

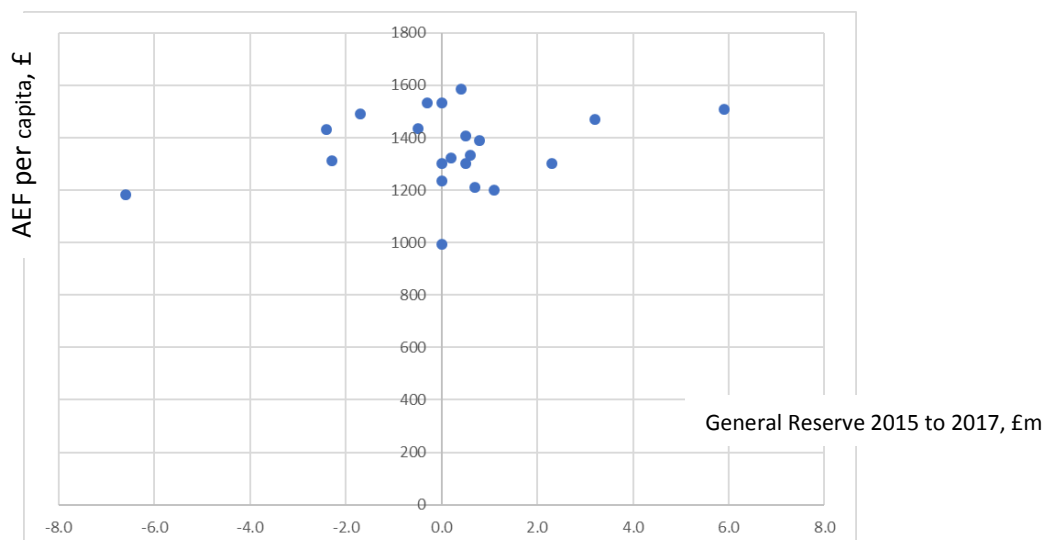
Reserves compared to funding

This was Mark Isherwood’s point about whether there being a relationship between low funded authorities and those running down reserves. The change in the general reserve between 2015 and 2017 against core grant (AEF) per capita for each authority is set out below. There is no statistically significant relationship.

Figure 1: Table of reserves movement vs core grant (AEF)

	Change in General Reserve (2015 to 2017), £m	AEF per capita, £
Anglesey	1.2	1356
Blaenau Gwent	0.4	1587
Bridgend	0.6	1333
Caerphilly	3.2	1471
Cardiff	1.1	1199
Carmarthenshire	0.8	1388
Ceredigion	0.2	1323
Conwy	2.3	1303
Denbighshire	-1.7	1492
Flintshire	0.7	1210
Gwynedd	0.5	1405
Merthyr Tydfil	0.0	1533
Monmouthshire	0.0	995
Neath Port Talbot	5.9	1508
Newport	-2.4	1432
Pembrokeshire	0.5	1302
Powys	-2.3	1312
Rhondda Cynon Taf	-0.3	1533
Swansea	0.0	1302
Torfaen	-0.5	1434
Vale of Glamorgan	-6.6	1183
Wrexham	0.0	1236

Figure 2: Scatter plot of reserve movements vs core grant



Preventative Health

Local authorities provide a range of services that potentially promote independence and can be part of the continuum of prevention, for example: respite, reablement, adaptations, telecare, advocacy and recreational, leisure and lifelong learning opportunities. These services are more than just preventative services but could be major contributors to the prevention agenda.

In looking at how to support preventative approaches a number of authorities have employed community connectors, community co-ordinators and community agents. These roles work with all partner agencies in key locations such as Single Points of Access, GP practices and community settings, with the intention of linking to other services and helping to reduce the impact of social isolation and loneliness, helping to reduce hospital admission and support hospital discharge, and promote independence and overall wellbeing. Their key role is to support individuals and their families to access advice and assistance that is provided by the third sector, other parts of the authority and from other public sector organisations, as well as identify appropriate services and groups, within their own communities, such as social groups that could help contribute to their wellbeing.

A recent evaluation of preventative models and approaches in West Wales¹ for example concluded that, “it is clear that a considerable amount of work has gone into laying a framework for prevention in the three local authorities and health board individually, and regionally within the West Wales Care Partnership.”

Carmarthenshire’s approach, using the PEIPIL model, sets out a three-tier approach to prevention, prioritising well-being and taking an asset based approach. The tiers are:

- Prevention – to provide help to help yourself; for anyone who wants to be as well as they can be.
- Early intervention – to provide help when you need it which may reduce the impact of illness or disability; support for people at risk because of specific health issues.
- Promoting independent living – to provide ongoing specialist help to help delay dependency; to ensure that well-being and independence is maximised.

Ceredigion has developed an approach where emphasis is placed on prevention and early intervention, working with individuals, families and communities to source and develop their own solutions in supporting and promoting independence. It sets out the fact that it is at a key stage in its development, moving to a model which will, with Porth y Gymuned (a new service operated by the Council which will consist of trained staff, who will be able to assist residents of all ages in Ceredigion, by helping them to make connections to access support opportunities in their area that could maintain and improve their wellbeing), have a clear community based approach to prevention to complement existing preventative arrangements. The relationship between all the elements of the approach is based on prevention as a continuum of support.

Pembrokeshire uniquely has a multi-agency Preventions Programme Board which provides the lead and focus for the development and implementation of a shared preventions vision,

¹ <http://www.wwcp.org.uk/?mdocs-file=4027>

strategic framework and delivery plan. A vision for developing preventative services and resourceful communities in Pembrokeshire is clear that prevention is part of a continuum – preventing or delaying the need for formal care and also about preventing escalating need for people already receiving care.

The preventative agenda goes far beyond just social care, for example we are aware of the benefits of investing in homes - the impact of one preventative service overlapping others is well demonstrated through housing. Lower incidents of cardiovascular disease, bronchial related illness, fewer GP visits, and less admissions to A and E, are linked to the sufficient and quality provision of homes. Poor quality homes can cost more in the long term if they, for example, are not energy efficient. Powys, for example, *brought together* adult social care, housing services and *highways* under their 'Fit for Purpose project' to improve housing and grounds so that tenants and home owners have improved access and services to their homes, and can live more independently in their community.

Services such as transport can also play a vital role in helping people to stay connected and support people's wellbeing. The majority of local authorities have a budget for subsidising bus routes which are not commercially viable but are considered necessary routes. However, it is becoming increasingly difficult for local authorities to protect this level of subsidy during times of austerity and a number of authorities have had to look at reducing or in some cases ending this funding. Local authorities continue to contribute to the Concessionary Fares Scheme which entitles over 60s (and some other categories) to free bus transport, which again supports people, but this is impacted if bus routes are reduced due to financial constraints. Local authorities continue to look for innovative solutions to these problems and we have seen examples being developed, for example, Bwcabus in Carmarthenshire/South Ceredigion and Pembrokeshire is a multi-partner project and in Monmouthshire where the Council operates its own community transport company which connects outlying rural areas with towns in Monmouthshire.

In addition to these types of services national schemes have been developed such as the National Exercise Referral Scheme (NERS) centrally coordinated by WLGA and with funding from Public Health Wales (PHW). The Scheme targets clients aged 16 and over who have, or are at risk of developing, a chronic disease. NERS is an evidence-based health intervention incorporating physical activity and behavioral change techniques to support referred clients to make lifestyle changes to improve their health and wellbeing. It operates in all 22 local authorities in Wales with one National Coordinator / Local Coordinator per local authority and approximately 96 whole time equivalent specialist Exercise Referral Professional Instructors across Wales.

Local authorities in Wales have also developed the Dewis Cymru information and advice website for citizens, which provides quality information about how people can maintain or improve their well-being and about organisations which can help them. Dewis Cymru is intended to promote people's well-being by making it easier for them to find out about how to improve their well-being, and the sources of advice and support which can help them. This site includes information about being well, being safe, being at home, and being social. It also covers aspects such as managing your money and information if someone is looking after someone else. It could be general information to help people think about what

matters, or it could be something more specific - about the sorts of extra support that might help people remain in their own home for as long as possible for example. As well as being a source of information for citizens it has been designed to be useful for people like GPs, Librarians, Social Workers and lots of local organisations who offer information to the public as part of their work.

The proportion of social care that's provided by private providers.

The latest available data we can find from Statswales is data from now discontinued central returns. On average 82% of contracted hours are provided by independent sector (not necessarily the private sector).

Figure 3: Yearly hours of home provided by local authorities and independent sector (2016)

	Hours of homecare provided by the local authority (year)	Hours of homecare provided by the independent sector under contract (year)	Independent Sector Exposure
	2,280,595	10,232,804	82%
Isle of Anglesey	81,705	197,626	71%
Gwynedd	257,087	353,428	58%
Conwy	108,448	631,516	85%
Denbighshire	19,537	264,341	93%
Flintshire	n/a
Wrexham	52,311	396,200	88%
Powys	86,330	450,318	84%
Ceredigion	868	184,050	100%
Pembrokeshire	-	804,035	100%
Carmarthenshire	314,659	472,901	60%
Swansea	247,768	695,728	74%
Neath Port Talbot	183,451	420,161	70%
Bridgend	232,460	364,615	61%
Vale of Glamorgan	27,772	764,809	96%
Cardiff	89,912	1,381,491	94%
Rhondda Cynon Taf	240,957	580,401	71%
Merthyr Tydfil	4,084	237,771	98%
Caerphilly	155,261	509,385	77%
Blaenau Gwent	42,698	304,388	88%
Torfaen	28,682	305,343	91%
Monmouthshire	71,512	504,440	88%
Newport	35,094	409,856	92%

Source PM2 returns 2015-16