

GWYNEDD COUNCIL CABINET

Report to a meeting of Gwynedd Council Cabinet

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| Date of meeting: | 22 November 2016 |
| Cabinet Member: | Councillor Gareth Roberts |
| Contact Officer: | Morwena Edwards, Corporate Director |
| Contact Telephone Number: | 01286 679 468 |
| Title of Item: | Performance Report of the Adults, Health and Well-being Department |

1. INTRODUCTION

- 1.1 The purpose of this report is to update my fellow members on what has happened in the fields within my remit as Cabinet Member for Adults, Health and Well-being. This includes outlining the latest developments against promises within the Strategic Plan; where we have reached with the performance measures; and the latest in terms of savings and cuts schemes.
- 1.2 I would remind you that all matters have already been the subject of discussions and have been scrutinised at meetings of the Departmental Management Teams as well as the Leadership Team (which also included a representation from the scrutiny committee as an experiment in this cycle).
- 1.3 On the whole, I am comfortable with the performance of the Adults, Health and Well-being Department.

Contact:
01286 679868
01286 679490

cabinet@gwynedd.llyw.cymru



2. THE DECISION SOUGHT

- 2.1. To accept and note the information in the report.

3. THE REASON FOR THE NEED FOR A DECISION

- 3.1. In order to ensure effective performance management.

4. THE REASONING AND JUSTIFICATION FOR RECOMMENDING THE DECISION

4.1. Strategic Plan Projects

- 4.1.1. Brief progress reports are submitted below on the projects of the Strategic Plan 2016-17.

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

- 4.2.1 Since the last time I reported, an initial presentation was given to the Council's Senior Managers Group to emphasise that well-being is everyone's duty and a session to develop this concept further will soon be held with partners.

- 4.2.2 At the beginning of October, I reported to you that there is an obvious piece of work to be undertaken in order to ensure that this project and other work programmes such as the Ageing Well Scheme and the broader Well-being work programme, interweave together. This work will be ongoing and will need to be addressed in the next few weeks.

- 4.2.3 I hope that the next steps on projects G2 and G3 and subsequently, clarity on the shape of the information, advice and assistance service (IAA), will make the Care Challenge work programme more robust over the next month.

4.3. **G2 Integrated Working Project, focusing on what counts for individuals - *Re-design our current way of working.***

- 4.3.1 We have now developed a measure that measures the impact of the new way of working and this has been addressed further in section 4.9 of this report. I previously reported that data thus far, compared with the same period last year, indicates a reduction in traditional care packages in the Eifionydd area. I can confirm that this trend continues.

- 4.3.2 I previously reported the intention to appoint Area Leaders across the County by the end of the calendar year, but unfortunately, a slippage is anticipated with this. There has been a delay in terms of the consultation process with Health Board staff and it is envisaged that this will now be undertaken during November and December, rather than the original intention to complete the consultation by the end of October. On this basis, we will aim to have the Area Leaders operational in their new roles by the beginning of April. Despite the slippage, work is still continuing to prepare locations for the Integrated Teams across the

County and arrangements are also being made for the staff training programme. Although a slippage in timescales can be frustrating for everyone, I would like to emphasise the fact that these appointments are now being done on a permanent basis gives staff assurance and confidence in the future structure.

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

4.4.1 I previously reported about the decision to establish a Safeguarding and Quality Assurance Team within the Adults, Health and Well-being Department. Work is still ongoing with this, and a report on the team's development and the establishment costs will be submitted soon to the Cabinet.

4.4.2 Progress on the G2 scheme also influences the final structure, especially in terms of sharing work arrangements in 5 Area Teams on a joint basis with the Health Board. I would like to remind Cabinet members that the scope of the project in question has been substantially changed since it was originally commissioned. During the last year, the development of project G2 has highlighted the need to put an integrated structure in place for the fields of Older People and Physical Disabilities.

4.4.3 Finally, due to the size of the transformation agenda, the Head of the Adults, Health and Well-being Department is adding capacity to the Department's senior management level on a temporary basis. This will be a developing opportunity for a member of staff within the Council to operate on a senior manager level on a secondment basis with the support of experienced officers and it will be a way of gaining and maintaining momentum on the Department's transformation work over the next 18 months.

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

4.5.1 Demolition work, work to clear site as well as piling work has been completed and work on the foundations is about to commence. As a result of problems associated with the piling work, a delay of approximately six weeks to the work programme will mean that the new development is likely to be ready by the beginning of November. This is unlikely to have any impact on the process of filling the units and it is anticipated that two 'show flats' will be ready by the end of May 2017.

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

4.6.1 As you are aware, following the engagement undertaken, a joint brief has been developed with the main stakeholders. Since the last time I reported, I can confirm that Grŵp Cynefin is eager to be a developing partner and, as well as an architecture company, the site was visited on 20.10.16. They will now proceed to develop a business case for the site on a joint basis and aim to develop draft plans for the new year. I am pleased to report that the Architects are also very eager for service users and their families to be part of the design process of the new accommodation.

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

4.7.1 The 'Care Provision Model - Strategic Case' Report was submitted to the Leadership Team on 20.09.16 and it was decided that there are currently no

grounds to change the existing internal provision model. It was agreed that the options should be re-visited in two or three years.

4.7.2 Alongside the decision made, the Head of Adults, Health and Well-being Department will submit an amended efficiency savings programme to the Leadership Team in November. The focus of this programme will be on the work of transforming services and the current way of working.

4.8. **G7 The Capacity and Sustainability of the health and care organisation - Response to the current problems that exist in terms of care and health provisions specifically within the field of older people.**

4.8.1 *New Care Model* - As I previously reported, we are developing a new care model which provides more nursing support that will allow individuals to remain at the residential home longer and avoid having to go to a nursing home. Work is now underway to develop the Llys Cadfan Residential Home and one of the key tasks associated with this is to draft a new statement of purpose for the home. In order to support this, further input will be required from the Health Board and an agreement noting their long-term support to the model in question. Subsequently, we can make an application to the Care Inspectorate to change the Home's registration.

4.8.2 *Support Carers* - When I previously reported, I explained that work was ongoing on a regional level that would help to determine whether or not our current arrangements are suitable bearing in mind the expectations of the act. In order to obtain a full picture of the situation in Gwynedd, meetings have been arranged to seek the opinion of the Champion and leading officers in the field. Work is also ongoing to analyse questionnaires in order to obtain the opinion of carers about current arrangements.

ACTIONS FROM THE LAST CYCLE:

A request was made for a regular update, and also to arrange for Ffion Johnstone from the Health Board to be invited to give a presentation to the Leadership Team.

The request has been discussed with Ffion Johnstone and we are in the process of agreeing on a time and the contents of any presentation that would be of interest to the Leadership Team. I believe that there is an opportunity here to intertwine all of the work undertaken in terms of capacity and sustainability of the health and care workforce. It is paramount that we obtain a full picture of the situation and regard the care and health field workforce as one workforce, that operates within the same system.

4.9. **Performance**

4.9.1 **Appendix 1** reports on the performance measures that are associated with my portfolio.

4.9.2 I previously reported that arrangements had been made to develop a measure that directly measures the purpose of the Older People and Physical Disabilities Service. Although it continues to be developmental in nature, I am pleased to report that I can now start reporting on this measure. There is a lot of work to be undertaken to ensure that the measure is used to its full potential by the entire workforce, and this will undoubtedly be done hand in hand with the

development of the new way of working across the County through the G2 project.

- 4.9.3 Bearing in mind the sample total of the **OED023** measure (59 individuals), 71% (42 individuals) of them have seen an improvement in terms of achieving what is important to them. 20% (12 individuals) have not experienced change since the previous review and five individuals have seen a deterioration. The measure also gathers the reasons behind the failures, and I have requested a specific analysis on this to see how we will learn from them in order to improve. The individual worker who is responsible for having the conversation with the individual is, of course, aware of the reason behind any slippage, but I also believe that there is room to cluster the different obstacles to identify general trends.
- 4.9.3 Performance measures should help the workforce to learn and improve on a continuous basis. On this basis, it was agreed at the last meeting of the Departmental Management Team that the measure in question needed to be further developed so as to be able to have an analysis based on the new five areas. It was agreed that this type of information would be very useful for leaders and all area staff, and that it would be a very effective tool to improve the Older People and Physical Disabilities Service.
- 4.9.4 Since I previously reported, as part of the expectations of the new act, a questionnaire has been sent out to all service users in the care field. We are monitoring one specific output (**Hol/001**) in the standard questionnaire, namely 'People who note that they can do what is important to them'. It is anticipated that we will have fully analysed the questionnaire by February 2017.
- 4.9.5 Previously, I highlighted that I was very concerned about the performance of the measure, **SCA/001 - The rate of delayed transfers of care for social care reasons per 1,000 of the population aged 75+**. Unfortunately, the concern remains and I can now report that an average of 2.6 individuals per 1,000 of the population sees a delay when transferring from hospitals to the community. Should the performance remain the same for the remainder of the year it is anticipated that we will perform significantly lower than the Wales' average - estimated performance of 6.0 compared to the Wales' median (4.9) in 15/16. There has been a slight reduction in terms of what we had anticipated in September as end of year performance (6.2 to 6.0).
- 4.9.6 In response to the concerns in terms of **SCA/001** a specific session has been arranged in Ysbyty Gwynedd to better understand the process of transferring patients from Hospital to the community. The session will be facilitated by *systems thinking* experts and it will be held on 05.01.17. I am hopeful that this will offer us options to ensure that the transfer process runs as effectively as possible.
- 4.9.7 I would like to draw your attention the measure **SCA/019** (Local), where 4% of the POVA referrals have not currently been managed. However, since the information was originally received, I have received confirmation from the Service that the 4% represent two cases where there has been a shortcoming in terms of recording rather than it being a case of them not being managed. I can confirm that work is ongoing to rectify this. At present, this is the main measure that is addressed on the strategic plan level which specifically measures Adults safeguarding. However, when establishing a new Safeguarding and Quality Unit that draws Adults safeguarding elements together, it is proposed to establish a purpose for the units and also suitable performance measure to measure that purpose.

4.9.8 Although it is currently not an official measure, we are regularly monitoring the waiting list to receive a 'Deprivation of Liberty Safeguards' (DoLS) assessment. The following table offers an update on the situation thus far up until the end of October 2016.

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| Number of referrals in 2016/17 | 216 up until 21-10-16 |
| Waiting List to receive an assessment | Residential - 288 Supported Accommodation - 149 |

As well as responding to demand in terms of the waiting list, it should be noted that a total of 444 applications have been authorised, and therefore, they need to be reviewed continuously. Undertaking an individual assessment involves at least 8 hours of work but it very often involves 10-12 hours to fully complete an assessment. At present, we have a total of 24 Social Workers who have been trained to undertake an assessment; however, it is clear that current arrangements are insufficient to respond to the scale of the daily task and to clear the backlog. As part of the report to the Cabinet on establishing a Safeguarding and Quality Assurance Team (4.4.1), the Department underlines the need to strengthen the arrangements that are in place and to ensure necessary resources for this work area.

4.9.9 Work needs to be undertaken to develop measures that measure the purpose for the Learning Disabilities and Mental Health services.

ACTIONS FROM THE LAST CYCLE:

It was agreed that more work is required to see what can be done to attract more people to the field. A request was made to examine the way Newham Council in London operated when using IT as part of its care services. Potential to examine good practice and to consider operating in the same way in Gwynedd.

Newham Council operates a broad Information Technology strategy across the corporation and it is possible to see this being implemented through the 'Self Service Portal' they have for residents. Specifically, in terms of the care field, I believe we need to learn about 'Access to information' and 'Self-referral'.

Access to information - Without a doubt, Newham Council makes fantastic use of their website and service users, carers, residents and workers in the field take advantage of a 'service directory' and general advice. Here in Gwynedd, this type of service is being developed through 'Dewis Wales' which operates across Wales. Ensuring a resource of this type which is local, comprehensive and up-to-date is going to be essential for the future. 'Dewis Wales' has now been operational for a year and its role, and its integration with other information sources, will receive consideration over the next few months as part of the process to confirm the arrangements of the information, advice and assistance (IAA) service. Despite this, having researched the arrangements of Newham Council, it was decided to create a direct contact from the Council website to the Dewis Wales website for convenience.

Self-referral - It is possible for Newham residents to self-refer through the Council website and then wait for the Council to contact them to discuss care options. I believe that we have room here in Gwynedd to at least consider the advantages of developing this type of service to support the current provision, but at the same time, there is a need to be extremely cautious that we do not lose sight of the importance and value of the first contact with individuals. What we have learnt thus far through the G2 project strongly suggests that there is a

need to invest as much as possible in the initial face-to-face conversation with the individual, whatever their situation.

4.10 **Financial Position / Savings**

4.10.1 The challenge to achieve savings continues again this year, and as I previously reported, I believe that there is a need to make significant progress on the number of savings schemes in the next few months if we are to keep within the budget. I can also confirm that 80% of the expected cuts in 2016/17 have already been undertaken. Since I last reported to you, I can also confirm that five 2016/17 efficiency savings schemes have been realised (total of £341,000).

4.10.2 The end of Quarter 2 analysis suggests an overspend of £303,000 at the end of the financial year.

5. **NEXT STEPS AND TIMETABLE**

5.1 None to note

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

6.1. None to note

Views of the statutory officers

The Chief Executive:

Clearly, some of the strategic projects in this field, such as Her Gofal and Capacity and Sustainability of the care and health system are huge and far-reaching which could take some time to be realised in full. However, it is good to see some definite things moving ahead such as the work on the site of the Extra Care Housing in Porthmadog and the work of developing the business case for the Frondeg Site. Clearly, there are some things on the Cabinet Member's mind and he is open about them, including the overspend anticipated by the end of the year and, probably, the need to present amended efficiency proposals as a result of the decision not to move to a new care provision model at present. Another example is the waiting list to have a 'Deprivation of Liberty Safeguard' (DoLS) assessment which I know is a concern of the Services Scrutiny Committee also.

The Monitoring Officer:

No comments from a propriety perspective.

The Head of Finance Department:

Definite steps have been taken by the Cabinet Member and the Head of Adults, Health and Well-being Department to address the concern which existed in relation to underachievement and slippages with various schemes. Whilst noting the progress which has been seen over recent months in terms of realising the savings schemes, I reiterate the comments of the Cabinet Member (in part 4.10 of the report) that the challenge of achieving the aim continues. 12% of 2015/16 schemes and 34% of 2016/17 schemes are yet to be realised, which contribute towards

the departmental overspend of £303,000 anticipated for the year 2016/17 (as reported in the Revenue Budget Review (second quarter) which is also on the Cabinet agenda.

Appendices

Appendix 1 - Performance Measures

Background Documents

None