powys Health Boards and the Ambulance Service which ensure that patients from south Gwynedd are only referred to south Wales when the patient needs it.
- 8.6 A joint statement is needed with Ysbyty Bronglais with regards to access to services.
- 8.7 There is a need to revise the proposal for centralising X Ray services, and consider maintaining a service at Ysbyty Tywyn or Ysbyty Machynlleth.
- 8.8 It is important that the Health Board works with other establishments to plan and develop effective services across north Wales.
- 8.9 There aren't as many homes in Meirionnydd and this can cause problems with referrals not only coming from Ysbyty Gwynedd, but from Maelor Hospital, Wrexham and Ysbyty Bronglais, Aberystwyth.
- 8.10 Attracting volunteers in south Gwynedd is difficult. They have held several campaigns. It is possible that too many establishments are 'competing' for the same people to become volunteers.



- 8.11 It could work better should the functions and activities required by volunteers be identified and defined clearly in an integrated manner whichever establishment is involved with providing the service. This could be achieved by bringing establishments together in a consortia to provide the service. The key element is being able to collaborate effectively with other establishments. An example of this is the Gwynedd and Anglesey Befriending Network which is facilitated by *Cynllun Ffrindia*, Mantell Gwynedd.
- 8.12 That there are problems in relation to transport, especially in South Meirionnydd, with individuals failing to attend activities because there is no transport available to the locations. It was noted that the charity had mini-buses which are used for trips mostly due to the cost.
- 8.13 That the severe nature of individuals' condition means a time commitment and an increase in costs because the individual must be visited several times.
- 8.14 There is a lack of provision in some areas and in the Meirionnydd area in particular.
- 8.15 There is a tendency for each company to be operational in one area (Meirionnydd, Arfon or Dwyfor). A recent development took place where two companies were merged – Abacare (which operated mainly in the Meirionnydd area) and Caredig (which operated mainly in the Arfon area). The new company seems to be extending further into Powys also by now.
- 8.16 A service is provided to individuals across Gwynedd, but a shortage of provision in the Meirionnydd area can be an obstacle.
- 8.17 The service (Red Cross Transport) that is being run from Machynlleth provides transport to and from Ysbyty Gwynedd; however, no service is provided to and from the Community Hospitals.
- 8.18 Having made enquiries about the hospital to the home aspect at Tywyn Hospital, it was found that Gwynedd Social Services assessor did not assess clients from South Gwynedd at Ysbyty Bronglais, Aberystwyth until they are discharged from hospital and go home.
- 8.19 Consequently, the patients were transferred from Ysbyty Bronglais to Tywyn Hospital to be assessed, and only after having undertaken the assessments would the patients be sent home.
- 8.20 However, there are cases where friends and family members have travelled to Bronglais and beyond to Glangwili, Llwynhelyg and Morrision, Swansea Hospitals to take the patients home. This is when they fall through the net as it were, and no care plans have been implemented.

**Main Finding**

**It was discovered that a shortage of GPs and nurses in some areas caused difficulties in terms of maintaining care in the community.**

**Main Recommendation**

**It is understood that work is underway to improve the situation regarding the shortage of doctors and nurses and that the schemes need to be communicated clearly giving special attention to Dwyfor and Meirionnydd.**

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**EVIDENCE**

- 9.1 The rural nature of the Dolgellau area has an impact on several matters. One specific aspect which has become evident is the need to make the most of attending Consultants' Clinics in Dolgellau. There have been problems with the Health Board centrally referring patients to Wrexham and Ysbyty Gwynedd rather than to the clinic in Dolgellau.
- 9.2 Often, local doctors will refer patients to clinics in Wrexham and Bangor as they are not aware of clinics being held in Dolgellau.
- 9.3 One field that causes particular concern is the field of dementia. There is no sufficient and bespoke provision available in Gwynedd at present. Indeed, it is a crisis situation. One of the features of this is that patients remain in hospital for longer than is required and this contributes to the shortage of beds for acute treatment use. There is an insufficient provision of specialised nursing or residential beds.
- 9.4 Over the past few years, Heulwen Ward was closed in Ysbyty Gwynedd and this ward specialised in dementia work and now each dementia case is referred to Ysbyty Cefni, Llangefni. One of the wards in Ysbyty Cefni was also closed.
- 9.5 One element that contributes to the pressure is the lack of nurses specialising in dementia care.
- 9.6 Good collaboration occurs between social workers and health officers in Plas Hedd. The fundamental needs to improve the situation are:
- More hospital beds
  - Improve the skills of carers in dealing with dementia
  - More Community Psychiatric Nurses (CPN)

**Main Finding**

**There is no evidence that the public and service users have had an opportunity to contribute to the process of creating Betsi Cadwaladr University Health Board's Discharge Protocol.**

**Main Recommendation**

**Review the Discharge Protocol by consulting with key stakeholders including the patients and the public in line with the Language Policies of Gwynedd Council and the Health Board.**

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**EVIDENCE**

- 10.1 One weakness in the "What's Important" Form, namely the integrated assessment form (the form to be used by Health and Social Services to refer onwards) is that the date that the patient is expected to be discharged from hospital is not noted on it.
- 10.2 In order to be efficient, service providers must make time to speak with and listen to patients.
- 10.3 There is some inconsistency regarding the Discharge Protocol across north Wales.
- 10.4 It is important that the Health Board works with other establishments to plan and develop effective services across north Wales.
- 10.5 In order to avoid any delay, a care plan and any necessary equipment need to be in place before the individual goes home. To enable this to happen the care plan must commence immediately when the person has reached hospital. Currently, this does not always happen immediately.
- 10.6 At present, people aged 65+ are receiving our enablement service. This will be extended to people aged 60+ in the future.
- 10.7 In addition, difficulties arise because people do not identify third sector workers as professional people, and are therefore reluctant to share full information with the Association. This can cause difficulties because the entire information about a situation is needed and not just the core details.
- 10.8 One difficulty is when applications are submitted on a Friday afternoon at short notice for patients to be discharged over the weekend. More notice is needed in order to conduct an assessment before discharging patients.
- 10.9 Another obstacle is that the Store room in the hospital is closed at weekends, therefore even after conducting an assessment, there is no means of obtaining the appropriate equipment for discharging the patient.
- 10.10 The nature of some social workers and occupational therapists' part-time contracts means that coordinating the work can be difficult at times. Sometimes days or weeks pass without receiving a response.

- 10.11 In Ysbyty Alltwen, some difficulties have arisen due to the lack of communication between staff on the wards.
- 10.12 Care Plans are prepared in Welsh. Some care homes experience difficulties where there is no bilingual staff.
- 10.13 It was noted that Health staff had a lack of awareness of the new form. Some members of staff still fill in the old form as they are not aware that the form has been prepared jointly with Health.
- 10.14 Some Doctors and Nurses contacted the team to have a walking frame, although Health provides them.
- 10.15 It would be beneficial if Health staff had a better understanding of the services that are offered when they speak with individuals in the community hospitals before the individual returns home.
- 10.16 It was noted that it would be extremely valuable if the IT systems of the Council and Health talked to each other in order to facilitate access to information.
- 10.17 Although there is no capacity to increase activity without additional resources, it is also concerning that there is so little awareness of the service amongst hospital staff and in general. The Health Board staff and the Council's Social Workers could extend this awareness.
- 10.18 There is a need to consider procurement and service level arrangements carefully in order to make the best use of the service. Ultimately, maintaining people's independence is beneficial to the individual and to the health-care service in general.
- 10.19 Should a client have a Care Package before being admitted to hospital and their needs remain the same after being in hospital, the Care Package will be submitted to the Sister with minor changes.
- 10.20 Should the client's needs change substantially after a spell in hospital, the Social Worker will close the Care Package at Ysbyty Gwynedd, and a new Care Package will be opened for the client at Ysbyty Bryn Beryl.
- 10.21 This can cause difficulties and lack of clarity for the client and staff at Ysbyty Bryn Beryl. This can also mean that a new social worker will be creating the new Care Package. It would be better to continue with the same Care Package as the Social Worker.
- 10.22 When a new Care Package is created, this can take up to a fortnight. When a new Care Package is created, this can take up to a fortnight. The result of this is that a patient may stay too long in the hospital before transfer to home.
- 10.23 Newly introduced arrangements ask the Sister to fill forms with the client before they can be transferred to Ysbyty Bryn Beryl. Other forms also require time to complete them.

- 10.24 The Sister noted that she needed to communicate with the clients in order to understand their needs. Having to fill in the forms is an obstacle and a significant waste of time which detracts from caring for the client.
- 10.22 It would be better to have one Social Worker dealing with Ysbyty Bryn Beryl.
- 10.23 The substantial shortage of social workers means that some clients have to wait until they can be dealt with. The term 'put in the basket' is used to describe this delay.
- 10.24 To create a Care Package, the Sister needs to fill in two forms - the 'Integrated Adult Health and Social Care Core Data Set' and the 'Decision Support Tool for Continuing NHS Healthcare Section 1- Personal Details.'

**Main Finding**

Examples of bureaucracy and a culture of completing forms were seen which sometimes undermined the main work of nurses and carers.

**Main Recommendation**

**Assess the success of the work that is underway on Lean/Vanguard at Ysbyty Alltwen to address the current bureaucratic arrangements to free staff's time to deal with their main duties of providing care and nursing.**

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**EVIDENCE**

- 11.1 One weakness in the "What's Important" Form, that is the integrated assessment form (the form to be used by Health and Social Services to refer onwards) is that the date that the patient is expected to be discharged from hospital is not noted on it.
- 11.2 If the person being discharged from hospital is not open to either a social worker or an enablement officer, possibly because the case has been closed in its entirety to the department or is open under review, that is open/receiving a service from the Department but not open to a specific worker, the person who needs to be discharged from hospital will then be referred to the attention of Ysbyty Gwynedd's Social Work Team with the ward staff completing a 'What's Important' integrated assessment form with the patient.
- 11.3 There are cases that are already open to the Department, as a level of service is being provided, but that the case is stable and noted as open under review, and therefore is not known to any specific officer.
- 11.4 In order to be efficient, service providers must make time to speak with and listen to patients.
- 11.5 The Stroke Association provides a full assessment when the individual arrives home from the hospital. It is then possible to recognise the needs of the individual and to refer onwards to services which include support with benefits, NERS (Refer for Exercise Scheme), follow up with physiotherapy and occupational therapy or Care and Repair for support rails etc. Practical things are important to people, for example driving is a very important thing for people.
- 11.6 In addition, difficulties arise because people do not identify third sector workers as professional people, and are therefore reluctant to share full information with the Association. This can cause difficulties because the entire information about a situation is needed and not just the core details.
- 11.7 The Red Cross has recently been praised by external assessors – WIHSC – for developing the Change Wheel. This is a tool which considers the needs of an individual which results in clear Action Plans. The plan places the individual at the centre.

- 11.8 When a person returns from hospital to the home, following the first six weeks at home, an individual, family member, friend or social worker can contact the Red Cross and request an assessment by the Home from Hospital Team of their needs in order to allow them to continue to get better, or they can refer to the Befriending service.
- 11.9 If a person is referred to the Befriending service, an officer from the Red Cross will undertake an Assessment of their needs using the Change Wheel as a tool to plan and provide re-ablement services. This is separate from the Care Pack but the Care Pack will have been considered as part of the assessment.
- 11.10 The re-ablement service will run for a period of up to 12 weeks.
- 11.11 At the end of this period, a Closing Assessment will be undertaken.
- 11.12 Concern was noted that although in the majority of cases the individuals' needs are met effectively by the various actions and services provided by the various establishments, there was no clear and integrated method.
- 11.13 The fact that there are two separate complaints procedures by Health and Social Services and two separate timetables can cause difficulties and complexities.
- 11.14 Currently, the procedure is that the staff of the Advice and Assessment Team or Social Worker updates the information about the patient on an electronic system called RAISE. The Single Point of Contact project considers how to develop the electronic data system that could be jointly-used by the health service also as a result of developing fully integrated work in the future. The objective is to do the best for the patient (considering health and care), without delay and to ensure early support to avoid an emergency and loss of independence to the individual.
- 11.15 The Health Board's PIMMS system is used to arrange appointments for the Health Board's clients.
- 11.16 All clinic referrals are referred on the central electronic system which is used by all doctors and officers in the Health Board across north Wales.
- 11.17 Referrals for appointments with Specialists are noted on the system by administrative officers who work at Ysbyty Maelor Wrexham or Ysbyty Gwynedd Bangor.
- 11.18 Clinics are held in Wrexham, Bangor and Ysbyty Dolgellau.
- 11.19 Often, local doctors will refer patients to clinics in Wrexham and Bangor as they are not aware of clinics being held in Dolgellau.
- 11.20 Officers working in Wrexham or Bangor will book clients to attend clinics in Wrexham or Bangor even though there are more convenient clinics available locally for patients in Dolgellau.
- 11.21 The outcome is that patients have difficulty in attending appointments due to the distance and complexities of transport and care arrangements etc.

- 11.22 One easy way of resolving this would be for the officers in Wrexham and Bangor to look at the patient's postcode in order to arrange an appointment in the most convenient location.
- 11.23 After receiving an application from the Team in the hospital, an Officer or one of the Company's Regional Managers will conduct an assessment of the Care Package or the details of the application. Following the assessment the Officer or one of the Regional Managers will agree to implement the package or will redesign the package where necessary before agreeing to accept it.
- 11.24 A form has been drawn up jointly with Health, namely the 'North Wales Integrated Health and Social Care Core Data Set'. The objective of the form is that the first person who is in contact with the individual completes the form.
- 11.25 The joint form is an important step, with the expectation that doctors, nurses and Council officers use it.
- 11.26 It was noted that Health staff had a lack of awareness of the new form. Some members of staff still fill in the old form as they are not aware that the form has been prepared jointly with Health.
- 11.27 Some Doctors and Nurses contacted the team to have a walking frame, although Health provides them.
- 11.28 Now, the Red Cross in Gwynedd and Anglesey runs a Care and Support Service. The service is more convenient to users since it means that one person co-ordinates the needs of the individual when he/she leaves the hospital to go home. It includes transport, provision of a wheelchair, a packed lunch and settling the individual in the house.
- 11.29 The Scheme is implemented after a Social Worker or Ward Nurse completes a simple form that refers the Individual to the Red Cross noting his/her needs. The form is sent to the Officer in the hospital or it is faxed to another Officer. One of the Officers will process the application immediately either by using one of the organisation's vans or it is referred to a volunteer.
- 11.30 Newly introduced arrangements ask the Sister to fill forms with the client before they can be transferred to Ysbyty Bryn Beryl. Other forms also require time to complete them.
- 11.31 To create a Care Package, the Sister needs to fill in two forms - the 'Integrated Adult Health and Social Care Core Data Set' and the 'Decision Support Tool for Continuing NHS Healthcare Section 1- Personal Details.'



# Agenda Item 10

<b>NAME OF SCRUTINY COMMITTEE</b>	Services Scrutiny Committee
<b>DATE OF MEETING</b>	4 June 2015
<b>TITLE OF ITEM</b>	Update – Additional Learning Needs and Inclusion Strategic Review
<b>CABINET MEMBER</b>	Councillor Gareth Thomas
<b>AUTHOR</b>	Iwan T. Jones, Corporate Director

## 1. Background:

1.1 We present here for your attention a brief update on the Additional Learning Needs and Inclusion Strategic Review.

1.2 In December of last year, this Committee agreed to establish a specific task group to scrutinise the ALN Strategy during a period of consultation (January – February 2015). The following members were nominated:

Councillor Elin Walker Jones  
Councillor Gweno Glyn  
Councillor Selwyn Griffiths  
Rev. Canon Robert Townsend

1.3 A meeting was held on January 21, where the members went through the Draft Strategy in detail, receiving comments from members of the panel that were present, and notes from Elin W Jones. These comments, along with a consultation pack, were sent to all members of the Scrutiny Committee giving everyone an opportunity to present additional comments if they desired.

## 2. Consultation:

2.1 (Multi-agency) Information Fairs were held at 5 locations (Caernarfon, Dolgellau, Blaenau Ffestiniog, Bangor and Pwllheli) between 23-27 February –aimed towards parents. The following agencies were there to support us:

- ALN Joint Committee psychologists
- The authorities central Specialist Teachers
- Early Years (Dechrau'n Deg, Gyda'n Gilydd and Barnados)
- SNAP
- Derwen
- The new Special School
- Gwynedd Ni



- 2.2 17,000 flyers were distributed to the schools to be shared with every child – to raise awareness about the information fairs and the opportunity to give their opinion. Unfortunately, we cannot be certain that every school did this, and as a result the majority of parents weren't aware of the fairs. The use of Facebook helped a little. Around 80 people attended the fairs.
- 2.3 A special booklet was produced to convey the strategy's proposals in a concise way for the parents. It included a questionnaire, and there was an opportunity to complete it online. Responses were received from parents through 50 questionnaires.



- 2.4 The Consultation Pack was sent to a range of stakeholders and specific consultation sessions were held with the:

- Cognition and Learning Team;
- Additional Learning Needs Joint Committee;
- Isle of Anglesey County Council's Education Department and Cabinet Members;
- Additional Learning Needs Joint Committee officers;

- Services Scrutiny Committee Task Group (see above);
- Contact Group – agencies and stakeholders;
- ‘Culture Change’ Task Group – primary and secondary head teachers;
- Chair of Governors for both special schools;
- Meirion Dwyfor new special school Project Board;
- 3 regional meetings with chair of and/or designated ALN governors

2.5 31 formal responses to the draft Strategy were received – a specific form to receive comments relating to each individual proposal was presented.

### **3 Next steps:**

3.1 There has been some delay in terms of presenting a report to the Cabinet due to discussions with Môn Council and the ‘Purdah’ period prior to the General Election. A report will be presented to the June 23 Cabinet that will:

- Summarise the response to the consultation
- Present the Revised Strategy
- Present the Business Plan
- Action plan – timetable and work programme

3.2 A special meeting has been arranged on June 11; where we will detail and present the report mentioned above. Members of the task group have received an invitation along with Gwynedd Council members of the Additional Learning Needs Joint Committee and some Cabinet members. There will be another opportunity for the task group to meet separately on June 15 if necessary. Any comments from the panel will be reported verbally in a meeting of the Cabinet on June 23.