

# CABINET CYNGOR GWYNEDD

## Report to the Cabinet

<b>Date of meeting:</b>	19 September, 2017
<b>Cabinet Member:</b>	Councillor Gareth Roberts
<b>Contact Officer:</b>	Morwena Edwards, Corporate Director
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<b>Title of Item:</b>	Performance Report Adults, Health and Well-being

### 1. INTRODUCTION

- 1.1 The purpose of this report is to update my fellow members on what has happened in the areas within my remit as Cabinet Member for Adults, Health and Well-being. This includes outlining the latest developments against pledges within the Strategic Plan; where we have reached with the performance measures; and the latest in terms of plans for savings and cuts.
- 1.2 I would remind you that all matters have already been the subject of discussions and have been scrutinised at meetings of the Departmental Management Team.
- 1.3 On the whole, I am comfortable with the performance of the Adults, Health and Well-being Department.

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## 2. **THE DECISION SOUGHT**

2.1. To accept and note the information in the report

## 3. **THE REASON FOR THE NEED FOR A DECISION**

3.1. In order to ensure effective performance management.

## 4. **THE REASONING AND JUSTIFICATION FOR RECOMMENDING THE DECISION**

### 4.1. **Strategic Plan Projects**

4.1.1. Brief progress reports are submitted below on the projects of the Strategic Plan 2017-18.

4.2. **G1 Care Challenge - Try to ensure that the people of Gwynedd truly understand the challenge which faces us to motivate and support communities to contribute by taking action.**

4.2.1 During last year we managed to develop the 'story' of the Care Challenge, namely the background, context and the reason for change. The story was communicated and engagement was undertaken with stakeholders. A number of events took place to discuss the challenge. The continuous and challenging nature of this project means that we try to build on the successes from year to year to always improve Gwynedd's residents understanding of the challenge we face.

4.2.2 As expected we have not yet actually started to prove the impact of this project, however, during the next few years and in establishing the Information, Advice and Assistance service (IAA) specifically, we anticipate a significant contribution towards the preventative agenda that will in turn contribute positively towards enabling the County's residents to live their lives as they wish and contribute to the Council's ability to refer resources to the services that need them.

4.2.3 Since the last time I reported, several engagement sessions have been conducted with Department staff to share ideas and gather their views about the type of Information Advice and Assistance service we should be aiming for in the future. These sessions have been successful in terms of the numbers who have contributed, feed-back received and hopefully through this we can ensure ownership of the work programme.

4.2.4 Specific work streams will stem from the sessions conducted in June and the Department is in the process of summarising the main messages and offering clear recommendations regarding the way forward over the next few months. We already offer information and support in Gwynedd, however, it will be a challenge to adapt to offer a quality IAA for the people of Gwynedd. In time the Department will assess to ensure that this occurs. I have also emphasised the need to work together with Health on the IAA service. Although the Act only requires the Health Board to 'provide information' I am of the view that by working jointly with Health the Information, Advice and Assistance Service will offer the potential to be a much better service.

### **4.3 G2 Integrated Working Project, focusing on what counts to individuals - redesigning our current way of working.**

4.3.1 An agreement is in place with the Health Board in terms of establishing a structure for integrated working in the older people's field. During May and June, key leading posts in care within the five areas have been filled. One of the two Transformation Leaders posts has also been filled at the start of July and a discussion was afoot with the Health Board regarding adapting the second post. Together, officers in the above posts as well as the Senior Adults Manager and leaders of the community nursing teams, will lead and raise the momentum for change in the way of working across the whole County.

4.3.2 Over the next few months, teams of staff from the Council and the Health Board will transfer into the new area structure. Training sessions have taken place for the new teams and work locations are being adapted. The Council and the Health Board will continuously assess the progress made with integrated working and when required will recommend adaptations if appropriate.

4.3.3. The process of restructuring offers opportunities to practice in an innovative way and to offer a better service for the people of Gwynedd. However, in order to do this we ask our workforce to change their current ways of working. Naturally, this is quite a challenge for our workforce and to this end it can at times have an impact on staff morale. The period of uncertainty will end with the new structure in place and the workforce will benefit from this stability. Having said that, this is something that I will keep an eye on over the next few months.

### **4.4 G3 Restructuring the Adults, Health and Well-being Department - Ensure that the department's staffing structure is suitable for the future.**

4.4.1 With the work of establishing the departmental structure to achieve project G2 nearing completion and the Safeguarding and Quality Assurance Team about to be established, it is considered that this scheme has been completed except for minor adaptations. The Department will implement further changes to the staffing structure if developmental opportunities arise or opportunities to work more efficiently. It should be noted that sections of the Department, such as the Mental Health Service, were not part of the original project. However, it should be stressed that consideration will be given to adapting this field if a need is identified following discussions to strengthen existing integration arrangements with the Health Board.

### **4.5 G4 Extra Care Housing - Extra Care Housing Buildings in Porthmadog.**

4.5.1 The building timetable for Extra Care Housing at Hafod y Gest has slipped due to; I understand a lack of bricklayers. The Anwyl company have stated that the development will be completed at the end of April 2018. Because of the delay, the show flats will not be ready until November this year. A lettings policy exists and priority is given to Porthmadog area residents. 50 applications have already been received for the scheme from local people with room for 40 residents.

### **4.6 G5 Frondeg - Ensure clarity at Frondeg site and decide on the way forward.**

4.6.1 In January 2016, following a period of formal engagement and consultation, it was decided to develop a new accommodation model for adults with learning disabilities on the Frondeg site, and bring the current use of the building to an end once the new development was available. Engagement has taken place with the main stakeholders on the draft plans. Further meetings will be arranged

with all stakeholders before the final plans are ready. The Cynefin Group have shared a timetable that states that they intend to submit a planning application in October 2017 with work commencing on the site in approximately May 2018, and to be completed between May/September 2019.

4.6.2 I have emphasised with the Department the need to ensure that users and prospective users play a part in the development of their new homes. Although this will not be an easy task, bearing in mind the profound needs of some of the users, I am anxious for us as a Council to develop opportunities and experiences for our users to be part of this development and I can confirm that the Department will be looking into this.

#### **4.7 G6 Internal provision - Determine how we run the Provider Service (that provides care services) and act on that.**

4.7.1 A decision has been made to put this work aside for at least two years (October 2018) in order to consider wider options for the Council and its partners in a changing and fragile market.

#### **4.8 G7 Capacity and Sustainability of the Care and Health system - Respond to the current problems that exist in terms of care and health provisions specifically within the field of older people.**

4.8.1 Work on Phase 1 of the Llys Cadfan project has been completed and persons have started to move into the Early Dementia Unit. We are confident that Phase 2 of the new provision will be in place by September 2017 to improve specialist and respite services in the south of the County. In cooperation with the Health Board, plans are being developed to invest in early dementia beds at three other locations across the County and the hope is that investment can be secured from the ICF fund to implement at least one of these schemes, which would correspond to the phase 1 investment at Llys Cadfan, during the 2017-18 financial year. It is unlikely that we will know the result of the bidding process for ICF funding until September 2017.

4.8.2 Recruitment to the care and nursing workforce continues to be extremely challenging. Efforts to attract and retain workers continue and are reinforced. Unfortunately, filling the gaps has not been that successful thus far and therefore the change is too slow to assist in the short term. As an example, a recent request by Ceredigion Council requesting assistance with recruitment of health care staff demonstrates that this is not a problem that exists locally but is a National problem. We will continue to discuss with Carmarthenshire ways to assist in addressing recruitment demands and identify and learn from best practice.

4.8.3 The Health Board is working in partnership with the Gwynedd and Anglesey Post-16 Education Consortium in order to respond to recruitment issues. Priority will be given to the 'difficult to recruit' areas during future recruitment campaigns. The ability to attract prospective nursing applicants is one of the biggest challenges for the organisation and plans are in place to work seamlessly with a more cooperative attitude when recruiting nurses.

4.8.5 With other legislative changes regarding registration of workforce coming into effect, it is envisaged that achieving the aim of attracting and retaining a health and care workforce will continue for some time yet. The private sector is also facing similar difficulties and work is under-way to establish three joint pilot schemes with providers to test new methods of working. It is hoped that over time this will enable us to provide services that focus on the aims of individuals

and are more efficient and in turn will contribute towards our ability to reduce gaps/ waiting periods for a service/returning to the home for the County's vulnerable residents.

- 4.8.4 **Carers** - Work continues to see if our arrangements and our current situation is suitable bearing in mind the expectations of the Act. Steps have been taken to incorporate carers support work on the Well-being/preventative agenda. One of the Department's officers is leading and coordinating the work of supporting carers regionally, and this will contribute to our understanding of the situation and our ability to strengthen the provision based on robust information. We will continue to ask for the views of professional officers, carers in Gwynedd and champions in the field in order to consider if our arrangements are suitable. This work will enable us to decide whether or not there is a basis to commission a specific project or projects to support unpaid carers and/or how to make better use of IAA and preventative services.
- 4.8.5 The Gwynedd and Anglesey Carers Strategy has been adopted. The next step will be to draft an action plan and sub-groups in Gwynedd and Anglesey have started to meet to undertake this. The Gwynedd sub-group includes Department members, 3rd sector partners, Health and carers.
- 4.8.6 The Department is putting robust arrangements in place to support the carers of persons with mental health difficulties because of the feedback that the service was not effective. Two internal support workers have taken on the work and early feedback about their support to these carers is very positive. We have also received very positive feedback about our carers emergency cards scheme and Carers Outreach have also started to advertise the scheme.
- 4.8.7 **Well-being** - Well-being is central to all the Department's work and over the next few months the Department reports that there will be more focus on well-being. Well-being activities occur across the County at different levels by different organisations. When moving to work into the five areas opportunities will arise to identify activities within our areas and to identify good practice. I understand from the department that there are plans afoot to make financial applications to give the required priority to this area. I look forward to receiving an update over the next few months.

## 5. **Performance Measures**

- 5.1 Appendix 1 reports on the performance measures that are linked to my portfolio.
- 5.2 The **OED23** measure gives a general overview of the department's direction, although it is still developmental in nature the measure identifies a positive shift in achieving 'what is important' for older people with physical disabilities. In general, **OED23**, Percentage of older people with physical disabilities where an increase is seen in achieving what is important, is **90%**. Having said this **1485** talks of 'What matters' have occurred since the beginning of the new framework. Of these talks, **747** have established a baseline and **253** have been reviewed. The performance of **90%** reflects the performance following the review of the **253** cases which is not a clear reflection given that **1484** talks were conducted. The department recognises that some work is required on this measure as well as to continue with the 'Collaborative Conversations' training. I trust that we will see an increase in the numbers who have been reviewed over the last few months and will see a better value to this measure. I believe that we are on the right track with this measure.

- 5.3 With the **OED24** measure, **80%** of Learning Disability clients have seen an improvement in what is important. We see a similar pattern with fewer numbers having established a baseline and the number of cases reviewed, but the unit will establish a baseline at every opportunity. It is a challenge to set a baseline for individuals who do not have the mental capacity, and under these circumstances the unit makes use of advocacy. In addition, the complex nature of some cases open to the unit has to be borne in mind, and that progress can take years but under these circumstances the department identifies the cases and scrutinises to see where we can have some influence. In future the unit will develop measures that will measure the 'Quality of Life'.
- 5.4 Concern continues with the **transfer into care for social care reasons waiting rates per 1,000 of the population that are 75+ yrs (SCA/001)**. The rate of delayed transfers of care is **0.71** which compares well with the rest of Wales with a performance of **0.75**. However, when looking at the performance compared to the rest of north Wales our performance is less successful than Conwy who report **0.07**, Denbighshire at **0.10** and Flintshire at **0.24**. Although the figures are only a day's snapshot, we need to understand why these areas are performing so much better than us and I have asked the department to look into this. Although it is difficult to compare area by area, it is important that we identify any lessons to be learnt.
- 5.5 As well as this work, the Cabinet will be aware of the 'week in a room' work programme that seeks to respond to the above. In cooperation with the Health Board we have reviewed the care and health system, by following cases from beginning to end and try to create a system that works better for patients and by removing any obstacles that arise. As a result of this work a new way of working will be piloted at Ysbyty Gwynedd and I look forward greatly to the results of this innovative work and I will update you soon.
- 5.6 You will be aware that improving access to Mental Health Services is a priority for the Council and in Appendix 1 you will see that Mental Health measures need to be developed. You will also be aware that the Betsi Cadwaladr University Health Board has developed a new mental health strategy for all ages: 'Together for Mental Health in North Wales'. A range of specific measures will be provided by the board to improve quality, availability and access to Mental Health services in north Wales. The intention in Gwynedd is to develop measures that are in keeping with this strategy.
- 5.7 Establishment of the Safeguarding and Quality Assurance Unit has enabled the Council to respond more effectively to the new and increasing requirements within the adult safeguarding field. Having said this we have seen some slippage in the performance of **SCA/019. Of the adult protection referrals completed during the year**, the percentage where the risk is managed, the risk is managed **94%** of the time. I understand that the reason behind the performance is that three individuals refused intervention during the period.
- 5.8 It is heartening to see that we continue to see progress with the measure **PMA/20b Percentage of cases that have received a period of enablement - and have no care and support package six months later which is 90%**. In addition, measure **PMA/20a Percentage of adults who have completed an enablement package - and who have a smaller care and assistance package six months later is also on the right track and is 92%**.

## 6. Financial Position / Savings

- 6.1 The 'Final Accounts 2016/17' report confirms departmental underspend. This underspend is a result of changing the way of working and achieving within the context of the Social Services and Well-being Act.
- 6.2 The thinking with a number of the schemes, in the context of the 'Systems' working arrangements is that achieving on the financial side should follow fairly naturally from the transformation work. Although the evidence does not give complete assurance, the background information suggests that the result of this can already be seen across the County. The focus of this change is the Eifionydd area, where the work plan is integrated with the Health Board and has been in place for approximately two years. As elements of learning from this Scheme will be shared across the County, together with the implementation of general changes to meet with the requirements of the Social Services and Well-being Act, there are signs that there is a reduction in the number of care packages that are commissioned and that this is reflected in the Department's expenditure.
- 6.3 The current procedures in monitoring progress in achieving individual saving schemes suggest that a range of savings plans for the year 2017-18 have slipped, and savings of £179,100 have also slipped from year 2016/17.
- 6.4 In relation to what is referred to in 6.2, the Head of Department intends to restructure and rationalise the programme of savings originally submitted and I am supportive of this direction. A great deal has changed nationally in the care field since the programme was introduced and these include legislative changes and changes in the priorities of the Welsh Government in terms of guidance and funding schemes. This wider picture, together with a number of adaptations on the way the Department has been working at a local level over the last two years; mean that the original programme now complicates the efforts to achieve savings side by side with transforming the Department's services.
- 6.5 The aim will be to try to bring all these historical schemes together and to offer an amended programme that:
- Supports the transformation programme within the Department
  - Simplifies the reporting process
  - Releases staff time to achieve front-line work on transformation schemes that will lead to savings
  - Include outline proposals and adaptations to the programme that may make further contributions to fill the gap and achieve the savings target set.
- 6.6 A proposal paper will be presented to Cabinet for consideration, and if approved, I am confident that we are on the right track and we will continue to see positive savings.
- 6.7 During the departmental meeting I stressed the need to achieve savings bearing in mind the possible cuts in the years to come. Although the message is not easy, this is the reality and it is a message that requires everyone's attention.
- 6.58 From a budgetary perspective, the 'Revenue Budget Accounts 2016/17, Identifying Early Risks' presented to Cabinet on 18 July 2017 suggests the Department will overspend £147k during the year. I will work with the Head of Department in the coming year in order to take appropriate steps to ensure that the Department operates within the allocated budget.

7. **NEXT STEPS AND TIMETABLE**

7.1 None to note.

8. **ANY CONSULTATIONS UNDERTAKEN PRIOR TO RECOMMENDING THE DECISION**

8.1. **Views of the Statutory Officers:**

i. **Monitoring Officer:**

No observations in terms of propriety

ii. **Head of Finance Department:**

I am satisfied that the contents of the report are a fair reflection of the financial situation. As acknowledged in the report, the Department has faced substantial challenges in achieving its savings plans, which include plans that have slipped from previous years. I therefore welcome the efforts of the Adult, Health and Wellbeing Department to identify alternative ways of achieving the necessary savings, and officers from the Finance Department will support the Department as this work proceeds.

8.2. **Views of the Local Member:**

8.2.1 Not a local matter

8.3. **Results of Any Consultation:**

8.3.1 None

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**Appendices:**

**Appendix 1** Performance Measures