

CONTENTS

Agenda	2
Item 4 - Minutes of the last meeting	7
Item 5 - Report on Contracts with Third Sector Organisations	16
Item 6 - Annual Review and Evaluation of Gwynedd Council's Social Services - CSSIW	18
Appendix 1 - CSSIW's Annual Review and Evaluation	23
Appendix 2 - Summary of Gwynedd Council's Response to CSSIW's review	37
Item 8 - Report on Dementia Care	43
Item 9 - Report on Autism	53
Item 10 - Statement of Intent - Providing Integrated Health and Social Care	59
Appendix 1 - Executive Summary North Wales Statement of Intent - 1st Iteration	63
Appendix 2 - North Wales Statement of Intent - 1st Iteration	65
Item 11 - Scrutiny Investigation - Welsh Language Education	93
Appendix 1 - Draft Brief for the Scrutiny Investigation - Welsh Language Education	94



Gwasanaeth Democraidd
Democratic Service
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Cyfarfod / Meeting

PWYLLGOR CRAFFU GWASANAETHAU
SERVICES SCRUTINY COMMITTEE

Dyddiad ac Amser / Date and Time

10.00 a.m. DYDD IAU, 13 CHWEFROR 2014

10.00 a.m. THURSDAY, 13 FEBRUARY 2014

Lleoliad / Location

SIAMBR HYWEL DDA

SWYDDFEYDD Y CYNGOR

CAERNARFON

*** NODWCH Y LLEOLIAD, O.G.Y.DD. / PLEASE NOTE THE VENUE ***

Pwynt Cyswllt / Contact Point

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**PWYLLGOR CRAFFU GWASANAETHAU
SERVICES SCRUTINY COMMITTEE**

AELODAETH / MEMBERSHIP (18)

Plaid Cymru (9)

Y Cynghorwyr / Councillors

Huw Edwards	Alan Jones Evans
Chris Hughes	Elin W. Jones
Linda Ann Wyn Jones	Liz Saville Roberts
Dyfrig Siencyn	Ann Williams
Hefin Williams	

Annibynnol / Independent (4)

Y Cynghorwyr / Councillors

Eryl Jones-Williams	Beth Lawton
Dewi Owen	Eirwyn Williams

Llais Gwynedd (4)

Alwyn Gruffydd	Llywarch Bowen Jones
Peter Read	Dilwyn Lloyd

Llafur / Labour (1)

Y Cynghorydd / Councillor Sion Wyn Jones

Aelodau Ex-officio / Ex-officio Members

Cadeirydd ac Is-Gadeirydd y Cyngor / Chairman and Vice-Chairman of the Council – Y Cynghorwyr / Councillors Huw Edwards a / and Dewi Owen

AELODAU CYFETHOLEDIG / CO-OPTED MEMBERS:

Hefo pleidlais ar faterion addysg yn unig /
With a vote on education matters only

Y Parchedig / Reverend Robert Townsend
Yr Eglwys yng Nghymru / The Church in Wales

Mrs Rita Price
Yr Eglwys Gatholig / The Catholic Church

Mr Dylan Davies
Cynrychiolydd Rhieni Llywodraethwyr Meirionnydd /
Representative for Meirionnydd Parent Governors

(Disgwyl am enwebiad / Awaiting Nomination)
Cynrychiolydd Rhieni Llywodraethwyr Arfon /
Representative for Arfon Parent Governors

Ms Rhian Roberts
Cynrychiolydd Rhieni Llywodraethwyr Dwyfor /
Representative for Dwyfor Parent Governors

A G E N D A

Please note that the times noted below are estimates only

1. **APOLOGIES**

To receive apologies for absence.

2. **DECLARATION OF PERSONAL INTEREST**

To receive any declaration of personal interest.

3. **URGENT BUSINESS**

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

4. **MINUTES**

The Chairman shall propose that the minutes of the meeting of this Committee held on the 28 November 2013, be signed as a true copy.

(Copy enclosed – white paper)

5. **CONTRACTS WITH THIRD SECTOR ORGANISATIONS**

Cabinet Member: Cllr. R H Wyn Williams

10.00 am –
10.30 am

To consider an up-date report by the Care Cabinet Member on developments regarding the above.

(Copy enclosed – yellow paper)

6. **ANNUAL REVIEW AND EVALUATION OF GWYNEDD COUNCIL'S PERFORMANCE 2012/13 – CARE AND SOCIAL SERVICES INSPECTORATE FOR WALES (CSSIW)**

Cabinet Member: Cllr. R H Wyn Williams

10.30 am –
11.15 am

To consider a report by the Care Cabinet Member addressing the response of the Social Services to CSSIW's inspection on those areas which require improvement in the future.

(Copy enclosed – pink paper)

7. **ROLE OF THE STATUTORY DIRECTOR SOCIAL SERVICES** 11.15 am –
11.30 am
To receive an explanation by the Chief Executive on the statutory responsibilities of the Social Services Director.
8. **DEMENTIA CARE** 11.30am –
Cabinet Member: Cllr. R H Wyn Williams 12.15 pm
To consider a report by the Care Cabinet Member on the above. .
(Copy enclosed – cream paper)
9. **AUTISM** 12.15am –
Cabinet Member: Cllr. R H Wyn Williams 1.00 pm
(a) To receive an address by Mr David Oliver, Autism Key Worker, on autism.
(b) To consider a report by the Care Cabinet Member on the provision for autism.
(Copy enclosed – green paper)
10. **STATEMENT OF INTENT – PROVIDING INTEGRATED HEALTH AND SOCIAL CARE** 1.00 pm –
Cabinet Member: Cllr. R H Wyn Williams 1.30 pm
To consider a report by the Care Cabinet Member on the above.
(Copy enclosed – lilac paper)
11. **SCRUTINY INVESTIGATION – WELSH LANGUAGE EDUCATION** 1.30 pm
Cabinet Member: Cllr. Sian Gwenllian
(a) To establish an Education Scrutiny Investigation and to consider a draft brief on the use of Welsh in the County's schools.
(Copy enclosed – salmon paper)
(b) To elect Members to be part of the above Education Scrutiny Investigation.

SERVICES SCRUTINY COMMITTEE

28.11.13

Present: Councillor Dyfrig Siencyn – Chairman

Councillors: Huw Edwards, Elin Walker Jones, Siôn Wyn Jones, Eryl Jones-Williams, Beth Lawton, Dilwyn Lloyd, Dewi Owen, Liz Saville Roberts, Ann Williams, Eirwyn Williams and Hefin Williams.

Others invited: Cllr. Siân Gwenllian (Cabinet Member - Education), Cllr. Paul Thomas (Cabinet Member - Gwynedd Iach), Cllr. John Wyn Williams (Cabinet Member -Housing), Cllr. R H Wyn Williams (Cabinet Member - Care).

Also Present: Morwena Edwards (Corporate Director), Iwan Trefor Jones (Corporate Director), Nia Elis-Williams (Senior Business Manager/Executive Support), Marian Parry Hughes (Senior Manager Children's Services), Ian Jones (Senior Development Manager), Arwel Owen (Senior Manager Housing), Arwel Ellis Jones (Senior Manager Corporate Commissioning Service) and Glynda O'Brien (Members' Support and Scrutiny Officer),

Apologies: Councillors Peter Read, Linda Ann Wyn Jones, Llywarch Bowen Jones, Rev Robert Townsend (Church in Wales), Dilwyn Ellis Hughes (UCAC)

1. CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed Councillor Dilwyn Lloyd to his first meeting of this Scrutiny Committee.

2. DECLARATION OF PERSONAL INTEREST

- (a) Councillor Eryl Jones Williams declared a personal interest in Item 7, Implementation and Grant Expenditure on Adaptations for Disabled People, as his wife was disabled and he would withdraw from the Chamber if matters were discussed regarding this interest.
- (b) Councillor Dilwyn Lloyd declared a personal interest in Item 7, Implementation and Grant Expenditure on Adaptations for Disabled People, as he was registered disabled and he would withdraw from the Chamber if matters were discussed regarding this interest.

3. MINUTES

The Chairman signed the minutes of the previous meeting of this committee held on 3 October 2013 as a true record, subject to adding the name of Mr Dilwyn Ellis Hughes (Teaching Union representative) to the list of those present.

4. CORPORATE PARENTING

The report of the Cabinet Member – Education was presented in response to the following questions of interest by Members on work linked with the Council's corporate parenting:

- (a) Number of children that the Council acts as a corporate parent for them and the arrangements for taking on this responsibility.
- (b) How do the Council's arrangements tie-in with the Welsh Local Government Association's checklist for the role of a corporate parent?
- (c) Arrangements to commence discussion with looked after children and respond to their views.
- (d) Arrangements to share practical responsibilities across members and Council officers.
- (e) Membership, responsibilities and arrangements of the Corporate Parent Panel, giving attention to good practice.
- (f) Measuring the Council's success as a corporate parent – the current assessment of the work.

Members were given an opportunity to ask questions on the contents of the report and the relevant officers responded as follows:

- (i) It was explained that it was a challenge for the Service to recruit individuals for foster care, however, an assurance was given that an emphasis was placed on the need to be bilingual when advertising.
- (ii) It was explained that the Council's strategic plan gave appropriate attention to this in order to extend placements and work experiences and they worked closely with Careers Wales and the Llandrillo Menai Group to get opportunities for young people. It was also trusted that other employers were eager to offer apprentice opportunities for young people and it was understood that an officer from Careers Wales was collaborating with the Child Care Team for joint planning in order to respond to the needs of the children.
- (iii) The 'End to End' review stressed the importance of early intervention in the lives of needy children in order that they would not have to be referred to residential care. However, it was noted that it was inevitable that some children would have to go into residential care due to their circumstances and profound needs. It was proposed to report to the Cabinet with recommendations early in the New Year
- (iv) An assurance was given that it was possible for clients and foster parents to contact a team of Social Workers who work outside working hours across Gwynedd and Anglesey. In response to a further query regarding continuing care when a child moves out of care to be independent, it was explained that the Service had a statutory plan for them.
- (v) That 'Speakout' was a group of looked after young people who meet four times a year which gave these young people a voice. The group was established approximately ten years ago in Gwynedd and facilitated by the Advocacy Service (National Youth Advocacy Service). It was noted that the Senior Manager Children's Services attended these meetings together with Cabinet members.

- (vi) Several Members noted that they were very interesting meetings and what stood out was how supportive the children were of each other and the importance of strengthening the relationship in order that they do not feel isolated when having to move from one place to the next. It was pleasing to note further that the Council's direction placed emphasis on listening to the voice of the child and in the last Panel meeting there was emphasis on collecting more qualitative data rather than merely quantitative. This discussion was welcomed as well as the need to be creative when creating opportunities for children to succeed.
- (vii) A Member wished to see many more Members attending the training.
- (viii) It was explained that the Advocacy Service provided a service to six authorities across North Wales with a budget of £50,000 per annum and was statutory to this cohort of children comprising children in need, looked after children and young carers.
- (ix) In terms of the future of the Corporate Parent expanding across authorities, the Cabinet Member for Education reminded members of the work that was on-going by the Commissioner Sir Paul Williams on the reorganisation of local government and the integration of the health service and social services.
- (x) It was asked what the service was doing to alleviate the young peoples' feelings of unfairness. In response, it was noted that as a corporate parent it was necessary to look at the role and try to imitate the role of real parents. Reference was also made to the need to add more qualitative analyses and the possibility of taking direct responsibility for this cohort of children. Reference was made to an example of a national project "When I'm ready" that the Service was part of where young people continue at a placement once they reach 18 years old if they are not ready to move on, and three individuals had chosen to remain where they were. It was recognised that it was difficult at times for young people to gain access to courses if they had any offences. An assurance was given that the Service dealt with every case individually by discussing them with the Colleges and the next step was to look at the larger picture to see the reasons why these young people had offended.
- (xi) In terms of drafting a corporate strategy and the process, it was noted that the Corporate Director (ITJ) would present a strategy to the full Council in April 2014 that will set clear standards for the Service and it was important to note and understand the young people's perspective regarding public services in the area. Sessions would take place with young people in due course in order to understand their needs and that these would be incorporated in the strategy and ensure corporate ownership across the Council.
- (xii) For information, it was noted that the Annual Report of the Corporate Parent's Panel would be submitted to the full Council on 5 December and it was suggested that it would be an opportunity to note the disappointment regarding the level of attendance by members in training last year, namely 24. It was suggested further that use should be made of the Area Forums to hold training that would perhaps attract more to attend.
- (xiii) The wish of the Scrutiny Committee was to know if the Council was succeeding in this field and how this was measured. In response, the Corporate Director (AME) was of the view that the discussion in the Panel had been fairly open and there was a need to do more work to ensure that young people were happy with the service. It was added that it was necessary to be much closer to the young people to ascertain what was successful and what was not, in order to find out the quality of the service offered. It was confirmed that the Service was on a journey but an assurance was given that they had a specific and clear path to move on and a much better response could be given to the above question in a year. The Senior Manager Children's Service noted that information was available regarding the successes of looked after children's educational results etc., but messages could

be received and an action plan could be drafted from the two investigations that the Service would face soon by the Care and Social Services Inspectorate Wales (CSSIW) namely on 9 December 2013 and the other between January and April 2014 on the quality of life of looked after young people.

- (xiv) In response to the concerns of a member regarding post-care accommodation and the need to do more to ensure suitable homes for young people in care, the Senior Manager Children's Services referred to the historical problems and the tendencies in the past to place young people in one place and consequently this lead to anti-social behaviour problems. Research conducted by an independent person lead to a framework and they went out to contract for more providers in the field that could offer a better service. It was noted that the Service had a statutory responsibility for young people who leave care but on a voluntary basis only. It was ensured that the Service worked closely with Careers Wales, colleges of further education, GISDA and the health service in order to ensure a better quality of life for these young people and try to target and give suitable support to their needs.
- (xvi) That is was expected that colleges of further education would ascertain where students had reached in their lives and would it not be an idea as a step to measure success and as the Council's desire in its role as a corporate parent to see where looked after children had reached.
- (xviii) In the last two years it was seen that younger children were referred to the Service and it was comparatively easy to place young babies as there was an opportunity for them to be adopted, however in terms of older children it was a huge challenge for the Council as a corporate parent to offer placements.
- (xx) In response to a query regarding the reasons why children were referred younger, the Senior Manager Children's Services noted that it was difficult to specify one reason, however the tendency was for children to be referred due to injuries, inappropriate sexual behaviour, drugs and alcohol.

Resolved: To accept and note the contents of the report together with the above observations.

5. LEISURE CENTRES SUFFICIENCY REVIEW

An update on the Gwynedd Leisure Centres Sufficiency Review was presented that was completed by an external specialist company 'Just Solutions'.

The Gwynedd Iach Cabinet member set the background by referring to the purpose of the review, namely to inform the Council of the local necessary provision to address future needs, identify possible schemes for improvement, rationalisation and development; together with securing the best possible management arrangements in order to take advantage of the improvement agenda and what the people of Gwynedd wish to have as facilities, which was identified earlier in the Review. Mr Howard Tolley and Ms Sarah Green from Just Solutions were welcomed to the meeting and it was noted that both were experienced in the field and had worked with several authorities across north Wales. The Cabinet member reminded the committee that the review had been on-going for some years and he referred to Appendix 1 attached to the report, namely an Executive Summary of the Just Solutions review. He stressed that it was necessary to consider what was possible for the service to achieve within the financial challenge and implications facing the Council. An apology was given that it was not possible to present the full Just Solutions report before the Committee as the translation was not ready. The intention of the Cabinet Member was to present the full report bilingually to the Area

Forums in order to hold local discussion regarding the contents and then to draft an action plan.

During the ensuing discussion the following observations were highlighted by individual Members:

- (a) It appeared that the Council was assisting the Health Service and therefore should not the Health Service contribute towards the costs, bearing in mind that the Welsh Government stressed the need for them to cooperate with authorities?

In response, it was explained that the Council Service worked closely with the Betsi Cadwaladr University Board in order to move the Service to create a culture of health improvement and keeping people as healthy as possible to enable them to live in their own homes as long as possible rather than having to move to residential care. However, it was also recognised that it was necessary to consider steps for the short term and the report before them addressed those needs.

- (b) That there were very interesting ideas in the review summary together with models to be implemented locally.
- (c) A request was made for an explanation regarding the recommendation that further consideration should be given to place leisure in the correct Service/Department.

In response, one of the consultants explained that it was the Council's decision in the end to place Leisure in the correct Service/Department and it was stressed that the purpose of the report was to ascertain the principle of supporting Leisure centres and motivate young people to undertake physical activity be that in a Leisure Centre or in any outdoor activity. In order to try and maintain the Service it was inevitable that there should be a joint community approach in order to give a better offer to the customer as well as more variety. The importance of unifying activities was noted not necessarily via a structure but in the way that provision is provided to communities.

- (ch) Concern regarding the idea of moving libraries, community centres etc as it would be more difficult for people to reach them.

In response, it was recognised that the above point was interesting and would be subject to a Cabinet discussion in due course. The Corporate Director felt that it would be a shame to place too much emphasis on structures as the Council corporately looked across the Services and no Service should consider itself in isolation. Whatever service would be responsible for this field the most important thing was to cooperate and provide the correct activities in an effective way. There should be a focus on the outcomes and not the boundaries of the structures within the Services/Departments. It could already be seen that some Leisure Centres offered provision for youth, nursery groups, tourist centres etc but certainly more such opportunities could be offered.

- (d) That Gwynedd Council's aim was to improve the public's quality of health, however, in the current financial climate it was asked if the Council should look to advertise the Leisure Centres and offer a discount to Council staff for their use that would in turn save job losses.

In response, the consultants did not envisage that a discount offer to staff would make a huge difference to Leisure Centre business but it did suggest that the Council should contact staff to advertise activities in the Leisure Centres via salary slips, headteachers as well as contacting Universities, Colleges of Further Education, employers in the area as it was felt that links were important.

The consultants referred to examples of communities in Gwynedd with approximately seven different clubs within the same town and it was suggested that there should be an understanding of the requirements of the communities as as a result a different provision could be offered that would create savings. It was important to work together with the voluntary sector and it should be considered and borne in mind that every community was different in terms of their needs.

- (dd) That voluntary organisations were decreasing within communities.

In response, it was recognised that this was true, however, having said that worthwhile work was undertaken by voluntary organisations. Collaboration with volunteers and especially the parents of young people underpinned any community. They were aware through cooperation with sports organisations that commendable work occurred in schools in the field of sports and that assistance could be given to promote this better by collaboration with parents etc. The Council's role was to support the voluntary sector and the key point was how they could be assisted to offer a better and easy provision. This could not be done unless basic changes were made.

- (e) The importance of contacting and discussing with local clubs within communities to find out what they could contribute to running leisure centres was noted.

The consultants agreed with the above comment and it was central for the Council to work jointly with voluntary clubs and offer support for them to be able to expand.

- (f) It was asked if there was an opportunity to market school resources such as playing fields, gymnasiums, halls for use outside school hours.

In response, the consultants stated that operating as a community was central to sharing the vision and that it was much easier in rural communities to get people to collaborate. It was necessary to re-structure the service that was offered.

Resolved: (a) To accept, note and thank the Cabinet member and the consultants for the report.

(b) Support the intention of the Gwynedd Iach Cabinet Member to present the full report to the Area Forums for a local discussion prior to drafting an action plan.

6. IMPLEMENTATION AND GRANT EXPENDITURE ON ADAPTATIONS FOR DISABLED PEOPLE

A report was presented by the Cabinet Member on the implementation and grant expenditure on adaptations for disabled people.

(i) The Cabinet Member for Housing set the background by stating that there were three types of funds for disability facilities grants:

- (a) Disability Facilities Grant – Private Sector
- (b) Adaptations for Disabled Housing Association Tenants
- (c) Disabled Adaptations within Cartrefi Cymunedol Gwynedd

(ii) Within the above, there was a minor adaptations grant for the disabled to complete minor work and adaptations up to £350 which can be completed quickly usually within 15 days of referral, and was not part of the performance indicators. It was noted that there was a slippage in the performance indicator, however, the composition of the type of work influenced the timetable with larger work taking more time.

(iii) It was explained that some adaptations were very complex and there was a need to submit a planning application for extensions and this contributed to the time taken to deal with the grant application with the other applications being fairly simple and taking less time to process. At the end of the process, the Service invites individuals to submit comments in the form of a questionnaire and from the last feedback 96% of the clients complimented the work. However, it was noted that the view was that the timetable to process applications could be reduced and research was conducted recently and out of the 19 cases, it appeared that the clients themselves had contributed to the delay in eight of those cases. Whilst accepting that there were opportunities to improve, it was noted that the Service was being penalised at the expense of circumstances that they had no control over them.

(iv) Members were given an opportunity to scrutinise the contents of the report and they highlighted the following points:

(a) A Member gave high praise to the scheme from his experience of receiving adaptations to his property some years ago with the work being completed within three months.

(b) In response to a query regarding the slippage in indicator PSR/002, the Senior Housing Manager trusted that the indicator could be reinstated this year and the target of 15 days would be reduced for next year. He added that within the minor adaptations scheme work was undertaken within eight days. The minor adaptations schemes meant that applications did not have to go to larger adaptation grants that take more time and if more minor adaptations were undertaken the percentage indicator for the Service would decrease. The Senior Housing Manager was of the view that Gwynedd had more major adaptations and that this type of adaptation work could not be completed within 175 days.

It was added that one significant change had been introduced in the system recently namely that any sum above the maximum of £36,000 would be referred on the grounds of a legal charge on the property i.e. if the client moved house the Council could recover any investment made and it would be possible to focus on what was actually needed rather than this.

(c) It was stated that there was a tendency these days to expect people to remain in their homes for longer rather than refer them to hospital and to residential care. The Member was of the opinion that as there was more demand for adaptation grants that the budget should be increased and the communication was vital in order that individuals were aware of what was available. The tendency was that individuals were

not willing to admit that their health was deteriorating and they were not willing to ask for help.

In response, the Housing Cabinet Member noted that whilst he agreed with the above comment the Council's policy was to keep individuals in their own homes longer and it was a challenge of when to intervene. In terms of the budget, the problem was that the purpose of the scheme was to invest in private housing stock and it was an increasing challenge for the Service when individuals move from the house to recover the investment.

The Corporate Director (AME) added that in the future it would be necessary to look differently at expenditure and if the priority would be to keep individuals in their own homes for as long as possible, there would have to be a transfer within the budget and consequently perhaps at the expense of the budget of another service.

(ch) In response to a query regarding the relationship with Cartrefi Cymunedol Gwynedd, the Senior Housing Manager confirmed that the relationship had improved. A sum of £600,000 had been allocated to them and it was assured that expenditure was under control and the forecast for the future was promising and it was trusted that this relationship could be built upon.

The Senior Manager – Corporate Commissioning Service added that quarterly meetings were held with Cartrefi Cymunedol Gwynedd and that only a few individual responses had been received by Members regarding any concerns.

Stemming from the ensuing discussion, when concern was highlighted by Members regarding the standard of work by Cartrefi Cymunedol Gwynedd in their individual Wards, it was suggested that an item should be placed on the next agenda of the preparatory meeting of this Scrutiny Committee for further consideration. It was further suggested to the individual Member that details of the specific case in his Ward should be presented to the Senior Housing Manager at the end of this meeting.

(d) It was asked who was responsible for the maintenance of the machinery installed in the houses, such as chairlifts etc. In response, the Senior Housing Manager confirmed that there was an agreement with the Company that installs the equipment with maintenance for two years. It was noted that the tenant or house owner was responsible following this as they owned the adaptation. It was confirmed that tenants and owners were aware of the terms at the start of the negotiation process with the Company.

(dd) In response to a query regarding sufficient capacity to undertake the work following the assessment of clients, the Senior Housing Manager explained that Cartrefi Cymunedol Gwynedd had their own contractors. In the context of the Council, it was dependent on the level of expenditure and the process – with a contract under £5,000 three estimates for the work were invited, over £5,000 tenders were invited. In terms of larger contracts, work to install equipment would be undertaken by builders with companies working regularly for the Council. It was noted that some areas and their timetables were more challenging than others however, following the letting of a tender it was expected that the work would commence within six weeks.

Resolved: (a) To accept and note the contents of the report together with the above observations.

(b) To request that the next preparatory meeting of this Scrutiny Committee considers the Council's relationship with Cartrefi Cymunedol Gwynedd.

The meeting commenced at 10.00 am and concluded at 12.50 pm.

CHAIRMAN

COMMITTEE	Services Scrutiny Committee
DATE OF MEETING	13 February 2014
TITLE	Contracts with Third Sector Organisations
AUTHOR	Morwena Edwards, Corporate Director
PORTFOLIO LEADER	Councillor R. H. Wyn Williams

Introduction

1. Members of the Scrutiny Committee will be aware of recent discussions about the future of some contracts with third sector organisations in the care field. At the preparatory meeting of the Scrutiny Committee, a request was made for a brief report, updating the committee on the latest developments, to the Services Scrutiny Committee to inform and update them of the situation.

The Story

2. Some of the most important contracts in the care field have been out on three year agreements with 21 third sector organisations since 2011, and those contracts are meant to end in March 2014. During November 2013, the Council contacted the organisations reminding them that the contracts were ending and reporting that it was inviting proposals for a further three year period from April 2014 onwards, with those contracts being advertised on the Sell2Wales website. (It is important to acknowledge that some organisations have reported they did not receive this correspondence).
3. Organisations from the Third Sector have complained profusely about the lack of notice to continue with this tendering process, and also regarding the fact that the work would be offered on Sell2Wales. They made a specific request for the current contracts to be extended for a year and for the contracts not to be placed on the website.
4. Following an initial proposal to offer a three month extension, the Council has now agreed to a year's extension and is looking at the arrangements in terms of how the contracts are advertised.

Impressions

5. Evidently this matter has caused considerable uncertainty and unpleasantness and it is important that the Council and the Third Sector discuss how we can collaborate better, not only with respect to these contracts, but generally in the future. Public services in Gwynedd are facing an extremely difficult period from now on, and good collaboration between the Council and the sector will be very important.
6. With this in mind, a high level meeting was held between representatives from the Council and the Third Sector. As a result of this meeting, two things are underway:-
 - A meeting facilitated with the Council and representatives from the Third Sector to learn lessons from the recent experience and to try and ensure that the relationship has firm foundations for the future.
 - Specific work in the care field to have a joint discussion on the arrangement for commissioning these specific contracts in order to gain a result that benefits the residents of Gwynedd.

NAME OF SCRUTINY COMMITTEE	Scrutiny Committee - Services
DATE OF MEETING	13 February 2014
TITLE OF ITEM	Annual Review and Evaluation of Gwynedd Council's Performance 2012/13 – Care and Social Services Inspectorate for Wales (CSSIW)
CABINET MEMBER	Councillor R H Wyn Williams

1. Purpose of the Report

- 1.1 The purpose of this report is to submit information to the Scrutiny Committee regarding the main findings and recommendations of the Care and Social Services Inspectorate for Wales of their review and evaluation of the annual performance of Gwynedd Council 2012-13. Information is also provided on Gwynedd Council's response to the recommendations in question.

2. Context, background and purpose of CSSIW's Annual Review and Evaluation of Performance 2012-13

- 2.1 The CSSIW undertake a review and evaluation of the performance of Gwynedd Social Services on an annual basis. The review report resulting from the work will identify the fields that have improved and fields for improvement in the Social Services Department of Gwynedd Council for the year in question.
- 2.2 As part of the process, CSSIW will consider a wide range of evidence base which is available, including the arrangements for directors of social services to submit annual reports on their performance and plans for improvements. The observations of other auditors and inspectors will be considered, along with the regulatory work of the CSSIW.
- 2.3 A copy is appended as **Appendix 1** of the Care and Social Services Inspectorate for Wales' Annual Review and Evaluation of the Performance of Gwynedd for 2012-13.
- 2.4 The **summary section** of the Gwynedd 2012-13 Annual Review and Evaluation of Gwynedd Council's Performance 2012/13 notes as following:
- i. The Council has improved its structure in accordance with the statutory guidelines and the recommendations of CSSIW's national review in respect of the function of the statutory director of social services.
 - ii. The Council has ensured that the director receives professional support and advice, and the Council must ensure that she has the capacity to achieve the necessary improvements for Gwynedd Social Services.

- iii. The general performance of the Council was mixed. Although some areas had improved (managing child re-referrals), some other areas still need attention e.g. not reviewing looked after children.
- iv. It has not secured improvement in some important performance and commissioning areas. Some of these will be vital to improving the quality of services and ensuring sustainability in the future.

2.5 The **following potential risks** were noted:

- i. There is further delay in terms of modernising services for adults, leading to unsustainable services of a poor quality in the future.
- ii. The ability to influence locality-focused strategic planning with Betsi Cadwaladr University Health Board.

2.6 In terms of responding to **development areas that had been identified in the 2011-12 review**, the CSSIW noted...

"In general the Council has made limited progress in the specific fields for improvement that were noted in last year's report. However, the Council did succeed in improving the timeliness of child protection conferences and made structural changes in respect of the Director of Social Services."

2.7 (Services Scrutiny Committee Members might recall that, in its June 2013 meeting, the Committee scrutinised the contents of the 2011-12 CSSIW annual review and evaluation for Gwynedd in addition to being presented with information on the response steps which in reality continue to be implemented.)

3. Response of Gwynedd Council (per issue highlighted by CSSIW)

3.1 We welcome the Inspectorate's annual review and acknowledge the importance of this annual process in terms of providing an independent evaluation on the performance of social services in Gwynedd. We certainly respect and value the independent viewpoints of regulators within this area of work.

3.2 So to ensure the factual accuracy of the contents of the Inspectorate's annual review, there is an engagement period between CSSIW and the Statutory Director (August / September in the case of the 2012/13 evaluation) to discuss the final draft version of the review document. This process allows us to rectify any misinterpretations by the Inspectorate.

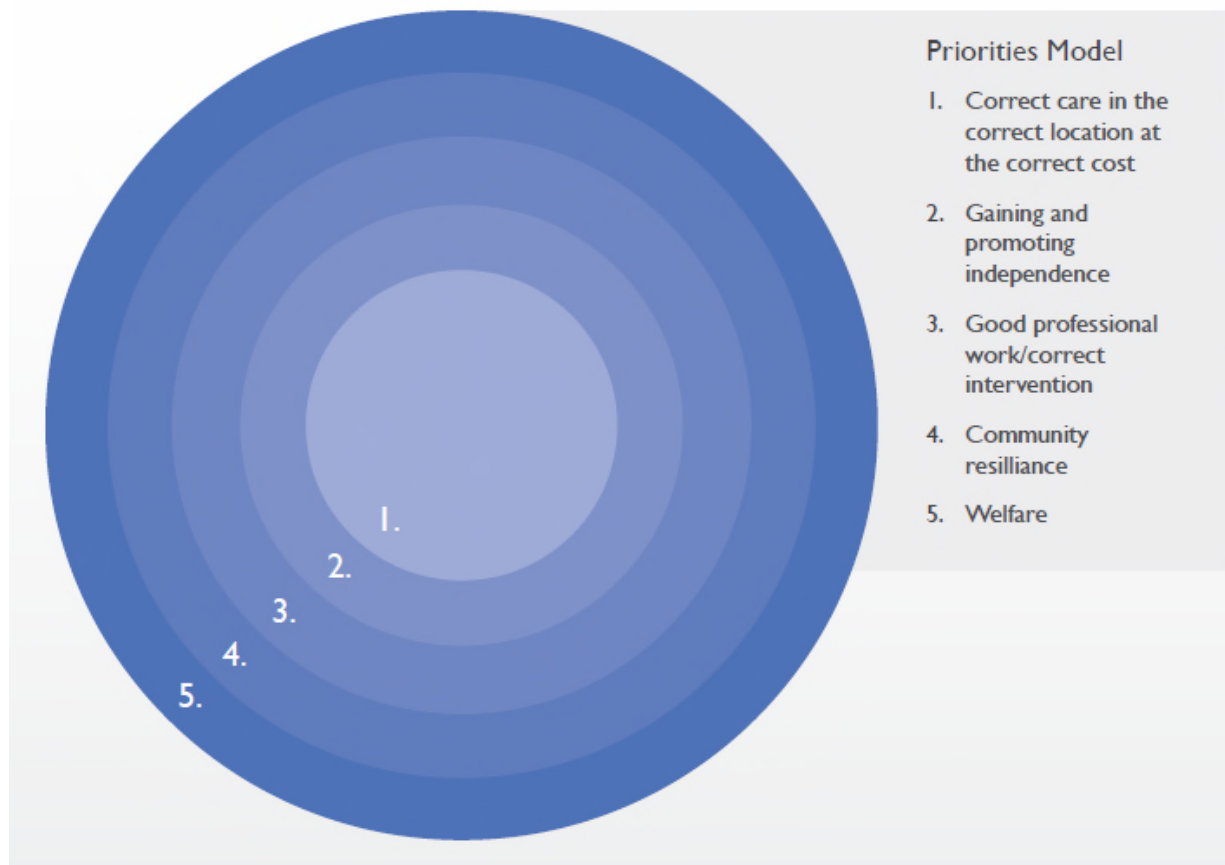
3.3 Following on from paragraph 3.2, we therefore can confirm that the Statutory Director is generally content with the review's contents, of the view that it's factually accurate and also agrees with the comments in relation to the improvement areas for the future.

- 3.4 Naturally the Council will be required and expected to take action to respond to these improvement areas. To this end we have already formed a 2013-14 response steps template and a work programme per improvement area which is presented as **Appendix 2**. When formulating the template, specific consideration was given to the 2 potential risk areas identified by CSSIW (these being the risk of further delay in terms of modernising services for adults and the ability to influence locality-focused strategic planning with Betsi Cadwaladr University Health Board.)
- 3.5 The Social Services, Housing and Leisure Department discussed and agreed on the content of the response steps and the work programme with CSSIW in the quarterly Engagement meeting between the Department and CSSIW on 15 November 2013. The CSSIW was satisfied with the content on the response programme in question.
- 3.6 2012/13 has been a year of successes and challenges. Progress was noticeable in a number of areas including responding to referrals, holding reviews, safeguarding conferences, statutory visits and young carers, and this during a period where there has been increasing demand due to demographic changes and families needs in general. Certain areas remain a challenge, including the high level of traditional residential provision, level of support in the community for adults, and ensuring timely personal educational plans and health assessments for looked after children. Further efforts are required to ensure future success within these areas.
- 3.7 It would be fair to note that there are actions already in place for responding to the improvement areas in question. We have already seen an improvement in some areas this year including personal education plans, looked after children health assessments and looked after children reviews.
- 3.8 A substantial number of this year's response steps are incorporated within the 2013-14 care field action plan of the Gwynedd Strategic Plan. In addition, subsequent years' Strategic Plan action plans (the period 2014-2017) shall also respond to the strategic improvement areas and risk areas highlighted by CSSIW.

4. Vision for the future

- 4.1 The main purpose of the Social Services is to safeguard children, young people and vulnerable adults and support them to live as independently as possible in their communities. We do this by co-producing the future in equal partnership between individuals, families, communities and professionals.
- 4.2 The past year has been very challenging but exciting and I predict that this will also be true for the year ahead. We certainly cannot continue to operate in the same way as we have been doing. We must co-produce new ways to respond to the challenges that exist and to those that are ahead of us. To do so we must all be open minded and show a willingness to find new and exciting solutions. Together we can succeed in providing the best for Gwynedd's citizens, both today and tomorrow.

- 4.3 When looking to the future, we must consider the context of prolonged financial pressures, demographic changes and increased expectations. Future services need to be sustainable and this is mirrored in the Welsh Government Social Services and Welfare Being Bill.
- 4.4 The Bill identifies the need to ensure the well-being of people is central, by providing those who need services a voice and control in addition to protecting and safeguarding children, young people and vulnerable adults. To ensure this we must develop new appropriate services for specific groups and to regulate and monitor the services provided so to ensure the highest standard.
- 4.5 The following model conveys the priorities of the Statutory Director of Social Services within the context of Gwynedd Council's strategic priorities. What becomes apparent is the need for the joint production of our services in future, by collaborating on an equal level with individuals, families, communities and professional people. This will include the joint planning, joint developing and joint appraisal of services.



4.6 **We therefore will be:**

- i. **Ensuring the right care in the right place at the right price.....by**
..... responding better to the needs of vulnerable people and ensuring sustainable care services.

- ii. **Focusing on rehabilitation and maintaining independence.....by**
.....increasing preventative work in adults and older people care.
- iii. **Promoting Good Social work and care and intervention on a firm foundation.....by**
.....ensuring a fit for purpose structure,
.....safeguarding and protecting children and adults,
.....promoting the Welsh language within the care.
- iv. **Developing the Resilience of Families and Communities.....by**
.....aligning opportunities for vulnerable groups of children, young people and families,
.....promoting a suitable supply of housing for local people,
.....reducing the impact of poverty and deprivation,
..... promoting community pride and responsibility.
- v. **Promoting and maintaining the welfare of individuals, families and carers.....by**
.....increasing preventative work and targeting health inequalities.

- 4.7 We in Gwynedd must plan a future that is sustainable. We must think differently to ensure that this occurs. We are very fortunate in Gwynedd that we have a strong foundation of viable communities and committed individuals. This is the foundation essential for future planning and provision. By ensuring that we co-produce services through building upon the strengths of individuals and communities, there is a potential to create a sustainable future.
- 4.8 Ensuring change is not an easy task, especially if it entails us to all think differently. Even so, there exist a real opportunity for us to co-create and co-produce a positive and sustainable future for the people of Gwynedd.

Appendices

1. Appendix 1 – CSSIW’s Review and Evaluation of Gwynedd’s Performance in 2012-13
2. Appendix 2 – A template of Gwynedd’s steps in 2013-14 to respond to improvement areas as identified in CSSIW’s annual review 2012-13.

Background Papers

1. Services Scrutiny Committee 20th June 2013 - Annual Review and Evaluation of Gwynedd Council’s Performance 2011/12 – Care and Social Services Inspectorate for Wales (CSSIW)



Director of Social Services
Morwena Edwards
Gwynedd County Council
Council Offices
Caernarvon
Shirehall Street
Gwynedd
LL55 1SH

Ein cyf / Our ref: ACRF-LA-13

Eich cyf / Your ref:

Dyddiad / Date: 11 November 2013

Dear Morwena

**Annual Council Reporting Framework (ACRF)
Local Authority Social Services Inspection Evaluation and Review 2012-13**

CSSIW has now reviewed and analysed evidence from the 2012 -13 performance year. Please find attached the overall evaluation of your local social services performance which evidences areas of progress and areas for development for your council.

We have taken account of all available sources of evidence including the arrangements for directors of social services to report annually on their performance and plans for improvement. We have also taken into account the views of other auditors and inspectors as well as drawing on our own regulatory and other work.

The performance of each council has been moderated to ensure a consistent, transparent and proportionate approach. An independent moderator was commissioned to assist with the process. All of the draft reports were sent to directors for factual accuracy checks as part of the process. In light of your feedback we have made amendments to the final report where appropriate.

The outcome of the evaluation and review process will help to inform both the current national inspection plans and any local inspections and site visits for 2013 -14. I am aware that discussions will take place between yourself and CSSIW regional representatives to identify areas to explore.

As an agreed part of this process we will be happy to present our findings and inspection plans to your authority following your receipt of this report. I should be grateful if you would contact the local regional director so that together you can discuss a mutually convenient time for that meeting to take place.

By working together I believe that we have achieved a great deal this year in a challenging and changing environment. I know that working in partnership we can maintain our focus on delivering sustained social care improvements for the vulnerable members of your local communities.

Yours sincerely



Imelda Richardson
Chief Inspector CSSIW



Annual Review and Evaluation of Performance 2012/2013

Local Authority Name: Gwynedd Council

This report sets out the key areas of progress in Gwynedd Council Social Services Department for the year 2012/13 and areas for future improvement

Summary

The council has improved its structure in line with the statutory guidance and the recommendations of CSSIW's national inspection in respect of the role of the statutory director of social services.

In July 2013 the director of social services was appointed as a corporate director. The council have ensured support and professional advice for the director over the year and the council must ensure that the director has the capacity to deliver the improvements necessary for Gwynedd Social Services.

The council's overall performance was mixed. Whilst there are areas of improvement (managing children's referrals), some areas continue to need attention e.g. not reviewing looked after children. It has not delivered improvement in some important areas of performance and commissioning. Some of these will be necessary to improve the quality of services and ensure sustainability into the future.

Adult services

The first extra care housing development has been opened which is a positive achievement for the council. Other services have been developed providing intensive support, dementia day care, and support for carers.

At the present time, the council continues to run a large number of residential services for older people. In the longer term these will prove difficult to sustain. Some indicators suggest the council is not succeeding as well as it could in promoting independence for older people.

The relationship with Betsi Cadwaladr University Health Board has restricted some areas of service development.

Children's services

Children's services have continued to improve in performance in a number of key areas, for example assessment and care management. There are a number of effective services available to support children and their families. However, its performance in relation to looked after children is patchy with poor review rates and poor support from health and education. This calls into question the extent to which the council is fulfilling its duties as a corporate parent.

The structure of the director's report was good, describing the challenges and the services provided. The content highlighted the main risks and future priorities for the council. The report had appropriate supporting evidence but did not reflect on the learning that had occurred during the year. The director's annual report will be considered by the council's cabinet and full council in September 2013.

CSSIW has identified the following potential risks:

- There is further delay in modernising adult services resulting in unsustainable and poor quality services in the future.
- Ability to influence locality focused strategic planning with Betsi Cadwaladr University Health Board.

Response to last year's areas of development

Overall, the council made limited progress in the specific areas of improvement identified in last year's report.

The council did, however, improve the timeliness of child protection conferences and made structural changes with respect to the director of social services.

Good practice identified

CSSIW has identified the following areas of good practice:

- The council and the health board worked with Antur Waunfawr and Menter Fachwen to provide day care services for adults with learning disabilities and early onset dementia. Clinical psychologists provide staff with skills, knowledge and experience of working with dementia. The bilingual model and tools that have been developed to support staff allow for easy replication of the service. The evaluation of the intervention found evidence of an increase in staff's competency in working with dementia and, in 2012/13, the service won a Welsh Government health award for working in partnership.

Visits and inspections undertaken during the year

In addition to inspections of regulated services and routine engagement meetings with senior officers of the council, Gwynedd was the focus for a site inspection as part of CSSIW's national review of the role of the statutory director of social services (published June 2013).

There was also a site visit to Y Derewn, a service for disabled and frail children and their families. This was found to be a good service, clearly valued by those accessing it.

Areas for follow up by CSSIW next year

A number of specific areas for improvement have been identified in the body of this report. The council's progress in relation to these will be discussed with the council during regular engagement meetings in the coming year.

- Support and professional advice for the director of social services.
- Implementation of the corporate safeguarding policy.
- Implementation of the council's commissioning plans in adult services.
- Council's approach to discharging corporate parenting responsibilities towards looked after children.
- National thematic inspection of looked after children.
- National thematic review of commissioning of social care for older people.

PERFORMANCE

Shaping services:

The council is implementing a strategic approach to meet its long-term objectives. The strategy, known as Ffordd Gwynedd, puts increased emphasis on understanding customers needs, removing barriers and diverting the demand for services. The council's strategic plan 2013 to 2017 identifies areas that will be developed within social services.

Adults

Timely implementation of commissioning plans was identified as an area for improvement for the council in the 2011/12 performance evaluation report.

Although there are areas of progress, the council has not consistently delivered on its commissioning plans.

In some areas, new services are now being developed or have become established. These initiatives have often been in partnership with other organisations. In other areas, the council's progress has stalled and the council is having to take account of feedback before moving forward.

Examples of achievements include:

- Building work which has begun on an extra care development in the Bangor area in partnership with North Wales Housing. This will provide an additional 55 beds for older people.
- A six bedded unit which was opened in 2012/13 in Penygroes for older people needing intensive support and, of those who received support, more than half have returned to their own home.
- A day care dementia service which has been successfully established in Plas Hedd in partnership with the health board and this service now operates on a Wednesday and Saturday.

The council has made progress in the modernising of learning disability services, and is currently reviewing the use of its main sites and services in Pwllheli and Caernarfon. The council hopes to develop a day care service in the Porthmadog area in 2013/14.

However the plan to redevelop older people's residential care is proving more difficult. After considering the feedback from its consultation work in 2012/13, the council is now developing alternative plans to rationalise the number of residential beds within its care homes.

The public consultation regarding the future of Hafod y Gest in Porthmadog has been followed by an assessment of the demand profile and re-establishment of the local steering group. There will be further consultation regarding this home.

The council continues to develop commissioning plans for physical and sensory disability services. The conclusions from the feedback questionnaires regarding the physical disability strategy have been considered by the council's scrutiny committee.

Children

The council plans to review its commissioning of children's services and is planning to undertake a new strategic approach to its work.

The Gwynedd Children and Young People's Partnership Parenting and Family Support Strategy 2012 to 2017 was published in August 2012. The council has now published its children and families commissioning plan for 2012 to 2017. The children and families commissioning plan includes a needs assessment and identifies future plans in response.

One piece of future work identified in the council's strategic plan 2013 to 2017 is an end-to-end review of children's services to identify ways of providing better value for money. The council has noted that Gwynedd children's services spends significantly more than comparative councils.

In May 2013 the Gwynedd and Anglesey partnership group met and began establishing its priorities and a future work programme. It is crucial that the director of social services has a clear line of sight on these developments. It will

be important for the council to ensure that it is able to maintain core services whilst trying to develop preventative services.

The council recognises its responsibilities in respect of equality and diversity, and is ensuring that equality issues are addressed on the basis of a thorough assessment. The council has made it a strategic priority to promote wider social equality by equalising opportunities and reducing the effects of poverty and disadvantage. In particular, the council is planning to increase preventative work and target inequalities in health, promote equal opportunities for vulnerable groups of children, young people and families.

Areas of progress

- Continued development of extra care services.

Areas for improvement

- Maintaining momentum in reshaping older people's residential services.

Getting help:

Adults

The council has accessible care pathways. This is largely because of an effective advice and assessment team which increased its capacity in 2012/13. There are areas of good practice such as the accessibility of support for carers.

The council says that during 2012/13 the reporting processes were tightened resulting in fewer than expected carers assessments being recorded. The actual number of carers assessed and provided with a service by the council has remained steady for the last few years. The council has worked with Carers Outreach and during 2012/13 a carer's officer has been based in the hospital in Bangor. This resulted in timely support for a significant number of carers.

The council has continued to improve its performance in reviewing adult care plans. The percentage of care plans reviewed has improved year-on-year and is now approaching the Welsh average.

The council did not effectively forecast the demand for domiciliary care services. The demand was not as was anticipated in the council's targets for home care and the rate of people supported in the community. The council had to increase the provision of home care during the year although its plan had been to reduce it.

Children

The council has improved performance in the key areas of assessment and care management of children's services. Some areas of performance are

dependent on support from health and there are areas of performance where the council appears unable to bring about important improvements.

The council's performance in the assessing children's needs has improved. The council now distinguishes between notifications and referrals; this has reduced the number of referrals and re-referrals. The council has improved performance in decision making, assessing and allocating a higher percentage of referrals to social workers. There is improved timeliness of initial and core assessments and a reduction in the re-referral rate.

Areas of progress

- Outreach support to carers in Bangor.
- Improved and more meaningful recording and monitoring of referrals in children's services with the consequent reduction on recorded rates of re-referral.

Areas for improvement

- Demand forecasting for community support.

The services provided:

Adults

The council runs a large number of residential services for older people, and these services have begun to use person centred planning and best practice in dementia care. The council still needs to improve the management of the services that it provides, and has had difficulties recruiting and retaining managers with the appropriate experience and qualifications. There are plans currently being progressed for establishing appropriate managers in all of the homes and the council needs to make arrangements, such as succession, planning to ensure that it can continue to provide appropriate management when required.

An extra care housing scheme became operational during the year in Bala and this has provided 30 extra care residential beds, and has provided the opportunity for health, housing and social services to work together. Age Cymru have established an Age Well centre in Nefyn together with a range of activities for older people in Bala.

The council has increased the number of nights of respite care it provides and is planning to establish a pilot respite scheme in 2013/14. The council has maintained good performance in avoiding delays in the transfer of people from hospital and the co-ordination of unscheduled care.

The adult learning difficulty service has completed an end-to-end review of the service and is planning to develop an outcome based progressive model of support.

The council has been effective in modernising some services. There has been a fall in the use of general day care and an increase in the use of reablement and the provision of equipment. The council has exceeded its targets for the number of people receiving intensive enablement packages.

Children

The council has developed effective specialist services for children. The service, known as Y Derwen, provides a specialised service for children with significant developmental delays or disorders, disabled children and children with an illness. The service is responsive to need and takes advantage of opportunities to improve the service it provides. The service provides support for carers, listening and providing a network of support through the work with Carers Outreach. Carers are represented in the management group that oversees the service, and are consulted through regular meetings and by the use of questionnaires. The close multi-agency working has resulted in improved specialist services, co-ordination of and effective working between professionals. There are significant delays in the provision of psychological and nursing services that cause delay in the support for children and their families. Health services have become more clinic based and families say that this has affected the quality and accessibility of this support. A key worker service has ceased with the end of grant funding that will result in less effective support. The fostering service supports some families effectively but other families have significant unmet needs and the council is reviewing these arrangements. The council is developing an overnight respite facility that is planned to open in 2016 providing respite care for children with disabilities.

The council provides effective services to looked after children and this is largely due to the quality of its fostering and residential services.

The fostering service continued to grow and provide a good service, and the CSSIW inspection found evidence that children can be confident that their wellbeing will be promoted and protected. The foster carers consider themselves to be well trained and supported, and are confident of receiving swift support when this is needed. There is strong and effective management of the service. However, the inspection highlighted the need for the council to develop a more effective system to evaluate the experiences of children who use their services.

The council has a children's home that is managed by Action for Children and the recent CSSIW inspection found that the service is well run by a proactive manager, and there is a strong sense of person centred care provided by competent and well trained staff.

Areas of progress

- The support to looked after children provided by the council's fostering service and by the residential home commissioned by the council.

Areas for improvement

- Developing the range of services in the community within adult and children's services.

Effect on people's lives:

Adults

The council's performance shows that it is continuing to provide residential care and not promoting independent living or direct payments. During 2012/13 the population over 65 years grew by over 1,100. The number of adults supported in the community fell and the number of adults receiving residential services rose. Of the adults supported, the proportion supported in the community is one of the lowest percentages in Wales. The number of people receiving direct payments has reduced.

The council has effective arrangements for the protection of vulnerable adults, however, there is some variability in the chairing and arrangements of POVA meetings due to capacity issues. The council has worked with the Isle of Anglesey County Council in reviewing its arrangements regarding POVA and is developing a North West adult safeguarding board. This board has been establishing its role whilst also responding to strategic safeguarding issues that need attention. The performance information shows that the risk in adult protection cases was managed in all but one case.

There were no Deprivation of Liberty Safeguards (DoLS) assessments in Gwynedd in 2011/12. This caused concern that the appropriate assessments were not being made and that the safeguards were not being implemented. In 2012/13 the council reviewed some of its arrangements; raised awareness through training, leafleting and highlighting the guidance. There were four DoLS assessments in 2012/13 and, CSSIW inspectors during their inspections of care homes, did not identify any DoLS assessments that had not been undertaken where there should have been.

Children

The performance data shows that the council has achieved good educational attainment and attendance at school for its looked after children. However, it has not maintained the downward trend in reducing the number of school changes for looked after children.

The council achieved a continued improvement in the timeliness of child protection conferences. This had been identified as an area for improvement for the council in the 2011/12 performance evaluation report.

The educational outcomes for looked after children are all in the upper quartiles. The improvement seen in 2011/12 has nearly been maintained for formerly looked after children aged 19, but the measure is based on a very small cohort of young people. The council maintained contact with 14 out of 16 relevant

young people and, of these, two young people were in prison and only five were in education, training or employment. The council has, however, improved its performance in providing personal advisors and pathway plans to all former eligible looked after young people.

Estyn published "A report on the quality of local authority education services for children and young people in March 2013". The report stated that the youth service has succeeded well in increasing the number of young people who gain accredited units or qualifications, and in promoting apprenticeships, entrepreneurship and learning pathways.

The number of looked after children in Gwynedd has been growing and the proportion of children looked after in Gwynedd is slightly higher than comparable authorities.

In last year's report the timely completion of health assessments for looked after children was an area for improvement, however, in 2012/13 the performance deteriorated further. The council has made repeated representations to Betsi Cadwaladr University Health Board who have not assisted in improving this performance.

In last year's report the timely dental checking of teeth for looked after children was an area for improvement. However, the performance showed little improvement in 2012/13 and therefore remains an area for improvement.

The timely completion of personal educational plans for looked after children was an area for improvement in last year's report and in 2012/13 the performance deteriorated significantly. The social services department has been unable to influence the education department in assisting in the timely completion of these plans. This is an area of corporate responsibility and should be addressed as a matter of priority.

The council had a care plan in place for all children when they started to be looked after and the number of children who had three placements or more was amongst the lowest in Wales. There was a plan for permanence at all second reviews of children that were looked after.

The timelines of reviews was an area for improvement last year. However, the performance deteriorated in 2012/13 and now the council is amongst the worst performers in Wales. The council reports that the increased numbers of looked after children have contributed to this deterioration in performance. The council has agreed it needs to increase capacity in this area with the appointment of an additional independent reviewing chair for 2013/14.

The council has significantly improved the planning and provision of personal advisors for formerly looked after children.

Gyda'n Gilydd is the Team Around the Family model in Gwynedd and during the year a protocol for a step-up and step-down from and to the service has been agreed and will, in time, facilitate better services for families.

Areas of progress

- Improved timeliness of child protection conferences.

Areas for improvement

- Ensuring that services promote independence for older people.
- Ensuring timely reviews for looked after children in line with statutory guidance.
- Improving education planning for looked after children.
- Securing health input to looked after children.

CAPACITY

Delivering Social Services:

Ensuring the regular and consistent supervision of staff was an area for improvement identified in last year's evaluation. However, the council has made limited progress in this area. The council now plans to involve managers in developing the quality assurance and performance management systems needed for effective supervision. A quality assurance system will be developed, and an electronic document and the records management system will manage the processes in 2014/15. A pilot scheme has been operated in 2012/13 to look at the quality of children's services supervision.

The council is currently considering two critical Ombudsman's reports and is identifying the improvements it needs to make to manage complaints made against social services. Recent improvements have been made within the council's processes and the council's electronic complaint management system is now operational, and complaints are being managed more effectively. An additional officer is now dealing with complaints and this will help to reduce timescales for considering complaints and achieving timely outcomes.

There are areas where the council still needs to improve the complaints processes, and social services do not record many informal complaints and comments where the issues are dealt with quickly. The complaints guidance does not emphasise the importance of this process and the actions and learning benefits that occur at an early stage. There is a need to improve the guidance by clarifying what constitutes a complaint and what the relationships are with other processes, such as court hearings or safeguarding processes. There is a need to further improve the capacity to manage and support the complaints processes, and improve its processes to use the lessons learnt operationally, strategically and within the processes that oversee the service.

The council has identified the need for improvement in this area; it is receiving the attention of the social services management team and will be an area that CSSIW will follow up during the year.

There is clear evidence that the quality assurance officer is undertaking audits within children's services and the reports are constructively critical and make recommendations for practical steps that will improve performance. Robust evidence is yet to be seen of the development of an effective quality assurance system in adult's services. Ensuring effective quality assurance systems within the adult care homes that the council operate is an area that the council needs to further develop.

The council has made significant improvements in its recording of data and managers confirm that there is an improvement in systems, accuracy and quality of information. Some issues still remain and the council acknowledges the need for further work in this area. In 2012/13 the council made improved arrangements to use performance data and this is evidenced by the implementation of monthly service meetings that consider performance. This has resulted in the management team having an improved understanding of performance and the service performance events for staff provide the opportunity to discuss performance and its importance with regard to future improvement. The council also makes better use of its electronic system alerting workers and managers that key activities are due.

Areas for improvement

- Establishing a quality assurance system within adult services.
- Ensuring the regular and consistent supervision of staff.

Providing direction:

The director of social services in Gwynedd Council changed in August 2012 and, in October 2011, a comprehensive programme of support was agreed and this included mentoring from an experienced director of social services.

CSSIW undertook a national inspection in respect of the role of the statutory director of social services and the report was published in June 2013. Fieldwork was undertaken in seven councils, including Gwynedd in December 2012. The first recommendation of the report was that the director of social services should always be a member of the corporate management team and have direct access to the head of paid service and to councillors.

The council had identified the weaknesses in the previous corporate structure in place and recognised the position of the director of social services did not provide for sufficient authority, influence and impact and was not compliant with the statutory guidance.

The position of the statutory director of social services has now been moved up from head of services level to corporate director level and in July 2013 the council appointed to this corporate director post. The director of social services' inspection report identified the importance of the relationships, roles and protocols in relation to the statutory director. It is crucial that the arrangements

increase the management capacity and ensuring robust, effective professional advice and support.

The director's indivisible accountabilities for safeguarding are particularly important and the council is implementing its corporate safeguarding policy. The weakness in the arrangements and the need for this work was highlighted in Estyn's local authority inspection report published in March 2013. The inspection found that understanding of roles and responsibilities for child protection and safeguarding at a corporate level and between departments within the council was not clearly understood. The council developed a corporate safeguarding policy for children and adults to address this shortcoming and CSSIW will monitor the implementation of this policy.

Given the poor support in achieving education plans for looked after children, serious questions have to be asked about corporate support for social services, particularly in relation to looked after children and the discharge of the council's responsibility to act as a corporate parent.

The council's scrutiny committee identifies the areas that will be scrutinised. The committee has identified its work programme and processes.

Areas of progress

- The statutory director of social services is now at the corporate director level.

Areas for improvement

- Ensuring appropriate relationships, protocols and professional advice support the statutory director.
- Implementation of the corporate safeguarding policy.
- Raise the profile of corporate parenting responsibilities with members.
- Secure corporate support for looked after children, particularly in the field of education planning.

APPENDIX '2'

A summary template of Gwynedd Council's 2013-14 actions in response to the improvement areas identified by CSSIW

Activity	Area for improvement	Lead Senior Officer	Action Plan	By when
1. Forming Services	i. Maintain the momentum in terms of reorganising residential services for older people.	Morwena Edwards	Transformation of Older People Services Project 2013 -14 Action Plan (specifically aiming to seek better collaboration with the Health Service): Residential Care <ul style="list-style-type: none"> • Consider the recommendations of the Porthmadog accommodation and care assessment • Identify a way forward for the provision in the Porthmadog catchment area • Implement a programme of engagement on the way forward • Agree on the way forward with the Council's residential homes • Open a purpose-built Respite Unit as a pilot. 	March 2014
	ii. Maintain the momentum in terms of reorganising residential services for older people.	Morwena Edwards	<ul style="list-style-type: none"> • Develop proposals in order to provide a range of beds which meets the demand through the Adults Service's End to End Review 	March 2014
2. Seeking support	i. Predict the demand for community support.	Morwena Edwards	<ul style="list-style-type: none"> • Continue to monitor in order to anticipate the demand. • Research and analysis in relation to demographic changes and the impact on the service. 	March 2014 Continuous

APPENDIX '2'

Activity	Area for improvement	Lead Senior Officer	Action Plan	By when
3. The services provided	i. Develop the range of services in the community for adult services.	Morwena Edwards	Transformation of Older People Services Project 2013 -14 Action Plan (specifically aiming to seek better collaboration with the Health Service): Day Care <ul style="list-style-type: none"> • Agree on a scheme that addresses the day care needs of older people including opportunities for work / volunteering / socialising / personal care and intensive care • Identify day care options at Maesincla Caernarfon • Develop a joint Work Programme with the Betsi Cadwaladr University Health Board regarding the specialist dementia day care provision Telecare <ul style="list-style-type: none"> • Complete a review of the telecare business case. • Agree on the way forward 	March 2014
	ii. Develop the range of services in the community for adult services.	Morwena Edwards	Transformation of Learning Disabilities Services Project 2013-14 Action Plan and specifically: <ul style="list-style-type: none"> • Identify day care and accommodation models for people with Learning Disabilities . 	March 2014
	iii. Develop the range of services in the community for children services.	Dewi R Jones	Additional Learning Needs Project Action Plan 2013-14 and specifically: <ul style="list-style-type: none"> • Agree on a new model of providing educational experiences and opportunities for children with Additional Learning Needs. • Decide on possible sites for establishing a new Special Education Centre of Excellence in the Dwyfor -Meirionnydd area. 	March 2014

APPENDIX '2'

Activity	Area for improvement	Lead Senior Officer	Action Plan	By when
3. The services provided	iv. Develop the range of services in the community for children services.	Morwena Edwards	<ul style="list-style-type: none"> • Bring together the preventative and statutory services for children. 	March 2014
	v. Develop the range of services in the community for children services.	Marian Parry Hughes	<ul style="list-style-type: none"> • Develop proposals in order to discover a method of offering better value for money in offering an effective service through the Children Service's End to End Review 	March 2014
4. The effect on people's lives	i. Ensure that services promote independence for older people.	Morwena Edwards	<p>Transformation of Older People Services Project 2013 -14 Action Plan (specifically aiming to seek better collaboration with the Health Service):</p> <p>Residential Care</p> <ul style="list-style-type: none"> • Consider the recommendations of the Porthmadog accommodation and care assessment • Identify a way forward for the provision in the Porthmadog catchment area • Implement a programme of engagement on the way forward • Agree on the way forward with the Council's residential homes • Open a purpose-built Respite Unit as a pilot. <p>Day Care</p> <ul style="list-style-type: none"> • Agree on a scheme that addresses the day care needs of older people including opportunities for work / volunteering / socialising / personal care and intensive care • Identify day care options at Maesincla Caernarfon 	March 2014

APPENDIX '2'

Activity	Area for improvement	Lead Senior Officer	Action Plan	By when
4. The effect on people's lives			<ul style="list-style-type: none"> • Develop a joint Work Programme with the Betsi Cadwaladr University Health Board regarding the specialist dementia day care provision <p>Telecare</p> <ul style="list-style-type: none"> • Complete a review of the telecare business case. • Agree on the way forward 	
	ii. Ensure prompt reviews for looked after children in accordance with statutory guidelines.	Marian Parry Hughes	<ul style="list-style-type: none"> • The Children and Families Service to continue to monitor closely and receive reasons from the Chair of Case Conferences for every conference which is late. 	Continuous
	iii. Improve the process of planning education for looked after children.	Marian Parry Hughes / Dewi R Jones	<ul style="list-style-type: none"> • The Children and Families Service to continue to monitor closely. • There is an important role for the Vulnerable Groups Education Co-ordinator to secure this and raise awareness in Gwynedd schools regarding the importance of completing the personal education plans in a timely manner. 	Continuous Continuous
	iv. Ensure health services for looked after children.	Marian Parry Hughes / BCUHB	<ul style="list-style-type: none"> • The Children and Families Service to continue to monitor closely. • Continue to hold the discussion with the BCUHB to ensure that the arrangements for implementing health assessments are reviewed in a timely manner. 	Continuous Continuous

APPENDIX '2'

Activity	Area for improvement	Lead Senior Officer	Action Plan	By when
5. Delivering Social Services	i. Establish a quality assurance system in the services for adults.	Morwena Edwards	<ul style="list-style-type: none"> • In terms of data – develop a new system which will draw out data directly from the Department’s Data Recording Management system and will report on data quality. • Use the new system to report on a quarterly basis. • Prepare, develop and promote guidelines for using the system for employees within the priority fields. • Draw up and agree on a quality assurance strategy across the service. 	<p>March 2014</p> <p>October 2013</p> <p>Continuous</p> <p>March 2014</p>
	ii. Ensure regular and constant staff supervision.	Morwena Edwards / Marian Parry Hughes	<ul style="list-style-type: none"> • Develop and agree on a formal policy and procedure. • Consider various options for the monitoring procedure including agreeing on the procedure to be adopted. • Implement the procedure. 	<p>October 2013</p> <p>March 2014</p> <p>Continuous</p>
6. Provide a direction	i. Ensure that connections, protocols and professional advice support the statutory director	Morwena Edwards	<ul style="list-style-type: none"> • Review to be undertaken by the Statutory Director. • Develop a work programme in order to respond based on the structure, systems, staff skills and management culture. 	<p>March 2013</p> <p>Continuous</p>
	ii. Implement the corporate safeguarding policy	Morwena Edwards	<ul style="list-style-type: none"> • The Corporate Strategic Panel to raise awareness amongst staff and Gwynedd Council members regarding their safeguarding responsibilities. • Prepare and adopt Corporate and Departmental Policy and Guidelines for Safeguarding Children and Adults 	<p>Continuous</p> <p>May 2013</p>

APPENDIX '2'

Activity	Area for improvement	Lead Senior Officer	Action Plan	By when
6. Provide a direction				
6. Provide a direction	iii. Raise the profile of corporate parenting responsibilities amongst members.	Morwena Edwards	<ul style="list-style-type: none"> • Develop a Strategy. • Implement the strategy. 	April 2014 Continuous from April 2014
	iv. Ensure corporate support for looked after children, in particular in the education planning field.	Morwena Edwards	<ul style="list-style-type: none"> • Develop a Strategy. • Implement the strategy. 	April 2014 Continuous from April 2014

NAME OF SCRUTINY COMMITTEE	Scrutiny Committee - Services
DATE OF MEETING	13 February 2014
TITLE OF ITEM	Provisions within the County to respond to Dementia needs
CABINET MEMBER	Councillor R H Wyn Williams

A. Purpose of the Report

A.i This report on the field of Dementia is submitted to the Committee at the request of the Services Scrutiny Committee for overview information on the care arrangements for individuals with Dementia and how we will address the shortage of facilities for individuals.

A.ii In accordance with the Committee's request, the following matters will be addressed:

1. What is the latest information relating to the needs assessment for such services across the County and the future projections the Service is planning for?
2. What is the latest information on the situation in terms of dementia provision across the county, including plans in the pipeline?
3. What is the pattern in terms of collaboration between public and private provision across the county and how does this collaboration work?
4. In terms of the available services and the services being planned, what is the situation in terms of the capacity for providing services in both Welsh and English?

B. Overview information – the strategic context

B.i Gwynedd Council Strategic Plan 2013-2017

B.i.i The vision for the field of health care and well-being in the Gwynedd Strategic Plan 2013-17 is to “support children and vulnerable people to live fulfilling lives” and “to inspire the people of Gwynedd to live healthy lives”.

B.i.ii The strategic plan has identified the need to contribute towards ensuring the following differences by 2017:

- Ensure suitable provision of care in the right location
- Provide a stronger voice for the users of Gwynedd social services.
- A network or proactive support available to assist adults and older people to live independently without the formal intervention of Social Services.
- Ensure that Gwynedd adults are safer

B.ii Older People Commissioning Plan 2011-2016

B.ii.i In terms of the vision, the Older People Commissioning Strategy 2011-2016 highlights that the aim of Gwynedd Council Social Services in commissioning services for adults will be to secure the need to:

- Meet the needs of the individual
- Contribute towards maintaining independence
- Offer choices and options for the individual
- Be flexible enough to be able to change to respond to any changes to the individual's circumstances and needs

B.ii.ii There is also a firm statement within the Commissioning Plan that Gwynedd's commissioning intentions for 2011-2016 relating to those services to be provided directly or under contract / service continuity to include "*Ensuring provision to address the specialist care needs of dementia and nursing.*"

B.iii Strategic Review of Residential and Nursing Services 2009 and 2010

B.iii.i In 2009, the Council agreed to undertake strategic reviews in order to challenge the way the Council provided its residential and nursing services. The aim of these reviews would be to ensure that services provided by the Council are flexible, cost effective and that they offer value for money. A study was undertaken of how the current service was being provided, the costs of the service and the needs of the service in future, giving consideration to the increasing number of older residents within society.

B.iii.ii The conclusions showed that the demand for traditional residential care was reducing and the consultation work showed clearly that users favours a model which enabled them to live independently for as long as possible.

B.iii.iii The conclusions of the review showed that in future the provision should:

1. reduce the number of traditional residential beds
2. increase the number of beds in Extra Care Housing
3. increase the number of nursing beds (especially in some areas)
4. **increase the number of beds for those with memory problems (residential and nursing).**

1. What is the latest information relating to the needs assessment for such services across the County and the future projections the Service is planning for?

1.1 Current information

1.1.1 The following tables provide information on the number of dementia service users in Gwynedd for the periods 2010-11, 2011-12 and 2012-13. The information has been split to show the number of service users who are 65 years old and over, and the number of service users who are under 65 years old.

**Table 1 - Number of Clients with Dementia Receiving Services.
(Clients 65 years of age and over.)**

Period	Number of Clients with Dementia Receiving Residential or Nursing services on 31st March	Number of Clients with Dementia Receiving Services in the Community on 31st March	Total	Number of Clients with Dementia Receiving Residential or Nursing services During the Year	Number of Clients with Dementia Receiving Services in the Community During the Year	Total
2010 - 2011	99	62	161	154	138	248
2011 - 2012	94	65	159	122	135	220
2012 - 2013	92	54	146	129	121	215

Table 2 - Number of clients with Early Onset Dementia Receiving Services

(Clients between 18 and 64 years of age.)

Period	Number of Clients with Dementia Receiving Residential or Nursing services on 31st March	Number of Clients with Dementia Receiving Services in the Community on 31st March	Total	Number of Clients with Dementia Receiving Residential or Nursing services During the Year	Number of Clients with Dementia Receiving Services in the Community During the Year	Total
2010 - 2011	1	5	6	1	6	7
2011 - 2012	1	1	2	1	5	6
2012 - 2013	2	1	3	2	2	3

1.2 Projections of Future Requirements

1.2.1 In terms of the statistics for future projections of dementia cases, information is used from the Older People Commissioning Plan 2011-2016 and from the Daffodil system which anticipates the need for care services in Wales. These projections indicate that there will be an increase in the number of people who suffer from dementia in all forms. The statistics also highlight the aspect that a proportion of the population between 30 and 64 years old have the symptoms of early onset dementia.

1.2.2 The information from the Daffodil System notes that the number of 30-64 year olds in Gwynedd in 2012 with symptoms of early onset dementia was 32 and the level will be the same in 2030. The numbers in this group for the Betsi Cadwaladr University Health Board area were 190 in 2012 and 188 in 2030.

1.2.3 In addition, the Daffodil System noted that the total number of dementia sufferers aged 65 years old and over in Gwynedd in 2012 was 1,773 and that this will increase to 2,686 by 2030.

1.3 Older People Commissioning Plan 2011-2016

1.3.1 In relation to dementia, page 12 of the plan notes:

“Dementia is one of the main causes of disability in later life. One in six people over 80 have a form of dementia whilst one in 14 people over 65 have dementia.

The rise in the number of people with dementia will proportionally reflect the projected demographic trend in Gwynedd. The number of people with dementia in Gwynedd is predicted to increase by 35% from 1,718 to 2,325 between 2007 and 2021. Among those over 65 with dementia, 55.4% have mild dementia, 32.1% have moderate dementia and 12.5% have severe dementia.”

1.4 Daffodil System Projections: “Projecting the need for care services in Wales”

1.4.1 Dementia - Gwynedd Area

Dementia

People aged 30-64 predicted to have early onset dementia, and people aged 65 and over predicted to have dementia, by age and gender, projected to 2030

	Show next five years				
Dementia - all people	2012	2015	2020	2025	2030
Show by gender					
People aged 30-39 with early onset dementia	1	1	1	1	1
People aged 40-49 with early onset dementia	3	3	3	3	3
People aged 50-59 with early onset dementia	15	15	16	15	13
People aged 60-64 with early onset dementia	13	12	12	13	12
Total population aged 30-64 with early onset dementia	32	31	32	32	30
People aged 65-69 with dementia	97	103	88	90	98
People aged 70-74 with dementia	157	175	208	180	184
People aged 75-79 with dementia	276	290	332	396	344
People aged 80-84 with dementia	449	448	490	572	688
People aged 85 and over with dementia	793	851	958	1,122	1,371
Total population aged 65 and over with dementia	1,773	1,867	2,077	2,360	2,686

Figures may not sum due to rounding
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1.4.2 Dementia - Betsi Cadwaladr University Health Board Area

Dementia

People aged 30-64 predicted to have early onset dementia, and people aged 65 and over predicted to have dementia, by age and gender, projected to 2030

	Show next five years				
Dementia - all people	2012	2015	2020	2025	2030
Show by gender					
People aged 30-39 with early onset dementia	6	6	7	7	7
People aged 40-49 with early onset dementia	21	20	18	17	18
People aged 50-59 with early onset dementia	87	91	98	93	85
People aged 60-64 with early onset dementia	75	69	71	80	78
Total population aged 30-64 with early onset dementia	190	187	194	198	188
People aged 65-69 with dementia	562	605	537	552	622
People aged 70-74 with dementia	934	1,038	1,249	1,117	1,153
People aged 75-79 with dementia	1,568	1,708	1,980	2,400	2,172
People aged 80-84 with dementia	2,383	2,464	2,897	3,415	4,183
People aged 85 and over with dementia	4,571	4,898	5,635	6,942	8,682
Total population aged 65 and over with dementia	10,018	10,714	12,298	14,426	16,811

Figures may not sum due to rounding
Copyright 2010

2. What is the latest information on the situation in terms of dementia provision across the county, including plans in the pipeline?

2.1 In the years following the Strategic Review of Residential and Nursing Services 2009 and 2010, we have witnessed the development and delivery of a range of plans and provisions across the County within the field of dementia. It is acknowledged that success has varied across the specific fields of care and across the areas however it is important to remember that our efforts are continuing. Below is a summary of the successes to date and future plans for each service provision.

A. Residential Care

- As already noted the Strategic Review of Residential and Nursing Services 2009 and 2010 identified the need to reduce the number of residential beds and increase the number of specialist beds for individuals with memory problems. The response thus far:

- Gwynedd Council provision:

1. Changing the registration of Maesincla Care Home in Caernarfon from a traditional residential home to a specialist residential home for individuals with memory problems.
2. Building an extension to the Bryn Blodau residential home in Llanffestiniog in order to be able to establish a specialist unit for individuals with memory problems.
3. Opening an unit at Llys Cadfan home in Tywyn.

- Independent sector provision:

1. Response been to the need for specialist beds in Dwyfor as Plas Madryn in Morfa Nefyn has changed its registration and is now a home for individuals with memory problems.
2. A number of specialist residential beds have registered in other homes in Dwyfor.
3. In Arfon – unit opened in Gwynfa II home, near Bontnewydd, Caernarfon.

B. Nursing Care

- The Strategic Review of Residential and Nursing Services 2009 and 2010 noted the need to increase provision in parts of the County. The Council has endeavoured to ensure that providers are attracted to the south of the county, however; to date, attempts to attract providers who are willing develop specialist services in south Meirionnydd have been unsuccessful.

- The situation has improved in Arfon and Dwyfor as specialist nursing homes have opened in both areas in recent years. The home in Dwyfor serves north Meirionnydd but concern remains for the lack of provision in south Meirionnydd and in light of this individuals have no choice but to leave the area when they require specialist care.

- In terms of the future, planning permission was granted in November 2013 to the Pendine Park company to develop the former Bryn Seiont Hospital site in Caernarfon. It is intended to develop a specialist nursing facility and provide 16 extra care residential units to offer support to dementia sufferers and their families.

C. Day Care

- Specialist day care for individuals with memory problems provided jointly by the Council and the Health Board in Dwyfor for a number of years.
- More recently provision in Arfon with the Council opening a new Day Centre on the Plas Hedd site in Bangor. Specialist day care being provided there twice a week, on Wednesdays and Saturdays.
- The Council and the Health Board are working together to establish provision in Meirionnydd and a one day provision in Blaenau Ffestiniog.

CH. Supporting carers

- See the details of the Day Care developments referred to in Box C above.
- Respite care – in terms of the needs, they can be met by means of the Council's residential care with a respite bed in Plas Maesincla home in Caernarfon and in Bryn Blodau in Llan Ffestiniog.
- Discussions with the Health Board are to continue in relation to the joint commissioning of beds to provide respite care in a specialist nursing home.
- Service Level Agreement between Gwynedd Council and the Alzheimer's Society for providing a Dementia Support Worker (24 hours a week).
- In future, the Council is eager to consider how technology could be further utilised to support Carers.

3. What is the pattern in terms of collaboration between public and private provision across the county and how does this collaboration work?

- 3.1 The Social Services Department would not be able to complete its work programme or act as an effective organisation on its own. It depends on a strong relationship with a number of other services within the Council and with a number of other external bodies, including other local authorities, Health, the Police, the third sector, social enterprises, housing associations, voluntary organisations and private companies.
- 3.2 The previous section of this paper expands upon both public and private collaboration efforts in terms of securing appropriate provision within this specific care field. There are also increasing efforts in terms of strategic collaboration.

3.3 In terms of collaborating with the Health Board:

- 3.3.1 In terms of the reference to future collaboration, the Welsh Government clearly states within the document, "A Framework for Delivering Integrated Health and

Social Care for Older People with Complex Needs” (July 2013) that in future commissioning plans are expected to be compiled jointly with the Health Board. High level discussions are already in the pipeline to strengthen this relationship.

- 3.3.2 The framework for Older People with complex needs outlines the need to establish a new pattern of services, building on the foundations already in place, revising and developing them. Acknowledgment is given to the increasing evidence that shows the advantages of integration, and the Welsh Government’s ambition to secure integrated health and social services for older people is outlined. There is an expectation for partners throughout Wales to move forward quickly to ensure that this model becomes the norm. Significant change is required over the next three years.

3.4 In terms of regional collaboration:

- 3.4.1 Individual local authorities have been developing services for people with dementia but until recently, there was no collaborative work in this area which has led to inconsistent service provision across the region. Given the health board footprint in North Wales and the vital importance of developing services jointly with health, collaborative working would enable us to improve services for people with dementia faster and more effectively rather than doing it as individual authorities.
- 3.4.2 A successful bid was made to attract revenue funding from the Regional Collaboration Fund to fund a regional project *entitled “Inspiring Action – developing person centred dementia care in North Wales”* for three years between 2013 and 2016. The regional project will concentrate on elements including:
- Market analysis to understand current capacity and market gaps,
 - Conduct a needs analysis to project future demand for services,
 - Develop a regional commissioning strategy for people with dementia,
 - Research models of best practice for supporting people with dementia and consider how these models can be developed in North Wales.
- 3.4.3 As part of this project, a Regional Dementia Task Group, facilitated by the North Wales Commissioning Centre, has already been established, and it concentrates on developing a Regional Specification that will set out the requirements for care homes for people with intensive needs related to their dementia condition.
- 3.4.4 The North Wales Commissioning Hub will be holding an event on 28 March 2014 at Optic Centre, St Asaph in order to share information about this exciting regional project.

4. In terms of the available services and the services being planned, what is the situation in terms of the capacity to provide services both in Welsh and English?

4.1 We have strong support within the Council to ensure that we meet the requirements of legislation in the field of Equality and Diversity and we are very aware of the need to consider equality implications and to undertake or develop impact assessments when seeking to change a provision or service.

4.2 We have a duty to offer our services in the chosen language of our service users and every effort is made to ensure a bilingual workforce. The department's workforce plan addresses the entire sector's language skills offering input on linguistic awareness and relevant training.

4.3 As a Service, we welcome "More than Words", namely the strategic framework published by the Welsh Government to secure Welsh language services in the field of Health, Social Services and Social Care.

4.4 In 2012/13 the Council asked a consultant to undertake a "Survey of the requirements and practice of Gwynedd Council when providing Care Home (Residential and Nursing) and Home Care services." Care home providers and home care companies were consulted in the process of forming the report and the survey was completed in March 2013. In response to the report we will be changing our agreements with providers to reflect the linguistic needs of the users of Gwynedd services.

4.5 Through the efforts of the Council's Social Services Contracts Unit, we have established Service Level Agreements with our providers which include specific clauses relating to language. For the duration of the agreement, the Provider will conform to the principles of the Council's Welsh Language Policy.

4.6 The following is the specific clause relating to Linguistic Needs as it appears in our Service Level Agreements.

"You will be required to comply with the relevant clauses in Gwynedd Council's Welsh Language Policy by:

- *Ensuring that services are provided in the service user and their family's language choice.*
- *Recording the language choice of the user and his/her family.*
- *Ensure that the information and the literature provided to the public is bilingual. Ensure that signs and advertisements are bilingual*
- *Ensuring that translation arrangements are in place."*

4.7 The Service Level Agreement / Contracts monitoring process will include a pre-visit form which asks questions relating to the percentage of staff that are able to write, read and speak Welsh; how many are learning Welsh. We will also monitor whether or not they have a Welsh Language Policy.

- 4.8 During the visit there will be a process of checking all of their policies / leaflets / any information for the staff / public ensuring that they are bilingual and whether they are able to provide a service in the user's chosen language.

NAME OF SCRUTINY COMMITTEE	Services Scrutiny Committee
DATE OF MEETING	13 February 2014
TITLE OF ITEM	Autism
CABINET MEMBER	R. H. Wyn Williams

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them.

Autism is a spectrum condition, which means that, whilst all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and some need specialist support.

Services for Children on the Autistic Spectrum

- Work for children with autism is initially led by Clinical Psychologists in the Integrated Team for Disabled Children, Derwen.
- Following an assessment it is possible that a referral will be made to the nursing service, social worker or respite / support service within the team.
- Specialist services are provided within the Education Department for a number of children on the autistic spectrum.
- The Clinical Psychologists received 62 referrals between April and December 2013 for an ASD assessment.
- Due to lack of capacity in the Clinical Psychology Team there is a waiting list of up to a year in some cases.
- There are 38 children under six years old and 23 children between six and nine years old on the waiting list for an ASD assessment.
- There are children who have already been assessed and given a diagnosis on the waiting list for further intervention.
- With grant support, including Autism, Cymorth and Families First Grants, some preventative work is provided by offering specialist intervention such as PACT, music therapy intervention and sleep intervention.
- Without these grants, on the whole, only an assessment and diagnosis service would be available.
- Challenging behaviour intervention is provided which takes more time and is more expensive therefore the grant intervention is seen as a significant saving.

Needs of the Children's Service

- Capacity to be able to cut the waiting lists for families.
- Provide long-term grant-based preventative work (no certainty with grants and consequently we lose staff after they have been trained due to uncertainty regarding their jobs).
- Service for young people on the high end of the spectrum but without a learning disability – families are clearly in need but the children / young people do not reach the Derwen criteria.

Services for Adults on the Autistic Spectrum

- There are six individuals in Gwynedd who have an ASD diagnosis who are open to the Vulnerable Adults Team.
- An Autistic Spectrum Disorder Support Worker supports 53 adults with an ASD diagnosis; however, these individuals do not reach the eligibility criteria for adults' service.
- At present, there are 534 adults on the learning disability register in Gwynedd. A study estimated that between 20% and 33% of adults with learning disabilities are also autistic.
- A range of services for adults with Asperger syndrome (or high functioning autism) are provided by the Council and by external/independent providers:
 - Coleg Menai – cookery courses and developing life skills courses
 - Supported employment – organisations such as Agoriad and Mantell Gwynedd place, train and maintain individuals with employment, reducing support over a period of time.
 - Welsh Football Trust: North Wales Futsal Project: PORT – Training for adults to be Futsal coaches and to learn communication, mathematical and computer skills.
 - Gwynedd and Môn Asperger/Autism Support Group – opportunities for group work, socialising and leisure.
- In the learning disabilities field, a range of services are provided to support people with Autism and complex needs.
 - Day Support – a service is provided by the internal provider and the independent sector e.g. Cynllun Cymunedol Arfon, Canolfan y Gwystl, Antur Waunfawr, Menter Fachwen and Seren.
 - Support Service – socialising and leisure opportunities, developing everyday life skills.
 - Further Education College
 - Interest/Skills Development Groups
 - Supported Accommodation – supporting individuals in tenancies and nurturing a culture which avoids over-dependency.

- Adults Placement Scheme – enabling adults to live as independently as possible within a family situation.
 - Assistive Technology.
 - Respite Care – there are two respite care houses in the independent sector and respite is available through the adults' placement scheme.
 - Residential service (including provision outside Gwynedd)
- Training held to raise staff awareness and develop skills and use of Active Support models, PECS, Positive Behaviour Support as well as the use of iPads.
 - New accommodation developments – building six one-bedroom bungalows and one two-bedroom bungalow on land at Pant yr Eithin, Harlech.

Due to the nature of ASD, a range of professionals and agencies must work together effectively in order to ensure appropriate and sustainable improvements in the service which focus on the person and the outcomes.

Page 16 of the Director's Annual Report refers to groups of key users that the department serve. The crucial question is why is Autism not mentioned on the list?

The groups noted (Older People, Physical and Sensory Disability, Mental Health Support, Learning Disability, Safeguarding Adults – POVA) are High Level Groups in terms of categories of users. Autism is a specific condition like many other conditions and clearly we can not list all the conditions as this would be inappropriate in the context of identifying High Level Groups.

How does the Gwynedd and Môn Joint ASD Planning and Stakeholders Group work? Terms of Reference?

The purpose of the Gwynedd and Môn Joint ASD Planning and Stakeholders Group is to take responsibility for supervising the development of the All-Wales Autistic Spectrum Disorder Strategy locally in order to meet the needs of children and adults with ASD in Gwynedd and Môn.

The constitution of the group includes representatives of the following agencies:

- Specialist Children's Services
- Adults' Services
- Education
- Joint Education Committee
- Children and Young People Partnership Board

- Betsi Cadwaladr University Children's Service
- Betsi Cadwaladr University Adults' Services
- Speech and Language Therapy
- Gwynedd and Môn Autism/Asperger Support Group
- The National Autistic Society
- The Youth Justice Board
- Bangor University
- Leisure
- Service User
- Parents/carers

The responsibilities of the group, which usually meets every quarter, include:

1. Ensure effective links between all services in planning, developing and introducing services to people with ASD.
2. Co-ordinate a multi-agency approach to planning, commissioning and developing services.
3. Co-ordinate and supervise the management of the Welsh Government's ASD grant.
4. Develop work to support the creation of a local ASD Action Plan in order to:
 - Hold an analysis of the needs of the population;
 - Identify the number of children and adults with ASD that Health, Education and social services are aware of;
 - Prioritise needs;
 - Develop an integrated, multi-agency approach to commissioning, developing and introducing services;
 - Adopt an evidence-based approach of providing effective interventions and service developments;
 - Identify and support the needs of Carers;
 - Promote the voice of users and carers when planning, commissioning and developing the service.
5. Review established collaboration and planning arrangements and recommend any amendments needed to strengthen co-planning methods and developing more integrated services as part of the Health, Social Care and Well-being Strategy and the All-Wales ASD Strategy and Action Plan.
6. Receive progress reports from partner agencies and planning groups and other associated service enterprises.
7. Investigate options to promote better partnership-working arrangements.
8. Review the implementation of action plans and report back to the Health, Social Care and Well-being Partnership Board and associated planning groups.

The All-Wales ASD Strategy and Action Plan and the ASD Grant steer and set the direction of the work of the Group.

How does the Gwynedd and Môn Joint ASD Planning and Stakeholders Group work? How is the budget allocated?

A confirmation letter regarding the ASD grant was received from the Government for the 2013/14 financial year on 27 June 2013, noting that £40,000 was available to every county for the infrastructure grant. Invitations to apply were sent out across Gwynedd and Anglesey with a closing date of 19 July 2013. Every member of the Group was sent an e-mail with an application form attached, inviting them to apply for the grant. A paper on the guidelines and objectives of the grant was circulated at the group meeting on 18 July 2013 which provided guidance on how to allocate the grant.

Objectives for 2013/14

- Promoting social opportunities
- Developing Education
- Supporting Children and Young People
- Supporting adults
- Training, mentoring and information
- Promote and develop awareness and support
- Strengthen diagnosis and assessment processes and arrangements
- Promote training and employment opportunities for service users

In terms of the guidelines for the use of the grant funding, the ASD grant should not be used to provide statutory services or to save on statutory services budgets. The Grant should be used to:

1. Provide services and support which show additional value in the interests of service users and their parents/carers.
2. Ensure balance in the Expenditure Plan between investment in projects for the Children field and the Adults field.
3. Spur the instigation of innovative projects / pilot schemes in the interests of service users and their parents/carers.
4. Fund seminars / workshops, training sessions to develop awareness, knowledge and skills of service users and their parents/carers.
5. Promote training/skills development opportunities for groups of professional staff rather than promote the personal development of individual staff members.
6. Fund enterprises/projects which promote awareness of the needs of service users and their families in the ASD field.

At the group meeting on 18 July 2013 it was agreed that Gareth Llwyd, Isle of Anglesey County Council ASD Co-ordinator and Sioned Thomas, Gwynedd

Council Strategic Care and Health Manager would accept responsibility for creating an expenditure plan for both counties. The expenditure plan was circulated to the Group once the work had been completed.

After creating the expenditure plan, letters were sent to the successful applicants noting their success, as well as an acceptance form and a progress report form on the projects. It is noted in the acceptance form that the grant is conditional on receiving a progress report on expenditure and activity by the end of the financial year.

In the context of this year's arrangements we have received information that Welsh Government Ministers have agreed to provide £40,000 to every county for the ASD infrastructure grant in 2014/15. We have not yet received official confirmation or any associated guidelines; however, this information does give us an opportunity to plan better for the use of the grant.

COMMITTEE	Services Scrutiny Committee
DATE OF MEETING	13 February 2014
TITLE	Statement of Intent – Providing Integrated Health and Social Care
AUTHOR	Morwena Edwards, Corporate Director
PORTFOLIO LEADER	Councillor R. H. Wyn Williams

1.0 Background

- 1.1 A consultation document was published in July 2013, namely a Framework for Providing Integrated Health and Social Care, by the Welsh Government.
- 1.2 This Framework is for Older People who have complex needs.
- 1.3 This framework outlines the need to establish a new pattern of services, and build on the good foundations that are already in place, and adapt and develop them.
- 1.4 They acknowledge the ever increasing evidence which shows the benefits of integration, and outline the Welsh Government’s ambition to have truly integrated health and social care services for older people.
- 1.5 Partners throughout Wales are expected to move ahead quickly to ensure that this model is the norm. Significant change is needed over the next three years.
- 1.6 In terms of defining the term ‘integration’ and in terms of the people who need care and support, this should mean:-
- “My care is planned by myself with people working together to understand me, my family and my carers, giving me control, and bringing services together to secure the results that are important to me.”
- 1.7 To achieve the above, the care provided must be aimed at ensuring better care for users and patients through better coordination of services.
- 1.8 Integration calls for a series of methods, models and processes which, together, seek to improve coordination. These are the essential elements:-

- That service providers abolish the barriers that have prevented effective collaboration and design the service based on a mutual understanding of the results that are important to the individual.
 - Those receiving the service will have more of a voice and control over the care they receive.
- 1.9 The Welsh Government wish to see a new system that has two main features:-
- 1.9.1 This system should be conscientiously planned and managed, and built on ambition.
- 1.9.2 It should be built with and for service users and the local community. We need to focus on the experience of those receiving services. Ensure that co-production is a fundamental principle.
- 1.9.3 A real commitment to constant monitoring and improvement should be ensured. Moving specifically to a more integrated manner means that responsibilities are sometimes not so defined. The partners are required to work closely to ensure that there are safe and clear governance arrangements.

2.0 Statement of Intent

- 2.1 By the end of January 2014 the Welsh Government expects all local partners to approve and publish a 'Statement of Intent' with regard to Integrated Care.
- 2.2 It is required for the 'Statement of Intent' to be on a regional (North Wales) basis and a coordinator has been trying to bring together information from the six local authorities and the Health Board. Version 16 of the 'Statement of Intent' is attached for information.
- 2.3 This version will be sent as the First Iteration to the Government by the end of January, but a final version will be submitted by the end of March 2014. It will therefore be possible to add to it in February.

3.0 The Main Conclusions from the Statement of Intent (Sol)

- 3.1 It is noted in the Sol that there is currently a period of uncertainty in the north because of the clinical management restructuring in BCUHB and the changes as a result of the Williams report.

- 3.2 Despite the uncertainty, working in a way which improves results for the people of North Wales, and in particular the older people of North Wales, is to be welcomed.
- 3.3 These are the main conclusions outlined in the Sol:-
- 3.3.1 Ensure robust governance arrangements which ensure that integrated working is supported through a County Forum that can abolish barriers and ensure the best results for the people of Gwynedd.
- 3.3.2 Commission services jointly so that the best health and well-being results are met. This includes commissioning in partnership with the third sector also. The aim is to ensure that older people avoid unnecessary admission to hospital and also promote a culture of support, a community and a neighbourhood.
- 3.3.3 There is a need for better understanding of financial matters amongst partnerships in the older people field. We will need to examine how we can organise budgets in a way that places our services users centrally and gives them financial control over their care wherever possible and.....?
- 3.3.4 Of key importance is the need to ensure that the workforce and the management are fit for purpose for the future. This is essential for us, especially in a rural area, and in a time of financial austerity. Joint working between teams will be promoted, and opportunities sought to develop smooth care pathways for older people. The aim is to ensure that older people aren't affected by institutional constraints. There will be discussions regarding the possibility of having joint area managers across partnerships.
- 3.3.5 An important part of any integrated working is ensuring that 'back office' systems connect together easily. There is a project in the pipeline involving Gwynedd to purchase a care system jointly with Health (community services). There will then be one IT system in Gwynedd for community health and care services. This means
- better decisions
 - better security
 - better connections between agencies
 - less duplication of data and transfer of information
 - reducing the need to go to specific locations – able to connect with a system from different locations
 - one set of data across health and care.
- 3.3.6 Developing care pathways that support patients/users throughout their journey with different services.

- 3.3.7 As I have outlined in the Annual Report, co-production of services is one of my main objectives for the future. One part of this will be to ensure that the users' voice is equal with formal agencies. There will be a need to change professional workers' practice/culture to reflect this. The Council will also continue to try and develop social initiatives.
- 3.3.8 A new Framework Assessment is about to be used which will ensure that results are collected by whichever professional is conducting the assessment.
- 3.3.9 An obvious part of the principle of integration is to try and provide services jointly. One example of this that is underway in Meirionnydd is a specialist day care development for people with dementia, which will be provided jointly. The aim is to try and maximise the opportunities for doing more and more of this across Gwynedd.

4.0 Conclusion

- 4.1 We have already started the journey of trying to work in an integrated manner, but there is more work to be done if we are to secure services that offer the best results for the people of Gwynedd.
- 4.2 Demographic changes mean that there is an increasing demand for acute and community services for older people. Also, the financial restrictions of recent years and difficult projections ahead ensure that we must collaborate in order to maximise the value of our assets for the people of Gwynedd.
- 4.3 Through the arrangements of the County Forum and the Area Teams, the Council, BCUHB and the third sector will work together to try and ensure that integrated services develop effectively.

North Wales Statement of Intent

Executive Summary

The Statement of Intent on Integrated Care for Older People with Complex Needs in North Wales has been developed jointly by colleagues from the six Local Authorities and Betsi Cadwaladr University Health Board. It provides a single regional statement, which also accommodates local need and historical service developments.

The need to take a more robust and immediate approach to the Integration of Services for Older People, has been clearly stated by the Minister and Deputy Minister for Health and Social Services.

The Statement builds on current partnership working in order to develop an ambitious agenda which pushes existing boundaries and develops new, innovative services and systems.

'Integrated working' can have a variety of interpretations and for the purposes of this report, the following definition, relating to outcomes for citizens, is used:

"My care is planned by me with people working together to understand me, my family and carer(s), giving me control, and bringing together services to achieve the outcomes important to me".

The Statement is predicated on the understanding that health, social care, third sector and independent services should be designed and delivered to promote and maximise well-being, enabling people to live independently in their community for as long as possible. This means services being provided in a person's own home or within community settings to avoid the need for ongoing, acute or institutional care.

Through integrated working, Partners would expect to utilise their combined skills, knowledge, experience and resources to deliver better outcomes for Older People.

The Statement recognises that integrated care is not about structures, organisations or pathways per se, nor about the way services are commissioned and funded. Its primary purpose is to ensure that citizens have a better experience of care and support, experience less inequality and achieve better outcomes.

However, within the current financial climate, it is also essential to recognise the imperative for any change to be at least cost neutral in the long term and that systems are designed to maximise efficiencies

Currently within North Wales, there is no one coherent model for Integration which encapsulates all public health, primary, community, acute, social care and third sector services, and which is endorsed by all stakeholders—not least its citizens.

The development of a North Wales Integrated Service Model for Older People is a clear priority for Partners and one which is expected to be achieved over the next 12 months.

Partners have also identified a range of other intentions which will support the Integrated Service Model:

- Strengthening governance arrangements.
- Reviewing existing partnerships.
- Developing joint commissioning strategies.
- Identifying existing resources at locality levels and exploring the potential for pooled budgets.
- Designing an appropriate workforce skill mix and exploring the option of co-located teams with single line management arrangements.
- Developing joint information systems and sharing other “back room” functions.
- Developing outcome-focused, citizen-directed services in which other key partners e.g. housing and leisure are fully engaged and co-ordinated.
- Ensuring the skills, knowledge and experience of older people themselves contribute to improved community solutions.
- Implementing county-based Single Points of Access,
- Implementing the new Welsh Government Guidance *“Integrated Assessment Process for Older People”*



A FRAMEWORK FOR DELIVERING INTEGRATED HEALTH AND SOCIAL CARE

for

OLDER PEOPLE with COMPLEX NEEDS

NORTH WALES STATEMENT OF INTENT

(First Iteration)

North Wales Statement of Intent

1 Introduction

The following paper constitutes the Statement of Intent on Integrated Care for Older People with Complex Needs between the North Wales Local Authorities and Betsi Cadwaladr University Health Board.

It has been developed jointly by colleagues from the North Wales Authorities and Betsi Cadwaladr University Health Board, to provide a single regional statement.

Across North Wales, there is a strong recognition of the need to work within a regional footprint—both to accommodate the Local Health Board (LHB) structure and to maximise efficiencies; whilst also being responsive to local need and historical service developments. This results in service planning and delivery needing to operate on a regional, sub-regional and county level.

Currently the LHB's clinical management structure is under review whilst Local Authorities are awaiting the outcome of the Williams Review—this inevitably leads to a level of organisational uncertainty. However, the paper has been written to reflect the strategic intent of Partners, with the Vision, Aims and Objectives for Integration across North Wales being ones which will be actioned regardless of future organisational structures.

The need to take a more robust and immediate approach to the Integration of Services for Older People, has been clearly disseminated by the Minister and Deputy Minister for Health and Social Services. This message is one that partner agencies across North Wales welcomes and indeed there are many examples of strong partnership working which demonstrate the commitment to this approach. We intend to build on this in order to develop an ambitious agenda which pushes existing boundaries and develops new, innovative services and systems.

'Integrated working' can have a variety of interpretations and for the purposes of this report, we are using the following (organisational) definition:

A single system of needs assessment, commissioning, and/or service provision that aims to promote alignment and collaboration between the care and the cure sectors (Ham, 2008).

This definition, should also be considered against the Narrative to explain integrated care and support to the citizen, developed by Welsh Government:

“My care is planned by me with people working together to understand me, my family and carer(s), giving me control, and bringing together services to achieve the outcomes important to me”.

We understand that Integrated Care is not about structures, organisations or pathways per se, nor about the way services are commissioned and funded. Its primary purpose is to ensure that citizens have a better experience of care and support, experience less inequality and achieve better outcomes.

However within the current financial climate, it is also essential to recognise, the imperative for any change to be at least cost neutral in the long term.

When considering any move to Integration, we need to ask the following:

- Will it improve quality of life?
- Will it improve the quality of care?
- Will it improve the citizen’s experience?
- Will it maximise cost efficiencies?

The paper is also predicated on the understanding that for Older People, health, social care, third sector and independent services should be designed and delivered to promote and maximise well-being; enabling the person to live independently in their community for as long as possible with services being provided in the person’s own home or within community settings to avoid the need for ongoing, acute or institutional care.

These core features are the underpinning foundation for recent joint policy—Setting the Direction, Sustainable Social Services, Delivering Local Health Care and A Framework for Delivering Integrated Health and Social Care . They are also fundamental to the new Older People’s Assessment Framework and the Social Services and Wellbeing (Wales) Bill.

Through integrated working Partners would expect to utilise their combined skills, knowledge, experience and resources to deliver better outcomes for Older People.

Specifically they would expect to:-

- Promote citizen ownership and control over their personal well-being and care needs, creating an independent rather than a dependent care culture.
- Support older people to live independently and be connected to their home and community, with the aim of reducing the possibility of loneliness and isolation.

- Provide proactive as well as reactive care, considering ways in which the individuals needs can be met through a variety of supports within the community and irrespective of their eligibility criteria.
- Streamline services and care to meet the individual needs of the older person better.
- Reduce duplication and increase awareness of services delivered across all sectors to older people.
- Reduce the inappropriate use of longer term and more intensive or acute care.
- Maximise the benefits from the resources invested in caring for older people.

2 Conceptual Framework

In order to plan for and describe the development of Integrated Services, this Statement of Intent has utilised a Partnership Continuum ⁽ⁱ⁾(see Appendix 1) which can be applied at Strategic, Managerial and Service Delivery levels; with implementation possible on a regional, sub-regional, county wide and locality basis.

Integrated working will develop at a different pace and for different services across North Wales. We will ensure that learning is shared through partnership structures. This may be through a shared website with a resource library and common templates for key documents and / or regular learning events.

Learning from “Collaboration in Social Services Wales” ⁽ⁱⁱ⁾, from key documents such as “Making integrated care happen at scale and pace”^(iv) and experiences nationally have highlighted the issues which help and hinder Integration and will bring pragmatism to our debate.

3 Model for the Integration of Health and Social Care Services for Older People / Target Operating Model

Currently within North Wales, there is no one coherent model for Integration which encapsulates all public health, primary, community, acute, social care and third sector services, and which is endorsed by all stakeholders—not least its citizens.

However the following components of a service model are ones we recognise which can meet the 4 key themes identified by older people when asked about the service difficulties they experienced i.e. co-ordination of care, continuity of care, straightforward and consistent referral and communication systems and access to services^(v):-

- Integrated Structures within a Governance Framework
- Operational/Service Integration

- Prevention and early intervention
- Intermediate Care/Short Term Intervention
- Longer Term Community Support
- Sub Acute/In-patient Care
- Planned workforce
- Streamlined back office functions

The development of a North Wales Integrated service model for Older People is a clear priority for Partners and one which we will work to achieve over the next 12 months. In this undertaking, we recognise that there may be variations between the 6 Local Authority Areas as to which of the components listed above will be adopted, at what stage in the Partnership Continuum and whether at strategic/managerial or service delivery level.

4 Current Arrangements and Future Intent

The following sections provide a baseline of current “integration” together with the intent and aspiration for the future in North Wales.

4.1 Leadership to drive the Vision

Current arrangements

i)The **North Wales Regional Leadership Board** is comprised of:-

- The Leaders and Chief Executives of the six North Wales Local Authorities
- The Chair and Chief Executive of the Betsi Cadwaladr University Health Board
- The Chair and Chief Officer of the North Wales Fire and Rescue Service
- The Police and Crime Commissioner for North Wales
- The Chief Constable of North Wales Police

A key objective for the North Wales Regional Leadership Board is the promotion of joint working between local authorities and between local authorities and other public services like police, health and fire and rescue services. To this end it manages a portfolio of collaborative projects.

ii) Partnership working within North Wales is further supported by the **Social Services and Health Programme Board**. This Board is chaired by a sponsoring Chief Executive and its membership consists of Directors of Social Services; Lead or Executive member for Social Care; Betsi Cadwaladr University Health Board officers

and Welsh Local Government Association (WLGA), Welsh Government (WG), Social Services Improvement Agency (SSIA) representatives.

iii) Social Services Directors also meet formally with Betsi Cadwaladr University Health Board (BCUHB) Executive Directors on a quarterly basis at the **North Wales Social Services Improvement Collaborative (NWSSIC)/BCUHB Quarterly Strategic Forum**.

iv) Each **Local Service Board (LSB)**, within its Single Integrated Plan has a commitment to improve collaborative working.

v) Local Authorities have key links with four of the BCUHB **Clinical Programme Groups (CPGs)** - Primary, Community and Specialist Medicine, Children and Young People, Therapies and Clinical Support, and Mental Health and Learning Disabilities. A senior Social Services Manager is included as a member on each of the four CPGs and invited to attend monthly meetings.

vi) Locality working is the foundation for Integrated services in North Wales. Within the joint working arrangements in North Wales key partners come together at the (regional) **Community Services Partnership Forum**. This Forum includes representatives from BCUHB (in relation to public health, primary care, community health services and mental health), independent contractor professions, social services (from each of the six Local Authorities) and the Third Sector. The Forum was originally established to drive forward the development and implementation of locality working and other key elements with *Setting the Direction*.

Discussion is now underway to ascertain whether the Forum can take a broader strategic role to become a regional Delivery Group which has the responsibility of driving forward all the required actions outlined in both "A Framework for Delivering Integrated Health and Social Care" and "Delivering Local Health Care". Through this Forum, the needs of the older population of North Wales for co-ordinated and consistent service delivery will be planned, using locality/ county/ regional and national data.

Future intent

i) The need for strong county governance structures which promote and support joint leadership at strategic, managerial and service delivery levels has been recognised, with a local Framework structure (attached as Appendix 2) showing the links between localities, county and the whole region of North Wales. This has been adapted to meet the needs of each County. The Forum at County level is intended to support integrated working by unlocking barriers and unnecessary bureaucracy.

ii) The Chair of Betsi Cadwaladr University Health Board has recently instigated a Partnership Review, the findings of which will help to inform strategic plans for Integration.

4.2 Commissioning

Current arrangements

i) The BCUHB Director of Public Health Annual report 2012, provides information on and further links to population needs assessment and priorities relating to the health and well-being of older people across North Wales. Additionally there are Older Peoples Indicators (2012) which have been developed by Public Health Wales.

ii) As an initial move towards a single commissioning plan, a regional working group comprising social care and health managers, has been established to scope existing provision and identify the continuum of community based services which come under the broad umbrella of “Intermediate Care Services”.

iii) The North Wales Commissioning Hub for high cost, low volume placements is a positive example of regional joint commissioning activity and one which can be built on to develop joint procurement of residential placements, oversee a regional contract and ensure a consistent approach to fee setting.

Future Intent

Commissioning is a broad concept and there are many definitions. It can be described as the means to secure the best value for local citizens and taxpayers. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which deliver the best possible health and wellbeing outcomes and provide the best possible health and social care provision within the best use of available resources.

i) For Older People’s services such benefits can be realised by planning and commissioning services jointly across social care and health in partnership with the third and independent sector. These will be developed at a locality, county and regional level.

ii) An initial element of this activity will be the development of market position statements.

iii) Risk stratification will also be incorporated as this enables appropriate services to be targeted in order that pro-active, personalised care planning can be achieved. Users who require case management due to the complexity and unpredictability of

their condition could then expect to receive care via co-ordinated care pathways that will ensure a smooth transition between services.

iv) A key issue will be to take a joint approach to ensure that providers of health and social care services operate in an enabling culture, support independence and avoid unnecessary escalation e.g. hospital admission.

v) The need to develop a strong model for joint commissioning has been agreed by Partners as a priority for action and a bid for additional support in this endeavour is currently being developed.

4.3 Resource Management/Pooled Budgets

Current arrangements

i) In respect of Formal S33 Agreements, all Counties have a Pooled Budget for the Community Equipment Service.

ii) **Conwy** has

- two jointly funded Extra Care Housing Short Term Flats to facilitate early discharge and reablement where people cannot return home.

iii) **Denbighshire** has

- a pooled budget agreed for health and social care workers.

iv) **Gwynedd** has

- one jointly funded Extra Care Housing Short –Term flat for respite and intermediate care

v) **Wrexham** has

- health and social care currently joint funding a number of initiatives including telecare, intermediate care, falls prevention programme and third sector contracts delivering low level preventative services for example.

vi) **Ynys Môn** has

- a Complementary Purchasing Scheme which has existed over the last 15 years to jointly fund health and social packages of care to maintain and support people at home with intensive and complex care needs in order to avoid inappropriate or premature admissions to long term care.
- long standing arrangements with Health to fund Rapid Response services in order to facilitate hospital discharge and to provide emergency intervention to avoid inappropriate admissions to hospital.

Future intent

i) All organisations are required to make significant efficiencies over the next few years and this could be a barrier to the further development of formal pooled budgets. However, it could also be argued that pooling budgets could lead to efficiencies. As with any aspect of integration, the rationale for taking such action requires the citizen and organisational benefits to be explored. This is an identified objective in respect of the Intermediate Care services working group referenced above.

However, it is clear that we need to have an improved understanding of the resources available within the County, preferably by locality, so as an initial step Partners will work together to map out the current budget, estate and staffing currently allocated to services for Older People.

4.4 Managerial/Service Integration

4.4.1 Workforce

There is an ambition across North Wales to move to a more integrated workforce structure for Older People. The predictions for future demand will be based on demographic change and the shift of services from ongoing, acute or institutional care to the community, whilst also taking into account additional demand arising from the need to address well-being, social inclusion, public health and the expected rise in the management of chronic conditions.

Current arrangements

- i) All organisations provide development opportunities that support staff from both health and local authorities as well as utilising Social Care Workforce Development grants to support developments in the third and independent sector.
- ii) **Conwy** has
- single management of Adult Mental Health Services.
 - co-location of health and social care staff for older people in Canolfan Crwst, Plas Menai and Abergele Surgery with Llys Dyfrig in Llandudno opening in March 2014..
 - integrated care & treatment planning in respect of Mental Health Measures.
- iii) **Denbighshire** has
- a single line management arrangement for Adult Mental Health Services
 - 2 Locality Teams that are coterminous with health locality boundaries. There is a shared office facility in one part of the County.
- iv) **Flintshire** has
- a single line management arrangement for Adult Mental Health Services.

- 3 Locality teams for Older People’s Services that are coterminous with health locality boundaries. One is co-located with health colleagues in a local community hospital. These have been established including Social Workers and Occupational Therapies with the aspiration of co-locating the remaining 2 teams in 2014.

v) **Gwynedd** has

- social care staff working in Meirionnydd co located with health colleagues . Currently staff work from 6 “touchdowns”, 5 of which are based in Health Centres or Community Hospitals.
- A single line management arrangement for the Adult Mental Health Service.

vi) **Wrexham** has

- strong partnership working in relation to intermediate care services with health employed generic workers based with the older people’s social work team and managed by the social work team manager.
- an integrated multi-disciplinary team approach being piloted at the Maelor Hospital as part of the frailty project to reduce avoidable admissions and facilitate timely discharge.
- Social workers co-located in Chirk Hospital as part of the South Locality Project.
- Integrated care and treatment planning in respect of Mental Health Measures.

vii) **Ynys Môn** has

- co-location of District Nursing Team within Adults Social care services in Llangefni.
- an integrated Gwynedd and Ynys Môn Social Work Team based at Ysbyty Gwynedd.
- co-location of integrated Community Mental Health services on two sites in Llangefni and Holyhead.

Future intent

i) We will determine the workforce required to meet the agreed Integrated Service Model for Older People to ensure that we have sufficient staff with the right skills in the right place. It is axiomatic that this is a particular challenge for the rural areas of the County.

ii) We will explore opportunities for the joint location of teams—noting the need for pragmatism in the shared cost implications of such provision.

iii) Shared arrangements have been identified as key in leading change and cutting across the fragmented services and silo working that characterise dysfunctional systems. We need to develop well co-ordinated, integrated pathways to ensure that citizens do not experience disconnect. We intend to commence discussion to explore the options of establishing joint Locality Managers who would have

operational and developmental responsibility for the management of a complex range of specialist, multi-agency services in a cost effective and responsive way, integrating established practices and multi-disciplinary staff across care pathways.

iv) A recent Partnership Assessment exercise undertaken by the Locality Teams in each County, has provided an analysis of current working arrangements and identified areas for improvement. This assessment will provide a baseline for the future.

4.4.2 Back Office functions

The need to ensure that Integration is based on a whole systems/organisational approach is highlighted in “Collaboration in Social Services in Wales”⁽ⁱⁱ⁾. This document evidences the risks to developing integrated services when all key departments eg finance, human resources, information, are not engaged in the journey from the outset. They need to be involved in agreeing the level to be achieved on the Partnership Continuum.

For the Health Board, support functions such as ‘payroll, procurement and transactional aspects of Human Resources (HR) are provided by the all Wales Shared Services Partnership.

Effective integrated working should be supported by policies and procedures that are at best joint and at least aligned and we will explore this in the context of the all Wales Partnership. There is also a need for shared training programmes, “joint” data management and information systems that “talk” to each other.

Current arrangements

i)BCUHB and the 6 Local Authorities are developing a shared Choice Policy to support timely and appropriate hospital discharge.

ii) All Local Authorities have an agreement to make funded nursing care payments on behalf of the Health Board

iii) **Conwy** has

- developed an information sharing protocol in respect of care home monitoring and a joint monitoring arrangement.

iv) **Denbighshire** and v) **Flintshire** have

- Wales Accord on the Sharing of Personal Information (WASPI) agreements in a number of services to support joint working.

vi) **Gwynedd**

- is a member of The Welsh Systems Consortium [WSG] which consists of 8 Local Authority's in Wales who purchased a social care system in 2003 . The WSC are currently undertaking a joint procurement with Health for a Community Care information system in order to realise the vision of Social Care and Community Health using the same system.

vii) **Wrexham** has

- an Adult Social Care's Workforce Strategy and Development team providing training to operational staff working across the Health and Social Care spectrum.
- Intermediate Care, Enhanced Care and South Locality Project – which are supported by joint data management systems.

Future intent

i) Within North Wales we will consider how development of joint information systems can be taken forward within the current model of the Shared Services Partnership. This will consider the national procurement programme for a Community Care Information System ie an electronic solution that will facilitate data sharing across Community Health and Social Care.

ii) The Welsh System's Consortium (WSC) which includes three North Wales Local Authorities - Wrexham Borough Council, Gwynedd Council and Ynys Mon County Council along with five other Local Authorities, have signed up to a joint procurement exercise with NHS Informatics Service (NWIS). This has been named the Community Care Information System (CCIS). All 22 Local Authorities and all 7 Regional Health Boards have been named in the tender process, which is well underway.

iii) A regional North Wales CCIS group has been established including Business Support leads and Heads of ICT. The group also includes partners from current 'PARIS' Suppliers (Conwy, Flintshire & Denbighshire) with a view of gaining a regional approach across North Wales.

iv) The intention is to support the integrated working objectives which in themselves deliver improvements for patients and more efficient working practices. In general a single system for community health and social care would enable:

- Improved decision making leading to better outcomes for people– through access to more complete data. This should improve patient outcome and help avoid admissions and improve service planning.

- Improved coordination – between authorities and thereby resulting in efficiencies and better service to patients.
- Improved individual patient safety – through less transcription errors, improved timeliness, reduction in ‘lost’ referrals, traceability to one point.
- Reduced visits to base – through access to information on the move.
- Reduced duplication in data capture and checking information.
- Reduction in unnecessary interventions.
- Increased confidence in the identity of the person.
- A joint core data set across health and social care.

4.4.3 Wider Partnerships

A range of services apart from health and social care are required by citizens and carers to live independent lives. For example, housing and transport equally affect the way people live, yet these services can sometimes operate in parallel, rather than in partnership with each other.

Current arrangements

To-date there have been some discussions and collaboration undertaken through existing partnerships, particularly through the Health, Social care and Well Being strategies, and occasional involvement in specific projects.

A North Wales Transport to Health Group has been established which is chaired by BCU HB and involves Welsh Government, representatives of the six Local Authorities, Taith – the regional transport consortium – Welsh Ambulance Services NHS Trust (WAST) and Community Transport.

The aim of this group is to understand and improve access to health services and facilities in North Wales. The group is also seeking to ensure a better strategic fit between planning and delivery for all partners involved.

Future Intent

In response to some of these difficulties, we should have care pathways that assist patients in their journey through multi-agency services and that work across boundaries to support people in accessing and negotiating services and in making the transition from one care setting to another. This is particularly relevant for those citizens and carers who experience difficulties in accessing care from teams that fall outside the remit of integrated provision.

4.5 Citizen Centred / Co-produced services

Current arrangements

In North Wales, we recognise the value not only of adopting healthy lifestyle behaviours, but ensuring strong social networks are in place to support individuals.

Being an active member of a community can increase the level of control people have over their lives and contribute to improved health and well-being. Co-production – using the experience, knowledge and abilities of professionals, partner agencies, people using services and their communities – can contribute to improved outcomes. It can also help ensure that better value for money is achieved and can help in empowering communities.

The Director of Public Health's Annual Report 2013 recognises and supports the importance of such approaches. "Co-production means that people share decisions about their health and wellbeing with health and social care professionals. It means that health and social care workers move towards a facilitation role and away from the traditional fixing role. It means a shift of power, and it means that everyone needs the skills to take part in shared decision making."

Co-production approaches are being used in the planning and development of some community based initiatives and the six Local Authorities are developing a shared understanding of this methodology.

We are also exploring the potential development of social enterprise schemes – businesses that trade to tackle social problems, improve communities, people's life chances, or the environment.

The Local Authorities and the Health Board have identified the need to develop a shared approach to social enterprise as part of the transformational change required for the implementation of the Social Services and Wellbeing Bill. Our proposals for use of the funding for implementation include the commissioning of expertise to support us in this approach.

The Strategy for Older People was launched in 2003 to address the issues and aspirations of people aged 50 and over living in Wales. The strategy is grounded in ageing as a positive concept. Mechanisms and structures have been established at local levels across North Wales that allow public services to hear the voice of older people and to allow older people to be involved in decisions that affect their lives.

It is recognised that Carers are a key partner in the delivery of care and supporting their involvement is central to the sustainability of care provision. The Health Board, Local Authorities and Third Sector organisations in North Wales are expected to work in partnership to achieve the cultural change and deliver the main duties arising from the Carers Strategies (Wales) Measure 2010. Strong and effective partnerships will be crucial to enable the successful delivery of the key actions that include improved joint working, joint reporting systems and strengthened carer information services.

i) In **Conwy**

- The Consultation on the modernisation of Older Peoples Services ensured that citizens were at the heart of the developments and each new scheme has been oversubscribed.
- Similarly Carers have a high profile and are actively involved in the development of services. The Health Board and Conwy Local Authority have been working together to prepare, publish and implement a Strategy for Carers.
- A cultural change in empowering carers to be part of the decision making processes around care management.
- Moving On Solutions, re-provision of health and well being activities (social and Leisure) is a good example of co-production, managed by third sector with a volunteer base and support from the LA via grant.

ii) In **Denbighshire**

- The North Denbighshire Community Healthcare Services project has been working with service user and community representatives, who are taking part in the development of proposals for the planned new community hospital in the locality. We are exploring the potential for social enterprise or entrepreneurship to support local people becoming involved in the hospital facilities and services, working with other local agencies.
- North East Wales Carers Information Service (NEWCIS) are contracted to undertake Carers' Assessments

iii) In **Flintshire**

- There are a number of excellent examples of citizen centred/ co produced services. These include:-
- Current and former service users in Mental Health as partners in all aspects of service provision. They support delivery of training, attend training courses and are part of the overall positive approach to co-producing service provision and delivering outcomes.
- As part of ongoing service development, Flintshire County Council providing opportunities for communities to co-produce options for future service delivery in 2014
- Individual Business Plans by service considering options to develop further co-produced services.

iv) In **Gwynedd**

- There are a number of existing groups for example the Older People's Forum and Ageing Well Centres which provide regular opportunities for

conversations which help inform the citizen centered direction of our service. The intention is to increase the use of existing groups ensuring that any gaps are filled re citizen engagement.

v) In **Wrexham**

- The co-production of services and the development of strong and resilient communities is a priority for the Authority. The Adult Social Care department have lead on a range of co-produced initiatives, including the Community Inclusion Grant scheme, which provides seed funding to new and existing community groups in order to develop low-level community-based support for older people. Wrexham also use peer interviewers, recruited from the Wrexham Over 50s Forum, to undertake in-dept qualitative interviews with users of older people's services.

vi) In **Ynys Môn**

- There are a number of existing groups which include for example the Older People's Council and Forum and 3 Age Well Centres which provide regular opportunities for conversations which help inform the citizen centred direction of our service developments and delivery. The intention is to increase the use of existing groups in the development of community-based preventative support services across the Island.
- Under the Strategy for Older People, a tried and trusted model of engagement has been developed with a number of local communities to reshape and develop a range of community-based preventative services which promote health and well-being and social inclusion for older people.
- As part of ongoing service development under the Transformation Programme for Older Adults Services, opportunities will continue to be provided for communities to co-produce options for future service delivery in 2014 and beyond. A Community Partnership approach with key stakeholders and local community groups is being developed in the Beaumaris area to make more effective use of community assets and resources.

Future Intent

i) We will explore together how we can build on early work on co-production, working to embed the principles into our planning and development of future services.

ii) Local Authorities and the Health Board will work with LA Regeneration Departments and established social enterprises across North Wales to research, explore and learn more about the development of social enterprises and co-operatives. Although there are examples of well-established social enterprises operating across North Wales there is room to learn from these, develop these further and to establish Social Enterprises and / or Co-operatives in other service areas. North Wales will undertake a series of events to learn more about the

development of such initiatives and will strive to establish further initiatives across social care and health services.

iii) The Locality Leadership Team recognises the need for an Outcomes Focused approach in working directly with older people and also when developing services.

The new Assessment Framework will ensure outcomes are captured by whichever professional undertakes the assessment, whilst the recent regional document “Developing Joint Outcomes for Localities” will enable partners to agree the priority outcomes to be achieved through respective organisational actions.

iv) The provision of pathways that encompass self-management through to end of life care will be developed.

v) **Conwy** has

- a Corporate group established to consider the opportunities of working with social enterprise to deliver a range of services including social care.

vi) In **Flintshire**

- Mental Health Support Services expect to progress a Social Enterprise in early 2014 with service users, the community and the council to allow wider community and individual engagement in service provision.

vii) **Wrexham**

- plan to extend and build upon the positive work undertaken in relation to co-production in partnership with BCUHB

4.6 Service Delivery Integration

4.6.1 Service provision

Current arrangements

i) In **Conwy**

- The provision of Community Mental Health Services for adults is provided through a single line management arrangement.
- The Local Authority provides professional input into Intermediate Care services and has Service Level Agreements in place to provide support for Intermediate Care Services and End of Life services.

ii) In **Denbighshire**

- Community Mental Health Teams for adults are provided through a single line management structure. The Health & Social Care Support Workers are

managed locally by the Local Authority through a pooled budget. The Local Authority provides professional input to the Enhanced Care Service and supported the Seasonal Plan.

iii) In **Flintshire**

- The Crisis Intervention Team consists of health and social care staff and works in partnership across health & social care boundaries to maintain people at home during a medical crisis and support speedy discharge from hospital.
- 3 Dementia Support Workers are funded by Continuing Health Care Funding delivered by Social Care specifically to link people with dementia into community support services and enable them to maintain their place in the community for as long as possible.
- an Early Onset Dementia Social worker works across the boundaries of health & Social care specialising in uniquely complex cases and supporting creative solutions that maintain people at home.
- the North East Wales Carers Information Service deliver carers assessment on behalf of statutory partners
- Service Agreements exist for the provision of equipment services with “Care and Repair” and for visual and hearing impairment support with Vision Support and North Wales Deaf Association and Wales Council for the Blind
- 3 health staff within the Reablement team based within the local authority are managed on a daily basis by the Reablement Manager.

iv) In **Gwynedd**

- The provision of Adult Mental Health services is through a single line management arrangement
- The Local Authority provides professional input into Intermediate Care and Enhanced Care services
- Specialist Day Care provision for individuals with dementia is jointly funded within two locality areas - Dwyfor and Arfon

v) In **Wrexham**

- The Intermediate Care Service represents a joint partnership between Wrexham Adult Social Care Department and Betsi Cadwaladr University Health Board. This initiative successfully supports the achievement of joint health and social care outcomes whilst delivering care and support which best meets the needs of older people in Wrexham.
- Enhanced Care has been successfully implemented within South Wrexham and demonstrates effective joint working between health and social care at both a strategic and operational level.
- The South Locality Pilot represents a successful joint Health and Social Care Initiative which manages the discharge home of patients with chronic conditions and who might otherwise face unnecessarily lengthy hospital admissions.
- Health employed TIs are a core part of the Reablement Service

- A number of pilot projects are underway to assess (a) the value of an expanded Intermediate Care Service (Social Workers, Therapists, District Nurses and generic workers) – available over the weekend in order to increase the number of safe discharges during the Winter pressures period; (b) the value in having social work presence within the Medical Assessment Unit at the Maelor hospital to help prevent avoidable hospital admissions and facilitate earlier discharge.

vi) In Ynys Môn

- Effective multi-disciplinary assessment and care management arrangements have been in existence over the last 20 years through the Model Môn Scheme which has operated across all 6 geographical patches which are co-terminus with GP catchment areas. Currently, the Locality Team lead on the ongoing support and development of these arrangements at the local level.
- Enhanced Care has been successfully implemented within Ynys Môn and demonstrates effective joint working between health and social care at both a strategic and operational level.
- There is ongoing collaboration through Locality Team arrangements to develop a more integrated approach to the delivery of Intermediate care services which include a Rapid Response Service and an in-take model of a Reablement Service.
- District Nursing staff have been co-located within Adults Social Care Services in Llangefni in order to support the Single Point of Access, Assessment and care Management arrangements.
- Dementia Support Workers are funded by Continuing Health Care Funding delivered by Social Care specifically to link people with dementia into community support services.

Future Intent

i) In **Conwy**

- Enhanced Care, Intermediate Care and End of Life Care will be jointly delivered through a Memorandum of Understanding.

ii) In **Denbighshire**

- the Local Authority is working with BCU in the development of the North Denbighshire Community Healthcare Services Project and the Llangollen Primary Care Centre and the roll out of Enhanced Care Services in the Central and South Locality area.

iii) In **Flintshire**

- the Local Authority is working with BCUHB in the development of Primary Care Centres in Buckley & Flint and the roll out of Enhanced Care Services in all areas of Flintshire. Health and Social Care operate co-terminus locality

structures and have developed locality leadership teams driving local agendas.

iv) In **Gwynedd**

- Specialist day care for individuals with dementia will be jointly funded in the third locality area--Meirionnydd

v) In **Wrexham**

- The Intermediate Care Service will be enhanced both in size and scope in order to meet the growth in demand. It is the aspiration that the service operating hours will be extended in order to accept referrals at evenings and weekends.
- Intermediate Care, Enhanced Care and Reablement services will be developed to deliver a seamless, proportionate, needs led service.
- The value of further integration and co-location of health and social care staff will be evaluated and pursued as appropriate.
- The value of the future development of a step-up / down facility to support the achievement of Intermediate Care outcomes will be investigated.
- In line with the SSIA Reablement Position Statement (2013) – the development of a joint Reablement Strategy, and opportunities for enhanced joint funding explored

vi) In **Ynys Môn**

- The Intermediate Care Service will be enhanced both in size and scope in order to meet the growth in demand. It is the aspiration that the service operating hours will be extended in order to accept referrals at evenings and weekends.
- Intermediate Care, Enhanced Care and Reablement services will be developed to deliver a seamless, proportionate, needs led service.
- the value of further integration and co-location of health and social care staff will be evaluated and pursued as appropriate.

4.7 Engagement

Current arrangements

- i) Within the regional Locality model, Locality Stakeholder Groups were identified as the mechanism for engaging directly with the population, to discuss current provision and identify future need/ options for change. This approach was initially used to debate changes to health provided community services.
- ii) Local Service Boards are developing engagement strategies to enable local communities to be better able to understand the work of the LSBs. Similarly, shared engagement strategies around the Single Integrated Plans are being used or developed.

iii) Initial exploration of shared approaches to engagement and consultation has commenced through the North Wales Consultation Officers group, which comprises representatives of the six Local Authorities and more recently the Health Board.

iv) The advantages of a shared approach are recognised in the Guidance for Engagement and Consultation on Changes to Health Services^(v) which anticipates that in engagement and consultation, Local Service Board partners should be fully involved to ensure that proposals are seen and addressed within the context of the “whole system” of public service provision.

v) In **Conwy**

- the Joint Localities Board (delivering the current Health, Social Care and Wellbeing Strategy) is currently developing a participation strategy to ensure a citizen focussed approach.

vi) In **Denbighshire**

- there is an Older People’s Strategy Group, a My Life, My Way Group and contracts with third sector organisations for advocacy and consultation in order to inform service quality and developments. We are currently engaging with groups to explore ‘Supporting Independence in Denbighshire’, characterised by ‘SID’, an older man representing individuals with a range of different social, health and care needs and how services can support his independence and wellbeing.

vii) In **Flintshire**

- services for adults in social care were transformed following extensive engagement with community partners.
- there are strong multi agency arrangements to engage with older people in Flintshire and a locality service questionnaire is used to gain vital information from the community. In Mental Health there is a strong structure to support service user engagement in current and future service delivery.
- It is commonplace for service users to sit on panels to support appointments within key areas.

viii) In **Gwynedd**

- A process of community engagement has recently commenced with groups of citizens. This is in order to both inform them about, and create opportunities to help shape the development of the Integrated Single Point of Access (SPOA) between community health and Gwynedd Adult Social Care services.

ix) In **Wrexham**

- A robust process for community and service user engagement is embedded within the commissioning function in order to ensure the voices of key stakeholders are heard and taken into account when planning and developing services

x) In Ynys Môn

- under the Transformation Programme for Older Adults, engagement arrangements with key stakeholders and local communities are being developed in order to consult on proposals to reshape and develop a range of community-based services which will include care and accommodation services for Older People.
- effective links exist with the Older People's Council in order to promote discussions on future service developments and the remodelling of services under the Transformation Programme.
- there are a number of service level agreements with 3rd sector organisations to provide advice and advocacy support and forums for service users.

Future Intent

i) The need to review the work and focus of Locality Stakeholder Groups has been identified and will be discussed within the Community Services Partnership Forum. These groups present an opportunity for a shared approach between the six Local Authorities and the Health Board.

ii) We will explore opportunities for development of shared engagement and communications.

As part of the transformational change under the Social Services and Wellbeing Bill, it is proposed that a regional strategy is developed to be delivered over 3 years which would secure effective communication, including consideration of suitable materials such as banners, leaflets, materials for media and engagement with communities. This is to underpin a shared approach to community engagement and information.

iii) We will continue to explore and identify opportunities for bringing together of activities on the spectrum of participation - communication, information, engagement and consultation, shared decision making – within the governance arrangements of each organisation.

iv) All the partners are committed to the provision of all services in the language of choice and to the implementation of More Than Just Words – the Welsh Government's strategic framework for Welsh language services. This is important for services which we commission from other providers, as well as services provided

by the Health Board and the Local Authorities. We will seek to ensure Welsh language services are available wherever possible; greater collaborative working may help facilitate this. We are also committed to promoting the use of the language and maintaining Welsh culture and will strive to ensure that our strategies for integrated working support and complement these commitments.

v) We are also committed to advancing equality of opportunity and protecting and promoting the rights of everybody to achieve better outcomes for all. Our collective focus is on well-being in its widest sense to improve and enhance the lives of individuals, communities and the population of North Wales. We are required by the specific equality duties for authorities in Wales to undertake Equality Impact Assessment (EqIA) on any policies or proposals which might affect protected characteristic groups and to engage with those groups who may be affected by proposals. As we develop our thinking on the integrated model of care for older people with complex needs, we will undertake impact assessment and seek to engage with representatives of groups who may be affected.

4.8 Transforming Access

Current arrangements

i) Conwy

- Is part of the regional project around transforming access. It is clearly understood that the development of a SPOA is fundamental to the success of community based services. Conwy has undertaken a piece of research to consider access into services and identified a range of desired outcomes which will be achieved over net 12 – 18 month via a project management approach.

ii) In Denbighshire

- there has been a project team developing a Single Point of Access (SPoA) for health and social care services for adults. Agreement has been reached on what will be included in Phase 1 of the development, in order to use the learning from this to inform both local and regional approaches.

iii) Flintshire

- is the host organisation for the Regional Programme Manager and is currently developing a local Single Point of Access (SPOA) project team to take the development forward locally.
- Current Hospital Social Work arrangements and first contact structures support excellent access to social care support for service users and for referrals from partners. Additionally adult social care have developed Self Assessment for equipment provision which reducing waiting times and becoming highly regarded.

- are also working with BCUHB to develop a falls pathway and are seeking to make the documentation more user friendly for Care Home Managers.

iv) **Gwynedd**

- Have an established SPOA (Integrated Single Point of Access) Strategic Group. This multidisciplinary partnership Group is transforming access to integrated community based services through leading the SPOA development for Gwynedd. The decision to extend the remit of the Group to include the broader integration agenda was made recently. This Strategic Group also established (November 2013) a SPOA operational group for the Meirionnydd Locality to begin to deliver the SPOA on the ground.

ix) In **Ynys Môn**

- A Single Point of access has been established within the Social Services Duty System to process referrals following hospital discharge and referrals to all community disciplines which include Social Work ,District Nursing and Community Therapies.
- A multi-agency Project Board has been established to take forward an agreed Work Programme to develop business processes and IT linkages which will enable Health staff to access the RAISE community Care Information System.

Future Intent

i) North Wales Local Authorities in partnership with BCUHB, the voluntary and independent sector are currently taking forward plans to develop Community Single Points of Access in each local authority area. This programme of work is supported via funding received through the National Regional Collaboration Fund with the aim of establishing all access points by April 2016. This development will be crucial in supporting our commitment to provide rapid and coordinated access to advice and support that is coordinated across agencies and will play an ongoing part in supporting unscheduled care pressures.

ii) In **Denbighshire**

- During Phase 1 the SPoA will:
 - process referrals for health and social care community services to support Denbighshire residents' hospital discharge.(this to include referrals for Enhanced Care, Rhyl District Nursing Team, Community Therapy services, community Hospitals.
 - co-ordinate a service response according to an individual's presenting needs.
 - inform the referrer and all services which other services are to be involved, with details of each care coordinator where appropriate when multiple referrals are made for a patient / service user.

- offer telephone advice, information and signposting (or referral as appropriate) to non-statutory sector community services in Denbighshire.
- maintain and develop the Directory of Services for Denbighshire, publish the information on the Family Information Service website and become involved in future public-information developments in the county.
- record and analyse SPOA activity.
- The SPOA workers will be co-located and managed by a single Team leader but their work will not be fully integrated. A 'health' staff member will always be on duty to lead on Health referrals and a Social Services staff member will be on duty to lead on Social Services referrals. All workers will be familiarised with each other's procedures so that work can be shared but workload will be managed according to the resources available. Exceptions will be noted and capacity will be monitored daily by the Team Leader so that issues can be escalated immediately.

iii) In **Flintshire**

- The SPOA will build on the already well-established First Contact team.

iv) In **Ynys Môn**

- In respect of the single Point of Access established within the Social Services Duty Team discussions are taking place to improve business processes by allowing frontline Health staff from key disciplines to have access to the RAISE Community care Information system. The current arrangements process referrals for health and social care community services to support service users discharged from hospital or referred through community services.
- A Project Manager – funded through the regional collaboration Fund – will commence duties in January 2014 to take forward developments identified in the Project Initiation Document which has been drawn up and approved by the Project Board.

4.9 Assessment of Older People

Future intent

We will implement the Guidance in respect of Integrated Assessment, Planning and Review Arrangements for Older People, as required by Welsh Government on December 2nd 2013, recognising this action as being the catalyst to support the broader integration of care

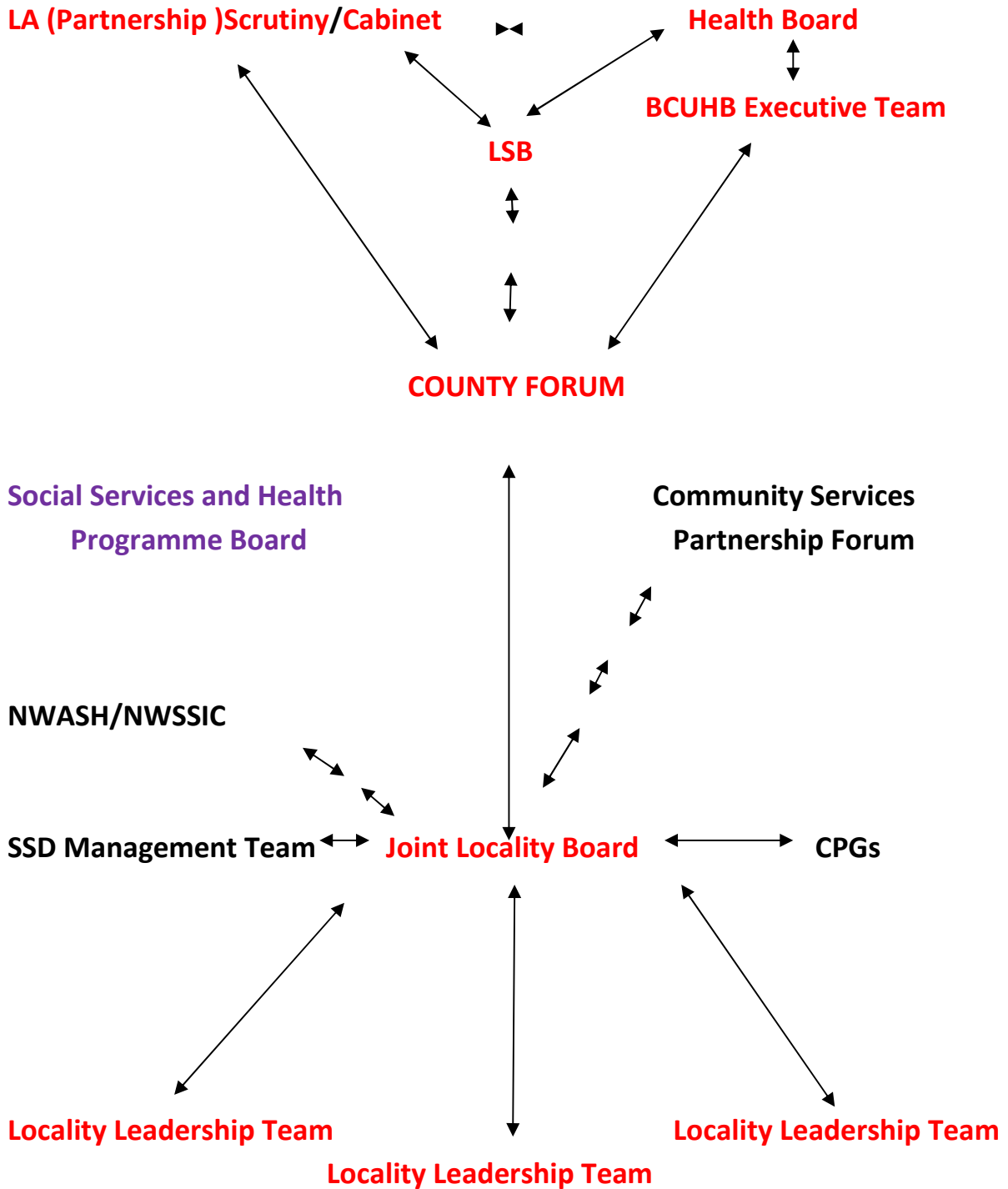
We are mindful that in order to deliver the new Framework there are requirements for both operational and cultural change in practice and it is the latter which may prove most challenging

5. References

- I. adapted from Community Based Collaborations, Oregon Centre for Community Leadership 1994
- II. Collaboration in Social Services Wales, SSIA 2013
- III. Lessons from experience—Making integrated care happen at scale and pace King’s Fund, March 2013
- IV. Mc Cormack et al 2008
- V. Guidance for Engagement and Consultation on Changes to Health Services, Welsh Assembly Government

Levels	Purpose
Networking	<ul style="list-style-type: none">* Dialogue and common understanding* Clearing house for information* Create base of support
Cooperation or Alliance	<ul style="list-style-type: none">* Match needs and provide coordination* Limit duplication of services* Ensure tasks are done
Coordination	<ul style="list-style-type: none">* Share resources to address common issues* Merge resource base to create something new
Coalition	<ul style="list-style-type: none">* Share ideas and be willing to pull resources from existing systems* Develop commitment for a minimum of three years
Integration	<ul style="list-style-type: none">* Accomplish shared vision and impact benchmarks* Build interdependent system to address issues and opportunities

GOVERNANCE STRUCTURE FOR INTEGRATED COMMUNITY BASED SERVICES



Version 5-5/11/13

—————→ direct reporting

↔ ↔ informing

NAME OF SCRUTINY COMMITTEE	SERVICES SCRUTINY COMMITTEE
DATE OF MEETING	13 FEBRUARY, 2014
TITLE OF ITEM	SCRUTINY INVESTIGATION – WELSH LANGUAGE EDUCATION
CABINET MEMBER	COUNCILLOR SIAN GWENLLIAN
AUTHOR	ARWEL E JONES, SENIOR MANAGER (CORPORATE COMMISIONING)

1. After the completion of the Scrutiny Investigation on the Quality of Education, the committee must now decide on an area for the next investigation in the field of education.
2. There was agreement that there is a need to look at the subject of Welsh Language Education and there was a discussion to that effect at the last Preparatory Meeting of this committee. I was asked to draw up a draft brief for the Investigation seeking to address the wishes of members in terms of giving attention to particular areas whilst offering a county-wide picture.
3. The latest draft of the brief for the Investigation is attached for the committee's attention.
4. The committee is invited to consider the draft, offer observations on it before adopting it and to select up to 6 members from their midst to serve on the Investigation.

Scrutiny Investigation – Welsh Language Education

Purpose of the Scrutiny Investigation

The Scrutiny Investigation is being established by the Services Scrutiny Committee to assess:

- How the Authority's Language Policy is being implemented at grass roots in individual schools
- The extent to which that provision helps in promoting the social use of the Welsh Language by children and young people (in the context of the Gwynedd Schools' Welsh Language Charter)

Specifically, the Investigation will:-

1. elaborate on the implementation of the Authority's Language Policy at primary and secondary schools in specific catchment areas
2. see how the key elements of the policy are applied in the policies of the different schools and in particular within the School Development Plan.
3. see how the requirements of the "*Strategic Plan on Welsh in Education*" are being actioned
4. see how the guidance and requirements of the "*Gwynedd Primary Schools Welsh Language Charter*" are being actioned

The Organisation of the Work

The Investigation will seek a county-wide picture on the issue but will act by catchment area, developing an implementation model to look at a catchment area that will include:-

a) Establishing an understanding of:-

- the linguistic pattern within the catchment area on the basis of Census and individual schools' statistics
- the educational structure of the catchment area and parents' perceptions of the linguistic nature of schools
- the relationships between schools with regard to the Welsh Language
- the use made of Language Centres
- the use made of Welsh in the classroom, corridor, refectory and yard
- activities held to celebrate and promote the Welsh Language culture and heritage

- the strategic linguistic priorities in the area (in the context of the development of the Gwynedd Language Strategy)
- the local context in terms of linguistic community work
- the linguistic attainments of the catchment's children
- good practice

b) Interviewing the following to identify the situation at grass roots:-

- A range of Headteachers (Primary and Secondary)
- The Primary Language Co-ordinator for the Catchment Area and the Language Co-ordinators at the Secondary School(s)
- A range of teachers
- Focus Group work with parents and pupils on Welsh Language Education and the use of the language within the school

c) Preparing recommendations to improve the consistency and quality of Welsh Language education within the catchment area now and for the future.

NB It is suggested that the Investigation should concentrate initially on the Bangor area and the Meirionnydd coast and Tywyn subsequently