Scrutiny Investigation Report

Ysbyty Alltwen

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1 Introduction

1.1 This report presents the main issues (advantages and disadvantages) brought to light by the Scrutiny Investigation into the Pilot Scheme on integrated working between Gwynedd Council Social Services, Betsi Cadwaladr University Health Board and the Third Sector at Ysbyty Alltwen, near Tremadog, Gwynedd.

1.2 The main aim of the Investigation was to answer the question:
Does the integrated working model of the Alltwen Scheme succeed in addressing the requirements of the Social Services and Well-being Act 2014?

1.3 The Investigation was set up on 20 October 2015, and this report is submitted for the attention of the Scrutiny Committee on this day (17 November 2016).

1.4 The Investigation was set up to try to answer the following questions:

- Is it possible to evidence that the new way of working places individuals using the services centrally and does it help them live their lives in the way they wish to live them?
- Is it possible to evidence that the model enables Gwynedd Council and the Health Board to collaborate more effectively?
- Is it possible to evidence that the model enables Gwynedd Council and the Health Board to work more efficiently?
- It is possible to demonstrate that resources can be used more effectively by working in this way?

1.5 Members of the Investigation would like to thank the Cabinet Member and the all internal and external officers for taking part in the Investigation.

2 Delivery

2.1 It is appropriate to note at the beginning of the report that it has not been possible to deliver one key element of the work, namely, the consideration of direct feedback from services users. (see also 4.5 and 8.1 – 8.6).

2.2 During the Investigation it became apparent that the work was developing and progressing. This report is a snapshot of the situation which is continually changing and moving forward, and it is suggested that the Cabinet Member and Head of Service have the opportunity to give an update when you consider the report in the meeting on 17 November

2.3 Nevertheless, Members of the Investigation believe that their work in gathering information from officers and the consideration given to research work provide clear and valuable messages.

2.4 Those Findings and Recommendations are submitted for the attention of the Health and Care Cabinet Member and the Western Area Director for the Health Board for whom they will hopefully prove useful as they develop and expand the work across the County.

3 Findings

3.1 The model being developed jointly between the Council and the Health Board at Ysbyty Alltwen near Tremadog in the Eifionydd area, contributes positively toward improving collaboration and transforming serivces for patients and service users.

3.2 It is possible to evidence the success of the collaboration plan and effective working methodologies between front line officers from the Health Board, the Council and, to a degree, the Third Sector.

3.3 Some success can be seen on a leadership and senior management level in joint planning and support for collaboration on an executive level; but, no clear evidence exists to show that this culture has yet filtered through to each level.

3.4 Although there are definite signs of planning and service provision in placing the individual at the centre, no clear evidence of this was given by Users.

3.5 There is room to further improve the Communication arrangements between the Alltwen Team and external services, and Users and their Families. There was no clear evidence that two essential elements of the Act in terms of sharing information and advising on preventative services in order to maintain independence was happening. This was happening when assessing but the aim of the Act is to ensure that this happens before assessment.

3.6 There are some visible signs that the new way of working is saving on services expenditure in the long term; but, so far, there has been no clear evidence of financial savings deriving from the Plan.

3.7 In order to work as one whole, integrated team, Council Officers and Health Board nurses and officers need to offer the full service jointly for periods longer than between 9-5, Monday to Friday.

3.8 Electronic systems and various documents from the Health Board and Council still seem to be a barrier to integrated working in some cases.

3.9 Although clear evidence exists that the individual's wish to remain at home is met and fully considered; at times, a different type of care needs to be provided locally and there is a shortage of beds in Residential Care, Nursing Care and EMI (Elderly Mentally Infirm) in the Eifionydd area which is a barrier to achieving this.

3.10 Whilst accepting that one intrinsic feature of the Plan is to pull some officers from other areas to participate in the scheme order to spread the work across

the County, there is concern that this could lead to temporary staff shortages in other areas and that care must be taken to avoid this.

3.11 The main work of the Alltwen Scheme is to provide services to benefit the Users. However, no clear measures currently exist, but these are being developed.

4 Recommendations

4.1 That the Alltwen Scheme integrated work model be expanded across the County at once.

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

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

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

4.5 Bring the current contract with external experts to a close and appoint an appropriate specialist to carry out a customer satisfaction Review and Questionnaire with users and analyse the responses.

4.6 Carefully assess the current measures, setting out a baseline and target for each.

4.7 Appoint a Senior Officer to undertake an assessment of the day to day arrangements of dealing with phone calls for the Alltwen Scheme in order to prevent missed calls and improve communication to include comparative details of arrangements for sharing **information**, **advising** and **assessing** in each area of Gwynedd

4.8 Provide a fully integrated service between 8.00 and 20.00 o'clock, seven days a week.

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

4.10 Set up a procedure of weekly reporting on Residential, Nursing and EMI beds available in each area in Gwynedd.

5 Investigation Methodology (Appendix 1.)

5.1 Consideration was given to the processes of delivering on behalf of the user on three levels:

- National - the national context, policies and external drivers
- Institutional - senior managers, institutional structures, budgets/savings
- Operational - staff that provide services

5.2 A presentation was given on the main national driver - the Social Services and Well-being Act 2014 - and information was shared about the context in Scotland and Sweden in terms of collaborating/integrating plans in health and care.

5.2 One to one interviews were held along with group and more formal interviews in a committee set up with executive officers, senior officers and key Third Sector partners.

5.3 A closed meeting of the Alltwen Team was observed where the case of one User was considered (known as a Fish Bowl meeting).

5.4 Consideration was given to information on performance and measures.

6 Realizing for the benefit of the User

National

6.1 The main elements of the Social Services and Well Being Act 2014 were considered as well as the implications as to the way in which the planning and provision of services must change.

6.2 The cornerstone of the Act is the individual's Well-being Statement The main features of the Statement are:
- a description of the aspects of well-being that pertain to all parts of an individual's life
- empower people to have a stronger voice and to have greater control over their lives
- that people receive the care and support they need to live their lives to the full

6.3 The Statement includes a description of the personal well-being guidelines that an individual and his/her carer has a right to receive when working alongside social services and their partners

6.4 The Statement is an outline of the Welsh Government's commitment to ensure the well-being of the individual.

6.5 The Statement is also a means of fostering a general understanding between the individual and all the agencies in order to ensure that everyone works together to achieve the same important results for the individual.

6.6 The Well-being Statement is part of a national social services results framework that have been measured since April 2016.

6.7 There is no clear evidence that the Welsh Government has been promoting this new way of working at all times with regard to the Alltwen Scheme. (see 8.26)

Institutional

6.8 Ffordd Gwynedd is based on the Systems Thinking concept which focuses on the way in which the service is provided, the way in which it**links up and interacts** with departments which contribute to the service provision. Doing this rather than pursuing the traditional route whereby each department scrutinises itself.

6.9 It is considered that a service provision model jointly developed between Gwynedd Council and Betsi Cadwaladr University Health Board at Ysbyty Alltwen near Tremadog in Eifionydd, is a key and core part of all the transitional work of the Adults Services.

6.10 Even though the Alltwen Executive Team and officers from the Council and Health Board who are involved have a clear understanding, some confusion exists with the situation among external officers, and the potential for confusion remains among some Users and Carers.

6.11 Only patients from the Eifionydd area may receive this service at present; whilst patients from north Meirionnydd and Pen Llŷn who visit the hospital are assessed outside this arrangement.

6.12 The clumsy working title - Ffordd Gwynedd Plan Health and Care, Ysbyty Alltwen Site, Eifionydd is used for the work. Even though we do not have a specific recommendation on this issue, we ask that the Cabinet Member be mindful of the need to simplify this when expanding the work and promoting it to Users a swyddogion y Cyngor a'r Bwrdd.

Operational (see Appendix 2 and Appendix 4)

6.13 The aim of the *Ffordd Gwynedd Health and Care Plan, Ysbyty Alltwen Site, Eifionydd* is to simplify work procedures and remove obstacles, leading to an improved service for the individual.

6.14 The Plan began in October 2014 when a team of social services and health staff (managers and practitioners) spent six days with the Vanguard consultation company undertaking preliminary work to find out:
- what is important for users
- how the existing system operates and what has led to working in this way

6.15 The result of this work was to agree on the purpose, executive principles and value steps:

Purpose: **To help me live my life as I wish**

Executive Principles

1. Placing what counts for the individual centrally to everything we do
2. Converse with the individuals about their background and the strengths they would like to build on, and support them to make informed decisions
3. Make decisions with the individual at the right time and in the right place.
4. Interventions based on that which counts for the individual by working in partnership with their personal contacts.
5. Retain ownership, bringing in expertise where required.
6. Focus information on that which counts for the individual and what is readily available for anyone who requires it.
7. Our measures drive our Learning and way of working.
8. That we work as one team.
9. Leaders act to remove obstacles, enabling an effective service provision.

Value Steps

1. What is important for the citizen
2. Help the citizen try to resolve issues and discuss options
3. Help the citizen implement options according to 'what is important'
4. Review the effectiveness of the results of 'what is important'

6.16 Set up **A Core Team** was set up to lead on the work and to mentor additional staff to follow the new procedure (but not to take on cases). Team members were:

Gwynedd Council: Two Social Workers and one Occupational Therapist
Health Board: One Occupational Therapist, One District Nurse and One Enabling Officer

6.17 Then an **Executive Team** was set up to deal with cases. The original Team was made up of: 2.6 Social Worker, one Occupational Therapist, one Enabling Officer and One Field Officer (Third Sector)

The intention is to expand the team until the whole of the Eifionydd area is part of the new way of working...

6.18 Since its inception, the Team has dealt with what is known as service placements::
- 2013/14 - 431
- 2014/15 - 347
- 2015/16 - 220

7 MAIN ADVANTAGES AND SUCCESSES

7.1 Only those Main Advantages that have come to the fore in the opinion of the Members of the Investigation, bearing in mind the requirements of the Well-being Act 2014, have been noted in brief. (A number of other successes are noted in Appendices 2A and 2B.)

7.2 Team members use only one form (two sections) and it combines assessment needs and care plan. This is the **What's Important Form**. (Appendix 3) This

means that the labour intensive process of having different officers interview the User and having to repeat the same thing more than once is removed. This is a clear example of Ffordd Gwynedd at its best through placing the customer centrally.

7.3 Similarly, the practice of appointing one front line officer to be a main contact point for a User is another example of the unerring success of the Alltwen Plan. There was clear evidence of this in the **Fish-bowl** Meeting where the complex requirements of an User's situation were considered.

7.4 This procedure is a commendable one: the officer in charge of the case presents the User's details and the officers then discuss the best way to address the needs of the individual in accordance with his/her wish.

7.5 This results in coordinating and arranging the most appropriate service for the individual and ensuring that this takes place without imposing on him/her.

7.6 Team members seemed to be completely confident and comfortable with this work. There were no signs of divided opinions among staff from the Council, the Health Board and the Third Sector.

7.7 This was an excellent example of integrated working in a situation whereby the User was central.

8 MAIN DISADVANTAGES, OBSTACLES AND SHORTCOMINGS

The main issues that require attention in the view of Members of the Investigation are noted here. (see Appendix 2 for some additional points)

<u>User Survey/Review</u>

8.1 Although Members of the Investigation had strong feelings that the Alltwen Plan contributed constructively to improving the experiences of Users, due to the work they had undertaken, they were disappointed that it had not been possible to confirm this through considering a Survey or Review completed by or on behalf of Users.

8.2 Members of the Investigation considered that fully weighing up the effect of the Alltwen Plan was difficult and that too much emphasis should not be placed on targets as the nature and circumstances of each individual case is likely to impact any real quantitative delivery of data.

8.3 Nevertheless, this further promotes the importance of gathering qualitative data in considering the successes and shortcomings of the plan and to ensure the credibility of the work.

8.4 This element of the work is not easy to achieve. Unlike other fields of work such as education, for example, where it is possible to undertake regular and

constant monitoring of standards, and assessments of pupil progress, it is not possible to follow a similar path here.

8.5 It is hoped that national well-being measures will contribute to creating a clearer picture of the field in time; yet, Members are of the opinion that an assessment of the Alltwen Plan users' experiences must be carried out as soon as possible between October 2014 and the present.

8.6 This is the most difficult and most critical requirement in terms of assessing the success and shortcomings of the Alltwen Plan.

Financing the Plan

8.7 It was noted that the cost of using external consultants for the Alltwen integrated model was £260,000. This was funded by the Independent Living Fund.

8.8 The work undertaken by the consultants to kick start the process had been useful but by now the priority is to assess the success of the work; and, it would be beneficial to terminate the contract in order to use the resources to complete the key assessment work.

The What's Important Form (Appendix 3)

8.9 There was no evidence that the 'What's Important' form was being used by officers and agencies beyond the Alltwen Team, even though the information therein is useful and sufficient.

8.10 This is an issue that requires attention from a Senior Manager.

Extend the period of the service

8.11 Although clear signs of integrated collaboration within the Team exists, the fact that the integrated service was confined to between 9 and 5 o'clock, Monday to Friday, was frustrating for some team members and hampered the smooth running of the plan and service for Users and their Families.

8.12 Is is suggested that this situation be looked at soon, as there is a danger that it could undermine the work achieved to date and hamper further developments.

Measures

8.13 One feature of Ffordd Gwynedd is its focus on the needs of the individual, identifying which obstacles to delivering those requirements exist within the systems.

8.14 This method is based on techniques of the Systems Thinking which, in turn, derives from the preliminary work of Prof. Jay Forrester in the United States during the 1950s.

8.15 It is vital to note that, with such a method, the intention is not to **measure** the improvement of a service. Thus, care must be taken not to create any unnecessary additional work, inventing a series of complex measures and data collection, as a result of Ffordd Gwynedd.

8.16 The arrangements that have been set up to develop national measures as a result of introducing the Well-being Act are seen as a positive step. Members of the Investigation are of the opinion that this must be given time over the next two years to succeed, for the benefit of the Users of the Alltwen Plan and every other User in the County.

8.17 Nevertheless, specifically in the case of the Alltwen Plan, it is suggested that the need to measure customer satisfaction is an intrinsic part of measuring the success of the plan in placing the Individual centrally.

8.18 An example of this can be seen in the *Gwynedd Council Ffordd Gwynedd Properties Service Plan* which has developed this technique for measuring customer satisfaction.

8.19 This is more difficult to achieve in the case of care and health services, and it is suggested that an additional, specialist resource be used to deliver this by using the budget that is currently used by external consultants.*Vanguard* as it is less of a priority.

8.20 Much data is gathered but Members of the Investigation are of the opinion that it would be useful to undertake an assessment of both these related elements:

- Individuals discharged from hospital and who then return quite soon after, looking at the reasons

- Note any financial savings.

8.21 Although the following 'Service Placement' Comparison data (Appendix 4) for each area between 2013 and the present suggests a substantial improvement in the Eifionydd area, a wider assessment needs to be conducted on the story behind the data for it to be of use.

8.22 It has been suggested that the Senior Manager undertake this work.

<u>Change of culture</u>

8.23 Though the principle of appointing a front line officer to assist the User as a consistent point of contact on his/her journey through the systems have been successfully implemented, the culture of support for these key officers by the

Welsh Government and Senior Officers from the Health Board and Councils must be improved.

8.24 During the Investigation meeting with the Alltwen Team Members it became evident to Members of the Investigation that some specific matters would need to be addressed in order to improve this situation:

Information Technology

8.25 Information Technology systems at the Health Board and Council are unable to communicate. It is understood that work is under way on this element and that a new system will be in operation from August 2017. It is recommended that development work should consider the developments and obstacles identified by the Alltwen Team.

8.26 Furthermore, the request by the Welsh Government to produce hard copies of proceedings between the Nurse and the Occupational Therapist and Third Sector officers instead of using email, suggests a lack of understanding of the principles of Ffordd Gwynedd within some Government departments. It is understood that Vanguard consultants are dealing with this matter.

Continuous Health Care

8.27 Arrangements for Continuous Health Care by the Health Board are entirely ineffective and at times thoroughly slows down the service provided. There was a suggestion that the relevant senior officers were considering visiting the officers of the Alltwen Team to discuss the situation. It is vital that this takes place at once.

Dynamic Leadership (Appendices 5)

8.28 There is no clear evidence that senior officers from the Health Board and the Council are aware of the value of the dynamic model of the Alltwen Plan to deliver the requirements of the Well-being Act. It appears that their understanding and their commitment to supporting the Key Officers is fragmented. It was noted that both organisations had been through challenging times and some promising signs of moving on were evident. Thus, it has been suggested that a Senior Officer be tasked with promoting the Plan across the Management Structures of both organisations. The proposal to set up a joint management structure was welcomed.

Transport

8.29 Concern that the lack of transport services in rural areas could undermine the work of the Team among some vulnerable individuals was noted.

8.30 Investigation Members suggest that this is an issue requiring attention on o more strategic level to be led by a Senior Manager.

Third Sector

8.31 Although Third Sector organisations undertake vital elements of services for individuals, the provision is only on offer in some areas. Yet, the shortage in some rural areas is a matter of grave concern.

8.32 A Senior Manager has been asked to undertake work at a strategic level to assess the need, the shortcoming and how to address these issues, beginning with the mapping work already completed by Mantell Gwynedd in the area of the Alltwen Plan.

8.33 Also, it is suggested that an assessment be undertaken of the success of the direct contact with the Third Sector through the Care and Repair connection at the Alltwen Team.

Residential, Nursing and EMI Beds

8.34 Concern was noted among the Team and external surgery staff as to the lack of provision of Residential Care, Nursing Care and EMI beds in the Eifionydd area which was a serious obstacle to meeting the needs of the individual. It was considered that one of the reasons for this was that Users from outside the area filled up beds at times and that this exasperated the problem.

8.35 A Senior Manager has been asked to take a closer look at the situation in the Eifionydd area as a starting point and make suggestions on improvements.

Communication

8.36 The exact situation with regard to missed calls by the public, users, family members, carers etc, is unclear. This is a matter that has caused concern among Team members and Members of the Investigation.

8.37 We would have expected this to be a clear issue raised by the consultants since noting missed calls is a fundamental part of the analysis work of systems thinking. It is unclear to the Members of the Investigation whether this was an issue that had been discussed among consultants and whether they had commented.

8.38 Officers from outside the Team noted that it was unclear which social workers needed to be contacted, and that they had to contact the Office in Dolgellau and talk to the duty officer.

8.39 Additionally, concern was raised by officers of an external surgery at the lack of consistency as to which personnel member at Ysbyty Alltwen they had to contact. This is one aspect that needs to be addressed, taking care not to move officers from the Alltwen Team to every region in Gwynedd in order to expand the plan.

8.40 It is suggested that the responsibility for this lies with the Senior Manager and not the members of the Alltwen Team.

8.41 Concern has arisen among Members of the Investigation as to comments by external officers that there is still a delay in discharging patients as there is no social worker present to carry out the assessment. This can cause a delay of a week or more, but the situation has improved a little.

8.42 In the Members' opinion, this aspect needs to be dealt with quickly through having a Senior Manager conduct an assessment and implement a solution. One option that requires consideration is the appointment of an administrative officer to deal with calls, taking care not to create another layer between the User and the service.

Investigation Meetings

Meetings were held on the following dates:

- 25 February 2016
- 11 April 2016
- 19 May 2016
- 28 June 2016
- 13 July 2016
- 18 October 2016

During the above meetings, a discussion was held with the following:

- Councillor W. Gareth Roberts (Cabinet Member - Adults, Health and Well-being)
- Aled Davies (Head of Adults, Health and Well-being Department)
- 2 x Social Worker
- Enablement Officer
- Alltwen Area Matron
- Community Nurse, Ardudwy/Penrhyndeudraeth
- 2 x Community Nurse, Eifionydd
- Area Nurse (Core Team)
- Occupational Therapist
- Dwyfor Area Manager
- Chief Officer, Carers Outreach
- Care and Repair Manager - Gwynedd and Anglesey
- Performance and Data Unit Manager, Adults, Health and Well-being Department
- Morwena Edwards (Corporate Director)
- Ffion Johnstone (Western Area Director, Betsi Cadwaladr University Health Board)

Other Meetings

An interview was conducted with staff from Bron Meirion Surgery, Penrhyndeudraeth.

Councillors Eryl Jones-Williams, Ann Williams ac Eirwyn Williams observed a Fish Bowl meeting.

Investigation Members wish to thank everyone who took part.

Ffordd Gwynedd Health and Care

Leaders have been talking about delivering client centred services for a long time and this is what workers are trying to do every day. But the work systems that were developed seem to have been hindering rather than supporting this.

A key Vanguard concept is that of 'Failure Demand'. This is demand that re-occurs because the system has failed to meet it at the first opportunity. So it shows up again in the form of re referrals and re assessments.

Armed with this, a Team of Social Services and Health Staff (Managers and Practitioners) spent six days with Vanguard to:

- Find out what matters to users
- Find out how our system works

This was done by:

- Interviewing users
- Case file reviews
- Work flow analysis

Following this we used the system / performance and user knowledge to work backwards to the 'thinking' which underpins our current system and our current purpose. We found that it included the following features:

- We tend to see Social Services solutions as the only options; fitting the individual to the service rather than seeing what matter's to them.
- We tend to solve single issues / problems; not necessarily addressing root causes; some examples of poor multi-agency working.
- Too many assessments and re assessments; not sure about effectiveness of reviews.
- Standardisation is seen as good; if you fill in the form you have done a good job; pushing people through a production line.
- We do things because we have to measure it that way; individuals must hit 'triggers' to be "bad enough" to move to the next stage.

This encouraged us to visualise what 'perfect' would look like by giving us a new **purpose** and a new set of **operational principle and Value steps** as follows:

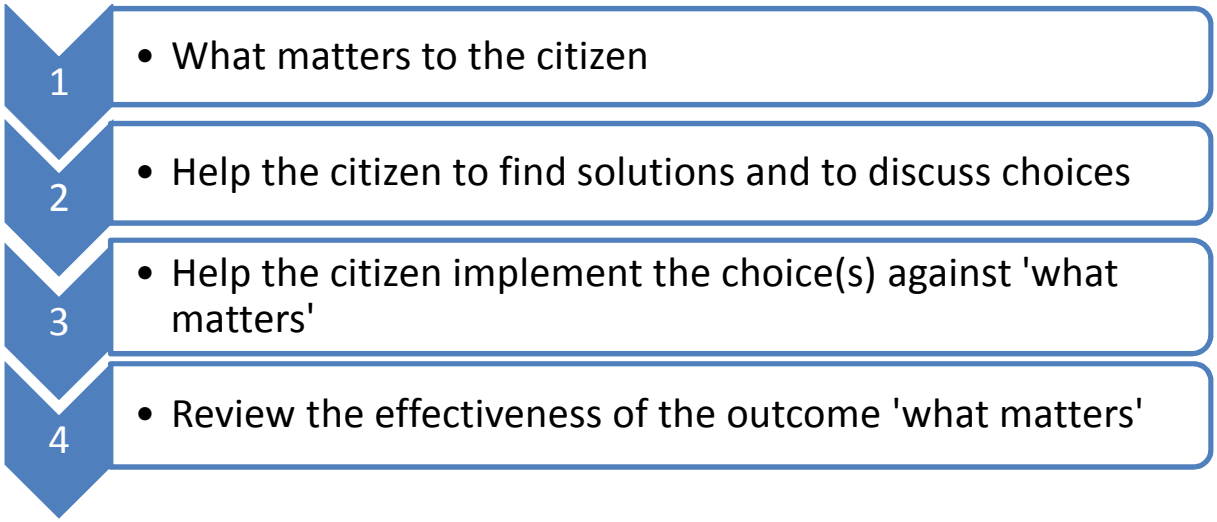
New purpose: "Help me to live my life as I want to live it"

New operational principles:

1. What matters to the individual is at the centre of all we do.
2. We have a conversation with the individual about their story and the strengths they wish to build upon; supporting the individual to make informed choice.
3. We make decisions with the individual at the right time in the right place.
4. Interventions are based on what matters to the individual by working in partnership with their personal networks.

5. We retain ownership and pull in expert support as required.
6. Information focuses on what matters to the individual and is readily accessible to all who needs it.
7. Our measures drive our learning and whole system way of working.
8. We all work as one team.
9. Leaders act to remove barriers to enable effective service delivery.

Value steps:



After the initial 6 days an integrated team of health and care professionals were put together to test these principles in an operational context. This pilot ran for a period of 12 weeks (January 2015) which included the following professions:

- 2 x social worker
- 1 x Occupational Therapist (GC)
- 1 x Occupational Therapist (BCU) (no longer within the core team since June)
- 1 x District nurse
- 1 x Enablement Officer

(This team remains as the core team who mentors and continually tests out new ways of working and challenges forms and identify blockages to remove to ensure that the team are able to adhere to the new purpose and principles. The core team do not take on cases.)

Following the pilot a subsequent roll in of multidisciplinary staff members took place in April and July 2015, and will continually grow until the whole area (Eifionydd) has been rolled in to the new way of working. This way of working will subsequently be introduced to other areas of Gwynedd following the team in Eifionydd being fully functional with relevant health staff joining the team and them all being fully confident in the new way of working.

What have we changed?

- Front line workers are leading the change on the basis of learning from real cases

- One team of health and social care workers working from a community hospital
- A design which will strive to ultimately result in less paperwork and more time spent with the citizen. (80% Care/20% paperwork)
- The same person holding the citizen's story end to end able to pull the right expertise at the right time
- Measures that help us learn understand and improve
- Skills that help us to help the citizen help themselves thus reducing the dependency on public services
- Improved citizen journeys.
- Team challenging what doesn't add any value to what they do.
- Identifying blockages in the system and eliminating them
- Leaders working on and getting rid of blockages.

Current Situation:

The operational team in Eifionydd include:

- 2.6 x Social Workers
- 1 x Occupational Therapist
- 1 x Enablement Officer (Currently on long term sick leave)
- 1 x Field Officer (3rd Sector, on a trial basis which will be reviewed regularly)

The team currently does not include any health members due to the member recently retiring and awaiting to move office for the district nurse team to join the team.

What Happens next?

1. District Nursing team to join the operational team in the next few weeks
2. Moving to a permanent office space (downstairs in Alltwen)
3. Rolling in the ward staff in Alltwen to the new way of working.
4. Workshops have been arranged for Regional Adult Teams within social care (dates on last page)
5. Sessions have been arranged for leaders of health and social care early in December.
6. Planning for other areas i.e identifying locations and timescales.
7. Introducing the new way of working to other local multidisciplinary teams ideally working in a community hospital or surgery setting.
8. Continue to identify blockages and getting rid of them to ensure a timely and effective service for the citizen.
9. Building on individuals and communities strengths
10. Trialling taking all calls for Eifionydd directly i.e. all calls coming through advice and assessment being passed on straight to the team before taking any details on the case.

Ffordd Gwynedd Health and Care's achievements:

- Agreement with audiology department that they will accept a referral via e mail and what matters form, instead of referring through GP. A mail box will be organized.
- Citizens in Eifionydd who have a current hearing aid and have concerns, are now able to self-refer to the audiology department at Ysbyty Gwynedd.
- Team able to borrow hearing aids for assessments
- District nurses are now able to contact out of hours through a direct number, instead of having to go through the triage system.
- A CHC applications mailbox has been arranged following a request by the team.
- An agreement is in place for any request for rubbish and recycling collection to be completed via e-mail. This provision is in place for social service and health workers. No longer a requirement to complete a form.
- Joint local stores
- Prescribers' rights- for all workers in the Eifionydd area for equipment such as profiling beds. The case will be discussed in a controlled environment prior- this is to ensure that every avenue has been achieved prior to ordering the bed.
- Welfare Rights Department- Willing to accept direct referrals via e-mail, instead of completing a form.
- Can refer direct to Orthotics instead of having to go through GP
- Access to ambulance Transport for intermediate care admissions in nursing care homes – direct number to the department.
- (DFG) disability grant – Health occupational therapist can refer directly and take responsibility (following multi-disciplinary discussion (Fish bowl))
- CCG adaptations – discuss case with CCG officer, therefore the case does not need to go to panel

Current Blockages that are being addressed

- CHC – form over 100 pages – long process
    - Process is being mapped to understand why all the documentation needs to be filled
- Telecare – Telecare process has been mapped to try and look at simpler and effective ways of providing the service without the need of filling forms and trying to reduce the time from point of contact to the point of receiving the equipment.
- Direct payments – work ongoing in adapting the guidelines
- Inconsistencies in short term care units – some units insist on going out to assess individuals for admission to short term care units even though an assessment by a professional member of Health or social care has already made an assessment. This is causing duplication and a delay in admission.
- Mapping work being carried out on the Welfare rights team

- Work being done on challenging national/corporate measures
- Best interest assessment /MCA being looked at – two forms different from Health and social care – looking at having one that cover both needs.
- Delays in house adaptations – housing associations – looking at how this service can be more effective
- CCSIW – age variation – having problems placing adults under 55 years of age in short term care units without having to make an 'age variation to the registration' of the home, which can take at least 5 weeks to be put in place. This does not take the individual's need into consideration.

Questions and answers

Questions that were raised from Focus groups held for Adult, Health and Wellbeing staff:

- What is the nature of cases the team are dealing with?
    - The team deals with all cases that come in directly and through advice and assessment, the ward, GP's etc. the team does not split long term or short term cases. They do not deal with any mental health or learning disability cases (OT might be pulled into these as they do not have an OT within LD team at present).
- How does the team receive referrals?
    - Directly on the phone, e-mail, fax
    - Through the advice and assessment team
    - The way of receiving referrals has not changed at present.
- What is the paper work used?
    - The only form that they have to fill is the 'what matter's' a copy can be seen below, this combines the old assessment and care plan. The 'what matter's form is also used for any reviews that need to carried out as well.
    - The team are looking to eliminate unnecessary forms for referrals to other services to avoid duplication, therefore the team are trying to use the 'what matters' as a form of information for any referral for example to refer to residential homes, as a care plan when referring for home care package, as the 'what matter's' document notes all relevant information to inform relevant agencies of what is important to the individual to enable them to live their life how they want to live it.
- What are the blockages and how have the team overcome these?
    - See page 4.

- Simply, what is the new way of working?

    - Ownership of cases from start to end of citizen's journey, no passing cases on to other workers, instead pulling them in when necessary.
    - Integrated working with health and social care –eliminating 'barriers'
    - Health and social care co-located
    - Less paper work – ideally 80% with the citizen 20% paperwork
    - Focus more on what is important to citizen, tries to move from notion that the solution is always statutory services.
    - Working closer with the citizen on the cusp/during enablement period.
    - Multidisciplinary meetings discussing cases which avoids having to take the case to panel for any service to commission care or order any equipment.

If you would like more information about the new way of working, workshops have been arranged for Adult regional teams:

Dwyfor Area Team: 09:30am, 21/10/15, Frondeg, Pwllheli

Meirionydd Area Team: 13:00pm, 18/11/15, Rm 2 Penralag, Dolgellau

Arfon Area Team: 09:30am, 4/11/15, venue to be confirmed, Caernarfon

For those not involved in the above teams workshops there are also open sessions for health and social care staff being held by the Ffordd Gwynedd health and social care team (contact the team to know when they are being held) if you would like the members of the team to come and present to your team separately please contact the team on 01766 510072 or contact Teleri Toohill arTelerisamueltoohill@Gwynedd.gov.ukto arrange.

Appendix 1 –'what matters' form

"BETH SY'N BWYSIG I MI…"
"WHAT'S IMPORTANT TO ME…"

Dyddiad Cychwyn Y Ddogfen/ *Document Start Date :-*	

Enw a Swydd Cyd-lynyddd Gofal / Name and Designation of Care Co-ordinator	

Enw(au) Cyntaf y Dinesydd: *Citizen's First Name(s):*		**Cyfenw'r Dinesydd: *Citizen's Surname:***	
Rhif *NHS No*			
Rhif RAISE *No*		**Rhif D *No***	
Rhif Ffôn Cartref /*Home Tel No:*		**Rhif Ffôn Symudol/*Mobile No:***	
Cyfeiriad Cartref: *Home Address:*			
Perchnogaeth / *Tenure*			
Dyddiad Geni: *Date of Birth:*			

Person Arwyddocaol / Perthynas Agosaf – *Next of Kin*

Pŵer atwrnai/Power of Attorney	

Gwybodaeth Meddyg Teulu / *GP Details*

Enw'r Meddyg Teulu: / *GP Name:*	
Cyfeiriad y Meddyg Teulu: *GP Address:*	
Rhif ffôn y meddyg: *GP Tel No:*	

Caniatad / Capasiti / Rhannu Gwybodaeth – Consent / Capacity / Share Information

Dewis Iaith. Llafar ac Ysgrifennedig – Language of choice verbal and written

Risgiau / Risks
BETH SYDD YN BWYSIG I CHWI . SUT MAE BYWYD DA YN EDRYCH FEL I CHWI? WHAT MATTERS TO YOU / WHAT DOES A GOOD LIFE LOOK LIKE TO YOU ?
1. CEFNDIR/HANES – BACKGROUND/HISTORY
2. IECHYD CORFFOROL/MEDDYLIOL PERTHNASOL –*RELEVANT PHYSICAL /MENTAL HEALTH*
3. BETH MAE TEULU, FFRINDIAU / Y GYMUNED YN GALLU EI WNEUD? –*WHAT CAN FAMILY, FRIENDS/THE COMMUNITY DO?* CYSYLLTIADAU CYMDEITHASOL - *SOCIAL CONTACTS*
4. SGILIAU A CHRYFDERAU (BETH YDYCH WEDI GWNEUD/YN GALLU EI WNEUD I HELPU EICH HUN I GYFLAWNI YR HYN SYDD YN BWYSIG I CHWI?) –*SKILLS AND STRENGTHS (WHAT HAVE YOU DONE OR CAN DO TO HELP YOURSELF ACHIEVE WHAT MATTERS TO YOU?)*

5. OFNAU A PHRYDERON/*FEARS AND CONCERNS:*

6. SYLWADAU CYFFREDINOL / *GENERAL COMMENTS*

ALLBYNNAU BERSONNOL A GANFYDDWYD (BETH SY'N BWYSIG) A'R WEITHRED A GYTUNWYD: ***PERSONAL OUTCOMES IDENTIFIED (WHAT MATTERS) AND AGREED ACTIONS***		
Beth yw'r amcan benodol. What is the individual Outcome ?	Gweithred a'r Camau a gytunwyd i gwrdd a'r Amcan benodol / Agreed actions for meeting The individual outcome	Pwy sy'n gyfrifol, sut a phryd? Unrhyw rwystrau i gyflawni yr allbynnau a'r risg sy'n gysylltiedig / Who will be responsible, how and when? Any barriers to achieving these outcomes and related risks.

Dyddiad Adolygiad : / Date of Review:	

AWDUR / AUTHOR	
DYDDIAD / DATE	

GWYBODAETH DIWEDDARAF SY'N BERTHNASOL I BETH SY'N BWYSIG / LATEST UPDATE THAT IS RELEVANT TO WHAT MATTERS		
Rhowch dic yn y blwch os mai adolygiad yw hwn/ *Please tick if this is a Review*		
AWDUR / AUTHOR (Yr Adolygiad/Review)		
DYDDIAD / DATE (Yr Adolygiad/Review)		
DYDDIAD <u>CAU'R</u> DDOGFEN / DOCUMENT <u>END</u> DATE		

Fforddd Gwynedd Health and Care (Ysbyty Alltwen Site, Eifionydd)

1. Aims and purpose of the Project

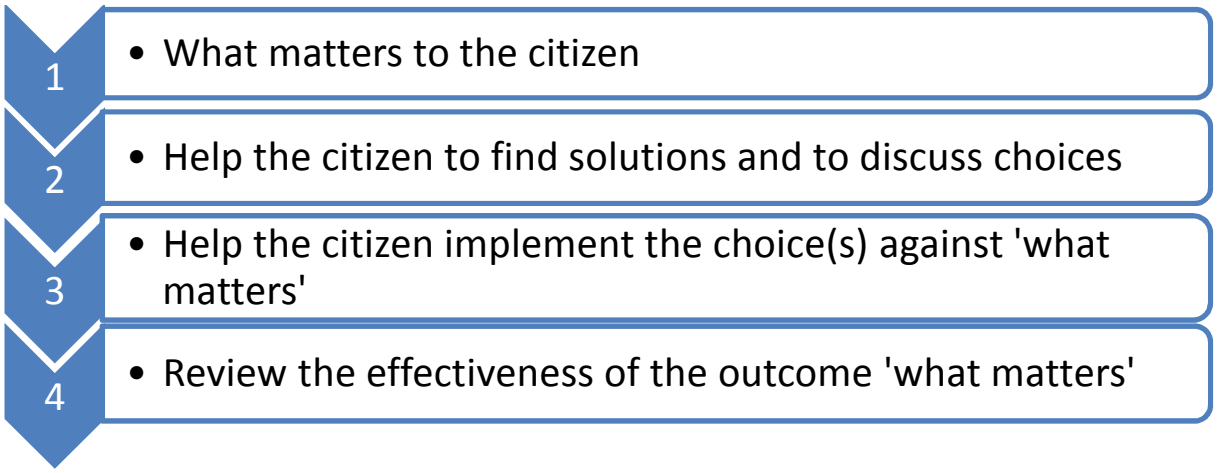
'Fforddd Gwynedd''s principles ensure that Gwynedd's people are at the Centre of all that we do. This is what staff are trying to do every day. But the system or processes in place are hindering instead of supporting this. **Fforddd Gwynedd Health and Care's aim is to simplify these work processes and avoid blockages that will lead to a better Service for the individual.**

Purpose: **"Help me to live my life as I want to live it"**

New operational principles:

1. What matters to the individual is at the centre of all we do.
2. We have a conversation with the individual about their story and the strengths they wish to build upon; supporting the individual to make informed choice.
3. We make decisions with the individual at the right time in the right place.
4. Interventions are based on what matters to the individual by working in partnership with their personal networks.
5. We retain ownership and pull in expert support as required.
6. Information focuses on what matters to the individual and is readily accessible to all who needs it.
7. Our measures drive our learning and whole system way of working.
8. We all work as one team.
9. Leaders act to remove barriers to enable effective service delivery.

Value steps:



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2. Operational Team Set-up

This team will continually grow until the whole area (Eifionydd) has been rolled in to the new way of working. At present, the team in Eifionydd includes:

- 3.4 x Social Workers
- 1 x Occupational Therapist
- 1 x Enablement Officer
- 1 x Field Officer (3rd Sector, on a trial basis which will be reviewed regularly)

3. Questions and answers

- **What is the nature of cases the team are dealing with?**
  - The team deals with all cases that come in directly and through advice and assessment, the ward, GP's etc. the team does not split long term or short term cases. They do not deal with any mental health or learning disability cases (OT might be pulled into these as they do not have an OT within LD team at present).

- H**ow does the team receive referrals?**
  - Directly on the phone, e-mail, fax
  - Through the advice and assessment team
  - The way of receiving referrals has not changed at present.

- **What is the paper work used?**
  - The only form that they have to fill is the 'what matter's form, this combines the old assessment and care plan. The 'what matter's form is also used for any reviews that need to be carried out as well.
  - The team are looking to eliminate unnecessary forms for referrals to other services to avoid duplication, therefore the team are trying to use the 'what matters' as a form of information for any referral for example to refer to residential homes, as a care plan when referring for home care package, as the 'what matter's' document notes all relevant information to inform relevant agencies of what is important to the individual to enable them to live their life how they want to live it.

- **Simply, what is the new way of working?**
  - Ownership of cases from start to end of citizen's journey, no passing cases on to other workers, instead pulling them in when necessary.
  - Integrated working with health and social care –eliminating 'barriers'
  - Health and social care co-located
  - Less paper work – ideally 80% with the citizen 20% paperwork
  - Focus more on what is important to citizen, tries to move from notion that the solution is always statutory services.
  - Working closer with the citizen on the cusp/during enablement period.
  - Multidisciplinary meetings discussing cases which avoid having to take the case to panel for any service to commission care or order any equipment.

ADRAN OEDOLION, IECHYD A LLESIANT
ADULT, HEALTH AND WELFARE DEPARTMENT

"BETH SYDD YN BWYSIG I MI" / "WHAT MATTERS TO ME – MEDI/ SEPT 2016" RHAN 1 / PART 1

Dyddiad Cychwyn y Ddogfen / Document Start Date:			
Cyd-gysylltwr Gofal / Care Co-ordinator :			
Ydi hwn yn asesiad neu yn ail-asesiad? Is this an assessment or a re-assessment?		Dyddiad / Date	
Enw(au) Cyntaf / First Name(s):		Cyfenw / Surname	
Rhif NHS No:			
Rhif RAISE No:		Rhif D No:	
Rhif ffôn cartref / Home telephone number :		Rhif ffôn Symudol / Mobile	
Dyddiad Geni / DOB :			
A yw'r person sydd yn cael ei asesu yn ofalwr/ Is the person being assessed a carer			
Os yw yn ofalydd, ydyw yn asesiad ar y cyd gyda'r dinesydd? If the person is a carer., Is this a joint assessment with the cared for person?			
A oes unrhyw faterion diogelu neu phryderon? Are there any safeguarding issues or concerns?			

Os oes, rhowch fanylion a crynodeb o'r gofal a chefnogaeth sydd angen i ddiogelu a / neu lleihau'r risg o niwed/
If Yes, detail and summarise the care & support required to protect and /or reduce risk to harm

1. BETH SYDD YN BWYSIG I MI? / WHAT MATTERS TO ME?

2.SEFYLLFA PERSONOL Y DINESYDD / PERSONAL CIRCUMSTANCES OF THE CITIZEN

(Cefndir / Gweithgareddau Hamdden – Background / Hobbies)

Os yn ofalydd, ystyriaeth i gyflogaeth, addysg, hyfforddiant a gweithgareddau hamdden. Yn ychwangeol, dylid rhoi ystyriaeth i anghenion datblygiadol os yw'r gofalydd yn blentyn. / If a carer, consider employment, education, training and hobbies. In addition consideration should be given to the developmental needs if the carer is a child

3. IECHYD CORFFOROL/MEDDYLIOL PERTHNASOL/GWYBYDDIAETH/RELEVANT PHYSICAL / MENTAL HEALTH / COGNITION

4. SGILIAU A CHRYFDERAU (BETH RWYF WEDI WNEUD/YN GALLU EI WNEUD I HELPU FY HUN I GYFLAWNI YR HYN SYDD YN BWYSIG I MI?) SKILLS AND STRENGTHS (WHAT HAVE I DONE OR CAN DO TO HELP MYSELF ACHIEVE WHAT MATTERS TO ME?)

5.BETH MAE TEULU, FFRINDIAU, Y GYMUNED YN GALLU AC YN FODLON EI WNEUD - CYSYLLTIADAU CYMDEITHASOL / WHAT CAN FAMILY, FRIENDS, AND THE COMMUNITY DOAND ARE WILLING TO DO - SOCIAL CONTACTS

6.BARN PROFFESIYNOL A / NEU SYLWADAU CYFFREDINOL / PROFESSIONAL OPINION AND /OR GENERAL COMMENTS

7. ASESIAD SYDD WEDI EI GYFLAWNI GAN ASIANTAETHAU ERAILL
ASSESSMENT UNDERTAKEN BY OTHER AGENCIES

Plis nodwch yr asiantaethau a'r gweithwyr proffesiynol sydd gyfredol yn ymwneud a'ch achos, er enghraifft Nyrs Ardal, Gweithwyr Cymdeithasol Ymarferwyr Iechyd, Therapyddion Galwedigaethol ac unrhyw asiantaethau eraill. – Nodwch o.g.y.dd
Please identify the agencies and professionals currently involved in your case, for example, District Nurse, Social Worker, Health Practitioners, Occupational Therapist or other relevant agencies – Please state

Proffesiwn neu Asiantaeth Profession or Agency	Enw / Name	Manylion Cyswllt / Contact Details

Ffurflen wedi ei gofnodi yn gyntaf gan / Document first recorded by :	
Dyddiad : Date :	

NEWIDIADAU/DIWEDDARIAD
AMENDMENTS/UPDATES

Dyddiad Adolygu Review Date	Rhan/au wedi ei adolygu Section/s amended	Gan / By:	Rôl / Role:

A oes yna allbynnau llesiant personol ni all eu cyfarch: / Is there any personal wellbeing outcomes that cannot be met:

(i) Gan chi eich hun / a neu – By You alone / and or	
(ii) Gyda chefnogaeth gan eraill sydd yn fodlon ac yn abl i ddarparu cefnogaeth, ac / neu With support of others who are willing and able to provide that support, and /or	
(iii) Gyda chymorth gan gwasanaethau yn y gymuned mae posib cael mynediad iddynt With the assistance of services in the community that you can access	

Ydi'r dinesydd yn gymwys am gynllun gofal a chefnogaeth? **Is the citizen eligible for a care and support plan?** Na / No – (not eligible for care and support plan) Ydi / Yes – (meet eligible criteria for care and support plan) a summary of advice and/or actions regarding how these outcome will be met is provided)	

******OS 'YDI' FYDD ANGEN MEWNBYNNU FFURFLEN 'BETH SYDD YN BWYSIG I MI – RHAN 2******

******IF 'YES' PLEASE COMPLETE' WHAT MATTERS TO ME DOCUMENT – PART 2******

Awdur yr Asesiad / Author of this Assessment	
DYDDIAD (**GWIR ddyddiad yr asesiad)** / DATE **(of ACTUAL assessment)**	
Dyddiad Cau Dogfen / Document Close Date:	

Caniatâd a Chytyndeb / Consent and Agreement

A yw'r person wedi deall, cytuno a wedi cymryd rhan yn y proses asesiad? Has the person understood, consented to and is engaged in this assessment process?	
Oes penderfyniadau sydd angen asesiad gallu meddyliol llawn? Are there any decisions that require completion of a full mental capacity assessment?	

Os Ydi nodwch y penderfyniad / If Yes, please list specific decisions below

Lle mae'r person efo diffug gallu meddyliol i ddeall a cymryd rhan yn yr asesiad, mae'r canlynol yn gwneud penderfyniadau ac yn gweithredu yn eu lles gorau, ac ar eu rhan. Where the person lacks mental capacity to understand and engage in this assessment, the following is / are making decisions and taking action in their best interest, and on their behalf.

Enw / Name		Perthynas Relationship	
Cyfeiriad / Address			
Manylion Eiriolwr - IMCA / Advocate – IMCA details			

Gall y wybodaeth a gofnodir yn y sgwrs 'beth sy'n bwysig' gael ei rannu gyda eraill sydd yn rhan o'ch gofal a chefnogaeth. Bydd hyn yn helpu deall beth sydd yn bwysig i chi a sut y gall nhw eich cefnogi i gyflawni eich allbynnau personol.

Information recorded in the 'what matters' conversation may be shared with others involved in your care and support. This willhelp them understand what matters to you and how they can support you to achieve your personal outcomes.

Rwyf yn cytuno fod y wybodaeth a gofnodir yma yn gywir a gall y wybodaeth gael ei rannu gyda ymarferwyr iechyd a gofal Cymdeithasol eraill ac asiantaethau allweddol fel yn briodol. **I agree that the information contained in this document is accurate and I agree that it may be shared with other health and social care practitioners and key agencies as appropriate.**	

Mae yna wybodaeth benodol nid ydwyf eisiau ei rannu a/neu asiantaethau/unigolyn nid ywyf eisiau gwybodaeth gael ei rannu efo. Rwyf yn deall gall hyn effeithio fy ngofal a chefnogaeth drwy beidio rhannu'r gwybodaeth. **There is specific information I do not want to share and / or agencies/individuals I do not want information to be shared with. I understand that my care and support may be affected by not sharing information** Peidiwch a rhannu y gwybodaeth ganlynol/ Do not share the following information:	

Asiantaethau / person ddim i dderbyn gwybodaeth amdana i/ Agencies /persons not to receive information about me:

Arwyddwyd / Signed		Dyddiad / Date	
Arwyddwyd / Signed (family/friends/carer agreeing to provide support		Dyddiad / Date	

ADRAN OEDOLION, IECHYD A LLESIANT
ADULT, HEALTH AND WELFARE DEPARTMENT

"BETH SYDD YN BWYSIG I MI" / WHAT MATTERS TO ME – MEDI / SEPT 2016 –RHAN 2 / PART 2

Dyddiad Cychwyn y Ddogfen / Document Start Date:			
Cyd-gysylltwr Gofal / Care Co-ordinator :			
Enw(au) Cyntaf / First Name(s):		Cyfenw / Surname	
Rhif NHS No:			
Rhif RAISE No:		Rhif D No:	
Dyddiad Geni / Date of Birth:			
Cyfeiriad / Address :			
Rhif ffôn Symudol / Mobile			
Rhif ffôn Cartref / Home Telephone Number :			

BETH SYDD YN BWYSIG I MI? / WHAT MATTERS TO ME?

ALLBYNNAU PERSONOL A GANFYDDWYD (BETH SY'N BWYSIG) A'R WEITHRED A GYTUNWYD / PERSONAL OUTCOMES IDENTIFIED (WHAT MATTERS) AND AGREED ACTIONS		
Beth yw'r amcan bersonol benodol? What is the specific personal outcome?		
Gweithred a'r camau a gytunwyd i gwrdd a'r amcan bersonol (yn erbyn pob gweithred nodwch pwy sy'n gyfrifol, sut a phryd?) Agreed actions for meeting the personal outcome (against each action state whom will be responsible, how and when)		
Unrhyw rwystrau i gyflawni yr allbynnau. Any barriers to achieving these outcomes		
Risg i'r person os nad yw allbynnau yn cael ei cyflawni / Risk to person if the outcome are not achieved		
Sgôr Gwaelodlin 1-10 (1 sefyll am y gwaethaf y gall y person deimlo a 10 y gorau) Baseline Score 1-10 (1 being the worst situation the person feels they could be in and 10 is the best)	**Dyddiad Adolygiad** Date of Review	**Sgôr Gwaelodlin ar ôl adolygiad** Baseline score after review
Beth yw'r amcan bersonol benodol? What is the specific personal outcome?		
Gweithred a'r camau a gytunwyd i gwrdd a'r amcan bersonol (yn erbyn pob gweithred nodwch pwy sy'n gyfrifol, sut a phryd?) Agreed actions for meeting the personal outcome (against each action state whom will be responsible, how and when)		

Unrhyw rwystrau i gyflawni yr allbynnau. Any barriers to achieving these outcomes
Risg i'r person os nad yw allbynnau yn cael ei cyflawni / Risk to person if the outcome are not achieved

Sgôr Gwaelodlin 1-10 (1 sefyll am y gwaethaf y gall y person deimlo a 10 y gorau) Baseline Score 1-10 (1 being the worst situation the person feels they could be in and 10 is the best)	**Dyddiad Adolygiad** Date of Review	**Sgôr Gwaelodlin ar ôl adolygiad** Baseline score after review

Beth yw'r amcan bersonol benodol? What is the specific personal outcome?
Gweithred a'r camau a gytunwyd i gwrdd a'r amcan bersonol (yn erbyn pob gweithred nodwch pwy sy'n gyfrifol, sut a phryd?) Agreed actions for meeting the personal outcome (against each action state whom will be responsible, how and when)
Unrhyw rwystrau i gyflawni yr allbynnau. Any barriers to achieving these outcomes
Risg i'r person os nad yw allbynnau yn cael ei cyflawni / Risk to person if the outcome are not achieved

Sgôr Gwaelodlin 1-10 (1 sefyll am y gwaethaf y gall y person deimlo a 10 y gorau) Baseline Score 1-10 (1 being the worst situation the person feels they could be in and 10 is the best)	**Dyddiad Adolygiad** Date of Review	**Sgôr Gwaelodlin ar ôl adolygiad** Baseline score after review

Beth yw'r amcan bersonol benodol? What is the specific personal outcome?
Gweithred a'r camau a gytunwyd i gwrdd a'r amcan bersonol (yn erbyn pob gweithred nodwch pwy sy'n gyfrifol, sut a phryd?) Agreed actions for meeting the personal outcome (against each action state whom will be responsible, how and when)
Unrhyw rwystrau i gyflawni yr allbynnau. Any barriers to achieving these outcomes
Risg i'r person os nad yw allbynnau yn cael ei cyflawni / Risk to person if the outcome are not achieved

Sgôr Gwaelodlin 1-10 (1 sefyll am y gwaethaf y gall y person deimlo a 10 y gorau) Baseline Score 1-10 (1 being the worst situation the person feels they could be in and 10 is the best)	**Dyddiad Adolygiad** Date of Review	**Sgôr Gwaelodlin ar ôl adolygiad** Baseline score after review

DYDDIAD CYCHWYN GWASANAETH (OS YN BERTHNASOL): SERVICE START DATE (IF RELEVANT):	
ADOLYGIAD / REVIEW	
1A Ydym wedi adnabod beth sy'n bwysig i chi?Have we identified what matters to you?	
1. Ydym yn gweithio i gyflawni beth sy'n bwysig?Are we working to achieve what matters?	

2. Ydym wedi gwireddu beth sy'n bwysig? Have we achieved what matters?	
Os nad, pam? / If not, why?	
3. Wnaethom ni eich helpu i gwrdd a beth sy'n bwysig mewn amserlen rhesymol? Did we help you achieve what matters in a reasonable time frame?	
4. Oedd rhaid i chi ddweud eich stori fwy nag unwaith? Did you have to say your story more than once?	
A oes yna anghenion heb eu cyflawni ? / Are there any unmet needs identified?	
Os oes nodwch yr anghenion heb eu cyflawni/ If Yes please note all unmet needs	

ADOLYGIAD / REVIEW

Ein dull i adolygu cynllun gofal a chefnogaeth a trefniadau:

- **Gallwch roi cais am adolygiad os yw eich sefyllfa wedi newid mewn ffordd sydd yn effeithio eich cynllun gofal a chefnogaeth.**
- **Bydd adolygiad o'ch cynllun gofal a chefnogaeth yn cynnwys mesuriad o faint o agos ydych o gyflawni eich allbynnau personol a ganfyddwyd yn y sgwrs 'Beth sy'n bwysig' a asesiad/au arbenigol.**

Our approach to review care and support plans and arrangements:

- **You may request a review if your circumstances have changed in a way that affects your care and support plan**
- **A review of the care and support plan will include measurements of how close you are to achieving the personal outcomes identified within the 'what matters' conversation/s and specialist assessments.**

Dyddiad i'w adolygu : / Date to be Reviewed:	
Rheswm am adolygiad / Reason for review	
Gweithred a gymerwyd: Action Taken	
Crynodeb o adolygiad a rheswm dros y gweithred /Summary of review & reasons for chosen action	

Cytundeb i gynllun gofal a chefnogaeth a caniatâd i rannu gwybodaeth: (Ticiwch fel sydd yn briodol): Agreement to care and support plan and consent to share information: (tick as appropriate):			
Rwyf yn cytuno efo'r wybodaeth ar y ffurflen yma. Os gwrthodwyd, plîs nodwch resymau/ **I agree to the information on this document. If declined, please state reasons:**			
Rhesymau os gwrthodwyd / Reason if declined			
Arwyddwyd / Signed		**Dyddiad / Date**	
Arwyddwyd / Signed (Family/Friends/carer agreeing to provide support		**Dyddiad** Date	
AWDUR / AUTHOR (Yr adolygiad/Review)			
DYDDIAD (gwir adolygiad)/ DATE (of actual review)			
Ydi'r adolygiad wedi ei gwblhau ? / Has the Review been completed : ?			
Dyddiad Cau Dogfen / Document Close Date:			

Cyfnod - 1af Ebrill i 31ain Mawrth (2016/17, 2015/16, 2014/15, 2013/14)
Period- 1st April to 31st March - (2016/17, 2015/2016, 2014/15, 2013/14)

2016-2017	Caernarfon	Bangor	Llŷn	Eifionydd	Gog.Mei	De.Mei	Cyfanswm
Gofal Preswyl / Residential Care							0
Apetito							0
Gofal Dydd / Day Care							0
Galluogi / Enablement							0
Tai Gofal Ychwanegol Extra Care Housing							0
Gofal Cartref / Home Care							0
Gofal Canolraddol / Intermediate Care							0
Gofal Nyrsio / Nursing Care							0
Taliadau Uniongyrchol / Direct Payment							0
Cludiant / Transport							0
Teleofal / Telecare							0
Cyfanswm / Total	0	0	0	0	0	0	0

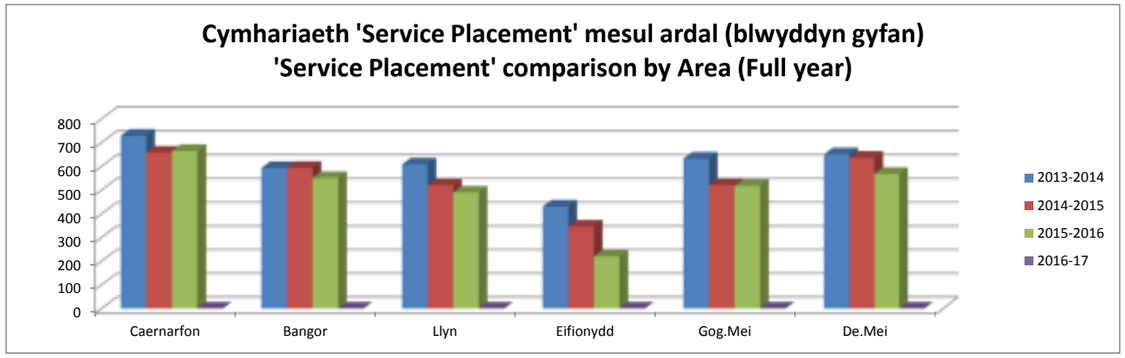
2015-2016	Caernarfon	Bangor	Llŷn	Eifionydd	Gog.Mei	De.Mei	Cyfanswm
Gofal Preswyl / Residential Care	98	88	74	23	75	63	421
Apetito	4	1	5	2	0	0	12
Gofal Dydd / Day Care	42	15	10	2	12	35	116
Galluogi / Enablement	210	213	152	58	135	125	893
Tai Gofal Ychwanegol Extra Care Housing	0	10	0	0	8	0	18
Gofal Cartref / Home Care	148	109	143	79	152	149	780
Gofal Canolraddol / Intermediate Care	57	42	34	14	50	32	229
Gofal Nyrsio / Nursing Care	21	30	19	18	32	26	146
Taliadau Uniongyrchol / Direct Payment	2	0	1	4	6	3	16
Cludiant / Transport	8	9	3	0	7	71	98
Teleofal / Telecare	75	34	49	20	41	64	283
Cyfanswm / Total	665	551	490	220	518	568	3012

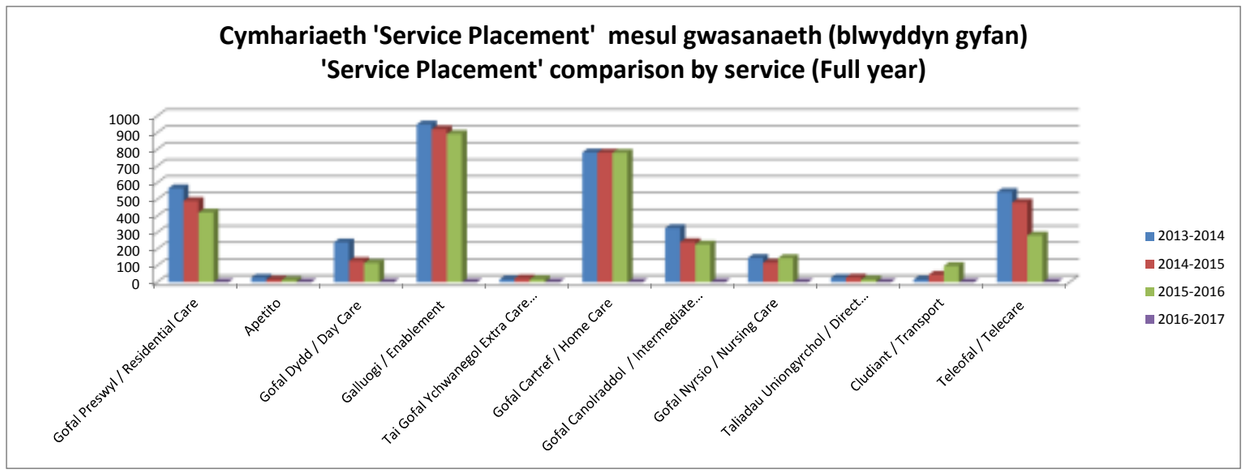
2014-2015	Caernarfon	Bangor	Llŷn	Eifionydd	Gog.Mei	De.Mei	Cyfanswm
Gofal Preswyl / Residential Care	90	84	91	39	79	108	491
Apetito	2	1	8	0	2	2	15
Gofal Dydd / Day Care	43	29	13	3	18	23	129
Galluogi / Enablement	210	214	133	110	139	115	921
Tai Gofal Ychwanegol Extra Care Housing	0	19	0	0	4	1	24
Gofal Cartref / Home Care	145	100	116	99	115	206	781
Gofal Canolraddol / Intermediate Care	30	21	52	29	68	43	243
Gofal Nyrsio / Nursing Care	13	14	18	21	28	24	118
Taliadau Uniongyrchol / Direct Payment	4	9	7	3	3	2	28
Cludiant / Transport	11	9	1	0	7	17	45
Teleofal / Telecare	110	94	81	43	58	96	482
Cyfanswm / Total	658	594	520	347	521	637	3277

2013-2014	Caernarfon	Bangor	Llŷn	Eifionydd	Gog.Mei	De.Mei	Cyfanswm
Gofal Preswyl / Residential Care	127	83	117	52	96	92	567
Apetito	8	3	10	1	3	2	27
Gofal Dydd / Day Care	38	43	34	25	49	52	241
Galluogi / Enablement	191	193	143	117	154	152	950
Tai Gofal Ychwanegol Extra Care Housing	0	0	0	0	11	6	17
Gofal Cartref / Home Care	161	125	111	114	135	136	782
Gofal Canolraddol / Intermediate Care	35	33	65	41	70	83	327
Gofal Nyrsio / Nursing Care	25	18	22	26	25	31	147
Taliadau Uniongyrchol / Direct Payment	7	8	5	4	1	1	26
Cludiant / Transport	0	0	4	1	6	5	16
Teleofal / Telecare	137	87	97	50	83	91	545
Cyfanswm / Total	729	593	608	431	633	651	3645

	2013-2014	%+/-	2014-2015	%+/-	2015-2016	%+/-	2016-2017	Trend
Gofal Preswyl / Residential Care	567	-13.40%	491	-14.26%	421	-100.00%	0	
Apetito	27	-44.44%	15	-20.00%	12	-100.00%	0	
Gofal Dydd / Day Care	241	-46.47%	129	-10.08%	116	-100.00%	0	
Galluogi / Enablement	950	-3.05%	921	-3.04%	893	-100.00%	0	
Tai Gofal Ychwanegol Extra Care Housing	17	0.00%	24	500.00%	18	-100.00%	0	
Gofal Cartref / Home Care	782	-0.13%	781	-0.13%	780	-100.00%	0	
Gofal Canolraddol / Intermediate Care	327	-25.69%	243	-5.76%	229	-100.00%	0	
Gofal Nyrsio / Nursing Care	147	-19.73%	118	23.73%	146	-100.00%	0	
Taliadau Uniongyrchol / Direct Payment	26	7.69%	28	-42.86%	16	-100.00%	0	
Cludiant / Transport	16	500.00%	45	117.78%	98	-100.00%	0	
Teleofal / Telecare	545	-11.56%	482	-41.29%	283	-100.00%	0	
Cyfanswm / Total	3645	-10.10%	3277	-8.09%	3012	-100.00%	0	

	2013-2014	%+/-	2014-2015	%+/-	2015-2016	%+/-	2016-17	Trend
Caernarfon	729	-9.74%	658	1.06%	665	-100.00%	0	
Bangor	593	0.17%	594	-7.24%	551	-100.00%	0	
Llyn	608	-14.47%	520	-5.77%	490	-100.00%	0	
Eifionydd	431	-19.49%	347	-36.60%	220	-100.00%	0	
Gog.Mei	633	-17.69%	521	-0.58%	518	-100.00%	0	
De.Mei	651	-2.15%	637	-10.83%	568	-100.00%	0	
Cyfanswm / Total	3645	-10.10%	3277	-8.09%	3012	-100.00%	0	





Betsi Cadwaladr University Health Board Management Structure

v8.0 14.10.16

Chairman
Dr Peter Higson

Chief Executive
Gary Doherty

Vice Chair
Margaret Hanson

Exec Director Therapies & Health Sciences
Adrian Thomas (Interim)

Exec Director Nursing & Midwifery
Gill Harris

Deputy Chief Executive / Exec Medical Director
Dr Evan Moore

Chief Operating Officer
Morag Olsen

Exec Director Strategy
Geoff Lang

Exec Director Workforce & Organisational Development
Martin Jones

Exec Director Public Health
Designate: Teresa Owen (Start date to be confirmed)

Exec Director Finance
Russ Favager

Independent Members
Jenie Dean, Marian W Jones, Lyn Meadows, Cllr Bobby Feeley, Prof Jo Rycroft -Malone Ceri Stradling, Bethan Russell-Williams John Cunliffe, Cllr Cheryl Carlisle

Non-Voting

Associate Board Member Director of Mental Health
Andy Roach

Director Corporate Services
Chris Wright

Board Secretary
Grace Lewis-Parry

Associate Members
representative of Directors of Social Services
Nicola Stubbins
Healthcare Professionals Forum Chair
Prof Michael Rees
Stakeholder Reference Group Chair
Cllr Phil Edwards

Director External Investigations
Tina Long

Area Director East
Rob Smith

Secretary
Amanda Axon

Area Director Centre
Bethan Jones

Secretary
Sharron Loftus

Area Director West
Ffion Johnstone

Secretary
Bethan Owen

Director of Performance
Jill Newman

Secondary Care Director
Nigel Lee

Secretary
Janet Wood

Director Estates and Facilities
Rod Taylor

Secretary
Jackie Evans

Area Medical Director
Dr Gareth Bowdler

Area Director Clinical Services
Reena Cartmell

Assistant Director Primary Care Services
Janet Ellis

Assistant Director Medicines Management
Louise Howard-Baker

Assistant Director Therapy Services
Stephen Grayston

Assistant Director Community Services
Jon Falcus

Assistant Director Children's Services
Yvonne Harding

Area Medical Director
Dr Chris Stockport

Area Director Clinical Services
Gareth Evans

Assistant Director Primary Care Services
Clare Darlington

Chief Pharmacist/ Assistant Director Medicines Management
Berwyn Owen

Assistant Director Therapy Services
Lesley Cotter

Assistant Director Community Services
Alison Kemp

Assistant Director Children's Services
Alison Cowell

Area Medical Director
Dr Steve McVicar / Dr Salah Elgenzai

Area Director Clinical Services
Chris Lynes

Assistant Director Primary Care Services
Wyn Thomas

Assistant Director Medicines Management
Sue Murphy

Assistant Director Therapy Services
Stuart Harmes

Assistant Director Community Services
Eleri Roberts

Assistant Director Children's Services
Liz Fletcher

Heads of Capacity & Performance Management: **Secondary Care Areas**
David Vaughan
Mental Health & Learning Disability
Chris Lindop

Head of Performance Assurance
Richard Gillett

Secondary Care Medical Director
Dr Paul Birch (Interim)

Secondary Care Nurse Director
Sharon Thomas

Wrexham Maelor (East)

Ysbyty Glan Clwyd (Centre)

Ysbyty Gwynedd (West)

Women's Services

Hospital Director
Graham Alexander

Hospital Director
Craig Barton

Hospital Director
Meinir Williams

Fiona Giraud

Hospital Medical Director
Dr Steve Stanaway

Assistant Director of Nursing
Julie Smith

Hospital Medical Director
Dr Emma Hosking

Assistant Director of Nursing
Alison Griffiths

Hospital Medical Director
Dr Karen Mottart (Interim)

Assistant Director of Nursing
Mandy Jones

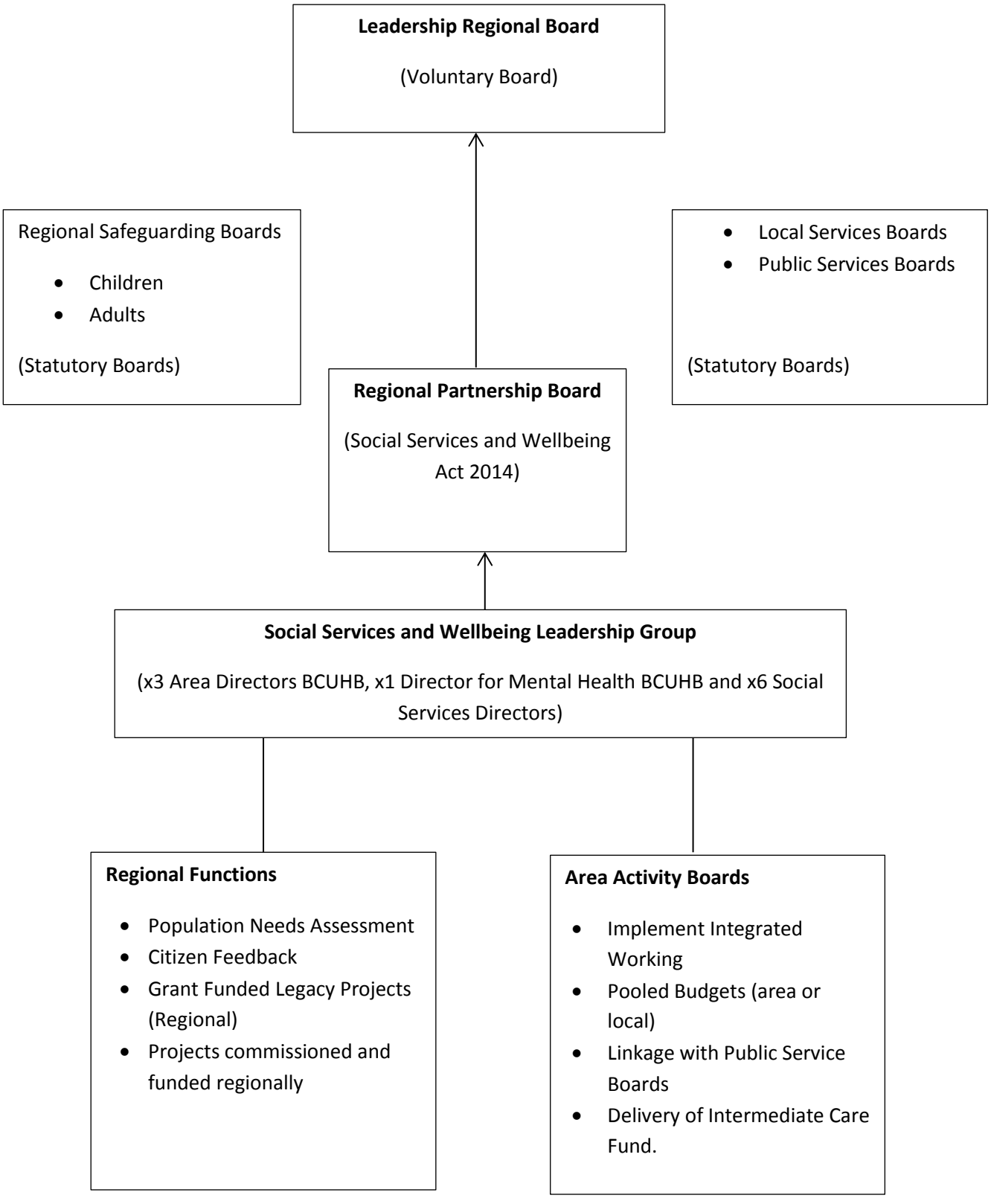
East
Pan North Wales responsibilities
- Unscheduled Care
- Palliative Care
- Care of the Elderly
- Smoking Cessation
- Continuing Health Care

Centre
Pan North Wales responsibilities
- Children's Services
- Medicines Management
- Therapy Services
- Dental Services

West
Pan North Wales responsibilities
- Diabetes / Endocrine
- Sexual Health
- Neurology
- Rheumatology
- Dermatology
- Primary Care
- Immunisation

Pan North Wales responsibilities
- Radiology
- Pathology
- Medical Physics
- Audiology
- Cancer Services

Joint Management Structure



Adult, Health and Wellbeing Department

11/7/2016