

# GWYNEDD COUNCIL CABINET

<b>Date of meeting:</b>	25 September, 2018
<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 of the Adults, Health and Well-being Department

## Report to the Cabinet

### 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 in relation to the services under my responsibilities.

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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. APPRAISAL OF THE DEPARTMENT'S PERFORMANCE

4.1 We are on an ambitious and challenging journey, however, the successes of recent years demonstrate the ability we have to develop health and care services which are suitable for the future. By now, 'did we do what matters' is a message that filters through all of the Department's services.

4.2 We can see that the 'What Matters' measure is performing well but as these measures are new, it is not easy to compare performance against past years. Nevertheless, we have been focusing on understanding the reasons that have prevented us from achieving what matters to individuals, and attempting to remove these obstacles where possible. I can see a marked change in the desire and eagerness within teams and managers to remove these obstacles that prevent us from achieving what matters to people. Consequently, we look at performance from the perspective of the people.

## 5. THE DEPARTMENT'S PRIORITIES

5.1 The Members will be aware that the Council has prioritised improvement plans within the Council's Plan. The Adults, Health and Well-being Department is leading on three projects, namely:-

- Re-designing Care Services
- Community Resilience
- The Workforce and Recruitment within the Care Field

5.2 Detailed action plans will be prepared over the coming months and I will be in a position to inform you of proposed milestones for each project in my next report.

5.3 The purpose of the **Re-designing Care Services Project** is to ensure that we work in a way that focuses on what matters to people who receive health and care services by trialling new and innovative ways of working.

5.4 You will be aware that the five Area Teams have been established and the Department is now reporting that the Teams are experiencing stability and have begun identifying specific priorities within each area. These teams use the measure 'Did we do What Matters' when visiting individuals for the first time and then throughout their journey through the care and health system. Although this measure is reporting that **100% of people are reporting that we are achieving what matters to them**, there is a need to exercise caution as this measure is in a developmental stage and the managers wish to do more work on it. The data being collected is not yet complete, and it does not reflect the obstacles that are being seen. A Task Group has been established to carry out the work of ensuring

that the data is more complete and that we are reporting correctly. I will review this measure with the department on a regular basis.

- 5.5 Of course, the information behind the measure is the most important element and the Department is striving to collect the stories where we have not succeeded to achieve 'what matters'.
- 5.6 The greatest obstacles being reported to the Area Teams is the lack of provision to achieve what matters to those with very intensive conditions. The role of the community connectors are central to this and they are a very important resource so that the team can identify what is available within communities. I trust that this obstacle will become less apparent as the teams further develop their understanding of what is available within communities and as the specialist roles, such as community connectors, develop.
- 5.7 What we are able to achieve within the scope of this project is very limited without the necessary collaboration that needs to happen with the Health Board. On the ground, the Older People Area Teams and the Learning Disabilities Services are reporting on very close collaboration with Health and this is very encouraging. The introduction of the Care and Health Integrated Group (West) just established under the governing arrangements of the Public Services Board is a huge step forward and is an opportunity for us to build on the relationship on every level but also an opportunity to jointly identify and resolve obstacles. It appears that an element of frustration is being experienced in the ability of some managers to make decisions, without receiving high level permission within their organisation and this will be discussed soon with the Area Director in an attempt to ascertain how we can improve staff's ability to easily progress matters.
- 5.8 The Learning Disabilities Service is continuing with their modernisation programme. The main vision of the service is to create opportunities for disabled people to live full lives and enjoy opportunities and relationships within their communities. The service has managed to attract investment from Welsh Government to develop three additional hubs that offer opportunities and activities to our users.
- 5.9 Although Gwynedd Council is leading and is the catalyst of the commencement of the hubs, the Department is eager for our community partners and the third sector to develop the hubs and take ownership of arranging what happens within their own communities.
- 5.10 The Learning Disabilities Service continues to measure **'What matters' with the performance of the year at 98%**. The service has been working on adapting this measure in order to ensure that we report comprehensively. We now better review outcomes and focus on knowing the story behind what matters to individuals.
- 5.11 The purpose of the Community Resilience project is to build on the strengths within our communities and attempt to co-produce a full range of preventative support to make it easier for people to continue living independently in their communities.
- 5.12 The culture change required to ensure that we focus our efforts on the preventative interventions that exist within our communities is one of the greatest challenges associated with this project and the role of the Information, Advice and Support service is essential to move forward and challenge the culture. One of the service's greatest challenges is to ensure that Information, Advice and Support is a part of the Teams' day-to-day work and that it is not a service that is only provided by the 'front door'.

- 5.13 The main obstacle to enabling this is the capacity within our teams, our understanding of what is available within our communities and of course, the way that we ourselves act. Obviously, there is an obvious correlation between the success of this project and the success of the Department's other projects, and although the Adults, Health and Well-being Department is leading this project, the contribution of all Council departments, our partners and the third sector all play a core role. Initial conversations have taken place to take joint-ownership in order to move this project forward.
- 5.14 I will discuss the measure of **The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over (PMA/19)** in the context of this project.

FinancialYr	QtrFinYr	SCA001_YM	SCA001_Gwynedd	SCA001_Conwy	SCA001_Dinbych	SCA001_Flint	SCA001_Wrexham	SCA001_Wales▼	SCA001_BCUHB
2017-2018	Qtr4 2017-2018	1.99	1.03		0.20	0.47	1.64	1.02	0.79
	Qtr3 2017-2018	1.72	1.35	0.14		0.55	0.27	0.97	0.61
	Qtr2 2017-2018	1.59	1.90	0.14	0.20	0.32	0.73	0.86	0.76
	Qtr1 2017-2018	1.33	0.71	0.07	0.10	0.63	0.73	0.78	0.54
	<b>Total</b>	<b>6.63</b>	<b>4.99</b>	<b>0.34</b>	<b>0.50</b>	<b>1.97</b>	<b>3.36</b>	<b>3.62</b>	<b>2.70</b>
2018-2019	Qtr1 2018-2019	2.39	1.74	0.14	0.20	0.71	2.45	1.17	1.17
	Qtr2 2018-2019	1.06	0.87	0.07	0.10	0.24	0.55	0.41	0.44
	<b>Total</b>	<b>3.45</b>	<b>2.62</b>	<b>0.20</b>	<b>0.30</b>	<b>0.95</b>	<b>3.00</b>	<b>1.58</b>	<b>1.61</b>
<b>Total</b>		<b>10.08</b>	<b>7.61</b>	<b>0.54</b>	<b>0.80</b>	<b>2.92</b>	<b>6.36</b>	<b>5.20</b>	<b>4.31</b>

Data wedi ei dynnu allan o [Stats Wales](#) - Medi 2018

- 5.15 You will see that the performance has deteriorated although some work is continuing to ensure the accuracy of the background data of the measure. Nevertheless, a part of this project (Community Resilience) is to ensure that sufficient preventative services are available within our communities in an attempt to prevent people, e.g. from being admitted to hospital in the first place. Although we do not wish to see a drop in the performance against the measure, we have to be careful that we do not move away from achieving what matters to the individual, by being driven to achieve against this measure in isolation. Our aim should be to prevent people from being admitted to hospital in the first place, and to maintain people within our communities and create resilient communities. Of course, this is a part of the huge culture change that is needed and is in progress.
- 5.16 Work is also taking place to improve people's experience when transferring from hospital back into the community. Our vision for the future is to strengthen our community teams in order to improve our ability to respond and give support as people transfer from hospital to the community.
- 5.17 The purpose of the Workforce and Recruitment within the Care Field project is to ensure that we genuinely understand the recruitment problem in the care field in Gwynedd.
- 5.18 A lot is happening within the project with various plans attempting to address different aspects in an attempt to better understand the problem. You will be aware of the Domiciliary Care project that has been operational in Bethesda which is attempting to address the problem within the domiciliary care field.
- 5.19 A piece of work has also been commissioned to improve our understanding and identify main messages in terms of the older people field and a session has been arranged in September to improve members' understanding of the recruitment challenges that exist and ascertain their views and opinion on future opportunities.
- 5.20 In addition, the Area Teams are conducting a joint-exercise with our partners to gather information about cases in one specific area. The team will scrutinise cases

in detail in order to better understand the need within one small area. Then, conclusions can be reached on possible solutions.

## 6. PERFORMANCE

- 6.1 As I have already noted, I am comfortable with the Department's performance measures, although some work is still needed to ensure that the measures of a developmental nature are complete and correct.
- 6.2 You will be aware that Penisarwaun Residential Home recently closed at short-notice. The Council worked closely with residents and their families and the Health Board to relocate residents and support them within the new settings. 20 residents were located in new homes and the Department's workers attended daily to support the new Homes. Employment was offered in nearby homes to the employees of Penisarwaun Home. Obviously, the closure of this home now means that there are fewer residential beds available in Gwynedd and this will certainly prove an additional challenge in the future. In addition, our efforts to recruit for the new provision at Llys Cadfan have not been successful and we are continuing to hold discussions and work with the Health Board in order to respond to the situation.
- 6.3 Work has taken place to develop the Department's Safeguarding measures. The Safeguarding Hub is now operational and its aim is to promote the safeguarding status of adults. The Hub's measures are suggesting a robust performance with the **percentage of the adult safeguarding referrals completed during the year, where the risk has been controlled at 100%**. During the period, three individuals have refused intervention and so **the percentage of child protection reviews to be held within the statutory timetable during the year is 96%**. To those who refuse intervention, the Department continues to offer support to the individuals and their families.
- 6.4 The safeguarding unit reports that the nature of referrals have changed and that more referrals relate to risks associated with drugs and alcohol, as well as Domestic Violence. During the performance challenging meeting, we discussed that the Unit needs to do more work to identify whether or not the correct interventions are available to respond to this change and identify any gaps and future needs. I will update you on the findings.
- 6.5 The Measures of the National Questionnaire have been published and I am of the opinion that Gwynedd's performance compares well against the performance of Wales. We sent out 1500 questionnaires and approximately 500 people responded. The findings give us an idea as to whether or not we are on the right path but I feel that the use of face-to-face contact is much more effective if we are to ascertain the views of our residents.
- 6.6 Work is ongoing to implement the 'Together for Mental Health' strategy jointly with our key partners. Very good progress has been made, and Gwynedd is a full partner in the discussions to transform Mental Health services for the future, in order to ensure improved access to preventative services and place more emphasis on mental well-being for people of all ages.

## 7. FINANCIAL/SAVINGS SITUATION

- 7.1 Although it was not possible to confirm that various individual plans have been realised in accordance with what had been anticipated in April as part of the

process of closing the 2017/18 accounts, the Department has made progress and is showing that it is moving the challenging agenda forward. This report has been prepared before a review of the budgets of the first five months of the 2018/19 financial year has been completed to confirm the situation.

7.2 It is also too early in the year to be able to confirm the expected progress towards realising these years' plans but the Department is continues to be confident that the work to realise them on time is in progress, mainly due to the expansion of modern arrangements of responding to the needs of Gwynedd's residents.

7.3 Although the department has been relatively successful over the past years in managing its budget, maybe there is a need to bear in mind that we have received external funding above what had been anticipated which has undoubtedly been of assistance. Considering the increasing demand on the service, it is obvious that there is a need to continue the effort of transformation across the Department to ensure that the remaining savings in the different fields are realised in accordance with what was anticipated.

## 8. **NEXT STEPS AND TIMETABLE**

8.1 None to note

## 9. **ANY CONSULTATIONS UNDERTAKEN PRIOR TO RECOMMENDING THE DECISION**

### 9.1 **Views of the Statutory Officers:**

#### i. **Monitoring Officer:**

No Comments in terms of propriety.

#### ii. **Head of Finance Department:**

The Cabinet is already aware of the expectation that the work being undertaken within the Adults, Health and Well-being Department to transform services will contribute to meeting the savings required in 2018/19 as well as any savings plans that have slipped from previous years. Whilst the report states that it is too early at this stage to be able to quantify progress, I can assure the Cabinet that the Cabinet Member for Finance will present detailed updates on the revenue and capital budgets as well as an overview of savings to the Cabinet meeting on 16 October.

### 9.2. **Views of the Local Member:**

9.2.1 Not a local matter.

### 9.3. **Results of Any Consultation:**

9.3.1 None to note.

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## **Appendices:**

## **Appendix 1** Performance Measures