

# 17. Delivering the vision



The Health, Social Care and Well Being Strategy 2008-11 has been developed in partnership. The process has been challenging and demanding for the many people involved and their commitment and support is to be applauded. Whilst much has been achieved, this is a continuum, with much still to be done to make the vision of the Strategy a reality. The Strategy is intended to be seen as a living document with sufficient flexibility to change and adapt over time. Its development, therefore, is very much a step along the journey to improve the health and well being of the citizens of Cardiff. The delivery of the vision outlined in this Strategy will require commitment and collaboration from all.

Engagement of all stakeholders and service users has

been fundamental to the formulation of the Strategy and their input will be essential during implementation and delivery of the proposals. The Health Alliance will lead the process and encourage ownership through the joint planning structures.

In addition, the health, social care and well being communities will need to engage with the delivery of the Strategy and the vision. This will require the utilisation of the Strategy to provide the strategic framework for the development of health and social care services in Cardiff over the next 3 years and the integration of the Strategy into the core work of the Local Health Board, Council and partners with priorities and proposals reflected in the Business Plans of the partner organisations.

## RESOURCE STRATEGY

### FINANCIAL PLANNING

The Health, Social Care and Well Being Strategy has brought together the strategic plans for the Local Health Board, Cardiff Council and their partners for the period 2008-11. It has proved difficult to identify the financial framework that will support the delivery of the wide range of services outlined in the Strategy and detail the allocation to particular client groups and identified areas of need, from the different public, voluntary and private sector organisations working across health, social care and well being services. However, there is recognition by the partners that whilst their aims and aspirations are extensive, the reality is that plans will have to be delivered within the resources available to the partner organisations.

The LHB is dependent on an annual financial

framework with the levels set by the Welsh Assembly Government each year. Local Government is financed in part by the Assembly via an annual grant and by raising local taxes, with an annual budget agreed by Council.

Both organisations, therefore, have complex financial arrangements, focussing primarily on annual budget plans. Consequently, the forecast of a three-year financial plan is not currently achievable, but this plan seeks to describe the financial position of the LHB and Council and the planned approach in relation to the delivery of the Health, Social Care and Well Being Strategy. The plan also provides a review of expenditure during the life of the first HSC&WB Strategy and the agreed level of spend planned for services during 2008-09.

## CARDIFF LOCAL HEALTH BOARD

The Health, Social Care and Well Being Strategy clearly states the six local priorities for Cardiff as Mental Health, Older People, Children and Young People, Communities with Specific Needs, Improving Lifestyles and Maximising the use of Health and Social Care

Resources. As stated throughout this Strategy a significant amount of work has been achieved in these areas over the past three years and the LHB's focus remains to address the significant issues which face these groups and service delivery in general.

### ACHIEVEMENTS APRIL 2005 TO MARCH 2008

The LHB has incurred the following expenditure for the years 2005-06 to 2007-08

in respect of delivering the health needs for the residents of Cardiff.

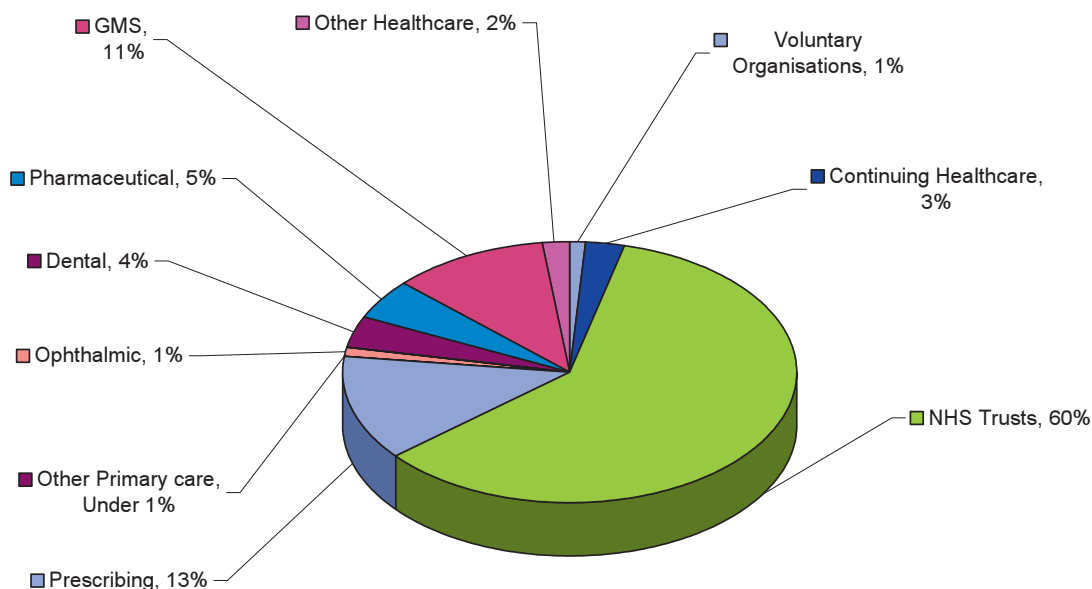
**Figure 17.1 Cardiff LHB expenditure 2005-08**

	2005-06 £m	2006-07 £m	2007-08 £m	Total £m
Expenditure	337 (*1)	388	391 (*2)	1,116

(\*1) – please note the expenditure figure for 2005-06 does not include the main dental allocation (circa £19m as this was centrally funded at this time)

(\*2) – forecast outturn expenditure figure for 2007-08

**Figure 17.2 Breakdown of LHB expenditure 2005-08**



During the financial years 2005-06 and 2006-07, the LHB has achieved financial balance (and is confident of doing so again for 2007-08), which has been managed, in addition to

making £1m repayment to the Welsh Assembly Government in respect of the inherited deficit position.

## MENTAL HEALTH

**Figure 17.3 LHB expenditure on Mental Health services 2005-08**

	2005-06 £m	2006-07 £m	2007-08 £m	Total £m
Expenditure	52.8	54.5	60.0	167.3
% change on previous year	–	3.2%	10%	–

Mental Health expenditure per capita over the period remains significantly above the Welsh average (approx 15% of overall LHB expenditure – compared to the average across Welsh LHBs of 12%). The submitted financial returns made to the Welsh Assembly Government show that Cardiff LHB's expenditure on Mental Health increased from £52.8m in 2005-06 to £54.5m in 2006-07. This is supported by a £1.53m increase over the same period for Learning Disability Services. The forecast outturn is expected to be around £60m for 2007-08.

During 2007-08 the LHB has expended significant efforts in identifying the financial impacts of the Grogan judgement. Whilst identifying the additional activity that relates to the judgement has been difficult, the expected outturn for 2007-08 is forecast as being £11.6m (a 35% increase over the costs reported in 2006-07). It is therefore anticipated that the percentage of LHB expenditure represented by Mental Health will continue to increase significantly in future years.

### OLDER PEOPLE

Whilst it is not straightforward to identify discrete funding for older people (as this is included in a number of other clinical specialty areas), the LHB has a number of schemes which can be attributed to this group. These include:-

- The Funded Nursing Care beds, which in line with the increase in Continuing Healthcare, has increased from £3.18m in 2006-07 to a forecast outturn of £3.6m (a 13% increase) for 2007-08.
- Following the recommendations made in the Wanless review, the LHB has allocated resources to the value of £948,000 in 2006-07 and 2007-08 towards additional schemes for older people.
- The Nursing Home Locally Enhanced Service was funded by £78,000 in 2006-

07 and an outturn of circa £80,000 is forecast for 2007-08.

- The Influenza and Pneumococcal Immunisation Scheme saw the LHB spend £427,000 in 2006-07 and a similar expenditure sum is forecast for 2007-08.
- A number of voluntary organisations including the Alheimers society who received £82,000 in 2006-07 and are due to receive £85,000 in 2007-08, and Age Concern who received £86,000 in 2006-07 and £89,000 in 2007-08.

In addition, previously short term funded services such as the Elderly Care Assessment service has been incorporated into core baseline funding for Cardiff and Vale Trust and this will secure the services' long term position.

### CHILDREN AND YOUNG PEOPLE

Expenditure incurred by the LHB in respect of Children and Young People has continued to grow over the three years. During the period of the first Strategy the LHB commissioned:

- Services within Cardiff and Vale NHS Trust which have cost in excess of £22m

over the three years across paediatric services.

- A new Community Nursing Service that has enabled 23 children with complex needs to be cared for at home. The service spend has increased over recent years and has a forecast outturn

- estimated to be around £200,000.
- The immunisation programme funding package cost £619,000 in 2006-07 and an expected outturn of £600,000 for 2007-08 is forecast.

- A number of voluntary organisations (including National Children's Home, Bobath, Ely Homestart project and Ty Hafan) which have received funding to the value of £158,000 in 2007-08.

### **COMMUNITIES WITH SPECIFIC NEEDS**

With the increasing complexities of the make up of Cardiff's population, the LHB has responded by investing the appropriate resources to the following groups with specific needs:

- Services for asylum seekers at a cost of £350,000 in 2007-08.
- Provision of GP services to those with a known violent history at a cost of £30,000 in 2007-08.
- The provision of primary care services to the homeless at a cost of £43,000 in

2007-08, through contracting with both GPs and with the voluntary sector.

- Tiers 1,2,3 and 4 substance misuse services that are provided by GPs as an Enhanced Service, Voluntary Organisations (such as Inroads) and Cardiff and Vale NHS Trust received over £765,000 via the LHB and Community Safety Partnership in 2007-08.
- The Non- English Speaking Pregnancy Advisory Service has received funding to the value of £18,000 in 2007-08, which is consistent with the funding made available in 2006-07.

### **IMPROVING LIFESTYLES**

The National Public Health Service (NPHS) is the key body responsible for services aimed at improving the health and well being of the residents of Cardiff. The LHB funds the local activities of the NPHS to the value of £1.643m in 2006-07 and a forecast outturn of £1.701m in 2007-08.

The total General Medical Services budget for 2007-08 totals £41.7m and included funding to provide:-

- Enhancements to the access mechanisms for primary care services for all Cardiff residents, which cost £1.085m 2006-07

and are forecast to cost a further £550,000 in 2007-08.

- Anti-coagulation monitoring expenditure (on haematological conditions and heart valve replacements,) incurred by the LHB amounted to £300,000 for 2006-07 and has a forecast outturn of £350,000 for 2007-08.
- Near Patient Testing (also known as shared care drug monitoring) cost £103,000 in 2006-07 and has a forecast outturn of £124,000 for 2007-08.

### **MAXIMISING THE USE OF HEALTH AND SOCIAL CARE RESOURCES**

As part of the Welsh Assembly Government's initiative entitled 'Making the Connections', the LHB has identified that through a variety of schemes, recurrent annual savings to the value of £7.732m can be made. These schemes include prescribing initiatives which

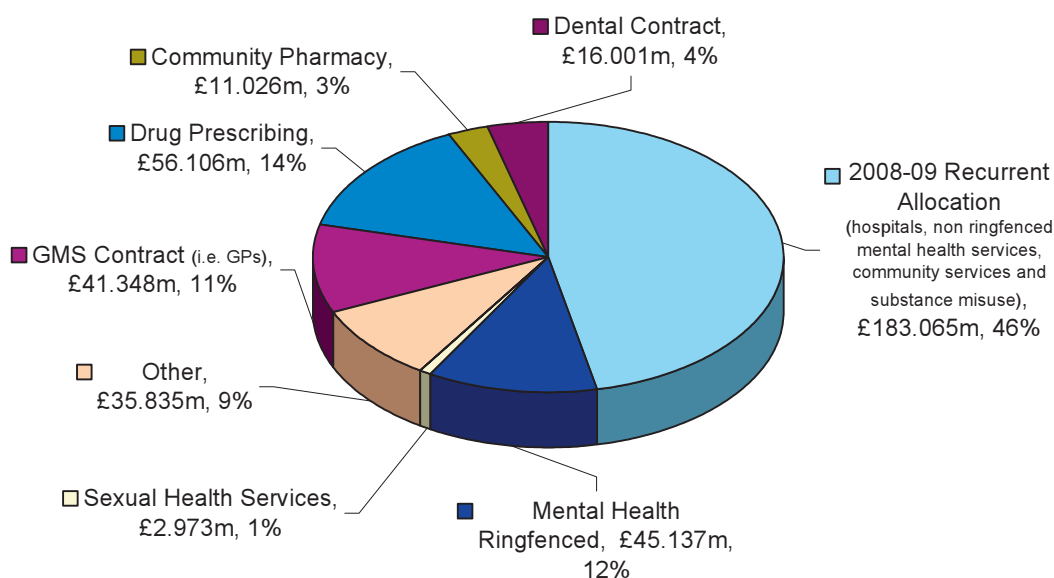
are helping to influence prescribing patterns, Trust efficiency schemes and primary care service changes. These significant savings are set against the challenging financial backdrop that the LHB faces.

## 2008-09 ONWARDS

Cardiff LHB faces a challenging financial context in developing its response to the 2008-09 Annual Operating Framework (AOF). The LHB is subject to a Financial Repayment Plan (FRP), which requires the generation of savings to repay brokerage received from the Assembly to cover the financial position of the LHB in 2003-04 and 2004-05.

The total resource limit made available to the LHB for 2008-09 is £391.491m. From this resource limit, the LHB will be funding 7 NHS Trusts through Long Term Agreements plus many more through the non-contracted activity route. In addition, 31 voluntary organisations will be supported, 67 dental practices, 76 pharmacies, 53 GP practices and 48 opticians.

**Figure 17.4 Cardiff LHB Budget 2008-09**



The LHB has received a 4.4% cash increase for 2008-09 and in terms of individual budgets, the overall increases are as follows:-

- 4.0% increase for recurrent discretionary allocations
- 2.4% increase on certain ring-fenced funding
- No increase in GMS Contract and Dental Contract funding, pending the outcome of contract negotiations
- An interim uplift of 4.5% has been applied to the pharmacy contract, pending formal agreement of the PSNC/DH settlement for 2008-09
- 7% increase in drug prescribing. However this uplift has been abated by a recurrent top-slice of £2.366million in

respect of Category M Savings. The transfer of perceived Category M drug savings from the Hospital and Community Health Services (HCHS) prescribing allocation to the HCHS main discretionary allocation has had the effect of reducing the LHB's uplift on the prescribing allocation by 3% or £0.070million.

The National Finance Agreement (NFA) for 2008-09, which has been undertaken in conjunction with LHB and Trust Finance Directors, sets out the estimated increases in NHS HCHS costs to be used in the AOF process. The cost elements included in the NFA Agreement are outlined in Figure 17.5 below, recognising that LHBs have only received an overall allocation increase of 3.5%.

**Figure 17.5 National Finance Agreement relating to HCHS**

Estimated Cost	Percentage increase on HCHS %
Pay (including 2007-08 Full Year Effect)	1.82
Non-pay	0.72
Agenda for Change incremental drift	0.77
Agenda for Change unsocial hours	0.36
Consultants contract	0.07
Compliance	0.26
NICE	1.00
Continuing care	1.50
<b>Total</b>	<b>6.50</b>

The Assembly has allocated 4% or £8.777million additional cash for the management of 2008-09 additional pressures. The shortfall of 2.5% is expected to be managed through efficiency, this total £5.485million.

NHS Trusts have estimated that they will have additional costs of 4% during the year and the NFA recommends that LHBs should fund Trusts a minimum uplift of 2.4% or £5.266million to meet these costs, with the

remaining balance of 1.6% being met from Trust efficiencies, equivalent to £3.511million.

Further work is ongoing with regard to identifying the proposed inflation increases to other LHB providers and this will be incorporated within the LHB's 2008-09 Financial Strategy. Ultimately this needs to deliver a balanced financial position, together with the loan repayment to the Welsh Assembly Government as detailed in the table below:

**Figure 17.6 Cardiff LHB Loan Repayment Costs 2008-11**

	2008-09 £m	2009-10 £m	2010-11 £m
Repayment to WAG	1.750	3.000	3.566

## PROGRAMME FOR HEALTH SERVICES IMPROVEMENT (PHSI)

As described in the Strategy, the Health and Social Care community across Cardiff is currently engaged in the development of proposals to reconfigure health care services to improve the ability to meet the

population's diverse needs. The programme will result in major capital investments in the health care infrastructure within Cardiff and includes the following schemes:-

### MENTAL HEALTH

The Mental Health Strategic Outline Programme will deliver:-

- The Outline Business Case has been prepared for the development of a Mental Health Assessment Unit for Older People at Llandough as one of the three enabling schemes to the closure of Whitchurch hospital. This will require additional annual revenue of £2.71m for the scheme along with capital costs of just under £49.9m. It is anticipated that the scheme will be completed in 2011.
- The Outline Business Case for a Mental Health in-patient unit for working age adults in Cardiff has also been prepared. The proposed unit will complement the Trust's other adult mental health in-patient unit, Llanfair which was opened in 2005. The scheme has proposed revenue implications of £4.1m and capital costs of £59.5m. As with the Older People's unit at Llandough, it is anticipated that

- the scheme will be completed in summer 2011.
- The re-commissioning of the Iorweth Jones Residential Home to provide a 45

bedded unit for older people with mental health problems. The scheme has capital costs of £3.92m.

## CHILDREN

The continued development of the Children's Hospital remains a key project for the LHB. The LHB is committed to the development of children's services across the city and the proposed phase 2 development is

progressing with the full support of the LHB and a financial commitment in respect of £5.045m annual revenue costs and £39.227m capital scheme.

## SUBSTANCE MISUSE AND PRISON HEALTH CARE

The ring-fenced funding for substance misuse is made up of 0.4% of the overall discretionary funding to the LHB and equates to £975,000.

Prison healthcare is similarly ring-fenced and has a budget of £112,000 for 2008-09.

## PRIMARY CARE

The LHB has a clear and detailed Primary Care Estates Strategy through which the provision of primary care will change to reflect enhanced integration with the services provided through the secondary care medium.

Whilst the financial regime that the LHB operates in remains challenging, all opportunities for further efficiencies will be fully explored in conjunction with partner agencies.

# CARDIFF COUNCIL

## ACHIEVEMENTS APRIL 2005 TO MARCH 2008

The Council has incurred the following net expenditure for the years 2005-06 to 2007-08 in respect of delivering social care needs for the residents of Cardiff.

Note: the expenditure only relates to specific Adults and Children's services and excludes expenditure relating to housing, schools, leisure etc.

**Figure. 17.7 Cardiff Council Expenditure on Social Care 2005-08**

	2005-06 £m	2006-07 £m	2007-08 £m	Total £m
Cardiff CC Net Expenditure on Adults and Children's Services	99	114	117	330

*(Expenditure net of income, excluding capital financing charges. Projected expenditure for 2007/8)*

Council net expenditure for Adults and Children's services is anticipated to remain within budget in 2007-08. This follows a significant overspend on Adults budgets in 2006-07 and subsequent re-alignment of Council budgets for 2007-08.

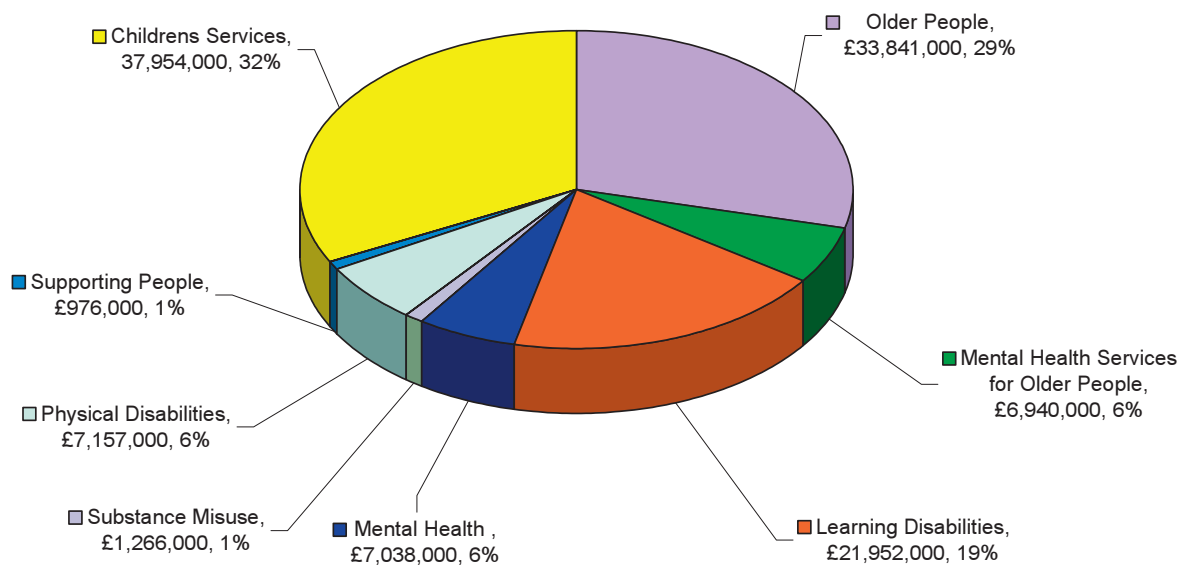
The information in relation to budgets for services to children covers Children's Services (social care), the contribution of the Council to the Youth Offending Service and the grant from the Welsh Assembly Government (Cymorth) that supports services arranged under the umbrella of the Children and Young People's Partnership.

**Figure 17.8 Cardiff Council Social Care Budget 2007-08**

Area of Spend	Gross £'000	Income £'000	Net £'000
<b>Adult Services</b>			
Older People	41,918	-8,077	33,841
Mental Health Services for Older People	8,136	-1,196	6,940
Learning Disabilities	33,705	-11,753	21,952
Mental Health	8,129	-1,091	7,038
Substance Misuse	1,534	-268	1,266
Physical Disabilities	7,632	-475	7,157
Supporting People	6,476	-5,500	976
<b>Sub Total Adult Services</b>	<b>107,530</b>	<b>-28,360</b>	<b>79,170</b>
<b>Children's Services</b>			
Fieldwork and Family Support	12,351	-1,369	10,982
Service Development & Support	8,743	-408	8,335
Looked After Children	17,647	0	17,647
Youth Offending Team	1,779	-789	990
Cymorth	4,462	-4,462	0
<b>Sub Total Children's Services</b>	<b>44,982</b>	<b>-7,028</b>	<b>37,954</b>
<b>Total Social Care</b>	<b>152,512</b>	<b>-35,388</b>	<b>117,124</b>

Note: Figures include an apportionment of both departmental and central overheads. Figures exclude capital financing charges.

**Figure 17.9 Breakdown of Council Social Care Budget 07-08 (net expenditure)**



Social care budgets, particularly in Adult Services were subject to significant realignment in 2007-08 reflecting the increasing needs-led demands on the service

and historic levels of expenditure. Budgets over all categories showed significant increases compared to the previous year.

**Figure 17.10 Increase in Social Care Budgets**

Area of Spend	Net Expenditure Budget 2006/7 £'000	Net Expenditure Budget 2007/8 £'000	Percentage Increase %
<b>Adult Services</b>			
Older People	31,927	33,841	6.0
Mental Health Services for Older People	6,132	6,940	13.2
Learning Disabilities	18,053	21,952	21.6
Mental Health	5,149	7,038	36.7
Substance Misuse	1,150	1,266	10.1
Physical Disabilities	6,334	7,157	13.0
Supporting People	959	976	1.8
<b>Sub Total Adult Services</b>	<b>69,704</b>	<b>79,170</b>	<b>13.6</b>
<b>Children's Services</b>			
Fieldwork and Family Support	11,616	10,982	-5.5
Service Development & Support	7,454	8,335	11.8
Looked After Children	16,067	17,647	9.8
Youth Offending Team	993	990	-0.3
Cymorth	0	0	
<b>Sub Total Children's Service</b>	<b>36,130</b>	<b>37,954</b>	<b>5.0</b>
<b>Total Social Care</b>	<b>105,834</b>	<b>117,124</b>	<b>10.7</b>

*Note: Figures include an apportionment of both departmental and central overheads. Figures exclude capital financing charges.*

## 2008-09 ONWARDS

### COUNCIL BUDGET PROCESS

The majority of the funding the Council receives is provided by the Welsh Assembly Government in the form of Revenue Support Grant (RSG) and National Non-Domestic Rates (NNDR), together known as Aggregate External Finance (AEF).

In addition to these main sources of funding, service areas also receive income from a variety of other sources, including government and other grants, fees and charges to users of Council services and facilities, rental income and interest.

The Council reviews and sets its budgets on an annual basis culminating in a report to Council in February to approve the budget

and the level of Council Tax for the forthcoming year. In doing so the Council reviews its anticipated commitments including pay awards, inflation and other financial pressures and these are then balanced against the available resources. Where necessary service areas are required to identify budget savings from within their areas to contribute to the overall position.

For 2008-09 Cardiff Council received an increase in AEF of 2.9% and this is reflected in the Council's budget. Although forecasts of increases for 2009-10 (+3.4%) and 2010-11 (+3.8%) have been provided by WAG these are indicative increases only and may be subject to change.

The provisional breakdown of the Council budget for 2008-09 is shown Figure 17.11. Note that initially the budgets for central support functions such as Finance, Law and Governance and People and Organisational development are shown separately, prior to their reallocation to the major spending heads such as Adults, Children's, Schools etc. This explains why the budget allocations for Adults and Children's in 2008-09 initially appear lower than in the previous year.

In addition, it should be recognised that the scope of Council activities is extensive and

many areas will impact on the health and well being agenda, and will contribute to the Strategy's aim to improve health and reduce inequalities.

Services such as Schools & Lifelong Learning; Housing & Neighbourhood Renewal; Culture, Leisure & Parks; Waste Management; Transport; Economic Development; and Strategic Planning & Environment all make a substantial contribution to health and well being of Cardiff citizens.

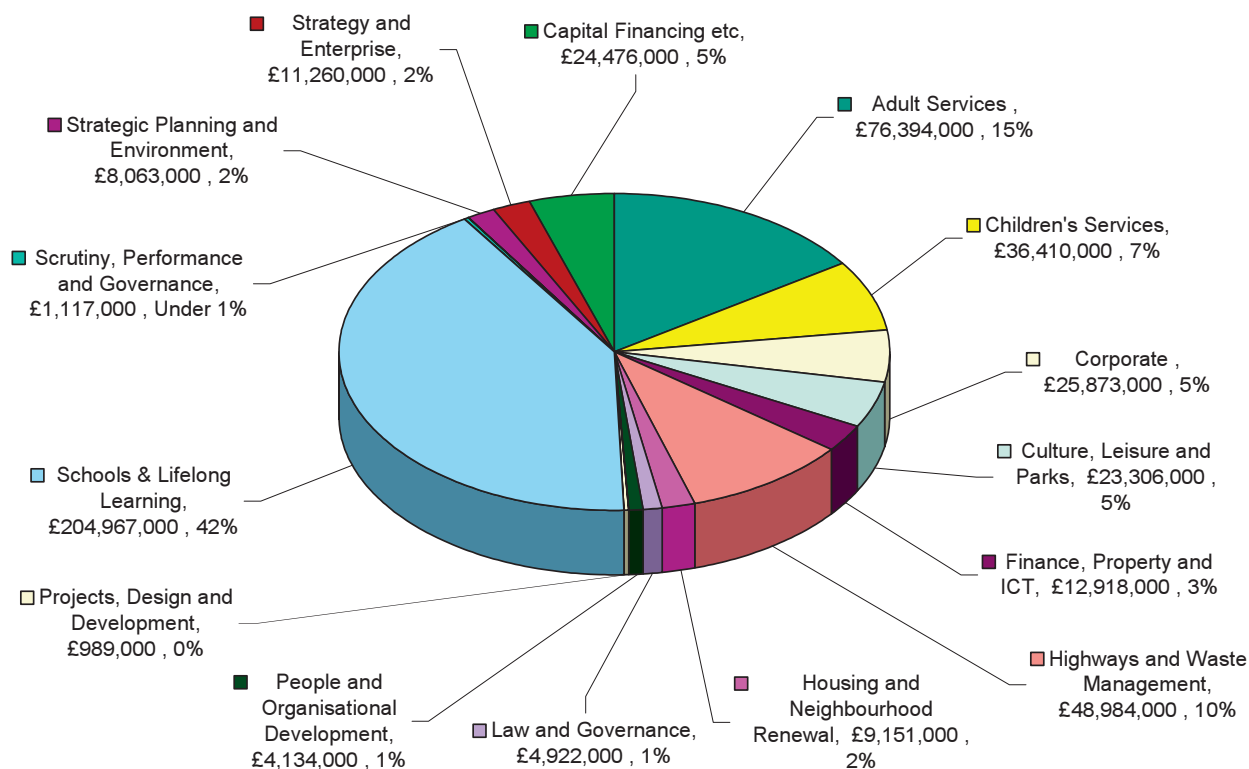
The Council's overall budget for 2008-09 is detailed below:

**Figure. 17.11 Council Budget Allocation per Service Area 2008-09**

Service Areas	Gross Expenditure £'000	Income £'000	Net Expenditure £'000
Adult Services	102,369	(25,975)	76,394
Children's Services	42,845	(6,435)	36,410
Corporate	26,134	(261)	25,873
Culture, Leisure and Parks	39,303	(15,997)	23,306
Finance, Property and ICT	26,112	(13,194)	12,918
Highways and Waste Management	70,862	(21,878)	48,984
Housing and Neighbourhood Renewal	140,351	(131,200)	9,151
Law and Governance	5,954	(1,032)	4,922
People and Organisational Development	4,614	(480)	4,134
Projects, Design and Development	4,487	(3,498)	989
Schools & Lifelong Learning	248,746	(43,779)	204,967
Scrutiny, Performance and Governance	1,190	(73)	1,117
Strategic Planning and Environment	15,223	(7,160)	8,063
Strategy and Enterprise	18,842	(7,582)	11,260
Capital Financing etc	32,107	(7,631)	24,476
<b>NET EXPENDITURE</b>	<b>779,139</b>	<b>(286,175)</b>	<b>492,964</b>
<b>FINANCED BY:</b>			
Use of Reserves			2,755
Other Grants			13,269
Revenue Support Grant			280,721
National Non Domestic Rates			84,030
Council Tax			112,189
			<b>492,964</b>

*Note: In the table above for the overall Council budget, internal recharges between different services (and within services areas) are netted off against expenditure.*

**Figure 17.12 Council Budget Allocation per Service Area 2008-09 (net expenditure)**



### SOCIAL CARE BUDGET 2008-09

In 2008-09 the anticipated budgets for Adults and Children's Services, **once central**

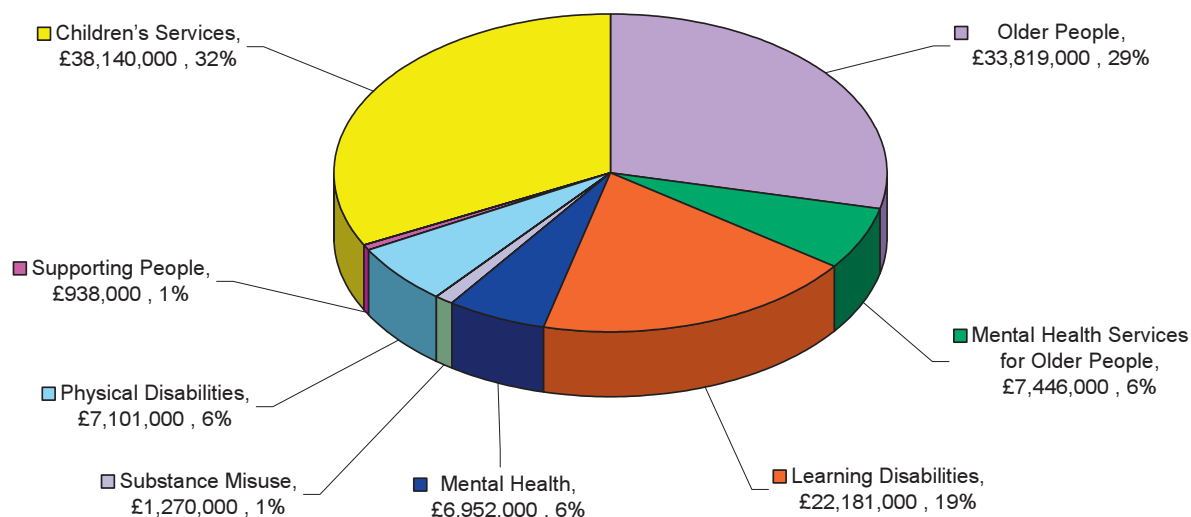
**support costs have been allocated**, are anticipated to be as follows:

**Figure 17.13 Social Care Budget 2008-09**

Area of Spend	Net Expenditure Budget 2008/9 £000
<b>Adult Services</b>	
Older People	33,819
Mental Health Services for Older People	7,446
Learning Disabilities	22,181
Mental Health	6,952
Substance Misuse	1,270
Physical Disabilities	7,101
Supporting People	938
<b>Sub Total Adult Services</b>	<b>79,707</b>
<b>Children's Services</b>	
Fieldwork and Family Support	11,212
Service Development & Support	8,043
Looked After Children	17,848
Youth Offending Team	1,037
Cymorth	0
<b>Sub Total Children's Services</b>	<b>38,140</b>
<b>Total Social Care</b>	<b>117,847</b>

*Note: Figures include a notional apportionment of both departmental and central overheads. Figures exclude capital financing charges. Allowance made for an element of specific grant funding.*

**Figure 17.14 Breakdown of Social Care Budget 2008-09 (net expenditure)**



## GRANT FUNDING

In addition to these core budgets the Council receives specific grant funding for various initiatives for example:

- Mental Health Carers Grant
- Support for People with Disabilities
- Performance Management
- Vulnerable Children

Partnerships, such as Community Safety Partnership, Children and Young People Partnership, Health Alliance and Community First, also receive grants which enable them to take forward initiatives that will contribute to health improvement.

**Figure 17.15 Social Care Grants**

Key Grants to Social Care	2005-06 £	2006-07 £	2007-08 £	2008-09 £
Mental Health Carers Grant	No grant	26,1090	347,905	349,059 proposed
Support for People with Disabilities	117,113	148,938	160,567	Not yet indicated
Performance Management				
Main Grant	175,780	217,963	220,799	Not yet indicated
Additional Component	69,500	103,171	177,440	
Consortia Grant	13,000	13,000	13,000	
Total	258,280	334,134	411,239	
Short Breaks/Vulnerable Children	No grant	No grant		Not yet indicated
Short Break			199,084	
Early Support			85,322	

## GRANTS TO FACILITATE JOINT WORKING BETWEEN THE LHB AND COUNCIL

### Joint Working Special Grant

The Joint Working Special Grant (JWSG) is the mechanism by which Welsh Assembly Government, encourages the development of 'flexibilities', as described in section 31 of the Health Act 1999, providing financial incentives to improve collaboration between NHS and Local Authority services through

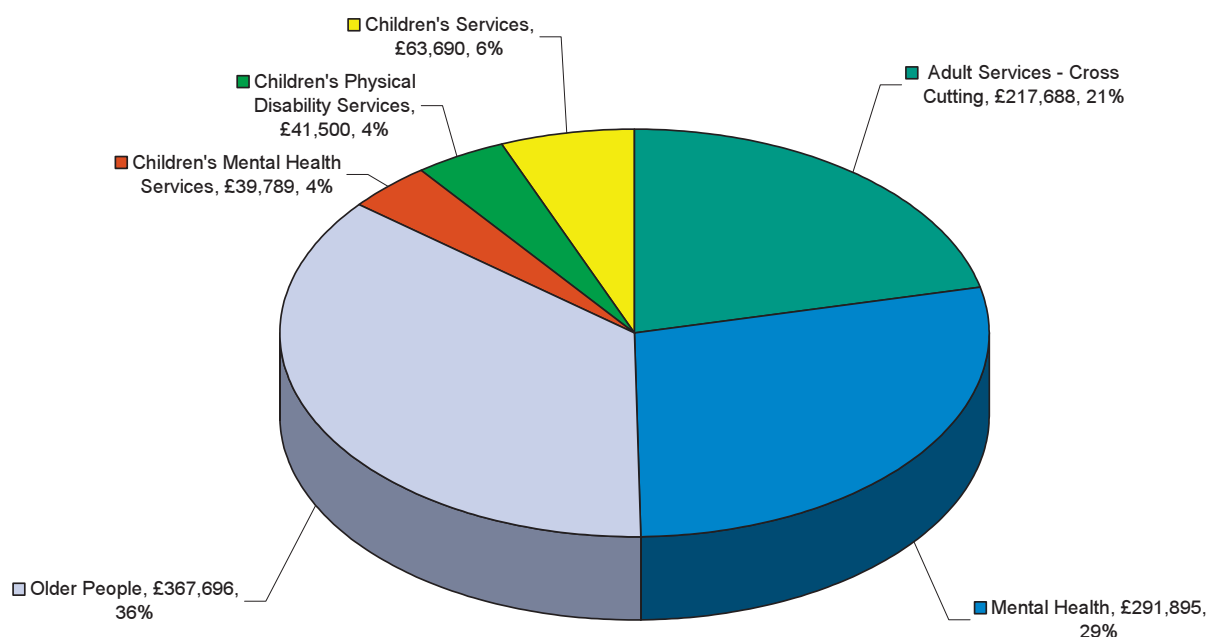
pooled budgets, lead commissioning and integrated provision.

The grant supports a range of projects across partner organisations and the level of funding is detailed in Figure 17.16. Key areas of grant spend have focused on the identified priorities of Mental Health, Older People, and Children and Young People.

In addition, there has been miscellaneous cross-cutting activity including the

development of the Health, Social Care and Well Being Strategy and Unified Assessment.

**Figure 17.16 Breakdown of Joint Working Special Grant 2007-08**



**Figure 17.17 JWSG**

	2005-06 £	2006-07 £	2007-08 £	2008-09 £
<b>Joint Working Special Grant</b>	<b>1,062,904</b>	<b>1,022,558</b>	<b>1,022,558</b>	<b>929,096</b>

### WANLESS LOCAL ACTION PLAN GRANT

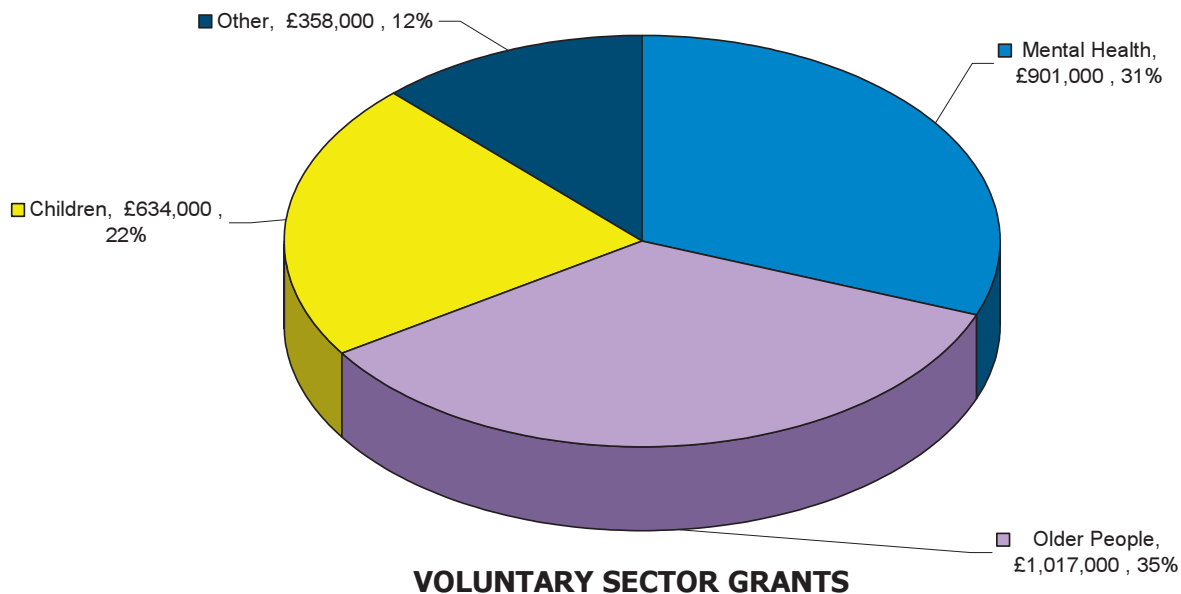
The Welsh Assembly Government required LHBs and Local Authorities to develop a Local Action Plan in 2004 to explore opportunities to deliver more efficient and effective health and social care services, reflecting the recommendations of the Review of Health and Social Care by Wanless.

The Assembly provided grant funding to LHBs to support the delivery of local plans with the Local Authority and their partners. In Cardiff projects have primarily focussed on the identified priorities i.e. Mental Health, Older People, Children and Young People. Level of funding is detailed below:

**Figure 17.18 Wanless Local Action Plan Grant**

	2005-06 £	2006-07 £	2007-08 £	2008-09 £
<b>Wanless Grant</b>	<b>2,727,000</b>	<b>2,850,000</b>	<b>2,950,000</b>	<b>3,021,000</b>

**Figure 17.19 Breakdown of Wanless Allocation 2007-08**



The Council awards grants to the voluntary sector for a wide range of activities. In particular, health and social care services are provided through voluntary organisations, making a substantial contribution to local provision. Grant arrangements have been developed in partnership with the voluntary

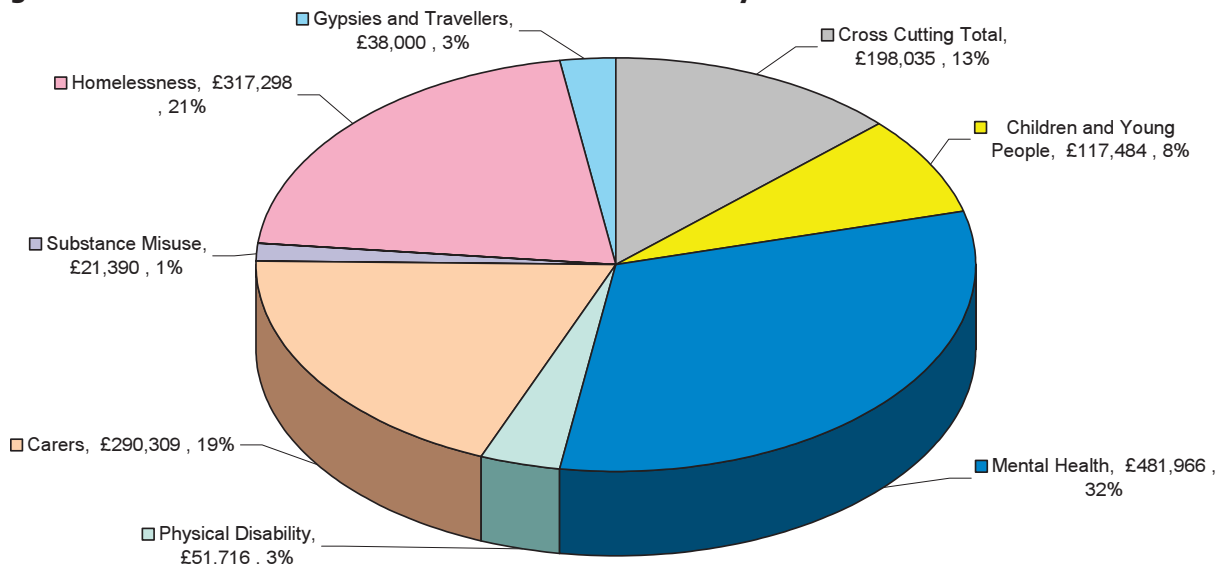
sector and are allocated in line with the Council’s budget process and Corporate Plan under the auspices of the Voluntary Sector Compact. The allocation for social care services are detailed below and the pie-chart illustrates grant spend in 2007-08 for health, social care and well being.

**Figure 17.20 Social Care Grants to the Voluntary Sector**

Social Care Grants	2005-06 £	2006-07 £	2007-08 £	2008-09 £
Adult Services	634,767	567,170	794,960	844,960
Children’s Services	966,418	63,157	59,718	0

*Note: many of the grants provided by Children's Services were transferred to contractual arrangements in 2006-07 and the remaining grants transferred for 2008-09*

**Figure 17.21 Health & Social Care Grants to the Voluntary Sector**



This plan provides a framework of expenditure on health, social care and well being services in Cardiff. The total spend for 2008-2009 is budgeted as; LHB £391m and Council social care services as £117m. With a combined fund of over £508 million,

supported by an extensive range of grants and provision by other Council services, partners and sectors, it is hoped that the plans and aspirations for delivery of the Health, Social Care and Well Being Strategy will be achieved.

## WORKFORCE PLANNING

Good workforce planning and development are central to improving health and well being services. Delivering good health and social care services depends on having high quality, motivated staff with the right skills. Currently organisations are attempting to address workforce planning individually, but all agencies involved in providing health, social care and well being services experience the same problems of recruiting, training and retaining staff. Consequently there is recognition that a partnership approach is needed in the development of a common framework to address workforce planning.

The Review of Health and Social Care in Wales by Wanless (2003) identified some of the key issues relating to workforce planning:

- Inconsistency of approach
- Workforce planning undertaken in isolation from strategic and operational planning and the setting of service and financial plans

- Discrepancies in timetables as service planning is often short term, but workforce planning is medium to long term, because of the length of time it takes to plan for, educate and train staff
- Workforce planning does not recognise the wastage rates throughout the system.

The NHS and Social Care workforce as a whole face a number of challenges to ensure staff are able to deliver quality and appropriate care and support:

- The need to adapt knowledge and skills as new treatments and technology impact on the way services are provided
- Recognising that skilled staff increasingly move around different organisations and parts of the country
- The need to achieve the right balance between work, leisure and education, reinforced by European legislation
- The need to develop, with staff, new roles and ways of working.

## NATIONAL STRATEGIC CONTEXT

### WELSH ASSEMBLY GOVERNMENT

During late 2007 the Health, Well Being and Local Government Committee of the Welsh Assembly carried out an Inquiry into Health and Social Care Workforce Planning.

The aim of the Inquiry was to examine the effectiveness of the current arrangements for workforce planning in the health and social care sectors in Wales and to make recommendations about future arrangements, with reference to:

- The division of responsibility amongst organisations charged with workforce planning and the mechanisms they use

- The availability and quality of intelligence to inform workforce planning
- The involvement of all relevant stakeholders in the planning process
- Changing patterns of demand (including an ageing population) and service provision in the health and social care sectors, (including reconfiguration of services, use of new technology, new public service delivery arrangements)
- Cross border arrangements with the NHS in England

- Changing professional roles and training programmes
- Joint working between health and social care agencies
- The workforce needs of the public, voluntary and private sectors
- The recruitment of a workforce that reflects the diversity of the Welsh communities, including Welsh speaking staff and those from minority ethnic groups
- Examples of good and innovative practice.

The Inquiry sought evidence from a wide range of organisations concerned with the health and social care workforce in Wales.

In relation to healthcare, the Inquiry looked at issues concerning the healthcare workforce in Wales such as shortages of GPs in some areas, levels of nursing vacancies filled by bank and agency staff, training places for junior doctors, and the availability of posts for newly qualified Allied Health Professionals (AHPs) e.g. physiotherapists.

The apparent 'swings' in the numbers of trained health professionals leading to surpluses some years and shortages in others was also considered.

The social care sector employs 70,000 people in Wales, with services provided by the public, voluntary and private sectors. An ageing population is likely to increase the demand for care services for the foreseeable future.

In the children's sector concern has been expressed around the shortage of social workers to undertake child protection work.

The Inquiry looked at recruitment and retention difficulties for social care staff and the impact of Government policies in these areas.

The Inquiry is expected to publish its findings, with recommendations for improvement, in February 2008. The resultant report will inform the workforce planning by partners across the health, and social care agenda.

## LOCAL AUTHORITIES

### SOCIAL WORKERS

The National Strategic Advisory Partnership for Social Work Training has identified the need to improve the quality of data available in Wales to inform the future requirements for qualified social workers within the workforce.

A Steering Group has been established with representation from ADSS, CSSIW, WLGA, LGDU

and the Care Council. The Steering Group has developed a planning tool which will aim to gain a better understanding of the Welsh labour market for social workers and to determine the numbers required to be in training to meet the future needs of the sector. Consultation on this planning tool is currently taking place.

### SOCIAL CARE WORKFORCE

The SSIW guidance 'Planning for Caring' published in 2003 was produced to assist Local Authorities and partner organisations in Wales draw up effective human resource plans for the social care sector in their area.

Plans were produced for 2008-09 and updates on progress are provided through the Social Care Workforce Development Programme application for funding each year. One of the issues identified as having an impact on the effectiveness of workforce planning is the accuracy of workforce data in

respect of independent sector providers. Work is being undertaken between SCWDP co-ordinators and the Local Government Data Unit to develop a consistent model for the provision of workforce data, including progress against the Assembly's qualification targets.

In addition, Local Authorities will need to be clear about their commissioning intentions to allow providers to shape their workforce to meet the needs of commissioners.

## NATIONAL HEALTH SERVICE

The necessity for service redesign, the introduction of new contracts for medical consultants and independent contractors in primary care (GPs, dentists and pharmacists), together with the Agenda for Change and the full introduction of the European Working Time Directive in 2009 requires a comprehensive review of workforce issues across the NHS.

The 'Designed to Work' Strategy provides the workforce and people management strategy to support the delivery of 'Designed for Life'.

The aim is to get the right people, with the right skills, at the right place, at the right time, to provide a world class, sustainable workforce for the NHS Wales. The strategy describes the process required to ensure the NHS has a competent workforce and highlights the need to modernise the way staff work. It recognises the need for innovation and collaboration in order to provide safe, effective services within available resources. The three key themes of the documents are:

### **1: Develop a new approach to role redesign and innovative work systems to meet patient needs**

1. Redesign of services, new roles and the creation of innovative ways of working across boundaries to deliver the vision of the future workforce.
2. Benefits created by pay modernisation will be maximised to support the transformation of service delivery and role development.
3. Regional HR and workforce networks will be established to ensure that workforce plans are developed to deliver 'Designed for Life' reconfigurations and to ensure the development of shared service models for the provisions of support services.
4. Primary Care will be developed to support the chronic disease management model resulting from 'Designed for Life'. New and widened roles to be established.
5. Plan for the impact of 48 hour working limit to be achieved by 2009 to meet the requirements of the Working Time Directive.

### **2. Create an organisational and workforce development planning system to deliver service change**

6. Create innovative and responsive workforce planning and commissioning approaches in partnership across the health and social care sector to ensure that the workforce of the future matches the needs of the service of the future.
7. Establish a culture of improvement, underpinned by lifelong learning and development to support the ongoing modernisation of services as well as continuing professional development. Develop a national e-learning strategy and increase capability in line with the informing healthcare targets.

### **3: Develop a modern people management, human resources and organisational development service for the delivery of innovation**

8. Human Resource capacity and capability across the service will be assessed to ensure maximum focus on delivery of organisational development and cultural change.
9. Realise the benefits of the Electronic Staff Record system through modernising systems and the development of shared services. Performance manage the implementation.
10. Ensuring that NHS Wales employers are employers of choice through the development and implementation of innovative employment practices and initiatives.
11. Develop and strengthen partnership working arrangements to support model employment practices, innovation, implementation of change, engagement of clinicians and patients and wider staff involvement.
12. Develop equality and human rights strategies to mainstream the promotion of diversity into all elements of organisational activity, ensuring compliance with legal requirements and best practice.
13. Implement flexible employment policies in all NHS organisations.
14. NHS organisations will implement agreed policies to support and manage staff to optimise levels of attendance within a safe and healthy working environment.
15. Develop a leadership strategy to include a development process which will deliver innovation, clinical and non-clinical leadership including succession plans, HR capability for change and modernisation of services and employment practices.
16. Develop robust individual organisational performance management processes aligned to service objectives and accountability frameworks to ensure delivery of 'Designed to Work'.

## **REGIONAL & LOCAL STRATEGIC CONTEXT**

The Health Social Care and Well Being Strategy Guidance (2007) states that the Strategies must drive the reshaping of the NHS Wales and social care workforce by developing new ways of working to deliver service modernisation. The Cardiff HSC&WB Strategy recognises the importance and describes in its vision the aspiration to achieve: a sufficient, skilled and supported workforce that feels valued, involved and committed.

As the Local Service Board works towards greater integration of health and social care services, the need for joint working to secure an efficient and effective workforce is fundamental. The redesigned infrastructures and care processes will require a different type of workforce, supported by planning to ensure that staff with the appropriate competencies are secured on a sustainable basis. This will require a workforce that can work across traditional boundaries, with leadership that can operate across organisations/sectors.

### **CARDIFF COUNCIL**

Workforce planning has been identified as one of the top ten risks to Cardiff Council. As part of its business planning process, a workforce plan for the Council will be produced for 2008-09, with each Service Area being required to produce a workforce plan which identifies the human resources needed to deliver on its business objectives.

Adults and Children's Services recognise the need to work with NHS partners to develop a consistency of approach.

A Council template has been developed to identify the gaps between the current workforce and the workforce likely to be needed in the future. Plans will identify how these gaps are to be addressed.

## CARDIFF LOCAL HEALTH BOARD

The LHB is developing a workforce plan in response to 'Designed to Work' and has undertaken a self-assessment against the recommended model. The LHB recognises the need to ensure staff are available to:

- Offer robust health promotion information to their patients
- Apply the new assessment tools to ensure baseline information is available to formulate care plans
- Deliver new models of intermediate care within community settings
- Provide the required skills to deliver care to the standards described in the agreed care pathways for long term conditions
- Offer a range of new roles to deliver new models of care, mental health care and generic support to meet the health and social care needs of patients within the community.

## CARDIFF AND VALE NHS TRUST

In response to 'Designed to Work', the Trust has developed a Workforce Strategy with an Action Plan for 2008-09 containing detailed proposals under the 16 key objectives.

The Trust recognises the need to have staff with new skills in order to deliver the Programme for Health Service Improvement. Supporting the transfer of skills and roles from 'secondary' to

'primary' care locations will be fundamental in providing more services closer to where people live. The service changes will mean changes for staff, for example staff who currently work in UHW and Llandough supporting diagnostic procedures and out-patient clinics will increasingly work in more local facilities. As services move out from the main hospitals, so staff will be required to move with them.

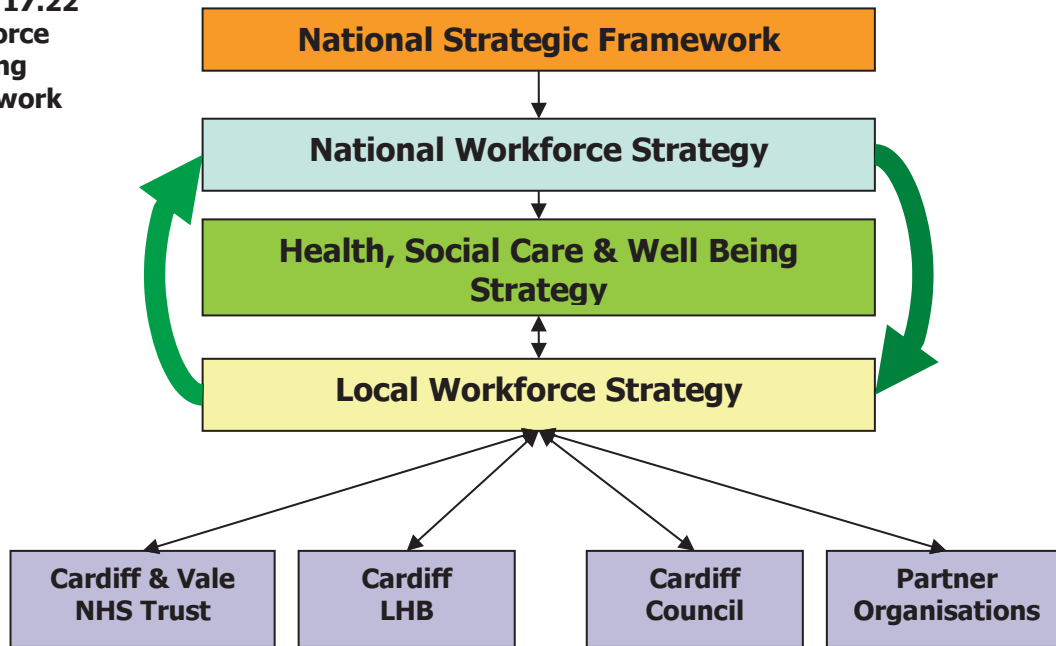
## PARTNERSHIP APPROACH

The Local Health Board and Council with the Cardiff and Vale NHS Trust and other partners are committed to develop a combined approach to workforce planning to deliver the modernisation of services, with the detail taken forward within and across organisations. There is a need to engage with other partners and also with staff, trade unions, professional bodies and other stakeholders.

It will be a high level plan which takes into account:

- National strategic workforce planning
- Local strategic workforce planning
- Employer operational workforce development plans

**Figure 17.22**  
**Workforce**  
**Planning**  
**Framework**



Integration of health and social care services and the strategic direction of moving more care into the community and providing local services and support to help people remain in their own homes will require a new skill mix for a generic workforce. Team working will

be promoted, including across professional and organisational boundaries, and staff will need to be flexible both in work locations and roles. The workforce will require key competencies which will include:

<b>Prevention and Health Promotion skills</b>	<b>Service user assessment skills</b>
<b>Re-ablement skills</b>	<b>Risk assessment skills</b>
<b>Therapeutic skills</b>	<b>Partnership working skills.</b>

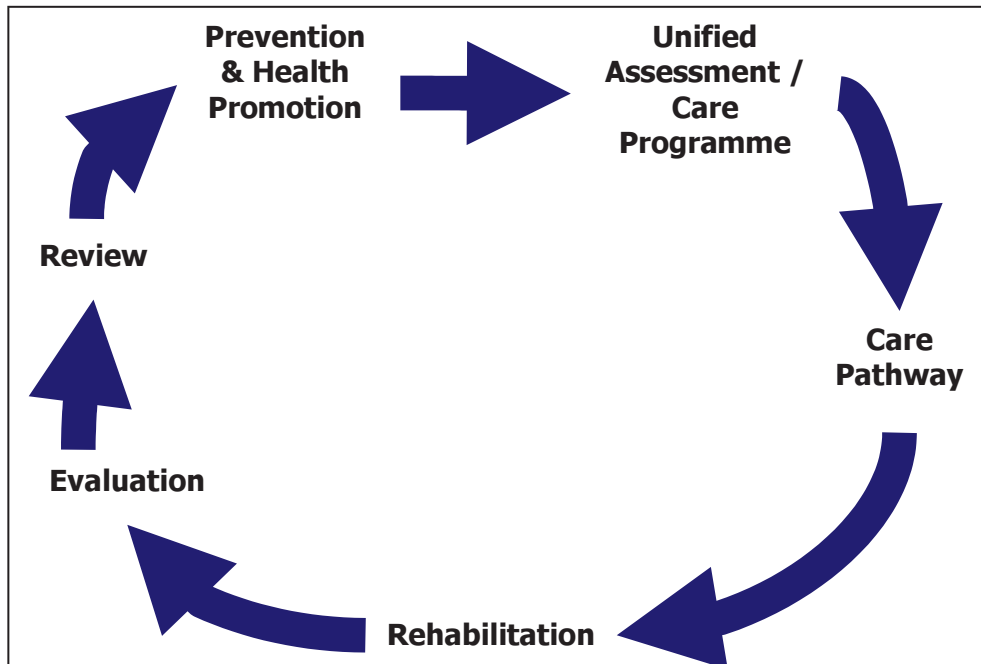
Training will be a prime focus of the plan, coupled with recruitment and retention policies. This will necessitate greater synergy across organisations in terms of Human Resource policies in terms of:

- Pay and conditions of service
- Qualification/training requirements
- Induction training

- Professional development
- Work life balance
- Health promotion and well being support

The workforce will require a range of skills that facilitate a new way of working as illustrated in Figure 17.23:

**Figure 17.23 Skill mix required from workforce:**



Workforce planning will be a challenge for partners and will require sharing of plans and methods of working in order to develop greater synergy and joint approaches. The Health, Social Care and Well Being

Strategy will provide the framework for joint working and over the lifetime of this Strategy as integration of services is taken forward, the development of co-ordinated workforce planning.

## IMPLEMENTATION AND MONITORING

Implementation Plans have been developed by the Advisory Planning Groups (APGs) to support the Strategy. They describe the key milestones to delivery and the monitoring mechanisms. The areas of activity described will link to the relevant Business Plans of the statutory partners.

Accountability for the overall implementation of the Strategy is the responsibility of the statutory partners i.e. Cardiff Council and Cardiff Local Health Board. The Health Alliance will monitor the Health, Social Care and Well Being Strategy implementation in its totality and will be accountable to the statutory partners.

The Health Alliance will quality assure the implementation of the Strategy in terms of:

- Ensuring ongoing strategic alignment with the Proud Capital: The Cardiff Community Strategy 2007-17

- Strengthening partnership working and monitor the effectiveness of joint working
- Ensuring service user and stakeholder involvement in the detailed planning, implementation and monitoring of the proposals
- Establishing strategic relationships and a co-ordination conduit to other major plans and establishing mechanisms across the NHS and local government
- Sharing progress on implementation of the Strategy with key stakeholders.

The Strategic Commissioning Group will oversee the implementation process and receive regular monitoring reports from the APGs. Where targets and reporting structures are specified by external bodies such as Welsh Assembly Government and Home Office, plans will cross reference and detail the approach to be adopted.

In addition, the APGs will prepare annual reports to the Strategic Commissioning Group and Health Alliance, presenting progress, achievements, issues and identifying cross-cutting opportunities in the process.

The Welsh Local Government Association (WLGA) shared outcome indicators project will be utilised to assist in the monitoring of health improvement activity.

The Business Plans of the partner organisations will be informed by the Strategy and the performance management arrangements supporting the Plans will provide the basis of the detailed Strategy monitoring arrangements.

The Strategy Annual Report will be prepared collating the implementation progress and this will be available to all partners and stakeholders via the Health Alliance web site.

## REVIEW

The Health Alliance will conduct a review of the Health Alliance partnership structure as directed by the Local Service Board, to include joint planning arrangements, with the aim of ensuring structures and mechanisms are 'fit for purpose' to take forward the detailed implementation and monitoring of the Strategy on behalf of the Health Alliance

statutory partners

An in-depth review of the process to develop the Strategy will be conducted in 2008 by the Strategy Steering Group. Lessons learnt from the development of this Strategy will be taken into account when formulating the approach to Strategy development for 2011.

## PRIORITIES AND KEY STRATEGIC AIMS

### 2008 - 2011

1. Implementation Plans to be developed and implemented by APGs
2. Monitoring Plans to be developed from the Implementation Plans
3. Partnership structures and joint planning arrangements to be reviewed
4. Strategy development process to be reviewed and lessons learnt noted
5. APGs to provide written feedback on progress in May each year to inform the Strategy Annual Report
6. APGs to report to the SCG/Health Alliance or on annual basis detailing the achievements and any relevant issues
7. An Annual Report will be prepared for submission to the Health Alliance, statutory partners and WAG. The report will be made available to the wider stakeholders via the Health Alliance website.