“Achieving more, in an improved and quicker way”

Report on the Efficiency of Gwynedd Council Social Services 2010/11

by the Statutory Director of Social Services

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1. DIRECTOR’S INTRODUCTION

Welcome to the second Annual Report of the Statutory Director of Social Services, Gwynedd Council 2010/11. This is an overview report that outlines how we provide social services for the people of Gwynedd. The purpose of the report is to share information about the performance and efficiency of Gwynedd Social Services with the people of Gwynedd, elected members, staff and partners. It looks back on the progress made since last year, what we do well and what we need to improve.

The process of drawing up the report has included a number of steps, including:

- Preparing self-assessments of the service’s efficiency and performance (evidence grids).
- A ‘challenge’ day (21 January 2011) – in the company of almost 60 partners and service user representatives.
- Two ‘Have Your Say’ sessions with the Department's staff (28 February and 2 March 2011).
- An opportunity for elected members to scrutinise and contribute to the document (May and June 2011 – Care Working Group and both the Care and Children and Young People Scrutiny Committees).

The 2009/10 Annual Report referred to the need to change if our services were to continue to be suitable and sustainable. This message has been endorsed by the Welsh Government in the document “Sustainable Social Services” (March 2011). I believe that our work programme here in Gwynedd has preceded this message. A number of our work programmes that are included in the Council’s Three Year Plan and in the North Wales regional work programme identify and are in accordance with the objectives and expectations.

The national recession, policy climate and demographic changes have resulted in a continued increase in the demand for services and in people’s expectations. This had led to extreme pressure on some fields. The aim is to seek to achieve more by spending less and to do so without damaging the support and opportunities for the most vulnerable.

Despite a huge work programme Gwynedd Social Services has managed to improve the quality of care services in many fields. Our ambition is to be amongst the best, and the title of the Report, “Achieving more, in an improved...
and quicker way” is a statement of our success and ambition.

Since our services were criticised in the Joint Review (external joint-review of social services in 2008 undertaken by the CSSIW and WAO), we have been busy laying foundations and strengthening arrangements. This year, we have evidence of that success and the inspectors have acknowledged our success in 2010.

2010/11 has been a year of change. As a result of externalising the Council’s housing stock, the remaining units of the housing service merged with us and the new Housing and Social Services Department was established in April 2010. This has offered opportunities to strengthen joint-working arrangements. As the statutory requirement is to report on the responsibilities of social services, the report does not report formally on housing functions. Nevertheless, reference will be made to housing issues where they relate to the work programmes of social services.

I would like to note our thanks to Dai Rees Jones as the Social Services Portfolio Leader for his leadership and unyielding support to the Service when planning and implementing the work programme. The news of his premature death was a shock to everyone and it is a great loss. His stamp can be seen as the improvement plans are submitted, and his support as Carers Champion was invaluable. He was challenging and supportive to us as staff and management team within the Service.

Finally, I wish to take this opportunity to acknowledge the commitment and hard work of all our staff, providers and partners to ensure that children, young people, vulnerable adults and their families receive the best possible services. This has been acknowledged and reiterated in many external inspections of the service over the years. I fervently hope that this report provides an image of the quality of the services we provide for the people of Gwynedd and conveys our commitment to continuous improvement.

Gwen Carrington
Statutory Director of Social Services
(Head of Housing and Social Services)
2. OUR PERFORMANCE DURING 2010/11

Despite the increase in demand and expectations of services, we can report that the service provided is safe and appropriate in the work field of children and adults. This was confirmed in internal and external inspections received during the year. In the 2009/10 report, four key fields to prioritise during 2010/11 were identified, namely:

1. Commissioning and developing services
2. The Workforce
3. Performance and resources
4. Partnership work and engagement

Therefore, the report will draw attention to our progress, successes and intentions against those fields.
Performace 2010/11

Having robust social care commissioning plans for the Department and Council is all important. The plans identify where the Department needs to spend its resources in response to the needs of Gwynedd people.

We were able to attract funding to create two new commissioning officer posts in order to strengthen the Department’s commissioning arrangements. The work of preparing commissioning plans has continued throughout the year. By now, the Older People, Learning Disability and Children and Families commissioning plans are in draft form and they will be finalised by Autumn 2011.

The Department has not managed to achieve its promises in full as the original timetable slipped. Also, the Management Team had to reprioritise the work programme as a result of an increase in the demand for children and families services during the year. Therefore, in order to mitigate risk, it was decided to give priority to the Children and Families commissioning plan. This has meant that the plan for people with physical and sensory impairments has slipped and this will be published in March 2012.
During the year, we collaborated with the Schools Service to submit a bid to the Welsh Government for a local residential short respite care provision. This was part of the funding bid to develop a new building for Ysgol Hafod Lon,Y Ffôr.

In addition, the service has managed to reach the target of 20 new foster carer registrations to provide respite care; this is the highest number across north Wales.

During the year, work was commissioned to identify the accommodation needs of young people who are leaving care. This has highlighted substantial shortcomings in terms of the availability and range of accommodation. A work programme to respond to the needs is being developed as part of the Children and Families Commissioning Plan and we will benefit from having housing officers within the Department.

Story of Dylan, 15 years old

Dylan was 15 years old and lived mainly on the streets with his mother who had a serious alcohol and drug problem. He was a young carer to his mother. There was real concern about his health. Dylan had been offered foster care on a number of occasions but he refused to leave his mother. When his mother was admitted to hospital, he was offered a period of respite care for a fortnight so that he could be cared for and have an opportunity to regain his strength.

Dylan agreed and he was placed with a couple who specialise in working with young teenage boys. After a fortnight, Dylan was more than happy to stay at the placement. Today, almost eight years later, Dylan is still there and he lives there independently within the home. The carers have worked hard with him to ensure that he has kept in close contact with his mother.

Dylan is now a second-year student on the Social Work course in Bangor University and he hopes to work with children and young people in the future.
According to what they tell us, the people of Gwynedd wish to live at home, independently, for as long as possible but with the necessary support when needed. Introducing services such as telecare and enablement has allowed us to increase the number of people who receive support at home.

What do the older people of Gwynedd tell us?

Of the 170 people who took part in the consultation only 1 said they would want to go into a care home!

“I want to live without help for as long as possible.”

“Services should not make you dependent – we can help ourselves and we should be given help to enable us to do this.”

“Independence is so important - we all want to keep our independence”

The quotes are real and come from consultation sessions with Gwynedd communities. The full report “First Hand – Community Engagement” (June 2010) is available via the Council website.

Action

“Building for the Future” and “Residential Care Strategic Review” schemes for older people

➢ Ensure that the residential and accommodation provision is fit for purpose and in accordance with the expectations of users.

➢ Improve the quality of care homes across the sector, including in the adults and learning disabilities field. This will involve a substantial capital investment.

Performance 2010/11

Older People

➢ Ensure that the residential and accommodation provision is fit for purpose and in accordance with the expectations of users.

➢ Improve the quality of care homes across the sector, including in the adults and learning disabilities field. This will involve a substantial capital investment.
Compared to the rest of Wales, Gwynedd supports many more in residential homes. Also, as a result of the increase in the number of people suffering from dementia, the need for nursing care has increased over the years. Considering the factors, the Council now acknowledges that it is not sustainable to have so many residential beds in Gwynedd. In response, the Council has approved Phase 2 of the Strategic Review of residential care, namely the need to reduce the number of traditional residential beds from 689 to 599 and to commission additional dementia provision. This has led to the Council’s decision to close Bron y Graig home, Bala and Bryn Llywelyn home, Llan Ffestiniog. The Council is also in the process of consulting on the future of Hafod y Gest, Porthmadog and work is underway to decide upon a suitable site in Porthmadog for Extra Care Housing.

The work of constructing Extra Care Housing in Bala has commenced and it is expected to be ready by April 2012. Agreement has been reached on a site in Bangor and a new construction plan has been created for Llan Ffestiniog. Confirmation of planning permission is expected during the summer 2011.

During the year, the provision for dementia sufferers was increased by changing the registration of the homes in Maesincla, Caernarfon and Bryn Blodau, Llan Ffestiniog. National praise was received for the quality of this provision - in terms of the suitability of the building, along with the skills and confidence of staff. New developments have also been seen within the independent sector in terms of dementia care, including in Caernarfon, Bontnewydd, Criccieth and Tywyn.
The Enablement scheme has now been mainstreamed within the service and is operational across the county. It is going from strength to strength and there are exciting plans to extend the scheme as part of the transformation programme for adult services. Our figures show that the number who receive care to live at home has reduced. Further analysis of the data is required; however, this is a sign of our success (by means of the enablement scheme), to support people over a short period of time to regain confidence and do things for themselves, so they can live independently without further support.

**What is Enablement?**

- Support to re-learn skills and boosts confidence to live independently
- Short term service in the home by a team of care workers
- Care, support and therapy to improve the individual’s ability
- Help to stay at home or return home from hospital or residential home.
Story of Mrs M, Dwyfor

Mrs M is 81 years old. After she was discharged from hospital following an operation, she received the Enablement service for six weeks. The workers came to the house to support her to gain confidence and assisted her so that she could do things for herself. She also received equipment such as handrails on the stairwells, in the bathroom and in the bedroom. By now, she does not need a home care service and she is able to live independently in her own home. She said “It (the service) has made a huge difference, I have more confidence now.”

“My brother and I were so please with all you did to help my father live at home for as long as possible.” Relative of a service user, adult service

Priorities

1 - Commissioning and Developing Services

Older People

SCA/002a The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over at 31 March

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The Telecare scheme is now a central part of the service and over 800 users (figures for May 2011), have received equipment to assist them to live independently. Five local authorities in north Wales (Anglesey, Gwynedd, Conwy, Denbighshire and Flintshire), have agreed to collaborate from a bilingual call centre. This will provide a more cost effective and robust service for the residents of Gwynedd.

Examples of Telecare making a difference to the lives of individuals are increasing. For example, an epilepsy sensor gives peace of mind to the carer of a young man with a learning disability or allows a young single mother to live with her child independently of her family. Also, three adults with learning disabilities are living independently without night support with the assistance of telecare.

What is Telecare?

System and equipment within the home which gives a warning if a person is in danger, sick or has a fall

Alerts to problems such as smoke, floods and gas, and reminds the person to take medication

Boosts confidence, helps people to live at home safely and gives assurance that assistance is available if required

Support and peace of mind for the individual, carers and families.
Story of Ms T, Arfon

Ms T is an adult who suffers from epilepsy. She receives Telecare services in order to safeguard her and enable her to continue to live independently with her 10 year old daughter.

She has the following equipment:

‘Lifeline’ – equipment within the house connected to the phone line, with calls going through to the call centre, Galw Gofal. Her daughter has received training and knows that she must press the trigger or the red button on the ‘lifeline’ if her mother has a fit or does not feel well.

Smoke alarm – connected to Galw Gofal and in the event of a fire, the officer who receives the call takes the appropriate steps and informs the Fire and Rescue Service if needed.

Epilepsy alarm – contacts Galw Gofal if she has a fit when she is in bed at night.

Absence from bed sensor – if she gets up during the night for a period of more than 20 minutes, the centre will contact her and take appropriate steps.

Medication administering equipment – She receives a reminder to support her to remember to take her medication. If she has not taken her medication, the Galw Gofal Service will receive a call after thirty minutes, and then they will respond by attempting to contact her and her family.

Ms T is very proud of her daughter and the Telecare service that gives them the freedom to live independently in their home and also gives peace of mind to her family and friends who live in the area.

As a result of using the service, Ms T and her daughter are able to live independently in the knowledge that assistance is at hand when required, and on the whole the service responds to her concerns.

“Before Christmas I was referred to Social Services as requiring some aid to help me to still live in my own house. For this I cannot thank you enough. HH came to visit me and she was so helpful and pleasant and within ten days I had been supplied with equipment which at the moment has changed my life!”

Service User, Adult Services
During the year, successful events were held with the service users, their families, carers and providers based on Results Based Accountability in order to secure a planning basis for the future. Gwynedd Social Services are committed to introducing a new model of day care, subject to the approval of members during 2012. We intend to increase the support available in the community.

The Brokerage scheme was introduced in September 2010. The scheme has been very successful. The scheme has led to the establishment of a central team that is responsible for arranging home care packages with providers. It has meant a more effective response to every request for home care and has freed up the time of social workers who previously arranged care packages. The development has also been an effective way of managing and developing the home care market, e.g. the percentage of the independent sector provision has increased from 7% to 25% in Meirionnydd over the year. By February 2011, the new procedure had brought a saving of £132,000 to the Council, without cutting the services to the people of Gwynedd, but by means of changing the working arrangements and more effective commissioning.
The work of reviewing accommodation for people with learning disabilities has identified that a number of houses used to enable them to live independently in the community are unsuitable. A part of the long-term strategy is to work with the Housing Partnership to identify the type of accommodation that is most suitable and to assist current tenants and future tenants to secure an appropriate tenancy.

In November 2010, the Council agreed to a process of formal consultation regarding the closure of two hostels (Pant yr Eithin, Harlech and Tan y Marian, Pwllheli). A recommendation relating to their future will be made to the Council in June 2011. The work programme has included working with prospective investors to develop the accommodation sites in order to secure modern and suitable accommodation.

The work of reviewing the care that people with learning disabilities receive has been completed successfully. A total of 120 cases were reviewed; the work has enabled us to make better use of resources and has contributed important information towards the future commissioning plans. Also, the work has led to greater consistency, without having a negative impact on users.
During the year, a workforce sub-group was established which is accountable to the Social Services Management Team. It includes representation across the Department and input from the Corporate Human Resources team. The aim and purpose of the group is to plan for securing a sufficient workforce with suitable skills and experience at the right time.

The objectives are as follows:

1. Identify our existing workforce across the entire care sector
2. Identify the number of employees required in the future
3. Identify the skills that the workforce of the future will need and develop the skills of our existing workforce
4. Promote staff recruitment and retention processes

It is premature to see the effect of establishing this group at present. It will respond to the Department’s commissioning plans by planning and ensuring a suitable workforce to meet the needs of the people of Gwynedd.
A report by the Human Resources Department noted that staff had reported that they were under pressure. The workforce sub-group is responsible for ensuring sufficient support for staff and planning to respond to these issues. The flexible working pilot scheme has been introduced in Meirionnydd and staff are reporting that it is successful, as it means that they are able to spend more time out in the field.

Training is an important element of supporting and skilling staff across the entire care sector. A comprehensive programme is being provided for the entire care sector, e.g. courses on leadership and management, dementia awareness, safeguarding children and activities for carers.

It is a requirement that every member of staff is supervised regularly by their line manager. Unfortunately, it was not possible to undertake an audit of the supervision arrangements during October 2010. The Management Team made this decision as a result of the need to prioritise other work programmes. An agreement is in place to introduce arrangements to measure compliance with supervision within the Services for 2011/12.

We are proud to report that a number of our staff members were nominated for an award as recognition of their work at the ‘Council at its Best’ awards ceremony. This includes the Specialist Children’s Service Social Work Team, Manager and staff of Bryn Blodau Home and Children’s Service Project Officers. Lis Jones, Senior Practitioner – Children and Families Social Work, won the award for Respect – respecting our people, our language and environment.
Considerable difficulties have been experienced in the past in terms of recruiting home carers in Meirionnydd. By now, the home care provision has increased and the situation has vastly improved as noted in Priority 1.

The need to review the Department’s administrative arrangements was highlighted in order to improve consistency. Examples were seen where some teams did not have an administrative resource and where large teams had only one administrative officer. The first step of the administrative review has been completed; however, there is further work to be done in 2011/12.
**Performance 2010/11**

Accurate data enables us to monitor quality, improve services and plan services for the future. A WAO audit reported in 2009/10 that the service data was unreliable; the service has now managed to respond successfully to the recommendations made. The process of ‘cleaning’ data within our electronic system (RAISE) has continued throughout the year, thanks to the creation of new Data Officer posts. We are certain that the accuracy of our data has improved, but acknowledge that further work is required during the coming year.

Our method of recording information electronically has generally improved. By now, the adult field can input information regarding assessments, care plans and carer assessment information into RAISE.

In terms of the children and families service, there is a statutory requirement to conform to the requirements of the Integrated Children System (ICS). This is a framework and process for working with children and families in need and social services and partner intervention must be recorded on the system. The Department has redirected resources during the year to focus on the system and the programme is ongoing.
Last year, it was reported that there was a need to improve the way that managers and staff present information regarding their performance. By now, it is expected for every manager and senior manager to present quarterly monitoring reports on behalf of their service. It is also a requirement to report on a quarterly basis on progress against our business plans and performance indicators. The Management Team holds a quarterly monitoring meeting to scrutinise and challenge the progress of services and we report to Elected Members every six months by means of the scrutiny committees’ procedure.

We identified the need to improve how we manage our resources and report on expenditure. Following restructuring within the Department, we have created the post of Financial Resources Manager with an overview of the Department’s budgets and expenditure. Also, we have established a finance sub-group (under the Management Team), responsible for identifying risks and monitoring the Department’s finances. By now, our arrangements have improved and we have managed to control expenditure up to 0.2% of the budget set for 2010/11.

We have managed to meet our savings targets for 2010/11 and identified our programme of action for 2011/12. Plans are in hand to meet the savings targets of 2012/13 and business cases are being prepared that will confirm the fields in which we will make savings from 2013/14 onwards.
The Specialist Children’s Service is a comprehensive service for children and young people who are sick or disabled. It is provided jointly between social services, health and education. Work is taking place to establish it formally as a multi-agency service by means of a legal agreement, and the service will be re-launched in 2012.

The Adult Services are provided in multi-agency teams that are jointly planned and delivered with Betsi Cadwaladr University Health Board (BCUHB). The new Area Teams in Meirionnydd, Dwyfor and Arfon also include formal arrangements with the third sector. Also, after some delay, agreement was received from BCUHB to sign a formal Agreement (Section 33) for Learning Disabilities Services.

Our ability to proceed with formal arrangements with Health have also continued to be affected by the reorganisation within BCUHB. These issues have been discussed openly and constructively with our colleagues in Health, and we are certain that we will be able to press on with work programmes in 2011/12, including intermediate care, respite care and dementia services.

It is essential that our partners and stakeholders are included in the process of planning and commissioning services. During the year, consultation events have been held across a number of services fields by using the Results Based Accountability (RBA) method. This method assists us to ensure that the agreement is based on results that are to be achieved for users. For example, third sector organisations were included in consultation events to decide on the future of telecare services.
Partners noted during the ‘Challenge Day’ that they were unclear about the direction and vision of Gwynedd social services and what role the sector will fulfil in terms of providing services for the future. The proposed commissioning plans will set a direction for specific work fields and we will ensure that we raise our partners’ awareness of this during the year. Partners have also been included in the work of developing the commissioning plans, in particular through the Service Improvement Groups.

The Department has established an Engagement Group that is responsible for leading on the Department’s engagement and communication work to support the process of managing change. We held a successful conference in November 2010, ‘Adult services are changing’, in order to raise the awareness of partners and stakeholders of the direction of services for older people in Gwynedd. We will hold a further conference for the learning disabilities field during the year.

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**Story of Bethan, 17 years old**

When I first met my Key Worker, I was living at home with my family. I was receiving support from the Specialist Children’s Service and had a Social Worker who made a referral for a Key Worker. I was nearly 18 years old at the time, and planning to move out of home. I would soon be having a new Social Worker from Adult Services. I wanted a Key Worker to help me plan for the future and help me start a new life. I wanted someone to listen to me.

My Key Worker has spent time with me so that we can get to know each other, and we have started working on my Person Centred Plan which I have chosen to do in a scrapbook. I have a One Page Profile for home and for college, which show what is important to me and how I want to be supported. In the past few months since my move to my new home, things have not always been working out for me. My Key Worker has supported me to change things, by arranging meetings and making me central to them. She helps prepare me for meetings and explains clearly what they are about and what we are trying to achieve. Due to these meetings, I now have an agreement in place with the staff at my new home, which helps keep me safe.

Another matter my Key Worker has helped me with is finding out about getting my provisional driving licence and learning to drive. This is something that is important to me for the future. I would really like to be able to drive. I am happier because I have someone who spends quite a bit of time with me. She listens to what I want to say to her. I feel that meetings are easier to understand and I can be more involved with them.
Our arrangements have improved in general, but there is further work to be done. A ‘Speak Out’ session is being held with looked after children on a regular basis in order to discover their views regarding issues affecting them.

The group has also worked on developing and planning a booklet for looked after children. Work is also underway to discover children’s views regarding case conferences, with the aim of improving the experience for them.

A ‘Family Celebration Day’ was arranged by Specialist Children’s Services this year with over 75 families having the opportunity to participate. It is not only a day for disabled children and their families to come together to have fun by playing and participating in arts and crafts workshops, but also an opportunity for parents to ask the staff questions, and the Service to collect information and comments about the service provided.

During the year, we held a series of interviews with home care users to discover their views on the quality of the provision. On the whole, the feedback was positive and the issues requiring attention were discussed with the individual providers. A series of further interviews were held with enablement and telecare users; the feedback was very positive and almost 100% were happy with the service and they felt that it had made a difference to their lives.

We have also commissioned Age Cymru to lead on the ‘Dignity in Care’ scheme. Currently, they are holding a pilot scheme in residential homes and individuals’ homes (home care), and the scheme’s aim is to discover the views of users on the quality of services, independently of the service.
A ‘user feedback report’ is created on a quarterly basis, which includes information on complaints, comments and expressions of gratitude. It is scrutinised by the management team in order to identify what is to be learnt and what could be done to improve services. The number of complaints is consistent with the number received last year, but we acknowledge that there is a need to improve the timetable for responding to complaints (10 statutory days). Training for frontline staff on dealing with complaints, including Council residential homes, has been held during the year and we will be holding specific training for managers this year with the aim of encouraging a culture of welcoming complaints and seeing them as an opportunity to improve services.

Council has funded the Planning for Older Carers of People with Learning Disability Scheme for two years, up to March 2011. Below is a comment from a carer on the impact of the scheme on a specific situation.

"We would like to be able to meet up with parents, of children with the same disability, to share our experiences. We want to learn from others, who are going through the different stages in life, talking to others would help me eliminate built up emotions, WORRIES, of living with a person with a disability". Comment from parent who attended the Specialist Children Services Family Day

“Just a few words to thank you very much for all the support we have received from you in this very early stage with (name). I am delighted to say that the panel had approved the request to (name) go to (name of scheme supporting people with learning disability). He loves it there and has come out of himself. He is not the same since going there. If it weren’t for you I do not think we would have reached where we have. Once again thank you." Comment by carer
“My son has cerebral palsy and profound mobility problems; when he came to live with me, aged 18, we struggled to manoeuvre a wheelchair around a small bedroom and narrow doors. I contacted our occupational therapist who came and assessed the bungalow for accessibility, safety and ease of caring and decided that the bungalow needed adaptations. Following several meetings involving Care and Repair, the occupational therapist, a physiotherapist, a council grant specialist and myself, it was decided that we would apply to the council for a maximum grant and redesign two bedrooms to create a new accessible bedroom and en-suite bathroom for David.

The grant covered the cost of building work and a track and hoist which enables David to be transported from this bedroom to the bathroom. The specialist bath is filled with water and then rises to immerse the user, who is secured on a platform. This is not only extremely safe and secure for David but is very carer friendly too, preventing minor (or major) injuries to the carer. New floor to ceiling doors were fitted between the bedroom and bathroom, and a new fire door provides access to the new ramping outside the bungalow. All the doors which David needs to use were widened and full accessibility was ensured for the wheelchair.

David feels happy, safe and secure and sleeps well after relaxing in the bath, and I would like to thank the whole team for the massive support we received.” Comment by Carer
3. OUR FINANCIAL POSITION

Our budget

This is a very challenging period for all involved in providing public services. The level of funding available to Local Authorities is shrinking due to the recession along with higher demands for services in light of the squeeze on individuals and families. Social Services is responsible for the expenditure of £53.7m, which accounts for 24.5% of the Council's finances. Despite the Council’s investment to maintain and develop key services it is inevitable that the Service must identify savings and respond to the challenge. An additional investment of £1.713m to the Service’s funding was given on the basis of the evidence of higher requirements for services. Steps were also taken to review our budgets, verifying between budgetary headings as necessary in order to respond to priorities such as placements for children in care.

The success in strengthening the department’s financial management continues, and at the end of 2010/11, expenditure was within 0.2% of the budget. The creation of the Financial Resources Management Unit during the past year has strengthened the capacity of the Department to be able to support managers in managing and understanding their budgets, and we hope that this encouraging performance can be maintained. This Unit is also responsible for the financial processes of those who pay for their care. The Client Asset Management Unit is responsible for £3.5 million of client assets.

Another step being taken to strengthen financial management is the development of a tool for mapping commissioning intentions, in terms of service units and the amount of the proposed budget to be spent on different categories of service. Since a very high proportion of Social Services’ expenditure goes on provision for service users, this device should strengthen further our understanding of our spending and our ability to manage budgets in conjunction with managing activity and performance.

Obvious examples exist where efforts over the past year have proved how reviewing practice and decisions about care packages have had a positive impact on our financial position. An obvious example is in the field of learning disabilities - the figures for 2010/11 show how breaking the pattern of significant overspending that had existed for some years was achieved.

Cuts and Savings

Since the beginning of 2011/12, the grant money we receive is much lower than last year. The Collaboration Grant came to a complete halt, while the Performance Management Development Fund grant was cut by about 50%, down to £113,000. Social Services has successfully overcome the risks arising from the loss of this money by:
1. securing funding through the Council’s annual bidding process (worth £1.713m)

2. working in a more efficient way - eg. by meeting development needs / supporting information technology with internal human resources within the Council, rather than paying for specialist consultants.

Due to the share of the Council’s budget which is managed by Social Services, the efficiency savings targets faced are large and challenging. The Service is expected to make efficiency savings of £316,500 over the next year. The work programme also involves ensuring appropriate plans for the years 2012-15 are equivalent to £2.375m.

One of the main priorities for the Department at present is to decide how it intends to meet this target, and it is currently undertaking research and preparing business cases, prior to submitting more definite intentions to be discussed corporately and with elected members. Among the ideas are:

1. place expectation on providers to achieve efficiency savings
2. review care packages
3. review how we commission, and the sectors we are commissioning from.

The challenge over the next year

There are many challenges facing us over the next year. As has been outlined above, we have challenging plans to make significant savings, and the challenge of finding additional savings. We also have the challenge of maintaining our success to keep very close to our budget level.

In terms of specific issues on the horizon that could destabilise our financial position, it is intended to give specific attention to the following factors:

1. National Commissioning Framework implications and the statutory expectations of fee setting
2. the emerging trend of increased numbers of notifications and referrals in the area of Children
3. the massive impact of transformation projects on the nature of our provision and nature of our markets, and the need to keep a close eye on the impact on our budgets and expenditure patterns.

Over the past few months, we have strengthened our internal capacity to deal with such challenges, and intend to take additional steps (such as strengthening the capacity of commissioning and procurement) in the near future, in order to ensure that we respond wisely and proactively to the financial environment around us.
4. OUR PRIORITIES FOR 2011/12

Gwynedd Council’s Three Year Plan is a strategic plan that summarises the improvement objectives that the Council will address over the next three years. Within this plan Social Services priorities have been identified and have received corporate and political support for the next three years. These have also been reconciled with the Department’s business plans for the year. The Council’s emphasis has been on ensuring positive outcomes for our citizens and the Results Based Accountability procedure. Consultation sessions with the Council’s partners were held during the development and agreement of the strategy.

Priorities can be summarised as follows:

• Act on commissioning schemes with particular reference to the residential area of older people, learning disability and children and young people

• Increase range of provision of community care and financial efficiency through our partnership working across the care sector and regional programme

• Continue to improve performance measures and evidence on the quality of provision across the Service

For more information you can contact us for a copy of the relevant business plan, see details on page 35.
5. THE FUTURE

The main priority for the Service is to keep people of every age group safe and to respond appropriately when individuals are facing a risk.

The demographic changes result in an increase in the demand for services year on year. The services have been planning and responding to the demographic changes for some years. Although there are common issues between the Children and Adult Services, different patterns were highlighted during the year.

The effect of the recession on our communities was seen this year with an increasing number of children and families being referred; 5,042 referrals compared to 4,205 in 2009/10. From the information to hand, this pattern is common across the United Kingdom. An increase was seen in numbers, but also in the intensity of issues brought to the attention of the Service.

Higher demands were responded to in some work areas and fields. It was decided to move a senior practitioner from the Meirionnydd children and families Service in order to strengthen the Arfon arrangements as a result of a substantial increase in cases. By giving priority to ensuring that frontline services were safe, slippage was seen in some targets in terms of specific timescales.

Within the children field, an increase was seen in the number of disabled and sick children who wish to receive a service. Not all sick or disabled children meet the service’s criteria and the service has found it difficult to cope those who meet the criteria. During the year, the procedure of providing support services had to be changed and group sessions rather than individual sessions were introduced in order to ensure that the service was able to offer a service to those who were eligible, within the resources available. This was welcomed by some, but it was not suitable for everyone.

The pattern regarding the demand for services is an interesting one which shows the success of a number of our preventative programmes in the adult field on a community level. Despite the increase in the number of adults who reach 70 years of age, fewer were referred directly to the attention of the
service. This is evidence that more individuals manage to live healthier for longer with support in the community. We intend to strengthen preventative arrangements in the community in order to maximise these opportunities.

The need for specialist services in the dementia field is increasing and the provision profile must be changed as a matter of urgency; this is one of the main objectives of the review of residential care services.

The review of the learning disability field has shown that the service has been providing services to those who fall outside the threshold for access to services on occasions. Nevertheless, it is acknowledged that a number of these individuals are in need and that they benefit from the services received. This practice has identified the need for the Council and society to consider how to ensure opportunities, and opportunities for individuals, within mainstream services rather than referring to specialist services.

Thus far, across the children and adult services, the Service has managed to maintain the current criteria without making it more difficult for individuals and carers to gain access to services. However, the high number that continues to come to the attention of the Service and who are not eligible for service is cause for concern.

As noted in “Sustainable Social Services”, Social Services have a key role to play in influencing the services provided and commissioned by the Council; however this is not the sole responsibility of Social Services. If we wish to secure sustainable services for the future, consideration must be given to how to increase access for vulnerable individuals to all Council services.

To summarize, this has been a very challenging but successful year for Social Services in Gwynedd. It has been borne out that the direction set last year was correct and firm and we have been able to respond positively to the challenges faced during the year. There is much more to do, and experiences this year bear witness to the need and capability to achieve more. The measure of our success next year is how our plans are implemented in a co-ordinated way across the Council and in partnership with the care sector and the citizens of Gwynedd.
6. HOW TO PRESENT COMMENTS AND CONTRIBUTE TOWARDS IMPROVING OUR SERVICES?

We welcome your feedback and questions regarding this report. We also welcome suggestions on how to improve our services, along with any complaints or compliments.

For more information or to offer comments on this report contact:

Customer Care and Information Unit,  
Housing and Social Services Department,  
Gwynedd Council, Shirehall Street,  
Caernarfon, Gwynedd LL55 1SH,

✉ gcgc@gwynedd.gov.uk ☎ 01286 679268
A vision statement takes into account the current status of the organisation, and the direction of where the organisation wishes to go.

User engagement means involving service users, partners and the public in planning and evaluating services and decision making. It is a management tool for making services more accountable for their performance, starting with what outcomes we want for the user. It provides a focus on improving services for communities and users by using measures that can be measured. Involving users, families and partners in the process is key to this method of working. The important questions of “whether anyone is better off?” as well as just “how much are we doing and how well we are doing it” are asked to measure service performance. The RBA tool has been used successfully in over 40 states in the USA, Australia the Netherlands, Ireland and Chile.

The Joint Review is a joint inspection every 5 years of social services (by CSSIW and WAO). Joint Reviews provide an independent assessment of how well the public is being served by social services locally. The reviews identify what authorities do well, and highlight those areas that could be improved.

A Programme Board’s main role is ensuring delivery of a specific programme and identifying and solving issues which affect and obstruct achievement of the programme. Gwynedd Council have established 6 Programme Boards to ensure delivery of its main priorities. A Vulnerable People Programme Board has been established in order to deliver on the Council’s key priorities which affect this particular group. The Head of Social Services is responsible for this Board.

Elected Members have a duty to the whole of the County but have a special responsibility to their constituents in dealing with local issues. Some elected members undertake additional responsibilities and duties to ensure the Council’s decisions are met.

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**Appendix 1 - Glossary of terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>CSSIW</td>
<td>Care and Social Services Inspectorate Wales</td>
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<tr>
<td>WAO</td>
<td>Welsh Audit Office</td>
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<tr>
<td>Vision</td>
<td>A vision statement takes into account the current status of the organisation, and the direction of where the organisation wishes to go.</td>
</tr>
<tr>
<td>Engagement</td>
<td>User engagement means involving service users, partners and the public in planning and evaluating services and decision making</td>
</tr>
<tr>
<td>Results Based Accountability (RBA)</td>
<td>It is a management tool for making services more accountable for their performance, starting with what outcomes we want for the user. It provides a focus on improving services for communities and users by using measures that can be measured. Involving users, families and partners in the process is key to this method of working. The important questions of “whether anyone is better off?” as well as just “how much are we doing and how well we are doing it” are asked to measure service performance. The RBA tool has been used successfully in over 40 states in the USA, Australia the Netherlands, Ireland and Chile.</td>
</tr>
<tr>
<td>Joint Review</td>
<td>The Joint Review is a joint inspection every 5 years of social services (by CSSIW and WAO). Joint Reviews provide an independent assessment of how well the public is being served by social services locally. The reviews identify what authorities do well, and highlight those areas that could be improved.</td>
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<td>Programme Board</td>
<td>A Programme Board’s main role is ensuring delivery of a specific programme and identifying and solving issues which affect and obstruct achievement of the programme. Gwynedd Council have established 6 Programme Boards to ensure delivery of its main priorities. A Vulnerable People Programme Board has been established in order to deliver on the Council’s key priorities which affect this particular group. The Head of Social Services is responsible for this Board.</td>
</tr>
<tr>
<td>Portfolio Leader</td>
<td>Elected Members have a duty to the whole of the County but have a special responsibility to their constituents in dealing with local issues. Some elected members undertake additional responsibilities and duties to ensure the Council’s decisions are met.</td>
</tr>
</tbody>
</table>
are robust and transparent; these additional duties can include responsibility over specific services.

The Children Act 1989 is designed to help keep children safe and well and, if necessary, help a child to live with their family by providing services appropriate to the child’s needs. The Act imposes a general duty on local councils to provide a range of services to 'children in need' in their area if those services will help keep a child safe and well. A 'child in need' may be…:

➢ disabled
➢ unlikely to have, or to have the opportunity to have, a reasonable standard of health or development without services from a local authority; or
➢ unlikely to progress in terms of health or development; or
➢ unlikely to progress in terms of health or development, without services from a local authority.

An Initial Assessment is a brief assessment of a child’s circumstances following a referral to Social Services; the purpose of the assessment is to gather more information. An Initial Assessment is done when a referral to a Local Authority indicates that a child may be in need of services provided by Social Services. An Initial Assessment will determine if a child is in need, what services would assist the child and whether a more detailed Core Assessment needs to be undertaken.

A core assessment provides a structured, in-depth assessment of a child or young person’s needs where their circumstances are complex. It allows for social workers to record information gathered from a variety of sources to provide evidence for their professional judgments, facilitate analysis, decision making and planning.

POVA Protection of Vulnerable Adults
SSIA Social Services Improvement Agency
ICS Integrated Children’s System
Providing services across the county.

Number of referrals and notifications to children’s services by ward in 2010/11

Number of older people (over 65) who received help to live at home by ward in 2010/11

The nature of the County’s population varies from area to area. We can see that the percentage of young people in the North of the County is higher than the rest, and also that there are ‘hotspots’ of older people in areas such as Llanbedrog and Llan. Our clients are across the county, but the above map shows that the demand for our services is higher in some areas of the County. The population in the County also varies, younger in the North and older moving South and West, which obviously affects how we design and deliver our services.
Appendix 2 - Summary of Performance Indicators

General Performance

**Adult Indicator Performance 2010/11 - Number Improved / slipped**

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<thead>
<tr>
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<th>Improved</th>
<th>Slipped</th>
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<td>6.00</td>
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<td>4.00</td>
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</table>

**Children Indicator Performance 2010/11 - Number Improved / slipped**

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<tr>
<th></th>
<th>Improved</th>
<th>Slipped</th>
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<tr>
<td>10.00</td>
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<td>11.00</td>
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</table>

We can see that Adult performance has generally improved across the indicators with 6 improving and 4 slipping. Of the 4 slipping:

**Reviews:** This has slipped due to re-prioritising of work due to officer sickness. In this light, the service had anticipated a decrease in performance in excess of the 5% drop actually measured.

**People helped to live at home (3 indicators)** - See page 5 for an explanation of this complex area.

2010/11 has been a challenging year for the Children and Families Services, but nevertheless there is evidence of maintaining high standards in a number of core areas and improvement of performance in a number of strategic indicators in spite of the significant increase in demand for services this year.

The service has managed to meet this increase although staffing levels have remained stable, and we can see that the vast majority of the indicators have shown improvement this year.
Appendix 2 - Summary of Performance Indicators

**Adults.**
We continue to perform below the Welsh average in more than half of the indicators, but performance is improving.

We can see that only two indicators have failed to meet their internal targets for improvement. Of the 5 indicators that are worse than Wales, 3 have shown improvement this year. Again, the two sliding are:

**Reviews.** It is acknowledged that the reviewing of cases, in particular within the field of Older People, has been difficult. Strong efforts were made during 2009/10 to address this deficiency and this was successful. We achieved 67% of reviews. It was disappointing to see that the number had dropped to 62% for the year 2010/11. The reason for this is due to the staffing situation within Adult Services.

During 2010/2011 Adult Service experienced challenges due to long-term illness and retirement of senior managers within the structure. Others had to try to address the gaps, and although we have managed to maintain services there is no question that this has hampered our ability to carry out reviews of services.

There is a need to review the work of the Advice and Assessment Team to ensure that best use is made of resources.

**People we help to live at home** at the end of the year - See page 5 for an explanation of this complex area.

**Page 15** has an explanation of the Traffic Light – Red/ Amber/Green system used in these graphs.
Appendix 2 - Summary of Performance Indicators

The demand on Adult services.

Delayed transfer of care due to social care reasons (DToC): During 2010/11 the service reached the DToC target hitting 7.84 which is slightly below the expected number of 7.87. It can be seen that the performance has improved over the year with a number of 13 in April 2010 reducing significantly to 6 by March 2011.

The service is of the opinion that the commissioning of two residential units for people with dementia in Meirionydd, Bryn Blodau and Llys Cadfan, has been one of the main reasons that this change has occurred. Historically, the lack of specialist residential placements has been a factor in our ability to discharge from hospital. Due to the lack of choice many families found it difficult to decide on a suitable placement.
Helping people to live independently.

Note that performance in the number of people we have helped to live at home has fallen significantly since last year, but the story behind the performance of this is complex. The numbers that we support to live in care homes has fallen again this year, and panels have been established for access to residential care. Factors which can effect this are the:

- Enablement Plan
- Telecare (need level 3 / 4 out of the total)
- Data cleansing issues

Note that the way the indicator is measured differently this year, telecare is excluded and data cleanliness issues highlighted by the Wales Audit Office have been resolved.

Note that the performance is expected to fall in line with reduced dependency on services.

The number of clients receiving services through the year fell less than expected because people are in the system for less time. Further analysis work is needed on the results of this year (i.e. it may be expected to show a similar pattern on the financial side as well).

Note as a comparison with Wales the numbers of clients we help to live at home, we are about average, although our population is much lower than average. Therefore, although the indicator, which shows the performance in one particular way, fell significantly, we can see that our performance has fallen, but by reducing dependency we can look at this as improvement. Further work is require in order see why this has fallen, have results for the client improved, and do people have the opportunity to live more independent lives with less reliance on social services.
Child Service Performance

Children's Service Internal Indicator Performance
2010/11 against Internal Targets

Children's Service Indicator Performance 2010/11 against Wales (2009/10)

From the graphs above we can that children’s services have met their targets for over half of their indicators. Only less than a quarter of the indicators failed to meet their targets.

If we compare the performance of Children's Services in Gwynedd with Wales, we can see that two out of every three have performed comparatively, or better than the Welsh average. Again, only less than a quarter of all indicators performed well below the average.

Page 15 has an explanation of the Traffic Light – Red/ Amber/Green system used in these graphs.
Appendix 2 - Summary of Performance Indicators

Referrals / notifications 2010-11:

- **3899** Includes referrals and notifications assigned to team
- **1143** Notifications for information only
- **5042** Total contacts received in the year

The number of referrals received during the year excludes all notifications received for information only. This differs from previous years where all referrals and notifications were included. On the basis of previous year’s calculation there was a 20% increase in the number of referrals and notifications received in 2010-11 when compared with the previous year. If we compare 2010-11 against 2006-07 we can see an increase of 91% in the number of referrals and notifications received.

The percentage of referrals during the year on which a decision was made within 1 working day

The percentage of referrals where a decision was made within 1 working day is 83.4%, this was lower than last year’s performance of 99.7% (5th highest throughout Wales). This includes referrals and notifications which were assigned to team. The performance for this indicator, based on referrals only was 91%
The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by the Social Worker.

Performance for this year is lower at 64%. Two contributing factors are the increase in demand which resulted in an increase of 34% of initial assessments compared to the previous year. There was also a proportional increase in the number of Brief Initial Assessments completed in the year (child is not seen). Therefore if we exclude Brief Initials from the indicator the performance is 94%

The percentage of initial assessments completed within 7 working days

Performance in 2010-11 was 47%. The increase in demand has resulted in more Initial Assessments completed during the year - an increase from the previous year of 34%. The service has managed to complete a higher number of assessments without any additional staff capacity.
Appendix 2 - Summary of Performance Indicators

The percentage of children looked after at 31 March who have experienced one or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.

Performance for this indicator continues to improve as fewer children were required to change school. 45% of the changes were regarded by the service as a positive change for the child.

The percentage of first placements of looked after children during the year that began with a care plan in place

There were 36 new placements for looked after children during 2010-11, all of which had a care plan in place at the start of the placement. Performance has remained consistent at 100% during the last 4 years.
Appendix 2 - Summary of Performance Indicators

The percentage of children looked after on 31 March who have had three or more placements during the year

175 children were looked after at 31st March 2011, 14 of which had three or more placements during the year. The performance for this indicator has remained lower than the Family and Welsh average at 8%.

The percentage of required core assessments completed within 35 working days

The number of core assessments completed within 35 working days has increased by 4% from last year. Performance of this indicator has also improved in 2010-11 at 68.5%
Appendix 2 - Summary of Performance Indicators

The percentage of child protection reviews carried out within statutory timescales during the year

The number of reviews completed in the year has increased by 29% from the previous year. 13 reviews were not held within the statutory timescale - a number of which were beyond the control of Social Workers. The performance has remained high at 94% even though the workload has increased.

The percentage of initial core group meetings due in the year which were held within 10 working days of the initial child protection conference

The number of initial core group meetings held during the year has increased by 14% from the previous year. 12 core group meetings were held after 10 working days. Performance has increased to 87.1% this year and is higher than the Family and Welsh average for 2009-10.
Appendix 2 - Summary of Performance Indicators

The percentage of looked after children reviews carried out within statutory timescales during the year

361 reviews were carried out during 2010-11 - an increase of 5% from the previous year. Performance has remained consistent for the last two years at 74%. The service aims to improve the performance of this indicator for 2011-12.

The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations.

The number of statutory visits has increased by 7% from the previous year. Performance was slightly lower in 2010-11 than previous years at 78%.
### Appendix 2 - Summary of Performance Indicators

#### Further Information –Adults’ Indicators

<table>
<thead>
<tr>
<th>Adult National Indicator</th>
<th>Gwynedd 2010/11</th>
<th>Wales 2009/10</th>
<th>RAG v Wales 0910</th>
<th>Gwynedd 2009/10</th>
<th>Trend</th>
<th>Target 2010/11</th>
<th>RAG v Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over <strong>STATUTORY</strong></td>
<td>7.84</td>
<td>6.13</td>
<td>R</td>
<td>7.87</td>
<td>↑</td>
<td>7.87</td>
<td>G</td>
</tr>
<tr>
<td>The rate of older people (aged 65 or over) helped to live at home per 1,000 population aged 65 or over <strong>STATUTORY</strong></td>
<td>60.47</td>
<td>86.69</td>
<td>R</td>
<td>107.64</td>
<td>↓</td>
<td>107.64</td>
<td>R</td>
</tr>
<tr>
<td>The rate of older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over <strong>STATUTORY</strong></td>
<td>26.72</td>
<td>21.75</td>
<td>R</td>
<td>28.47</td>
<td>↑</td>
<td>28.47</td>
<td>G</td>
</tr>
<tr>
<td>The percentage of clients who are supported in the community during the year, in the age groups: a) Aged 18-64</td>
<td>96.13%</td>
<td>94.16%</td>
<td>G</td>
<td>95.63%</td>
<td>↓</td>
<td>96.50%</td>
<td>A</td>
</tr>
<tr>
<td>The percentage of clients who are supported in the community during the year, in the age groups: b) Aged 65+</td>
<td>84.20%</td>
<td>83.80%</td>
<td>G</td>
<td>86.81%</td>
<td>↓</td>
<td>85.00%</td>
<td>A</td>
</tr>
<tr>
<td>The percentage of clients with a care plan at 31 March whose care plans should have been reviewed that were reviewed during the year</td>
<td>62.70%</td>
<td>71.50%</td>
<td>R</td>
<td>67.40%</td>
<td>↓</td>
<td>55.00%</td>
<td>G</td>
</tr>
<tr>
<td>Of the adult protection referrals completed during the year, the percentage: (iii) Where the risk has been removed or reduced</td>
<td>63.64%</td>
<td>69.40%</td>
<td>R</td>
<td>63.64%</td>
<td>↑</td>
<td>63.00%</td>
<td>G</td>
</tr>
<tr>
<td>a) The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year</td>
<td>100%</td>
<td>81%</td>
<td>G</td>
<td>100%</td>
<td>↑</td>
<td>90.00</td>
<td>G</td>
</tr>
<tr>
<td>b) The percentage of carers of adults who had an assessment or review of their needs in their own right during the year</td>
<td>72.08%</td>
<td>43.8%</td>
<td>G</td>
<td>48.7%</td>
<td>↑</td>
<td>100.00</td>
<td>G</td>
</tr>
<tr>
<td>c) The percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service</td>
<td>44.03%</td>
<td>46.6%</td>
<td>A</td>
<td>43.7%</td>
<td>↑</td>
<td>50.00</td>
<td>R</td>
</tr>
</tbody>
</table>
## Appendix 2 - Summary of Performance Indicators

### Childrens’ Indicators (statutory and ones that the service have prioritised).

<table>
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<tr>
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<tbody>
<tr>
<td>The percentage of children looked after at 31 March who have experienced one or</td>
<td>19.5%</td>
<td>13.08%</td>
<td>R</td>
<td>22.8%</td>
<td>↑</td>
<td>20%</td>
<td>G</td>
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<td>more change of school, during a period or periods of being looked after, which</td>
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<td>were not due to transitional arrangements, in the 12 months to 31 March.</td>
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<td>The percentage of young people formerly looked after with whom the authority is</td>
<td>100.0%</td>
<td>95.14%</td>
<td>G</td>
<td>90.0%</td>
<td>↑</td>
<td>80%</td>
<td>G</td>
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<td>in contact at the age of 19.</td>
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<tr>
<td>The percentage of young people formerly looked after with whom the authority is</td>
<td>88.2%</td>
<td>92.74%</td>
<td>A</td>
<td>77.8%</td>
<td>↑</td>
<td>90%</td>
<td>A</td>
</tr>
<tr>
<td>in contact, who are known to be in suitable, non-emergency accommodation at the</td>
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<td>age of 19.</td>
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<tr>
<td>The percentage of young people formerly looked after with whom the authority is</td>
<td>47.1%</td>
<td>49.19%</td>
<td>A</td>
<td>33.3%</td>
<td>↑</td>
<td>80%</td>
<td>R</td>
</tr>
<tr>
<td>in contact, who are known to be engaged in education, training or employment</td>
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<tr>
<td>at the age of 19.</td>
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</tr>
<tr>
<td>The average external qualifications point score for 16 year old looked after</td>
<td>188</td>
<td>152</td>
<td>G</td>
<td>129</td>
<td>↑</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>children, in any local authority maintained learning setting</td>
<td></td>
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</tr>
<tr>
<td>The percentage of first placements of looked after children during the year that</td>
<td>100.0%</td>
<td>92.28%</td>
<td>G</td>
<td>100%</td>
<td>↑</td>
<td>100%</td>
<td>G</td>
</tr>
<tr>
<td>began with a care plan in place.</td>
<td></td>
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<tr>
<td>The percentage of children looked after on 31 March who have had three or more</td>
<td>8.0%</td>
<td>10.23%</td>
<td>G</td>
<td>6.9%</td>
<td>↑</td>
<td>9%</td>
<td>G</td>
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<td>placements during the year.</td>
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<td>The percentage of referrals during the year on which a decision was made within</td>
<td>83.4%</td>
<td>95.24%</td>
<td>R</td>
<td>99.7%</td>
<td>↓</td>
<td>80%</td>
<td>G</td>
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<td>1 working day.</td>
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<td>The percentage of initial assessments that took place during the year where there</td>
<td>63.6%</td>
<td>59.97%</td>
<td>G</td>
<td>97.0%</td>
<td>↓</td>
<td>100.0%</td>
<td>R</td>
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<tr>
<td>there is evidence that the child has been seen by the Social Worker</td>
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<tr>
<td>The percentage of initial core group meetings due in the year which were held</td>
<td>87.1%</td>
<td>82.42%</td>
<td>G</td>
<td>84.5%</td>
<td>↑</td>
<td>90%</td>
<td>A</td>
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<td>within 10 working days of the initial child protection conference</td>
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<tr>
<td>The percentage of looked after children reviews carried out within statutory</td>
<td>73.7%</td>
<td>90.87%</td>
<td>R</td>
<td>73.6%</td>
<td>⇔</td>
<td>85%</td>
<td>R</td>
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<td>timescales</td>
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## Appendix 2 - Summary of Performance Indicators

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<tbody>
<tr>
<td>The percentage of statutory visits to looked after children due in the year that</td>
<td>77.7%</td>
<td>82.23%</td>
<td>R</td>
<td>83.0%</td>
<td>↓</td>
<td>80%</td>
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<td>took place in accordance with regulations.</td>
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<tr>
<td>The percentage of child protection reviews carried out within statutory timescales</td>
<td>94.0%</td>
<td>96.07%</td>
<td>R</td>
<td>96.4%</td>
<td>↓</td>
<td>90%</td>
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<td>during the year</td>
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<td>The percentage of eligible, relevant and former relevant children that: have</td>
<td>93.2%</td>
<td>89.1%</td>
<td>G</td>
<td>86.9%</td>
<td>↑</td>
<td>100%</td>
<td>A</td>
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<tr>
<td>pathway plans as required</td>
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<tr>
<td>The percentage of initial assessments completed within 7 working days</td>
<td>46.5%</td>
<td>65.5%</td>
<td>R</td>
<td>54.8%</td>
<td>↓</td>
<td>70.00%</td>
<td>R</td>
</tr>
<tr>
<td>The percentage of required core assessments completed within 35 working days</td>
<td>68.5%</td>
<td>63.4%</td>
<td>G</td>
<td>47.7%</td>
<td>↑</td>
<td>65.00%</td>
<td>G</td>
</tr>
</tbody>
</table>

A note on the Traffic Light (Red – Amber – Green) System.

- **Green** – performance better than or equivalent to Wales average or internal target
- **Amber** – failed to reach Wales average or internal target, but has reached an agreed standard
- **Red** – failed to reach Wales average or internal target
OVERVIEW REPORT
ADULT SERVICE 2010/11
Annual Report
Adult Social Services 2010/11

1 Access to services

How information about services is accessed and how to gain access to services, performance - weaknesses and improvements, developments

Indicator : SCA/001 DToC

During 2010/11 the service reached the DToC target by hitting 7.84 which is slightly below the expected number of 7.87.

It can be seen that the performance has improved over the year with the April 2010 number of 13 reduced significantly to 6 by March 2011. The service is of the opinion that the commissioning of two residential units for people with dementia in Meirionnydd, Bryn Blodau and Lllys Cadfan, has been one of the main reasons that this change has occurred. Historically, the lack of specialist residential placements has been a factor in our ability to discharge from hospital. Due to the lack of choice many families found it difficult to decide on a suitable venue.
Is comprehensive and accessible information available to the public about all services, in relevant languages and format?
2007/8 a 2008/9 – Mainly
2010/11 – continuing mainly. Review of the leaflets has not yet been completed and the DVD is not yet available.
Hope to be "Yes" by 2011/12. New leaflets and DVDs to be ready in June 2011.

Are effective arrangements for members of the public to make contact with Social Services? (prompt and effective response to enquirers and referrers during the working day and out of office hours)
2007/2008 – Mainly
2008/2009 – Yes
2010/11 - feel that there has been a decline and we will put "Mainly" for this year. The reason would be due to the decline in the service the Advice and Assessment Team can offer.
This is for several reasons - the telephone arrangements, lack of staff (due to illness and problems losing grants) and the services’ use of the team. Over time the main work of the team which is to accept new referrals has been added. Due to the nature of the administrative support in the areas roles and tasks have blended. A comprehensive review is needed of the teams work and its relationship with the rest of the service along with the administrative arrangements. A "Whole Systems Approach" is needed to ensure that procedures are as effective as possible and arrangements are underway to address this during 2011/12. The telephone system also requires renewing in the office where the Advice and Assessment Team is situated at the moment. It’s unlikely that this will happen soon but there is an agreement with corporate officers that the team will move to the Galw Gwynedd call center during 2012. This means that there will be better support for the team to respond to telephone calls technically and in terms of the human resources within the call center. The date of September 2012 has been set as a target date for this move.

The Out of Hours Team is based at Ysbyty Gwynedd in order to foster a better relationship with Health.

Are there arrangements for receiving and managing referrals effectively?
2007/2008 – Partly
2008/2009 – Yes
2010/11 - We feel that "Mainly" is a better reflection of the current situation. There has been a deterioration in the performance of the Advice and Assessment Team because of the above factors. Although the Mental Health waiting list has improved, we had waiting lists for the Adult and Occupational Therapy services during the year. We need to make better use of resources, especially display centers (Review has been allocated for 2011/12). It is anticipated that the impact of creating a Enablement Officer job will improve performance here as this will allow us to respond to the needs of individuals in a more seamless and smooth way.
Following the restructuring of the Adult Services a review of the roles and responsibilities within the Occupational Therapy service is needed in order to move things along. The creation of the Enablement Officer post (to be operational from summer 2011 onwards) is part of this but we need to look at the work of Occupational Therapists as well. This will include looking at our relationship with the Housing Service and Cartrefi Cymunedol Gwynedd in order to ensure the best use of resources. This has been allocated for 2011/12.

Are Waiting Lists well managed? (No significant delays in providing services at all stages)
2007/2008 – Partly
2010/11 – Mainly.
While we have waiting lists (see above) we have arrangements to address them. Guidance is available to support the management of the waiting list. We need to make better use of resources (see above). Housing adaptations have been identified as a weak area. We need to improve this in collaboration and strengthen the relationship with Housing.

Are there systems in place for monitoring and assessing the effectiveness of access arrangements?
2007/2008 – No
2008/2009 – Yes
2010/2011 – Yes
Feel that we have held our ground here and have strengthened our arrangements. We have better data and the Business Unit will ensure that the information is robust, the Intense Care Panel continues to review procedures and the consistency of the use of access to service criteria and the residential care Panel has started since September 2010, (reports are available), management arrangements are in place with the introduction of Area Managers and Senior Practitioners jobs who accept appropriate responsibility for practice and witness standard. Quarterly reports will be produced by each Area Manager which will feed into the Service Managers reports.

What was your overall performance for the year ending 31 March 2011?
2007/2008 – Inconsistent
2010/11 – Mainly good with some gaps.

What was achieved?

- Information on how social services for adults is changing has been produced - a comprehensive information leaflet, a conference for the care sector (November 2010) with John Bolton as key note speaker
- Plans for review and re-producing other information leaflets in place
• Engagement group has been established under the chairmanship of the Senior Business Manager in order to respond to service needs and projects and to support service transformation
• DVD has been commissioned showing Enablement, Telecare and the effect on users - to be ready in May 2011
• Further work on developing a self-referral on the Web has been done the outcome of this work is expected during 2011.
• Further discussions have taken place regarding the Advice and Assessment Team. Following its establishment in September 2008, the team is located at Penrallt, Arfon. This has created difficulties in terms of contact with the Adults team mainly the telephone system in the building also needs to be renewed. During 2010 further discussions have taken place with corporate officers resulting in the understanding that the team will move to the Penrhynedudraeth Galw Gwynedd call center to respond to these difficulties. Date to be confirmed on agreement of a work program but by September 2011 at the latest. Developments with Health on one point of contact have not developed due to the changes within BCUHB.
• UAP documentation within RAISE and operationally across adult services - more robust data is produced.
• One social work team at Ysbyty Gwynedd was established in July 2010. Gwynedd leading and managing on behalf of Anglesey and Conwy. As a result, the team skill mix has been established with Social Workers and Care Assessors. A social worker was moved from the hospital to the community in Anglesey and Gwynedd with the intention of field workers following patients into the hospital in the area Arfon. A 9 month review of the new regime has taken place in March 2011. Further work has been identified and arrangements are in place to deliver a better system in receiving and responding to referrals from the wards. Work has started on a business plan for the Short Term Care Unit for the release of patients who need residential care from the hospital sooner. Discussion sessions are planned for staff in June 2011. (Link: Report of commissioner for Older People on care in hospitals). Timetable: September 2011
• Further work has been done with Health to develop their contribution to the UAP - Acute Hospital and 2 community hospitals. Referrals are presented on UAP documents.
• Better management of Mental Health waiting lists following the introduction of the Intake and work management - reporting on the progress jointly with Health.
• Occupational Therapists Waiting lists continue to create concern. A comprehensive review of the service is planned for 2011. Preliminary work has shown inconsistencies in practice across areas. BCUHB’s intentions to review OT services jointly is welcomed.
• Work has developed under the Partners in Care. Area managers are in place (although illness and retirement has affected hard on consistency during 2010/11) and short and long term teams in place in the areas and in clusters. Unfortunately Health have failed to respond due to changes within BCUHB.
• Flexible Working Procedures in the Meirionnydd area were operational from August 2010. Expected benefits from a user perspective - reducing waiting lists,
and providing more time for individuals. Initial review (March 2011) does not show much change and therefore have extend the review period for a further three months.

- Work has been done to bring the Care Assessor and Disability Consultant jobs together to create the post of Enablement Officer. This will promote access to services by reducing the number of assessments that are needed. With effect from April 2011, this to promote the enablement service.
- Improved procedures for Parking Spaces for the Disabled have been introduced. Better information goes out to those who enquire. A panel has been established to oversee the work and has met twice during 2010/11.
- The Service has been able to respond to the challenge of losing Joint Work and Independence and Wellbeing grants by ensuring the continuation of work within the Advice and Assessment Team and the Telecare Officer.
- Out of Hours Team has moved to Ysbyty Gwynedd.
- DToC statistics have improved during the second part of the year - placements and specialist placement available. A change in registration of homes for dementia care has helped.
- Establishment of Brokerage Team in August 2010 has strengthened the management of the market and access to care packages, especially in rural areas.

Have been able to work on and strengthen the work that has already been done, but developments and "pace"of work has been affected by capacity pressures due to other projects (eg Building for the Future) and lack of managers within the Adult service during the year. This is due to long-term sickness and retirement factors.

We are feeling the loss of the fourth post of Service Manager now. The decision to lose the job was done before the Transformation Programme / Response to the Joint Review hit. Looking back, it has adversely effected on our ability to act.

BCUHB changes have affected our ability to develop services and joint strategic working. The message has been put forward and there is a danger that we lose the progress we have made over the next year (2011/12) as other local authorities catch up with us.

Feel that we have managed to maintain our standards in terms of practice in general but there are obviously fields for improvement.

**Developments 2011/12.**

1 Review and develop the changes at Ysbyty Gwynedd further.
2 Review the impact of Flexible Working in Meirionnydd and the connection with the Out of Hours work.
3 Move the Advice and Assessment Team to Penrhyn and strengthen the relationship with Gaiw Gwynedd. Work with Health to look at developing an arrangement jointly. Link: Communications Hub. Whole Systems Approach Review Team's work.
4 Work towards strengthening the role of brokerage.
5 Review the Occupational Therapy service and make better use of exhibition venues.
6 Support the development of information leaflets and a new DVD.
7 Strengthening work in UAP style with Health (Officer available until August 2010)
9 Establish Short Term Care Unit in order to strengthen Enablement and support early release from hospital (Link: Report of the Commissioner for Older People's care in hospitals).
10 Strengthening relationships with Housing Service and collective arrangements (especially Adaptations)
11 Strengthening the Enablement Officer post within the enablement system.

2 Assessments

Are assessments of quality, comprehensive and timely?

Are there effective systems for deciding eligibility and prioritising assessments?
2007/2008 –Partly
2008/2009 – Mainly
2010/11 – Mainly

Criteria for Access to Service are in place. The weekly Panels monitor employees' awareness of and identify their use of the Criteria within assessments.
The management arrangements within the teams with the introduction of senior practitioners strengthen the monitoring of the quality and suitability of assessments.
Guidelines and procedures are in place for prioritising assessments - guidance in the Manual, Mental Health Intake procedures and Advisory and Assessment Team procedures.
Although these are in place, we need to sharpen practice (see Part 1 of the report). Until these issues have received full attention it will not be possible to report "yes" in full.

During 2010/11 the service succeeded to appoint a lawyer to focus on adults work. Her presence on the Intense Care Panel means that we can make better decisions with regard to the Council and the users. The legal certainty has also enabled us to make better use of resources in the community.

Do assessments comply with guidance/standards in respect of timeliness, quality, content and updating?
2007/2008 – Partly
2008/2009 –Mainly

We accept that these issues still require attention. Progress has been made with Health in developing a UAP method of work and they use UAP forms for referrals. However, concerns remain in the acute hospital due to staffing arrangements on the wards and the
way staff see their role in health (Link: Report of the Commissioner for Older People's care in hospitals). We are trying to address the situation by introducing an addressing referrals procedure from the wards similar to the Advice and Assessment Team procedures (Start date: 9th May 2011) the pilot will run for a period of 3 months. This will allow us to better respond to referrals and make better use of resources. In light of this, too, we are working towards the development of a Short Term Care Unit which will provide further opportunities for recovery of individuals who have been assessed as requiring residential care at the hospital. This will mean avoiding making far-reaching decisions regarding the future of a person too soon. The weekly Panels monitor the quality and consistency of assessments. It has been acknowledged that reviewing cases, in particular within the Older Persons field, has been difficult. Strong efforts were made during 2009/10 to address this deficiency and this has been successful. We did achieve 67% of reviews. It was disappointing however to see that the number has dropped to 62% for the year 2010/11. The reason for this situation was the staffing situation of the adults service. During 2010/2011 the Adult service experienced challenges due to long-term illness and retirement of main managers within the structure. Others had to try to address the gaps and although we have managed to hold services there is no question that this has hampered our ability to provide the services’ reviews.

There is a need to review the work of the Advice and Assessment Team (see Part 1) to ensure that best use is made of resources.

The Intense Care Panel also monitors assessments against Continuing Health Care Criteria. For the year 2010/2011 the number of Intense Care Panel cases that Health
accepted responsibility for decreased. The Panel supports workers to work in a multi-
disciplinary way and challenge Health decisions where appropriate.

The introduction of the Transitional Age Social Worker position during 2010 has resulted
in improved arrangements for ensuring that the transfer from the Children to Adults
service is more streamlined and timely. Guidelines and protocols are available and
arrangements for ensuring appropriate communication and dialogue between the two
services for the benefit of young people. (Report available). Initial information has
revealed that the transfer has been a more positive experience for users and their families.

Service Placements have been developed within the RAISE system and comprehensive
information by the Business Unit is expected for the year 2010/2011.
A new computer system will also be presented by Health in April 2011 to implement the
Joint Store and this is expected to also give more information about the time users are
waiting for services.

**Are service users and carers involved in assessments and are assessments shared
with them ?**

- 2007/2008 - Yes
- 2008/2009 –Yes
- 2010/2011 –Yes

Information that comes before the Panel states who has been included in the assessment
and the opinions of the user. Where the user is unable to express an opinion, a relevant
way of analyzing the issue takes place and again is noted. (Mental Capacity Act)

**What was achieved ?**

- Improved use and the UAP method of working with Health (Einir Roberts’ work)
- Continue with the Intense Care Panel and the introduction of a Residential Care
  Panel (September 2010)
- Establish a new management structure and procedures within Adult services
- Continue to work jointly with Health to address the needs of CPA / APU
- Introduce Transitional Age Social Worker job
- Establish Service Placement procedures within RAISE
- Hafal workers attend Mental Health teams in the area in order to facilitate carers
  assessments (Report available)
- Carers Assessment Form introduced and implemented
- Produce draft paper on the multidisciplinary working jointly with Health.
- Appoint a solicitor to specialise in adult work.

**Developments 2010/11 :**

1 Introduce a new addressing referrals procedure in the Acute hospital (probationary
   period 9th May 2011 for a period of 3 months)
2 Establish Short Term Care Unit to strengthen discharge from the hospital and ablement
   services.
3 Review the work of the Advice and Assessment Team - see Part 1 (link: Administrative Review)
4 Implementation on the new Joint Stores system with Health and other partners.

### 3 Managing Care and Reviews.

**Do social services appropriately allocate, transfer and close cases?**

- 2007/2008 – Mainly
- 2008/2009 – Yes
- 2010/11 – Mainly

The new service arrangements supports this - Area Managers and senior practitioners procedures give a better practical framework. However, as services develop new challenges come in their midst. For example, it is necessary to review the terms of acute hospital follow-up of the community. Some employees see the system working well - others see a doubling of work and the misuse of resources. Happy to see this "Mainly". It is a reflection that the world around us is changing and external factors (especially Health) influence our ability to act. This shows that the service is not standing still but ready to change and work in a different way and there is a recognition that time is needed to establish this.

The Enablement Officer post created will create more streamlined procedures and will create better access to service for many.

The introduction of the Enablement service has sharpened practice with many more leaving the service independent (Report available)

New Adult regime will take away and change when a user is 65 years old.

Note that the OT service continues with waiting lists. Need to review the service and ensure the best use of the precious resource here. Welcome the intention of Health to look at one service. Need to make better use of exhibition venues.

**Are the views of users and carers considered in developing and agreeing care plans?**

- 2007/2008 – Yes
- 2008/2009 – Yes
- 2010/2011 – Yes

The weekly Panels work monitors this and the use of the Mental Capacity Act.

Multiple users refuse enablement service as this can mean changing provider. Trying to respond to this by expanding enablement to other providers in the enablement implementation programme.

Implementing Directive on Choice in terms of hospital discharge.

Many carers decide to use Direct Payments to gain flexibility and control over the service they have which has been encouraging.

**Do care plans specify the services to be provided, the intended outcomes and how risks will be managed?**

- 2007/2008 – Partly
2008/2009 – Partly
2010/2011 – Mainly

Work has been done to develop the approach in a way that identifies outputs within care plans across adult services. The service is of the opinion that there is a better awareness of the need to record outputs and risks within general documents. Evidence through weekly Panel monitoring. A new risk policy has been introduced and training has been given to 50% of staff. More training has been earmarked in 2011/12 for those who failed to attend.

Are the service elements of plans properly costed ?
2007/2008 – Partly
2008/2009 – Partly
2010/2011 – Mainly

Evidence from the cases that come before the Panel shows that there is greater awareness by field workers of the elements of cost of services. However, work needs to be done to ensure that employees understand the current situation in terms of savings and the need to be more flexible in creating care packages. There is a need to use Telecare, equipment and the Third Sector more as well as being more challenging about the nature and purpose of support and following the philosophy of John Bolton and the need not to create dependency.

Are the arrangements for undertaking reviews effective ? ( timeliness, quality, delivering agreed changes )
2007/2008 – Partly
2008/2009 – Partly
2010/2011 – Mainly

As previously noted it was disappointing that the number of reviews carried out has fallen from 67% to 62% despite clear reasons for this. Creating Enablement Officer post following the recommendations of the national CSED Report in order to promote the process of identifying outputs, monitoring and delivery. The Enablement procedure is going from strength to strength and is expected to strengthen further during 2011/12. Mental Health reviews follow collaborative arrangements jointly with Health (reports available) The Learning Disabilities service held a program of comprehensive reviews of the location of Living with Support in the Community. This included a review of 120 cases and this has allowed us to make better use of resources as well as contribute important information to the future commissioning plans.

What was achieved ?

- Establish Enablement Officer post (with effect from April 2011)
- Establish a senior practitioners regime
• Change in working practices of acute hospital and the community.
• Establish a procedure that does not change when a user is 65 years old
• Introduce a new Risk Policy to the service and hold training (approximately 50% of employees have attended training during 2010/2011)
• Establish a Telecare Service
• Deliver John Bolton’s message about the nature of dependency and the response of Social Services
• Review settings of Living with Learning Disabilities Community Support.

Developments 2010/11:

1 Review arrangements Acute Hospital
2 Review of the Occupational Therapy service
3 Developing better use of the exhibition centers
4 Enablement Development Programme including other providers to expand choice.
5 Sessions with staff (June 2011) to discuss savings and different methods of maintaining services (Transition services)
6 Enablement Development Programme
7 Telecare Development Programme

Overall Performance
2007/2008 – Inconsistent
2008/2009 – Inconsistent
2010/11 – Mainly good with some gaps

4 Range of Services Provided

Do the current range and volume of services meet assessed need? (choice, accessibility etc)
2007/2008 – Partly
2008/2009 – Partly
2010/2011 – Partly

There is recognition that most adults want to live in their own homes and independent for as long as possible. Maintaining independence does not mean no service or support, but a need for appropriate support and services, which are timely and are delivered in a way that enables the individual to keep control of the situation and their life.

The type of services that are commissioned by Adult services needs to change:

We need less traditional residential beds.
The emphasis should rather be on services which support independence such as Enablement and Telecare.

All service providers should work in an Enablement method and the commissioning of services needs to bridge the transition from hospital care to the community to facilitate
release from the hospital and a safe home return.

We need more extra care housing models, but this does not necessarily mean the construction of new buildings. It is possible to strengthen care housing in the community and strengthen the network of support available in areas.

It can be seen that there is scope to develop specialist residential care for people with dementia and respite opportunities for carers.

Day care needs to be reviewed to ensure that it is being targeted at the right users in a way that ensures opportunities for socialisation, personal care and support back to work. We need more nursing beds in certain areas.

It can be seen that the role of the third sector and the independent market needs to be considered to ensure best value and choice for users.

**Are social services able to identify gaps and what needs improvement? (delays, unmet needs, excessive costs?)**

- **2007/2008** – Mainly
- **2008/2009** – Mainly
- **2010/2011** – Yes.

Shortcomings have been identified and work has been done to bring a strategic work program together. We need political support to achieve this. The Three Year Programme is part of the solution but the political element continues to make it vulnerable especially since elections are held in 2012.

A procedure for identifying unmet needs is in its place. It has been reviewed and changes have been greeted. Staff need to ensure that they are using the procedure regularly. Area Managers are expected to report quarterly on this from 2011/12 onwards.

The review of care packages within the field of Learning Disabilities has identified commission needs for the future.

The post of Transfer Age Social Worker has strengthened our ability to identify the needs of young people.

The supporting adults with Learning Disabilities and Dementia scheme in Arfon has been initiated in conjunction with Health. This follows the identification of need. The scheme has been successful and continues with GIP funding.

**Do partnership arrangements for delivering services work well?**

- **2007/2008** – Mainly
- **2008/2009** – Mainly
- **2010/2011** – Partly
During 2010/2011 the effect of restructuring within the Health service was tested. The lack of job security has meant that decisions weren’t possible and a number of issues have slipped because of this.

The following issues have suffered in particular - Partners in Care Work (Job clusters, Single point of Entry), dementia service (working in areas, day care), Learning Disabilities service (S33 Agreement), Mental Health Services (the joint management procedure)

Our relationship with the Third Sector who are involved with Learning Disability has suffered from years of uncertainty. Although Segontium and Erw Aur are now closed, there has been no turnover of service as expected from one sector to the other. This is mainly due to de-commissioning from the public sector which includes TUPE. The service has declared the intention to look at the re-commissioning of the service by the care sector in order to maximise efficiency within the funding strategy.

Note that our relationship with organisations such as Age Wales is generally good but the financial situation creates sensitivity and we can not overly emphasise the importance of communication and being transparent in the way we work with the sector.

Our relationship with independent sector providers has been relatively good. Nevertheless, it is obvious that the way we respond to the challenge of the Pembrokeshire ruling on fee levels will be important.

Note that our ability to produce clear commissioning plans are going to be essential to underpin joint working in the future.

**Are arrangements in place for consulting about the range of services provided or the development/design of future service provision?**

2010/2011 – Yes

An Engagement Group has been established and has commissioned a DVD (available June 2011)

Arrangements under the Building for the Future / Strategic Review of homes projects and the Learning Disability Plan (all incorporated in the Three Year Plan) are in place in order to engage with key stakeholders.

The Customer Care Unit has developed and will hold consultations with users.

Older People's Forums take place.

Document "First Hand" has been produced and states the wishes and views of users and potential users.
What was achieved?

- Begin Construction of Extra Care Housing in Bala
- Decision to close a Bron y Graig, Bala and Bryn Llewelyn, Ffestiniog homes.
- Decision to consult on Hafod y Gest, Porthmadog home
- Consultation on the future of the Tan y Marian and Pant yr Eithin homes
- Develop the home care market through the Brokerage system and the work of the Business Unit
- Change registration of Plas Maesincla, Bryn Blodau and Llys Cadfan to provide dementia care
- Developments within the independent sector in terms of dementia care - Bontnewydd, Criccieth, Caernarfon.
- North Wales Open Book Accounting Work within the field of Learning Disabilities (Excessive costau)
- Introduction of Enablement service
- Introducing of Telecare Service
- Work on the development of Extra Care Housing in Bangor, Porthmadog and Llan Ffestiniog
- Establish Unmet Need procedure
- Improve relationships with Third Sector Learning Disabilities providers by holding meetings
- Establish Engagement Group
- Establish consultation methods under the transformation of services projects
- Establish a specialist service for people with learning disabilities and dementia in conjunction with Health and the Third Sector.
- Working Groups in the three areas have been established and in operation - working on a program of engagement. (Partners in Care)
- Work Connections has been established.
- RBA exercise on day care had been held with partners
- Identify Transitional Age needs better
- Identify the needs of the Learning Disabilities field better.
- “First hand” has been published
- RBA exercises have held in several fields
- Dementia / Learning Disabilities scheme has been established

Developments 2011/12:

1 Transformation of Adult Services - Residential and community (See Three-Year Plan)
2 Transformation of Learning Disability Services (See Three-Year Plan)
3 Extend Open Book Accounting to Mental Health Service - North Wales
4 Discussions with Health for commissioning a joint service for People with Dementia
5 Discussions with Health for better use of CHC money in terms of Telecare, Intermediate Care, intensive packages, respite for carers.
6 Re-commissioning Learning Disabilities support services.
7 Ensure that staff use unmet needs procedure - Area Managers to use procedure for quarterly reports.
8 Review Adult Placement Plan fee levels by an Open book Accounting process
9 Responding to challenges from Pembrokeshire ruling
10 Act on the Council's savings plans
11 Hold regular meetings with partners.
12 Develop engagement through working groups in the areas (Partners in Care)

**Overall performance :**

2007/2008- Mainly good with some gaps
2010/11 – improved and nearly reaching “well established and effective across the Board?”

**5 Quality of Services Provided**

How far do services provide good standards of care, with respect for peoples’ needs and their individual circumstances ?

Do services provide reliable standards of care ?

Is quality consistent across services, sectors and communities ?

Are the views and circumstances of service users and carers ( including ethnicity ) sought and reflected in the services provided ?

Are services responsive to problems and emergencies ?

Maintaining a high number of reviews are important to ensure quality of service. The views of users and carers are at the heart of the reviews here and a new management order provides a better framework to support the work of field workers.
We ensure that users and carers receive services in their preferred language by noting that expectation in contracts with providers to offer a bilingual service. There is recognition that it is difficult for the providers to ensure that all staff are fully bilingual but this is the goal we are working towards.
Users and carers are entitled to receive an assessment, a copy of it and the care plan in their preferred language.

In addition we are pleased to receive comments and complaints. Establishing the Adult services customers care post has strengthened our ability to respond to these comments and complaints.
The strengthening of the Commissioning Unit is an important part of the maintaining quality strategy and the strengthening of this unit over the past year has strengthened our ability to monitor contracts with providers more effectively.
POVA and Escalating Concerns work is also a way of ensuring standards. We have confirmed our response to Escalating Concerns and the Commissioning Manager has taken the lead on cases like this.
The Monitoring Manager is also invited to POVA meetings that relate to the standards of service providers. The number of POVA referrals has increased during this year.

The Out of Hours Team (jointly with Anglesey) is available to respond to out of hours emergencies. The change in location of the team to Ysbyty Gwynedd is a further step to closer co-working with Health.
The Flexible Working procedure has begun in the Meirionnydd area since September 2010. At present, the system will continue and further evaluation is expected during 2012. Under this arrangement, employees work from home or from surgeries and community hospitals rather than an office area.
This regime has been welcomed by all health workers and is a way of strengthening the development areas under the Chronic Conditions Management process.

Intermediate Care and the Enablement Service is not available for new out of hours cases but it is possible to ensure access to a care home at any time.
We need to strengthen the ability of out of hours Intermediate Care and this will need to be addressed. However, this is a significant challenge in a rural area and we will have to be creative. It can be imagined for example that a short term residential unit receiving emergency cases can assess and provide services in an Enablement approach. Responding to the crisis but not creating dependency.

2007/2008 – Mainly
2008/2009 – Mainly
2010/2011 – Mainly

**Are complaints, representations and compliments used to improve the quality of service?**
2007/2008 – Partly
2008/2009 – Mainly
2010/2011 – Yes

Arrangements have been strengthened and the appointment of a Customer Care Officer for Adult Services has been key to the progress in our performance here. Arrangements are now in place for producing regular reports with learning points that can influence and improve services.

**What was achieved?**

- Succeeded to conduct reviews despite staffing problems
- The views of users and carers underpins the process of assessment and care management
- New management order supporting quality assurance systems
- Succeeded to provide a bilingual service to users and carers
- Customer Care Job strengthening arrangements within Adult services
- Confirm arrangements for Escalating Concerns protocols
- Out of Hours Team moved to Ysbyty Gwynedd
- POVA referrals have increased
- Flexible Working Procedure introduced and implemented in Meirionnydd area

**Developments 2011/12**

1. Discuss the strengthening and expansion of Intermediate Care service with health
2. Evaluate the Flexible Working procedure in detail in order to make recommendations for the future
3. Review Out of Hours Team work to ensure the best interlace between day services and out of hours..
4. Create a briefing document for the development of a Term Care Unit which supports Enablement and early release from the hospital

**6 Safeguarding Vulnerable Adults.**

*How well does the Council protect vulnerable adults and coordinate the work with partners?*

*Do we respond appropriately and effectively?*
*We do have good risk assessments and risk management?*
*Is there quality across services, sectors and communities?*
*Are cross-agency arrangements working well?*
*Are the arrangements for safeguarding vulnerable adults from violence by staff working well?*

The number of POVA referrals has risen from 120 in 2009/2010 to 165 in 2010/11. In addition there were 24 unsuitable referrals.

See the comprehensive report on POVA which is enclosed.

**7 Promoting Independence and Social Inclusion**
To what extent are people supported to receive support in their communities and reach their potential?

Are people receiving support in the community or in a residential institution?
Is support for Carers effective?
Are services in place for supporting independence and developing living skills?
(Increase with PCP, educational opportunities, work)

The vision for Adult Services clearly notes that our goal is to support users to remain independent in their own homes wherever possible.

The number of people who are being supported in residential homes is decreasing and our dependence on traditional residential beds has decreased.

Enablement and Telecare services have contributed to this.
See Enablement report.
Enablement philosophy needs to be strengthened across services and a comprehensive work program has been agreed for 2011/12, including the development of a short-term unit within care homes to operate in an enablement means.

Examples of Telecare making a difference to the lives of individuals is increasing. For example, the epilepsy sensor provides peace of mind to the carer of a young man with a learning disability or allowing a young single mother to live independently from her family with her child.
Three adults with learning disabilities live independently without night support with the use of telecare.

We are consulting on the future of learning disability hostels. Although the main short-term driver involves savings, it is obvious that there is agreement between key stakeholders that the traditional model is not rightly here either, and that discussions with partners to develop a model of extra care, in accordance with the procedure for older people is needed.

In the same way we are reviewing day care services to ensure that the service is sustainable and offers choice to individuals across the county. The role of the third sector is essential for us to conduct this exercise. RBA exercises were successfully held with key stakeholders regarding day care.
There was an agreement over the different types of day care that is needed, including services to support returning to work.
Note that the number of people who are being supported to live at home has fallen. This corresponds to the way in which John Bolton predicts that it should happen. Individuals need not be sucked into dependency, but rather allow them to do things themselves. The indicator seems to shoe that the strategy is working, but it is too early yet to say this with certainty.

In terms of carers, the new assessment forms were completed and incorporated within
RAISE. It is recognised that opportunities for respite are important and it is an essential element within the Day Care review. In addition, there is a need to review our use of Pen Pistyll, a resource that is available to young people with physical disabilities but is not being used to its full potential. It is good to see that a number of carers use Direct Payments to gain flexibility and control over the services they need.

There has been developments within Learning Disability services in order to improve the support for individuals who also have dementia. The Plan, that operated in conjunction with Health, was successful in raising the standard of the day service that was available to these individuals and it has influenced the experience for the individual and staff who care for them in a very positive way.

**What was achieved?**

- Enablement Service has been mainstreamed and operational across the county
- Telecare service is available across the county
- Successful RBA event on day care held with key stakeholders
- New Work Connections Plan has been established
- Engagement work about the future of learning disability residential homes (hostels) has taken place
- Work has commenced on the review of Day Care services
- Carers assessment form has been created and placed on RAISE
- Dementia Plan introduced successfully within the Learning Disabilities Service

**Developments 2011/12**

- Strengthen the Enablement service
- Strengthen the use of Telecare with complex cases
- Completed the Day Care review and implement in order to ensure sustainable services for the future and reach savings targets
- Promote the use of Direct Payments
- Determine the best model of care for people with learning disabilities in order to ensure sustainable service and achieve savings
- Develop a short-term care unit to support Enablement
OVERVIEW REPORT
CHILDREN AND FAMILIES SERVICE
2010/11
Children and Families Service

2010/11 Service Overview

Introduction

2010/11 has been a challenging year for the Children and Families Service; however there was evidence of maintaining standards within numerous core fields, and improving performance in many strategic indicators. The year has involved ensuring that new service structures ran smoothly, and the officers and managers have had an opportunity to assess practice matters in more detail.

An increase in the demand for service was seen in every field. The service faced the highest number of referrals to the service to date, namely 5042.

Referrals to Gwynedd Children and Families Service 2006-2011

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<th>Year</th>
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<td>3152</td>
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<td>2008-09</td>
<td>3927</td>
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<td>2009-10</td>
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<td>2010-11</td>
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There was a high demand for placements for looked after children, with 39 new placements during the year and 175 children looked after at the end of the period, namely the same number as at the end of 2009-10.

Looked After Children 01/04/08 - 30/09/11

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<tr>
<th>Date</th>
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As many of the new placements were short-term placements, the Service saw many children return to their families. Nine children exited care by being placed for adoption. Furthermore, 10 young people left the Council's care to receive aftercare service. This meant that, at the end of the period in question, that there had not been an increase in the number of looked after children for the first time in Gwynedd for many years. This differs to the tendency across Wales as a whole over recent years. This means of course that effective support systems are needed for vulnerable families (children in need) and young people who leave the Council’s care.

During 2009/10 the service introduced a new structure following observations by users and other professional individuals regarding the fact that the case designation process within and between teams meant that some children and families had more that one worker from different teams working with them. This evidently caused unnecessary complexities for users, therefore it was decided, following consultation with social work teams, that the child protection and children in need teams should be merged with the looked after children team (a county team). It was also identified that there was a need to strengthen the service offered to individuals over 16 years old, and a post-16 team was established in order to provide a service to young children in need or in care, as well as those who were leaving care. This was seen as an opportunity to offer a regular service to suit whatever needs they had, and it would also mean no change of social worker during the transitional stage for these young people.

2010/11 has been an opportunity to ensure that the new structure became established within the service, and there is evidence that performance levels have been maintained during a period of change. A change in structure has meant that service managers have taken on new duties, and this has increased work pressure throughout the service.

There have been many challenges in light of the fact that there has been an increase in the number of officers who have been on sickness absence along with a substantial increase in the number of social workers who have been the subject of serious threats towards them by service users, which in some cases has meant having had to put arrangements in place jointly with the Police in order to protect staff in their work and outside working hours.

**Referrals Team**

Since 2006 the service has operated for receiving new referrals via one county team located in Pwllheli. The structure of this team has strengthened over the years, and by now the team consists of one full-time Team Manager, senior worker and two social workers. The team is responsible for making the 24 hour decisions on each referral along with conducting initial assessments. As the number of referrals has been higher than ever before, the requirement to respond on time has been very challenging. Nevertheless, the service has succeeded to make a 24 hour decision in 83.4% of new cases. This is lower than last year’s performance which was 99.7% (the highest throughout Wales), but is within the context of nearly a 20% increase in the number of referrals, but using the same number of resources. There is also a need to consider that only one manager is responsible for making the 24 hour decisions. There has also been a slight decrease in the number of initial assessments that have taken place.
within seven days, which was lower than the target set by the service. The service has identified that there is a need to increase this team’s capacity to operate, and has succeeded in obtaining agreement to add one additional post to the establishment for a 12 month period, in order to be able to assess the difference this will make to performance. It is important to note that it is not a deficiency in terms of conducting assessments that affects this indicator, but rather the requirement for the team manager to approve the assessment within seven days. Given the manager’s workload, this is a massive challenge. However, processes for receiving referrals and responding to referrers are well placed within the service.

During 2010/11 the service’s performance on re-referrals has improved substantially, due to better arrangements and electronic recording. Note that the rate of re-referrals for this year was 28% of all referrals, compared to 49% last year. This has been the subject of consistent political attention, and it is good to see that the service’s evaluation of the situation has been correct, and that better capacity to report and record has made a difference.

**Social work field teams**

As noted already in the introduction, the service was restructured by merging the area teams who acted on child protection and children in need cases with the looked after children team, which operated on a county basis, in order to try and improve children and families’ experiences of receiving social services. This meant that social workers would work on a case from its beginning to the end, throughout the process for the child. Granted, there are some exceptions where the service has to change a social worker, but these cases are substantially fewer than they were historically.

Opportunities are protected for individual workers to focus on fields of special interest and to be responsible for workloads specifically within a special field, such as looked after children or child protection. Three area teams were established and by now, time has shown that work pressure is high in the Arfon area, and consequently managerial capacity was added to that team at the beginning of 2011 in order to share the managerial workload, offer positive guidance to the team members and maintain performance and practice standards within core fields.

Last year, the service concentrated on improving quality of service for children in need. The post of the Senior Worker was reformed within the service to directly focus on planning and reviewing plans for children in need. The service focused initially on the Meirionnydd area, and has succeeded in ensuring a far more comprehensive practice for this cohort of users. The number of child protection cases in Meirionnydd is substantially lower than in the north of the County, and one theory is that placing more emphasis on planning and reviewing in the children in need field means that cases do not progress to become child protection cases. This theory needs to be evidenced over the coming year, and the planning support in terms of children in need is being extended out to the Dwyfor and Arfon areas in order to regulate practice across the teams.

The work in terms of looked after children is operated from the area teams, and during the year the service has identified fields within this process that need to be strengthened. The service, during the year ahead, intends to focus on auditing practice within the field of statutory visits and statutory reviews, with the aim of
improving performance and ensuring the best quality service to looked after children and their families. During the year, some trends have become apparent in terms of the types of requests for care received by the service through the resources panel, and an increase can be seen in the numbers of babies and very young infants that come into care, and a substantial increase in the requests for care for young people in their early teens. This is a matter that needs to be addressed further by the service in order to see how best to sustain families to care safely for their children during the teen years so as to try and spare having to come into care in the first place. The service has ideas about intensive support services that could be offered, but this would mean remodelling the support service in order to meet the need, and this work is still in its early days and it will be addressed by developing a Commissioning Plan for Children and Families Services.

**Care Resources Service**

This field encompasses the provision of the fostering service, support service and Post-16 Team, managed by one Service Manager. The Manager is also responsible for the residential provision commissioned by Action For Children and leads on adoption work, which is by now a new joint regional service between the six Local Authorities in North Wales.

The Council’s residential provision is under the management of ‘Action for Children’, in a new purpose-built unit in Caernarfon. The unit provides for up to five young people locally.

The North Wales Adoption Service came into force on 1 April, 2010 and it is managed through an Operational Management Group which is accountable to the Regional Project Board (North Wales Heads of Children Services). The aim of the service is to improve the provision for economic reasons and in doing so, make better use of regional resources to increase adoption choices for north Wales children. It is fair to say that the first year has been a year of settling in to managing a new service, and that it is to soon at this stage to witness the results of that.

The service and the Fostering Team continue to perform excellently. During the year, the service has received two inspections by CSSIW which praised the service and quality of service, and no requirement derived from the inspections.

New fostering registrations remain high within the service, with Gwynedd succeeding to perform best in these figures across the North and reaching the target set locally every year (20 new registrations).
Nevertheless, the service continues to place with out-of-county foster agencies and it is intended in the long-term to continue reducing the use made of these placements and increase the capacity to respond locally. The service, due to the financial pressure and the need to identify savings, reviewed each agency fostering case and out-of-county placement in an attempt to make alternative arrangements; however, it was concluded that it was not possible to change these placements because of the need to maintain stability for children and it was concluded that no placement had been made that did not meet the criteria for agency placements.

The service reports on a regular basis to the Corporate Parent Panel on the position with placements and the corporation is aware of the service’s plans to seek to contort the situation by means of the Fostering Strategy.

Also, the service has been very strong in promoting fostering placements with the family (kinship care) in order to ensure, wherever possible, that the children who come into care are in a position to remain within their own families. Although acting in this way is better for children, it means that much support has to be given to the family which finds itself in an unforeseen situation, often caring for children under fostering arrangements and legal arrangements. As a whole, this places pressure on the fostering team and it is currently operating with a workload that is much heavier than the national recommendation.

The support services are under extreme pressure to provide support to families when their children are in care by supervising contact; supporting children who are on the Child Protection Register when a family needs practical support to maintain a situation; and supporting children in need on occasions. Each case is considered at a weekly resources panel. Unfortunately, because of the statutory work pressure, the service tends to be in a situation where it must focus on statutory work and onerous court plans. It is intended to consider remodelling the service so that it is possible to offer different tiers of service to different types of cases.

The Aftercare Team that existed historically was remodelled and a Post-16 Team was established. This team has now been operational for a year. The Team and the members have been working hard to create a sense of team over the period and have worked with the Housing and Homelessness Department to address issues arising in the field of homelessness amongst young people. This work in terms of building a
relationship and developing operational processes has paid off as it has led to satisfactory results in terms of the joint-planning of services for the future by means of the Supporting People Grant and this will offer better opportunities for young people.

Positive work continues with the young people who are leaving care and comprehensive services are offered and workers invest time to maintain a relationship with them. The service is performing excellently in terms of the numbers of young people it continues to be in contact with, given that receiving a service is the individual’s choice and that it is not mandatory to do so.

During 2010, the service commissioned the services of a consultant to undertake scoping work in the aftercare accommodation field. Recommendations were presented to the service and during the coming year, work will be done to draw up a business case in order to look at satisfying needs in this field that will be more cost effective, of high quality and will give value for money.

**Specialist Children’s Services**

This Service is for children and young people who are disabled or ill and it is a service that is currently run jointly with health and education.

The past year has been a very challenging year for the service, in terms of moving forward with the agenda to integrate the service (social services and health), under a Section 33 arrangement. Following the restructuring of Health last summer, the Management Board lost a number of key officers and it had to start afresh with new Board members in the summer of 2010. This has been challenging in itself but it is nice to be able to report by now that the Board has stabilised and that a robust work programme is in place in order to proceed with issues.

By now, six task groups meet under the chairpersonship of the Board members to consider specific fields in order to be in a position to move to a formal arrangement and a new operational model of providing a service from April 2012 onwards. The plan is now included in the Council’s Three Year Plan and sits corporately under the Children and Young People Programme Board. Work is underway and it is anticipated that the task groups will be in a position to report back on their progress after summer 2011.

The service has held a number of consultation sessions with staff during the year in an attempt to ensure that the views and ideas of staff are included as part of the work programme.

The social work Team within the service continues to work with a high number of cases. During the period, an increase was seen in the number of requests for care for disabled children and young people, in particular young people in their teens who have severe and complex needs; this places extreme pressure on resources as the specialist residential placements are a burden on financial resources, they are often located far away from the young person’s home and thus, they have a detrimental impact on the family.
The service continues to work with the Amser Ni scheme run by Barnardo’s which offers respite care for some children; however, it is very obvious that the provision available is insufficient for the existing needs. The service has collaborated with the Schools Service to draw up a bid to be submitted to the Assembly for funding to construct a purpose-built special school in the Dwyfor area that will include a residential element for providing respite care. Should the bid be successful, it is anticipated that it will meet the needs of more children; however, it is obvious that not all needs will be satisfied.

The service has a very special support service that is registered by the CSSIW and inspected on an annual basis. This year’s inspection has been very praiseworthy and notes that the service is of high quality and that it is managed effectively. During the year, as a result of pressure on resources, there was a need to reconsider the way the service was provided and a decision had to be made to change from providing a service for children and young people individually, to providing a service in groups. It was anticipated that such a provision would be objected; however, on the whole, apart from a few exceptions, the change has been successful and has managed to ensure that the service works within the funding resources available. However, the budget resource has been scarce and thus has meant that an insufficient number of hours were available in vulnerable situations in order to prevent the breakdown of the family situation.

The lack of occupational therapy provision continues to be a concern to the service and discussions are taking place between this service and adult services in order to seek a solution. A bid for a support service resource was not successful, therefore, the risk to our provision to children and to our staff continues.

The service during the year has also been in the position of having to plan for the loss of substantial grants. Assurance had not been received until late March 2011 that the bid for the retention of the Service Manager’s post had been successful and it has been a very difficult period for some individuals in the service. The service was not successful with its bid for funding to continue with the administrative support for the Service Manager and as a result, the lack of administration within the service since its establishment places additional pressure on a small administration team. The key workers’ grant also ended at the end of March 2011 and the service made plans to act without this resource by applying for another grant that funds the post of one key worker, instead of five; this capacity is substantially less than what had been built upon during the grant period. Obviously, this places pressure on families who had been receiving a service.

The service continued to seek the voice of children and families within their plans and it held another successful Celebrate the Family Day and it collaborated with Carers Outreach to establish a parent group in the Arfon area, as existed in the other two areas.

**Review and quality assurance team**

In 2009/10, the service proved success with a bid to increase the capacity of this unit by introducing an additional part-time independent review officer. In the second half of 2010/11, an appointment was made to this post and this means that the unit is
operating on the capacity of four part-time officers. Unfortunately, because of
unavoidable staffing circumstances during the year, the service has found it difficult
to hold looked after children statutory reviews on time, and there is considerable
concern on a corporate basis regarding the service’s general level of performance.
This situation has arisen for a number of reasons; including the actions of some social
workers where they postponed reviews without fully realising the impact of doing so
on the performance of the service and on children’s needs to receive a regular review
of their care plans. As a result, there has been an agreement to add to the team’s
capacity over a period of one year by increasing the hours of permanent officers in
order to improve practice.

The service has one quality assurance officer that has been working directly with the
children’s teams and relevant managers to hold a high number of practice and quality
of practice audits across a broad range of fields. This element of the service is key in
order to bring qualitative information together in order to increase the service’s
capacity to put arrangements in place to improve practice. It was noted in a field
work audit at the end of March 2011 that this resource within the service was positive
and that it added value.

For many years, the service, by means of the ICS project, has been focusing on
providing practice development training both individually and in groups. By means
of the project, a specific assessment model has been developed, along with an
innovative risk model to assess risks to children. The model has been included on a
shortlist for a National Award for Excellence in Social Care in 2011. This is a feather
in the service’s cap and it is evidence that the service’s decision to focus on
developing practice was the right decision to make. Because of changes to the post
of the ICS lead manager during the coming year, there is concern in the service
regarding the lack of capacity in its resources to build upon this work and maintain it.
A field work audit report in March 2011 acknowledged that this aspect of the service
was to be praised; however, because of changes to capacity, there is a risk that the
resource available will be substantially less that what has been available historically
and this poses a risk of being unable to maintain the development as the service would
wish to do.

Nevertheless, there are positive examples of good practice that have arisen from
investing time to act in this way and there are examples within cases where the
assessment model and the risk model are used on a regular basis.

**Looking forward.**

For the year ahead the service intends to work towards maintaining and supporting
good practice standards in all areas of work. There are a number of critical areas
where further work is needed in order to achieve better performance, specifically
completing initial assessments within timescales, undertaking looked after children’s
statutory reviews within timescales and reviewing child in need plans. The
integrating of the Specialist Children’s Service has been included as a priority project
within the Council’s 3 year plan and sits under the Children and Young People
Programme Board. Similarly the development and establishment of the Integrated
Family Support Service is also a priority project within the 3 year plan and sits under
the Care Programme Board. The service’s Business Plan for 11/12 clearly sets out the
business priorities for the service and the service will also prioritise implementing an action plan as a response to a CSSIW inspection of assessment and care planning within the areas of child protection, looked after children and children in need.
RHESTR GRIDIAU TYSTIO LAETH WEDI EU CWBLHAU
LIST OF EVIDENCE GRIDS COMPLETED

Mae'r Adran wedi cwblhau y gridiau tystiolaeth ar y meysydd canlynol. Mae copïau o’r gridiau ar gael drwy gysylltu ag Uned Gofal Cwsmer Adran Gwasanaethau Cymdeithasol:

The Department has completed evidence grids on the following areas. Copies of the grids are available through contacting the Social Services Customer Care Department.

Uned Gofal Cwsmer / Customer Care Unit
Adran Gwasanaethau Cymdeithasol / Social Services Department
Cygwr Gwynedd / Gwynedd Council
Stryd y Jêl / Shirehall Street
Caernarfon
Gwynedd LL55 1SH
E-bost / E-mail: gcgc@gwynedd.gov.uk  ☎: 01286 679268

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<td>Safeguarding Vulnerable Adults</td>
</tr>
<tr>
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<td>Ansawdd Gwasanaethau</td>
<td>Quality of Services</td>
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<td>Assessment and Care Management</td>
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<td>Cynllunio a Partneriaethau</td>
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<td>Rheoli Perfformiad ac Ansawdd</td>
<td>Performance Management and Quality</td>
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Service Profile

Gwynedd Social Services

Introduction

This service profile has been developed to support Gwynedd County Borough Council’s Director of Social Services’ Annual Report which sets out Gwynedd social services’ performance. The information about Gwynedd in this report supports the director’s report by putting that performance into context relating to the way that Gwynedd’s social services operate.

Three broad areas of information are set out:

- Firstly, the general demographics of the area, including details about population and health;
- Secondly, the service demands placed on Gwynedd social services from the needs of vulnerable groups, including children and young people, and older people; and
- Lastly, the level of resources that Gwynedd invests in its social services delivery.

Where appropriate the profile makes comparisons between Gwynedd’s operating context and both the all Wales picture and that of comparable local authorities. The comparable authorities are chosen based on similar characteristics for specific demographic and deprivation indicators. For more information on the comparable authorities methodology please see appendix one. The authorities that have been used for comparison purposes are Pembrokeshire, Powys and Conwy.

This information has been developed solely to put Gwynedd social services’ performance into a wider context and does not judge their performance.
What does the County look like?

This section sets out some general information about Gwynedd.

Population

According to the 2009 mid-year estimates, Gwynedd had a population of over 119,000. This compares with an average population across all the Welsh local authorities of 136,000 and an average of 120,000 across the comparable authorities. Figure 1 shows how the populations were proportionately split across different age bands. Since 2001, like most Welsh authorities, Gwynedd had seen a steady increase in the total population.

Figure 1: Population split by proportion across age bands, 2009

![Population split by proportion across age bands, 2009](image)

Source: Office for National Statistics (ONS)

In 2001 99% of Gwynedd’s population were from a white background, the same proportion as the comparable authorities. Across Wales the percentage of the population from a white background was 98%. In 2009 the percentage of Gwynedd’s population from a non-white background rose to 1.5%. This compares to 2.1% for the comparable authorities and 3.6% for Wales.

Table 1: Percentage of population in each ethnic group, 2001.

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Mixed</th>
<th>Asian</th>
<th>Chinese or other</th>
<th>Black or Black British</th>
</tr>
</thead>
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<td>0.41</td>
<td>0.37</td>
<td>0.30</td>
<td>0.10</td>
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<td>Wales</td>
<td>97.88</td>
<td>0.61</td>
<td>0.88</td>
<td>0.39</td>
<td>0.24</td>
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<tr>
<td>Comparable</td>
<td>99.07</td>
<td>0.35</td>
<td>0.28</td>
<td>0.22</td>
<td>0.08</td>
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</table>

Source: Office for National Statistics (ONS)

Figure 1 and Table 1 show that the population profiles of Gwynedd and the comparable authorities are broadly similar.
Deprivation

The Welsh Index of Multiple Deprivation (WIMD) takes information produced for local areas across different factors, for example unemployment and benefit claimant rates, which affect the lives of individuals and communities. WIMD brings this information together to paint a picture of relative deprivation across Wales. Gwynedd has 4% of its local areas in the most 10% deprived in Wales.

Figure 2 shows Gwynedd’s deprivation profile from WIMD 2008 (revised). The darker the colour the more the area is deprived. 5% of Gwynedd’s local areas, are amongst the top 20% deprived areas in Wales. In general, taking into consideration wider factors, Gwynedd has a below average overall level of deprivation. In 2008-09 the proportion of benefit claimants amongst people of working age was lower than in the comparable local authorities.

Figure 2: Relative picture of deprivation across Gwynedd (WIMD 2008 revised)

Source: Local Government Data Unit ~ Wales
An area that contributes to Gwynedd’s overall deprivation profile is recorded crime. Figure 3 shows the level of recorded crime across different categories. The total rate of recorded offences in Gwynedd was higher than the comparable authorities.

**Figure 3: Rate of recorded crime per 1,000 population, 2009-10**

![Bar chart showing rate of recorded crime per 1,000 population](chart.png)

Source: Home Office - Police Recorded Crime England and Wales

**Health related issues**

24% of people in Gwynedd reported that they had a long term limiting illness, compared to 22% in 2007. This compared with 27% across Wales. The number of people of pensionable age reporting a long term limiting illness in Gwynedd was 11,558, compared to an average of 13,497 across all Welsh authorities. In addition, Gwynedd had less people under 65 who claimed severe disability allowance than the average across all Welsh authorities and the average of the comparable authorities.

Figure 4 shows the rate of teenage conceptions in Gwynedd. According to the latest data (2008) the rate of teenage conceptions in Gwynedd decreased and was, for the first time since 2004, lower than both Wales’ rate and the comparable authorities’ rate.
**Figure 4: Rate of teenage conceptions per 1,000 female population aged 15-17, 2008**

![Graph showing the rate of teenage conceptions per 1,000 female population aged 15-17 from 2001 to 2008 for Gwynedd, Wales, and comparable authorities.]

Source: Office of National Statistics (ONS)

**Housing**

In 2009-10 more households rented from social housing landlords in Gwynedd than in the comparable authorities. Figure 5 shows that the majority of household tenures in Gwynedd were either owner-occupied or privately rented.

**Figure 5: Dwelling stock estimates by tenure, 2009-10**

![Graph showing the dwelling stock estimates by tenure in 2009-10 for Gwynedd, Wales, and comparable authorities.]

Source: Welsh Assembly Government
Demands and supply in Gwynedd’s social care

This section considers some indicators of demand for social care services and also the authority’s investment in resources. As well as giving a general picture, this section considers each service user group individually.

The overall picture
Gwynedd had a higher rate of social care clients aged 65+ than both the comparable authorities and Wales. Figure 6 shows the authority’s client age profile.

**Figure 6: Social care clients split by proportion across age bands, 2009-10**

![Bar chart showing client age profile for Gwynedd, Wales, and Comparable authorities]

Source: Welsh Assembly Government

Gwynedd prioritised 20% more spending on social care provision than the level set out by the Welsh Assembly Government. This compares to 25% in 2008-09. The comparable authorities spent, on average, 12% more.

In 2009-10, Gwynedd continued to increase the total number of social work staff it employed, despite a decrease in the number of staff for adults. For the same period the number of social service staff employed across Wales also increased, for both children and adults.

Figures 7 and 8 show the rates of social workers for adults and children.
Figure 7: Rate of senior social work practitioners, senior practitioners and social workers for adults per 100 adult service users aged 18-64 at 31 March

Source: Welsh Assembly Government

Figure 8: Rate of senior social work practitioners, senior practitioners and social workers for children per 100 service users aged 0-17 at 31 March

Source: Welsh Assembly Government
Children

According to the 2008 Welsh Index of Multiple Deprivation (WIMD), 6% of Gwynedd’s children lived in areas that are amongst the top 10% most deprived in Wales. This compares to 12% of children across Wales and 4% of children across the comparable authorities. However, it had a higher percentage of children living in social rented housing in 2009-10 than both Wales and the comparable authorities. Nevertheless, the rate of child social care users was, at 33 per 1,000 population aged 0-17, lower than Wales’ rate of 40 and the comparable authorities’ rate of 34.

Between 2002-03 and 2009-10, the rate of child social care clients per 1,000 population aged 0-17 decreased considerably, with a further decrease in 2009-10. This compares with a relatively slight increase across Wales and the comparable authorities. Figure 9 shows the trend over this period.

**Figure 9: Rate of social care clients aged 0-17 per 1,000 population**

[Graph showing the trend of social care clients aged 0-17 per 1,000 population from 2002-03 to 2009-10 for Gwynedd, Wales, and comparable authorities.]

Source: Welsh Assembly Government

Children and young people who are in the care of the local authority (looked after children) are a key part of this client group. Figure 10 shows the number of children looked after at 31 March across the nine years to 2009-10. During this time the number of children looked after by Gwynedd continued to increase. Likewise the average numbers across the Welsh authorities and the comparable authorities also rose. For 2009-10 the number of looked after children in Gwynedd remained above the comparable authorities’ average.
Child protection registers (CPRs) are maintained by every local authority in order to improve child protection procedures for children and young people. Figure 11 shows the trend in numbers on the child protection registers across the period 2001-02 to 2009-10. It is clear from the graph that 2009-10 saw the first increase in the number of children and young people on the CPR in Gwynedd since 2004-05. Both the average for all Welsh authorities and the average of the comparable authorities also saw an increase in 2009-10. Gwynedd’s figure remained below the comparable authorities’ average and the Welsh LA average.

In the period 2001-02 to 2009-10 Gwynedd’s spending on children and young people’s services has increased, with 2009-10 seeing a 4% increase on the previous year’s figure. In the same period the average expenditure of the comparable authorities also continued to increase, at a very similar rate to
Gwynedd. Figure 12 shows the trend of expenditure for both Gwynedd and its comparable authorities since 2001-02.

**Figure 12: Net expenditure on children’s and family services**

![Figure 12: Net expenditure on children’s and family services](image)

Source: Welsh Assembly Government

Figure 13 shows Gwynedd’s gross expenditure pattern on children and family services. It shows that the proportion invested in its own provision remained steady between 2001-02 and 2009-10.

**Figure 13: Gwynedd’s gross expenditure on children’s and family services proportionately split between its own and other provision**

![Figure 13: Gwynedd’s gross expenditure on children’s and family services proportionately split between its own and other provision](image)

Source: Welsh Assembly Government
Adults 18-64

In 2009-10 Gwynedd had a rate of 18 adult service users aged between 18 and 64 receiving services per 1,000 population aged 18-64. This rate continued to be above both the comparable authorities’ rate and Wales’ rate of 15. Like the comparable authorities, Gwynedd’s rate had decreased since the previous year. Figure 14 shows the trend over the period 2002-03 to 2009-10.

Figure 14: Rate of adult service users aged 18-64 receiving community and residential services per 1,000 population aged 18-64

Of the 1,236 adult service users in Gwynedd in 2009-10, 96% were supported in the community. This was the same as 2008-09. Similarly, the proportion for Wales remained at a steady 94% and the proportion for the comparable authorities remained at 92%.

Between 2001-02 and 2009-10, Gwynedd, like other Welsh authorities, increased its spending in adult social services considerably. Nevertheless, the total amount spent in this area in 2009-10 remained below that of the comparable authorities’ average spend. 2009-10 saw the first increase in the proportion spent on its own provision since 2004-05 in Gwynedd.
Figure 15: Gwynedd’s gross expenditure on adults aged 18-64 proportionately split between its own and other provision

Source: Welsh Assembly Government
Older people (65 and over)

In 2009-10 69% of all Gwynedd’s social care clients were aged 65+. This compares to 65% across the comparable authorities and 60% across Wales.

In 2009-10 the rate of social care clients aged 65+ decreased by 10% on the 2008-09 figure to 192 per 1,000 population aged 65+. This compares to a less than 2% decrease across Wales and less than 6% across the comparable authorities. Figure 16 shows the trend in the rate of adult service users aged 65+ since 2002-03.

**Figure 16: Rate of adult service users aged 65 and over receiving community and residential based services per 1,000 population (aged 65 and over)**

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<td>2003-04</td>
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<td>2004-05</td>
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<td>2008-09</td>
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</tr>
<tr>
<td>2009-10</td>
<td>210</td>
<td>205</td>
<td>200</td>
</tr>
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</table>

Source: Welsh Assembly Government

Of the 4,517 social care clients aged 65+, Gwynedd helped 87% to continue living independently at home. This equates to 16% of the entire population aged 65+. The percentage of clients aged 65+ helped to live at home across the comparable authorities was 83%.

Since 2001-02 the total number of service users in this age group receiving community based services had risen steadily, with 2009-10 seeing the first decrease since 2002-03. Despite this decrease, Gwynedd’s client numbers in this area remained higher than the comparable authorities’ average and the Welsh LA average. Figure 17 shows the numbers of older people that Gwynedd supported in a community setting and includes assistive technology.
2009-10 saw an increase in spending on social care clients in this category. Overall, spending on social care clients aged 65+ remained higher than the comparable authorities’ average.

Since 2001-02 the proportion of spending on its own provision decreased. This is also true for the comparable authorities and Wales. In 2009-10 Gwynedd’s expenditure on its own provision decreased slightly to 53%. Both Wales and the comparative authorities also showed slight decreases in their figures in 2009-10. Figure 18 shows the trend in Gwynedd’s expenditure and the pattern of that expenditure.
Figure 18: Gwynedd’s gross expenditure on adults aged 65 and over proportionately split between its own and other provision

Source: Welsh Assembly Government
Adults aged 18-64 who are physically and sensory disabled

The number of clients with physical or sensory disabilities receiving community and residential services in Gwynedd rose considerably in the period 2001-02 to 2009-10. In 2009-10, Gwynedd had 616 social care clients with physical or sensory disabilities, a decrease on the 641 in 2008-09. This compares to an average of 637 across all Welsh local authorities and 497 across the comparable authorities.

**Figure 19: Number of adults aged 18-64 with physical and sensory disabilities receiving community or residential based services during the year**

![Graph showing the number of people receiving community or residential based services from 2001-02 to 2009-10 for Gwynedd and Welsh LA average.]

Source: Welsh Assembly Government

Since 2001-02, Gwynedd had increased expenditure in this area. In 2009-10 Gwynedd’s spending level remained higher than the comparable authorities’ average expenditure.

Over the same period the proportion of expenditure invested in its own provision decreased. However, Gwynedd spent 47% on its own provision in 2009-10 compared to 45% in 2008-09. The comparable authorities spent just 37% on own provision in 2009-10. Figure 20 sets out the trend in Gwynedd’s expenditure in this area and the pattern of that expenditure.
Figure 20: Gwynedd’s gross expenditure on adults aged 18-64 with physical and sensory disabilities proportionately split between its own and other provision

Source: Welsh Assembly Government
Adults aged 18-64 with learning disabilities

2009-10 saw a further decrease in the number of people with learning disabilities receiving community and residential based services in Gwynedd. Similarly, the average client numbers across the comparable authorities showed a slight decrease, while the Welsh LA average saw an increase. Figure 21 shows the trend in the numbers receiving services in this client group.

Figure 21: Number of adults aged 18-64 with learning disabilities receiving community and residential based services during the year

Since 2003-04, Gwynedd's spending in this area continued to increase. Similarly, both the Welsh LA average and the comparable authorities' average has continued to increase. 2009-10 saw an 8% increase in Gwynedd's spending compared to an increase of just 4% in the comparable authorities' average.

Gwynedd's proportion of spending on its own provision increased slightly from 2008-09. The proportion across the comparable authorities also increased slightly. Figure 22 shows the level and pattern of spending in Gwynedd.
Figure 22: Gwynedd’s gross expenditure on adults aged 18-64 with learning disabilities proportionately split between its own and other provision

Source: Welsh Assembly Government
Adults aged 18-64 with mental health problems

2009-10 saw a considerable decrease in the number of people with mental health problems receiving community and residential based services in Gwynedd. For the same period both the Welsh LA average and the comparable authorities’ average increased. In 2009-10 Gwynedd’s client numbers in this area were, for the first time, lower than both the Welsh LA average and the comparable authorities’ average. Figure 23 shows the trend in the numbers receiving services in this client group.

**Figure 23: Number of adults aged 18-64 with mental health difficulties receiving community and residential based services during the year**

Compared with other service areas this is a relatively small area of spend. In 2009-10 spending in this area increased in Gwynedd. The average spend across the comparable authorities and all Welsh authorities also increased.

Gwynedd’s proportion of spending on its own provision had been fairly stable since 2001, 2009-10 saw a slight increase on the previous year’s figure. Conversely, the level of spending on own provision had decreased across both Wales the comparable authorities in 2009-10. Figure 24 shows these trends as well as the split in Gwynedd’s expenditure between its own and other provision.
Figure 24: Gwynedd’s gross expenditure on adults aged 18-64 with mental health difficulties proportionately split between its own and other provision

Source: Welsh Assembly Government
Appendix 1

**Arriving at our comparable authority list**

To arrive at our list of comparable authorities we have used a comparable authorities’ model. This is a piece of statistical software that is freely available on the Local Government Data Unit’s website. It lets authorities choose either socio-demographic and/or service specific data (indicators), in order to arrive at a set of nearest statistical neighbours.

This method gives a score (distance), to all pairs of authorities according to the similarity between them:

- We call this the ‘distance’ calculated, because the method for calculating the difference in a variable is the same as calculating a geographical distance.
- The ‘distances’ are then combined to give an overall score.
- The smaller the score, the more comparable the authorities are.
- Increasing the number of indicators decreases the probability of getting a ‘close’ match.

We chose the following variables in order to arrive at the nearest neighbours:

- Population;
- Population density;
- Dependent children in families receiving income support;
- Population aged under 18 in wards with weighted density greater than 1.5 times the Welsh average;
- Dependent children in overcrowded housing;
- Dependent children in social rented housing;
- Population aged under 18;
- Population aged 18 to 64;
- Adults aged 18 to 64 in non-white ethnic groups;
- Severe disablement allowance and disability living allowance claimants aged under 65;
- Households where head is aged 18 to 64 with no carer;
- Income support and job seekers allowance claimants aged under 65;
- Pensioners with a limiting long-term illness;
- Income support recipients aged 60 and over/65 and over (from 2005-06);
- Pensioners living alone in households; and
- Population aged 85 and over.