



Complete Agenda

Democratic Services
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Meeting

CARE SCRUTINY COMMITTEE

Date and Time

10.30 am, TUESDAY, 30TH JANUARY, 2018

***NOTE: A BRIEFING MEETING WILL BE HELD FOR MEMBERS ONLY
AT 10.00 a.m**

Location

Siambr Hywel Dda, Council Offices, Caernarfon, Gwynedd, LL55 1SH

*** NOTE**

This meeting will be webcast

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

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(DISTRIBUTED 22/01/18)

CARE SCRUTINY COMMITTEE

MEMBERSHIP (18)

Plaid Cymru (10)

Councillors

Alan Jones Evans
Elin Walker Jones
Olaf Cai Larsen
Annwen Daniels
Rheinallt Puw

Sian Wyn Hughes
Dafydd Owen
Cemlyn Rees Williams
Linda Ann Jones
Peter Read

Independent (6)

Councillors

Eryl Jones-Williams
Beth Lawton
Elfed Powell Roberts

Richard Medwyn Hughes
Dewi Wyn Roberts
Angela Russell

Llais Gwynedd (1)

Councillor
Anwen J. Davies

Gwynedd United Independents (1)

Vacant Seat

Ex-officio Members

Chair and Vice-Chair of the Council

Other Invited Members

Councillor Craig ab Iago (Item 5)
Councillor W. Gareth Roberts (Items 6 – 9)

AGENDA

1. APOLOGIES

To receive any 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

5 - 25

The Chairman shall propose that the minutes of the following meetings of this Committee, be signed as true copies.

4 September 2017 (Extraordinary Meeting)
21 September 2017

(Copies enclosed)

5. CARTREFI CYMUNEDOL GWYNEDD'S ANNUAL REPORT

26 - 41

Cabinet Member: Councillor Craig ab Iago

To consider Cartrefi Cymunedol Gwynedd's Annual Report. (Copy enclosed)

* 10.30 – 11.15 a.m.

6. HEALTH SERVICE - BLAENAU FFESTINIOG AREA

42 - 63

Cabinet Member: Councillor W. Gareth Roberts

To consider a report on the above matter. (Copy enclosed)

* 11.15 – 12.00 p.m.

7. THE ALLTWEN SCHEME

64 - 70

Cabinet Member: Councillor W. Gareth Roberts

To receive an update on the progress and development of the above scheme. (Copy enclosed)

*12.00 – 12.20 p.m.

8. UNPAID CARERS INVESTIGATION REPORT 71 - 81
Cabinet Member: Councillor W. Gareth Roberts

To receive a report by the Cabinet Member for Adults, Health and Wellbeing on the above.

(Copy enclosed)

***12.20 p.m. – 12.40 p.m.**

9. SUPPORTING GWYNEDD'S DISABLED PEOPLE 82 - 84
Cabinet Member: Councillor W. Gareth Roberts

To consider the final brief for the Investigation and to elect members.

(Copy enclosed)

***12.40 – 12.50 p.m.**

10. FORWARD WORK PROGRAMME 2018 85

To submit, for information, the scrutiny forward work programme, as it stands at present (copy enclosed).

***12.50 – 13.00**

*** Please note that these are estimated times.**

EXTRAORDINARY CARE SCRUTINY COMMITTEE 04.09.17

Present: **Councillor Eryl Jones-Williams - Chairman**
 Councillor R. Medwyn Hughes – Vice-chairman

Councillors: Annwen Daniels, Anwen J. Davies, Beth Lawton, Elfed P. Roberts and Angela Russell.

Also in Attendance: Morwenna Edwards (Corporate Director), Aled Davies (Head of Adults, Health and Well-being Department), Siôn Huws (Senior Solicitor (Corporate)), Gareth James (Member Support and Scrutiny Manager) and Glynda O'Brien (Member Support Officer).

Others invited:

Representing Betsi Cadwaladr University Health Board:

Gary Doherty - Chief Executive
Ffion Johnstone - Area Director (West)
Wyn Thomas - Assistant Director Initial Care
Chris Rudgley – Deputy Operational Area Manager (West)
Dr Siôn Jones, Consultant, Older People
Dr Salah Elghenzai, Medical Director (West)
Karen Bampfield, Community Nurses Leader (Meirionnydd)
Eirian Wynne - Engagement Officer
Kathryn Cummings - Communications Officer

Representing the Ffestiniog Memorial Hospital Defence Committee:

Mr Geraint Vaughan Jones
Dr Walt Evans
Cllr. Linda Ann Wyn Jones
Cllr. Glyn Daniels

Apologies: Councillors E. Selwyn Griffiths, Peter Read, Dewi Wyn Roberts and W. Gareth Roberts (Cabinet Member for Adults, Health and Well-being).

The following also tended their apologies as a result of declarations of personal interest: Councillors Elin Walker Jones, Dafydd Owen and Rheinallt Puw.

1. DECLARATION OF PERSONAL INTEREST

- (i) Councillor Eryl Jones-Williams declared a personal interest as he represented the Council on the North Wales Community Health Council, and following guidance from the Senior Solicitor it was noted that he could discuss the matters in question.

- (ii) Councillor Linda Ann Wyn Jones stated that she could not take part as a member of the committee following guidance from the Monitoring Officer, and she was present on behalf of the Ffestiniog Memorial Hospital Defence Committee.

2. PRESENTATIONS - THE SUITABILITY OF THE PROPOSED HEALTH PROVISION FOR THE RESIDENTS OF BLAENAU FFESTINIOG

The Chairman explained that this extraordinary meeting had been convened as a result of a Notice of Motion submitted by Councillor Glyn Daniels at a meeting of the full Council on 15 June, 2017 stating as follows:

"I propose that Gwynedd Council supports the Hospital Defence Committee and the residents of Blaenau Ffestiniog to press on the Betsi Cadwaladr University Health Board and relevant authorities to ensure that appropriate and necessary facilities are provided in the new hospital being built in the town.

With this I mean facilities that are usually found in local hospitals, such as a x-ray unit, minor injuries unit and a sufficient number of beds for inpatients. Given that Blaenau Ffestiniog is the third largest town in Gwynedd, and also that the response of the vast majority of residents in a recent referendum insisted that the town deserved to be treated in a better way, I believe that there is no reason why the Council should not support this proposal."

RESOLVED to refer the matter immediately to the Care Scrutiny Committee and to discuss it as soon as possible."

Representatives from the Betsi Cadwaladr University Health Board and the Ffestiniog Memorial Hospital Defence Committee were welcomed and invited to submit relevant information and evidence regarding the suitability of the proposed health provision for the residents of Blaenau Ffestiniog and the area.

(A) Betsi Cadwaladr University Health Board

(i) The Chief Executive, Betsi Cadwaladr University Health Board, noted that he appreciated the importance of this issue, and in the same manner that the Health Board had questions to be answered. Whilst recognising that the matter had some history, it was trusted that the report submitted would set out the Health Board's reasoning in terms of reviewing the service, the implications of this review in terms of arriving at a point where there is a better range of services across north Wales and that those are as effective and sustainable as possible. Also, in terms of moving forward the Health Board believed that the new Health Centre would enable them to develop new services as those aimed across the whole of north Wales. These new services were not based on beds, but they would be effective and sustainable within the proposed clinics in the new Health Centre. One basic point that the Health Board had to accept was that they had made some changes giving the impression that some matters would be implemented before those changes had been done. This was an error on behalf of the Health Board, however, having said that, the Chief Executive was of the view that the rationale established by the Health Board was robust and appeared to work well in other places. It was hoped that people would see the Health Board achieving its commitments

with a more positive picture of moving forward when the new services are operational as part of the Health Centre.

(ii) Ffion Johnstone, Area Director (West), referred to the proposed structure that was trying to get care closer to the homes of individuals by creating community hubs within the communities. In terms of consistency and safety for the patient, they endeavoured to get health services with the same opening hours in the community hubs and within a journey of 40 minutes by car for patients across north Wales. It was noted that x-ray services together with minor injuries were available from 9.00 a.m. until 5.00 p.m. from Monday to Friday in the community hubs. In terms of Blaenau Ffestiniog, it was proposed to establish an integrated health and care centre that would include health and care services as well as the third sector. It was further noted that it was proposed to hold new clinics at the Centre such as coronary and pulmonary clinics and to expand learning disability services and palliative care.

(iii) In terms of the strategy in the community, Dr Siôn Jones, Consultant in Elderly Care at Ysbyty Gwynedd, reported on the way forward to offer a more personal service to individuals in their own homes. He noted that frailty and the number of older people were increasing in communities and often admission into hospital was not ideal for some of these individuals. They were trying to develop a service to deal with any emergency within the community and to be able to identify frailty early on. Reference was made to the success of the arrangements namely the MEC Model (Môn Enhanced Care) with a team of medical leaders including one part-time GP, 2 nurses together with healthcare assistants who had seen approximately 250 patients in the community over the last year. It was trusted that the model could be expanded across other areas in Gwynedd, however, this was difficult due to financial and recruitment limitations.

(iv) The Area Director for the West added that the Health Board had developed a business case and following a consultation process the plan to develop an Integrated Centre at Blaenau Ffestiniog had been approved by the Welsh Government. In terms of the recommendations, it was resolved to close beds at the Ffestiniog Memorial Hospital and it was agreed to open an additional six beds at Ysbyty Alltwen. Over four years the average number of patients from Blaenau Ffestiniog admitted every month to Ysbyty Alltwen was between 5.3 and 8, and this was in accordance with the capacity of an additional six beds that were opened. Regarding care at home, significant additional resources had been provided in nursing, social services, the third sector and administrative support. In the context of the capacity of nursing / residential homes, it was noted that there was a national shortage and it was necessary to look at different models. Three beds had been established in Bryn Blodau Residential Care Home for step up / step down care and these are used 80% of the time.

The x-ray service and the minor injuries services at Ffestiniog Memorial Hospital were unsustainable and by now a five day a week x-ray service is provided and it is proposed to extend the opening hours of the minor injuries service up to midnight for 7 days a week at Ysbyty Alltwen.

(v) Karen Bampfield, Community Nurses Leader (Meirionnydd), explained the operational side and noted that a team of staff operated in the Blaenau Ffestiniog area with approximately 166 patients as part of their caseload. Approximately 34 persons received palliative care in the community last year. It was noted that the nurses' skills had been enhanced to treat patients within the community. When the team moves to the Memorial Centre they will share an office with Social Services Officers in order that they can work together to move the strategy forward.

In conclusion, the Area Director for the West noted that the Health Board had sought to proceed with a strategy for the community and to ensure safe services but by so doing had to reduce the number of hospitals in order to up-skill staff.

(B) Members of the Scrutiny Committee were given an opportunity to ask questions to the Health Board representatives.

(i) In response to an enquiry regarding the consistency of provision across Gwynedd and if there was evidence to justify this, the Chief Executive of the Health Board noted that this was difficult to answer. He explained that the Health Board had tried to locate the Community hubs in order that people could get access to facilities within 40 minutes of travelling time. It was difficult to compare, but at the time, the decision was made on the location of the community hubs by the Health Board based on the density of population and the catchment-area. It was further noted, in terms of the record, that the Health Board should possess the activity data.

(ii) Reference was made to a comment made that only 2 patients on average attended the Minor Injuries Unit at Ysbyty Alltwn and it was asked how many patients travelled on to Ysbyty Gwynedd in Bangor. In response, it was noted that on average 5% of the West were referred to Ysbyty Gwynedd. It was added that the Ysbyty Alltwn Matron was currently formulating the criteria for visits to the Minor Injuries Unit and was looking at ways for the out of hours service to collaborate with the Minor Injuries Unit.

(iii) It was asked how long on average did individuals have to stay in community hospitals. In response, it was noted that on average 26.2 days was the stay in Ysbyty Alltwn and the following figures were listed for a period of four years.

2013/14 - 29.5
 2014/15 - 24.3
 2015/16 - 21.3
 2016/17 - 31.8

(iv) Considering the popularity of Blaenau Ffestiniog now, with visitors taking part in outdoor activities available in the area it would make sense to have x-ray and minor injuries units in Blaenau.

In response, it was noted that at the time the decision was made regarding the locations of the hubs, the level of activity going through the minor injuries department at the time was considered. Whilst recognising that matters had developed and there might be more demand, the minor injuries service was available at Ysbyty Alltwn. However, in terms of current best practice when dealing with head injuries, eye socket injuries, these had changed over the years, and therefore they were referred to a larger accident and emergency department. The Health Board service model currently noted that patients would go to Ysbyty Alltwn and then onwards to Bangor, if required.

(v) It was asked if the residents of the Ysbyty Alltwn area were being deprived of beds in the Hospital, bearing in mind that residents from the Blaenau Ffestiniog were

being referred there? In response, it was confirmed that there were 6 additional beds available at Ysbyty Alltwen for the the demand.

(vi) In response to a query regarding the future of community hospitals, it was noted that the intention was to have integrated hubs and to collaborate with Social Services and others such as the third sector and to focus on care in the home.

(vii) It was asked how much pressure was there on Ysbyty Gwynedd in terms of releasing beds, where it was seen that some patients should be moved closer to their home. It was confirmed that there was collaboration with Ysbyty Gwynedd to take patients out into the community. It was added that the Health Board had an excellent multi-agency team operating at Blaenau Ffestiniog.

(viii) It was asked if Blaenau Ffestiniog houses were suitable for home care and specifically for hospital beds, bearing in mind the size of some of the houses, stairs etc. In response, it was explained that the Hospital Discharge Coordinators were looking into what was available. However, the Health Board intended to look further into the extra care housing provision.

(ix) It was noted that a planning application had been submitted for 26 extra care housing at Llan Ffestiniog and this was refused by the Snowdonia National Park Authority, and it was asked if the Health Board had taken this into consideration when Ffestiniog Memorial Hospital was closed. In response, it was noted that the Health Board did not close the hospital because of the above.

(x) It was asked if it was possible to change the decision and to establish a Community Hospital in Blaenau Ffestiniog what would the impact of this be on hospitals or other services within Gwynedd. In response, it was noted that the locations of the community hubs were based on travelling distances for individuals to receive treatment i.e. a journey of 40 minutes. It was noted that travelling from Blaenau Ffestiniog to Ysbyty Alltwen was 13.5 miles, approximately 20 minutes travelling, with journeys from Bala to Dolgellau, Aberdaron to Bryn Beryl longer and therefore the Health Board had to re-map the distances across the whole of Gwynedd. It was added that the Health Board would have difficulty to recruit staff for more community hubs than they proposed namely 10. In addition, the model would enable better proactive care in the home for patients and would assist to prevent their health from deteriorating and in some cases this meant that they would not have to be admitted into hospital.

(xi) It was recognised that it was not possible to care for every patient at home, and in some cases individuals would have to be admitted into hospital from their communities. If a patient required intensive care then it was necessary to go into hospital. However, it was reasonable for the Health Board to provide the best service to the best of its ability, and that more could be done to prevent people from deteriorating and it was necessary to make an effort to get the correct number of units in the correct locations to meet with the needs.

(xii) It was asked if the geographical nature of Gwynedd was the problem and would it not be reasonable to get more community hospitals to respond to the needs? In response, it was recognised that the geographical nature of the county created more of a challenge to the Health Board but it was also necessary to consider the skills of practitioners together with evaluating what was available locally. It was felt that the Health Board had considered the best possible options for the correct locations for the community hubs.

It was added that the number of admissions to Ysbyty Alltwen had reduced by 34% and approximately 97 were admitted to hospital in 2014/15 and 34 last year, this was due to the community nursing service introduced in Blaenau Ffestiniog and available twenty four hours for seven days a week and the fact that patients received care in their own homes.

(xiii) In response to how many clinical failures had occurred as a result of the closure of Blaenau Hospital, it was noted that no failures had been noted in the case of Blaenau Ffestiniog.

(xiv) It was asked how the service compared with other places / areas within Gwynedd and how would the Memorial Centre's success be measured.

It was noted that there were a number of clinics that would open and it was a requirement for the Health Board to produce evaluation reports to the Welsh Government on the project. Via the Engagement Officer they would also receive input from Centre staff and users and would deal with any complaints received. It was added that letters of approval had been received already for the services here.

(xv) It was asked if there was evidence that people who had received treatment since the closure of the hospital had experienced any difficulties / concern?

In response, it was recognised that the question was difficult to answer without looking at all the complaints. However, nothing looked any different to any other areas of Gwynedd. It was further noted that one of the clinics existed before the closure of the Hospital, and nurses' working hours had been expanded and the x-ray and minor injuries units were available at Ysbyty Alltwen.

(xvi) In terms of respect, services, positivity and value for money for the residents of Blaenau Ffestiniog, the Chief Executive of the Health Board noted that he had the greatest respect for the people of the community and Betsi Cadwaladr staff. He felt that it would be a positive step when the new Centre was in operation, especially with more clinics. He noted that he had had experiences in other places where the challenges were satisfied and he appreciated the points made by the residents. There were 13 locations and the decision was made by the Health Board that 10 could provide a better service within 40 minutes travel for service users.

(C) Ffestiniog Memorial Hospital Defence Committee

(i) Councillor Glyn Daniels took the opportunity to thank the Care Scrutiny Committee, on behalf of the Ffestiniog Memorial Hospital Defence Committee and the residents of Blaenau for the opportunity to submit their evidence to get health facilities back in Blaenau Ffestiniog.

(ii) On behalf of the Ffestiniog Memorial Hospital Defence Committee, Mr Geraint Vaughan Jones guided Members via slides through the background and evidence of how it was decided to close Ffestiniog Memorial Hospital. Attention was drawn to the additional responsibility on Gwynedd Council and the Health Board under the Well-being and Social Care Act 2014 to give serious consideration to the disorder caused by the Health Board over the last five years as a result of this decision.

A decision was made by the Health Board in 2008 to close Blaenau Ffestiniog Memorial Hospital and to construct a new building that would offer a less effective service than the

residents of Blaenau Ffestiniog and the area had previously received, and less than what is offered in much smaller villages than Blaenau within Meirionnydd.

It was emphasised that the residents of Blaenau Ffestiniog could not forget the past when it was resolved to close the Memorial Hospital in order to save money.

He proceeded to explain that prior to the establishment of the Betsi Cadwaladr University Health Board, the Memorial Hospital was one of the best hospitals and was a memorial hospital for 353 young men who lost their lives in the Great War. In 2012, there were 12 beds in regular use, experienced nursing staff, permanent GP practice with 4 doctors, surgeries two/three times a week in Llan Ffestiniog and Dolwyddelan; physiotherapy clinic, x-ray unit in regular use by the doctors and all of this for a cost of £800,000 per annum.

When the Health Board voted to close the Memorial Hospital all the services outlined above disappeared overnight even the dependable GPs service that was available previously, and this despite every protest and local petition. By today, it was noted that the Blaenau Ffestiniog medical practice was dependent on 'locums' who barely knew their patients, and on some days only one locum was available. It was obvious from the Health Board's decision that the residents of Blaenau did not deserve the same service as other towns in Meirionnydd, and it was strongly felt that the Blaenau Ffestiniog area had been dealt with unfavourably.

Attention was drawn to the fact that the First Minister had stated in 2012 that no hospital would be under the threat of closure, however, the Health Board produced the proposed structure despite what was said by the First Minister.

By creating the well-being areas in accordance with the Act, the intention of the Health Board was to create a hospital hub in Dolgellau, retain and improve Tywyn Memorial Hospital, build Ysbyty Alltwen in place of Penrhyndeudraeth Hospital, retain Bryn Beryl Hospital and retain Ysbyty Gwynedd in Bangor. However, in the context of the Welsh uplands, the decision was to close Ffestiniog Memorial Hospital and do away with the Minor Injuries Unit, X-ray Unit, two surgeries and it was stressed to the Scrutiny Committee that this was the only area in Gwynedd without a nursing home.

Back in 2012 the aim was "what is important is that local people make local decisions about healthcare locally' but it was emphasised that there was no local agreement to this.

Reference was made to the petitions signed by hundreds of individuals against the closure of the Memorial Hospital and the signatories included 5 doctors, 2 nurses representing hospital staff, 4 county councillors, Chair of the Town Council, Secretary of Dolwyddelan Community Council, Chairs of Trawsfynydd and Gellilydan community councils, Chair of Cwmni Seren, Chairs of the Friends of the Memorial Hospital and the Defence Committee but the petitions had been ignored by the Health Board. Reference was made to the response of the Health Board's Chair to the petition, which was an insult to the intelligence of the residents of Blaenau and the vicinity.

In 2015, a referendum was proposed and the the vote to conduct this was unanimous. 52% of the constituency voted with 99.6% in favour of re-opening the memorial hospital at Blaenau Ffestiniog with beds for inpatients, minor injuries unit and an x-ray service, however, this was totally ignored.

Reference was made to a list of health services available in Dolgellau, Tywyn and Ffestiniog and attention was drawn to the fact that the Blaenau area received 15 fewer

services than Dolgellau and 13 fewer than Tywyn - bearing in mind that the population of Blaenau in the 2011 census was 4,875 compared to 3,264 in Tywyn and 2,688 in Dolgellau.

Attention was drawn to a page produced by the Health Board, dated July 2017, that listed up to 36 new services that were available in the Memorial Centre but it was hastened to add that 23 of these existed in Blaenau Ffestiniog prior to re-organisation. It was asked who would be responsible for paying for these services.

Reference was made to the Health Board's earlier presentation during this meeting, where they justified closing Ffestiniog Memorial Hospital and it was asked why the Health Board conducted a survey in Ffestiniog only, why target the third largest town in Gwynedd, an area that has suffered from unemployment and the loss of services. The survey was not conducted in other areas and therefore it was strongly felt that the area had been deliberately unfavourably treated. It was emphasised that the Defence Committee did not begrudge hospitals in other places, but they asked why did Blaenau Ffestiniog and the Uplands of Wales not deserve the same services considering how the area had suffered.

An appeal was made to get the Memorial Hospital back and it would be a small matter to adapt one of the rooms in the new centre to create a ward for the residents of the Uplands of Wales.

(CH) Members of the Scrutiny Care Committee were given an opportunity to ask questions to the representatives of the Ffestiniog Memorial Hospital Defence Committee.

(i) In response to a question regarding evidence that the people of Blaenau needed community hospital beds on top of what was available at Ysbyty Alltwen, Dr Walt Evans, Ffestiniog Memorial Hospital Defence Committee, noted that a great many individuals in Ysbyty Gwynedd were waiting for a bed at Ysbyty Alltwen. He added that this did not occur when the Ffestiniog Memorial Hospital was in operation. In addition, there was evidence that many were sent to other hospitals such as Dolgellau, Eryri, Bryn Beryl which meant miles of travelling for their families to visit them.

In addition, reference was made to the numbers of persons from the Blaenau Ffestiniog area who were in hospitals / homes in Llandudno, Pentrefoelas, Llanrwst, Porthmadog, Pentrefelin and one had been sent to Tywyn due to the lack of beds, and a bus journey made it impossible for the family to go and visit.

(ii) It was asked what evidence was there that other areas in Gwynedd received a better service than Blaenau.

Dr Walt Evans responded by noting that every town had a community hospital and there was a real need for a hospital in Blaenau with an x-ray service and a minor injuries unit. It was noted that the situation was very complex in Blaenau and there were many complaints as could be seen from the petitions. Reference was made to the list of clinics by the Health Board at the proposed Centre, but these clinics were not special as they should be available in any well-being area. Therefore, what kind of well-being area would Blaenau Ffestiniog be.

It was asked how rheumatology clinics could take place without any x-ray unit.

(iii) It was asked if there was any evidence of persons who received a service at Ysbyty Alltwen who were unhappy with the service?

A member of the Defence Committee responded by referring to a personal experience where she had to find a nursing home for her mother, and if she had not done so her mother would have to go to a home miles away or even in England. She referred further to another personal experience where an error was made in a patient's records and when Ysbyty Gwynedd Bangor was telephoned to complain it was said that they had a Concerns Department and not a Complaints Department.

(iv) In response to an enquiry regarding how many letters received attention from the Health Board, it was noted that the package presented to the Care Scrutiny Committee was only a small percentage and that several letters had not been acknowledged and had not received a reply.

(v) It was asked what distance was reasonable for people to travel to hospital. Mr Geraint Vaughan Jones noted that it would be necessary for the people of Dolwyddelan to travel 20 miles to a hospital and that the Health Board mentioned a journey of 40 minutes which was not relevant to any other Health Board - 30 minutes was the national travelling distance.

(vi) It was asked if they were aware of any area that offered an ideal level of service?

In response, it was noted that the ideal hospital, dependent with no complaints had existed at Blaenau Ffestiniog. Reference was made to a booklet prepared with 24 cases of complaints since the closure of the hospital, and a copy had been sent to the Health Board but was ignored in a meeting with the Health Board Chief Executive and the Area Director for the West in May.

Further reference was made to the health profile of Blaenau Ffestiniog by the Health Board dated 5 June 2013, namely 4 months having resolved to close the hospital - this stated that 28.5% of the population lived in poverty, the second highest percentage in Gwynedd; that the hospital admissions rate for persons over 75 was higher than Gwynedd, North Wales and Wales, yet again the Health Board decided to close the hospital.

(vii) Before closing, Dr Walt Evans quoted from a statement from the Health Board that stated "Blaenau Ffestiniog was not designated as a hub because analysis of the admissions and use of the hospital showed that the catchment care was largely confined to Blaenau Ffestiniog itself with a low level of admission from the west and little activity from the east". In response to this, a comment was made that Blaenau Ffestiniog was a town with a population of approximately 5,000. He used to work in a GPs practice that was responsible for the patients admitted to the memorial hospital as well as patients from Dolwyddelan. Further attention was drawn to the fact that the GPs of another surgery in Penrhyndeudraeth used to visit Bronygarth Hospital, Penrhyndeudraeth. It was evident that a high level of the population of Blaenau used the hospital and therefore it was quite obvious that a hospital was needed there.

Further reference was made to letters from other professional bodies opposing the changes as follows:

- a letter from the Local Medical Committee (January 2013) stating "we reject any of the current proposals to the closure of beds in North Wales, without prior thought regarding the impact of such change. There has been no convincing argument put forward that such closure will improve patient care. It seems to be proposed as clearly a cost cutting exercise".
- a letter from the Petitions Committee (March 2017) stating "We appreciate the rural nature of the area, and transport difficulty experienced especially by the elderly in reaching NHS sites, We also note that there is no registered nursing homes in the area and the care home that has been used as a stepped down facility does not have the capability for such a role. Inpatients facilities would provide this service. North Wales Local Medical Committee would fully endorse and support the campaign to alter the current developments to include the facilities currently being withdrawn. Also support the re-introduction of those withdrawn services as soon as possible to maintain service provision close to home as the stated policy of the Welsh Government".

A request was made to send the above letters to the Chief Executive of the Health Board.

(viii) In response to a query regarding what services they wished to see back, the importance of having inpatient beds back in Blaenau was noted and the minor injuries service would come as a result of these.

(D) The Chief Executive of the Health Board responded to the above questions and observations as follows:

(i) In terms of the process regarding where the hubs should be, the size of the population was not considered at the time but a combination of population size and the catchment-area that used it. Because if an area was used in a wider catchment-area, you would have fewer units as people already travelled there. The rationale in the context of Blaenau was appreciated that more people from the local area used the hospital, but if you looked at reducing the hub, the rationale did not necessarily work.

(ii) In terms of the rationale for change, the Chief Executive stated that skills and effectiveness could not be maintained and it would be difficult to attract staff if they only treated a few patients with half day sessions.

(iii) The Chief Executive personally had no evidence to suggest that the motive had arisen due to unfavourable treatment. There was a rationale, and he had not seen any evidence that the residents of Blaenau Ffestiniog had been treated unfavourably, but rather he had seen evidence why the change was made and to him it appeared that individuals within the Health Board had undertaken a logical process as well as they could, bearing in mind that reducing the hubs would be difficult and certainly it would be difficult to explain to the population that the provision would not be available in the future. It was not believed that the process had been done due to financial difficulties as the majority of Health Boards were in deficit across the whole NHS in England and Wales.

(iv) In terms of people, the Health Board agree that there was a challenge in terms of nursing and residential beds but there was a problem everywhere. The fact that there

were no beds does not mean that people should stay in a NHS bed and they would have to work together to get all the different beds to respond to needs.

(v) The Chief Executive could not respond regarding the situation with extra care housing.

(vi) In terms of complaints, the Health Board were of the opinion that more people were likely to phone the concerns department rather than the complaints department. However, the Health Board has a complaints department and they deal with a wide range of examples regarding complaints and serious cases.

(vii) Regarding the lack of correspondence, it was recognised that this was something that the Health Board needed to apologise for. In the same manner, there was a great deal of correspondence and the Health Board had re-iterated many matters and had tried to explain the process and the motive but it was difficult to prove a motive or justify what people believe to be a motive.

(viii) Regarding being in special measures, the Chief Executive was of the view that the Health Board did not have a link / relationship and the trust of the population in they way that they should. It was something that they had tried to improve and if the Health Board went back in time in terms of engagement, it was deemed that things would have been different.

(ix) In response to the additional letter received from the Local Medical Committee, the Chief Executive had held several meetings and this matter had not been on the agenda. However, although it would be excellent to have 20 hubs, the challenge was to attract GPs to posts.

(DD) During the ensuing discussion, amongst the Care Scrutiny Committee Members, the following observations were highlighted:

- (i) Concern regarding travel difficulties to Ysbyty Alltwen for patients and families.
- (ii) From the comments made by the Defence Committee, that it was necessary for the Betsi Cadwaladr University Health Board to review the following matters:
 - Lack of consultation and communication with local residents and have the correct facts as there were lessons to be learnt from the last review.
 - The popularity of outdoor activities and tourism in Blaenau Ffestiniog, and therefore the possibility of an increase in the demand for x-ray and minor injuries services.
 - Undertake another independent review as the previous one was now historical and therefore there was a golden opportunity to change the decision to get inpatient beds back / x-ray unit and minor injuries service that was really needed in Blaenau Ffestiniog.
 - Difficulties in terms of home care for patients in Blaenau Ffestiniog as many of the houses were unsuitable for hospital beds
 - Consider the provision of extra care housing

- (iii) Whilst sympathising with the residents of Blaenau Ffestiniog in losing a resource, it was felt that they had to be realistic and that the service was sustainable, safe and the same for the rest of the County.
- (iv) The 10 service hubs operated had to be taken into consideration with 3 of these in Gwynedd namely 30%, and it might be difficult to argue for a fourth to be located in Blaenau Ffestiniog.

In response to the above comments:

The Corporate Director noted:

- whilst accepting the above comments, it would be possible to ask the Health Board to monitor and collect evidence regularly to see what impact these changes have on the residents of Blaenau Ffestiniog for further consideration by the Care Scrutiny Committee after the Memorial Centre opened in October this year. By undertaking a review it would be possible to compare the service in the Blaenau Ffestiniog area compared to the rest of the County.
- In terms of the lack of staff recruitment, it was recognised that there were difficulties in Gwynedd and specifically in the rural areas and it would be useful to commission a piece of work jointly with the Health Board to try and address this problem.

The Head of Adults, Health and Well-being noted:

- that concerns had been voiced in the past regarding the public transport system from the Meirionnydd coast and how convenient it was to reach Ysbyty Alltwen and a survey was conducted at the time. Stemming from this, amendments were made to bus time-tables to ensure that they turned up to Ysbyty Alltwen, however it may be timely to ask the Care Cabinet Member and the Environment Cabinet Member to commission work to look again at this provision.
- In terms of extra care housing that a symposium would take place on 13 October with the Council's Housing Department / Cartrefi Cymunedol Gwynedd and Cynefin to discuss this matter and it would be beneficial to invite a representative of the Betsi Cadwaladr University Health Board to be part of the discussions as well.
- For information, that the Adults, Health and Well-being Department commissioned work on residential / nursing sites and that the Residential Care Home at Bryn Blodau, Llan Ffestiniog was one of the homes under consideration.

Resolved: (a) To accept, note and thank the Health Board and the Ffestiniog Memorial Hospital Defence Committee for their presentations.

(b) To agree on the following recommendations, but that the exact final wording of the recommendations are presented for final approval to the Care Scrutiny Committee at its meeting on 21 September 2017:

- (i) **That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board to share all the background information that was part of the original decision to change the provision of facilities and health services in the Blaenau Ffestiniog area.**

- (ii) That the Scrutiny Committee calls upon the Betsi Cadwaladr University Health Board to regularly monitor information and data in relation to the effectiveness of current health services in the Blaenau Ffestiniog area and the well-being of its residents and to commit to adapting/changing the provision if there is evidence to justify this. The Committee was of the view that it would be useful if this work was undertaken by an independent agency or at least confirmed by an independent agency and the information is submitted for the attention of the Care Scrutiny Committee in a reasonable time.
- (iii) Stemming from the evidence submitted by the Blaenau Ffestiniog Memorial Hospital Defence Committee regarding the lack of response to petitions and correspondence in the past, that the Board give detailed consideration to engagement and consultation shortcomings in the past in order to improve future arrangements. The Health Board is encouraged to communicate regularly and effectively with the residents of the Blaenau Ffestiniog area in relation to the provision of facilities and local health services.
- (iv) The Cabinet Member for the Environment and the Cabinet Member for Care are requested to commission an assessment of the convenience and accessibility of health services via public and community transport within the Ysbyty Alltwen catchment area. Once the priority given to this catchment area is completed, it can be considered if there is a benefit to undertake similar assessments in other areas.
- (v) That the need for suitable homes for older people included the provision of extra care housing in the Blaenau Ffestiniog area is fully aired jointly with the Cabinet Member for Care, Cabinet Member for Housing, Leisure and Culture and the Health Board together with the Gwynedd Housing Partnership.
- (vi) That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board and Gwynedd Council to work closely and jointly and take appropriate practical steps to recruit care and health staff in order that there are full teams in place to maintain services in the Blaenau Ffestiniog area and across the County.

The meeting commenced at 1.00pm and concluded at 4.10pm

CARE SCRUTINY COMMITTEE

21.09.17

Present: **Councillor Eryl Jones-Williams - Chairman**
 Councillor R. Medwyn Hughes – Vice-chairman

Councillors: Annwen Daniels, Anwen J. Davies, Alan Jones Evans, Siân Wyn Hughes, Elin Walker Jones, Linda Ann Wyn Jones, Cai Larsen, Beth Lawton, Dafydd Owen, Rheinallt Puw, Peter Read, Dewi Wyn Roberts, Elfed P. Roberts and Angela Russell.

Officers: Aled Davies (Head of Adults, Health and Well-being Department), Gareth James (Member Support and Scrutiny Manager) and Glynda O'Brien (Member Support Officer).

Also in Attendance:

For Item 4 / 5 below:

Councillor Craig ab Iago, Cabinet Member for Housing, Leisure and Culture
Arwel Owen, Senior Manager, Housing and Well-being
Carys Fôn Williams, Housing Manager – Supply and Enforcement
Susan Griffith, Homelessness and Housing Support Manager

Apologies: Morwenna Edwards (Corporate Director)

Councillor Cai Larsen was welcomed to his first meeting of the Care Scrutiny Committee as a successor to Councillor Selwyn Griffiths, who had given up his seat on the Committee due to work pressure. The Chairman paid tribute to Councillor Selwyn Griffiths for his support and contribution to the work of this Scrutiny Committee as well as his commitment as Champion for Older People over the last few years.

1. DECLARATION OF PERSONAL INTEREST

- (i) The following members declared a personal interest in item 7 on the agenda - Health Provision in Blaenau Ffestiniog, for the reasons noted:-
- Councillor Siân Hughes - as she was employed by Betsi Cadwaladr University Health Board
 - Councillor Elin Walker Jones - as she was employed by the Betsi Cadwaladr University Health Board
 - Councillor Dafydd Owen - as his daughter was employed by Betsi Cadwaladr University Health Board
 - Councillor Rheinallt Puw - as he was employed by Betsi Cadwaladr University Health Board

The members were of the opinion that they were prejudicial interests, and they withdrew from the meeting during the discussion on the item.

- (ii) Councillor Dewi Wyn Roberts declared a personal interest in item 7 on the agenda - Health Provision at Blaenau Ffestiniog, noting that his daughter was employed by the Betsi Cadwaladr University Health Board.

The member was of the opinion that it was not a prejudicial interest, and he did not withdraw from the meeting during the discussion on the item.

- (iii) Councillor Linda Ann Wyn Jones stated that she would not declare a personal interest this time in Item 7 - Health Provision at Blaenau Ffestiniog as she had let herself and the people of Blaenau Ffestiniog down at the extraordinary meeting of this Scrutiny Committee that took place on 4 September 2017.

2. URGENT ITEMS

No urgent items were received.

3. MINUTES

The Chair signed the minutes of the previous meeting of this Committee, that took place on 13 June 2017, as a true record.

4. HOMELESSNESS

- (a) The report of the Cabinet Member for Housing, Leisure and Culture on homelessness in Gwynedd was presented.
- (b) The Senior Manager for Housing and Well-being gave the background to the report and noted that homelessness was one of the Council's statutory responsibilities as set out in the Housing (Wales) Act 2014. Changes to homelessness legislation were welcomed and these had come into effect and allowed cases to be open for a much longer period. However, there was more workload on officers and although some transitional grant funding had been received this would end on 31 March 2018 and the Government had not committed to any subsequent grants thereafter. It was emphasised that without transitional funding the service would not have been able to cope with the changes or have so many successful outcomes with homelessness prevention. In addition, it was noted that there were changes on the horizon in the welfare benefits system that would impose a burden on the service and following the commissioned work, reference was made to the main findings of this research work.
- (c) The service was facing a number of challenges as a result of legislative and benefit changes and it had identified that demand had increased and the forecast was that it would continue to grow. It was therefore crucial to consider how the service would respond to ensure the sustainability and ability of the service, and how to manage future expenditure.
- (ch) On a positive note, it was stated that in 2015/16 Gwynedd was the best in Wales in terms of the percentage of homelessness prevention, however this would decrease this year due to the loss of one member of staff.

(d) Members were given an opportunity to ask questions and the officers responded as follows:

(i) There had not been an increase in the number of people referred to bed and breakfast accommodation, however, they had stayed there for a longer time. Nevertheless, the service had managed to support them within the budget. An assurance was given that the service tried to avoid placing families with children in bed and breakfast accommodation. At all times they sought to retain individuals where they were by negotiating with the landlords. By increasing council tax on second homes, it was trusted that the money could be re-invested in this area to supply for the needs of the individuals.

(ii) The Homelessness and Housing Support Manager was requested to send information to the Members Manager as follows:

- How many people were referred to bed and breakfast accommodation
- Are they individuals / families / young people / male / female
- The costs of the above

(iii) Regarding houses leased by private landlords, rent was paid at the same rate as the local housing allowance.

(iv) That the cases were from across the County and included rural towns and villages.

(v) Regarding how the Council was preparing for the changes in the benefits system, it was noted that the service was:

- seeking to ensure that individuals were aware of the changes
- ensuring that all property developments were suitable
- collaborating with the Empty Homes Unit and the private sector housing
- giving people advice.

(vi) In light of the fact that there was an increase in the number of cases, it was noted that there was additional pressure on staff to find accommodation, especially considering that only a small stock of housing was available. with a specific time-schedule to deal with the cases. It was further noted that the main increase was single people.

(vii) It was ensured that the Service collaborated closely with jails, Probation Service, Housing Associations, however, there was a little more work to be undertaken to have a more robust structure in place to collaborate with the Health Board.

(viii) That approximately 95% of the cases were from Gwynedd citizens and not from people from outside the County.

(ix) In the context of young people of 16 years old who were in receipt of benefits, it was noted that the percentage of cases was not high and there was a specific responsibility to cooperate with Social Services. It was also noted that there was strong cooperation with GISDA.

(dd) During the discussion regarding the proposals to address the concerns of the Service about the significant challenges to provide accommodation for homeless people in Gwynedd in the future, the following points were highlighted:

- Would it be cost effective for the Council to look at its own buildings and to adapt these as accommodation for the homeless
- Look into building on land that becomes available and cooperate with Housing Associations

In response to the above, it was explained that discussions were being conducted with Housing Associations, however, it was anticipated that the difficulty with house building schemes would be the time-schedule for the houses to be ready, and only a small number of houses were currently being built.

The Head of Adults, Health and Well-being added that the problem of a lack of provision was not unique to Gwynedd. It was proposed to submit a report to the Council's Cabinet drawing attention to the financial elements and whilst accepting that there would be changes afoot in the future, they had to try and be as proactive as possible.

Resolved: (a) To accept, note and thank the officer for the report and acknowledge that the service was facing additional pressure as a result of legislative changes and changes in the benefits system.

(b) To request that the Head of Adults, Health and Well-being Department conveys the wish of this Scrutiny Committee to establish a strong structure with collaboration between the Council and the Betsi Cadwaladr University Health Board for people with high needs discharged from hospital into the community where accommodation and support resources had by now disappeared.

(c) Investigate the possibility of getting more suitable houses for the needs of homeless people such as:

- Consider property in the Council's ownership to be transformed as accommodation.
- Building new houses on land that become available

5. EMPTY HOUSING

The report of the Cabinet Member for Housing, Leisure and Culture on homelessness in Gwynedd was presented which referred to several schemes to assist house owners to make the best use of their property.

It was reported that the Housing Service had succeeded in bringing 455 houses back into use and, as a result, managed to accommodate 915 people in Gwynedd that had enabled individuals to stay in their communities.

A slide presentation was shown giving a visual taste of some of the problematic houses in the towns/villages of Trawsfynydd, Maentwrog, Llan Ffestiniog, Penygroes, Bryn-crug, Dolgellau, Caernarfon, Llanbedr, Bangor, Nefyn, Llandwrog and Tywyn.

Regarding the continuation and future of the funding available, it was noted that the Council in terms of the capital programme had invested and attracted funding from other sources. It was trusted that additional money received from the increase in Council Tax on second homes could be re-invested to bring empty homes back into use.

Individual members highlighted the following main points:

(i) It was asked if it was possible to bring an enforcement case referring specifically to a house in Llan Ffestiniog that had been in a dire condition for many years and had caused considerable concern to nearby residents.

(ii) In response, the Housing Manager – Supply and Enforcement outlined the powers available to the Council and noted that it was possible to bring an enforcement case against the property owner, if the property affected the structure of the house next door. In this specific case there was no structural impact on the neighbouring house. It was further noted that discussions on the house in question had been on-going for many years with officers from the Snowdonia National Park and the Local Member was encouraged to discuss the matter further with Park officers as the Housing Unit did not have powers to resolve the matter.

In terms of investments to house owners, it was noted that it was not necessary for them to undertake a means test and that the investment was not to buy houses, but was rather to make improvements and to bring empty homes back into use. It was further noted that a means test could lead to a situation that would slow down the work of bringing empty houses back into use as landlords would make quite a substantial investment themselves in renovation costs. The empty house would be part of a leasing scheme for a period of 5 years, or would be available to people on the Council's waiting list or Social Services clients.

(iii) It was asked what were the targets and how success would be measured? A further comment was made that the interest rates were approximately 8 / 9 % in 2008 which was a favourable policy at the time but had the figures decreased?

In response, the Housing Manager – Supply and Enforcement explained that there were two types of loans - one was internal and the other was on behalf of the Welsh Government. There was a great deal of demand for the loan and the service had changed recently with the pay back time extended. It was confirmed that the scheme had been levelled out as interest rates had decreased.

The Senior Housing Manager added that when the scheme commenced they had managed to bring approximately 10 houses a year back into use, however by now the outputs had increased but the funding had remained the same.

(iv) In response to how much money it was anticipated that would come back from the Council tax premium on second homes, the Head of Adults, Health and Well-being noted that it was difficult to predict what the additional income would be, however, he and the Housing Service would present information for the consideration of the Cabinet Member to support re-investment in empty homes to bring them back into use. However; he noted that they had to be realistic bearing in mind that all Council services would face cuts and savings.

(v) In terms of the administrative fee, it was noted that it was the individual who received the loan which would be paid either beforehand or on the loan and it would be recycled for more investment.

(vi) In response to an enquiry regarding why the condition of empty houses were worse in Gwynedd, the Housing Manager – Supply and Enforcement noted that the Service had created a questionnaire approximately 9 years ago and a number of responses were received and reasons such as that people had inherited houses, had

retained them because of sentimental reasons and their condition had deteriorated; others had bought houses and did not have sufficient money to repair them to a suitable condition. The Senior Manager, Housing and Well-being added that many houses in Gwynedd had been built prior to 1919 and these had deteriorated in slate industry town communities and another factor was depopulation in some areas of Gwynedd.

(vii) Bearing in mind that the average income level was low in some areas of Gwynedd, it was asked why the Council could not build houses and implement a rent to buy scheme. It would then be possible for the Council to receive rent and Council tax and consequently gave young people a chance to be able to live locally.

In response, it was explained that it was possible to implement the above and the service had discussed with a housing association (Cynllun Tai Lleol Gwynedd) to develop sites in Gwynedd (Waunfawr, Penygroes, Llanllyfni, Bethesda, Llanuwchllyn). Also, that the government operated a buying scheme where it was possible to buy a percentage of a house and individuals could own between 60/70% and rented the rest. The Council would have to invest at a huge scale but the resources were not currently available.

(viii) It was asked if the methodology for identifying empty houses and perhaps the opportunity to have a more thorough system with the Planning Department, played a specific role to bring empty shops back into use.

In response, the Head of Adults, Health and Well-being noted that there was a role for the Planning Department to contribute but not to lead and it should be ensured that the planning system / housing service worked side by side.

(ix) It was noted that there was no list of empty houses available to be shared with Community/Town Councils in accordance with the Data Protection Act, however, permission was received to share the list with Elected Members and any information about empty houses in their wards that were not on the list would be welcomed.

To conclude, the Cabinet Member for Housing, Leisure and Culture noted that it was evident that there was a need for more houses to avoid homelessness and it was necessary to continue with the work on 1164 empty homes. It was noted that there was a very limited amount of money available and they would have to be mindful and use this to respond to needs.

It was proposed, seconded and voted unanimously to support that a portion of the additional funding that will come from the Council tax second homes scheme is re-invested into the empty homes service on housing stock.

It was further suggested that it was necessary to manage the applications by considering undertaking a means test on the individuals who submit applications.

Resolved: (a) To accept, note and thank the officer for the report.

(b) To request that the Cabinet Member for Housing, Leisure and Culture conveys the approval and support of the Care Scrutiny Committee that any additional funding that comes from the council tax premium on second homes and empty homes is re-invested into the Empty Housing Service for the purposes of bringing empty homes back into use.

(c) To request that the Department consider looking at the bank details of the applicants when they present their applications.

(ch) That the Service presents a list to the Members of this Scrutiny Committee of empty homes in Gwynedd in order that they can keep an eye locally and update this as required.

6. HEALTH PROVISION IN BLAENAU FFESTINIOG

A report was submitted that comprised six recommendations emanating from the discussion on the above matter at an Extraordinary Meeting of the Care Scrutiny Committee that took place on 4 September 2017.

It was explained that the purpose of the report was to confirm the final wording of the recommendations to be presented to the Cabinet Member for Adults, Health and Well-being and the Chief Executive of the Betsi Cadwaladr University Health Board for action:

There was a difference of opinion amongst Members regarding the wording of clause (ii) of the recommendations and it was proposed and seconded to delete the words 'reasonable time' and amend as follows:

"that the Committee requests a report immediately on the health provision in the Blaenau Ffestiniog area by an independent agency, to be presented for the attention of the Care Scrutiny Committee.

That the Scrutiny Committee calls upon the Betsi Cadwaladr University Health Board to regularly monitor information and data in relation to the effectiveness of current health services in the Blaenau Ffestiniog area and the well-being of its residents and to commit to adapting/changing the provision if there is evidence to justify this.

It was confirmed that the remaining recommendations (i), (iii), (iv) and (vi) were acceptable.

In terms of providing an independent report as suggested above, it was noted that the Council would be able to suggest the names of external independent consultants to undertake the work.

It was noted that the Community Health Council were not pleased that they had not received an invitation to be represented in the discussion at the Extraordinary Care Scrutiny Committee.

Resolved: Convey the following final recommendations to the Cabinet Member for Adults, Health and Well-being and the Chief Executive of the Betsi Cadwaladr University Health Board:

- (i) That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board to share all the background information that was part of the original decision to change the provision of facilities and health services in the Blaenau Ffestiniog area.**
- (ii) That the Committee requests a report immediately on the health provision in the Blaenau Ffestiniog area by an independent agency, to be presented for the attention of the Care Scrutiny Committee.**
That the Committee calls upon the Betsi Cadwaladr University Health Board to regularly monitor information and data in relation to the effectiveness of current health services in the Blaenau Ffestiniog area and

- the well-being of its residents and to commit to adapting/changing the provision if there is evidence to justify this.
- (iii) **Stemming from the evidence submitted by the Blaenau Ffestiniog Memorial Hospital Defence Committee regarding the lack of response to petitions and correspondence in the past, that the Board give detailed consideration to engagement and consultation shortcomings in the past in order to improve future arrangements. The Health Board is encouraged to communicate regularly and effectively with the residents of the Blaenau Ffestiniog area in relation to the provision of facilities and local health services.**
 - (iv) **The Cabinet Member for the Environment and the Cabinet Member for Care are requested to commission an assessment of the convenience and accessibility of health services via public and community transport within the Ysbyty Alltwen catchment area. Once the priority given to this catchment area is completed, they could then consider if there was any benefit to undertake similar assessments in other areas.**
 - (v) **That the need for suitable homes for older people included the provision of extra care housing in the Blaenau Ffestiniog area is fully aired jointly with the Cabinet Member for Care, Cabinet Member for Housing, Leisure and Culture and the Health Board together with the Gwynedd Housing Partnership.**
 - (vi) **That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board and Gwynedd Council to work closely and jointly and take appropriate practical steps to recruit care and health staff in order that there are full teams in place to maintain services in the Blaenau Ffestiniog area and across the County.**

The meeting commenced at 10:30am and concluded at 12:40pm.

Agenda Item 5

Gwynedd Council – Care Scrutiny Committee 30/01/18

CARTREFI CYMUNEDOL GWYNEDD's (CCG's) ANNUAL REPORT (2016/17) TO GWYNEDD COUNCIL



Report for	Discussion
Date	30 January 2018
Author	Ffrancon Williams, Chief Executive
Purpose	To present CCG's annual report to Gwynedd Council's Care Scrutiny Committee
Financial implications	Not applicable
Risk management	Low
Appendices	None

1.0 Introduction

1.1 It is a requirement of the Transfer Agreement that for a period of 7 years from the transfer date, CCG submits an annual report to the Council as to how it has implemented the promises made to tenants in the Offer Document and obligations under the Agreement.

1.2 This report – the last of its kind - serves this purpose, and covers CCG's seventh year of operation from 1st April 2016 to 31st March 2017.

2.0 Scope

2.1 The scope of the report covers the following areas:

1. Delivery of offer document promises
2. Welsh Housing Quality Standard (WHQS) and associated investment works
3. Consultation arrangements with tenants and leaseholders
4. Obligations under the Agreement (Nomination and Housing Agency Agreements, Service Level Agreements and Housing Benefit Protocol)
5. Elected Members' protocol
6. Partnership working on strategically important housing items
7. Other operational matters

3.0 Delivery of offer document promises

3.1 Members will be aware that at last year's Communities Scrutiny Committee (24/11/16), the Council formally agreed that CCG had completed all promises within the Offer Document made to tenants.

4.0 Welsh Housing Quality Standard (WHQS) and associated investment works

4.1 Whilst the focus of CCG's investment programme for the first 5-6 years was to achieve compliance with WHQS, the focus thereafter is to maintain the stock to WHQS standards whilst also progressing new development opportunities and other business initiatives. The expenditure on Capital and Investment Works for 2016/17 was £10.5m with an additional £4.0m spent on building new homes.

4.2 Targeted Recruitment & Training (TR&T) and Community Benefit opportunities continue to be at the forefront of activities within Assets & Investments through the Capital Investment and Development Programmes

Core social clauses relating to Training & Employment were included in all new build, capital investment framework and both refurbishment of non-traditional properties contracts requiring all service providers to generate 52 training weeks for every £1M expenditure – this keeps in line with Welsh Government i2i guidelines set under WHQS.

The below table summarises the number of training opportunities delivered through these TR&T clauses during 2016/17;

Retained apprentices	13
New apprentices	15
Retained Trainees	3
Unwaged work experience placements	10
Total training opportunities generated	41

The non-core social clauses, encourage service providers to engage in wider community benefits and to contribute and support where possible, local community initiatives and projects through in-kind donations (materials or financial), in-kind labour or staff hours. The following projects / initiatives have been engaged / supported during 2016/17:

- Provision of bench for Abererch Rd Park, Pwllheli. (Gareth Morris Construction)
- Re-lighting of Hirael Community Centre, Bangor. (Gareth Morris Construction & Adever)
- Refurbishment works to the scouts and guide hut in Pwllheli. (Wates)
- Educational presentation to Coleg Menai and Coleg meirion Dwyfor (SBS)
- Provision of work experience placements to Job Centre + individuals (Gareth Morris Construction)
- Provision of site experience for full time Level 2 apprentices at Coleg Meirion Dwyfor, Dolgellau under Creative Solutions scheme. (Gareth Morris Construction)
- Provision of footpath at Llwyn y Ne, Clynnog (G.H James Cyf.)
- £500 pledges towards Aberdyfi Community Council activities (Wilmot Dixon Environmental Services)

CCG's 'Building Experience' work placement scheme was held for the 3rd year with two Coleg Menai students receiving 5 weeks paid work placement over the summer in various teams within the Assets and Investment directorate.

4.3 Table 1 below indicates CCG's compliance with the WHQS by component as at 31st March 2017. These are the figures presented to Welsh Government as part of their annual WHQS monitoring arrangements.

Table 1 : Stock compliance with the WHQS by component, at 31st March 2017

	Component	Stock at 31/03/17	Compliant	Non-Compliant	Acceptable Fail	Compliance	Percentage fully compliant*/ compliant* with acceptable fails
1	Roofs & components	6,237	6,237	0	0	100%	100.0%
2	Windows	6,237	6,237	0	0	100%	100.0%
3	External doors	6,237	6,237	0	0	100%	100.0%
4	Kitchens	6,237	5,838	41	358	94%	99%
5	Bathrooms	6,237	5,989	49	199	96%	99%
6	Central heating system	6,237	6,237	0	0	100%	100.0%
7	Electrical	6,237	5,897	0	340	94%	100.0%
8	Mains smoke detectors	6,237	6,237	0	0	100%	100.0%
9	Gardens and external storage	6,237	6,237	0	0	100%	100.0%

5.0 Consultation arrangements with tenants and leaseholders

5.1 Tenant and resident consultation

During 2015/16, a new strategy was developed to replace the previous 2012/15 Local Tenant Participation Strategy. This 2016-2020 Customer Participation Strategy was approved by CCG's board in May 2016 and subsequently implemented. The new framework aims to address our customers' current and future needs. It provides a range of different opportunities to engage with CCG which include traditional and more informal means, more local opportunities and more innovative means, for example, via digital media.

Following successful consultation with our tenants, CCG joined "Rental Exchange" a system which improves those tenants' credit rating whose rent accounts are not in debit, thereby enabling them to access cheaper credit.

5.2 Consultation with Leaseholders

A review of CCG's Leaseholder Policy was carried out in the year, with successful engagement of Leaseholders. The policy has improved our service to Leaseholders and involved the publishing of a Leaseholders Handbook and carrying out specific staff training on the Policy's content and specific management arrangements for Leaseholders.

5.3 Other engagement activity

5.3.1 Estate Walkabouts

CCG continued with our programme of summer estate walkabouts across the county. We visited approximately 600 properties the length and breadth of Gwynedd including Clynnog, Trefor, Brynchrug, Coed Mawr (Bangor), Dolgellau, Llanllyfni and Waunfawr. We used the visits to gather general comments from our tenants on the services they receive from CCG.

5.3.2 CCG Junior Warden Scheme

Our innovative Junior Warden Scheme was run again during the summer of 2016 and continued to be a great success involving children from Llanllyfni, Talysarn and Maesgeirchen schools. 14 children accompanied CCG's Neighbourhood Wardens during a 5 week period over the summer holidays. They were given the opportunity to learn about CCG and the wardens' day to day work and also visit and learn from numerous other partners such as the Police, Fire Service, Air Ambulance, Magistrates Court etc.

The aim of the scheme is to help raise awareness amongst young people of the effect that crime and disorder or anti-social behaviour has on our communities.

6.0 Obligations under the Agreement (Nomination and Housing Agency Agreements, Service Level Agreements and Housing Benefit Protocol)

6.1 Common Housing Register Partnership

The Gwynedd Common Housing Register was implemented on the 10th September 2012, the arrangements under this Partnership Agreement replaced the Nomination and Housing Agency Agreement. The Housing Options Team within Gwynedd Council is now responsible for managing the Common Housing Register in accordance with the Common Allocations Policy.

6.1.1 Key successes:

- The first away day for members of the Housing Options Team partnership took place to share best practice and focus on operational improvements around unacceptable behaviour criteria, reducing transfer requests and sheltered properties' allocations.
- Some work has taken place in reviewing the Common Allocations Policy around placing more emphasis on the affordability of tenancies in light of continued Welfare Reform. This should lead to more sustainable tenancies going forward
- A business process review of CCG's allocation service took place with recommendations made to streamline and increase the efficiency of our allocation processes

6.1.2 Things that did not go quite so well:

- Despite the collaborative working mentioned above, the operation of the Housing Options Team continues to be an area of tension amongst partners with agreed activities and deadlines not being completed or missed. Examples being the report on customers satisfaction still awaited and the agreed criteria as regards unacceptable behaviour not being applied. These issues have been formalised with dialogue ongoing between CCG, the partners and the Council.

6.1.3 Challenges in the year ahead:

1. To work with partners and the Council to improve the effectiveness and efficiency of the Housing Options Team's service. Key areas of focus will be improving the housing advice given to potential applicants and to ensure applicants fully understand the costs of running their homes and thereby maintaining their tenancies in the light of continued welfare reform
2. Determine the future direction for the Housing Options Team Service Level Agreement

6.2 Service Level Agreements

Gwynedd Council delivered the following Service Level Agreements (SLA's) on behalf of CCG during the 2016-2017 financial year:

1. Grounds Maintenance Services.
2. ICT support (Wide Area Network provision and support and Application Support – Geographical Information System (GIS)).
3. Pest Control Services.
4. Drainage Services.
5. Closed Circuit Television System (CCTV) Services.
6. Street Lighting Services.

In addition, Gwynedd Council delivered the following contracts on behalf of CCG, having been awarded the contracts following a competitive tender process:

1. Payroll Services.
2. Communal Cleaning Services (Dwyfor area).

Furthermore, Gwynedd Council also delivered certain aspects of Legal Services to CCG.

A position statement for each of the SLA's and contracts is given below:

1. Grounds Maintenance Services – this contract was retendered following an OJEU procurement process with Gwynedd Council successfully winning the tender. Some service issues were experienced during the summer of 2016 under the old contract, but early indications under the new contract arrangements which came into effect from April 2017 appear to indicate an improved service.
2. ICT support (Wide Area Network (WAN) provision and support and Application Support – Geographical Information System (GIS)). During 2016-17, CCG took the decision to move all our IT equipment including the telephony system to a data centre (rather than a server based system, located on site). The movement of the ICT infrastructure to a data centre, necessitated a review of CCG's network provision. There were a number of limitations imposed on CCG with our continued use of the PSBA network managed by Gwynedd Council on our behalf. This required CCG to sign an alternative contract with another network provider and we therefore had to cease our SLA agreement with Gwynedd Council. Although it was our intention to continue to use the GIS services from Gwynedd Council, unknown to us, the provision of GIS was dependent on the PSBA network and we therefore had to seek an alternative solution. After a small procurement exercise (which included Gwynedd Council), CCG have selected Cadcorp as our GIS provider and therefore reluctantly we had had to terminate the GIS SLA with Gwynedd Council.
3. Pest Control Services – The SLA has been extended for a further 12 - month period until April 2018. The service provided is effective, and is delivered within the required timescales.
4. Drainage Services – the SLA has been extended until April 2018, with a view to undertake an OJEU procurement process to implement a new contract from that date. The service delivered by Gwynedd Council is of a high quality.
5. Closed Circuit Television System (CCTV) Services – CCG withdrew from this SLA from April 2017.

6. Street Lighting Services - existing arrangements with Gwynedd Council were continued during the year. The service provided continues to be effective with good working relationships maintained.
7. Payroll Services—as a result of the effective service provided within the contract, the contract has been formally extended until March 2018.
8. Communal Cleaning Services – Gwynedd Council deliver the communal cleaning contract in the Dwyfor region only. Performance is consistently good with high standards maintained.
9. Legal Services – CCG retendered legal services in the year with a new framework coming in to force on 01/01/17. Gwynedd Council's legal department were successful under Lot 1, and provide legal services for property, planning, contracts and procurement matters. The bulk of their work to date has involved the purchase and sale of land.

6.2.1 Key successes:

1. A good working relationship has been maintained with Gwynedd Council staff during the period where their involvement remains in the relevant SLA despite on-going changes in terms of service delivery within a number of the contracts
2. Gwynedd Council's Grounds Maintenance service has responded positively to the new contract arrangements.

6.3 Housing Benefit Protocol

The Housing Benefit Protocol sets out commitments for Gwynedd Council and CCG to work together in order to ensure prompt payment of rent to tenants. Housing Benefit is an important source of income for CCG and it is vital that service level agreements and standards are adhered to, to ensure swift processing and administration of tenants' claims.

CCG and the Council have continued to work well together in dealing with the impact of the Welfare Reform. Any ad-hoc queries or discrepancies were dealt with promptly. A good working relationship overall has meant that general queries and problems have been kept to a minimum.

The main challenge in the year ahead is continued Welfare Reform and in particular responding to the imminent roll out of Universal Credit and the cap on Local Housing Allowance payments.

7.0 **Elected Members protocol**

Members will be aware of the elected members' protocol, which introduced at point of transfer a single point of contact within CCG for members. All members' requests (except those of a day-to-day maintenance nature) are logged, actioned and monitored within CCG with the aim of providing an improved and more responsive service to members.

CCG feel that a strong and effective working relationship has been built with elected members and feel that the relationship is growing into a partnership that is moving communities forward.

8.0 Partnership working on strategically important housing items

CCG is a member of numerous partnership groups and has taken an active part in several strategically important housing issues, such as:

1. **Continued implementation of the Common Housing Register, Common Allocations Policy and Housing Options Team**
2. **Homelessness** –CCG continued to provide a number of its properties for the Council's use to house homeless applicants on a temporary basis to assist with the Council's statutory obligations; 18 properties were placed on a lease agreement for Gwynedd Council's use.
3. **Local employment** – since transfer when 170 members of staff were TUPE'd across from the Council, CCG continues to employ a significant number of staff with 269 staff employed as at end of March 2017. This is a significant increase on last year where 244 members of staff were employed. In addition, several other local employment opportunities have been secured through CCG's capital investment programme and our service providers
4. **Provision of affordable housing** – CCG have made great progress in bringing forward a number of development opportunities and now have greater representation on Gwynedd Council's Planned Development Programme (PDP). This has meant that CCG was able to assist the Council in ensuring full expenditure of the annual Social Housing Grant (SHG) allocation and any slippage monies that became available. During 2016/17 CCG constructed 21 new housing units, acquired an additional 3 and brought 15 units back into use; a total of 39 units.
A new Development Strategy and Land Management and Disposal Strategy were approved by CCG's board which, collectively, will allow CCG to produce a land bank, dispose of asset liabilities and achieve our aspirations of providing 300 affordable homes through various tenures by 2020. This ambitious target will assist Gwynedd Council and other local authorities to utilise their full allocation of Social Housing Grant or Housing Finance Grant and ensure Welsh Government deliver on the national target of 20,000 affordable homes by 2020.
5. **Disabled Adaptations** – the joint Adaptations Panel with the Council continued to meet on a regular basis to ensure tenants' need for adaptations were addressed as effectively as possible within the resources available.
6. **Welfare Reform** – CCG continued to contribute to various multi-organisational Welfare Reform task groups with the aim of preparing the people of Gwynedd for Welfare Reform. CCG staff supported tenants to apply for Discretionary Housing Payments administered by the Council. This grant has had a positive impact on the sustainability of many of our tenancies. There is concern that the demands on the Discretionary Housing Payment will increase when further changes to welfare benefits are introduced (Universal Credit, Benefit cap, Local Housing Allowance Cap....)

- 7 **Gisda** – Gisda manages one of the blocks in Tre'r Gof, Caernarfon. This provides young people who have been through Gisda's intense support programme a safe environment in which to demonstrate that they can maintain their own tenancies. This is valuable move-on housing that frees up space to other youngsters in need of housing support. The Local Housing Allowance cap will have a serious detrimental impact on this scheme if no additional provision for supported housing is introduced.
- 8 **North Wales Police** - CCG's partnership with North Wales Police on early intervention goes from strength to strength. This allows early sharing of information on potential issues involving our estates or tenants, and a pro-active approach to prevention and resolution of such issues.
- 9 **Health** –CCG is an active member of the #2025 movement set up to address health inequalities in North Wales. We have also worked closely with Betsi Cadwaladr Health Board staff representatives on mental health matters to improve their understanding of housing issues and, in particular, to facilitate timely and easier access to mental health services for some of our tenants.
- 10 **Public Service Board (PSB)** – although not a statutory member, CCG has recently joined the PSB for Gwynedd and Anglesey.

9.0 Other operational matters

9.1 Supporting People

During 2016/17 CCG continued to work closely with the Council's Supporting People team to support our vulnerable and older tenants to sustain their tenancies.

The Sheltered Warden, Community Alarm and Floating Support services are well regarded by their service users, but their funding is dependent on Supporting People grant

CCG continues to be concerned about the future of the supporting people grant allocated to CCG and has taken part in national campaigns to influence Welsh Government to protect this funding stream through the "Let's keep on supporting people" campaign.

9.2 Welsh Government's (WG's) new Policy for Social Housing Rents

As reported last year, the Welsh Government introduced a new policy for Social Housing Rents which CCG implemented in April 2014. This policy sets a rent band for each Housing Association into which the overall average rent for the Association must fall. Associations have the freedom to set the rent for each property and although the policy does not clearly prescribe how target rents for individual properties should be set, CCG have continued to apply principles of our previous policy and determined a target rent for each property.

Under this policy the Welsh Government continues to determine the annual inflationary increase and have placed a £2 cap on any additional increases to be

applied to the weekly rent. Overall rent increase must be lower than the overall limit of CPI (based on the rate at the previous September) plus 1.5% plus a maximum of £2 per property. The Welsh Government's proposal is to limit the inflationary increase to CPI + 1% from 2017/18 onwards. Although not formally agreed, this may present difficulties for CCG due to the shortfall in income as our current business plan assumes a rent rise of CPI plus 1.5%.

In addition, Welsh Government has commissioned consultants to review the national rent policy. It is unclear at the time of writing this report when these consultants are scheduled to report their findings.

9.3 Rent/Income Management Collection

The arrears total as a percentage of current tenants' rent collectable stood at 1.89% for the 2016/17 financial year compared with 1.8% for the previous year. CCG continues to support tenants financially affected by the Government's Welfare Reform and changes to the Housing Benefit System. Monitoring the impact of Welfare Reform continues to be a priority area for CCG now that Universal Credit has begun to be rolled out in Gwynedd; experiences so far indicate that those tenants claiming Universal Credit wait a minimum of 6 weeks before receiving their first payment, immediately resulting in equivalent arrears on their rent accounts. The impact of the Housing Benefit and Local Housing Allowance (LHA) caps are major concerns to CCG both of which may impact our future financial viability if rental income cannot be protected.

9.4 Empty (void) properties

Performance against this key performance indicator continues to be an area of focus. Whilst the rent loss from void properties stabilised to an acceptable level at 1.11% at the end of the period down from 1.99% the previous year, the average time taken to let a property stood at 50.39, which is too high. The lettings service has consequently been the subject of a business process review, the recommendations of which will be implemented during 2017/18.

9.5 Direct Labour Organisation (DLO)

- Members will be aware that CCG's in-house Repairs & Maintenance service has been subject to the implementation of a transformational improvement plan to provide a modern, customer focused and cost-effective service, the transformation has progressed well with the key highlights being:
- Significant improvements in productivity with the average jobs completed having increased from 3 to 6 per day per operative. This also led to an increase in appointments made whilst maintaining high performance of appointments kept (96.65% with an additional 4200 appointments offered)
- A greatly improved "Right First Time" performance for repairs completed from 80.32% to 91.41%.
- Performance for emergency repairs also improved from 97.83% to 99.0%
- A significant reduction in expenditure on sub-contractors

- A reduction of £10/hour in the service’s charge out rate. Further reductions are planned to enable the service to be able to compete with private contractors and thereby achieve the service’s growth aspirations
- Corporate risk was mitigated as compliance across all heating (gas, oil and solid fuel) work streams was maintained

Year	Solid Fuel	Oil	Gas
2016-17	98.98%	99.81 %	99.84 %
2015-16	100.00 %	100.00 %	99.97 %

Note:

all properties deemed non-compliant due to tenants refusing access are subject to ongoing legal processes.

More service improvements are planned within the coming year with a clear focus on achieving value for money and improving our customers’ experience of the service.

9.6 Health, Safety, Quality and Environment (HSQE)

CCG maintained its OHSAS 18001, ISO9001 and ISO14001 accreditations during the year.

9.7 Regulation and Governance

9.7.1 Regulatory Assessment (RA)

Part 2 of the Housing (Wales) Measure 2011 (the Measure), which amends Part 1 of the Housing Act 1996 gives powers to the Welsh Ministers to regulate RSL’s in Wales. The measure provides the Welsh Ministers with enhanced regulatory and intervention powers.

In the Autumn of 2016, the Welsh Government Housing Regulation Team undertook a Regulatory Assessment (RA) on behalf of the Welsh Ministers. The Regulatory Assessment is designed to provide CCG, tenants, service users and other stakeholders with an understanding of how well we are performing, at a specific moment in time, against the delivery outcomes relating to:

- Landlord services
- Governance
- Financial management

The RA was undertaken in accordance with the risk-based approach to regulation set out in ‘The Regulatory Framework’ and associated guidance ‘Improving the implementation of the Regulatory Framework: a risk based approach to regulation’ and ‘Sector risks facing housing associations in Wales’.

The Regulator utilises information and knowledge gained through ongoing regulatory engagement with CCG, together with information provided to inform regulatory opinion.

The final report and conclusions were published in December 2016, and is available on CCG's and Welsh Government's website; they were accepted as a reasonable and fair assessment by CCG's Board.

The relationship with the Regulator remains healthy with regular contact maintained over the financial year, with particular attention given on the agreed focus areas which included;

- Ensuring the Tîm Trwsio repairs and maintenance service continues to improve in order to provide tenants with a quality service
- Conducting annual and robust Board appraisals, to ensure the Board continues to build on and develop its mix of skills and experience, to enable it to effectively discharge its functions and responsibilities
- Development of an effective succession plan for Board members;
- Seeking to improve the gender balance on the Board when recruiting for appropriately skilled Board members
- Ensure the Board's ambition to develop new homes for tenants over and above the targets set within the Association's Development Strategy is robustly risk assessed, planned and adequately funded, in order to positively contribute to the supply of affordable housing

9.7.2 Financial Viability Judgement (FVJ)

The Welsh Ministers have powers under section 33A of the Housing Act 1996 to regulate RSLs in Wales in relation to the provision of housing and matters relating to governance and financial management. Regulatory assessments undertaken follow a risk based approach which seeks to make a judgement relating to the financial viability of the Association. The judgements fall into one of three categories: 'Pass', 'Pass with closer regulatory monitoring' or 'Fail.'

Following the Welsh Ministers review they concluded in April 2016 that CCG's Financial Viability Judgement was '**Pass**', which is the highest of the three available judgements, and is defined as:

"The Association has adequate resources to meet its current and forecasted future business and financial commitments"

The Regulator's judgement was mainly explained as;

- CCG has prepared the 30-year financial forecasts using a reasonable set of assumptions.
- CCG has adequate secured loan facilities in place to fund its forecasted spending on property maintenance and improvements, and it has sufficient income generating ability to service and repay such borrowings.
- CCG's 30-year forecast shows that it should continue to operate within the lenders' covenants under reasonably foreseeable scenarios.
- CCG has reported achievement of the Welsh Housing Quality Standard in 2015 and has used stock condition survey information to inform costs included in its 30-year forecast to continue to meet this standard.

9.7.3 CCG's board membership

CCG's Board consists of 12 members, 4 of which are tenants, 4 are independent members and 4 are elected members nominated by Gwynedd Council. During the 2016/17 year:

- i) The Gwynedd Council nominees remained consistent with the previous year, with Councillors Stephen Churchman, Anne Lloyd Jones, Michael Sol Owen and John Wyn Williams serving on the Board.
- ii) Three long serving tenant representatives retired from the Board (Margaret Bracegirdle; Nerys Williams; Anne Foote) and two new members were welcomed - Alan Field and Lari Parc. Despite efforts to fill the remaining 2 tenant member seats, we were unsuccessful.
- iii) The Independent Members played a significant role during the year with Medwyn Hughes serving as Chair of the Board and Mark Jones serving as Vice-Chair. Abigail Tweed took on the Chair of the Customer and Communities Committee. David Halsall retired from the Board however Paula Jewson (a Co-opted Member) took his seat which allowed for a smooth succession.

The reclassification of Housing Associations in Wales from the private to the public sector by the Office of National Statistics which took place in November 2016 has significant ramifications to the way Housing Associations operate in Wales. In particular, it may place restrictions on Housing Associations' borrowing arrangements - were borrowing to be restricted compared to current arrangements then Housing Associations would not be able to complete as many new developments as they do now.

The ongoing consultation by Welsh Government considers how Government control may be reduced, with a number of proposals being proposed. One of which is to abolish the "Golden Share" held by Local Authorities on LSVT's in Wales, and minimise Local Authority Board representation to a maximum of 24% (of the board).

As a consequence, like all other LSVT's in Wales, CCG will be looking at its board membership arrangements during 2017/18 and will seek regular dialogue with Gwynedd Council on the way forward.

9.8 Performance Management

The staff performance management on line system (Cynllun Llwyddo) has been embedded into business as usual and occurs bi-annually. Staff are set personal objectives for the year which are reviewed after 6 months. Staff's performance and behaviours are appraised against our corporate values, which are: fair, accountable, open, innovative and approachable.

9.9 Programme Management

CCG has successfully delivered a number of important projects of strategic and corporate importance during 2016/17 under its Programme Management Framework. These included:

- Tîm Trwsio Improvement Project
- Land management strategy
- Welfare Reform Phase 2 (Universal Credit)

CCG has continued to embed a programme management approach to effectively manage its organisational development agenda. The approach has proved successful in the delivery of multiple projects to time and ensuring adequate resources for their delivery, whilst safeguarding delivery of day to day business activities.

During 2016/17, CCG also embarked on a Business Transformation Programme which seeks to radically change the way that we do business with our staff and customers. (see next section)

9.10 Business Transformation

CCG's Business Transformation Programme has been established to deliver the following objectives:

1. Change the way we work to ensure CCG operates more effectively, and provides better value for money to its customers.
2. Staff can work more flexible in a way that suits them and the customer.
3. Services will be offered to customers in the method they require, at the time they require.

There are three main work streams within the project:

1. Office Transformation incorporating organisational development.
2. Business process re-engineering.
3. Digital transformation.

These programmes are the catalyst towards providing a dynamic shift in the working culture of CCG.

What went well?

- **Office Transformation.** CCG's offices will be reduced from 8 to 4 by January 2018 (Bangor, Caernarfon, Porthmadog, Dolgellau), supported by a number of satellite offices providing better access to our tenants (Pwllheli, Bala, Barmouth) and delivering financial savings to the business.
- **Working space** is more flexible. New features include office redesign, dual screens, lockers, hot desking, and the ability to work from anywhere within the county.
- **Organisational Development.** New policies and processes for agile and flexible working have been introduced. The appraisal system's been revised, with the process focused on outcomes.
- **Digital Transformation.** ICT infrastructure is now based within a cloud based solution providing the flexibility the business desires to facilitate growth.
- Investment in mobile working technology has resulted in CCG officers being able to conduct their work on a mobile basis via an i-pad incorporating Total Mobile Technology. The ability to complete workflows electronically, including job scheduling, forms, appointment booking and being able to complete work anywhere within Gwynedd.
- Business Process re-engineering (BPR). Reviews have been conducted across several departments, and change is being implemented as a result. This includes void property; invoicing and appointment scheduling processes.

9.1 Customer Care

Improvements to Customer Feedback

Receiving feedback from our customers plays a vital role in how CCG continuously improves the service we provide. During the past year significant changes have been made to ensure the quality of the feedback we receive improves and that lessons are learnt about where positive changes can be made to services.

Customer Satisfaction

As part of our Customer Service Action Plan, CCG commissioned an external consultation specialist (Mustard) to carry out a review of our customer consultation methods. The review concluded that the current method of conducting our Annual Tenant Satisfaction Survey and individual service surveys wasn't adding value to CCG as it wasn't providing quality insight and feedback about what aspects of CCG tenants were satisfied or unsatisfied with.

Following this review CCG has implemented a new method of conducting customer satisfaction surveys. The survey will firstly ask for feedback regarding a recent service they've received from CCG and then about their overall perception of CCG as their social landlord. The surveys are all conducted over the telephone which allows us to ask for further information as to why a tenant may have scored CCG positively or negatively. Initial results from the new method have been very positive.

Complaints

How CCG have investigated and responded to customer complaints in 2016/17 has greatly improved. We have transformed the complaints process from being a target driven process to a resolution focused process. The new complaints procedure means that a thorough investigation and response is given to the complainant in the first stage of the complaint along with a visit if appropriate. If the complainant is unsatisfied with the initial response and investigation they can escalate the complaint to the attention of the Senior Leadership Team. Since introducing the new complaints policy we've seen a significant decrease in the number of complaints being brought to the attention of the Public Services Ombudsman for Wales.

9.12 Future relationship with Gwynedd Council

CCG aims to maintain a positive relationship with Gwynedd Council going forward

10.0 Conclusion

CCG continued to invest in its stock and services to ensure ongoing compliance with WHQS and improving the customers' experience. Maximising the benefit to our tenants and communities continued to be a key focus area in all that we do.

It is particularly pleasing that our staff numbers have increased during the year from 244 to 269 as at end of March 2017 and that our development programme is going from strength to strength and is on track to provide 300 affordable homes through various tenures by 2020.

CCG will continue to grow during 2017/18 with an ambition to work in partnership with key partners.

11.0 Recommendation

The Council are asked to note the contents of the report.

Agenda Item 6

Meeting	Care Scrutiny Committee
Date	30 January 2018
Subject	Health in Blaenau Ffestiniog
Scrutiny Log Reference	G 7

Gwynedd Council Full Meeting – 15 June 2017

- 1 The following notice of motion was submitted by Councillor Glyn Daniels, to a full meeting of the Council on 15 June 2017:

"I propose that Gwynedd Council supports the Hospital Defence Committee and the residents of Blaenau Ffestiniog to press on the Betsi Cadwaladr University Health Board and relevant authorities to ensure that appropriate and necessary facilities are provided in the new hospital being built in the town.

With this I mean facilities that are usually found in local hospitals, such as a x-ray unit, minor injuries unit and a sufficient number of beds for inpatients. Given that Blaenau Ffestiniog is the third largest town in Gwynedd and also that the response of the vast majority of residents in a recent referendum insisted that the town deserved to be treated in a better way, I believe that there is no reason why the Council should not support this proposal."

- 2 It was decided to refer the matter to the Care Scrutiny Committee, so that a decision could be made after having the opportunity to listen to and consider relevant evidence on the matter, by inviting representatives from the Health Board and the Defence Committee to a meeting of the Committee to present evidence.
- 3 It was noted that time was not on the Council's side, if there was a desire to influence the Health Board, and the Chair of the Care Scrutiny Committee, Councillor Eryl Jones-Williams, expressed his willingness to call an extraordinary meeting of the committee in order to give the matter attention.
- 4 It was decided to refer the matter immediately to the Care Scrutiny Committee to be discussed as soon as possible.

Care Scrutiny Committee Special Meeting – 4 September 2017

- 5 Representatives of the Betsi Cadwaladr University Health Board and the Ffestiniog Memorial Hospital Defence Committee were welcomed and invited to present relevant information and evidence regarding the suitability of the proposed health provision for the residents of Blaenau Ffestiniog area.
- 6 The Health Board and Defence Committee were thanked for their presentations.
- 7 Members of the Care Scrutiny Committee agreed on six recommendations but that the precise wording of the recommendations would be presented for the final agreement of the Care Scrutiny Committee at it's meeting on 21 September 2017.

Care Extraordinary Committee Meeting – 21 September 2017

- 8 A report was submitted to confirm the final wording of the recommendations to be presented to the Cabinet Member for Adults, Health and Well-being and the Chief Executive of the Betsi Cadwaladr University Health Board for action.
- 9 There was a difference of opinion amongst Members regarding the wording of clause (ii) of the recommendations and it was proposed and seconded to delete the words 'reasonable time' and amend as follows:
 - 10 "that the Committee requests a report immediately on the health provision in the Blaenau Ffestiniog area by an independent agency, to be presented for the attention of the Care Scrutiny Committee.
 - 11 That the Scrutiny Committee calls upon the Betsi Cadwaladr University Health Board to regularly monitor information and data in relation to the effectiveness of current health services in the Blaenau Ffestiniog area and the well-being of its residents and to commit to adapting/changing the provision if there is evidence to justify this.
 - 12 It was confirmed that the wording of the remaining recommendations (i), (iii), (iv) (v) and (vi) were acceptable.
 - 13 In terms of providing an independent report as suggested above, it was noted that the Council would be able to suggest the names of external independent consultants to undertake the work.

- 14 It was noted that the Community Health Council were not pleased that they had not received an invitation to be represented in the discussion at the Extraordinary Care Scrutiny Committee.
- 15 It was decided to present the enclosed final recommendations (**Appendix A**), to the Adults, Health & Wellbeing Cabinet Member and the Chief Executive of the Betsi Cadwaladr University Health Board.

Care Scrutiny Committee Meeting – 30 January 2018 (today)

- 16 Here is presented in **Appendix A** the responses of the Adult, Health & Wellbeing Cabinet Member and the Betsi Cadwaladr University Health Board to the recommendations.

Welsh Government Assembly Petitions Committee

- 17 Welsh Government Assembly Petitions Committee to the Care Scrutiny Committee Chair on 19 January 2018 and the Report of the Petitions Committee dated 22 January 2018. (**Appendices B and C**)
- 18 **Members of the Care Scrutiny Committee are requested to:**
- A) Consider the responses**
 - B) Decide on the next steps**

APPENDIX A - Health in the Ffestiniog Area - Response to Recommendations

	Recommendation	Health Board Response	Cabinet Member Response
		In response to your email dated 25 th September 2017, requesting an initial response to the recommendations made by the Health Scrutiny Committee, regarding Blaenau Ffestiniog, we can now respond, see below. We note however that some recommendations ((ii) and part of (iii)) have changed from the ones agreed publicly on 4 September.	
i	That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board to share all the background information that was part of the original decision to change the provision of facilities and health services in the Blaenau Ffestiniog area.	<p>A review was undertaken five years ago on <i>Healthcare in north Wales is changing</i>, and a comprehensive set of supporting information was available publicly at the time. The specific proposals dealing with Blaenau Ffestiniog were part of a full strategic review of initial and community services across north Wales, which meant that a lot of data was available and is still available. If requests are made for specific fields, we are happy to discuss them.</p> <p>We will send two documents for your information: <i>Report on the Outcome of the Public Consultation & Recommendations to the Board and Opinion Research Services – Assessing the Evidence – Executive Summary</i> – documents to follow.</p>	The response to this recommendation is a matter for BCUHB. The information is not held by Gwynedd Council Departments.
ii	That the Committee requests a report immediately on the health	It is difficult to respond in detail to this recommendation, since we did not truly get to grips with this in the meeting. By presuming that	The information and background data that would be the basis for such an assessment is not in the ownership of Gwynedd Council. The information is

	<p>provision in the Blaenau Ffestiniog area by an independent agency, to be presented for the attention of the Care Scrutiny Committee.</p> <p>That the Committee calls upon the Betsi Cadwaladr University Health Board to regularly monitor information and data in relation to the effectiveness of current health services in the Blaenau Ffestiniog area and the well-being of its residents and to commit to adapting/changing the provision if there is evidence to justify this.</p>	<p>the request is asking the Betsi Cadwaladr University Health Board to commission a report like this, I would have several concerns. Firstly, we are not aware of suitable body and are having difficulty to see how we could tender and chooses a body like this, that would of course take time and would not be done immediately, in line with the recommendation. Secondly, we would have major difficulties in redirecting public funds from service provision to pay for a report like this. Thirdly, our main focus is to provide what we have promised, by the date we have committed to and anything that would pull us away from this would be a great worry for us. We will be undertaking a post project evaluation of the new Centre before long, according to the requirement of the Welsh Government, with a view of assessing the benefits and results achieved by the project. We expect services to continue to evolve and expand in the new Centre and in the wider community, in line with the <i>'Care closer to Home'</i> strategy by the Welsh Government and the Health Board.</p> <p>In summary on recommendation (ii), the Betsi Cadwaladr University Health Board will not by funding a report by an external agency on the provision of health in the Blaenau Ffestiniog area. We will be undertaking a post project evaluation of the new Centre before long, according to the requirement of the Welsh Government, with the aim of assessing the benefits and results achieved by the project. We</p>	<p>held by BCUHB and it was their duty to engage suitably and to collect and analyse the relevant information in order to take the original decision. As a Council, and as an important partner to the Health Board, one must trust that the original assessment work was done in a balanced, thorough and fair manner. Whilst we obviously acknowledge the concerns of a faction of the County's residents regarding the decision making process on the future health provision in the Blaenau Ffestiniog area, I am not aware of any evidence that questions the propriety of the process nor justifies re visiting the original decision.</p> <p>With the new Health Centre to open in the near future in Blaenau Ffestiniog, I believe it is the duty of the BCUHB to monitor information and data in relation to the effectiveness of the current health services in the Blaenau Ffestiniog area and the wellbeing of its inhabitants regularly. If the information collected evidences that the provision does not meet with the needs of the residents of the area then I would expect that the BCUHB would adjust the provision if there is evidence to justify it. Naturally, I would expect any adjustments to be made in the context of operational/executive practicality in any other area of the County or neighbouring counties.</p> <p>I should also note here that I fully agree with comments made by Members of the Scrutiny Committee on several occasions in the past</p>
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		<p>expect services to continue to evolve and expand in the new Centre and in the wider community, in line with the <i>'Care closer to Home'</i> strategy by the Welsh Government and the Health Board.</p> <p>We cannot commit to substantially reform/change the provision.</p>	<p>regarding the role and duties of the North Wales Community Health Council (NWCHC). The NWCHC is an independent community health services protective body which represents the voice of the patients and public who use health services in our area. The NWCHC plays an essential part in influencing the way health services are planned and provided in our area in order to ensure the best possible health and wellbeing results for the people of north Wales. The NWCHC has strength in its statutory status and in its ability to represent the interests of patients and the public without any privileged benefits. This includes an element of monitoring the effectiveness and suitability of the provision of health services across north Wales. The NWCHC is a link between those who plan and provide services and those who use them.</p> <p>The mission statement of the NWCHC states clearly that they will seek the views and experiences of patients and the public to ensure a stronger voice by the public that reflects what they have to say by the health services in north Wales. It will co-ordinate with the Health Board to ensure that it welcomes and learns from the feedback and information provided by the NWCHC, thus ensuring that the services provided not only meet the expectations of the users, but are of the highest possible standards.</p> <p>In terms of their statutory role it is likely that the NWCHC is a body more appropriate than the</p>
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			Health Board to consider a request to commission an independent report on health provision in the Blaenau Ffestiniog area. In considering that the NWCHC provided comments on the original changes, I'm sure that they would keep an eye on the new service provision after it is established.
iii	<p>Stemming from the evidence submitted by the Blaenau Ffestiniog Memorial Hospital Defence Committee regarding the lack of response to petitions and correspondence in the past, that the Board give detailed consideration to engagement and consultation shortcomings in the past in order to improve future arrangements. The Health Board is encouraged to communicate regularly and effectively with the residents of the Blaenau Ffestiniog area in relation to the provision of facilities and local health services.</p>	<p>The Health Board has always made its best to acknowledge and respond to all correspondence and to formally acknowledge any petition received as part of HciNWic. Of course, we apologise if there were any circumstances where there was no response to correspondence.</p> <p>Every request by the Blaenau Defence Committee to meet with the Health Board's Executive/Operational Team have been accepted and organised. There are robust arrangements in place to record and acknowledge every correspondence³ received by the Chief Executive/Chairman's office.</p> <p>Over the past 12 months, an extensive engagement and communication exercise has been undertaken by the Western area Engagement and Communication Officers, including a number of engagement activities locally in Blaenau and regular newsletters and updates have been sent out and put on social media. A draft Engagement and Communication Plan has been created for the Canolfan Goffa Ffestiniog for the next 12 months and beyond.</p>	<p>There is no such thing as a perfect consultation/engagement process and there are always lessons to be learnt in terms of what has worked well and what was not as good. I'm sure that the BCUHB will learn lessons for the future.</p> <p>Following changes in provision on this scale, it is essential to remember that effective communication and contact does not end after a decision has been made. This must continue whilst preparing for the change and of course when monitoring the effects of the change after it has been implemented.</p> <p>I will be encouraging BCUHB to communicate regularly and effectively with the residents of the Blaenau Ffestiniog area in relation to the provision of local health amenities and services.</p>

iv	<p>The Cabinet Member for the Environment and the Cabinet Member for Care are requested to commission an assessment of the convenience and accessibility of health services via public and community transport within the Ysbyty Alltwen catchment area. Once the priority given to this catchment area is completed, they could then consider if there was any benefit to undertake similar assessments in other areas.</p>	<p>Access to services in terms of public and community transport, especially in a rural area, is a major priority to the Health Board, and we welcome this kind of assessment of services that are available in our rural areas, with the aim of ensuring improvements.</p>	<p>I can confirm that I have already had initial informal discussions with the Environment Cabinet Member and relevant officers with the view of preparing a brief for commissioning an assessment of the convenience and accessibility of health services by public and community transport within the catchment area of Ysbyty Alltwen. I agree that priority should be given to this area and I do not have opposition in principle to hold similar assessments in other catchment areas of community hospitals in future. Naturally, considerations of capacity and resources will influence the timetabling of a full programme of transport assessments.</p>
v	<p>That the need for suitable homes for older people included the provision of extra care housing in the Blaenau Ffestiniog area is fully aired jointly with the Cabinet Member for Care, Cabinet Member for Housing, Leisure and Culture and the Health Board together with the Gwynedd Housing Partnership..</p>	<p>A matter for Tai Gwynedd</p>	<p>The Department has considered the demand for alternative provision for older people as part of the Older People Housing Strategy, and Meirionnydd has been confirmed as one of the areas of need in Gwynedd. It would be suitable to consider the demand for this kind of development if there was a means of finding a suitable location and money to materialise. We are now unable to present an application for resources from the Extra Care Housing fund because it does not exist but discussions are taking place with the Government in terms of increasing the provision of homes for older people across Gwynedd. It is likely that the Extra Care model would need to be adjusted somewhat due to the recent changes in the housing benefit arrangements. I and the</p>

			Housing, Leisure and Culture Cabinet Member are confident that Housing Societies would be willing to co-operate on a revised Extra Care Housing plan together with the Council and other partners.
vi	That the Care Scrutiny Committee calls on the Betsi Cadwaladr University Health Board and Gwynedd Council to work closely and jointly and take appropriate practical steps to recruit care and health staff in order that there are full teams in place to maintain services in the Blaenau Ffestiniog area and across the County.	The Health Board acknowledges the importance of working closely with all of its local authority partners. The Western Area has an excellent working relationship with Gwynedd Council and recruiting and retaining health and social care staff is a major priority for both institutions. We are working in partnership with Gwynedd Council to develop five integrated community resources teams across the County. The teams undertake the person centred approach and records and gets rid of any barriers in the system in order to ensure effective and timely service which centres on what is important to the supported individual. The aim is 'to help me live my life the way that I want to'. We also encourage and have launched a campaign called 'training, working and living in north Wales'.	I fully agree with this recommendation. Ensuring that we have the capacity and suitable skills to provide health and care services is essential. A number of factors including salary levels, career pathway and image of the work influences the recruiting problems that we face at present and the weight of these factors varies from area to area across the County. Working independently of each other would perpetuate some of these problems that we see at present such as staff moving from one authority or providers to another whilst the fundamental lack in terms of capacity to care for older people continues. These gaps are a barrier for the Council and the Health Board to achieving our work effectively and to allow the County's vulnerable inhabitants to live their lives as they choose to live. My aim is to try to get the support of the Cabinet and Council to prioritise this field in the Council's Strategic Plan for the forthcoming years and this would include identifying a number of projects/streams of practical work to try to respond to this challenge that is facing us.

Eryl Jones–Williams
Chair, Care Scrutiny Committee
Gwynedd Council

cynghorydd.eryljones-williams@gwynedd.llyw.cymru

19 January 2018

Dear Cllr Jones–Williams

Petition P–04–564 Restoration of Inpatient Beds, Minor Injuries Cover and X–Ray Unit to the Ffestiniog Memorial Hospital

The National Assembly for Wales’s Petitions Committee has been considering the above petition since 2014.

On Monday 22 January we will publish a short report summarising the Committee’s consideration of the petition. Please find a copy enclosed.

We recognise that considerable time has passed since the changes which led to the petition, as well as the fact that the new Canolfan Goffa Ffestiniog has recently opened on the site of the Memorial Hospital. We are also aware that your Committee has recently produced a number of recommendations in relation to health provision in the Blaenau Ffestiniog area, which we refer to in the report. As a result we believe this to be an appropriate point at which to take stock of the evidence that we have received on this petition.

We have reached two conclusions as part of this report and would welcome any views that you have in response to these. We will consider any responses received



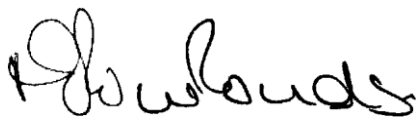
and any further action we could take on the petition at our meeting on 13 March 2018. Therefore we would welcome any comments by **28 February**.

Further information on this petition, including related correspondence and agreed actions, is available on the website at:

<http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=10060>

Alternatively, please contact the Committee clerking team at SeneddPetitions@assembly.wales or on 0300 200 6379.

Yours sincerely



David J Rowlands AM
Chair



Petition P-04-564 Restoration of Inpatient Beds, Minor Injuries Cover and X-Ray Unit to the Ffestiniog Memorial Hospital:

Summary of consideration by the Petitions Committee

January 2018

Background

1. The petition was submitted by Geraint Vaughan Jones on behalf of the Ffestiniog Memorial Hospital Defence Committee, having gathered 2,754 signatures. It was first considered by the Petitions Committee on 17 June 2014.

Petition text:

Until the Health Minister has had time to consider Prof Marcus Longley's recommendations on rural healthcare in Wales - a study that was commissioned by the Minister himself in January of this year - we, the undersigned, call on the National Assembly of Wales to urge the Welsh Labour Government to delay decision on Betsi Cadwaladr University Health Board's Business Case aimed at downgrading our Memorial Hospital to a mere 'Memorial Centre'.

2. The petition was submitted in response to the closure of Ffestiniog Memorial Hospital, and specifically the loss of inpatient beds, X-Ray facilities and a Minor Injuries Unit (MIU).

3. These changes were initially proposed as part of Betsi Cadwaladr University



Health Board's (BCUHB) wider consultation on service configuration in 2012, Health Care in North Wales is Changing. They were agreed by BCUHB's Board on 18 January 2013 as part of moves to establish 10 hospital hubs across North Wales. These would "provide seven day a week minor injuries services with standardised opening times and an x-ray service available every working day".

4. The Health Board stated that the changes were "designed to improve the quality of care and to ensure that services continue to be safe and sustainable in the long term" and "to provide the services that patients use most regularly as close to their homes as possible, so we don't admit people to hospital when we could provide more appropriate care locally".¹

5. Ffestiniog Memorial Hospital was not selected to be one of the hubs. The closest is located at Ysbyty Alltwen in Tremadog approximately 13.5 miles by road from Blaenau Ffestiniog.

6. A health centre was proposed to replace the Hospital following a redevelopment of the premises. However, inpatient care, X-ray facilities and Minor Injuries services ceased to be provided in Blaenau Ffestiniog from early 2013.

Inpatient beds

Twelve inpatient beds were provided at the Memorial Hospital prior to its closure. At that time, the Health Board added six additional beds at Ysbyty Alltwen and implemented a policy of 'Enhanced Care at Home' in an effort to reduce the need for patients to be cared for in hospitals. This involved additional resources being provided for nursing, social services and the third sector.

Three further beds were commissioned by the Health Board in Bryn Blodau Residential Home in Blaenau Ffestiniog for step up/down care. However, because this is a residential facility it does not provide nursing care.

X-ray and Minor Injuries services

Four X-ray sessions had been held at the Memorial Hospital each week. The Health Board stated that the numbers of patients attending were generally half of the recommended level for a service of this type and the Minor Injuries Unit had also generally only seen two to three patients per day. On this basis, their position was that services had become unsustainable due to insufficient demand.

¹ Betsi Cadwaldr University Health Board, News article '[Health care in North Wales is Changing](#)', 18 January 2013

Both services are now provided from Ysbyty Alltwen.

The petitioners' concerns

7. The removal of services from Ffestiniog Memorial Hospital led to the petitioners holding serious concerns over the sufficiency of health care provision in the area.

The closure of Ffestiniog Memorial Hospital

8. At the initial stages of the Committee's consideration of the petition, the petitioners argued that the Welsh Government should not approve BCUHB's business case for replacing Ffestiniog Memorial Hospital with a health centre until the findings of the Mid Wales Healthcare Study² had been considered. Because the services previously provided at the Hospital had already been withdrawn, this relied on a hope that those services would ultimately be reinstated following the review.

9. The Welsh Government responded to this point in November 2014, when the then Minister for Health and Social Services, Mark Drakeford AM, told the Committee that it was not within the remit of the Study to make decisions about the future, because these are statutory responsibilities of health boards. The Minister stated his expectation that BCUHB should respond to the findings, which had been published in October 2014, through their future service planning arrangements.³

10. The final report of the Mid Wales Healthcare Study referred to the "considerable controversy" which had surrounded the changes to Ffestiniog Memorial Hospital, whilst stating:

"It is beyond the terms of reference of this study to explore and comment on the specific needs of these two localities [Blaenau Ffestiniog and Cardigan]."⁴

11. The report acknowledged that:

"there is little doubt that many people living in these areas remain unconvinced that their Health Board has an acceptable plan for the future,

² <http://wihsc.southwales.ac.uk/midwaleshealthstudy/>

³ Correspondence - **Minister for Health and Social Services to the Chair**, 12 November 2014 (PDF 2 MB)

⁴ Welsh Institute for Health and Social Care - University of South Wales, **Mid Wales Healthcare Study - Report for Welsh Government**, September 2014 (p.108)

and are very concerned that the loss of their hospital will also mean a diminution in services.”⁵

12. However, it made no specific recommendations relating to the area. The business case for the new health centre on the Hospital site was ultimately approved by the Welsh Government in late 2015.

13. Since this time the concerns raised by the petitioners have primarily involved the impact of the closure of the Hospital on local people and upon the wider provision of other health services in the area, particularly primary care.

Provision of health and care services in Blaenau Ffestiniog

14. The petitioners have stated their concerns over the provision of health care in Ffestiniog and surrounding areas on a number of occasions and have described them as “dire”. Concerns raised have included GP services, local provision of step-down care for people discharged from hospital and minor injuries services.

15. The Health Board’s original rationale for the closure of services at Ffestiniog Memorial Hospital, particularly inpatient beds, relied upon the development of improved support for people in their own homes. In September 2014, BCUHB informed the Committee that the Enhanced Care at Home service would deliver more care in people’s own homes and avoid the need for admission to hospital.⁶ This was an objective of Health Care in North Wales is Changing and consistent with wider Welsh Government policy.

16. However, the Committee received evidence from the petitioners and others which indicated that this objective had been difficult to realise in practice because of challenges providing primary care services following the resignation of several local GPs and delays in recruiting replacements. The Community Health Council informed the Committee in April 2017 that:

“...Enhanced Care at Home has not delivered the promised replacement for the community hospital beds and the continuing issues with recruitment are making it extremely difficult to replace GP Principals who left the local practice following the closure of the hospital.”⁷

⁵ Welsh Institute for Health and Social Care – University of South Wales, **Mid Wales Healthcare Study – Report for Welsh Government**, September 2014 (p.108)

⁶ Correspondence – **Betsi Cadwaladr University Health Board to the Chair**, 14 September 2014 (PDF 128 KB)

⁷ Correspondence – **Community Health Council to the Committee**, 18 April 2017 (PDF 287 KB)

17. Ultimately, these difficulties resulted in BCUHB taking over direct management of the GP practice in Blaenau Ffestiniog. The Health Board has disputed suggestions that there was a direct link between the closure of the Memorial Hospital and the challenges experienced with local GP services, however these issues undoubtedly exacerbated local concerns over the sufficiency of health services in the community.

18. The Community Health Council also told the Committee that:

“...there is a consistent concern from the CHC that BCUHB has failed to deliver the changes promised in the consultation “Healthcare in North Wales is Changing” in 2012.”

19. In particular:

“...step up and step down care is not provided in the community as was promised in 2012. Instead, local people travel large distances to access such care.”⁸

20. The CHC cited dementia and end of life care as examples of services where this is the case.

21. Having learnt that Healthcare Inspectorate Wales (HIW) had recently written to BCUHB in response to concerns raised by the petitioners, the Committee wrote to HIW to seek their conclusions on health care in the Ffestiniog area. HIW’s response in January 2017 stated that, though patient experience of GPs was sometimes affected by staff shortages and the use of locum GPs, feedback is generally good and they were:

“...broadly assured that the health board has taken and is continuing to take appropriate steps in ensuring that the services it provides in the Ffestiniog area are adequate.”

22. Nevertheless, HIW noted that:

“...significant challenges remain for the health board in gaining the confidence of both the local and wider North Wales population.”⁹

23. Around the same time the Health Board informed the Committee that it had recently provided further investment to improve community engagement and local promotion of services, especially in relation to those to be provided in the new Health

⁸ Correspondence – **Community Health Council to the Committee**, 18 April 2017 (PDF 287 KB)

⁹ Correspondence – **Healthcare Inspectorate Wales to the Chair**, 13 January 2017 (PDF 102 KB)

Centre. BCUHB also expressed their intention to carry out a programme of engagement across North Wales to inform service improvement and a longer-term “Clinical Services strategy”.¹⁰

The new Primary Care Resource Centre

24. At the time of the closure of Ffestiniog Memorial Hospital the Health Board agreed to develop primary care resource centres in three locations in North Wales, including in Blaenau Ffestiniog.¹¹

25. In December 2015, following the production of a Business Case by BCUHB, the Minister for Health and Social Services informed the Committee that the new Blaenau Ffestiniog Primary Care Resource Centre would receive capital funding of £3.94m from the Welsh Government. The services to be delivered at the Centre were detailed by BCUHB in correspondence to the Committee in January 2017.¹²

26. However, the petitioners have previously described the planned provision of services as “basic” with the lack of inclusion of a number of services previously delivered in the Memorial Hospital, including inpatient beds, X-Ray and minor injuries services, remaining a fundamental barrier.

27. The Centre, Canolfan Goffa Ffestiniog, was officially opened by the Cabinet Secretary for Health and Social Services on 30 November 2017.¹³

The Welsh Government’s response to the petition

28. During the Committee’s consideration of the petition, correspondence has been received from the former Minister for Health and Social Services, Mark Drakeford AM, and his successor as Cabinet Secretary for Health, Well-being and Sport, Vaughan Gething AM. Throughout this time, the Welsh Government has maintained the position that, as service changes were agreed locally between BCUHB and the North Wales Community Health Council following a formal engagement and consultation process, the Welsh Government would not intervene.

29. In July 2014, the Minister for Health and Social Services told the Committee that BCUHB’s proposals had not been referred to him and that:

¹⁰ Correspondence – **Betsi Cadwaladr University Health Board to the Chair**, 6 January 2017 (PDF 3 MB)

¹¹ Betsi Cadwaladr University Health Board, News article ‘**Health care in North Wales is Changing**’, 18 January 2013

¹² Correspondence – **Betsi Cadwaladr University Health Board to the Chair – Appendix 2**, 6 January 2017 (PDF 342KB)

¹³ Welsh Government, News release, ‘**Health Secretary opens new £4 million health and social care centre in Blaenau Ffestiniog**’, 30 November 2017

“[I] am clear that I will not reopen any matters which have been agreed locally.”¹⁴

30. In subsequent correspondence the Minister wrote that, although the Welsh Government was not involved in the decision to close the hospital, he considered that the business case for a primary care resource centre in Blaenau Ffestiniog to replace it should be seen as a priority. As previously noted, capital funding from the Welsh Government was subsequently agreed in December 2015.

31. In June 2015, the Welsh Government announced that BCUHB was to be placed into ‘special measures’ following “serious and outstanding concerns about the leadership, governance and progress in the Health Board over some time”.¹⁵ The Minister appointed his own representative to oversee operations at the Health Board and developed an improvement framework for the Health Board. At the time of writing this process remains ongoing.

32. In light of the decision to place BCUHB in special measures the petitioners argued that:

“It is right and proper that the Minister should arrange for decisions taken by such a recognised defective healthcare organisation to be reviewed before they deliver irreparable patient harm.”¹⁶

33. However, the Minister told the Committee in December 2015 that:

“the decision to place the health board in special measures has no bearing on previous decisions relating to services in the Blaenau Ffestiniog area.”¹⁷

34. Following the May 2016 elections to the National Assembly for Wales, the re-constituted Petitions Committee wrote to the newly appointed Cabinet Secretary for Health, Well-being and Sport, Vaughan Gething AM to seek an update. The Cabinet Secretary responded in August 2016 to state that:

“The position remains the same as outlined by the previous Minister for Health and Social Services...and there is nothing further I can add to the response.”¹⁸

¹⁴ Correspondence - **Minister for Health and Social Services to the Chair**, 27 July 2014 (PDF 1 MB)

¹⁵ Welsh Government, Press Release **Betsi Cadwaladr University Health Board placed in special measures**, 8 June 2015

¹⁶ Correspondence - **Petitioner to Committee**, 14 October 2015 (PDF 35KB)

¹⁷ Correspondence - **Minister for Health and Social Services to the Chair**, 16 December 2015 (PDF 169 KB)

35. The petitioner also shared a response to correspondence he had received from the First Minister, Carwyn Jones AM, in November 2016. This further reiterated the Welsh Government’s position that:

“we do not intend to reopen this issue. It remains as issue for Betsi Cadwaladr University Health Board and any outstanding concerns [the petitioners] have must be resolved locally.”¹⁹

Recent developments

36. During the latter stages of the Committee’s consideration of the petition a separate scrutiny process by the Care Scrutiny Committee of Gwynedd Council into health provision for residents of Blaenau Ffestiniog and surrounding areas has commenced. An Extraordinary Meeting of that Committee was held on 4 September 2017 with evidence taken from BCUHB and the Ffestiniog Memorial Hospital Defence Committee. Following this, the Care Scrutiny Committee agreed six recommendations for BCUHB and Gwynedd Council. These include:

- A request for a report immediately on the health provision in the Blaenau Ffestiniog area by an independent agency.
- For Betsi Cadwaladr University Health Board to regularly monitor information and data in relation to the effectiveness of current health services in the Blaenau Ffestiniog area and the well-being of its residents, and to commit to adapting or changing provision if there is evidence to justify it.
- That the Health Board give detailed consideration to engagement and consultation shortcomings in the past in order to improve future arrangements.
- For the Cabinet Members for the Environment and Care to commission an assessment of the convenience and accessibility of health services via public and community transport within the Ysbyty Alltwen catchment area.
- That Betsi Cadwaladr University Health Board and Gwynedd Council work jointly and take appropriate practical steps to recruit care and health staff in

¹⁸ Correspondence – [Cabinet Secretary for Health, Well-being & Sport to the Chair](#), 26 August 2016 (PDF 91 KB)

¹⁹ Correspondence – [First Minister to the Petitioner](#), 9 November 2016 (PDF 141 KB)

order that there are full teams in place to maintain services in the Blaenau Ffestiniog area and across the County.²⁰

37. The Committee understands that responses have been sought from BCUHB and the relevant Gwynedd Council Cabinet Members, and that the Care Scrutiny Committee intends to further consider responses in early 2018.

CONCLUSIONS

Conclusion 1. It is clear from our consideration of this petition that further efforts to build bridges between sections of the local community and Betsi Cadwaladr University Health Board are required. The opening of Canolfan Goffa Ffestiniog could help to provide an impetus for this. However, we recognise that this Centre has not addressed the underlying motivation behind the petition, namely the provision of inpatient beds, minor injuries cover and X-Ray facilities in Blaenau Ffestiniog. Nevertheless, it is our hope that the new Centre can assist in the development of improved relationships and satisfaction with the level of health care provided within the community.

Conclusion 2. We consider that the local scrutiny process now ongoing through Gwynedd Council's Care Scrutiny Committee represents the most appropriate route for the issues covered by the petition to be discussed and addressed. We endorse the recommendations reached by that Committee and urge all involved to give them careful consideration. In particular we agree that the concerns of the local community may be best addressed by the recommendation for an independent report to be commissioned into health provision in the Blaenau Ffestiniog area.

²⁰ Care Scrutiny Committee, Gwynedd County Council, [Minutes of meeting held on 21 September 2017](#).

Agenda Item 7

MEETING	CARE SCRUTINY COMMITTEE
DATE	30 JANUARY 2018
TITLE	The Alltwen Scheme - Update on the progress and development of the work
AUTHOR	Mari Wynne Jones
CABINET MEMBER	Councillor W Gareth Roberts

Background

In the meeting of the Care Scrutiny Committee on 17 November 2016, a report was submitted which derived from an investigation carried out by the Committee into the work of integrating care and health services through the Alltwen Scheme. 10 recommendations were presented as part of the report, and the Adults, Health and Well-being Department submitted its response to the recommendations during the Committee meeting.

The purpose of this report is to outline the progress made, if there was any, in implementing the scheme and also the steps taken in response to the recommendations of the investigation.

Recommendation 1: That the Alltwen Scheme integrated work model be rolled-out across the County at once.

The Social Services and Well-being (Wales) Act 2014 is now operational and all the teams are now working differently. There are good examples from the different teams which show that the workers are thinking in a different way. There is evidence that the workers now initially look at the strengths of the individuals and their families and only arrange care packages when it is absolutely necessary.

Teams made of the Council and Health Board's staff are in the process of transferring into the new area structure.

The Adults, Health and Well-being Department's workforce has been divided into five area hubs. Area Leaders and Lead Practitioners have been appointed for the five areas and they have been in their posts since May 2017. Gwynedd Council and the Health Board have appointed a Transformation Leader to lead on rolling-out the work to the five areas.

The scheme will be rolled-out at five hubs across the County:

- Bangor Area

- Caernarfon Area
- Llyn Area
- Eifionydd/North Meirionnydd Area
- South Meirionnydd Area

The posts will have specific work locations, but every officer will be expected to work flexibly in order to support other sites, where it is functional and professional, in order to ensure safe and effective service provision.

Finding appropriate locations for the integrated teams has been challenging in some areas. Locations have now been identified, and four teams are now located within the new areas. The Bangor Team will move to a new location in Parc Menai in the new year.

Training sessions have been held for the Health Board and the Local Authority's workforce and a series of workshops have been held to support the Leaders of the Council and the Health Board to implement changes and maintain momentum.

Recommendation 2: Prioritise plans to improve the understanding of and commitment to the working practices of the Alltwen Scheme among senior managers within Gwynedd Council Social Services and the Health Board.

Betsi Cadwaladr University Health Board and Gwynedd Council are committed to the principle of integrated working.

Gwynedd's Integrated Service Board is responsible for the general governance of the teams. Membership of the Board is as follows:

- | | |
|---|---|
| • Ffion Johnstone (Regional Director - BCUHB West) | • Morwena Edwards (Corporate Director GC) |
| • Eleri Roberts (Assistant Area Director – Community Services West BCUHB) | • Aled Davies (Head of Adults, Health and Well-being Department GC) |

Senior managers within Gwynedd Council Social Services and the Health Board are committed to developing integrated services based on the Alltwen scheme and have committed to monthly planning meetings.

Gwynedd's Adults Senior Manager was part of the initial pilot work at Alltwen before taking maternity leave; she therefore has an understanding of the working methods. She has committed to weekly meetings with the Area Leaders.

Gwynedd Council's Senior Transformation Manager, Adults Senior Manager and the Transformation Leader from the Health Board have committed to an intense programme to support the five area teams to implement the working practices of the Alltwen scheme between the beginning of the year and October 2018.

Recommendation 3: Appoint Senior Managers from both organisations to be responsible for removing specific obstacles to delivering some elements of the Alltwen Scheme identified by the Alltwen Team Members.

The Transformation Leader will lead the transformation process by creating five effective integrated teams ensuring consistency in practice and method, and ensuring that any difficulties or obstacles are dealt with effectively. The role entails coordinating local project teams, by ensuring that all personnel involved fully understand their roles, and fulfil them effectively. The Transformation Leader will report directly to the Adults Senior Manager.

The new way of working focuses on supporting teams to try to remove barriers locally. The Leaders' role is to support the teams to identify and remove barriers themselves and to act on the barriers that can not be dealt with locally.

The barriers that can not be solved are passed on to senior officers to remove, including the Head of Adults, Health and Well-being Department, the Corporate Director, Betsi Cadwaladr University Health Board's Community Services Assistant Area Director, and Area Director (West).

Recommendation 4: That qualified Senior Managers stand in temporarily in order to address the shortage of front line staff/officers to maintain the core service in some areas.

If the Service is to ensure that it fulfils its purpose, there will be a need to ensure that there are adequate staffing resources within the integrated community resource teams to conduct the important initial discussions with Gwynedd residents. Evidence notes the importance of having the right conversations with the individuals and of designating enough time to ensure that we work with the individual to identify what is important to them and how they can build on their own strengths and take advantage of preventive resources in the community in order to meet their personal objectives in a way that ensures we get the right solutions every time. Investing time in the initial conversation will lead to a reduction in the demand and need for statutory services in future.

A new staffing structure and division of staff for the five area teams has been agreed for Social Services and has given assurance and stability to the workforce. We have been able to fill vacancies on the basis of permanent contracts. Some gaps still remain within the teams as a result of temporary gaps (maternity leave).

Recruiting to a range of posts within the health and care field is very challenging in some parts of Gwynedd. Recently, the Health Board and the Local Authority have faced recruiting difficulties to empty posts of carers, Community Nurses and Social Workers in South Meirionnydd. The Service will be contributing to the Scrutiny Committee's Investigation into this field during 2018.

The Community Connectors scheme is being piloted in the areas where an officer from the third sector has been placed with the integrated teams. In addition, the Adults Advice and Assessment service in its current form is coming to an end at the end of January 2018, and the current

workforce will be divided to the five area teams. Co-locating with the Health Board's workforce will also lead to a lot less duplication. The above will reinforce the workforce in the teams.

Recommendation 5: End the current contract with external experts and appoint an appropriate experts to carry out a customer satisfaction Review and Questionnaire with users and analyse the responses.

The Health Board and Gwynedd Council have been using the expertise of the Vangurad company which specialises in systems work. A consultant was commissioned to support the training programme for the workforce. There is no further agreement in place to use the company's expertise, save for occasional use and the expertise as required.

Gwynedd Council's Senior Transformation Manager is in the process of completing a course working in systems method. The Council will be using her expertise to support the change in the future. The Adults Senior Manager has also completed a corporate Ffordd Gwynedd Leadership Course and the Area Leaders are in the process of completing the course.

The question arises regarding the effectiveness of questionnaires in terms of response rates. The Department is looking at other ways of recording customer satisfaction such as preparing short videos, creating pen pictures which note the differences we make to the lives of individuals, and visits and face to face discussions.

As part of the work at Alltwen, new measures were established which measured whether the integrated teams were meeting their purpose of 'Helping me to live my life as I wish'. The measures emphasise the individual's voice and opinions and gives them an opportunity to state their opinion about the service and whether they feel that they are making progress in relation to their personal objectives.

Reports are drawn up from the responses which help the Leaders to evaluate new ways of working, to identify unmet needs and to continuously improve.

Further work needs to be done jointly with the Health Board to ensure a record of customer satisfaction throughout the care journey, not just in the intervention by the Adults, Health and Well-being Department. The Senior Manager and transformation leader will support the areas where this work will be further developed as part of the areas' intensive work programme.

Recommendation 6: Carefully assess the current measures, setting out a baseline and target for each.

As part of the work programme to support the expansion of the working practices of the Alltwen scheme to the five areas, the qualitative measures developed as a result of the new way of working will need to be reviewed. The measures will evolve and adapt over time. As is noted in 4:5, the new measures emphasise the voice of the individual and moves away from quantitative

data and departmental targets and focus on qualitative measures which note individuals' personal targets.

Although the measures are based on what has been learnt from the Alltwen work, it became apparent that the workforce were not committed to them as they did not understand their value and little use was made of the measure taken.

Collaborative conversations sessions have been held for the integrated workforce, which improves their understanding and reinforces the need to measure how we know we are achieving what is important to the individual.

The Senior Transformation Manager has also held a workshop on measures with the Leaders with the intention of carrying out further work with every area individually.

Recommendation 7: Appoint a Senior Officer to undertake an assessment of the day to day arrangements of dealing with phone calls for the Alltwen Scheme in order to prevent missed calls and improve communication including details and comparison about Advice and Assessment information sharing arrangements in every area of Gwynedd.

The Senior Business Manager is responsible for ensuring day-to-day administrative support arrangements. There is now full-time administrative support at Alltwen. Administrative support will be provided for the five area hubs. The changes provide an opportunity to take advantage of technological developments to facilitate work along with re-examining work processes to ensure that we use our resources in the most effective way and ensure better access for the public.

Staff sessions have been held to discuss the development of the Information, Advice and Assistance Service in Gwynedd. A clear message from these sessions was how critical and current the need is to ensure that the people of Gwynedd are clear about the challenge facing the field. The work programme being developed focuses on ensuring that an Information, Advice and Assistance service can be offered at a local level, also noting what needs to be prioritised over the coming months. The Adults Advice and Assessment service in its current form ends at the end of January, and an IAA service will be provided directly by the area teams.

Specifically, in terms of attempting to increase the focus on the preventative and local focus, the role of the 'Community Navigator' is being piloted within three of our Integrated Community Teams. The role provides an opportunity to consider the advantages of embedding a member of the third sector resource into our teams and is a development of what is already in place in the Alltwen area (a Care and Repair Officer is part of the team) and the role of 'Social Prescriber' (Mantell Gwynedd) in Arfon.

One element of the Community Link role is to enrich the understanding of team members regarding the opportunities that exist within communities, in addition to stimulating community activity that promotes the well-being of residents.

Recommendation 8: Provide a fully integrated service between 8.00 - 20.00 o'clock, seven days a week.

There is an agreement that the provision needs to be extended across seven days. As part of the re-structuring of the Adults, Health and Well-being Service, the workforce's jobs descriptions were reviewed to include:

"Working unsociable hours occasionally as and when necessary. Consideration is being given to extending the service's opening hours during the week along with working weekends. The post-holder will be expected to be part of any arrangements that will be established on a rota basis."

It would be more beneficial to extend the service to seven days from 9 until 5 to begin with, in order to measure the demand on the service during core hours.

Care must be taken that any changes to hours do not impair the ability to respond effectively during core hours and that they are in-keeping with the principles of retaining ownership of a case. It will be challenging to implement an extension in working hours and days within the current workforce without additional staffing resources. The local authority's employees have a specific workload and work within a specific geographical area which corresponds with the principle of case co-ordination and ownership retention. Another consideration that needs to be borne in mind is lone working arrangements and staff safety.

The Health Board has faced challenges when extending its area nursing service from 8am-8pm; mainly due to the fact that there has not been an increase in staffing levels. The community nurses work three shifts, which vary from 8am until 8pm, 8am until 4pm, and 12pm until 8pm. They have noted that the shift arrangements separates the service at specific time and means more travelling in order to respond to a larger geographical area. In terms of the type of work carried out between 5pm and 8pm, it is a combination of work which has been arranged beforehand and calls to see unknown people after receiving a call from the out-of-hours GP service.

In terms of extending the hours of work to between 8am and 8pm, the staff on the ward already do this and work three 12 hour days. Some may find this attractive in terms of the fact the workers complete their hours for the week in three days. This raises problems in terms of the continuity of the care, as members of staff can be away from work for a number of days between shifts which means that there is a lack of ownership as regarding the patients. This could mean many more 'hand offs' for the patients and their families which could cause problems in terms of lack of communication between staff.

Following the establishment of the Integrated Community Resource Teams within the five areas, further work will be done to see if there is sufficient evidence to justify extending the service's working hours and days. There must be clarity about what skills are required to satisfy the need in every area beyond core hours. A request was recently received for the service to consider employing home carers to work overnight. The demand and need was investigated, and evidence

noted that there was a need for workers with specialist nursing skills to respond, and carers would not have been suitable.

Recommendation 9: Appoint a Senior Officer to plan and provide one integrated electronic system for all the proceedings of the Allwen Scheme.

The national case management system for the community and health field (WCCIS) enables the sharing of records within integrated teams. We have visited integrated teams in Powys and have seen evidence of this at work. The Council has been using WCCIS since August 2017. The Health Board (Betsi Cadwaldr) has signed a contract with the system's provider, however they are yet to announce a date for its instalment. The Senior Transformation Manager is discussing with the Informatics Area Director and Assistant Director within the Health Board, in order to ensure that the integrated team (as the Alltwn team) benefits from WCCIS as soon as possible.

Recommendation 10: Establish a procedure of weekly reporting on Residential, Nursing and EMI beds available in each area in Gwynedd.

Reports regarding bed availability in the area is shared weekly with the Area Leaders, Gwynedd Council's Senior Officers and co-workers from the Health Board. The reports free up officer time to respond in good time when trying to find suitable care homes and facilitate joint working between agencies.

COMMITTEE	SERVICES SCRUTINY COMMITTEE
DATE	30/01/18
TITLE	UNPAID CARERS INVESTIGATION REPORT Link to the report:- https://democracy.cyngor.gwynedd.gov.uk/ielistdocuments.aspx?cid=131&mid=1711&ver=4& (Item 7)
CABINET MEMBER	COUNCILLOR W GARETH ROBERTS

Introduction and context

1. The investigation focused on finding out the type of support available for unpaid carers in Gwynedd. It is clear that the Council, the Health Board, and Third Sector organisations active in this field are managing to support unpaid carers in Gwynedd but that there is increasing pressure on services. Savings and cuts have had an impact on the ability to maintain a crucial preventive service and the level of services that carers expect.

Our Vision for Gwynedd

2. The vision for carers in Gwynedd is one of a society that recognises, appreciates and supports unpaid carers.
3. Gwynedd Council, along with its partners, is committed to developing and implementing services that will improve support for carers in Gwynedd.
4. Gwynedd's vision for the future focuses on stepping forward and enabling, to encourage support for the individual in his/her community. This means that the support from social services is designed to help citizens concentrate on their strengths and what they are able to achieve on their own, or with the help of family and neighbours.

The review process

5. Five meetings of the Scrutiny Investigation were held in order to gather information by Public Sector and Third Sector representatives, and evidence was submitted in writing by some organisations.
6. Observations received from some members were considered. These observations, about the experiences of being carers and about the support

provided by the services, had been conveyed to them by individuals in the community.

7. Consideration was given to performance reports, and measures and documents used by the Adults, Children and Health Services to identify and record the information about carers.
8. Council websites were looked at, as were Third Sector organisations and publications, from the point of view of older and younger carers.
9. The Council's Carer Support Service distributed a questionnaire to over a thousand carers in September 2016 and the analysis of the results was available in February 2017, which was very timely. This gives the members of the investigation a good indication of the opinions of service users.

Summary of the main findings

10. Below, is a short summary of the key findings of the investigation:-
 - *Understanding the significance of what constitutes a carer is crucial. One of the characteristics of carers is that a number of them do not refer to themselves as carers. It should be noted that every carer's caring situation is different, and that a lack of support can have a very negative effect on the health of carers and on their ability to care.*
 - *A significant difference can be seen between the areas of Bangor and South Meirionnydd in general and even more so between specific wards/LSOAs. In addition, from the information submitted and from discussions with officers and practitioners in the Focus Groups, it appears that the Council does not have reliable information about the number of carers who live in the County. Without knowing the extent of the need, it is not possible to address it.*
 - *It was unclear to the members why the measure of carer assessments still performed badly in Gwynedd, but there are some possible reasons: the data is collected and recorded differently across Wales; even though assessments are made, they are not being recorded; officers prioritise other, more important work; officers do not have the time to record information; lack of clarity on the arrangements and methods of recording information e.g. that assessments are more thorough and take longer in Gwynedd than in other counties.*

- *It was noted that comprehensive information is available for carers electronically and on paper. In addition, observations were made that gathering, sharing and updating information about more local events such as club and society activities could be highly valuable for carers and those they look after, but that it was difficult to carry this out this effectively. Clear evidence suggests that the majority of carers obtained the most useful information from another person. Getting the right information at the right time is crucial to the well-being of carers, but one of the difficulties in sharing information with carers is that carers, often, do not identify themselves as carers.*
 - *The need for carers to have regular respite needs to be considered; this is vital to enable carers to maintain their own health and well-being and for them to have a life beyond their caring role. A period of respite could mean a few hours, days or weeks and could be provided by statutory services, the third sector, friends, and families. A range of respite periods are provided in Gwynedd; nevertheless, despite being very important and valuable, there are a number of problems with the respite opportunities provided: the statutory sector lacks funding; the care recipient is unwilling to give the carer time off; shortage of care workers, especially in Meirionnydd; shortage of Welsh speakers; lack of flexibility at short notice; particular shortage that would otherwise enable carers who look after dementia sufferers and people with mental health problems to be given respite.*
 - *Members of the investigation are concerned that the Council could create serious financial problems in future by not investing strategically in preventive work in the field of carers. It was suggested that this should be considered in more detail and a comprehensive assessment carried out on the impact of reducing budgets in the field of unpaid carers in terms of increased spending for the Council along with the impact on carers.*
11. The Report of the Unpaid Carers Scrutiny Investigation was submitted to the Scrutiny Committee on 17 March 2017. All recommendations were accepted and approved but Cabinet Members were asked to prioritise the development of Recommendation 4, Recommendation 6 and Recommendation 8. It was also resolved that the development of the recommendations would be monitored.
 12. The recommendations of the Investigation and updates are provided in the table below.

Investigation Recommendations and Action Plan

	Recommendation	Update on Gwynedd Council's response
1.	<i>Identifying Carers - that the Cabinet Member commission detailed work with our partners to agree on how to identify and record 'hidden' carers in Gwynedd.</i>	<p>One of the aims of the Gwynedd and Anglesey Carers Partnership is to become better at identifying hidden carers of all ages through getting them to see themselves as carers. We have begun work with our partners in health and the third sector to raise awareness of carers at surgeries and pharmacies. Carers Wales will appoint an officer in North Wales to be responsible for promoting raising awareness of hidden carers through working with volunteers - a three year position. At a regional meeting at the beginning of December 2017 it was agreed that carers' experience needed to be considered before they reach carers' services and at key times. Consequently, the intention is to map the journey of carers in the different counties of north Wales.</p> <p>We resolved to consider the way we record the number of carers receiving our services in Gwynedd Council, whether it be via a 'What Matters' assessment or an Information, Advice and Assistance (IAA) service.</p>
2.	<i>Assessments and Recording - that the Cabinet Member work with our partners in care across north Wales to reconcile the methods of conducting assessments and of record keeping.</i>	<p>This forms part of the work of the Regional Business Manager - Carers.</p> <p>The matter is also being raised at North Wales Carers Strategic Group meetings. The current inconsistency in the way assessments are carried out and records kept, also the differences in opinion about what constitutes an assessment, have been highlighted in the 'Tracking the Act' briefing papers, with the figures being based on different definitions from each authority. Regionally, it was agreed that the carers' assessment needed to focus on what matters to the carer, and that it was also important for the carer to have a conversation alone with the assessor. There is concern that some carers still think that a 'Carer Assessment' assesses their ability to care and the quality of their care.</p>

		It was resolved that the way the needs of carers are assessed within the Council would be reviewed. New guidance is needed for staff in the wake of the Social Services and Well-being (Wales) Act 2014.
3.	<i>Feedback from Carers - that the Cabinet Member use the information in the questionnaires received from carers to identify strengths, weaknesses, obstacles and opportunities for improvement.</i>	<p>Feedback from carers in the questionnaires has been included in the Gwynedd and Anglesey Carers Partnership Strategy (and the action plan) and steers the current work of the Children and Adults Carer Support Officer.</p> <p>Another questionnaire was sent to 500 carers (through collaboration with the Carers Support Service) to be returned by mid December. Data from the questionnaires will be available by the end of January 2018.</p> <p>Two members of the Gwynedd Sub-group of the Gwynedd and Anglesey Carers Strategy Implementation Plan are carers.</p> <p>A questionnaire will be sent to the carers of people with mental health problems at the beginning of January 2018.</p>
4.	<i>Information and Advice</i> <ul style="list-style-type: none"> • <i>Developing Information, Advice and Assessment - IAA arrangements, to be coordinated across the county without delay</i> • <i>Raising awareness among Council Members, officers and front line staff about support services for carers</i> • <i>Pharmacists to give out carer leaflets when dispensing medication</i> • <i>Surgeries to give out leaflets with prescriptions</i> • <i>Schools to distribute leaflets to pupils.</i> 	<ul style="list-style-type: none"> • Work is under way to develop the Information, Advice and Assessment (IAA) arrangements. In order to ensure a comprehensive and effective IAA service, focus will be placed on a number of different elements. Changes are in the pipeline to create a 'front door' for services at a local level, which capitalises on the co-location with the Health Board; as well as trialling the role of the Third Sector (Community Link) within the Community Resources Teams. The purpose of the Community Link role is to improve the understanding of team members about the opportunities that exist within communities, in addition to instigating community activity that promotes the well-being of residents. Furthermore, as part of this, options are being discussed for trialling ways that would offer residents the opportunity to have conversations of

		<p>a preventive nature in convenient, visible and local places. Work is also under way to ensure our 'information', which of course helps people help themselves, is being introduced at the most appropriate places and in the most effective way.</p> <ul style="list-style-type: none"> • Staff training was arranged to raise awareness of carers' needs and the importance of providing early support for carers as a way of carrying out preventive work in the context of establishing the IAA service. This is a way of changing the culture of the workforce in meeting their new responsibilities toward carers. • There is also a need to raise awareness of the work of the Gwynedd and Anglesey Carers Partnership and to report to the Adults and Children Management Team occasionally. • Still need to develop the work in this field but there is a guidance available to support staff who are carers and guidelines to help managers support these staff members. The Corporate Support Department has been asked to include this on the Council's intranet • The Carer Support Officer is collaborating with the BCUHB Engagement Officer on how to distribute carer leaflets via pharmacies • Some Gwynedd surgeries have begun distributing leaflets with prescriptions; this is part of the Carers Outreach Service GP Surgeries Facilitator's work. The leaflet provides information about Carers Outreach i.e. support available for carers in the community (this corresponds with the aims of the Social Services and Well-being (Wales) Act 2014.
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		<ul style="list-style-type: none"> • Groundbreaking work has begun with schools and young carers under the Carers' Trust umbrella, with a pilot scheme that includes one secondary school in Gwynedd. The regional young carers sub-group discusses ways to build on this work (Gwynedd is a member of this sub-group)
5.	<p>Respite</p> <ul style="list-style-type: none"> • Conduct a detailed survey to see the extent of the lack of respite opportunities • Gwynedd Council to create a policy to support carers with respite periods 	<p>The Council has received an additional respite grant for carers for the year 2017-18. Consequently, young carers, the parent carers, and adult carers will be given opportunities and support to receive respite from caring duties. The grant has been divided between the learning disability service, Derwen, Action for Children (Gwynedd Young Carers Project), Age Cymru Gwynedd and Môn, Carers Outreach Service and Carers Trust North Wales Crossroads Care Service.</p> <p>As regards the area of physical disability and older people:</p> <ul style="list-style-type: none"> • Support services for carers have, previously, been very traditional • Respite beds have been identified at the Council's residential homes along with specialist dementia beds at some homes which is a highly valuable resource. Traditionally, we have been providing a sitting service and day care opportunities to provide respite for carers. • Our vision for the future is that we focus on the important initial conversations with individuals and those who care for them, in order to get to the real root of what matters to them, and work with the individuals, carers and their communities to find solutions that meet their personal aims. This allows for more creativity in the way individuals and their carers are supported. <p>The learning disability service has scoped LD respite needs and has decided on the</p>

		<p>following steps:</p> <ul style="list-style-type: none"> • Create a new respite care unit at Tan y Marian • Decommission current respite care arrangements by March 2018 • The new framework for respite care for LD adults will provide a choice of service options for different needs that are available across the county. • Have received feedback from parent carers that they are happy with the development of the residential facility at Hafod Lôn, although it has not opened yet. <p>It is noted that the lack of care provision, especially in some areas, poses a challenge when trying to provide respite care.</p> <p>Creating a Gwynedd Council policy to support employees who are carers is one of the action points in the plan to implement the Gwynedd and Anglesey Partnership Carers Strategy.</p> <p>Welsh Government announced that a permanent contribution of £114,000 would be made to the RSG. We shall consider how to administrate and roll out this budget across the Adults and Children Department, whilst ensuring that this sum is reserved for use with carers, especially respite.</p>
6.	<p><i>Impact of Savings and Cuts - that the Cabinet Member conduct a detailed assessment of the impact of the reduction in expenditure on support services for unpaid carers/people who look after someone.</i></p>	<p>LD services (outlined above under 5) will provide best value.</p> <p>In response to the financial cuts made to the Carer Outreach Service, the organisation had to be restructured. The effect of this is that more carers have to wait for some of their services such as home visits. This is a concern for them as their officers now have to prioritise carers according to their needs (i.e. the most complex situations are given priority). In addition to this, statutory services and other services have ended their support; and a number of carers are waiting for unacceptable amounts of time for contact and no services are available in some areas</p>

		<p>after contact. Consequently, they are trying to respond to a higher demand for support with fewer resources. Considering that Gwynedd Council has cut funding at a time where demand is greater than ever, they feel that the reduction in expenditure is contrary to the new act and carer needs. The problem of recruiting care workers has worsened over the difficult financial period, including among temporary staff.</p>
7.	<p><i>Third Sector and Community Businesses - planning the core and preventive services with the Third Sector and Community Businesses.</i></p>	<p>The Adults, Health and Well-being Department provides core funding to the following organisations: Carers Outreach Service, Age Cymru Gwynedd and Môn, Abbey Road Centre, Deaf Association, CAB, Tan y Maen, NWAA, Felin Fach, Gofal a Thrwsio. These organisations have a preventive role.</p> <p>Gwynedd Council uses a substantial part of a supplementary Welsh Government grant to provide respite care for carers and young carers, and it commissions the third sector. After discussions at a workshop of regional partners at the beginning of December 2017, it was agreed that a more detailed agreement was required between partners about the way services in North Wales should look i.e. carrying out more detailed work on the results that have already been agreed (at the beginning of the regional work).</p>
8.	<p><i>Mental Health - that the Cabinet Member carry out an urgent review to assess the situation in its entirety.</i></p>	<p>The contract with Hafal ended at the end of March 2017. Since 1 April, there are two support workers (one based at Hergest, Ysbyty Gwynedd and one based in Plas Brith, Dolgellau). The intention is to send a questionnaire to carers for their feedback on the new internal service. The social workers carry out the assessments (which complies with the requirements of the new act) and there has been a substantial increase in the number of assessments completed since April. Support workers provide one-to-one support and there is one carers' group in</p>

		<p>Arfon.</p> <p>The questionnaire, sent in January 2018, seeks the views of mental health carers on the current service and what matters to them as support in their role as carer.</p> <p>Carers of Hergest patients should be supported by Hafal (a service funded by the local health board). We understand that there is no one currently in post but BCUHB is looking into the situation in order to ensure that someone is there for the carers as soon as possible.</p> <p>A lack of practical support resources is a problem for carers i.e. an opportunity to receive respite. It is not simply the lack of respite care provision that prevents us from providing this support but also the attitude of those who receive the care i.e. that they refuse to attend activities etc.</p>
9.	<i>The Welsh Language</i>	<p>The Council has a strong language policy and we are fully committed to More Than Just Words and to implementing it in our work with providers. Unfortunately, some of our providers are having difficulty recruiting Welsh-speaking staff, especially in the south of the county.</p> <p>One reason for ending the contract with Hafal was its consistent failure to provide a bilingual service. The support service available for carers of people with mental health problems is now available in Welsh and English.</p>

Conclusion

13. To conclude, we believe that positive work has begun on the recommendations of the investigation, and in response to the Social Services and Well-being (Wales) Act 2014, even though much work is still needed.
14. We are aware that data from Gwynedd in the second briefing paper for Carers Wales on Tracking the Act did not reflect well on us as an authority but the Carers Officers Learning and Information Network (COLIN) raised

- concerns about the first briefing paper in March. Carers Wales acknowledged the accuracy of the points but was unable to act on them when sending the second request for information. The new Director of Carers Wales has assured members of COLIN that she would get in touch with COLIN in order to ensure they receive the observations of local authorities to ensure they produce a third briefing paper that is comprehensive and balanced. Therefore, I would like to ask Members reading the briefing paper to consider the above acknowledgement by Carers Wales that their methodology needs to be improved.
15. We realise that we are unable to support carers without the support and collaboration of our partners in Health and the Third Sector. The work currently being carried out by the Regional Business Manager - Carers, will be highly beneficial in reconciling services and support for carers across north Wales. There are a number of modernisation projects in the pipeline, which focus on achieving positive results for carers and those they support. We have to continue to listen to carers about what matters to them and when considering how best to provide the support, and of the importance of providing sustainable services that give best value in a difficult economic climate.

Agenda Item 9

Meeting	Care Scrutiny Committee
Date	30 January 2018
Subject	Supporting Disabled People in Gwynedd
Scrutiny Log Reference	G10

- 1 The question of the suitability of wheelchair provision arrangements for the residents of Gwynedd was referred by full Council on 15 June 2017 for consideration of the scrutiny programme.
- 2 It was decided at the meeting of the Scrutiny Forum on 19 December 2017 to prioritise the investigation.
- 3 The draft Brief for the Investigation is enclosed.
- 4 **Members of the Care Scrutiny Committee are requested to:**
 - A) **Agree the Final Brief for the Investigation**
 - B) **Elect 3-5 Members for the Working Group**

Supporting Disabled People in Gwynedd (G10) DRAFT January 2018

A	<p><u>What is the matter being considered as a scrutiny issue?</u></p> <p>The North Wales Artificial Limb and Appliance Service (ALAC) is a service which provides support for disabled people to re-establish themselves in their communities. The service is run by Betsi Cadwaladr University Health Board (BCUHB) who work closely with sub contractors and suppliers in order to provide suitable solutions to problems and to maximise users' potential.</p> <p>Some members of the public and organisations that support disabled people, and the Gwynedd Council Disability Champion have been in touch to complain about some aspects of the service.</p> <p>Following consideration of a proposal by Councillor Peter Read to full Council on 15 June 2017, it was decided to direct the question regarding the suitability of provision of wheelchairs to Gwynedd residents to be considered by the Scrutiny Programme. This investigation then will flock at the wheelchair Service only and not the wider service.</p>
B	<p><u>Aim of the Investigation</u></p> <p>The main matters to be considered will be</p> <ul style="list-style-type: none">- The number and seriousness of the complaints of the wheelchair Service provided by ALAC.- What were the content and timetable of response from ALAC to the complaints?- How much evidence is there on the satisfaction/dissatisfaction with the Service? Are there any themes in the evidence/information?- Is there evidence to show that the individuals who use the services are put in the centre in the Process of assessing and providing suitable appliances and are assisted to live their lives in the way they wish to live it?- Is the process fit for purpose?
C	<p><u>Context</u></p> <ul style="list-style-type: none">- Consider the requirements of the Social Services and Well-being Act 2014 in terms of putting the service user at the centre in the process of assessing and providing suitable appliances.- Consider requirements in terms of Welsh Government, the Health Board and procurement and contractual arrangements.- Consider Case Studies (the good and not so good) from Gwynedd and other areas of north Wales.

CH	<p><u>Good Practice and Lessons to be Learnt</u></p> <ul style="list-style-type: none"> - Consider how similar services are delivered in other areas. - Record obstacles and good practice
D	<p><u>Gathering Evidence</u></p> <ul style="list-style-type: none"> - Gwynedd Council and the Health Board <ul style="list-style-type: none"> o Mari Wynne Jones, Older People and Physical Disabilities Senior Manager o Ceryl Davies, Learning Disabilities Senior Manager o Area Leaders - <u>Health Board</u> <ul style="list-style-type: none"> o Tissue Viability Nurses o Medical Experts - Welsh Government - Contracting and Monitoring Officer - ALAC North Wales - Chief Officer - ALAC Cardiff - Chief Officer - ALAC Swansea - Chief Officer - Third Sector – ask Mantell Gwynedd for relevant organisations - Service Users - Careful consideration must be given to how feedback from service users can be obtained because of confidentiality and data protection issues.
DD	<p><u>Analysis</u></p> <ul style="list-style-type: none"> - Weigh up the evidence gathered from those interviewed
E	<p><u>Writing the Report</u></p> <ul style="list-style-type: none"> - Note and provide evidence of the main findings - Note the recommendations for short-term outputs - Note the longer term recommendations and outputs - Discuss and agree upon the draft Report with task leaders within Gwynedd Council and the Health Board and Welsh Government - Submit the Final Draft Report to the Communities Scrutiny Committee for observations and endorsement - Publish the Final Report
F	<p><u>Action Plan</u></p> <ul style="list-style-type: none"> - Make recommendations for the consideration of the Health Board, Welsh Government Adults, Health & Wellbeing and Children & Young People Cabinet Members and ask for a response to the recommendations

FF	<u>Track Progress</u> - Depending on the outcome of the investigation, if there are recommendations that the scrutineers could receive an update, this will be provided as an informal update report.
G	<u>Timetable</u> – February/March 2018

Scrutiny Committee Forward Work Programme 2017-18

Update: January 2018

Care Scrutiny Committee	
Investigation	
Working Groups	
21 September 2017	<ul style="list-style-type: none">▪ Homelessness▪ Empty Houses▪ Health Provision in Blaenau Ffestiniog
14 November 2017	CANCELLED
30 January 2018	<ul style="list-style-type: none">▪ Health in Blaenau Ffestiniog – Update▪ Looking after someone (Unpaid Carers)▪ Cartrefi Cymunedol Gwynedd▪ Alltwen Plan▪ Supporting People with Disabilities
8 March 2018	