

To: Members of the Partnerships
Scrutiny Committee

Date: 8 April 2016

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Dear Councillor

You are invited to attend a meeting of the **PARTNERSHIPS SCRUTINY COMMITTEE** to be held at **9.30 am** on **THURSDAY, 14 APRIL 2016** in **COUNCIL CHAMBER, RUSSELL HOUSE, RHYL**.

Yours sincerely

G. Williams
Head of Legal, HR and Democratic Services

AGENDA

PART 1 - THE PRESS AND PUBLIC ARE INVITED TO ATTEND THIS PART OF THE MEETING

1 APOLOGIES

2 DECLARATION OF INTERESTS

Members to declare any personal or prejudicial interests in any business identified to be considered at this meeting.

3 URGENT MATTERS AS AGREED BY THE CHAIR

Notice of items which, in the opinion of the Chair, should be considered at the meeting as a matter of urgency pursuant to Section 100B(4) of the Local Government Act 1972.

4 MINUTES OF THE LAST MEETING (Pages 3 - 10)

To receive minutes of the Partnerships Scrutiny Committee meeting held on the 25th February, 2016 (copy attached).

5 SUPPORTING INDEPENDENCE OF OLDER PEOPLE - WALES AUDIT OFFICE REPORT (Pages 11 - 26)

To consider a report by the Older People's Strategy Development Officer and Service Manager – Communities & Wellbeing (copy attached) for Members to consider the findings and recommendations and endorse the need for a corporate approach to implementing its recommendations through the range of actions as listed in the Action Plan.

9.35 a.m. – 10.10 a.m.

~~~~~ **BREAK (10.10 a.m. – 10.20 a.m.)** ~~~~~

**6 SINGLE POINT OF ACCESS (SPoA)** (Pages 27 - 54)

To consider a report by the Service Manager: North Locality (copy attached) to update Members on progress of the implementation of Denbighshire's Single Point of Access for Adult Social Care and Community Health Services

**10.20 a.m. – 10.55 a.m.**

**7 SCRUTINY WORK PROGRAMME** (Pages 55 - 76)

To consider a report by the Scrutiny Coordinator (copy attached) seeking a review of the committee's forward work programme and updating Members on relevant issues.

**10.55 a.m. – 11.05 a.m.**

**8 FEEDBACK FROM COMMITTEE REPRESENTATIVES**

To receive any updates from Committee representatives on various Council Boards and Groups.

**11.05 a.m. – 11.25 a.m.**

**MEMBERSHIP**

**Councillors**

Councillor Jeanette Chamberlain-Jones (Chair)

Councillor Raymond Bartley (Vice-Chair)

Meirick Davies  
Martyn Holland  
Pat Jones  
Dewi Owens

Pete Prendergast  
Arwel Roberts  
Bill Tasker

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## **PARTNERSHIPS SCRUTINY COMMITTEE**

Minutes of a meeting of the Partnerships Scrutiny Committee held in Council Chamber, Russell House, Rhyl on Thursday, 25 February 2016 at 9.30 am.

### **PRESENT**

Councillors Raymond Bartley (Vice-Chair), Jeanette Chamberlain-Jones (Chair), Meirick Davies, Martyn Holland, Pat Jones, Pete Prendergast and Arwel Roberts.

Lead Member Bobby Feeley attended at the request of the Committee.

### **ALSO PRESENT**

Corporate Director: Communities (NS), Head of Community Support Services (PG), Service Manager: Specialist Services (AP), Scrutiny Coordinator (RE) and Administrative Officer (CIW).

#### **1 APOLOGIES**

Apologies for absence were received from Councillors Dewi Owens and Bill Tasker.

#### **2 DECLARATION OF INTERESTS**

The following interests were declared in business items to be considered at the meeting.

Agenda Item 5: Development of a Community Hospital in Rhyl – a personal interest was declared by Councillor R.L. Feeley. The reason for the declaration was that the Councillor Feeley was an Independent Board Member on the Betsi Cadwaladr University Board.

#### **3 URGENT MATTERS AS AGREED BY THE CHAIR**

No items were raised which in the opinion of the Chair, should be considered at the meeting as a matter of urgency pursuant to Section 100B(4) of the Local Government Act, 1972.

#### **4 MINUTES OF THE LAST MEETING**

The Minutes of a meeting of the Partnerships Scrutiny Committee held on Thursday, 14<sup>th</sup> January, 2016 were submitted.

Matters arising:-

Item No 7. Scrutiny Work Programme – In reply to a question from the Chair, the Scrutiny Coordinator confirmed that there were no meetings rooms available at the offices in Brighton Road, Rhyl for the next meeting of the Committee. Members

were informed the meeting, on the 14<sup>th</sup> April, 2016, would be held in the Council Chamber, Russell House, Rhyl.

**RESOLVED** – *that, subject to the above, the Minutes be received and approved as a correct record.*

## **5 DEVELOPMENT OF A COMMUNITY HOSPITAL IN RHYL**

The Committee received a presentation from representatives of the Betsi Cadwaladr University Health Board on their current and future intentions with respect to the Royal Alexandra Hospital Site, Rhyl.

Betsi Cadwaladr University Health Board's (BCUHB) Executive Director of Strategy and its Area Director of Clinical Services (Central Area) attended the meeting to update Members on the progress to date with the above project. It was explained that the presentation had been brought to the meeting amid concerns that the project did not seem to be coming into fruition. BCUHB advised the Committee that:-

- The Strategic Outline Case (SOC) for a hospital in north Denbighshire had been approved by the Welsh Government (WG) in December 2013 and despite the time lapse the WG's support for the scheme remained;
- the project was now at the Outline Business Case (OBC) stage – this stage required extensive engagement with partner organisations, third sector bodies, the public and Health Board staff in order to draw up a service scope and detailed plans for the project;
- as a result of engaging with the above partners the proposed service scope included the following areas: inpatient services, outpatient clinics, diagnostics, therapy services, community dental services, Child and Adolescent Mental Health Services (CAMHS); sexual health services, Single Point of Access (SPoA)/integrated working base and a community hub (café, third sector and meeting rooms);
- having regard to the number of services that would be housed on the site if all the services listed in the service scope were accommodated, individual services had been assessed to determine whether they would be suitable to be co-located on the same site e.g. CAMHS with additional children's services, integrated health and social care services etc. In addition potential sites had been assessed to confirm whether they had the required capacity to accommodate a number of co-located community services;
- following two separate assessments the site of the Royal Alexandra Hospital, Rhyl had been identified as the preferred site, despite the design limitations and added cost premium the current hospital building's listed status would place on the Health Board as the developer;
- one of the actions in BCUHB's special measures recovery action plan was that it had to communicate better with its stakeholders, which included residents and local authorities. As part of this, during the summer of 2015, it had undertaken a 'listening exercise' to determine what its priorities should be going forward. These priorities and conforming with the requirements of the Social Services and Well-Being Act 2014, would shape any future service proposals approved by the BCUHB going forward;

- as the result of the above community conversation exercise the following six strategic priorities had been agreed:-

- to shift the focus of health services towards prevention and health improvement, consequently current services would need to be realigned to deliver this aspiration;
  - strengthen primary and community care, with particular emphasis on new models of care outside the traditional hospital care model;
  - provide more integrated care by developing stronger partnerships with other sectors e.g. local government, third sector, carers and the community;
  - provide hospital based services that deliver the best possible outcomes for people and that are sustainable for the future;
  - to ensure that the patient would be the central focus of every aspect of the Board's work; and
  - to develop, manage and value the Health Board's workforce and all its other assets and resources in order to support the Board's vision and strategic priorities across the areas;
- BCUHB's vision for a north Denbighshire hospital fitted-in with the above strategic priorities and the Board was committed to delivering the scheme, despite the fact that the scope had extended following consultation and the complexities and cost premium associated with the Royal Alexandra Hospital site;
  - The development would be on the Royal Alexandra Hospital site and recent requests for a Minor Injuries Unit (MIU) to be situated on the site were being considered;
  - The new hospital would have in-patient beds and a diagnostic area as a minimum;
  - The next steps would be for the results of the scoping exercise and the design to be reviewed, this would include individual consideration and analysis being given to the services suggested as potential ones to have on site. Once a decision had been taken on which services would be on the site detailed designs for accommodating those services would be drawn-up prior to the OBC being agreed and submitted to the WG for approval.

Responding to the presentation Committee members:

- raised concerns on the slow pace of progress with this project, particularly in view of the fact that the WG had given assurances that money had been set-aside for the project;
- voiced concerns that the Health Board seemed to be attempting to accommodate too many different types of services on what was a fairly small site at the Royal Alexandra Hospital;
- stressed that a MIU was a requirement for an area with such a population density as north Denbighshire, a population which increased significantly during the tourist season;
- emphasised that in-patient beds were also a necessity in the area in order to ease the pressure on Ysbyty Glan Clwyd and community hospitals in the area;
- suggested the possibility of some clinics and minor surgical operations being undertaken at the Clarence Medical Practice, as it had a purpose built theatre and clinical rooms which did not seem to be fully utilised;

- stressed the need for a community hospital with an associated hub to be located on the Royal Alexandra Hospital site in Rhyl, they did however question the need for an array of mental health services to be established there;
- felt that the Health Board, in sticking with the Royal Alexandra site, may well have forgone the potential to realise a significant capital receipt, which could have been reinvested in a brand new hospital if the former hospital had been sold;

Responding to members' questions BCUHB representatives advised that:-

- they had twice, first in 2012 and then in 2015, looked at potential sites for developing a community hospital for north Denbighshire. Despite, its constraints and limitations, the only suitable site which had presented itself was that of the present Royal Alexandra Hospital. Regardless of the listed building's constraints it would not impede the area from having a modern, fit for purpose hospital to meet residents' needs, as the designers would work around any obstructions created by the 'old' building;
- if services were being re-located to the new site, staff would move with the service;
- there were some elements of mental health services being delivered from the Royal Alexandra Hospital at present e.g. community mental health services. Local need for a service would be a factor when deciding on which services would be located at the site;
- modern technology would also be considered when determining which services would need to be based in the north Denbighshire hospital site;
- there was a strong case being put forward on the benefits of having a MIU at the new north Denbighshire community hospital site, and perhaps even a centre to deal with minor illnesses, as this could help ease the pressure on the district general hospital and allow it to focus on unscheduled care;
- a real debate was needed on the benefits of having CAMHS and other related children and family services co-located at the new hospital. Initial discussions were currently underway on this with the local authority;
- whatever the cost of the final design for the new hospital it would need to be realistic. In response to a suggestion from the Committee, officials undertook to enquire on whether Cadw would provide funding for renovation work etc. due to the building's listed status;
- communication with residents and stakeholders in the past had not been satisfactory, however this was now improving ;
- Welsh Language requirements were considered as an integral part of the Health Board's present and future service planning;
- Parking facilities would be factored into the project at the detailed design stage;
- General population growth and local development plan (LDP) requirements and their pressures on the primary care sector were routinely the subject of discussions between the Health Board and the local Planning Authority;
- It would not be practical to re-open some of the closed wards at the Royal Alexandra Hospital in the interim period as risks identified in relation to Fire Safety legislation were still present;
- It was too early at present to determine when the OBC would be ready for submission to WG, as the scale and scope of the final project was yet to be

agreed. However once the OBC was submitted to the WG they should approve it within 2 to 3 months. Work would then begin in earnest to deliver the project.

Prior to concluding the discussion BCUHB officials reiterated that bringing back in-patient provision to the north Denbighshire area was a longstanding commitment that the Health Board intended to deliver. With a view to delivering a sustainable long-term project the Health Board was looking at combining its delivery with the provision of other community focussed services. BCUHB officials undertook to brief members on the progress of the project.

The Chair thanked them for the presentation and for answering Members' questions and it was:-

**RESOLVED** – *that the Partnerships Scrutiny Committee:-*

- (a) receives the information presented to the Committee, subject to the above observations,*
- (b) agrees and to invite representatives from Betsi Cadwaladr University Health Board to the Committee's meeting on the 7<sup>th</sup> July, 2016 to update Members on progress with the North Denbighshire Hospital project.*

The Chair requested that a summary of the main points above be circulated to all County Councillors for information.

## **6 PROTECTION OF VULNERABLE ADULTS**

A copy of a report by the POVA Co-ordinator (PC) had been circulated with the papers for the meeting.

The Head of Community Support Services (HCSS) introduced the report and advised that the report was presented to Members, at their request, as a follow-up to the annual report for 2014/15 which the Committee had considered in November, 2015, as Members wanted assurances around the management of risk to individuals who had been identified at risk of abuse. He advised that:-

- across Denbighshire there were circa 1,300 care home beds;
- 73 referrals of alleged abuse had been brought to a conclusion in 2014/15; 56 of these referrals alleged that the abuse had been committed within either a care or residential home or in the individual's own home, of which 42 were alleged to have taken place within a residential or nursing home;
- details of how the risk was managed for the individuals concerned were listed in the report;
- criminal prosecutions in these types of cases were rare, there had only been one during 2014/15 – in some cases the individual concerned or their family did not wish to press charges once the risk had been removed;
- whilst the local authority dealt with Protection of Vulnerable Adults (POVA) referrals, not all allegations received concerned care staff. A case study included in the report highlighted how one referral investigated was actually against a member of staff from the Health Service, other allegations were against family members or friends;

Responding to members' questions the Head of Community Support Services and the Service Manager: Specialist Services confirmed that:-

- the Health Service was responsible for providing pressure mattresses, and it was increasing the number of mattresses it ordered;
- care home owners were, on the whole, co-operative with POVA referral inquiries and generally complied with any associated recommendations, because if their home was noted as under 'escalating concerns' it damaged their business;
- at any one time there was usually a couple of care home in the county under 'escalating concerns'. The Council would not refer potential new residents to those homes whilst they were under 'escalating concerns';
- allegations of a sexual nature were quite difficult to investigate, they could also range from very minor allegations to very serious ones;
- all allegations should be reported to the Council, even if the individual did not want to proceed with the investigation, as this would help the Council identify areas of concern or patterns of behaviour before they escalated;
- if alleged abuse took place within a family setting, whilst Social Services would always inform the Police it would be up to the individual, if he/she had the mental capacity, or family members otherwise to agree whether to proceed with a criminal investigation and/or press charges. In such cases the Social Services Department would always make arrangements to keep the vulnerable person safe from harm's way;
- recruitment of suitably qualified nurses was proving to be a particular problem for health services, including nursing home owners, at present;
- the publication of the report following the national review of domiciliary care was imminent. This report was likely to highlight the problems encountered with 15 minute care calls.

Having regard to the fact that the county and the country had an ageing demographic profile, members felt that more work was required to highlight to residents the importance of preparing for their future needs i.e. drawing up Power of Attorney documents (POA), will writing etc.

Members thanked the officers for a very informative report and requested that the level of detail contained within the report be included as an appendix to future POVA Annual Reports. It was then:-

**RESOLVED** – *that subject to the above observations the Partnerships Scrutiny Committee:-*

- receive the report and acknowledge the important nature of a corporate approach to the Protection of Vulnerable Adults (POVA) and the responsibility of the Council to view this as a key priority area and to place it alongside the commitment and significance given by Denbighshire to Child Protection; and*
- agree that future annual reports on Adult Protection in Denbighshire include case studies and the detailed data analysis, as included in the current report, as an appendix to the report.*

## 7 SCRUTINY WORK PROGRAMME



A copy of a report by the Scrutiny Coordinator (SC), which requested the Committee to review and agree its Forward Work Programme and provided an update on relevant issues, had been circulated with the papers for the meeting.

A copy of the 'Member's proposal form' template had been included at Appendix 2, Cabinet's Forward Work Programme had been included as Appendix 3, and a table summarising recent Committee resolutions and advising on progress with their implementation had been attached at Appendix 4.

The Committee considered its draft Forward Work Programme for future meetings, Appendix 1, and the following amendments and additions were agreed:-

14<sup>th</sup> April, 2016:-

The Committee was reminded that it had been agreed that an invitation to attend the meeting had been extended to Councillors S.A. Davies and T.R. Hughes to join Committee Members on a visit to the following locations in Rhyl after the meeting:-

- Rhyl Harbour, Pont y Ddraig and Harbour Cafe.
- Gerddi Heulwen.
- Development of the Promenade.
- Clwyd Alyn Housing Association Development.
- Site for new Premiere Inn.
- Scarborough Development.

In response to questions from Members, it was confirmed that an official site visit and tour of the new Rhyl High School complex had been arranged for all County Councillors on a separate date.

26<sup>th</sup> May, 2016:-

It was explained by the Scrutiny Coordinator that the Scrutiny Chairs and Vice Chairs Group would be meeting on the 3<sup>rd</sup> March, 2016, when they would be considering a number of requests received from Members for possible items for various meetings. Members were invited to complete and submit Member proposal forms, in respect of items they wished to be considered at future meetings.

The Scrutiny Coordinator requested that Members complete and submit the Self Evaluation Questionnaire Forms which had recently circulated. The importance of completing the forms was emphasised as the Council would, later in the year, be subject to a corporate assessment.

Following further discussion, it was:-

**RESOLVED** – that, subject to the above, the Work Programme as set out in Appendix 1 to the report be approved.

## 8 FEEDBACK FROM COMMITTEE REPRESENTATIVES

No reports were received from Committee representatives.

Meeting ended at 11.55 a.m.

|                             |                                                                                                             |
|-----------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Report to:</b>           | <b>Partnerships Scrutiny Committee</b>                                                                      |
| <b>Date of Meeting:</b>     | <b>14<sup>th</sup> April 2016</b>                                                                           |
| <b>Lead Member/Officer:</b> | <b>Lead Member for Social Care (Adults and Children's Services)/<br/>Head of Community Support Services</b> |
| <b>Report Authors:</b>      | <b>Older People's Strategy Development Officer/<br/>Service Manager – Communities and Wellbeing</b>         |
| <b>Title:</b>               | <b>Supporting the Independence of Older People – Wales<br/>Audit Office Report</b>                          |

## 1. What is the report about?

This committee report describes the findings and recommendations of the Wales Audit Office report, "*Supporting the Independence of Older People: Are Councils Doing Enough?*" and it describes how Denbighshire is responding to the recommendations. The recommendations and actions identified are attached to this report within an Action Plan. (Please see Appendix 1)

The report can be found via the following link:

<http://www.audit.wales/publications/Independence-of-Older-People>

A summary of the report is attached as Appendix 2

## 2. What is the reason for making this report?

All local authorities in Wales are expected to consider the findings and recommendations of this Wales Audit Office report as it has important implications for our corporate performance in delivering services that support older people in Denbighshire, including the range of preventative services that exist.

## 3. What are the Recommendations?

That Partnerships Scrutiny Committee considers this report, comments and endorses the need for a corporate approach to implementing its recommendations through the range of actions as listed in the Action Plan (Appendix 1). It is proposed that that the recommendations are addressed via the Older People Reference Group, which already has responsibility for implementing Denbighshire's Ageing Well Plan.

## 4. Report details

4.1 During 2015, the Wales Audit Office examined whether Councils are working effectively to support the independence of older people outside of Health and Social Care. The work was undertaken jointly with the Care and Social Services Inspectorate Wales and the office of the Older People's Commissioner in Wales. This is an important report which addresses the impact of budgetary cuts on the ability of local

authorities to maintain a range of services, which are considered important in helping to prevent the need for health and social care interventions and support the independence of older people. They include services in the following areas:

- Practical support services
- Advice and information services
- Community based facilities
- Housing and housing based services
- Transport

4.2 The report makes the point that it has been very difficult for local authorities to maintain these type of services when the funding available to them has reduced substantially in recent years, at the same time as having to deal with meeting the needs of an increasing older population, including higher numbers of people aged 85 + with more complex needs.

4.3 The report identifies that Welsh Government funding to local authorities has reduced by 10% in the years between 10/11 and 14/15 whilst expenditure on services which can support prevention reduced by 16.8 % in the year 13/14 to 14/15.

*“To compensate for protecting social care services, councils have had to make difficult decisions and cut funding elsewhere, often in preventative services that help older people to live independently. These are the very services the 2014 Social Services and Well-being Act is promoting as essential to maintaining people in their home and outside of the expensive health and social care system.”*

4.4 The Independence of Older People report considers whether Local Authorities provide effective leadership on; issues relating to older people, the impact of reduced budgets on older people`s services and the ways that Local Authorities performance manage services for older people. It concludes that Councils in Wales often focus too much on the delivery of social services and do not always recognise the important contribution that other services can make in supporting and sustaining the independence of older people. It also makes reference to the fact there was a surfeit of often disconnected plans and strategies which do not capture key issues regarding older people.

4.5 Furthermore, the report found that while there are some innovative examples of councils supporting older people, the wider preventative services that can help to reduce demand for health and social services are undervalued.

*“Older people want to retain their independence and health for as long as possible. To do this often requires the provision of practical support services, which can make a significant positive impact to the continued independence, and well-being, of older people. These are services such as buses and community transport, and assistance with cleaning, gardening and shopping. Being able to get out and about, keep active and develop new skills can make a positive impact on helping older people to continue to live independently and avoid expensive health and social care services.”*

4.6 The report also found there is often a lack of data, which makes it difficult for councils to demonstrate the impact of their services in supporting the independence of older people and weakens the decision making and scrutiny when setting future priorities.

4.7 The report concludes that if Councils continue to cut spending on preventative services then problems such as loneliness and isolation amongst older people will be exacerbated. There is a need to empower individuals and communities to take more

control and shift the reliance away from care services and look more closely at the value of services that maintain independence and promote wellbeing. (This message is, in fact, a central one within the Social Services and Well-being Wales Act which is being implemented this month)

4.8 As part of our Supporting Independence in Denbighshire Strategy, Community Support Services have developed a range of initiatives to strengthen preventative services for older people in Denbighshire. They include:

- Producing an Ageing Well Plan which identifies a range of actions in relation to developing age-friendly and dementia supportive communities, addressing social isolation and loneliness, falls prevention and developing greater opportunities for developing new skills and employment for older people
- Utilising the Intermediate Care Fund grant to develop a range of initiatives such as Community Navigator, a third sector project to enhance the range of options available to support people in the community
- Continuing to support the third sector at the same level despite budgetary cuts, but ensuring that supporting independence is a key condition for grant funding. New projects, which specifically support the independence of older people, have also been developed, such as Y Waen.
- Strengthening our Single Point of Access service as part of our drive to improve access to advice and information
- Developing the Community Led Conversation initiative, which includes the establishment of 'Talking Points', which aim to reach out to people within their own communities and prevent the need for referrals to be made for services
- Hosting a major event regarding Social Isolation and Loneliness
- Changing our approach to assisting individuals in preparation for the Social Services and Well-Being (Wales) Act, so that there is much greater emphasis on prevention and a focus on the strengths of individuals and the support available within their families and communities rather than trying to fit them to particular services

4.9 Over the next twelve months our Supporting Independence in Denbighshire Strategy will be developed further so that there is a much stronger corporate approach to supporting older people within their communities. The Wales Audit Office report refers to some of the key services which are of vital importance to older people. They include; public libraries, public toilets, supported housing, public transport, visiting and befriending, fitting safety and security devices and assistance with minor household tasks. According to the report, many of these type of services have been very vulnerable to budgetary cuts in recent years but they are of vital importance in supporting people within their communities and preventing or delaying the need for far more expensive health and social care services.

## **5. How does the decision contribute to the Corporate Priorities?**

One of the Council's priorities is that vulnerable people are protected and able to live as independently as possible'. The issues covered by the Wales Audit Office report are very relevant to this particular priority.

**6. What will it cost and how will it affect other services?**

There are no financial implications on a particular service area in terms of additional costs. However, we are already funding a range of initiatives both on a corporate basis and Community Support Service basis which contribute to the independence of older people, for example, a range of third sector services which receive grant funding.

**7. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision? The completed EqIA template should be attached as an appendix to the report**

This report does not require an Equality Impact Assessment as it makes no changes to policy or service delivery.

**8. What consultations have been carried out with Scrutiny and others?**

The Wales Audit Office's report was prepared following extensive consultation with a number of older people, third sector agencies, a range of Denbighshire County Council officers and Denbighshire's Older People's Champion. The Older People's Reference Group, which has representation from a number of agencies, will be involved in taking forward key recommendations as it has a key role in implementing our Ageing Well Plan.

**9. Chief Finance Officer Statement**

Not applicable

**10. What risks are there and is there anything we can do to reduce them?**

The main risks are that, without an effective corporate approach to preventative services for older people and an increasing number of older people with complex needs, mainstream services for older people will become unsustainable.

**11. Power to make the Decision**

The County Council has an agreement in place with the Wales Audit Office that, when they publish a National Study, we will formally respond through the relevant Service taking a report to the most appropriate Committee. This report should set out our response to the National Study, and its recommendations. The County Council's response to this report is important in relation to the Wales Audit Office's pending Corporate Assessment.

Article 6.3.2(c) states that scrutiny may consider any matter which affects the area or its inhabitants.

**Contact Officer:**

Service Manager: Communities and Wellbeing, Community Support Services

Tel: 01824 706632

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Recommendation 1</b><br/>           Improve governance, accountability and corporate leadership on older people's issues through:</p> <ul style="list-style-type: none"> <li>• the appointment of a senior lead officer who is accountable for coordinating and leading the council's work on older people's services;</li> <li>• realigning the work of the older people's strategy coordinators to support development and delivery of plans for services that contribute to the independence of older people;</li> <li>• the appointment of a member champion for older people's services; and</li> <li>• regularly disseminating and updating information on these appointments to all staff and stakeholders.</li> </ul> | <p>We will ensure that older people's issues are mainstreamed across all Directorates. The Supporting Independence in Denbighshire strategy will be adopted corporately (SLT decision). In addition, the implementation of the Ageing Well Plan is a corporate responsibility. It links to the Council's endorsement of the Dublin Declaration. Leading and managing the Council's work on older people services is the responsibility of an existing officer, the Head of Service for Community Support Services. Various roles such as managing operational services and implementation of the Council's Ageing Well Plan are delegated to appropriate Principal and Service Managers.</p> <p>The role of the Older People Strategy Coordinator will be reviewed to take account of this recommendation. Our existing Co-ordinator left for another post in March 2016 and we are currently exploring the possibility of a joint arrangements with another local authority.</p> <p>Cllr Bobby Feeley, also Cabinet Lead member for Social Care, Adult and Children's Services is our member champion for older people.</p> <p>Staff in Community Support services are regularly updated on key developments in various communication events. We have a multi-agency Older People Reference Group which is responsible for implementing the Ageing Well Plan and key developments regarding older people are always shared with this group.</p> |
| <p><b>Recommendation 2</b><br/>           Improve strategic planning and better coordinate activity for services to older people by:</p> <ul style="list-style-type: none"> <li>• ensuring comprehensive action plans are in place that cover the</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>These are being developed via :</p> <ul style="list-style-type: none"> <li>• The implementation of our Ageing Well Plan ( key actions identified under each of the five elements)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Recommendation                                                                                                                                                                                                                                                                                                                                             | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>work of all relevant council departments and the work of external stakeholders outside of health and social care; and</p> <ul style="list-style-type: none"> <li>engaging with residents and partners in the development of plans, and in developing and agreeing priorities.</li> </ul>                                                                | <ul style="list-style-type: none"> <li>The implementation of DCC Supporting Independence in Denbighshire Strategy</li> <li>The implementation of DCC's Well-Being Plan and Corporate Plan</li> </ul> <p>Corporately, regular resident service are undertaken, which enable us to identify amongst other things key issues, identified by older people in Denbighshire.</p> <p>In addition the Community Support Service undertakes surveys regarding people who have been referred to their services. With regard to engagement with partners, the Older Peoples Reference Group (refer to above) ensures that there is a joint approach to agreeing priorities and implementing key initiatives.</p> <p>In accordance with the requirements of the Social Service and Well-being Act we have developed new initiatives for engaging with residents in a way that enables them to receive support from within their own communities. For example Talking Points have been established in various communities in order to strengthen engagement with older people and others within their own community.</p> |
| <p><b>Recommendation 3</b></p> <p>Improve engagement with, and dissemination of, information to older people by ensuring advice and information services are appropriately configured and meet the needs of the recipients.</p>                                                                                                                            | <p>Denbighshire has had a lead role in developing a Single Point of Access service in partnership with BCUHB and the Third Sector.</p> <p>This service has greatly strengthened our processes for providing information to older people and their carers. When sources of support within communities are identified they are recorded on the DEWIS system and this ensures that we have up to date information for each community.</p> <p>The Talking Points initiative is also a vitally important in engaging with community members and disseminating information to older people.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Recommendation 4</b></p> <p>Ensure effective management of performance for the range of services that support older people to live independently by:</p> <ul style="list-style-type: none"> <li>setting appropriate measures to enable members, officers and the public to judge progress in delivering actions for all council services;</li> </ul> | <p>Denbighshire's Ageing Well Plan identifies a range of actions which should strengthen the independence of older people. The actions are categorised under each of the 5 elements of the plan, which are.</p> <ul style="list-style-type: none"> <li>Age Friendly Communities</li> <li>Dementia friendly communities</li> <li>Falls prevention</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p>• ensuring performance information covers the work of all relevant agencies and especially those outside of health and social services; and</p> <p>• establishing measures to judge inputs, outputs and impact to be able to understand the effect of budget cuts and support oversight and scrutiny.</p>                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Isolation and loneliness</li> <li>• Activity training and Employment opportunities</li> </ul> <p>A range of performance measures have been developed which will enable us, with our partners, to monitor progress in achieving the identified actions. The Older Peoples Reference Group has the responsibility for coordinating this work and this includes the lead member for Adult and Children's services and she is also the champion for Older People.</p> <p>The County Council has established appropriate processes for assessing the impact of necessary budgetary reductions, however further work is needed on identifying the impact of any cuts in services on Older People.</p> <p>In relation to community support services, mainstream services for older people have largely been protected and all the grants that we provide to Third Sector organisations have been protected in the current year and for the next year. A great deal of this funding is used to support the independence of older people and in fact we have been able to identify additional funding to support a community group for Older People in one of our rural communities (Y Waen).</p> <p>The Welsh Government requires the Local Authority to submit details of our performance in relation to a number of performance indicators for Older People, for example numbers supported within their communities and numbers admitted into residential care.</p> |
| <p><b>Recommendation 5</b></p> <p>Ensure compliance with the Public Sector Equality Duty when undertaking equality impact assessments by:</p> <ul style="list-style-type: none"> <li>• setting out how changes to services or cuts in budgets will affect groups with protected characteristics;</li> <li>• quantifying the potential impact and the mitigation actions that will be delivered to reduce the potentially negative effect on groups with protected characteristics;</li> </ul> | <p>We are compliant with the Equality Duty but there is a need for EIA's to be an integral part of the budget workshops with elected members. For example, there is a need to consider what the impact of any cuts would be on the supporting independence agenda in relation to older people. There is a need to expand EIA's to look specifically at older people and the independence of older people.</p> <p>Equality impact assessments are carried out as a matter of course for any changes at service level.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                  | Denbighshire's response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>• indicating the potential numbers who would be affected by the proposed changes or new policy by identifying the impact on those with protected characteristics; and</p> <p>• ensuring supporting activity such as surveys, focus groups and information campaigns includes sufficient information to enable service users to clearly understand the impact of proposed changes on them.</p> <p>Page 20</p> | <p>An understanding and identification of what will be changed and the potential impact on groups with protected characteristics is developed through a risk assessment. Risk assessments form part of an EIA for any changes to service delivery.</p> <p>These are identified through Equality Impact Assessments<br/>The work produced by the Commissioner for Older People in Wales has been widely distributed.<br/>A recent example of this is the work being carried out for the in-house provider services review. Options are clearly identified and consultation events are held in the day time and evenings to ensure maximum numbers are able to attend</p> <p>Link to the EHRC PSED page – <a href="http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty">http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty</a></p> <p>From Denbighshire's web site<br/><a href="http://www.eiapractice.wales.nhs.uk/undertaking-an-eia">http://www.eiapractice.wales.nhs.uk/undertaking-an-eia</a></p> |
| <p><b>Recommendation 6</b><br/>Improve the management and impact of the Intermediate Care Fund by:</p> <ul style="list-style-type: none"> <li>• setting a performance baseline at the start of projects to be able to judge the impact of these overtime;</li> <li>• agreeing the format and coverage of monitoring reports to</li> </ul>                                                                       | <p>We will take account of these recommendations in developing projects supported by this fund. We will also take account of a major evaluation of ICF projects in North Wales which was undertaken by Cordis Bright last year. We have examples of projects in Denbighshire which have been developed on a partnership basis such as Community Navigator by which funding was transferred to Denbighshire Voluntary Services Council to manage a project aimed at enhancing the range of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                         | Denbighshire's response                                                                                                                                                                      |
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| <p>enable funded projects to be evaluated on a like-for-like basis against the criteria for the fund, to judge which are having the greatest positive impact and how many schemes have been mainstreamed into core funding; and</p> <ul style="list-style-type: none"> <li>• improving engagement with the full range of partners to ensure as wide a range of partners are encouraged to participate in future initiatives and programmes.</li> </ul> | <p>support available to older people and others in the community. We also presented a comprehensive report on the use of the ICF fund in Denbighshire to the Third Sector Liaison Group.</p> |

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## Summary of the Independence of Older People Report

1 .The average age of the population of the United Kingdom is increasing rapidly. ----  
-- the percentage of persons aged 65 and over increased from 15 per cent in 1985 to 17 per cent in 2010, an increase of 1.7 million people. By 2035, the Office of National Statistics projects that those aged 65 and over will account for 23 per cent of the total population, and the numbers of 'the oldest old' (over 85 years) are projected to grow faster than any other age.

2. Many older people in Wales remain healthy, active and independent with little or no reliance on health and social care services. However, for others, increasing age can be associated with increasing disability and loss of independence, and function impairments such as loss of mobility, sight and hearing. One significant implication of an ageing population is the challenge of promoting independence and preventing or delaying deterioration in the health and quality of life of older citizens. Older people are the main users of health and social care services in Wales, just as they are in most European countries. The ageing population and growing number of people with long-term chronic conditions is placing considerable strain on health and social care services, and the current focus of Welsh Government policy is to seek to reduce this demand and shift services out of expensive acute hospitals and nursing homes and into the community.

3. The adult social care services delivered by the 22 councils in Wales remain heavily focused on people aged 65 and above, and this pattern has remained consistent in the last decade. -----over the eight years between 2005-06 and 2013-14, expenditure by Welsh councils on social care services for people aged 65 and over has increased by 23 per cent. On the basis of current trends, this expenditure is set to continue to rise to over £750 million within 10 years and could increase even more rapidly to meet the needs of our ageing population with increasing life expectancy and more complex needs.

4. Although expenditure is rising, the number of adults receiving social care services has fallen – from 81,140 in 2006-07 to 78,111 in 2013-14. Services are now more focused on people with complex needs and councils are generally not prioritising those with moderate or low needs for assistance. The proportion of the adult social care services budget for people aged over 65 that is overspent is also increasing, rising from a 0.7 per cent overspend in 2011-12 to 3.2 per cent overspend in 2013-14. There has also been an increase in NHS expenditure for primary and secondary care services in Wales with budgets rising from £5.2 billion in 2008-09 to £5.5 billion in 2013-14. However, this budget information is not reported in a way that shows how much is spent on care services to older people.

5. Whilst health and social care are important, services such as education, leisure, housing, transport, community facilities and support to remain in employment all play an essential part in the well-being of older people. There are some services that are specifically focused on independence and prevention of ill health, whilst others are services that are not provided with prevention as their specific aim, but are of great benefit to older people in maintaining their quality of life. There are also obvious

benefits to allowing older people to live independently in their communities: it may provide the best possible life for older people, they remain in their homes, close to their friends and families, they can continue to contribute to society and the impact on expensive health and social care services is minimised.

6. The Welsh Government is modernising social care services through the Social Services and Well-Being (Wales) Act 2014 (the Act). The Act builds upon the Welsh Government's Strategy for Older People in Wales, launched in 2003, as well as the commitments of the Dublin Declaration on Age-Friendly Cities and the Ageing Well in Wales Programme. Taken together, these recognise the importance of supporting older people to remain independent and make commitments for public services to work together to deliver this goal.

7. A key strand of the Act is on prevention which is intended to reduce demand for high-intensity, high-cost services. Preventive services range from relatively formal intermediate care services provided by health and social care professionals to interventions that could include befriending schemes, the fitting of a handrail or help with shopping; services not necessarily provided by a health or social care professional. When the element of social inclusion is included, prevention can be extended to cover wider community services, such as public transport, leisure centres and housing. For older people these services enable them to stay safe and healthy, and lead lives that have value, meaning and purpose by supporting them to remain in their community. Importantly, in the current financial climate, home-based support services also cost less than caring for older people in residential care or in hospital.

8. Promoting preventative and early intervention services will require councils and their partners to change how services are currently planned and delivered. It will also require ownership outside of social services and an understanding that it is about other parts of the system working to maintain independence. At this time, however, no baseline information exists to identify what services are in place and what else is needed to deliver low level of assistance in such areas of everyday life that can enhance well-being through enabling an older person to remain in their own home, maintain independence and reduce the risk of institutionalisation.

9. At a time of increasing demand on health and social services, public sector spending is reducing. Between 2010-11 and 2014-15, we estimate that there has been a real terms reduction of £464 million (10 per cent) of Aggregate External Finance. With reducing resources, these non-statutory, low-level prevention services are at risk of taking a bigger share of budget reductions as councils protect their statutory obligations.

10. During 2015, staff of the Wales Audit Office, on behalf of the Auditor General, examined whether councils are working effectively to support the independence of older people. These included an online survey for older people to tell us about the services they consider the most important in supporting them to maintain their independence and audit fieldwork at six councils in Wales. Our methodology also included a budget and service data tool, to evaluate the range of services that support older people to live independently, and a review of key plans and strategies. Our work was also delivered jointly with staff of the Care and Social Services Inspectorate in Wales and the office of the Older People's Commissioner in Wales.

11. Based on the findings of this audit, the Auditor General has concluded that whilst the Welsh public sector recognises the challenges of an ageing population, some key barriers are inhibiting the shift in focus that is needed to reduce demand for health and social care services and support older people to live independently.

12. Whilst recognising the essential role councils play in providing leadership on older people's issues, partner organisations are not always positive about the delivery of that leadership role. The role of the older people's strategy coordinator, seen by the Welsh Government and others as key in delivering councils' engagement and leadership on older people issues, has diminished over time, reducing their ability to influence joint working in councils and meet the needs of older people.

13. There is a surfeit of often disconnected plans and strategies in councils that set priorities and actions aimed at maintaining or improving the independence of older people, and the contribution of low-level preventative services in supporting independence is often overlooked. Fifty-five per cent of partner organisations surveyed stated that their council's plan was developed using comprehensive information from all relevant council and partner services, and only 46 per cent believe the plan considers population forecasts and future demand on services. Only 45 per cent of citizens who are actively engaged with councils were asked their views as their council developed its plan(s) for older people.

14. Many of the preventative services that support older people to live independently have experienced cuts in their budgets and overall finances. However, because many councils lack good data on the number of older people using preventative services, they are unable to effectively manage the delivery of these services, plan future provision and target activity appropriately in a time of reducing resources.

15 .Seven of 10 services rated as most important by older people and four of the top-five services that support them to live independently have been reduced – community halls (41 per cent), public toilets (26.8 per cent), libraries (18.7 per cent) and public transport (5.7 per cent). Whilst we acknowledge the challenge councils face in having to reduce expenditure to balance budgets, the effect of these cuts is going to impact adversely on older people and may prove to be a false economy for the taxpayer as cuts to preventative services can often result in more demand for more costly acute health and social services in the medium term..

16. The Intermediate Care Fund, which was created by the Welsh Government to encourage integrated working between local authorities, health and housing has provided £70 million in 2014-15 and 2015-16. We found that the short-term nature of the funding, and weaknesses in its allocation and evaluation, makes it difficult to judge whether the intentions of the Intermediate Care Fund are supporting the transformation of services that was intended.

17. Councils' plans and strategies show a clear understanding of the issues they face in the future if they are to support older people to live independently. These are based on an ageing population, people living longer and an increase in conditions prevalent in older people. However, we found that many councils were unable to provide service usage numbers for a significant number of the preventative services

we reviewed. This highlights that capturing good-quality information and having the right systems to analyse and use this data effectively continue to be a challenge for many councils.

18 There is a risk that councils are changing services without fully assessing the potential impact on older people, thus undermining their ability to meet the Public Sector Equality Duty. Whilst 97 per cent of older engaged citizens knew that their council had to make savings and cut services, only 46 per cent knew where cuts were to be made and only 29 per cent had been told how it would affect them. We also found that the quality of information in equality impact assessments is not always robust enough to demonstrate potential impacts which makes it difficult to clearly identify the effect of decisions on older people.



**Report to:** Partnerships Scrutiny Committee

**Date of Meeting:** 14<sup>th</sup> April 2016

**Lead Member / Officer:** Lead Member for Social Care (Adults and Children's Services)/  
Head of Community Support Services

**Report Author:** Service Manager: North Locality

**Title:** Single Point of Access

## 1. What is the report about?

This report provides current information about the Single Point of Access (SPoA) in Denbighshire.

## 2. What is the reason for making this report?

To provide Members with an update on progress of the implementation of Denbighshire's Single Point of Access for adult social care and community health services. The report includes information from the recent regional evaluation of the *Transforming Access to Community-based Health and Social Care Services across North Wales – Single Point of Access (SPOA) Programme*, attached at appendix 1.

## 3. What are the Recommendations?

- 3.1 That Members consider the report, comments accordingly and continue to support and promote the development of SPoA as a way of promoting the independence of citizens and meeting the statutory duty to provide an Information, Advice and Assistance Services as required by the Social Services & Well-being (Wales) Act 2014; and
- 3.2 That Members take the opportunity to visit the SPoA Service to see how the service delivery model operates first hand.

## 4. The Single Point of Access in Denbighshire

- 4.1 For Denbighshire residents the SPoA, which has been active since June 2014, provides:
  - **Information** about universal services and appropriate sign posting, enabling people to remain outside the formal health and social care systems where possible. This is in the language most suitable to their ethnic and cultural background.
  - **Advice** from well trained and informed SPoA operators.
  - **Assistance** which is given to help people access services such as telecare via a self-assessment processes or by a single visit to provide equipment for people who are hard of hearing.

- For those individuals requiring short term social care and community health services, **coordination of services** which support independence e.g. intermediate care, where individual professionals form a team around the person based on an integrated care and support plan.
- **Seamless transfer** into formal Social Care and Health system when necessary.

#### 4.2 For staff/organisations the SPoA:

- Is a single referral point for community services, sharing information on individuals, where necessary and appropriate. It will continue to promote the use of the integrated assessment framework in Denbighshire and in particular the new “What Matters?” conversation that replaces the old ‘assessment of need’.
- Will be increasingly able to provide data about where there are pressures, blockages and gaps in services and pathways for service improvement or commissioning purposes.
- Provides one method of partner organisations meeting their responsibilities/duties to provide information about health and well-being by becoming a hub for excellent information about community services.
- Is an area for developing services and educating staff about new services and responsibilities e.g. by hosting champions or coordinators.

#### 4.3 The staffing make-up of the SPoA is as follows:

- A professional clinical decision-maker, with knowledge of both health and social care services in all sectors.
- 9 SPoA Operators who answer phone calls, make calls to gather further information; deal with face to face enquiries; process referrals; and input and retrieve data.
- A Team Leader who line manages the SPoA Operators and who is responsible for good quality information about services
- Coordinators with similar functions about a range of services but who also have the role of connecting the SPoA and community services. This includes a 3<sup>rd</sup> Sector Coordinator.

4.4 The ICT elements of the model include a bespoke telephone system with extended functionality to include recording, performance reports etc. Though sited in a Local Authority building, a Health network has been installed providing access to both Council and Health systems, including a bespoke SPoA database which is able to gather data about pressures, blockages and gaps in the community services/pathways, supporting service improvements and commissioning intelligence.

4.5 The SPoA service is currently available from 8.00am to 6.00pm Monday to Friday and Operators are available 10am to 4pm at weekends. It operates out of Brighton Road, Rhyl but the intention has always been to include a base for the SPoA in the re-development of the Royal Alexandra hospital site.

4.6 SPoA staff have also been an integral part of the development of Talking Points across the County, a new way of ensuring that citizens are offered an appointment at a venue in their local community if they need to see someone face to face, keeping delays to a minimum. The Talking Point Coordinator is based within the Service and SPoA Operators or the Coordinators do attend sessions with Locality staff to support the public.

4.7 It is anticipated that SPOA will provide a single point of access to an increasing range of services across Denbighshire or beyond. There is already closer collaboration with North Wales Police & Fire Service for instance the initiation of 'CRIT' service (Community Risk Intervention Team) in collaboration with Emergency Services to produce a more efficient way of responding to those that have fallen and require assistance (but are uninjured/ do not require hospital admission). There could, however, be more joint working with other services/organisations e.g. linking with the Conwy SPoA or with Denbighshire's Children and Family services. New and developing roles could include SPoA playing a more significant part in the safeguarding pathway and links to North Denbighshire Primary Care developments.

#### 4.8 Activity Data (2015/16)

- There were 25,230 contacts with the SPoA; 15,578 were via the telephone, 3730 via faxes and 1537 via an internal form; and 752 via a web notification.
- 100% telephone contacts have the Welsh Language active offer. (We have 4 fluent Welsh speakers and 4 learners enabling a 7 day Welsh Language offer. We were fortunate to be nominated for Welsh Language award working in partnership in July 2015 and received a special commendation.)
- The SPoA Operators gave information (257) advice (474) and assistance (78) during that period and the wider SPoA team gave a total of 1405 Information Advice and Assistance (IAA). The data collection has been refined during the year, with clearer definitions in line with the Act
- The largest referral routes are to Social Care (2950); the Community Nursing Service (1809); Mental Health (763) and BCU Community Therapies ( 642)
- There were 721 Falls Risk Assessment Forms received by the Falls Coordinator. with 243 completed by Care and Repair; and 215 from North Wales Fire and Rescue Service.

#### 4.9 Evaluation

External evaluators were commissioned to evaluate the regional SPoA programme. The key findings were that each of the 6 SPOAs had evolved differently and at a different pace but that across all 6 counties real progress had been made towards meeting the requirements of the Social Services & Well-being Act to offer Information Advice and Assistance (IAA) services to those citizens who require it. The involvement of the 3<sup>rd</sup> Sector staff in Denbighshire was viewed as a major achievement, leading to more signposting to 3<sup>rd</sup> Sector Services and also gaps being identified through a better understanding of what citizens need. The importance of the DEWIS database, a new national resource developed in Denbighshire with the Social Services Improvement Agency (SSIA), as a community resource was repeatedly emphasised. The evaluators had also noted the impact of major structural change in BCU and that that had slowed progress but they also noted that things were changing and that the Health Board was re-engaging with the SPoA framework strategically through its new area structure and that there was now scope for the full potential of the programme to integrate health and social care practice.

### 5. How does the decision contribute to the Corporate Priorities?

SPoA supports the corporate priority that vulnerable people are protected and are able to live as independently as possible through developing more informed and self-caring citizens and modernising the council to deliver efficiencies and improve services for our customers by reducing bureaucracy within Denbighshire

## **6. What will it cost and how will it affect other services?**

The budget required for SPoA is approximately £660,000. A large proportion of this to date has been funded by the Intermediate Care Fund (ICF) and the indications are that the whole of this budget will be funded by this fund going forward.

## **7. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision?**

No Equality Impact Assessment has been undertaken for this report as there is no change to policy or service delivery as a result.

## **8. What consultations have been carried out with Scrutiny and others?**

Cyngor Gwynedd led the work on citizen engagement for the region, gathering the thoughts and feelings of almost 150 citizens from across Gwynedd and disseminating them to influence developments across the region

## **9. Chief Finance Officer Statement**

The SPoA is a key element of health and social care integration. The costs of the service are met predominately by grant support with contributions from councils and the NHS and these are an existing cost commitment. It is possible that the full cost may be met in full by grant support in future.

## **10. What risks are there and is there anything we can do to reduce them?**

10.1 Agreement for future funding has been difficult to achieve and if, as anticipated it will be funded by the recurrent Intermediate Care Fund, there is always a risk that this can be withdrawn or re-directed to other areas. Denbighshire County Council employs nearly all the staff so this needs to be mitigated to some extent with a more formal partnership agreement

10.2 The differences between the SPoAs across North Wales causes confusion especially for BCU staff. Although the Regional Programme has ceased there will remain some informal working to ensure each area works to the common principles and aspires to the agreed shared outcomes

## **11. Power to make the Decision**

Scrutiny's powers with respect to this matter are set out in Section 21 of the Local Government Act 2000 and article 6.3.4(b) of the Council's Constitution.

**Contact Officer:**

Service Manager: North Locality

Tel: 01824 706501

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**Research and Evaluation for  
Transforming Access to Community-  
based Health & Social Care across  
North Wales - Single Point of Access  
(SPOA) Programme**

**Report by Wilson Sherriff**

January 2016

## Introduction

1. This report sets out the findings of the evaluation of Transforming Access to Community-based Health & Social Care services across North Wales - Single Point of Access (SPOA) Programme which was taken forward in North Wales 2013 – 2016, funded by the Welsh Government Regional Collaboration Fund
2. The body of the report examines the progress of the programme as a whole and identifies key findings and learnings. Attached at annex A are summary reports on our evaluation of the SPOAs in each of the six counties of North Wales.
3. We would like to take this opportunity to thank the managers and project leads of the programme for their excellent collaboration during the course of this evaluation, as well as the professionals and citizens we spoke and wrote to in gathering information and exploring the issues

## Overview

### Aims of the programme

4. The Single Point of Access Programme taken forward in North Wales 2013 – 2016 aimed as its title suggests to transform access to community-based health and social care.
5. Pilot sites were established in the six counties of North Wales – Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham – together with a set of cross-cutting workstreams. The sites aimed to enable citizens and professionals to gain access to community-based health and social care provision through by providing bilingual information and where necessary advice and assessment.
6. The Social Services and Well-being (Wales) Act 2014 was a major driver for the programme which aimed also to reduce dependency on statutory services, encourage use of third sector services, and enable individuals to become more independent. It also aimed to make more effective use of the time and skills of professional and front-line staff, reduce duplication and encourage 'flow' through the system.

### What happened

7. The evaluation framework which underpins this report was developed using co-production principles by the evaluators and stakeholders in the region.
8. In each county the SPOA has evolved differently and at a different pace. A summary of how each county approached the task is described in paragraphs 36 to 41, and more detail on our evaluation of each site is in Annex A.
9. Across the six counties we found that real progress has been made towards meeting the requirements of the Act to offer information, advice and assistance to those citizens who require it. We found evidence that the What Matters conversation was in use in all the SPOAs and that significant progress was being made with effectively recording the conversation.
10. We had some very positive comments from professionals about how the SPOA in a number of counties had contributed to streamlining and improving their ability to concentrate on their core roles. Early in the programme some professionals were sceptical about what they perceived as additional steps in the process. On our later visits much of that concern had disappeared in most counties.
11. The importance of the Dewis database to signposting third sector provision was repeatedly emphasised. The database was developed as a partnership between the



Social Service Improvement Agency, the data unit and the SPOA programme to build the prototype for Wales which has included guidance notes to help others to set up an information network.

12. The involvement of third sector staff in the SPOAs was a major achievement leading to more signposting to third sector services and also gaps being identified through better understanding of what citizens need.
13. Major structural changes were taking place in the health sector regionally during the course of the programme and this affected the extent of involvement by health representatives and reduced the scope for a fully integrated approach across health and social care.

### Future potential

14. The SPOAs have already changed how professionals and front line staff work together. Evidence of impact on service users, patients and carers is still emerging but case study examples point to the scope for the SPOAs to play a significant role in improving how resources are used to support citizens, and encourage them to be more independent. An example is the 'meet Phyllis' case study below and there are many more.

*Phyllis was admitted to hospital for a hip replacement after a fall at home. Phyllis also suffers with lung disease. Phyllis was worried and sad about returning home, as she lives alone and her family live some distance away. The hospital Social Worker contacted the Single Point of access (SPOA) with a request for the Reablement team to support Phyllis on her discharge. A few days later a referral also came into the SPOA for a District nurse to support with dressings. The referral stated Phyllis was to be discharged that day.*

*The benefit of having a coordinated SPOA IT system that records all community health and Social Care referrals meant that Sandra, the SPOA Community Services Partnership Manager (CSPM) was able to get a full picture on what was happening with Phyllis. Sandra knew that as Reablement support was still being arranged which meant that Phyllis could be returning to an empty house. Sandra's concern for Phyllis was increased further when she discovered that Phyllis had only lost her husband 6 weeks ago. Sandra believed that if Phyllis went home to be alone with no support, that her already low mood and anxiety associated with her medical condition could lead to Phyllis phoning the ambulance because she felt unwell which would lead to a re-admission.*

*Sandra decided to arrange for Health & Social Care Support Workers to pop in and see Phyllis at regular intervals over the weekend, to offer reassurance and practical support and advice to facilitate Phyllis's recovery. Also sitting in the SPOA, is Bex, the Third Sector coordinator who has access to DEWIS, the wellbeing website and directory resource, as such with Phyllis's permission referrals to Cruise and a befriending Scheme were quick and effortless.*

*As a result of responsive actions of SPOA for the weekend and the ongoing plans in relation to third sector support, Phyllis felt confident enough not to need the Reablement service and it goes without saying a re-admission to hospital was averted.*

15. Continuing to build on the SPOA programme could lead to more effective collaboration between professionals and front line staff in statutory and third sector services providing more options and choices to citizens and in turn enabling them to become more independent.
16. As we were told on a number of occasions, the prize is a shift in culture and behaviour for all concerned.

### Future actions

17. In the closing paragraphs of our report we set out a number of questions which we are recommending that stakeholders in North Wales address in moving forward. From the perspective of evaluators we would identify the following actions that would contribute to future successful development of the SPOA programme.
  - In all six counties the foundations have been established for future development in the shape of SPOA and Dewis, and they need to be sustained if future progress is to be made.
  - The involvement of the third sector on a systematic basis has been a key feature of what has been achieved and probably the most important step for the future will be to ensure that this is consolidated in all six counties. The network of third sector contacts across the region should also be maintained for its positive impact on peer learning.
  - It is very positive that Betsi Cadwaladr University Health Board is re-engaging with the SPOA framework strategically through its new area structure, and there is now scope for the full potential of the programme to integrate health and social care practice. This will require a careful balance in respecting what has been achieved to date and allowing practice to evolve flexibly.
  - Systematic engagement of patients, service users and carers will be essential to sustain the citizen focus of the service.
  - Finally, it would be highly desirable to build on the cross-region peer support and learning that was underpinned by the programme so that good practice can be exchanged for the benefit of all citizens in North Wales.

### Background

18. Wilson Sherriff were commissioned to undertake a review and evaluation of the Transforming Access to Community-based Health & Social Care Programme - Single Point of Access (SPOA) Programme taken forward in North Wales 2013 – 2016. The programme consisted of a series of linked projects – six local SPOA pilots were delivered, together with cross-cutting work streams (themed around those things necessary for an effective SPOA).
19. The programme goals was defined as:

‘to create a new, streamlined, way for adults across North Wales to gain access to advice, assessment and co-ordinated community Health and Social Care services, by contacting one central team.
20. The main outcomes for the programme were defined as
  - A single integrated system providing bilingual advice, assessment and, where needed, referral into services which provides an easily understood, streamlined approach for citizens and professionals across the region
  - Better informed, more independent and self-caring citizens

- Better integrated care-coordination, reducing duplication and minimising bureaucracy.
  - More sustainable service, better able to meet the population’s growing demands.
21. From the beginning it was accepted that the SPOAs would evolve quite differently in the six counties of North Wales: Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, and Wrexham. The scope of ambition, process undertaken, style and culture were distinctive in each case, although they had common characteristics and to a large extent common goals – summarised in the phrase ‘regionally developed but locally shaped and delivered. A strong feature of the programme was learning not only across the counties but also between the cross-cutting work streams.

## Approach to the evaluation

22. Our approach to evaluation was based on co-production principles through which we involved partners, stakeholders and to some extent service users in the development of the evaluation programme. We worked collaboratively with the local project leads as part of the evaluation workstream of the programme.
23. In Winter 2014 – 2015 we facilitated a series of stakeholder workshops to assist in the development of an evaluation framework which was agreed as the basis for this evaluation. The framework included both process and impact measures.
24. The list of questions is set out in Annex B.
25. The evaluation framework developed in this way aligns closely with the emerging methodology for evaluating integration of interest to the Welsh Government. This was developed by the University of Swansea as a preferred model<sup>1</sup>.
26. This model focuses on three levels of evaluation:
- Macro (national policy, strategic local policy, senior management, budgets)
  - Meso (Management, organisational structure, planning service delivery, process of delivering services)
  - Micro (Staff delivering services, service users, informal carers).
27. This Swansea framework is strongly focused on outcomes and, importantly, recognises the importance of evaluating the unintended consequences of change. Although this is an emerging framework and it was not able to draw upon in developing the SPOA evaluation framework, it has informed our thinking for this evaluation report.
28. The evaluation methodology was mainly qualitative, based on interviews, group discussions, and telephone calls backed up by review of documentation largely provided through regular reporting by the individual projects to the programme. Where possible we aimed for triangulation of data – that is being able to support findings from at least three sources.
29. We undertook two series of evaluation visits to the six counties – for Anglesey, Conwy and Denbighshire in March and November 2015; and for Gwynedd, Flintshire and Wrexham in June 2015 and January 2016. The difference in dates reflects the different stages of development of the SPOAs in these counties.
30. In each case we met both strategic and operational stakeholders with an interest in the evolution of the SPOA and gathered evidence in relation to the themes in the evaluation framework. We also carried out telephone interviews with service users. However, these interviews were limited both in number and scope due both to the overall numbers of service users involved to date and the methodological difficulties

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<sup>1</sup> Chichlowska SC, Assessing the impact of integrated health and social care delivery: a case study of integration and evaluation, University of Swansea, unpublished

of separating opinion on the services offered by the SPOA from the wider health, social care and third sector services.

## Findings

31. In the following paragraphs we summarise our high level findings for each of the themes covered by the evaluation framework.
32. In annex A we provide more detailed commentary on the questions in the evaluation framework for each of the six SPOAs.
33. Then in paragraphs we identify the key issues which emerged from the evaluation and comment on them in more detail.

## Progress in developing the SPOA

What progress has been made in developing the Single Point of Access?

34. Each of the six counties made progress in developing a Single Point of Access during 2015. The extent of that progress varied considerably. In practice there were two 'waves', with Anglesey, Denbighshire and Conwy making more progress earlier in 2015, followed by Flintshire, Gwynedd and Wrexham.
35. There was considerable discussion at the beginning of the project about whether to develop a uniform model and apply it across North Wales or whether to recognise that service configuration and working relationships were different in each of the six counties. The latter approach was adopted.
36. Anglesey built on an existing model single point of access to develop further a referral team based in council offices, introducing What Matters, and engaging with the challenges of the ICT systems. A 'third sector SPOA' located in the offices of Medrwn Môn provided an additional resource for referrals to third sector services on Anglesey.
37. The Conwy SPOA retained the name Conwy Access Team, the access team being co-located with a multidisciplinary team in a leisure centre in Colwyn Bay (although the co-location may not continue). Ad hoc support from the third sector was provided and What Matters was introduced.
38. Denbighshire developed its model the furthest, bringing in significant project funding to develop a Single Point of Access covering both social care, health and the third sector supported by an 'extended SPOA' multidisciplinary team with co-located third sector support. Real progress was made in introducing What Matters, enabling SPOA operators to access multiple information systems, developing resources and providing training, publicising the SPOA and moving towards seven-day-a-week working.
39. Flintshire relocated the local authority First Contact team in a health building in Mold, and developed more integrated practice, introduced What Matters and included in the team a part-time third sector link worker.
40. Gwynedd took a quite different approach to the other five counties, and worked largely independently. It undertook a root and branch system review and then designed a multi-disciplinary service based in Alltwen Hospital, Porthmadog. By the end of the programme, this service was provided in one locality, Eifionydd, with the intention that district nurses would join the team in 2016. What Matters has been introduced. The aim is also to be able to 'challenge the system' directly by identifying blockages to effective support for citizens and draw in senior management support to resolve the issues identified.
41. Wrexham use their front line call centre as the gateway to the single point of access which is located in council buildings in the town. The team included social workers

as well as other staff with floating support from a district nurse. What Matters was introduced and collaborative arrangements developed.

Who has been involved and what governance arrangements are in place?

42. As can be seen in Appendix A, all of the SPOAs involve local authority and third sector personnel. The direct involvement of health in the work of the SPOA has been more varied (see below) and has also changed over the lifetime of the project with some good engagement, particularly at strategic level early on, then some disengagement and more recently reinvigorated engagement.
43. The SPOAs developed as projects with joint governance arrangements involving health, social care and in some cases third sector representatives. As the project became a service, the joint governance arrangements have finished without new arrangements begin developed. The involvement of health in local governance reduced over time largely due to the impact of structural change within the health system. We were told of ways in which local project leads kept informal contacts going despite this so that the health perspective was still retained.
44. Strong lines of governance and accountability including for the use of funds were maintained at the programme level.

How many contacts were made with the Single Point of Access either by referral from a professional or directly by citizens?

45. All of the SPOAs received contacts from both professionals and citizens.
46. Official figures on contacts to come.

Was 'What Matters' conversation used?

47. We found evidence that the What Matters conversation was in use in all the SPOAs and that significant progress was being made in all cases with effectively recording the conversation. This is work in progress, however, and while SPOA staff and those around them were becoming quite practised at the approach and the recording, staff in other organisations had developed this approach less fully. See below for more comments on this.

## Impact on patients, service users, carers and citizens

How do patients, service users and carers find out about the Single Point of Access?

48. In Denbighshire and Anglesey, the SPOA is being directly publicised to the public through websites, professional channels e.g. GP surgeries and, in the case of Denbighshire, through extensive use of leaflets, business cards and coverage in the media. This reflects the stage of development of the SPOA sites, and in the other areas, publicity strategies have not yet been developed and implemented. Indeed there was some discussion during the evaluation visits of the value of wide spread publicity at the present time which might have the effect of raising citizen's expectation of statutory services. In all cases, we were told professionals advised service users and/or their families of the service.

How satisfied are patients, service users and carers with the service they receive from the Single Point of Access?

49. During the second phase of the evaluation we spoke to service users who had contacted a SPOA to follow up on their experience, asking about how satisfied they were with the service received. Those we spoke to were largely satisfied by and appreciative of the service they received. Unfortunately, this was not a statistically valid sample. However, the indications are that citizens found the approach of the SPOAs helpful and family members in particular commented on the value of knowing

there was a number to call when they didn't know what services were available or how to deal with an issue. This was backed up by further qualitative evidence such as appreciative letters from service users and positive case study examples were also identified by the programme.

50. We found it difficult to find evidence of the impact of the SPOA on service user satisfaction. In the main this was due to the stage of development of the services, which are all quite new. It is however a methodological issue as what matters to the service user is the quality of the service they received and it is extremely difficult to separate the effect of this from their satisfaction with the SPOA itself.
51. In Denbighshire, Anglesey and Conwy, systems for following up service users and gaining feedback on their views of the service offered by 'SPOA operators', the information and advice they received and feedback on what they did are used or being developed. This will provide evidence in the future of service user satisfaction.

Do patients, service users and carers receive a timely service from the SPOA?

52. For the reasons outlined above we were not able to find significant evidence to support this from patient and service user feedback, although case studies and a series of 'postcards' from service users did provide quantitative materials indicating a positive response.
53. However all of the SPOAs had systems in place to track, so far as possible, the timeliness and completeness of referrals.

To what extent do patients, service users and carers understand the role of the Single Point of Access?

54. From our interviews with patients, service users and carers we found that once they contacted the SPOA, they understood it was a number to use when they wanted access to information about different services. However, the small numbers we spoke to had little understanding of a wider role. We would emphasise that this is not a statistically valid finding but more of an early impression.
55. When we raised it with the groups at the evaluation visits, on two occasions it was questioned whether the public needed to understand the role, as opposed to simply receiving information, advice and assistance to meet their needs.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

56. We addressed this question under a number of headings, so our evidence is drawn in the main from what we have been told by staff in the SPOA and professionals rather than by service users themselves, although case studies gathered by the programme evidenced service users being referred or signposted to third sector services, thus reducing recourse to statutory services
57. There is good qualitative evidence of service users and carers receiving appropriate information on third sector services in all SPOAs. Over time this is developing into the provision of advice on different types of services, often given by a third sector representative or after seeking advice from them. SPOA staff in Anglesey, Conwy and Denbighshire all commented that they now knew more about services in the third sector than they had previously. In those counties and in Flintshire, the third sector representatives were using their involvement with the SPOA to monitor gaps in provision both in terms of geography and availability. So for example, lack of befriending services and a general lack of services for people who are not young and not old appear to be common issues.

Is there any evidence that patients, service users and carers becoming more independent?

58. Anecdotal evidence was presented of services users, for instance, contacting a local authority to seek services and in practice being offered advice on how to invest in products that are available commercially; or of being encouraged to develop their own resilience through community activity rather than seeking medical or social work support. In Anglesey and Denbighshire examples were given of people wanting information on where to purchase, for example, equipment and advice on the type of equipment that was most suitable for them. They wanted a reliable and authoritative source of information rather than the direct provision of equipment, and in some cases, services.
59. We were also told by third sector representatives of communities where there is a history of self-help and mutual support rather than reliance on the public sector and that the SPOA and in particular third sector involvement could support these communities without making them dependent on statutory services.

### Impact on professionals and front-line staff

What progress has been made along the integration continuum?

60. In developing the evaluation framework we drew upon two models:
- the integration continuum tool produced as a resource for the SPOA programme. It identified 9 levels of integration along a continuum from autonomy through coordination to integration
  - the AQuA (Advancing Quality Alliance) System Integration Framework focuses on three dimensions of integration: teams, services and systems. The AQuA framework includes the perspective of staff (team development) service users and patients and their experience of integrated services, and the systems questions which can include issues such as IT and budgets (e.g. joint commissioning). This brings together both the process elements (creating integrated teams) and the outcomes (services perceived as integrated).
61. Progress with integration has varied from county to county. However, in general terms little progress has been made in integration of health and social care services with the exception of in Denbighshire. In Denbighshire, the integration level is evident and using the AQuA model this is particularly across teams and systems with an integrated approach to services at the point of contact with the SPOA. Elsewhere, coordination is more evident with some integration typically taking the form of a single person providing occasional support. Increased coordination between social care and the third sector is more extensive, again particularly in Denbighshire and also in Anglesey and Flintshire, with encouraging signs in Gwynedd also. In discussions in Anglesey, the question of colocation and integration with the third sector was raised by stakeholders and whether, given the direction of travel in terms of independence and resilience of citizens, it was appropriate to encourage integration.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

62. See above.

To what extent has the Single Point of Access reduced administrative demands on professionals and enabled them to concentrate on supporting service users?

63. We had some very positive comments from professionals about how the SPOA in a number of counties had contributed to streamlining and improving their ability to concentrate on their core roles. Early in the programme some professionals were

sceptical about what they perceived as additional steps in the process – for example, in all counties there seemed to be an issue that for health professionals the What Matters documentation was seen as a social services initiative rather than a Wales-wide approach. On our second visits much of that concern had disappeared in most counties. In a minority of cases we heard concerns that the SPOA might create additional demands in the system requiring staff to ‘feed the beast’. This was particularly the case where the SPOA became involved in health-to-health referrals.

How are professionals and front-line staff in the public, third and independent sectors connected and how do they communicate?

64. We found that the third sector and statutory services were collaborating with the support of the SPOA. Most communication was face to face or by phone, backed up by electronic records. We found no evidence of systematic engagement with the independent sector although in Anglesey and Denbighshire this was on the agenda for future development.
65. The use of faxes by health staff was a continuing issue for an integration of IT systems. In the main, this had been addressed by the purchase of faxes that convert to electronic formats.
66. More broadly, Denbighshire has just launched an ‘open door’ initiative to make sure teams in social care are invited to visit the SPOA and find out more about its work. We were shown the feedback from these visits which is very positive and clearly helps people understand what SPOA can do to help them in their work. This initiative is being widened to include health and the third sector and other counties are developing along similar lines. Other SPOA sites have taken advantage of this to inform thinking on their own SPOA development.
67. We also found strong evidence of continuing communication across the counties about the evolution of the SPOA programme including a third sector network group which was providing a useful forum for exchange of practice and insights.

To what extent do professionals and front-line staff in the public, third and independent sectors consider that they are working together more closely than in the past, and has the arrangement added value to their practice?

68. We had strong indications from across the counties that the SPOA arrangements were contributing to more collaboration across different professions and specialisms, including between health, social care and the third sector.
69. In some cases the locally based Multi-Disciplinary Teams (MDTs) provided the main focus for joint working and this issue is discussed in more detail below.
70. Some concerns were expressed that effective collaboration on the ground was not mirrored by similar arrangements at senior level, leading to a lack of clarity about the strategic direction of the SPOA approach.

What arrangements are there for joint learning and peer-to-peer support among professionals and front-line staff in the public, third and independent sectors?

71. There was evidence of learning and development opportunities, for instance on what Matters, third sector awareness, and outcome setting, across all counties.
72. However the opportunity to develop a joint approach to learning together across health, social care and the non-statutory sector has not yet fully emerged.

Are professionals and front-line staff in the public, third and independent sectors spending more time collaborating with others?

73. We found extensive evidence of this – see above.



## Impact on organisations and the system as a whole.

Has the Single Point of Access developed in line with Welsh Government thinking and with the Social Services and Wellbeing Act?

74. Across North Wales we were able to see that the six SPOAs were shaping up as a major contribution to achieving the aims of the Act. Mapping has been undertaken by the six SPOAs against the draft National Service Delivery standards for the content and delivery model of the Information, Advice and Assistance Service required of local authorities. We discuss this in more detail below. We understand that the programme has been invited by the Welsh government to showcase the SPOA and Dewis development as an example of how information, advice and assistance are being implemented in line with the Act.

Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?

75. See above.

What has been the financial impact of the Single Point of Access?

76. Our evaluation approach, the resources and data available did not enable a systematic analysis of the financial impact which would have required us to draw conclusions comparing what has been achieved with what might have been achieved had the SPOA programme not been put into effect.

77. We observed that in all cases the funding for the SPOA programme has led to action being taken and as this report makes clear there is emerging evidence of this action having an impact on professionals, front line staff, service users and patients. Again this is difficult to quantify because the aim is not simply throughput numbers but a shift in the nature and quality of the support provided. However the individual county reports provide our evaluation of the outcomes achieved in each case.

78. In Denbighshire more extensive funding was attained to support a more developed approach and this led not only to the development of a 'full SPOA' model in practice with significant learning about what can be achieved, but also to significant work on staff development and support resources. As outlined below we are suggesting that the region as whole can benefit from this experience.

Has the Single Point of Access improved 'patient / service user flow' through the system?

79. The use of What Matters, an underpinning core data set and the ability to track referrals through the system have been developed to varying degrees in each county. These factors contribute to 'flow' through the system. The SPOA approach also alerted professionals to areas where the flow had broken down, sometimes on a systematic level and sometimes in an individual case. In Anglesey, Denbighshire and to a degree Conwy, the SPOA team leaders were active in managing these issues.

80. Barriers to 'flow' include different working hours across staff groups making it less easy to handle issues in the moment; so the move to seven-day-a-week operations in Denbighshire were improving the ability to handle discharges when required.

What have been the key enablers and barriers to the development of the Single Point of Access?

81. The principal enablers identified were:

- Drive from leaders and the role of the six county leads supported by committed teams on the ground were essential to what was achieved.

- The Act was a major driver of local authority behaviour, perhaps less so of health behaviour
- Enthusiastic engagement of the third sector was seen as essential to the achievement of a major shift in practice and in culture.

82. The principal barriers identified were:

- The varied involvement of health due to restructuring (see below) contributed to a sense among practitioners that there was not a sustained strategic vision shared by all parties. In turn this also reduced the scope for practical enablers such as pooled budgets or joint commissioning which would take the 'SPOA approach' to the next level.
- Lack of integration across ICT systems was seen as a major barrier in particular early in the programme, although good progress was made in finding ways round this.
- Six SPOAs were seen as developing at inconsistent rates across the six counties and the different models initially caused confusion. This came into particular focus later in the programme when BCU confirmed their focus on three areas with the implication that it may be difficult to manage two different SPOA models in one area.

How do partner organisations perceive the change process that has taken place?

83. We found a wide range of views on this. The overarching constant was the way in which the system dynamics of health shifted during the course of the programme, with the result that what had been a joint endeavour was seen as led by local government, with health then coming back into the picture towards the end of the programme and beginning to focus attention on the way forward.

84. This meant that partnership dynamics were perceived as patchy. In all cases we found evidence of strong collaborative relationships between individuals at different levels, but there was some disappointment expressed about lack of consistency and drive from the strategic level to operational implementation.

85. The involvement of the third sector was important, but issues around their standing and the appropriate way to contribute to the change were evident. Third sector representatives, understandably, were pressing for more systematic involvement – a full seat at the table – to build on the progress made to date. They were also pressing for the recognition that changes to providing more services in the third sector needed more financial support and resources, even where those services were provided by volunteers.

How do partner organisations perceive the value of the Single Point of Access?

86. Local authorities saw value in the SPOA tightening up and improving the effectiveness of key services and supporting the changes required by the Social Services and Well-being (Wales) Act 2014.

87. For health, the jury was out at the time of writing with some health professionals commenting enthusiastically, others sceptical and others non-committal.

88. The third sector seemed to see the SPOA programme as an opportunity to find their rightful place in building a common understanding of what service users, patients and citizens need. More strategically there was a strong view shared by most participants that the SPOAs had value in enabling services to become more responsive to what matters to patients and service users.

89. The importance of the Dewis database to signposting third sector provision was repeatedly emphasised. The database was developed as a partnership between the Social Service Improvement Agency, the data unit and the SPOA programme to build

the prototype for Wales which has included guidance notes to help others to set up an information network. Examples were given of third sector organisations that intended to merge their own directories into Dewis. This was seen as a very significant development, although there was a perception that the directory would only be as good as the information contained in it and the effort put into maintaining the accuracy of the information. Another view was that Dewis would make it easier than in the past to keep information accurate and up to date.

#### How do partner organisations perceive the future of the Single Point of Access?

90. We found wide agreement on the need for a SPOA which is focused on the individual patient or service user, offering him or her options including self-management and community based support, third sector services and statutory advice and assistance.
91. This would enable a reduction in the overload on statutory services, including acute healthcare, and a more proactive, enabling support framework.
92. Access to information, advice and assistance in a way that suits the needs of the individual, as well as first class professional communication are needed.
93. Many of the staff working with What Matters spoke of a shift of culture and understanding which would underpin this approach.
94. At the same time, we did not find a specific approach that was clearly articulated and supported by all partners. A number of issues were raised that we were told needed to be addressed for progress to be made. These include how far it is possible and desirable to move along the track of common services and systems, including ICT systems, working practices and working hours. Embedding systematic input from the third sector is also a key challenge, together with a view on whether a 'broad' or 'lean' SPOA model is the most appropriate. Finally, there is a question about the use of levers such as pooled budgets or joint commissioning to underpin a shared endeavour.

#### Findings: emerging themes

In this section we draw out key themes which emerged from our discussions and analysis of the findings which offer insight into how the SPOA programme evolved and what it achieved.

#### Progress towards the Social Services and Well-being Act

95. We were specifically asked in the visits we made in Winter 2015/16 to consider the progress made in meeting the information, advice and assistance provisions of the Social Services and Well-being (Wales) Act 2014. We found that across the six counties, significant progress has been made in preparation for the implementation of the Act.
96. Specifically in each case the SPOA is a focal point for an offer of information, advice and assistance. The What Matters conversation which is intended to put the service user / patient at the heart of service provision is in use. The role of the third sector is integral to delivering information, advice and assistance.
97. Each of the SPOA teams had taken steps to ensure that team members understood the What Matters approach and training was offered. All teams were monitoring progress in the use of the What Matters questionnaire and issues around how the form transferred to ICT systems were being addressed. Many staff told us how much they appreciated the What Matters approach and how it was shifting perceptions of service user need and the options being offered to them.
98. The evidence, including some review of completed What Matters forms, suggests that practice remains very variable. SPOA staff, and third sector partners, over the course of the programme became quite experienced in using What Matters and

recording outcomes appropriately on the form. However as a referral point, SPOAs received forms completed by a wide range of different professionals and the quality and consistency of these was very variable. This points to the need for a continuing effort in communication and making training available to support the introduction of What Matters more widely.

99. As mentioned above, the use of What Matters by health staff raised a number of issues. We found evidence that many health staff were using What Matters and the What Matters form is now included in the standard documentation for practitioners. However concerns were raised about whether the approach was appropriate in all cases. For instance we were told that What Matters did not allow for medical history to be recorded which was essential for instance for Occupational Therapy practice. Some health staff saw What Matters as an extra piece of bureaucracy. There was some evidence that this view was decreasing over time as staff from health and social care worked together using the new approach.
100. Evaluation discussions suggested that community health staff were using What Matters more widely. However this was not seen to be the case for staff in acute settings. This may point to the need to focus attention on the use of What Matters in acute settings, and in particular its role in facilitating appropriate and timely discharges.

#### Collaboration between health and social care

101. Integrated health and social care provision was a core feature of the programme which was conceived as being underpinned by a partnership approach between health and social care. Both the Betsi Cadwaladr University Health Board (BCU) and the six local authorities made a commitment to the programme approach, evidenced by signed Memorandums of Understanding.
102. A risk identified at programme level early on was the potential impact of organisational change and from early in 2014 major structural reorganisation came into effect in BCU. This has a significant effect on the ability of Health to commit resources and time to the programme. Over the course of the evaluation we found evidence of the overwhelming majority of work being carried out by local authorities who also provided most of the funding. This gave rise to some frustration on the part of local authority staff who understood the cause of the withdrawal of health involvement, but nonetheless had to bear the load; and we found that health staff increasingly viewed the SPOA programme as a local authority initiative with health inputs additional to it.
103. In the later stages of the evaluation, in particular during the visits we carried out around the turn of the year 2015 – 2016, the high level restructure in BCU had been completed and early work was under way to determine priorities for the three regions within the BCU footprint: West (Anglesey and Gwynedd), Central (Conwy and Denbighshire), and East (Flintshire and Wrexham). Early indications from our discussions with health personnel suggest resumed support for the SPOA approach as a key component of service delivery including the deployment of resources.
104. Overall, we found that the reduced presence of health in taking forward the development of the SPOAs required local authorities to focus on integrating their own services while opening up scope for health to become engaged at a pace and level to suit local circumstances. That is not to say that health was entirely absent. In Denbighshire and Anglesey, in particular, effective joint working arrangements were taken forward. However the focus on local authority services was such that in our discussions with Conwy stakeholders it was suggested to us that the health and social care system should in practice have two main gateways – the SPOA for local

authority services, and the GP for health services. This suggestion was not widely supported although there was considerable discussion on how to ensure that the SPOA did not create work in terms of within service referrals and also that the SPOA did not pick up work that should be done elsewhere e.g. completion of What Matters documentation.

#### Where should integration take place?

105. Local authorities and BCU have developed different approaches to multi-disciplinary working in different council areas, and we found that the role of Multi-Disciplinary teams (MDTs) and their relationship with the SPOA was also perceived differently.
106. In Anglesey and Conwy we found a sharp focus on the role of locally (patch) based MDTs which were perceived as the main way in which health and social services integration was being developed. In these local authorities, consequently, the role of the SPOA was lower key, principally directed to referrals and acting as the front door to services. By comparison, in Denbighshire and Flintshire the role of MDTs is different. In Denbighshire at the 'extended SPOA' operated as an MDT so that the SPOA (broadly defined) took enquires and referrals and also handled cases thus offering the full range of information, advice and assistance. In Flintshire MDTs were within services rather than across health and social care. The Gwynedd approach, being piloted in part of the county, features a multidisciplinary team situated in Alltwen hospital. Members of the team visit service users in their home for the What Matters conversation. They then provide a continuing individual contact with the service user. The potential development in Gwynedd would see similar arrangements in other localities, effectively a series of local MDTs/SPOAs.
107. A key question for the future development of a more integrated approach to health and social care provision will be a decision around the main 'sites' of integration, whether SPOA or MDT. This should take account of the need to ensure that the system chosen remains agile and responsive. A number of participants expressed a fear that the requirement to ensure that service user contact are handled through the SPOA could be onerous – the need to 'feed the beast'.

#### ICT and communications

108. Health and social care have different information systems, and there are also different systems between professional groups. All of the SPOAs wrestled with issues around how to provide an integrated front end service to citizens when each information system only told part of the story. This became particularly important when seeking to follow up referrals or otherwise find out what happened when an individual was passed from one service to another.
109. A dedicated workstream as part of the programme took forward development work around information and communications system. There is no prospect of a move to a single system encompassing all services across health and social care without the new configuration of ICT being developed across Wales. However there does seem to be scope for a move towards common systems across local authorities and across health. In taking forward development work on the Paris and RAISE systems (used by local authorities) particular attention has been paid to ensuring that the What Matters approach can be accommodated.
110. At a more basic level, effective communication between health, social care and third sector is hugely undermined by the persistence of non-electronic modes of communication in particular fax in health. SPOA staff found work – arrounds for this

problem, but it is a clear illustration of the practical difficulties of collaboration across organisations at different stages of development.

### Third sector role and Dewis

111. The involvement of the third sector in the SPOA programme has been a major step forward in ensuring that the third sector have a seat at the table when the needs of service users and patients are considered. Again, different approaches emerged in the different localities – ranging from ad hoc support in Conwy through dedicated third sector staff in the SPOA in Flintshire and Denbighshire, and the separate ‘third sector SPOA’ in Anglesey. All evidenced a growing understanding of the importance of the third sector, and relationships were being built between the third and statutory sectors and also across third sector teams in North Wales with an interest in the SPOA approach.
112. In the evaluation we wanted to find out if patients and service users were being referred to third sector services more frequently. As awareness of services built, this appeared to be the case and this brought with it an issue of demand. Having the third sector fully involved in the future evolution of the SPOA will enable an understanding of where the gaps in provision are found.
113. During the course of the evaluation the Dewis resource was developed through a collaboration involving the SPOA programme. This was widely welcomed with the proviso that the quality of the information would need to be maintained. Our interviews also emphasised the importance of maintaining and developing the relationships between the third sector and the statutory sector, using Dewis as a key tool but one which should not replace human contact.
114. A key example, repeatedly cited, was the need for more befriending support not just for elderly people but for citizens more widely. We were told of many examples of where befriending was the key thing that mattered for citizens, yet the number and capacity of such services is limited.
115. This points to a critical questions concerning the capacity of the statutory and third sectors and how activities are funded. Commissioning third sector services is not of course the only way of meeting need, but it does seem evident that some shift of resources from the statutory to the third sector will be indicated over time. Some statutory sector participants in the evaluation also drew attention to the importance of more informal community based ways of building resilience.
116. Over time, as the implications of a more citizen centred approach based on What Matters are worked through there will be challenges for traditional models of commissioning and provision of assets, both in health and social care. In turn the third sector will be challenged to connect its voluntary ethos with the knowledge that there is substantial demand for more of the services they provide.
117. The different ways in which the third sector related to the SPOA was also significant. In most cases, a third sector staff member was situated in the SPOA or provided ad hoc support, reflecting funding availability. By comparison, in Anglesey, a distinct ‘third sector SPOA’ was established which could be reached by phone either by SPOA staff putting the caller through, or directly through a dedicated number. The intention of this model was to encourage citizens to bypass statutory services altogether and, in an increasing number of cases, to approach the third sector directly. This was seen as potentially opening the way to a ‘lean’ model in which citizens’ concerns were increasingly handled in the community, as compared to a ‘broad’ model in which the local authority sits at the centre and assists the citizen to find the right option including third sector services.

### Service user engagement

118. Pioneering work on service user engagement was carried out in Gwynedd on behalf of the programme team early in the programme but was not sustained at that level through the course of the programme as operational imperatives took over, although it was clearly defined as an element for benchmarking among the SPOA sites.
119. Equally our own efforts to involve service users more fully in the evaluation fell short of expectations mainly because it is early days in the development of this approach and it is difficult to disaggregate general service user feedback on services from the more subtle issues of shifts in perception and service user independence. As outlined above, service users and patients are largely unaware of the existence and role of the Single Point of Access with the possible exception of citizens in Denbighshire. There were also different views about the extent to which citizens need to know about the 'hidden wiring' of the system.
120. There is still substantial scope to involve citizens both directly and through community organisations in the continuing evolution of the What Matters and Single Point of Access approach.

### Staffing issues

121. All aspects of the SPOA are delivered by people employed in different organisations with different terms and conditions, making consistency difficult. At the basic level, local authority staff tend to work shorter hours than those in GPs' surgeries, meaning that surgery staff could not rely on an answer to their enquiries when phoning after 5pm.
122. More significantly, the challenge of seven-day-a-week working will apply to both local authority and health staff, and whatever the evolution, alignment will be needed to enable full integration. One idea that was floated in the discussions with strategic stakeholders in Flintshire is that SPOAs could pair up to offer greater flexibility in covering different shifts. Denbighshire SPOA is also piloting seven-day-a-week working.
123. Quite unexpectedly we also found that moves to 'hot desking' – called variously 'wise' or 'agile' working also made the conventional measure of co-location as an indicator of integration much less reliable. Where fewer staff have regular fixed work stations, co-location becomes a much more fluid concept.

### Regional opportunities and future collaboration across the SPOAs

124. As we hope this report has made clear, the SPOA approach evolved differently across the six counties. This has caused some issues where people or services cross organisational borders because each SPOA has slightly different working practices and handle referrals differently. There has been a concerted effort on the part of the different SPOA to minimise the differences, particularly for example in use of different documentation. There are quite different views on how serious this issue is. Health professionals have highlighted differences between the two SPOAs that operate in their health area. On the other hand, other health professionals have said that it is not difficult to identify which SPOA needs to be contacted and if there is regular contact, the differences in processes become minor. The issue is perhaps more perceived than real but it does point to the importance of continuing to share information and resources between the different SPOA.
125. Moreover there is scope to treat the learning and resources developed over the course of the programme as a resource for the region as a whole. This includes the fruits of the cross-cutting work streams such as the work on ICT systems and of

course Dewis, but it will be useful for leaders in health and social care to consider how they may draw upon what has been achieved and use it as appropriate.

126. In particular, given the extensive developments in the county, Denbighshire has been a critical learning site throughout the programme and has produced resources that have been and could be shared across the region and used to inform the future development of systems and programmes to the benefit of patients, service users and carers.

#### Integrating adult, children's and Mental Health SPOAs

127. We were asked to discuss with stakeholders their views on integrating adult and children's information and access systems to create a single SPOA. In Denbighshire this had been the original intention but developments in adult and children's services had meant that this wasn't followed through. The view in Denbighshire is that this would be a progression of services that could be achieved. In the other counties, the view was that adult services should concentrate on developing the SPOA as the systems and services were very different within children's services. It was however recognised that the Act emphasised services to families and this was something that should be explored. In these discussions, the question of referrals to Mental Health being included in the SPOA was discussed. It was regarded as important to an approach to well-being that referrals to mental health services should increasingly become part of the SPOA.

## Conclusions and looking to the future

128. The SPOA programme led to the development of different approaches in the six counties of North Wales as was understood within the programme from the outset.

129. The original intention of providing a focus for integration of health and social care focused around a Single Point of Access did not emerge in the form envisaged in large part due to the organisational change in the health sector referred to above. However there was clear evidence of closer working and understanding between front line staff and professionals in health and social care.

130. The pace of development was varied and in some counties progress was quite limited. However in each county the SPOA programme provided a focus and catalyst for the development of a systematic approach to achieving the aims of the Social Services and Well-being (Wales) Act 2014. Introducing What Matters in this context may be counted a major achievement.

131. Each SPOA involved the third sector and this, together with the introduction of Dewis, has helped to build significantly greater understanding of the range of resources available. This has already begun to provide evidence of need and of gaps in support to inform commissioners and the third sector itself.

132. A substantial body of experience and understanding has now been built up across the six counties as well as resources and ways of working.

133. There is emerging evidence that this way of working allowed patients and service users to be offered a wider range of options, including those that reduce dependency on statutory services.

134. The SPOA team and in particular the county leads who led the project on a day to day basis provided strong and innovative leadership for the programme.

135. Looking to the future, it is important to ensure that the knowledge, understanding and practice gained through the programme is consolidated and used for the benefit of the whole region, not just the individual counties or areas.



136. The involvement of the third sector is critical to the shift in practice implied by What Matters and it will be important to find a way to develop the integrated working and relationships put in place through the SPOA programme and not lose impetus.
137. Considering the role of SPOAs in serving citizens better, future working arrangements need to take account of the need for more common timetables and working practices, and the need for simplicity and clarity in lines of communication.
138. Finally, the citizen is at the heart of this approach and more needs to be done to explore how citizens can best be involved in future development so that they contribute to shaping the services that support them.

## Key questions for the future

139. These findings and conclusions lead to a number of key questions that could usefully be explored as the project ends and the SPOAs develop without project support. We intend to explore these at the stakeholder event on February 4, 2016 to provide some initial views:
- Should there be a jointly agreed strategy for the development of the SPOAs across North Wales? If so, how should it be developed? If not, at what level should future strategy be developed?
  - Should it be a priority to have a single telephone number particularly for service users and citizens as was the original concept? If so, how can that be achieved; if not how can it be made easier for citizens to access the different SPOAs?
  - How can some of the cross border issues and differences between SPOAs be minimised?
  - How can the joint learning and development continue between the SPOAs continue in the future? Should for example, there be a system in which individual SPOAs lead on different themes?
  - What other issues need to be considered to make sure the SPOAs develop effectively across North Wales?
140. It has been a great privilege to see the different SPOAs develop over the last eighteen months. We are extremely grateful for the spirit of openness and collaboration in which everyone involved in this evaluation has shared their learning and views. We hope we have done justice to the range of different views.

*Simon Wilson and Carol Sherriff  
Wilson Sherriff*

## Annex A – overview of how each county SPOA has evolved

Individual reports for the six counties

## Annex B – evaluation framework

The questions we used in the evaluation framework were as follows.

The ‘process’ questions designed to find out what had happened in developing the SPOA were as follows.

- What progress has been made in developing the Single Point of Access?
- Who has been involved and what governance arrangements are in place?
- How many contacts were made with the Single Point of Access on either by referral from a professional or directly by citizens?
- Was ‘What Matters’ conversation used?
- Was the conversation concluded and fully recorded?
- Was it recorded in outcome-focused language?

Questions focused on the impact on patients, service users, carers and citizens were as follows:

- How do patients, service users and carers find out about the Single Point of Access?
- How satisfied are patients, service users and carers with the service they receive from the Single Point of Access?
- Do patients, service users and carers receive a timely service from the SPOA?
- To what extent do patients, service users and carers understand the role of the Single Point of Access?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- Is there any evidence that patients, service users and carers becoming more independent?

Questions focused on the impact on professionals and front-line staff

- What progress has been made along the integration continuum?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- To what extent has the Single Point of Access reduced administrative demands on professionals and enabled them to concentrate on supporting service users?
- How are professionals and front-line staff in the public, third and independent sectors connected and how do they communicate?
- To what extent do professionals and front-line staff in the public, third and independent sectors consider that they are working together more closely than in the past, and has the arrangement added value to their practice?
- What arrangements are there for joint learning and peer-to-peer support among professionals and front-line staff in the public, third and independent sectors
- Are professionals and front-line staff in the public, third and independent sectors spending more time collaborating with others?

Questions concerning the impact on organisations and the system as a whole were as follows.

- Has the Single Point of Access developed in line with Welsh Government thinking and with the Social Services and Wellbeing Act?
- Do patients, service users and carers receive appropriate information advice and assistance, including reference to a growing range of services in the third sector?
- What has been the financial impact of the Single Point of Access?
- Has the Single Point of Access improved 'patient / service user flow' through the system?
- What have been the key enablers and barriers to the development of the Single Point of Access?
- How do partner organisations perceive the change process that has taken place?
- How do partner organisations perceive the value of the Single Point of Access?
- How do partner organisations perceive the future of the Single Point of Access?

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|-------------------------|----------------------------------------|
| <b>Report to:</b>       | <b>Partnerships Scrutiny Committee</b> |
| <b>Date of Meeting:</b> | <b>14 April 2016</b>                   |
| <b>Lead Officer:</b>    | <b>Scrutiny Co-ordinator</b>           |
| <b>Report Author:</b>   | <b>Scrutiny Co-ordinator</b>           |
| <b>Title:</b>           | <b>Scrutiny Work Programme</b>         |

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## **1. What is the report about?**

The report presents Partnerships Scrutiny Committee with its draft forward work programme for members' consideration.

## **2. What is the reason for making this report?**

To seek the Committee to review and agree on its programme of future work, and to update members on relevant issues.

## **3. What are the Recommendations?**

That the Committee considers the information provided and approves, revises or amends its forward work programme as it deems appropriate.

## **4. Report details**

- 4.1 Article 6 of Denbighshire County Council's Constitution sets out each Scrutiny Committee's terms of reference, functions and membership, whilst the rules of procedure for scrutiny committees are laid out in Part 4 of the Constitution.
- 4.2 The Constitution stipulates that the Council's scrutiny committees must prepare and keep under review a programme for their future work. By reviewing and prioritising issues, members are able to ensure that the work programme delivers a member-led agenda.
- 4.3 For a number of years it has been an adopted practice in Denbighshire for scrutiny committees to limit the number of reports considered at any one meeting to a maximum of four plus the Committee's own work programme report. The aim of this approach is to facilitate detailed and effective debate on each topic.
- 4.4 In recent years the Welsh Government (WG) and the Wales Audit Office (WAO) have highlighted the need to strengthen scrutiny's role across local government and public services in Wales, including utilising scrutiny as a means of engaging with residents and service-users. Going forward scrutiny will be expected to engage better and more frequently with the public with a view to securing better decisions which ultimately lead to better outcomes for citizens. In future the WAO will measure scrutiny's effectiveness in fulfilling these expectations.

- 4.5 Having regard to the national vision for scrutiny whilst at the same time focussing on local priorities, the Scrutiny Chairs and Vice-Chairs Group (SCVCG) has recommended that the Council's scrutiny committees should, when deciding on their work programmes, focus on the following key areas:
- budget savings;
  - achievement of the Corporate Plan objectives (with particular emphasis on the their deliverability during a period of financial austerity);
  - any other items agreed by the Scrutiny Committee (or the SCVCG) as high priority (based on the PAPER test criteria – see reverse side of the 'Member Proposal Form' at Appendix 2) and;
  - Urgent, unforeseen or high priority issues

#### 4.6 Scrutiny Proposal Forms

As mentioned in paragraph 4.2 above the Council's Constitution requires scrutiny committees to prepare and keep under review a programme for their future work. To assist the process of prioritising reports, if officers are of the view that a subject merits time for discussion on the Committee's business agenda they have to formally request the Committee to consider receiving a report on that topic. This is done via the submission of a 'proposal form' which clarifies the purpose, importance and potential outcomes of suggested subjects. No officer proposal forms have been received for consideration at the current meeting.

- 4.7 With a view to making better use of scrutiny's time by focussing committees' resources on detailed examination of subjects, adding value through the decision-making process and securing better outcomes for residents, the SCVCG has decided that members, as well as officers, should complete 'scrutiny proposal forms' outlining the reasons why they think a particular subject would benefit from scrutiny's input. A copy of the 'member's proposal form' can be seen at Appendix 2. The reverse side of this form contains a flowchart listing questions which members should consider when proposing an item for scrutiny, and which committees should ask when determining a topic's suitability for inclusion on a scrutiny forward work programme. If, having followed this process, a topic is not deemed suitable for formal examination by a scrutiny committee, alternative channels for sharing the information or examining the matter can be considered e.g. the provision of an 'information report', or if the matter is of a very local nature examination by the relevant Member Area Group (MAG). In future no items will be included on a forward work programme without a 'scrutiny proposal form' being completed and accepted for inclusion by the Committee or the SCVCG. Assistance with their completion is available from the Scrutiny Co-ordinator.

#### 4.8 West Rhyl Housing Improvement Project

The above project forms part of the Rhyl Going Forward programme of regeneration work. There has been some concern on the perceived lack of progress in delivering the above project. With a view to supporting the project's delivery and securing the availability of good quality housing in this area of Rhyl, Clwyd Alyn/Pennaf Housing and Welsh Government representatives have been invited to attend the Committee's meeting on 26 May to discuss with members the project's progress. Ahead of that meeting members may want to read the report considered by Cabinet at its meeting on 29 March 2016 (Item 7) on the review and next steps with the Rhyl Going Forward Programme. The link below should take you to the report on the Council's website:

Cabinet Forward Work Programme

- 4.9 When determining their programme of future work it is useful for scrutiny committees to have regard to Cabinet's scheduled programme of work. For this purpose a copy of the Cabinet's forward work programme is attached at Appendix 3.

Progress on Committee Resolutions

- 4.10 A table summarising recent Committee resolutions and advising members on progress with their implementation is attached at Appendix 4 to this report.

**5. Scrutiny Chairs and Vice-Chairs Group**

Under the Council's scrutiny arrangements the Scrutiny Chairs and Vice-Chairs Group (SCVCG) performs the role of a coordinating committee. The Group met on 3 March 2016. At that meeting they requested that the Committee invite Clwyd Alyn/Pennaf Housing and Welsh Government representatives to a meeting to discuss the delivery of the West Rhyl Housing Improvement Project (see paragraph 4.8 above). The Group is scheduled to meet again on 21 April 2016.

**6. Appointment of Vice-Chair**

Article 4.5.1 of the Council's Constitution stipulates that scrutiny committees shall appoint a vice-chair on an annual basis, whilst Article 4.5.2 of the Constitution states that candidates for the role of Vice Chair shall provide a written statement of how they meet the requirements in the role description (Appendix 5) and how they see the committee operating. These statements will be made available to committee members prior to electing a Vice Chair. As the Committee's next meeting is scheduled for 26 May 2016, which is after Annual Council, the Committee will be asked to appoint a Vice-Chair for the remainder of the Council term at that meeting. Committee members who wish to be considered for this role are asked to forward their statements/CVs to the Scrutiny Co-ordinator by 19 May 2016.

**7. How does the decision contribute to the Corporate Priorities?**

Effective scrutiny will assist the Council to deliver its corporate priorities in line with community needs and residents' wishes. Continual development and review of a coordinated work programme will assist the Council to deliver its corporate priorities, improve outcomes for residents whilst also managing austere budget cuts.

**8. What will it cost and how will it affect other services?**

Services may need to allocate officer time to assist the Committee with the activities identified in the forward work programme, and with any actions that may result following consideration of those items.

**9. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision? The completed EqIA template should be attached as an appendix to the report.**

No Equality Impact Assessment has been undertaken for the purpose of this report as consideration of the Committee's forward work programme is not deemed to have an adverse or unfair impact on people who share protected characteristics.

**10. What consultations have been carried out with Scrutiny and others?**

None required for this report. However, the report itself and the consideration of the forward work programme represent a consultation process with the Committee with respect to its programme of future work.

**11. What risks are there and is there anything we can do to reduce them?**

No risks have been identified with respect to the consideration of the Committee's forward work programme. However, by regularly reviewing its forward work programme the Committee can ensure that areas of risk are considered and examined as and when they are identified, and recommendations are made with a view to addressing those risks.

**12. Power to make the decision**

Article 6.3.7 of the Council's Constitution stipulates that the Council's scrutiny committees must prepare and keep under review a programme for their future work.

**Contact Officer:**

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Note: Items entered in italics have not been approved for submission by the Committee. Such reports are listed here for information, pending formal approval.

| Meeting | Lead Member(s)                                                                 | Item (description / title)                                                     | Purpose of report                                                                                                                        | Expected Outcomes                                                                                                                                                                                                                                                                                                                                    | Author                            | Date Entered           |
|---------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|
| 26 May  | <b>Leader</b><br><b>Clwyd Alyn/Pennaf and WG representatives to be invited</b> | 1. West Rhyl Housing Improvement Project                                       | To examine the progress achieved with the delivery of the housing development aspect of this project                                     | Securing the availability of good quality housing in the west Rhyl area and ensuring that people temporarily displaced from the area during the redevelopment programme are repatriated in new homes as soon as possible. Delivery of this project will support the development of the local economy and ensure that vulnerable people are protected | Rebecca Maxwell/WRHIP Board       | By SCVCG<br>March 2016 |
| 7 July  | <b>Cllr. David Smith</b>                                                       | 1. Community Safety Partnership <b>[Crime and Disorder Scrutiny Committee]</b> | To detail the Partnership's achievement in delivering its 2015/16 action plan and its progress to date in delivering its action plan for | Effective monitoring of the CSP's delivery of its action plan for 2015/16 and its                                                                                                                                                                                                                                                                    | Alan Smith/Liz Grieve/Sian Taylor | July 2015              |

| Meeting | Lead Member(s)                    | Item (description / title)                                       | Purpose of report                                                                                                                        | Expected Outcomes                                                                                                                                           | Author                     | Date Entered                                                                                                                   |
|---------|-----------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|         |                                   |                                                                  | 2016/17. The report to include financial sources and the progress made in spending the allocated funding.                                | progress to date in delivering its plan for 2016/17 will ensure that the CSP delivers the services which the Council and local residents require            |                            |                                                                                                                                |
|         | <b>Cllr. Bobby Feeley</b>         | 2. North Denbighshire Community Hospital/Health Facility Project | To consider an update report from BCUHB on the progress to date in bringing this project to fruition                                     | Firms dates and assurances with respect to the projects delivery to assist the Council with the forward planning of its social care and integrated services | BCUHB                      | February 2016                                                                                                                  |
| 6 Oct   | <b>Cllr. Julian Thompson-Hill</b> | 1. Commercial Partnership for the Revenues and Benefits Service  | To review the Partnership's progress and in particular the new business element of the proposal and the Welsh Language service provision | An evaluation:<br>(i) of whether the financial and commercial benefits of the partnership agreement have been realised; and<br>(ii) that the service is     | Rod Urquhart/Jackie Walley | December 2014 (by County Council in line with Cabinet's recommendation – allocated to the Committee by the SCVCG January 2015) |

| Meeting     | Lead Member(s)            | Item (description / title)                               | Purpose of report                                                                                                                                                                                                                                                                                 | Expected Outcomes                                                                                                                                                                                                                       | Author                                    | Date Entered  |
|-------------|---------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|
|             |                           |                                                          |                                                                                                                                                                                                                                                                                                   | delivering the level of service expected which conforms to the Council's relevant policies in lines with the Heads of Terms Agreement                                                                                                   |                                           |               |
| 24 November | <b>Cllr. Bobby Feeley</b> | 1. Protection of Vulnerable Adults Annual Report 2014/15 | To consider the POVA annual report, and information in place to meet the statutory requirements of the Social Services and Well-being Act 2014 and an evaluation of the financial and resource impact of the Supreme Court's 2014 Judgement on deprivation of liberty on the Service and its work | An evaluation of whether the Authority is meeting its statutory duty with respect to adult safeguarding and has sufficient resources to undertake this work along with the additional work in the wake of the Supreme Court's judgement | Phil Gilroy/Alaw<br>Pierce/Nerys Tompsett | November 2015 |
|             | <b>Cllr. David</b>        | 2. CCTV Partnership                                      | To detail the governance                                                                                                                                                                                                                                                                          | Assurances that                                                                                                                                                                                                                         | Graham Boase/Emlyn                        | January 2016  |

| Meeting | Lead Member(s) | Item (description / title) | Purpose of report                                                                                                                                                                                                                                                                            | Expected Outcomes                                                                                                                                                                            | Author             | Date Entered |
|---------|----------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|
|         | Smith          |                            | arrangements for the partnership and the partnership's effectiveness in delivering the service since its establishment, including its impact in fighting crime (report to include Police statistics on crime incident numbers, no of views by them and the outcomes of them viewing footage) | the partnership has appropriate governance arrangements to safeguard all member organisations, to deliver an effective service and to be fully self-funding and sustainable in the long term | Jones/Graham Smith |              |

**Future Issues**

| <b>Item (description / title)</b>                                                                                                         | <b>Purpose of report</b>                                                                                                                                                                                                                                                                                                                                     | <b>Expected Outcomes</b>                                                                                                                                                                                                    | <b>Author</b>                      | <b>Date Entered</b>      |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|
| GP Out of Hours Service<br>[next scheduled meeting with BCUHB – item originally discussed by communities in December 2015]                | To detail the responsiveness of the service – caller waiting times when telephoning, appointment waiting times, effectiveness of the service in keeping patients away from A&E and in referring people to the district general hospital if necessary. Also information on staffing levels, any problems identified and measures put in place to address them | Ensuring residents are protected and have access to required health services when they need them with a view to improving their life outcomes and easing pressures on social care services                                  | BCUHB                              | By SCVCG<br>March 2016   |
| HASCAS Report on Tawelfan<br>(Spring 2016 date tbc dependent upon the report's publication)                                               | To consider HASCAS' findings with respect to the failings in care and treatment of patients on the ward                                                                                                                                                                                                                                                      | The identification of lessons learnt from what happened at Tawelfan for the purpose of safeguarding the Council and residents against such failings in care in future                                                       | HASCAS/BCUHB/Nicola Stubbins       | By SCVCG<br>October 2015 |
| Citizens Panel<br>(spring 2016)                                                                                                           | To outline the proposed composition of the Panel and the recruitment and appointment process for appointing its members                                                                                                                                                                                                                                      | The formation of a fair and equitable Panel which will form part of the governance arrangements for the Social Service and Health Programme Board and ensure that citizens and service-users views are heard and acted upon | Nicola Stubbins/Wendy Jones (CVSC) | November<br>2014         |
| Update following conclusion of inquiry undertaken by the National Crime Agency in to historic abuse in North Wales Children's' Care Homes | To update the Committee of the outcome of the National Crime Agency (NCA) investigation in to the abuse of children in the care of the former Clwyd County Council, and to determine whether any procedures require revision.                                                                                                                                | Determination of whether any of the Council's safeguarding policies and procedures need to be revised in light of the NCA's findings                                                                                        | Nicola Stubbins                    | November<br>2012         |

**For future years**

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**Information/Consultation Reports**

| Information / Consultation | Item (description / title) | Purpose of report | Author | Date Entered |
|----------------------------|----------------------------|-------------------|--------|--------------|
|                            |                            |                   |        |              |

30/03/16 - RhE

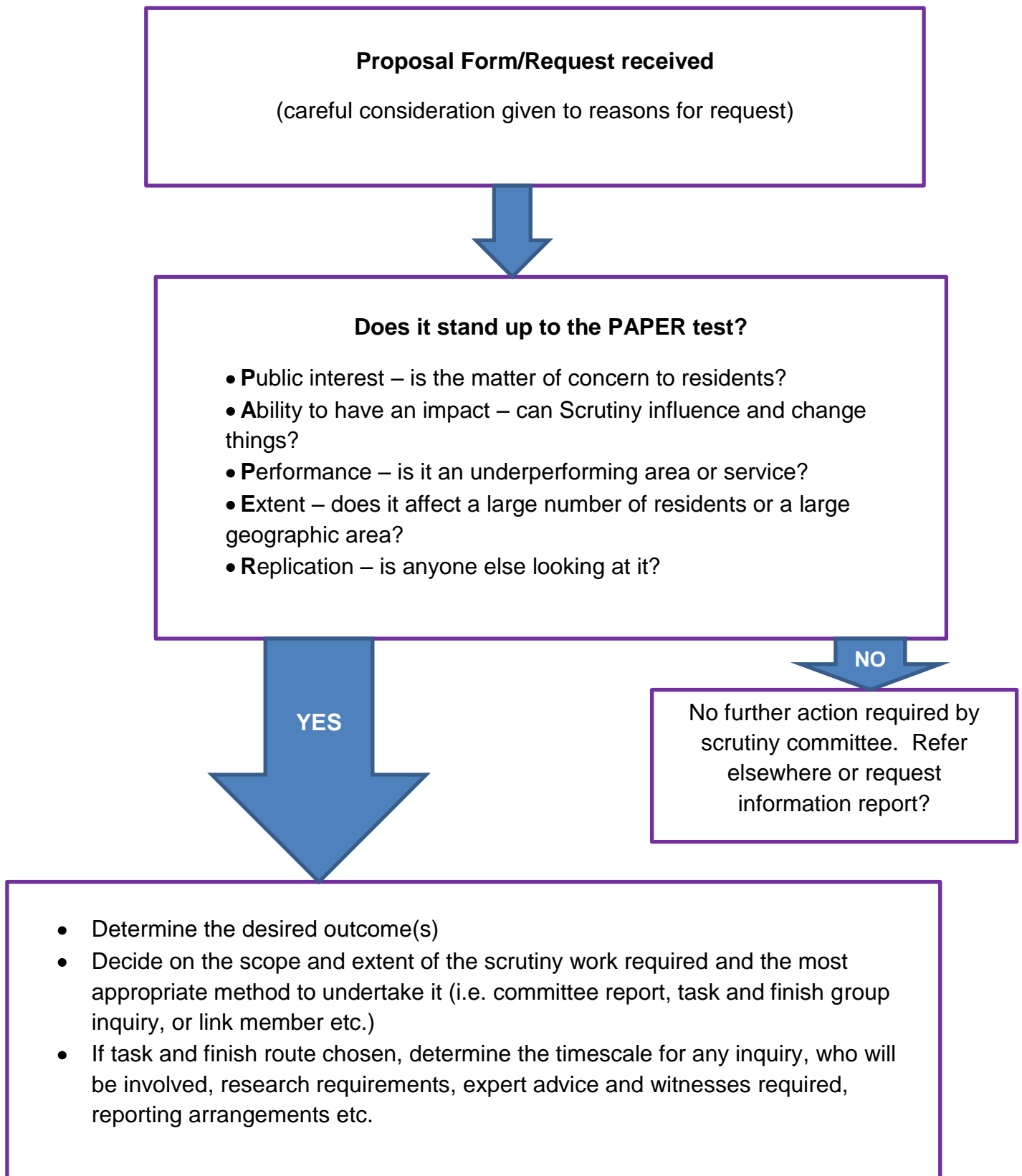
**Note for officers – Committee Report Deadlines**

| Meeting | Deadline      | Meeting | Deadline       | Meeting | Deadline |
|---------|---------------|---------|----------------|---------|----------|
|         |               |         |                |         |          |
| 26 May  | <b>12 May</b> | 7 July  | <b>23 June</b> |         |          |

Partnerships Scrutiny Work Programme.doc

| <b>Member Proposal Form for Scrutiny Forward Work Programme</b>                                                                                                                        |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>NAME OF SCRUTINY COMMITTEE</b>                                                                                                                                                      |               |
| <b>TIMESCALE FOR CONSIDERATION</b>                                                                                                                                                     |               |
| <b>TOPIC</b>                                                                                                                                                                           |               |
| <b>What needs to be scrutinised (and why)?</b>                                                                                                                                         |               |
| <b>Is the matter one of concern to residents/local businesses?</b>                                                                                                                     | <b>YES/NO</b> |
| <b>Can Scrutiny influence and change things?</b><br>(if 'yes' please state how you think scrutiny can influence or change things)                                                      | <b>YES/NO</b> |
| <b>Does the matter relate to an underperforming service or area?</b>                                                                                                                   | <b>YES/NO</b> |
| <b>Does the matter affect a large number of residents or a large geographical area of the County</b><br>(if 'yes' please give an indication of the size of the affected group or area) | <b>YES/NO</b> |
| <b>Is the matter linked to the Council's Corporate priorities</b><br>(if 'yes' please state which priority/priorities)                                                                 | <b>YES/NO</b> |
| <b>To your knowledge is anyone else looking at this matter?</b><br>(If 'yes', please say who is looking at it)                                                                         | <b>YES/NO</b> |
| <b>If the topic is accepted for scrutiny who would you want to invite to attend e.g. Lead Member, officers, external experts, service-users?</b>                                       |               |
| <b>Name of Councillor/Co-opted Member</b>                                                                                                                                              |               |
| <b>Date</b>                                                                                                                                                                            |               |

## Consideration of a topic's suitability for scrutiny





Cabinet Forward Work Plan

Appendix 3

| Meeting         | Item (description / title) |                                                | Purpose of report                                                                                               | Cabinet Decision required (yes/no) | Author – Lead member and contact officer        |
|-----------------|----------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------|
| <b>26 April</b> | 1                          | Finance Report                                 | To update Cabinet on the current financial position of the Council                                              | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh |
|                 | 2                          | Adult Social Care Charging Policy Arrangements | To consider the report with a view to agreeing the amendments to the policy for consultation with Service Users | Yes                                | Cllr Bobby Feeley / Phil Gilroy                 |
|                 | 3                          | Members Involvement in Appeals                 | To consider members involvement in appeals                                                                      | Yes                                | Cllr Barbara Smith / Andrea Malam               |
|                 | 4                          | Officers Scheme of Delegation                  | To approve amendments to the scheme                                                                             | Yes                                | Cllr Barbara Smith/Gary Williams/Lisa Jones     |
|                 | 5                          | Items from Scrutiny Committees                 | To consider any issues raised by Scrutiny for Cabinet’s attention                                               | Tbc                                | Scrutiny Coordinator                            |
|                 |                            |                                                |                                                                                                                 |                                    |                                                 |
| <b>24 May</b>   | 1                          | Finance Report                                 | To update Cabinet on the current financial position of the Council                                              | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh |
|                 | 2                          | Future of Adult Provider Services              | To consider the future of adult provider services.                                                              | Yes                                | Cllr Bobby Feeley / Phil Gilroy / Holly         |

Cabinet Forward Work Plan

| Meeting        |   | Item (description / title)                                       | Purpose of report                                                  | Cabinet Decision required (yes/no) | Author – Lead member and contact officer               |
|----------------|---|------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|
|                |   |                                                                  |                                                                    |                                    | Evans                                                  |
|                | 3 | Former North Wales Hospital, Denbigh - Compulsory Purchase Order | Authorisation to take possession of the site                       | Yes                                | Councillor David Smith / Graham Boase / Gareth Roberts |
|                | 4 | Items from Scrutiny Committees                                   | To consider any issues raised by Scrutiny for Cabinet's attention  | Tbc                                | Scrutiny Coordinator                                   |
|                |   |                                                                  |                                                                    |                                    |                                                        |
| <b>28 June</b> | 1 | Finance Report                                                   | To update Cabinet on the current financial position of the Council | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh        |
|                | 2 | Corporate Plan Performance Report 2015/16 Q4                     | To consider progress against the Corporate Plan                    | Tbc                                | Cllr Julian Thompson-Hill / Liz Grieve                 |
|                | 3 | Items from Scrutiny Committees                                   | To consider any issues raised by Scrutiny for Cabinet's attention  | Tbc                                | Scrutiny Coordinator                                   |
|                |   |                                                                  |                                                                    |                                    |                                                        |
| <b>26 July</b> | 1 | Finance Report                                                   | To update Cabinet on the current financial position of the Council | Tbc                                | Councillor Julian Thompson-Hill / Richard Weigh        |
|                | 2 | Items from Scrutiny Committees                                   | To consider any issues raised by Scrutiny for Cabinet's attention  | Tbc                                | Scrutiny Coordinator                                   |

Note for officers – Cabinet Report Deadlines

Cabinet Forward Work Plan

| <i>Meeting</i> | <b><i>Deadline</i></b> | <i>Meeting</i> | <b><i>Deadline</i></b> | <i>Meeting</i> | <b><i>Deadline</i></b> |
|----------------|------------------------|----------------|------------------------|----------------|------------------------|
|                |                        |                |                        |                |                        |
| <i>April</i>   | <b><i>12 April</i></b> | <i>May</i>     | <b><i>10 May</i></b>   | <i>June</i>    | <b><i>14 June</i></b>  |

Updated 29/03/16 - KEJ

Cabinet Forward Work Programme.doc

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## Progress with Committee Resolutions

| Date of Meeting  | Item number and title                          | Resolution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Progress                                                                                                                                                                                                                                                  |
|------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 February 2016 | 5. Development of a Community Hospital in Rhyl | <p><b>RESOLVED</b> – that the Partnerships Scrutiny Committee:-</p> <p>(a) receives the information presented to the Committee, subject to the above observations,</p> <p>(b) agrees and to invite representatives from Betsi Cadwaladr University Health Board to the Committee’s meeting on the 7<sup>th</sup> July, 2016 to update Members on progress with the North Denbighshire Hospital project.</p> <p>The Chair requested that a summary of the main points above be circulated to all County Councillors for information.</p>                                                                                                 | <p>BCUHB representatives are scheduled to attend the Committee’s meeting on 7 July 2016 to update members on the progress with the project (see Appendix 1)</p> <p>An e-mail was sent on the Chair’s behalf to all county councillors on 3 March 2016</p> |
|                  | 6. Protection of Vulnerable Adults             | <p><b>RESOLVED</b> – that subject to the above observations the Partnerships Scrutiny Committee:-</p> <p>(a) receive the report and acknowledge the important nature of a corporate approach to the Protection of Vulnerable Adults (POVA) and the responsibility of the Council to view this as a key priority area and to place it alongside the commitment and significance given by Denbighshire to Child Protection; and</p> <p>(b) agree that future annual reports on Adult Protection in Denbighshire include case studies and the detailed data analysis, as included in the current report, as an appendix to the report.</p> | <p>Lead Member and officers advised of the Committee’s recommendation and of the request on information members would like to see included as an appendix to future annual reports</p>                                                                    |

|  |  |  |  |
|--|--|--|--|
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|--|--|--|--|

## Role Description Scrutiny Chair/Vice-Chair

### 1. PRINCIPAL ACCOUNTABILITIES

- To Full Council

### 2. PURPOSE OF ROLE

- Providing leadership and direction
- To participate fully in the activities of the Scrutiny Committee, the development and delivery of its work programme and any associated task and finish groups.
- To assist in the development and monitor impact of Council policy
- To hold the executive to account, monitoring performance and service delivery and challenge decisions through the call in arrangements where appropriate.
- To develop a forward work programme of the committee.
- To report on progress against the work programme to Council, and others as appropriate
- To provide confident and effective management of meetings to facilitate inclusivity, participation and clear decision making ensuring that meeting objectives are met, and the code of conduct, standing orders and other constitutional requirements are adhered to.
- To act as a focus for liaison between the council, community and external bodies in relation to the scrutiny function.
- To encourage effective contributions from all committee members in both committee and task and finish groups
- To assess individual and collective performance within the committee and liaise with the relevant Group Leader to progress training and development opportunities.
- Fulfil the accountabilities of the elected member role.

### 3. VALUES and EXPECTATIONS

- To be committed to the values of Denbighshire County Council and the following values in public office:
  - Pride
  - Integrity
  - Respect
  - Unity
- Attend all relevant meetings
- Carry out business electronically i.e. meetings and communication, wherever possible
- To attend mandatory training as specified in the code of conduct and the constitution.
- To participate in an annual development review to continually improve the performance of the member and the Council.
- To explain and account for personal performance as a County Councillor on a regular basis, particularly through the publication of an Annual Report on the Council's web site.

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